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To: Members of Improvement and Scrutiny Committee - People

Tuesday, 27 October 2020

Dear Councillor,

Please attend a meeting of the **Improvement and Scrutiny Committee - People** to be held at **2.00 pm** on **Wednesday, 4 November 2020** in Teams Live Event, the agenda for which is set out below.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'S Hobbs', written over a light grey grid background.

Simon Hobbs
Director of Legal and Democratic Services

AGENDA

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. Minutes (Pages 1 - 8)
To confirm the non-exempt minutes of the meeting of the Improvement and

Scrutiny Committee – People held on 02 September 2020.

4. Public Questions (30 minute maximum in total) (Pages 9 - 10)

(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 for the submission of questions at the end of this agenda)

5. Discussion with the Cabinet Member for Young People - Impact of Covid-19 on Derbyshire Schools and Childrens Services

6. Experiences of Virtual Appointments during Covid-19 - Healthwatch Derbyshire (Pages 11 - 32)

7. The Scrutiny Review (Pages 33 - 64)

8. Assistive Technology

9. Oversight of Next Steps in Relation to Direct Care Homes for Older People - Progress Report (Pages 65 - 70)

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MINUTES of a meeting of **the IMPROVEMENT AND SCRUTINY COMMITTEE – PEOPLE** held on 2 September 2020

PRESENT

Councillor G Musson (in the Chair)

Councillors J Coyle, C Dale, R Flatley, R George, R Iliffe, D Taylor and J Twigg

Also in attendance - S Stevens

Apologies for absence were received on behalf of Councillor J Frudd

17/20 **MINUTES RESOLVED** that the minutes of the meeting of the Committee held on 22 July 2020 be confirmed as a correct record.

18/20 **PUBLIC QUESTIONS** There were no public questions.

19/20 **CABINET MEMBER PORTFOLIO UPDATE** Councillor Jean Wharmby, Cabinet Member for Adult Care, provided the Committee with a comprehensive update on the work done by the Service over the previous year. The highlights of her report were:

- There had been significant progress made against ongoing commitments over the past 6 months, as well as navigating the unprecedented challenge the COVID pandemic brought;
- Better Lives Programme work had refocused the vision for Adult Social Care and how to better support them, in line with Vision Derbyshire recognising the Derbyshire Spirit and thriving Communities work;
- Direct Care Homecare Service to provide an intensive reablement style Short Term Service enabling the Council to focus on key priorities to ensure people are supported to remain as independent as possible;
- Learning Disability Day Opportunities;
- Housing and Accommodation Strategy - now working jointly with PSP (Derbyshire Partnership) LLP to progress opportunities and with Homes England to explore funding options;
- Market Position Statement: working to update the original MPS due to the impact of Covid-19;
- Homes for Older People consultation - none of the seven homes proposed for closure would close with a programme of repair and refurbishment for these homes to be developed, and assistive technology including two technology pilots;

- Budget performance – delivering a total of £6.098m savings;
- COVID – the Department has had to work at an unprecedented level of scale and pace to ensure continued support to vulnerable adults to continue to receive the care and assistance they needed, particularly through bed availability and capacity, the provision of care staff and implementation of new initiatives.

There continued to be challenges for the Department, particularly with the COVID pandemic heading into Winter, care worker recruitment and financial pressures. Market management continued to be a focus, recognising a need for growth in the number of nursing homes and challenges regarding attracting and retaining nurses.

The Chair and members of the Committee recognised the hard work done by the Service and the challenges it faced. Particular issues noted by all parties were the number of care homes in Derbyshire, the opening of homes to visitors and recruitment of staff.

20/20 **SUPPORT FOR UNPAID FAMILY CARERS** The Committee was given an update which highlighted some of the themed issues being raised by carers in relation to the Covid-19 pandemic, the areas of support required for carers and the action taken to address that need.

Many carers had been affected by the reduction/closure of services or the reduced need for formal care due to fear of infection. Some carers had benefitted from increased support and recognition from wider family networks, whilst others were facing significant challenges and increased isolation. The Adult Social Care Transformation Team and Prevention and Personalisation teams were working hard to get day care opportunities opened up, but this was limited due to the Covid-19 restrictions. They had been in touch with individuals and their carers on a fortnightly basis throughout the lockdown and were starting to have conversations with clients to determine how day care opportunities could be reinstated safely and fairly.

There had been a notable increase in the level of information and support delivered to carers requiring financial and employment advice. Some carers had experience financial difficulty following a reduction in income or increased living costs. These had been referred to food banks, community support groups and specialist financial/welfare benefits organisations. Some carers had been expected to return to work, raising concerns about the risk posed to the person depending on them for care. The commissioned carers service had provided carers with 'letters of recommendation' to provide evidence of the caring role to employers.

Many carers had experienced distress, anxiety, isolation and fatigue alongside worries and concerns for the wellbeing of the person depending on care. These had been offered regular telephone support, befriending and/or

had been connected with other carers and other organisations to reduce duplication and pool resources to reach more carers. The commissioned carer's service had assisted carers to update emergency plans and issued carer identification cards to enable priority access to shopping and other essentials.

Many carers had sought bereavement support following the death of loved ones and, in some instances, coming to terms that the person depending on care had died alone. The carer's service was signposting carers to specialist bereavement, talking therapies and befriending support in addition to offering a counselling service funded through the National Lottery.

The carers service had coordinated practical solutions for carers in relation to food, medicine, continence products, aids, PPE and access to on-line information. The Service had resumed carer assessment and support planning which, in some cases, would result in the delivery of a carer personal budget to resource eligible need and improve health and wellbeing.

Many carers had been linked to the Community Response Unit, the 24/7 Mental Support Health Line, local volunteering and mutual aid schemes. Partnership work was underway to ensure these services developed to meet the early identification and support of carers, particularly for hidden carers and those who had care and support needs in their own right. The carer's service was also delivering virtual and paper-based peer support and social groups with training and learning activities available.

The Carers Strategy 2020-2025 set out local system wide priorities based on the findings of the Healthwatch Carers Report, ADASS self-assessment, Survey of Adult Carers in England as well as extensive engagement carried out with carers in Derbyshire throughout 2019. The Carers Strategy Delivery Group, led by DCC, would ensure delivery of the strategy action plan and in the current climate (created by COVID-19 with partial lockdown) was considering how best to undertake this work as well as working closely with Derbyshire Carers Association to refocus the carers support service through the recovery and restoration phase.

21/20 ACTIONS FOLLOWING LGO INVESTIGATION Simon Stevens, Assistant Director gave the Committee an update on progress of work outlined in the report of 12th February 2020 following an investigation into the death of Mrs C at the Grange Care Home in Eckington.

The report recapped on the LGO's findings and its acknowledgement of the work undertaken by the Council since late 2016. The Council had accepted the LGO's recommendations in full and responded to all of the requirements laid down – these included making a full and unreserved apology to the family, making a payment of £1,000 to a registered charity of the families' choice and to pay for a memorial. The Council also refunded Mrs C's estate with all fees paid to the care home.

In accordance with the recommendations of the LGO, the Council undertook a further review of Mrs C's death, with specific focus on the key areas of concern identified in the report; as a result of this review, a Quality Improvement Board was established to ensure that the quality and improvement of the Council's directly provided services was the responsibility of the whole directorate and not just Direct Care. The work of the board was split in to six critical work streams: Safe Services, Quality Recording, Quality Monitoring and Improvement, Quality Workforce, Communications and Quality Policies and Procedures, each having a set focus, purpose and key actions to address the learning points.

The report set out in some detail the progress made against the key actions. These detailed workstream action plans were working documents continued to support the on-going work. The action plans continued to adapt through completing tasks and adopting new ones to ensure there was a continuous improvement cycle.

Since the last report to this Committee, Covid-19 had spread across the country. An important part of the quality work undertaken during this unprecedented period had focused on the ability of the Council's directly provided services to respond appropriately to the increasing demands placed on them by the virus. Covid-19 had a significant impact on care homes across the country, both in terms of its impact upon residents and their families, as well as the increasing demands on the staff working within those environments. In response to this, new risk assessments, infection control procedures, training around the safe use of PPE had been developed and adopted at pace.

At a previous report to the Governance, Ethics and Standards Committee, Adult Care confirmed that Alan Jefferson, the independent expert engaged following the incident at the Grange, had completed a review of the progress of the Council's quality improvement work. As part of the recommendations from that review, Mr Jefferson suggested that a further assessment of the new processes would be required before making further comment on their value and that a period of six months would be required for the new processes to be properly embedded. That further review had been conducted and, although the outbreak of Covid-19 had meant that Mr Jefferson was not able to revisit the establishments originally audited, he had reviewed a wide range of documentation and spoken to the Quality and Compliance Team in order to provide a further report. He concluded that:

"Notwithstanding delays occasioned by the need to give priority to managing DCC's response to the COVID 19 pandemic, I found evidence of continuing improvements in the Council's implementation of its QIP. The highly motivated, quality and compliance team was able to demonstrate that it was "on top" of its brief. The work it had undertaken prior to the COVID 19 lockdown was of a high standard and the, more focussed, activities post-

lockdown demonstrated a clear grasp of the need for a collaborative and encouraging approach to achieving quality services. The team was well-aware of its boundaries and its off-line role and had given careful thought about how best to influence operational staff. I also found evidence that the work being done by DCC was being recognised by CQC and, in several instances, this was being reflected in improved judgements about individual services. The task now was to ensure that this work became consolidated and sustained.”

A number of questions were put to Mr Stevens by Committee Members; mostly focused around staff training.

The Chairman thanked Mr Stevens for the report and congratulated the team on the hard work done.

22/20 **BETTER LIVES PROGRAMME UPDATE** Simon Stevens, Assistant Director outlined the background to the programme. The Council engaged with Newton Europe to do a diagnostic piece of work in order to find a more effective service, that would make better use of the money available whilst addressing growing demand. This process identified a number of areas for improvement. An expert partner, Newton Europe, was procured to assist with this work and the programme started in January 2020.

Mr Stevens introduced Alan Rogers of Newton Europe who gave a presentation on the programme’s aims and vision. The Better Lives programme aimed to help the people of Derbyshire achieve the most independent outcomes possible, live their best life, regardless of age or disability, and to seek better, more innovative ways of supporting staff, the children and adults cared for. As a result, it was believed that the Council would achieve savings of £21m.

In light of Covid-19, the core workstreams within the programme remained the same but the approach on how to deliver them had evolved. Also, through the pandemic many individuals and teams had embraced the value of information in supporting the decisions they make on a daily basis. The availability of critical evidence had led to the development of a new element and developed Evidence Led Services.

The response by the people of Derbyshire and Derbyshire County Council had been extraordinary, with countless examples of people going above and beyond to support others.

The ambition of the programme was to support as many people as possible to safely return home after a stay in hospital. Experience had shown that many people who go into short-term bedded care after hospital never leave and the longer someone stays in these beds, the less likely it was they could return home to the life they enjoy.

Programme delivery plans had evolved, not only to account for workstreams that had been delayed, but also to build in future flexibility. The key areas of focus would be:

- Linking everything with a golden thread from One Council vision, through ASC strategy, through to Better Lives vision and workstream aims;
- Increasing the pace and scale of prototypes across the programme;
- Continue towards self-led teams, developing the tools necessary for teams to easily assess their performance, workshops to continue supporting the adoption of evidence and information in how services are run.

The Committee asked the Assistant Director a number of questions around the quality of evidence gathering, the impact of COVID-19 on the service and the quality of long-term care, particularly in the home.

The Chairman thanked Mr Stevens for the presentation and appreciated that the landscape had changed significantly in recent times and stated that this work fitted in well with that of the Committee.

23/20 **SCRUTINY WORKING GROUP UPDATE - HOMES FOR OLDER PEOPLE** The Chair of the Committee presented a scoping report, following a request by the Places Scrutiny Committee to form a working group to oversee the next steps in relation to the outcomes of a consultation on the proposed closure of seven, and the refurbishment of three, Direct Care homes for older people. Cabinet approved that:

- none of the homes proposed for closure would close unless a local care home or alternative provision was available to replace it; further consultation would be undertaken as appropriate;
- a further report setting out a programme of repair and refurbishment for the seven homes, including any works required immediately to ensure their soundness and safety, would be presented to Cabinet in due course;
- the plans to undertake a programme of work to refurbish the three homes would continue with a further report presented to Cabinet seeking a business case and procurement approval in due course;
- the People Scrutiny Committee be invited to consider including within its work programme, oversight of the next steps (with particular reference to the need for and type of local provision required) to ensure transparency of decision making and to make any recommendations to Cabinet or elsewhere that may arise as a result of such scrutiny and
- a revised strategy and investment plan, taking into account reviews of the Market Position Statement and of the strategic needs analysis, would be presented to Cabinet by the end of 2020.

The scrutiny working group proposed that evidence would be sought from the Cabinet Member for Adult Care, the Executive Director for Adult Social Care and senior officers from Adult Social Care and Property Services. It was anticipated that the Committee's recommendations would be submitted to Cabinet before the end of the year, with the following key lines of enquiry being identified:

1. How would the robustness and durability of on-going mitigation measures be assessed?
2. How would demand for current and future provision for older people be assessed?
3. How would the market be assessed?
4. What factors would be considered when determining what was local provision?
5. How would factors that determine what was suitable alternative provision be identified and assessed?
6. How would stakeholders be engaged?

RESOLVED that the Committee (1) agree the key lines of enquiry and scope of the work described above; and

(2) note that the working group would report its conclusions to the Improvement and Scrutiny Committee in due course.

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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 12noon three working days before the Committee meeting (i.e. 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

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 (i.e. 5pm 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.



Experiences of Virtual Appointments during Covid-19

Authors:
Chloe Cannon & Lee Mellor
October 2020

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1. Executive summary

During the COVID-19 pandemic, there has been a significant rise in the use of digital services in place of face-to-face services, such as telephone appointments, video consultations, text messaging and others.

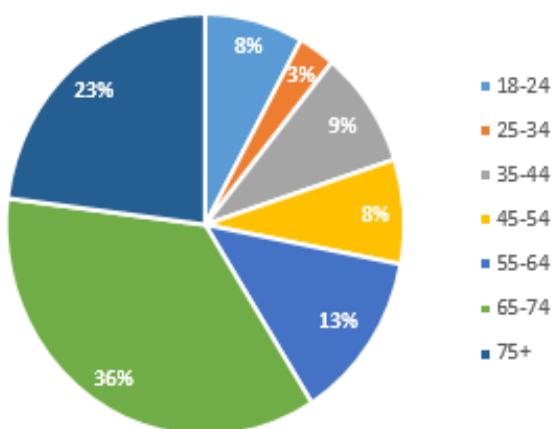
This project was conducted to help provide an understanding of where virtual appointments may not have met the needs of patients and shine a light on the reasons as to why people may not have engaged with appointments virtually. The report also includes where appointments did meet the needs of patients and the key areas in which virtual appointments met people’s healthcare needs.

Methods of engagement

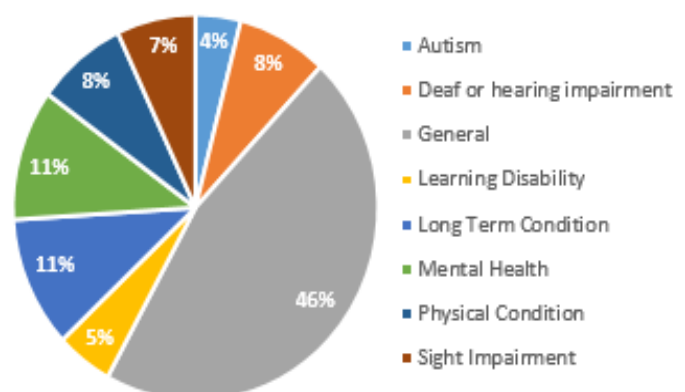
From August to September 2020, we conducted 118 telephone interviews with residents from both Derbyshire and Derby city who had experienced virtual appointments, as well as those who hadn’t accessed this type of appointment. We asked people about their access to and confidence with technology, their experiences of booking a virtual appointment and if the method of appointment suited their needs.

We also gathered individual experiences through methods such as social media, virtual engagements and via health professionals that have been added into the report.

Breakdown of participants by age



Breakdown of participants by condition



What will we do with this information?

We will share this report with our stakeholders across Derbyshire including Joined Up Care Derbyshire, the NHS Derby and Derbyshire Clinical Commissioning Group, Derbyshire County Council, NHS services and voluntary sector colleagues, to highlight what has worked well during the pandemic and what could be improved.

The information collated will be used to help inform the decision-making process on how best to operate services in the future. Once a response to the report has been received it will be available to view on the Healthwatch Derbyshire website. Hard copies will be available upon request.

2. Conclusions & recommendations

- Virtual appointments did not work for many participants for a variety of reasons and at times were inaccessible to participants in specific groups who are digitally excluded. Careful consideration will need to be given, and actions taken, to ensure that these groups can access services and are not disadvantaged
- Participants that faced barriers during their attempt to access an appointment were less likely to have a positive perception of virtual appointments, even if the method of appointment was suitable for their needs. A seamless process for patients booking virtual appointments is vital to meeting people's healthcare needs
- Effective communication amongst professionals and services as well as external communications to patients are key factors in virtual appointments meeting patients' healthcare needs. Health providers should provide a clear explanation of their appointment process via their website, reception teams, and written communications
- Whilst there are some important considerations for people who might receive lesser-quality care because they don't have access to technology, for others there were benefits of appointments being held virtually. For many people, it was far more convenient to access services virtually than having to attend in person and was felt to be the safest way to access services during the pandemic
- The option of patient choice regarding the type and method of appointment would have been desirable for many participants. Assessing a patient's capability to access different types of virtual appointments would be a positive step in helping find an appointment format that suited their needs
- Services to acknowledge receipt of data submitted by patients, especially for receipt of photographic images with information of where the images will be stored and how the patient will next be contacted
- Services to allow for patient feedback to enable patients to suggest continual and ongoing improvements to the software and technology involved in virtual appointments. Online booking systems were seen as an effective way to book an appointment by many participants but there were areas for improvement that the option for patient feedback could help to address.

3. People who haven't accessed a virtual appointment

Whilst the majority of participants had accessed a virtual appointment, the thoughts and experiences as to why people may not have been willing or were unable to access an appointment in this format identified two key areas:

Virtual appointments not being suitable due to a desire for in-person human interaction

This was evident in certain responses from people with a learning disability, mental health condition, or aged 75+.

Sample of comments:

- “Not been able to access my GP since March lockdown. Virtual is no good to me. In my seventies, I want to see healthcare specialists face-to-face.”
- “I have no wish to do virtual appointments. I do not possess a mobile phone.
- “I have not needed to access one and I would not want to have a telephone or video appointment. I have the technology but I don't wish to use it to access health appointments.”
- “The Government is saying that video appointments are the norm. This doesn't suit me. I am lucky that I have not needed an appointment for anything else but I don't feel that I can see my GP anymore, I feel like I am too much of a bother. I don't feel that I can just go in anymore to see my GP to chat about my mental health. I am worried that if others feel like me then their mental health will suffer.”
- “I like face-to-face appointments. I am able to express myself better with people face-to-face. My support worker sometimes comes with me in case I need help explaining or understanding. I am worried that if I had a telephone consultation, I would not understand what is being said on the phone or be able to say what is wrong with me. I might need my support worker more than usual. I would need my support workers to help with any video.”

Being unable to access a virtual appointment

Participants unable to access a virtual appointment sought care elsewhere or did not receive the healthcare they may have required.

Sample of comments:

- “Very early in lockdown, both of my front teeth came out as they are crowns. I rang the dentist but they said there was nothing that they could do. I have had to manage for nearly five months and this has been hard to eat and speak and has made me very self-conscious and lose confidence.”
- “I have had a text saying I need to book a flu jab, I have rung the GP on several occasions and I have not been able to get through, so I have been to my local Boots and booked one.”

4. Access to technology

4.1: What did not work well?

Virtual health appointments rely on patients having access to technology. Depending on the method of appointment this ranged from needing a telephone to requiring a device with a camera and access to the internet of sufficient speed to be able to live-stream video. Participants that did have access to technology also needed to be confident on how to operate it for their appointment to take place.

Access to technology

Many participants did not have the requisite access to either technology or the internet. This was a particular issue for participants aged 75+.

Sample of comments:

- “I have a mobile phone of my own, not a smartphone, which I can use by myself for calls. It does not have a camera.”
- “Sometimes the connection can be a bit hit and miss. Sometimes on video calls, the sound can be distorted and I lose connection.”
- “My mobile reception is so poor this side of the village I often have to go into the road to speak, I have changed network once already. The internet is not yet fibre, it’s really slow and freezes very often, it’s not reliable at all.”
- “I can only access the internet on my phone. I do not have broadband.”
- Upon arrival, she was asked whether she had booked an appointment online. Her mother does not have a computer so could not do this. She was told that they are not accepting drop-ins. She was sent away and told to book online.
- “I have used MS teams and Zoom on a laptop at work but not on my iPad at home as I do not have an internet connection.”
- My phone isn’t a smartphone I can only use it for texts and calls.”
- “I don’t have the technology, my phone is not a smart one and my laptop is old. I don’t have the know-how or desire to have a video appointment.”
- “I suspect my internet or mobile reception would not allow me to have video consultations.”

Confidence in ability to operate technology

Some participants had access to technology but lacked confidence in their ability to use it. Others expressed that they would be unwilling to learn how to operate technology that was new to them.

Sample of comments:

- “I’m ok on basic things but I’m not good with things like downloading apps so I avoid anything having to use these. I’m not confident because I haven’t been taught and unsure how to work it out for myself, I’d need someone to show me.”
- “I have never been interested in it, I’m too old to learn and not interested. I understand the benefits, but it is something new to learn and I don’t have the energy. The stress of learning would outweigh the benefits.”

- “I do not embrace new technology.”
- “I can do a few bits on my own but if anything happens that I am not expecting I have no idea.”
- “Not that confident but I think I have learnt everything I want to know.”
- “It would have to be a video call on the phone as I don’t have any other technology and I don’t think I could manage it anyway.”

Privacy and data protection

Issues regarding privacy and data protection were a key theme when discussing the use of technology to access appointments virtually. Participants, many aged 75+, expressed worries over being scammed and questioned the security of the data being shared digitally.

Sample of comments:

- “I do not like the idea that you are being watched and observed in what you are doing.”
- “I wouldn’t be confident in the security of the internet, for example, making payments or the idea of using it for video appointments. I’d be worried if anyone could access it and was recording it and where it would end up. I hear a lot on the news about hackers and I have concerns.”
- “I believe in contact with a human not a machine and I do not trust the technology.”
- “I do not like the idea that you are being watched and observed in what you are doing.”
- “I have concerns over security and getting scammed so I don’t want to use it for personal things.”

4.2: Support and assistance required to operate technology

Many participants needed support and assistance in operating the technology needed for a virtual appointment, and would not have been able to do so independently. This was a particular concern expressed by participants with health conditions such as a sensory impairment and for those with a learning disability.

Sample of comments:

- “I cannot use technology without the help of my support worker. It is too complicated to use myself, it is too complicated. I live in supported accommodation so my support worker helps me. I get confused using it on my own so always need my support worker’s help.”
- “Technology needs to be more accessible for people with additional communication needs, I don’t always understand.”
- “I cannot text due to my sight impairment. I have access to my husband’s computer but am not able to use it on my own due to my sight impairment, I would struggle. I also cannot use a mouse due to disability and instructions on the screen are often too small which prevents me from using it.”
- “It was getting the appointment the hardest part - I could not email, text or use online services to make that initial contact. It was done by my hearing husband on the telephone which is not good at all. It was all reliant on other parties to help me out.”

- “It was the booking of the appointment that did not meet my needs. The only way you can book an appointment at my practice is online, there is no option to call the practice and book. I struggled using the online system and got very frustrated, eventually, the practice agreed to help me register and book online.”
- “Things change so quickly and it is harder to learn when you are older and have ME and CFS. I have to spread out what I am doing so I do not get overtired. My son does things for me but does not show me.”
- “I can only do certain things and I have been shown this by my son. Do not know how to send photos or how to do a video call.”

5. Process of appointment

5.1: What did not work well

Many participants experienced issues in the process leading up to the virtual appointment taking place. Communication breakdown and a lack of patient input as to when appointments took place were key themes that caused issues for patients accessing virtual appointments.

Communication breakdown amongst professionals and services

A breakdown in communication amongst staff within provider organisations meant patients were contacted unexpectedly, often leaving them without time to prepare for their appointment.

Sample of comments:

- “The phone call was actually from the cardiology consultant to have a phone consultation. The person explained the cancellation letter and the consultant had no idea what had been put in the letters as they are done centrally. This meant the patient thought the appointment was cancelled and had not time to prepare.”
- “A telephone call from a consultant came through the day before the date given on the appointment letter.”
- “There was an issue around communication between the letter sent out and hospital staff. I went to the hospital for my early morning appointment and the doctor had not been told that the appointment had been changed from telephone consultation to face-to-face.”

Video appointments

- “I am confident using IT I was happy to be having a virtual appointment, I felt there is still room for improvement on the system as I was shut out of the system several times. At one point for a few seconds, I was briefly able to see and access another person’s consultation. This felt very odd and I was concerned about the security of the system. It was soon recognised by the professional and I was blocked out of the consultation. Overall it took over 30 minutes to access my consultation and involved several going round in 'virtual circles'.”
- “I am used to having a face-to-face appointment with the psychiatrist and was anxious about having it over a video link. I received a letter with an appointment date and time and a web link to sign into. On the day I went to the website but found it extremely difficult to navigate, there were lots of links to click and got

very anxious and couldn't find the room I was supposed to log in to for my appointment. I found it very stressful. When I didn't login the psychiatrist called me to see what was wrong and offered to talk me through login in, but in the end, we decided to have the appointment over the phone instead. I felt a little more comfortable doing this than having it over video link.”

- “Patient does not like these as she does not like people looking at you directly on screen with just their face. Finds it overpowering and scary. She forgot to say lots of things that she wanted to say as she felt quite intimidated.”

Scheduled telephone appointments

Telephone appointments comprised the majority of virtual appointments with 77% of respondents accessing their appointment this way. In many instances, patients were told they would receive a telephone call for their appointment but were not given a specific timeslot in which to expect the call. This resulted in missed appointments or patients becoming anxious about missing a call.

Sample of comments:

- “I telephoned at 8 am and was told someone would call me back later in the day. I did actually miss the telephone call as I was away from the phone for a few minutes. This meant I had missed the appointment.”
- Patient worried that they will miss this phone call and have been waiting six weeks to hear when their appointment might be.
- “I rang the surgery and was just told that a doctor would call me later that day. No time was given, not even an approximate one.”

Patient input regarding appointment times

Sample of comments:

Patients being given a specific timeslot for their appointment, and having some input as to when it took place, would be particularly helpful for people in full-time education, work or that had specific health conditions.

Sample of comments:

- “I am in sixth-form at school so had to ask permission to leave my phone on which was awkward, but I was told that I had to answer otherwise it would be classed as a missed appointment and I could be struck off the list. The call was 40 minutes late and I left the classroom to take the call in the corridor.”
- “I phoned GP for an appointment, telephone appointment was booked for a date but no timeframe.” [The patient missed the call due to being a work].
- “I rang the surgery and I had to wait for three days for a doctor to call-back. I was not given a choice in which GP I had and was just told it would be 'sometime after 2 pm, this was hard as I have a rest every day in the afternoon because of my ME and CFS.”

Information before and after virtual appointments

Patients expressed a desire for clear information on what to expect ahead of a virtual appointment taking place and afterwards detailing the next steps in their care. A lack of communication left some patients unsure as to what was happening with their appointment.

Sample of comments:

- “The information the patient received was minimal which led to multiple calls to the practice as the pain increased. The patient understood the restrictions but was looking for the information on the next steps which didn't happen. The patient sought private treatment.”
- “I asked the doctor when I would get the letter from the surgery about this and all he said was there was an IT issue and it would be sent 'at some point.’”
- “I understand the service has had to cancel face-to-face appointments, which they did by letter, but I have not been offered an alternative such as a virtual appointment and no further letters or communication.”
- “Having been told it would be four to six weeks before surgery I waited for a confirmation letter or email. I did not receive this so, after three weeks, I rang the hospital. The appointment/reception assistant told me that I would receive a phone call to make an appointment as they are not sending letters. Now five weeks and nothing.”
- Advised by the consultant they would receive an appointment by letter for a treatment date to remove the lesion in four to six weeks. After three weeks of not receiving a letter, the patient rang the hospital who advised that they are not sending out appointment letters but are ringing people instead.
- “Not a lot of information was given in preparation for the (video) appointment - luckily I am a regular user/fixer/builder of tech so I would've had no issues here but I can see if anyone else was in this situation they wouldn't be 100% sure of what to prepare.”

Need for technical support

The need for assistance with certain technical elements, such as the ability to send photographs, was necessary for certain virtual appointments to take place. People in need of this assistance without family or friends to rely on would find this a barrier to accessing appointments. This was a particular area of concern identified in responses for participants aged 75+.

Sample of comments:

- “The doctor rang me back and told me to send photos. I had no idea how to do this and all the doctor said was that it was easy to do. I was worried and luckily I was able to ring my son who was at work and he was able to come home and do it for me. As he is leaving home soon I do not know what will happen if I need to do anything like this again.”
- “I had to access a link to send a photo via my phone. The link didn't work and I became frustrated and upset.”
- “Difficulty getting online, arrangements were made, but needed to be over the phone in the end.”

- “My son had to book this for me online as I had no idea how to do it and no help was offered by the surgery.”
- “There was no offer of help from the receptionist of how to do this even though I said I was not sure how to do it. The health staff need to be checking that people understand what has been told to them and what needs to be done and how to do it if they need help to do so. Luckily my son was not at work and so I rang him and he was able to work out how to email it to them.”

5.2: What worked well

Participants that had a positive experience of booking their virtual appointment often found it met their needs and was a more effective process than they had experienced when accessing healthcare services before the pandemic.

The time between booking an appointment and the appointment taking place

The quick turn-around time between booking the appointment and the virtual appointment taking place was a significant plus for participants.

Sample of comments:

- “I was able to speak to a doctor the same day as requesting an appointment.”
- “I need regular blood tests, carried out at my GP surgery. I made the appointment at reception by telephone and was able to go into the surgery and be seen by the practice nurse. Happy with the service I received, it all felt safe and went fine.”
- “I rang GP and was booked for a telephone appointment, I described the growth on my face. I sent, as requested, a picture and the GP gave me a diagnosis.”
- “In February I had a check-up at my dentist and they found a loose wisdom tooth. They said it would need removing soon. I asked that my telephone call and my concerns about my loose tooth be put on my records. After another couple of weeks, I had to ring them again. When I rang they said they could see my records and so agreed to let me go in to have the tooth removed.”

Information before and after virtual appointments

Participants that received effective communication from services regarding their appointment, especially when clear information before and after appointments was communicated, left participants receptive to the process of booking appointments virtually.

Sample of comments:

- Telephone consultation with cancer team at CRH. “I have an ongoing series of appointments, previously face-to-face until the pandemic. I am always given the date for my next appointment at the time of attending the clinic, this is followed by a letter from the hospital at a later date, confirming the appointment and specifying a time.”
- “My outpatient appointment was sent to me by letter for a telephone appointment, my first assessment. I also received a follow-up email. The appointment happened within 10 minutes of the time on the letter and was adequate as a first assessment. I have been referred for an MRI and have been offered a face-to-face appointment to go through the results.”

- “I was sent a structured information pack with details of how to access the video call and a link to test the video call prior to attending the appointment to ensure that it was working.”
- “I got a letter about my cardio rehab (video) appointment. It was very easy to follow. There was a web address that I typed into my computer. I was told to log in before my appointment time.”

Pro-active communication and response to individual patient needs

Services that were pro-active in their communications and provided a degree of flexibility towards individual patient needs gave participants a positive perception of the virtual appointment process.

Sample of comments:

- “Before COVID I would have had to chase the surgery for the results but this time they rang me to tell me the results had come and they had found signs of severe arthritis on my knee. The receptionist asked if I wanted to talk to a doctor about the result and I said ‘yes’.”
- “It has been fantastic as they have supported me throughout with a phone call weekly always calling when they said they would.”
- “My GP told me the process that a GP would have to ring me first. Outpatients were great, they cancelled my appointment due to COVID, then they rang me to make my clinic appointment and discussed with me why the follow-up appointment with the consultant would be by phone. I then received a letter with a date and time when the consultant would ring me.”
- “My pharmacy has been excellent. At the start of all this they contacted me, I did not have to ring them, and they told me that volunteers would be bringing my medication for me to my home. This was very good and continued up until the end of August when I started to go out and collect it myself.”

Online booking systems

Many participants that experienced online booking systems stated booking healthcare appointments in this way was their method of choice.

Sample of comments:

- The patient has been using e-consult to contact their GP. They have found this is the best way to contact their GP and has been getting really good timely responses to their requests. They have found that the form you complete doesn't have a large enough free text box initially, but has realised that there are further opportunities when you progress through the form to enter content which they feel could be improved to help patients using the forms for the first time.
- “Booked appointment online and was given a call-back the following day advising me to send photos of the problem which I did. Fifteen minutes later I had a call-back with diagnosis and prescription. I also used Swiftqueue to book a blood test and found this very easy to do.”
- “Booked via GP website; had a GP call-back less than an hour later, followed by face-to-face appointment later in the afternoon and a scan booked for two days later.”

- “I was invited in for a face-to-face appointment, following which I was advised to book a blood test via Swifqueue. Registering for Swiftqueue was a long process, but once registered it was easy to book and I would be comfortable doing it again.”
- “Patient has successfully used the online consult option at their surgery for the last two years and believes that this option works well for getting a timely response back from the practice.”

6. Method of appointment

6.1: What did not work well

The method of virtual appointment was not always deemed as being appropriate for meeting the healthcare needs of participants. Assessing certain physical conditions and relaying diagnosis or advice to patients virtually were issues, whilst reservations around security and privacy were also highlighted.

Health issues being missed via non-visual virtual appointments

Participants expressed worries about health issues being missed via telephone appointments where the patient cannot be seen and visibly assessed by a healthcare professional.

Sample of comments:

- “It is simply not the same talking on the phone as talking in-person to a doctor. I am very concerned that this is going to be the future. I think doctors will miss vital signs and I think people’s health will suffer. I have never been so concerned about accessing medical care as I am now.”
- “I don’t feel comfortable on the phone, would much sooner see the doctor in person as I also think some health issues could be missed.”
- “How can they examine you over the phone? They cannot see you, you don’t always get your thoughts clear over the phone and things can get missed. The nature of the conversation is confidential and I don’t like having those discussions over the phone.”

Continuity of healthcare professional

Continuity of healthcare professional was a significant factor in ensuring people felt the method of appointment met their needs. Whilst this is not exclusive to appointments being held virtually, for many participants a lack of in-person face-to-face interaction emphasised the importance of being able to build a relationship with an individual. This was particularly pertinent for patients with long term conditions and complex health needs.

Sample of comments:

- “I would rather have spoken to a doctor who knows about me and so this would have saved time. I don’t always feel able to share things with people who I have not met. It saves having to repeat things. I find the telephone quite impersonal.”
- “The first appointment was hard as I had never spoken to or heard of the doctor before. They were polite but when you have a complex condition is it much better

to see someone who knows you and your condition. I would have liked more time to discuss my concerns and I felt I could not ask questions. With someone who I know, it would have been an easier conversation as the rapport is already there.”

- “A GP did call later in the day. It was someone who I had never met or spoken to before. It was an uncomfortable discussion as the first thing they said was, “What are you expecting from this phone call?” I think this is a strange thing to ask and puts the patient in a difficult position.”
- “I did not like just talking to someone on the phone as it was not possible to make a connection or feel any empathy or concern from them. I found the whole experience of the call very upsetting. I did not feel able to open up about things and ask questions. I felt somewhat rushed.”

Sensitive healthcare issues

Sensitive issues relating to physical conditions were also an area of concern and something participants expressed they would have felt more able to address in-person.

Sample of comments:

- “I think when your condition is something very personal to do with your skin on your genitals as a woman in your 70’s it is very hard to deal with and talk about so just doing it over the phone made it even more upsetting. I still get upset thinking about the appointment now about the questions I should have asked. For me, it did not feel right and it has put me off the idea of having more appointments like this in the future.”
- “GP telephone appointment about gynaecological pain following a ‘traumatic gynaecological procedure’ was difficult to explain on the phone. The patient rang again and received a telephone appointment, they found it hard to as the discomfort was getting worse they said that they felt ‘vulnerable’ and that ‘the GP didn’t understand me’.”

Privacy

Privacy concerns were two-fold both from the perspective of worries around security, such as phone conversations being recorded or overheard and the lack of neutral space for which conversations were able to take place. This was a particular issue for younger participants and people with a mental health condition.

Sample of comments:

- “Don’t have a private space where they feel confident enough and worry that parents and other members of the household will overhear the conversation.”
- “Don’t like inviting people into their personal space, the space is not neutral, the person is seeing their home, bedroom etc.”
- “I am less confident on the phone and things I may have discussed face-to-face I may not have on the phone. I worry about it being recorded and who else may listen. It’s easy to hide how you are feeling over the phone.”

Inappropriate method for health concern

Virtual appointments often failed to meet the needs of participants with physical ailments for which a visible examination was deemed to be the most appropriate course of action.

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Attempts to address this by getting patients to send pictures of the issue were considered inadequate.

Sample of comments:

- “Later in the day, the GP rang to say that we needed to draw around the cellulitis to see if it spread. Things did not improve and after a couple of days, I had to ring for an ambulance as I was not getting anywhere with the GP. When the paramedic arrived they looked the original pictures I had on my phone that had gone to the GP and they said that I should have been told to go straight to A&E.” If the GP had asked to see their leg in a face-to-face appointment then they may have been directly referred to the hospital and so may not have had to get in such a poor condition.
- “I felt this was a waste of time as I was supposed to be having a 'swallow test' - how on earth can that be done on the phone? It was a waste of time for me and the consultant.”
- “I found it limiting in what I could tell them about my eye health as normally I am examined and they can see any changes that way.”
- “I called the GP and had a phone consultation about concerns over my young child having a high temperature. I had to really push for a video call with the GP so they would have a better understanding of being able to see my child what my concerns were. The GP still didn't understand and then requested that I send photos. In the end, I came to the conclusion that my child had oral thrush and called 111. This would have been so much less stressful and could have been sorted much quicker if GP had just seen my child.”
- The patient requested a GP face-to-face examination for daughter aged 11 with abdominal pain. Offered a video call, the parent did express that this was not adequate but no choice given. Doctor asked a series of questions that the parent did not feel was thorough, the doctor was unable to diagnose the patient. Rang 111 later that night, was advised to seek examination at A&E.

Physiotherapy appointments

Physiotherapy appointments were a specific area of treatment where virtual appointments were found to be inappropriate and unable to meet the needs of patients.

Sample of comments:

- “I was given a further telephone consultation with a physiotherapist. This I considered to be a waste of everyone's time.”
- “Telephone physio appointments do not work they tried to talk and explain exercises to me after a general chat about my health. I didn't really understand what it was they needed me to do over the phone especially with squats. When I saw the physio face-to-face as I wasn't improving he told me I was doing them all wrong. I really needed someone to show me and to watch me doing the exercises.”
- “It was pointless talking to me on the phone as they needed to see me to see how I have changed and gauge my movement etc.”

Sensory Impairments

People with sensory issues such as being deaf or having a hearing or sight impairment often found the method of a virtual appointment difficult or unviable.

Sample of comments:

- “I have hearing difficulties so speaking on the telephone is not always easy for me, it is better when I can see someone.”
- “The appointment was quite difficult due to my hearing problem, the doctor was quite understanding. I have mixed feelings about the appointment, as it was quite a serious medical problem I would have preferred to see the doctor face-to-face.”
- An audiologist rang to speak with me, via my mum, as I can’t always hear clearly on the phone.”
- “The appointments went well as my wife was with me - I would have floundered as there was no opportunity to lip read.”

Issues around not being able to communicate effectively over the phone and needing support from someone arose especially from participants with autism or that had a learning disability.

Sample of comments:

- “The doctor called back the same day and spoke with my support worker, I didn’t speak to the GP my support worker did. I would have liked to talk to the GP but didn’t feel I could over the phone, difficult to communicate and needed support.”
- “It is very difficult for people with communication difficulties to talk to people on the phone, I like to see the person talking to me.”
- “My support worker called GP for me. I didn’t speak to them because I was anxious. I would have liked to talk to GP but didn’t feel comfortable doing it on the phone.”
- “I need someone with me to help me understand when I go to the GP. This is difficult over the phone.”
- Feedback from a carer: “People with LD are mainly not able to use the internet for online meetings and they often live with their parents who are in their 80s and so do not know how to use the technology. People with LD cannot have virtual help they need face-to-face and actual physical help.”

Diagnosis of serious conditions

Appointments regarding the diagnosis of a serious condition, be it physical or mental health, often led participants to express a desire for in-person human interaction as being the most appropriate method of appointment.

Sample of comments:

- “The GP did ring back having reviewed the images and diagnosed skin cancer on the call and referred me to hospital (I have had a lesion removed in the past). Perhaps that’s why he was so confident to diagnose but I was shocked that he told me this on the phone.”
- Patient has found it hard to express himself during calls. He also struggles to fully understand what is being said to him and finds it hard to remember what he has been told. He finds it easier to remember advice being offered face-to-face. The

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commentator is seen by lots of different teams i.e. GP, social services, Rethink, psychiatrists, P3, pharmacists etc. There have been times when he has received multiple calls but has been unable to work out who has called him, where they are from or what they have said. This confusion has never happened face-to-face.

- “Many have experienced significant trauma and talking about something so sensitive and not having a clinician in the room can be very difficult, the physical presence and support is so important.”
- “I found the mental health appointment quite difficult because I found it difficult to stay focussed for the whole session and felt the conversation did not flow as well as face-to-face appointments.”
- “Mental health appointment would have been better face-to-face I would have felt more confident discussing things in more detail.”

6.2: What worked well

Whilst virtual appointments may not have met the needs of all participants there were many positives experienced that were preferable to patients accessing healthcare services in-person.

The convenience of virtual appointments

For many participants, the method of a virtual appointment was more convenient than having to travel to a specific location to get their healthcare advice.

Sample of comments:

- “Very convenient. Was pleased not to have to travel to doctor’s surgery and wait around. I could do what I wanted at home until I was phoned. Although the appointment was running late, it was more pleasant to be waiting at home than in a surgery waiting room.”
- The patient had a telephone consultation instead of going to the hospital for their appointment. At the start of the conversation, they were asked if this would meet their needs. The patient agreed to the phone consultation. The patient felt this went very well as they, “Did not have to get two buses then sit and wait for several hours before seeing the doctor for five minutes.”
- “Absolutely, worked for me, video appointments are the way to go and more patients to be seen so freeing up doctors’ time.”
- “More than happy to have my periodic hospital consultation done over the phone. It saves me traipsing 20 miles there and back for a five-minute, ‘hello, how are you? I’m fine thanks, good, OK bye, see you in three months then visit.’”
- “I am in my 70s and was invited to come in to view the results of a hospital examination which took place in November. The consultation would need to be visual, i.e. by Skype or Zoom. I am enjoying the peace of distancing myself from them (the GP practice).”

Continuity of healthcare professional

When people were able to speak to a specific healthcare professional participants often found the method of appointment met their needs.

Sample of comments:

- “I was able to speak to a doctor the same day as requesting an appointment.”

- “I rang the surgery and asked to speak to a specific doctor as they knew about my knee. I felt this went well as the specific doctor rang me later the same day.”
- “He [the doctor] called at about 6 pm but I was glad that someone had called. He knows all of my medical history. He asked my lots of questions and gave me lots of time to clarify things. I did not feel rushed at all. I was happy with this consultation as he was able to diagnose gout and thought it may be due to the different medications I am on.”
- “Digital appointments worked for me, this was because the GP and consultant the appointments were with were professionals I knew and who knew my medical history. This should always be the case with a digital appointment when you cannot see the patient to aid clear and accurate communication.”

More time to discuss health issues

Participants that had accessed virtual appointments over the phone often found they had more time to discuss their health care issue than they would have had for an in-person face-to-face appointment.

Sample of comments:

- “It was better than a face-to-face appointment as I never felt rushed and that I only had 10 minutes to talk to him.”
- “The consultation with the doctor was very good. I did not feel rushed and was able to ask questions. For me, I found this better than going into the surgery and would like this to continue. It would be even better if the surgery offered video appointments as this would mean you would be able to see the doctor or nurse you were talking to and this would make it even better.”
- “The patient had more time to talk with the consultant.”

Video appointments

- “I initially saw a receptionist and she marked me as having arrived and sent an email to the consultant team that I was online. It was the same as face-to-face when you give your date of birth and address on arrival. I was then put in a waiting area. The consultant then appeared. I did not have to wait that long. I would like to keep this system in the future and for me it was 'absolutely ideal'. All the instructions I felt were easy to follow. It felt just like a face-to-face appointment for me.”
- “They checked me in just like you would when you go to the hospital in person. I was then waiting for no longer than three or four minutes before I could see the two clinicians in front of me on the screen for my cardiac rehab appointment. I felt completely engaged in the process and it was much better than a telephone appointment.”
- “Worked very well once I found out how to do the video call.”

Safety

The element of people feeling safer accessing healthcare services virtually during the COVID pandemic and that precautions had been put in place for when appointments in-person were necessary was a factor acknowledged by participants.

Sample comments:

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- “I explained that I did not want to risk going into the pharmacy to collect my items, I asked if I could knock on the door when I got there and they would leave it outside for me to pick up. They agreed to do this and they have continued to do this each month as I am still not going into shops. They were very flexible to meet my needs and requests.”
- “Arranged for me to have an appointment with a nurse so that it could be dressed. I had to go several times. Each time it worked very well. When you go to the surgery it is locked so you ring the bell.”
- “I rang the surgery to arrange my annual health check-up. It still went ahead as before face-to-face so I was happy. It was good to go into the surgery with not many people being there and you felt safe.”
- “It was very straightforward but I had no problems to discuss. I’m in good health but if I’d have had something to discuss I may have found the telephone appointment less successful. I felt it was the right way to do it during the pandemic.”

7. Appointments that should be conducted in-person

Participants also shared their thoughts on appointments that they felt should always take place in-person for which a virtual appointment would not be a suitable alternative.

People needing support to access appointments

Participants recognised that some people may not have access or confidence to use virtual appointments and suggested the following patients be seen in-person.

Sample of comments:

- “Anyone who needs an advocate or support to access/attend appointments as this could be difficult to do over the phone/video.”
- “People who are not OK with technology. GPs should seek to establish who is capable and confident having digital appointments.”
- “Elderly people who may not be at ease with technology will need face-to-face appointments to communicate effectively.”
- “The ageing community who don’t have access or confidence to access digital appointments.”

Complex health concerns

Participants suggested that appointments regarding complex health concerns or those with limited knowledge of their condition or how to manage it should be seen face-to-face, particularly in instances when it was a newly arising condition for the patient.

Sample of comments:

- “I think first-time appointments, especially for a new or more serious condition should be face-to-face.”
- “New diagnostics where you have not built up a relationship with the medics or an understanding of the language or terminologies.”
- “Complex health issues, especially if the appointment is with a doctor new to the patient.”

- “People who are less competent in managing their conditions for whatever reason should have their appointments in person so that there is no confusion.”

8. Suggestions for improvement

Participants shared their thoughts on what they felt could have improved the experience of a virtual healthcare appointment. Whilst many suggestions correlated with issues already highlighted in the report additional areas for consideration were raised.

Managing expectations

With the pandemic causing lots of change to services, timely communication keeping patients informed of changes that may affect their appointment is key to managing what people may expect from their appointment.

Sample of comments:

- “Clearer communication about expectation levels of waiting times especially as there may be longer waiting lists due to COVID-19.”
- “Better communication with patients on changes to appointments and to use email or text messages as letters are soon out of date.”
- “I think people should be able to send information in the best way for them.
- “I was given no information prior to the arrangement of this appointment so I was very clueless as to how effective it would be.”

As well as managing expectations for the patient, it also felt important to manage the expectations for the health professional, especially for those with extra communication needs.

Sample of comments:

- “If the person you were speaking to understood that it might be difficult for someone with a learning disability to have an appointment over the phone as they may have difficulty processing the information and may need the support of someone else.”
- “The person speaking needs to be aware of any hearing problems.”
- “GP/nurses need to calm and speak slowly and clearly, especially when you cannot see the person you are talking to.”
- “They ask too many questions I don’t understand. Need to ask less and more simple questions.”

Acknowledging data submitted by patients

Patients said it would be useful to receive an acknowledgement for receipt of data requested from services where information such as images was sent.

Sample of comments:

- “When we send an email it would be good to receive an auto-reply to indicate receipt and maybe what the next step is in the process.”
- “Clearer communication about what happens next at each stage of a consultation.”

- “To have acknowledgement/confirmation of receipt of emails when you send in images.”
- “It would be useful to receive an acknowledgement email back from the practice after submitting photo images for consultation.”

Improvements to online booking systems

Participants that struggled to use online booking systems suggested improvements to make them more user-friendly.

Sample of comments:

- “The options on the online consult could merit some adjustments as the patient often cannot locate the appropriate section to use so instead uses the free format text box. The system doesn’t link to the practice email address so upon prompts to email the practice the patient had to then search for the practice email separately.”
- “Online consult form to have a clearer introduction about when you enter the details about your condition.”
- “The booking process was not easy. I had to book via the GP website, it was not easy to navigate, the process was unclear and long, this needs to be made much simpler and clearer to follow through.”

9. Methodology

Healthwatch Derbyshire conducted telephone interviews to gather Derbyshire residents’ experiences of virtual health appointments during the COVID-19 pandemic. The engagement ran from 17/08/2020 to 18/09/2020 and was promoted through various channels and with the help of various community engagement groups.

We explored the experiences of both residents who had and had not accessed virtual appointments to find out what barriers to accessing virtual appointments people may have faced. We also explored why people may be put off accessing appointments and identified areas where virtual appointments did meet the needs of patients.

The reasoning for conducting telephone interviews was predominantly to get the views of people that may not be able to use or prefer not to use, the internet to ensure their voices were heard. We were keen to focus on methods of feedback for those unable to use online as a way of sharing their views.

In addition to telephone interviews, we also collected various comments via other sources such as through social media channels and via health professionals. These comments were incorporated into the report to help support the themes identified in the interviews.

10. Thank you

Healthwatch Derbyshire would like to thank all participants who gave their time to talk to us about their experiences of virtual health appointments. We also extend our thanks to

the many groups and services who supported and cooperated with this engagement activity.

11. Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all patients, family, friends and carers who have experienced health and social care services about virtual appointments but never the less offer useful insight.

It is important to note that the engagement was carried out within a specific time frame and therefore only provides a snapshot of patient experience collected then. They are the genuine thoughts, feelings and issues participants, carers and healthcare professionals have conveyed to Healthwatch Derbyshire. The data should be used in conjunction with, and to complement, other sources of data that are available.

12. About us

Healthwatch Derbyshire is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

We listen to what people have to say about their experiences of using health and social care services and feed this information through to those responsible for providing the services. We also ensure services are held to account for how they use this feedback to influence the way services are designed and run.

Healthwatch Derbyshire was set up in April 2013 as a result of the Health and Social Care Act 2012 and is part of a network of local Healthwatch organisations covering every local authority across England. The Healthwatch network is supported in its work by Healthwatch England who builds a national picture of the issues that matter most to health and social care users and will ensure that this evidence is used to influence those who plan and run services at a national level.

13. Appendices

A full list of participant responses that contributed towards this report is available to view at: <https://bit.ly/33YJg4m> headings are representative of commentator characteristics. The key below outlines the category headings included in the appendices:

- Autism
- Children and Young People (25 and under)
- Deaf/Hearing impairment
- Learning Disabilities
- Long Term Conditions
- Mental Health
- Physical Condition
- Sight Impairment
- 75+
- General

DERBYSHIRE COUNTY COUNCIL

THE PEOPLE IMPROVEMENT & SCRUTINY COMMITTEE

4 November 2020

Report of the Executive Director - Commissioning, Communities and Policy

THE SCRUTINY REVIEW

1 Purpose of the Report

To inform the People Improvement and Scrutiny Committee of the Scrutiny Review findings, the workshop report and the proposed actions.

2 Information and Analysis

The Scrutiny Review commenced in 2019 at the request of Cabinet and Chairs of Scrutiny and a workshop was held for the Chairs and Vice Chairs of the four Improvement and Scrutiny Committees. A lack of officer capacity prevented the review from being progressed further at that time, and, to resolve this, a Programme Director was appointed in March 2020 to progress a range of projects, including the scrutiny review.

It was determined that the Centre for Public Scrutiny (CfPS) were to be commissioned to undertake the review, bringing independence, a substantial experience of scrutiny from across the country and a ready-made scrutiny review methodology. As part of the review process the CfPS undertook two member surveys: one designed for completion by members of Cabinet and members of Improvement and Scrutiny Committees and the other designed for all remaining members. CfPS also carried out a series of one to one meetings and discussion groups with:

- The Leader of the Council;
- Improvement and Scrutiny Chairs and Vice Chairs;
- Improvement and Scrutiny Members by political group;
- Cabinet Members;
- Opposition Leaders;
- Executive Directors;

- A sample of Directors;
- A sample of partners and past Improvement and Scrutiny witnesses;
- The Statutory Scrutiny Officer and the two Improvement and Scrutiny Officers

A Scrutiny Review Steering Group was established to lead the review. The Steering Group comprises the Improvement and Scrutiny Chairs and the Cabinet Member for Corporate Services. It is supported by the Executive Director, Commissioning, Communities and Policy and the Programme Director.

Cabinet considered the Scrutiny Review findings and proposed actions at their meeting on the 8th October 2020 and approved the Scrutiny Review Report, including recommendations and draft action plan, for consideration at a scrutiny member workshop and by the four Improvement and Scrutiny Committees (special combined I&S meeting on the 3rd November and the People I&S Committee on the 4th November) and Governance, Ethics and Standards Committee (22nd October). Cabinet noted that this review commences a programme of continuous review and development of scrutiny at Derbyshire County Council.

The Scrutiny workshop took place on the 12th October 2020. Four Member Break Out Groups, supported by CMT and Democratic and Scrutiny Services Officers considered the Scrutiny Review findings, Action Plan and the following three questions:

- What are the key findings of the review that you believe are the top priorities?
- What are the opportunities and risks to effective implementation of the action plan?
- What does success look like in 12 months' time?
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The workshop report is attached (Appendix 3).

The final Scrutiny Review report, action plan and the consultation feedback will be considered by Cabinet on 19th November for approval and recommendation to Council on 2nd December 2020.

Fifteen recommendations were identified by the Centre for Public Scrutiny (CfPS), as set out in their report: Derbyshire County Council Scrutiny Improvement Review, July 2020, (Appendix 1) and a further three actions were identified by senior officers and the Scrutiny Steering Group.

The Scrutiny Steering Group have prepared a draft Action Plan (Appendix 2) in response to the recommendations. For ease of reference, the CfPS recommendations appear as sections 1-15 and the additional recommendations can be found in section 16 of the Action Plan.

3 Key Considerations

Overview and Scrutiny was first introduced to local government in England as part of the Local Government Act 2000. This review has identified systems, practices and approaches that were developed as part of the original implementation in Derbyshire and have, in many respects, been largely unchanged over that period.

As a result, the recommendations highlight the need for cultural change, as well as practical change, ensuring that the Scrutiny function is brought up to date and fulfils more of a central role and is better able to add value to the work of the Council.

The draft Action Plan proposes that Cabinet and senior officers work more collaboratively with Scrutiny, to improve the integration of Improvement and Scrutiny into the functioning of the council. This collaborative approach has already started, for example, the Cabinet Member for Corporate Services has been working alongside the Improvement and Scrutiny Chairs throughout this review. The four Improvement and Scrutiny Chairs and the Cabinet Member for Corporate Services formed the Scrutiny Review Steering Group.

In addition, the findings from the review include the need to ensure that Improvement and Scrutiny's use of the corporate Key Decisions Document is more readily facilitated. This would enable the Improvement and Scrutiny Committees to develop meaningful and focused work programmes which in turn will add value to the work of the Council.

It is proposed that this review initiates a programme of continuous improvement for the operation of scrutiny within Derbyshire. It is recognised that the outcomes of the review are comprehensive, and a key aim is to deliver cultural change as well as practical changes to the scrutiny function. Therefore, the development of the scrutiny approach will take place over the medium and long term, as well as the short term and it is anticipated that once initial actions have been completed, further areas for future development will be identified and progressed.

4. Background Papers

Files held by the Executive Director of Commissioning, Communities and Policy.

5. Legal Considerations

The Scrutiny function is carried out in accordance with the Local Government Act 2000.

6. Officers Recommendation

It is recommended that the People Improvement and Scrutiny Committee:

- (1) Considers the Scrutiny Review Report, including recommendations, draft action plan and workshop report;
- (2) Note that this review commences a programme of continuous review and development of scrutiny at Derbyshire County Council.



Derbyshire County Council
Scrutiny Improvement Review



Draft Report

July 2020

Review of Scrutiny

Introduction

Derbyshire County Council believes that the essential role of scrutiny is to help to shape policy, actively support good decision-making and hold the Cabinet to account. To do this effectively the council recognises that its scrutiny function and Members need a clear and shared understanding of the role, purpose and objectives of scrutiny, and to engage constructively in its work.

The context of this review covers the evolution of the scrutiny function over a number of decades; as past practice and experience has helped to shape the current position. The Chairmen of the Improvement and Scrutiny Committees requested that this review take place in order to ensure continuous improvement.

Members are clear that scrutiny needs to be strong on prioritisation, develop strategic work programming and engage in evidence-based, objective enquiry. It must have a measurable impact on policy, service delivery and Cabinet decision making.

Scrutiny has been consistently supported and resourced by the authority but has not been evaluated externally for some time. Like many authorities, DCC has taken a conscious decision to reflect and review its scrutiny process to build on existing good practice.

DCC has set itself some bold corporate objectives to secure efficient, effective and value for money services, and a sturdy financial base through an ambitious 'enterprising council' strategy and careful management of its budget, including achieving a significant reduction in its costs. It also intends to support its local economy and small local businesses, through a range of growth and investment initiatives. It has set clear goals to support and empower communities to be more resilient and self-sufficient together with a robust strategy to support families through greater focus on prevention and early intervention. It has also set challenging objectives to revise and improve its adult and children's social care offer.

The council plan therefore presents considerable challenges in its implementation and delivery. Importantly it will also place a significant responsibility upon its scrutiny function to ensure that council plan and the associated strategy and targets, together with key-decisions, changes and initiatives are robustly and objectively scrutinised.

The Centre for Public Scrutiny (CfPS) was invited to undertake a Scrutiny Improvement Review and identified some principal areas of focus for evaluation. These have been considered using CfPS's Scrutiny Improvement Review (SIR) method.

The CfPS SIR method aligns with both latest statutory guidance and best practice experience accumulated by CfPS over many years. This review also takes into account the latest government (MHCLG) guidance on Overview and Scrutiny in Local Authorities (May 2019) and the latest Good Scrutiny Guide (published by the Centre for Public Scrutiny – July 2019).

The Centre for Public Scrutiny

CfPS is the leading national body promoting and supporting excellence in governance and scrutiny. Its work has a strong track record of influencing policy and practice nationally and locally. CfPS is respected and trusted across the public sector to provide independent and impartial advice.

CfPS is an independent national charity founded by the Local Government Association (LGA), Local Government Information Unit (LGIU) and Chartered Institute of Public Finance Accountants (CIPFA). Its governance board is chaired by Lord Bob Kerslake.

Review outline

To conduct a review of the Council's scrutiny arrangements.

The Council wishes to explore what it can do to further strengthen the quality of its scrutiny arrangements and develop them in light of challenges and opportunities ahead.

Scope

- **Culture.** The mindset and mentality underpinning the operation of the overview and scrutiny process. This will involve a focus on the Council's corporate approach to scrutiny and how this has been shaped over a number of decades
- **Information.** How information is prepared, shared, accessed and used in the service of the scrutiny function.
- **Impact.** Ways to ensure that scrutiny is effective, that it makes a tangible and positive difference to the effectiveness of the council, and to local people.

Further to discussion with Members and officers, the following broad areas of focus were identified, which are explored by way of the Scrutiny Improvement Review method:

- Prioritisation, timeliness and focus of the work programme (informed by a clear, well-articulated role for scrutiny overall).
- The current scrutiny committee structure. Considered on the basis of scrutiny focus, members' needs and expectations, and whether other structures and formats might be more appropriate for carrying out scrutiny work.

Evidence sourcing

The following elements are used as a framework for further discussion on those issues and areas most important to the Council.

1. Organisational commitment and clarity of purpose
2. Members leading and fostering good relationships
3. Prioritising work and using evidence well
4. Having an impact

These four elements were used to ensure that all key aspects of DCC's scrutiny activity are evaluated and mapped against the DCC-specific areas of focus identified above.

Evidence gathering consisted of:

- **Desktop work.** A check of the Council's constitution and rules of procedure insofar as they relate to scrutiny, recent work plans, scrutiny scopes and review reports. This will provide an evidence base for the rest of the work;
- **Interviews.** Including the Leader of the Council, leading Members in scrutiny (Chairs, Vice Chair, Opposition Group Leader, Cabinet Members, other scrutiny Members, Senior Corporate Officers, Statutory Scrutiny Officer, and Improvement and Scrutiny Officers.
- **Discussions** with witnesses and representatives from partner organisations.
- **Observation.** An Improvement & Scrutiny Committee.
- **Member surveys.**

Summary of findings

1. Overall assessment:

- 1.1 Overall the Council has a strong ongoing commitment to scrutiny in terms of the level of activity undertaken, and time and resource dedicated across the organisation. Scrutiny's role as part of the democratic decision-making process is respected and valued in the Council and political leaders and Cabinet Members are very supportive.
- 1.2 There is a clear realisation and commitment from Members and Officers that scrutiny could be more effective and productive. Everyone interviewed welcomed the opportunity to make changes and improvements. Members, Scrutiny Chairs, Political Group Leaders, and Executive Directors also support the need for change - to enable scrutiny to improve.
- 1.3 Although elements of how scrutiny works may need updating and could be seen as traditional, its Member engagement, resources, council support and ambition provide a strong platform upon which scrutiny could successfully develop.
- 1.4 The majority of those interviewed believed that scrutiny can play a greater role in the way democratic decisions are made. The scrutiny function is currently underused and has potential to offer and provide more. To support the council in its ambitious future plans there is a real need to expose political decision-making to more open, robust and quality scrutiny which would help to shape and improve outcomes and strengthen confidence in governance arrangements.
- 1.5 Members expressed a genuine interest in scrutiny but felt that its focus and work was having less impact than they would like and, at times, lacked sufficient focus on strategic issues. Scrutiny Members overall have an appetite to achieve more and recognise the value of involving frontline councillors in actively shaping and improving policy development.
- 1.6 To achieve the improvements which are clearly desired by the council there are some barriers and practices that may need to be addressed together with commitment to invest in Member development.
- 1.7 Scrutiny does make every effort to be strategic and focus on the areas of importance, although in practice it sometimes falls short of this ambition. Scrutiny can very often become a conversation' or an information exchange or become too operational and council performance focused.
- 1.8 There are missed opportunities for scrutiny to add value and to be an integral part of the Council's corporate plans and overall improvement. This may not be for the want of trying, but for scrutiny to be more strategic, there needs to be change in approach by both scrutiny and the Cabinet, to draw closer together to create a purposeful role and agenda. To achieve the stated desire of giving scrutiny a greater role in shaping policy, constructively challenging and holding to account, there will need to be support from across the Council. Early access to information and the ability to operate as an integral part of policy and decision-making activities of the Cabinet could make a real difference to the value and impact of scrutiny.
- 1.9 The Leader and Cabinet members attend scrutiny meetings as contributors but are often not sufficiently held to account and constructively challenged. Cabinet members and the

Leader expressed support for a more challenging style of accountable scrutiny. This could be readily achieved with more planning and engagement.

1.10 The Scrutiny Chairs and committee members value the support provided by the Scrutiny Team and Governance Services in assisting Members in developing work programmes, managing agendas and liaising with Council departments and external partners to generate reports, evidence and information. This is recognised and widely appreciated internally and externally.

1.11 There is potential to review whether the level of officer resource available to support scrutiny is sufficient. Whilst the dedicated resource is valued, the team is small and would benefit from additional capacity particularly in terms of research and policy support. The team also currently needs to work hard to bring scrutiny to the attention of officers, a wider ownership for the success of scrutiny within the senior and wider leadership team would be beneficial.

There is also a need to adopt a Member and Officer scrutiny development and skills programme. This will support greater understanding of the role of scrutiny and improve its effectiveness. (See recommendation 8.9)

2. Members, meetings and agendas:

- 2.1 Members engage in scrutiny and understand that it plays an important role. However, there is inconsistency when Members describe the role of scrutiny and its purpose and can sometimes lose sight of the key objectives of scrutiny to hold decision-makers to account, to shape policy and to drive improvement.
- 2.2 Members have suggested that further training will enhance a greater understanding of the role of scrutiny and improve its effectiveness. (See recommendation 8.9: The adoption of a Member and Officer scrutiny development and skills programme.)
- 2.3 Overall, most members work hard to ask useful and enquiring questions, but scrutiny meetings can often tend to favour detail over strategy and may overlook the bigger picture. Some Members can tend to prefer to ask information-gathering questions, rather than questions which explore and challenge issues. Greater emphasis could be given to improving and shaping policies and decision through enquiry and constructive challenge.
- 2.4 The council operates four Improvement and Scrutiny Committees. Each has their own terms of reference and a clear scope which details each committees' responsibilities.
- 2.5 The I&S Resources Committee held on 4th June was observed via recording. As an on-line meeting and the first held via a video conference facility, it was unlikely to be typical. The meeting was skillfully chaired and overall, it ran smoothly and efficiently. There were three substantive subjects on the agenda, which allowed time to give adequate attention to each one. The main item was a status report by the Council Leader on the Covid-19 crisis and the council's response and recovery plans. This was clearly a subject of high importance, as such it presented a crucial opportunity to explore the council's role and responsibility in the crisis and therefore likely to involve a fairly lengthy and detailed response and enquiry from the committee. However, there were only a few question or requests for information and the questioning session was therefore relatively short. Members might consider how they could better organise and plan questioning strategies that ensure more robust holding to account and rigorous enquiry for similar high-level issues.

Other topics covered by the committee at this meeting centred on officer presentations. Similarly, there were some more general questions or comments but minimal constructive challenge that might lead to improving or shaping. There was one Cabinet Member (Cllr King - in addition to the Leader) present, and although he was able to comment on an item relevant to his portfolio, he was not required to take questions from the committee. Members could consider how Cabinet Members could be incorporated into their meetings, held to account and take questions on the underlying policy or strategy for which they are politically responsible.

- 2.6 The Health Improvement and Scrutiny Committee has a strong external focus and good relations with health partners, as reflected in regular senior attendance and engagement. External partners talked positively about their experience of attending scrutiny, particularly with the recent focus on finances, and good officer relations. The Committee was seen as being fair in its approach in considering proposed changes to services. However, they could benefit further from a more strategic approach to work programming, measuring impact and outcomes. Member training and support in this highly complex area may also be welcomed.
- 2.7 Other I&S Committee agendas and minutes have been reviewed. From our conversations with Members and Officers, there is a pattern of meetings being largely officer presentations, with Cabinet Members often present but not integrated into the

session as the accountable person. Members could refresh this practice and consider the Cabinet Member as the focal point of scrutiny sessions with Officer support.

- 2.8 Committees might also consider ways to give more time to planning and organising scrutiny meetings, to set objectives, develop appropriate lines of enquiry, set a questioning strategy and decide who they would require to appear at the meeting. This would introduce a more 'Select Committee' style of scrutiny and elevate its status and impact, to produce high quality outcomes such as convincing recommendations or compelling improvements.
- 2.9 Reports presented to committees tend to be dominated by up-dates and progress reports. Many reports simply ask the committee to 'note' the report which may lead to Members simply commenting on its content or seeking clarification. Scrutiny may need to check its purpose and objective in receiving 'for information or update' reports, where there might be limited scope for it to add value or influence improvement. Such reports can often be reviewed by scrutiny outside of committee. Our observations suggest that scrutiny could more clearly set out its objectives on specific agenda items, which would assist committees to construct key lines of enquiry and develop outcomes that may add more value.
- 2.10 Whilst most Members take the opportunity to speak at committee, the engagement and contribution is varied with often just a few members ask most of the more useful questions. Members may benefit from more training and experience in the area of questioning techniques.
- 2.11 There is good cross-party working and little evidence of political management activity. Generally, Scrutiny Committee Members get along and co-operate with each other. Member behaviour is cordial and respectful. The independence of scrutiny and of political groups is maintained and respected
- 2.12 Whilst trying to encourage public engagement is difficult, exploring and experimenting with ways to allow greater access, openness and involvement could include:
- Simple video recording via website
 - Community listening panels
 - Invite public to offer ideas for work programmes
 - Greater use of social media channels

3. Structure and work programming:

- 3.1 Committee work programmes exist for committees, except Health. There is also on-going work to increase Member involvement in constructing these and there has been some senior officer time spent in supporting Members with this process. Historically, work programmes have largely been assembled by scrutiny officers with Members approving or amending suggested plans. It is therefore pleasing to note that Members, led by committee chairs intend to switch the emphasis of work planning to be Member-led and take a more strategic approach to focus on key priorities.

Members might consider developing a methodology for their work programme selection and prioritisation, given that the sources to choose from (including Council Plan, MTFs, Delivery Plans, Cabinet forward plan/key decisions etc) provide an extensive menu of options. The need to rationalise selection could be helped by a simple scoring or prioritisation process.

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- 3.2 Work programmes are therefore currently under-developed, partly due to the current Covid-19 restrictions, but in part also due to the short timescales which work programmes are set - typically a few months. Committees may benefit from looking at a longer work-programme timeframe which would enable scrutiny to be planned more effectively. Work programmes could be regularly refreshed to ensure they remain relevant.
- 3.3 I&S Committees do recognise the need to be focused on strategic matters, but this may become hindered at times by the lack of early access to the Cabinet forward plan and scrutiny not involved in earlier stages of the policy development and decision-making process. This lack of early visibility can therefore mean that Scrutiny is not provided with a sufficient timeframe for effective pre-decision scrutiny. The committees therefore use some of their energy examining operational performance and detail rather than inputting in future ideas and delivery.
- 3.4 Work programming therefore needs to identify the big, high impact subjects in the council's corporate plan, the key decision document and other strategic documents and to integrate these into the work programme of each I&S Committee. Scrutiny should be able to engage earlier and be supported in this task. Working across the four committees a join-up scrutiny and work programming structure would allow all parts of the council's priorities to receive quality scrutiny.
- 3.5 There is a real intent to engage in pre-decision scrutiny and committees are often presented with Cabinet reports to scrutinise. However, this may not be where scrutiny can offer maximum value. As outlined above, for scrutiny to offer greater impact and value and to help shape or constructively challenge Cabinet proposals, the work of pre-decision scrutiny needs to operate more up-stream as things are forming rather than at the point when decisions are imminent. Pre-decision scrutiny is a key function of scrutiny and it is an area that could be developed further. The Committee Chairs do want to bring scrutiny into play earlier and have more impact in pre-decision activity. For this to work effectively Scrutiny will need greater co-operation and a whole council commitment to integrating scrutiny in the decision and policy forming process. This may mean that Scrutiny, by agreement with Cabinet, has access to forward decisions, possibly months before final Cabinet approval. Scrutiny will then be able to make the bigger, positive and constructive contribution that everyone seeks and strives for.
- 3.6 Committee Chairs endeavour to maintain good relations and communications with Cabinet counterparts. This is a positive and essential part of ensuring that scrutiny is properly sighted on important issues. Chairs would like to build on this and have more structured communications that would encourage greater collaboration. In addition to regular informal conversations, this could be strengthened and enhanced through timetabled individual committee quarterly triangulation sessions. These could involve the scrutiny Chair and Vice Chair of each I&S Committee, together with scrutiny Officers and appropriate Senior Officers and the Cabinet Member(s) relevant to each committee, to discuss the next quarter of council business and key deliverables. This could, through a discussion and negotiation, form part of the basis for future scrutiny work planning and scheduling.
- 3.7 Scrutiny of the council budget and medium-term financial plan can take up a significant amount of scrutiny capacity. Members recognise that scrutiny input into the process of budget construction is essential if the Council's resourcing plans and long-term financial viability are to be constructively challenged in an open and transparent way. Members will be aware of the serious financial challenge that all Councils, including Derbyshire,

face. There are several recent examples from other councils where a scrutiny deficiency in this area contributed to serious consequences. Our observation in DCC was that financial scrutiny tends to be geared towards monitoring with less input into future financial planning. Scrutiny might consider being more directly involved in the planning of the future budget and MTFs and to start this at an early phase. In many councils this process of scrutiny can span September-January. As most councils will also be reviewing their current budget due to the financial impact of the current crisis, scrutiny may also want to explore how it could have a positive contribution to that process also.

- 3.8 Task and Finish (T&F) groups seem to be used effectively. There appears to be support from Members to use this option to focus on helping to shape policy or exploring issues of community concern where the council or its partners may need to respond. These T&F assignments or similar focused 'project scrutiny' can, if used well, build more versatility and agility for scrutiny. However as these can be very demanding on officer time and resources, committees might consider limiting the number running consecutively and having a finite number per year. Whilst each T&F does currently have a detailed scope, timeframe and objective we would also suggest that where possible they are designed as collaborative ventures with input from relevant Cabinet Members at an early stage of scoping. This may further increase the value and benefit T&F already provide.
- 3.9 Some councils also use single episode events to dig deeper and wider into suitable issues. These include Inquiry days or focus events, where all of the stakeholders appear to provide evidence and insight and to help shape options or solutions.

4. Support and resources:

- 4.1 There is a small, experienced team of Officers who support scrutiny. They are proactively engaged in advising Chairs and Members on their roles and in developing scrutiny activity. Members told us that they do feel in control of their own work programmes and agendas.
- 4.2 There is potential to review whether the level of officer resource available to support scrutiny is sufficient. Whilst the dedicated resource is valued, the team is small and may benefit from additional capacity particularly in terms of research and policy support. The team also currently needs to work hard to bring scrutiny to the attention of officers, a wider ownership for the success of scrutiny within the senior and wider leadership team would be beneficial.
- 4.3 It is possible that Members could also play a greater role in how scrutiny operates and is resourced. Members could be more central in the preparing of programmes, projects and agendas, or researching issues and helping each other to be well-prepared and informed. It might be worth exploring how simple currently available technology such as closed social media groups, conference and video calling, and the use of shared file systems could give members more capacity to share, discuss and plan their scrutiny activities.
- 4.4 The council's website has useful content on scrutiny, which is relatively easy to access and has helpful guidance. The site is up-to-date and offers a good public oversight of scrutiny activity.

5. Relationships, behaviours and culture:

- 5.1 It is evident from our research, that a deep-rooted culture dating back some decades, exists in respect of the organisation's view and approach towards scrutiny.
- 5.2 The role of scrutiny in 'holding to account' is not used consistently, although there are some signs that this is recognised, and efforts have been made to improve. However, our observation and interview evidence would suggest that political accountability could be made stronger and be a more constant feature in committee meetings. Often there seems to be a preference to challenge and hold officers to account rather than political decision makers. The principle of scrutiny's duty to hold the Leader and Cabinet Members to account, could be refreshed and strengthened. The council may also choose to strengthen the Cabinet accountability sessions to allow scrutiny to examine the work programme of individual Cabinet Members and assess progress against plans.
- 5.3 Cabinet Members frequently attend Scrutiny, but their role in attending is sometimes unclear. They often introduce reports and make useful comments during the discussion. However, there is no obvious democratic accountability for decisions, performance, delivery and policy. The Leader and Cabinet are very supportive of scrutiny and recognise its value. They also actively support a more central role in being held to account, supported by their officers for technical advice. The experience from elsewhere is that when Cabinet Members attend and are the focus of the questioning, a more strategic exchange takes place and better recommendations, or advice is achieved.

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- 5.4 Relationships between political groups are generally co-operative in the context of scrutiny. Clearly there are differences in policy and approach, but all Members appear to work towards a similar goal in committee.
 - 5.5 Member surveys were undertaken. One asked for the views and opinions of scrutiny committee Members and Cabinet Members and a similar survey was issued to Members who did not currently sit on a scrutiny committee. The results of these surveys are summarised in Appendix A

6. Development, skills gaps:

- 6.1 DCC is fortunate to have a good pool of talent and experience among its Members. Many councillors have relevant backgrounds and experience who bring a very useful set of skills to many areas of the council. Good practice also suggests that Members' interests, experience and background knowledge can also be useful in allocating a spread of skills to committees.
- 6.2 Training and development were raised by some Members, who were clearly aware of the gaps in their knowledge and understanding. There is also a number of relatively new councillors with limited experience of local government scrutiny, particularly in large complex councils like DCC, who would benefit from further training and development.

7. Contribution, performance and value-adding:

- 7.1 Scrutiny impact is a key issue. A high volume of scrutiny activity does not necessarily deliver corresponding quality outcomes.
- 7.2 While scrutiny has made some positive progress and there are examples of good practice, and positive results, it could have even greater impact and make a significant difference within the council. This ambition and desire should be shared as a council-wide issue and be addressed by ensuring that scrutiny has the support, parity, access to timely information and early engagement to allow it to operate in a more strategic way.
- 7.3 Scrutiny and Cabinet could collaborate further. Scrutiny needs to provide a regular source of quality recommendations to Cabinet, and Cabinet needs to provide clear feedback so that scrutiny's effectiveness and contribution can be tracked.
- 7.4 Scrutiny at DCC can overburden itself with too much activity and agendas focused on 'for information' reports. Doing less, but doing it really well, is worth considering. Asking the question; 'what value can scrutiny add to this' is also a useful test. Scrutiny's output must aim to shape and improve policy and decision-making as well as transparently testing the suitability of decisions being considered by Cabinet in the future.
- 7.5 Further consideration of pre-scrutiny activity would be useful as this has a crucial role in shaping, improving and influencing future Council plans. Pre-scrutiny of Cabinet decisions, through selective scrutiny of Cabinet forward programmes and the Council plan could add significant impact. This would require a change in practice by enabling earlier access to information.
- 7.6 From our observations and evidence gathering the I&S Committees may benefit from ensuring greater clarity about what it is trying to achieve or what impact they are aiming to make. Similarly, the process for deciding what is important to scrutinise and what is not, is sometimes unclear. Scrutiny cannot examine everything, nor is it necessary to do so, therefore establishing realistic priorities based on clear objectives is essential. It is therefore necessary to 'let go' of too much operational scrutiny and focus resource on strategy and policy.

8. Recommendations:

These recommendations are for discussion. They are presented for consideration as potential areas of improvement, with further assistance and planning.

Planning, organizing and resourcing scrutiny

- 8.1 **Work programme prioritisation and focus.** Developing a clear methodology focused on DCC's key corporate or community priorities should itself be a priority. Items on each work programme to have a clear rationale to justify their inclusion and a clear system for selection.
- 8.2 **Scrutiny and Cabinet needs to work more collaboratively.** This will achieve stronger pre-decision scrutiny, allow greater influence and contribution to policy shaping and supply more high-quality recommendations. A triangulation meeting held regularly could include Scrutiny Chair and Vice Chair, Cabinet Member or Leader taken in relevant rotation and Scrutiny Officers plus relevant Senior Officers. The purpose of this would be to jointly scope future areas for scrutiny to develop, but without compromising scrutiny's independence and authority.
- 8.3 **Ensure scrutiny inclusion in Cabinet papers.** Establish a routine that embeds scrutiny in all papers presented to cabinet to show how and where scrutiny has been included in the journey of the plan, policy or decision.
- 8.4 **Consider bringing Cabinet public accountability and transparency into more focus at scrutiny committees.** Cabinet Members or the Leader (if appropriate) could be the main focus of scrutiny questioning and accountability sessions. A more parliamentary select committee approach could be considered.
- 8.5 **Reduce the reliance on officer presentations and cabinet reports.** Instead, scrutiny should set its objective for each subject to be considered and material presented or verbally reported by Cabinet members, with officer assistance.
- 8.6 **Establish a practice of core knowledge briefings.** To allow Members to gain essential background, facts and core knowledge on the more involved and complex issues that are considered by scrutiny.
- 8.7 **Extend video conferencing.** There are new opportunities to use VC resources to;
 - Hold pre-Agenda meetings to set agendas and arrange meeting requirements etc
 - Committee pre-meeting to agree objectives and set themes or questioning plans
 - Hold core knowledge briefing sessions
 - Invite external witnesses via video conference links to join scrutiny meetings
- 8.8 **Adopt a Member and Officer scrutiny development and skills programme.** This will support greater understanding of the role of scrutiny and improve its effectiveness.
- 8.9 **Officer support.** Consider reviewing the officer support resource available to scrutiny to find ways to increase the capacity and skills available.
- 8.10 **Adopt a protocol.** This would outline how scrutiny, cabinet and officers would work together to ensure each part works collaboratively and ensure council wide ownership and support for the success of scrutiny.

Structures and settings

- 8.11 **Recreate Improvement and Scrutiny Committees. Consider moving to a modern 'select committee' style of scrutiny**, with agendas that focus on high priority issues and involve insight and evidence gathering as well as holding to account and a policy shaping functionality. There would perhaps need to be some reorganizing of committee roles to gain a better balance between committees. CfPS would be pleased to offer some suggestions on how this could be achieved. As an early suggestion for consideration Committees could be recreated as;
- Policy & Finance Select Committee
 - Transport & Infrastructure Select Committee
 - Children, Families and Communities Select Committee
 - Health and Adult Social Care Select Committee
- 8.12 **Establish a scrutiny Co-ordination Group.** This could comprise Chairs and possibly Vice Chairs of each committee and Chaired by the Chair of Resources (P&FSC). The purpose would be to discuss alignment of work programmes and where possible to achieve a joined-up approach to scrutiny of council policies, priorities and delivery plans.
- 8.13 **Consider further use of task and finish and other 'set piece' scrutiny techniques.** Focused events or enquiry days can highlight major areas of policy development or community concern.
- 8.14 **Allow experts/advisors on all scrutiny committees.** Consider inviting external advisors to sit as observer status non-voting members of committees to provide additional insight and expertise to the committee. They could be set period appointments or invited to a one-off relevant meeting. Payment or reimbursement may encourage candidates. Some selection may be necessary, and terms of reference made clear.
- 8.15 **Member workshop.** We recommend that a Member workshop is held to consider the findings of this review and to engage in ideas for change and improvement.

Acknowledgments and thank you

The Centre for Public Scrutiny (CfPS) was commissioned by Derbyshire County Council to advise and support an internal review on the effectiveness and impact of their current approach to overview and scrutiny.

We would like to thank the Chairs and Vice-Chairs of Scrutiny for their time and support and those Improvement and Scrutiny Committee Members, Cabinet Members, and Officers who took part in interviews, survey and observations, for their time, insights and open views.

A schedule of Members and Officers who were involved in scrutiny conversations is attached as Appendix B

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Draft Action Plan

- The table below sets out the 18 recommendations:
 - 15 recommendations were identified by the Centre for Public Scrutiny (CfPS), as set out in their report entitled ‘Derbyshire County Council Scrutiny Improvement Review’, July 2020, and
 - a further three actions were identified by senior officers and the Scrutiny Steering Group.

- It is recommended that the table should be read in conjunction with the full report and recommendations. (The numbers in brackets within the table below, reflect the numbering of the recommendations within the CfPS report).

- The draft Action Plan has been prepared by the Scrutiny Steering Group. It will be considered by a scrutiny member workshop the Improvement and Scrutiny Committees, and the Governance, Ethics and Standards Committee.

- It is proposed that the final Action Plan will be presented to Cabinet and Council.

	Recommendations	Action Plan	Implementation
	Planning, Organising and Resourcing Scrutiny		

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1 (8.1)	Work programme prioritisation and focus. <i>Developing a clear methodology focused on DCC's key corporate or community priorities should itself be a priority. Items on each work programme to have a clear rationale to justify their inclusion and a clear system for selection.</i>	(i) Ensure that each Improvement & Scrutiny (I&S) Committee prepares a focused Work Programme which is aligned to the Council's corporate priorities and Key Decision Document	Development of the Work Programme to commence December 2020
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<p>2 (8.2)</p>	<p>Scrutiny and Cabinet needs to work more collaboratively <i>This will achieve stronger pre-decision scrutiny, allow greater influence and contribution to policy shaping and supply more high-quality recommendations. A triangulation meeting held bi-monthly could include Scrutiny Chair and Vice Chair, Cabinet Member or Leader taken in relevant rotation and Scrutiny Officers plus relevant Senior Officers. The purpose of this would be to jointly scope future areas for scrutiny to develop, but without compromising scrutiny's independence and authority.</i></p>	<p>(i) Scrutiny Chairs and Cabinet to meet regularly on an informal basis;</p> <p>(ii) Scrutiny Chairs to inform and provide brief to the relevant Cabinet Member in advance of attendance at I&S meetings; thereby ensuring that contributions are focussed, structured and value-added. Such attendance should be linked to the respective I&S Work Programmes;</p> <p>(iii) Hold triangulation meetings at least, quarterly and invite:</p> <ul style="list-style-type: none"> • Scrutiny Chair • Vice Chair • Cabinet Member and or The Leader <p>Supported by:</p> <ul style="list-style-type: none"> • CMT Chair • Monitoring Officer • Statutory Scrutiny Officer <p>(iv) Develop a Pre-Decision Scrutiny approach. Commenced with the Scrutiny review of residential care homes</p>	<p>Commence September 2020 and continue on a regular basis</p> <p>Commence October 2020</p> <p>From December 2020</p> <p>Commenced and ongoing</p>
<p>3 (8.3)</p>	<p>Ensure reference of scrutiny in all Cabinet papers <i>Establish a routine that embeds scrutiny in all papers presented to cabinet to show how and where scrutiny has been included in the journey of the plan, policy or decision.</i></p>	<p>(i)The current report template to include reference to scrutiny within the body of reports, where appropriate.</p>	<p>From December 2020</p>
<p>4</p>	<p>Consider bringing Cabinet public accountability and</p>	<p>(i)Scrutiny to consider this approach, taking into account the need to balance the two-fold role</p>	<p>June 2021</p>

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<p>(8.4)</p>	<p>transparency into more focus at scrutiny committees <i>Cabinet Members or the Leader (if appropriate) could be the main focus of scrutiny questioning and accountability sessions. This could take on a more parliamentary select committee approach.</i></p>	<p>of Improvement and Scrutiny Committees to both support policy development (overview) and to hold Cabinet members to account (scrutiny).</p> <p>(ii) To ensure that I&S Committee request for Cabinet member attendance sets out purpose and scope to enable a productive session with clear, planned outcomes.</p>	
<p>5 (8.5)</p>	<p>Reduce the reliance on officer presentations and cabinet reports. <i>Scrutiny should set its objective for each subject to be considered and material presented or verbally reported</i></p>	<p>(i) Each I&S Committee to agree a Work Programme with an emphasis upon I&S Committees being highly proactive and Member-led. Set objectives for each subject to be considered;</p> <p>(ii) Officer attendance at Committee to be focused on support to Scrutiny members through the provision of technical and/or professional advice and information.</p>	<p>November 2020</p>
<p>6 (8.6)</p>	<p>Establish a practice of core knowledge briefings <i>To allow Members to gain essential background, facts and core knowledge on the more involved and complex issues that are considered by scrutiny.</i></p>	<p>(i) Executive Directors, Directors to work with Cabinet and Scrutiny Chairs to develop a programme of Core Knowledge Briefings linked to the Scrutiny Work Programmes and update on a rolling basis</p>	<p>Commence December 2020, ongoing</p>
<p>7 (8.7)</p>	<p>Extend video conferencing <i>There are new opportunities to use VC resources to:</i></p>	<p>(i) Scrutiny Committee Meetings held electronically during COVID-19;</p> <p>(ii) I & S Chairs and Vice Chairs to hold pre-Agenda meetings to set agendas and arrange</p>	<p>Commenced and will continue, where appropriate</p>

	<p><i>-Hold pre-Agenda meetings to set agendas and arrange meeting requirements etc .</i></p> <p><i>-Committee pre-meeting to agree objectives and set themes or questioning plans</i></p> <p><i>-Hold core knowledge briefing sessions</i></p> <p><i>-Invite external witnesses via video conference links to join scrutiny meetings</i></p>	<p>meeting requirements with support from lead senior officer and scrutiny officer.</p> <p>(iii) I&S Chairs and Vice-Chairs to attend Committee pre-meetings in order to agree objectives and set themes or questioning plans;</p> <p>(iv) Core knowledge briefing sessions to be available electronically;</p> <p>(v) Invite external witnesses via video conference links to join I&S meetings;</p> <p>(vi) Hold hybrid meetings in order to maximise accessibility ie some people in a Committee Room and others may join via a video link</p>	
8 (8.8)	<p>Adopt a Member and Officer scrutiny development and skills programme. <i>This will support greater understanding of the role of scrutiny and improve its effectiveness.</i></p> <p>Ensure personal development is ongoing and that DCC learns from other local authorities</p>	<p>(i) Member Development Programme in place (and supported by Member Development Strategy, recently approved by Council);</p> <p>(ii) Continuously identify training needs and agree how those needs may be met;</p> <p>(iii) Officers, Scrutiny Chairs and the Cabinet Member to have the opportunity to attend the East Midlands Councils Scrutiny Meetings</p> <p>(iv) To have the opportunity to attend LGA and CfPS events and workshops</p>	<p>Programme in place.</p> <p>Ongoing</p> <p>July 2021</p> <p>Ongoing</p>
9	Officer support	(i) Review the officer support resource available to scrutiny.	December 2020

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(8.9)	<i>Consider reviewing the officer support resource available to scrutiny to find ways to increase the capacity and skills available.</i>	(ii) The following senior officers to support the Scrutiny Steering Group and I&S Committees: <ul style="list-style-type: none"> • CMT rotating Chair, • Monitoring Officer, • Statutory Scrutiny Officer • Members' Support Officer 	November 2020
10 (8.10)	Adopt a protocol <i>This would outline how scrutiny, cabinet and officers would work together to ensure each part works collaboratively and ensure council wide ownership and support for the success of scrutiny.</i>	(i) Review the existing Scrutiny officer and Member protocol Develop it further to outline how scrutiny, cabinet and officers can ensure collaborative working, council-wide ownership and support for the success of scrutiny. <ul style="list-style-type: none"> - Prepare the collaborative draft protocol; - Report to I&S Committees; Cabinet and Council; Add the approved document to the Council's Constitution (ii) Review the protocol annually	March 2021
	Structures and Settings		
11 (8.11)	Recreate Improvement and Scrutiny Committees. <i>Consider moving to a modern 'select committee' style of scrutiny, with agendas</i>	(i) Review the merits of moving to a modern select committee style of scrutiny and bring back to Cabinet	September 2021

	<p><i>that focus on high priority issues and involve insight and evidence gathering as well as holding to account and a policy shaping functionality. There would perhaps need to be some reorganizing of committee roles to gain a better balance between committees. CfPS would be pleased to offer some suggestions on how this could be achieved. As an early suggestion for consideration Committees could recreated as:</i></p> <ul style="list-style-type: none"> - <u>Policy & Finance Select Committee</u> - <u>Transport & Infrastructure Select Committee</u> - <u>Children, Families and Communities Select Committee</u> - <u>Health and Adult Social Care Select Committee</u> 		
<p>12 (8.12)</p>	<p>Establish a scrutiny Co-ordination Group <i>This would comprise Chairs and Vice Chairs of each committee and Chaired by the Chair of Resources (P&FSC). The purpose would be to discuss alignment of</i></p>	<p>(i) Scrutiny Steering Group to continue and to include:</p> <ul style="list-style-type: none"> - I&S Chairs; - I&S Vice Chairs - Cabinet Member <p>To be supported by the rotating CMT Chair, the Monitoring Officer, Statutory Scrutiny Officer and Member Support Officer;</p>	<p>Established and ongoing</p> <p>From November 2020</p>

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	<p><i>work programmes and where possible to achieve a joined-up approach to scrutiny of council policies, priorities and delivery plans.</i></p>	<p>(ii) Scrutiny Officers to schedule quarterly meetings with the relevant Executive Director, key Directors and Cabinet Member.</p> <p>(iii) The Scrutiny Steering Group should liaise with the Cabinet Member in the first instance, and regularly report to Cabinet thereby ensuring a completely joined up approach</p>	<p>Commence December 2021</p>
<p>13 (8.13)</p>	<p>Consider further use of task and finish and other ‘set piece’ scrutiny techniques <i>Focused events or enquiry days can highlight major areas of policy development or community concern.</i></p>	<p>(i) Align this consideration to the Scrutiny Work Programmes and tailor the relevant methodology for each piece of work</p>	<p>Ongoing</p>
<p>14 (8.14)</p>	<p>Allow experts/advisors on all scrutiny committees <i>Consider inviting external advisors to sit as observer status non-voting members of committees to provide additional insight and expertise to the committee. They could be set period appointments or invited to a one-off relevant meeting. Payment or reimbursement may encourage candidates. Some selection may be necessary, and terms of reference made clear.</i></p>	<p>(i) The I&S Committees to consider inviting experts and advisors for specific topics. Such experts/advisors are likely to attend a particular meeting or for a specific period to aid exploration of a specific topic, as expert advisors.</p>	<p>February 2020</p>

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15 (8.15)	<p>Member workshop <i>We recommend that a Member workshop is held to consider the findings of this review and to engage in ideas for change and improvement.</i></p>	Workshop Scheduled and stakeholders invited	12 October, 11am-1pm
16	<p>Additional Actions not Included within the Report Recommendations</p>		
16.1	<p>Review the relationship and interface between the Audit; Governance Ethics and Standards Committees and Improvement and Scrutiny Committees. Ensure that these Committees have a clear focus, avoid any potential overlap or duplication and consider matters of mutual importance and refer key issues to the relevant committee for further action, where necessary.</p>	<ul style="list-style-type: none"> (i) Initial meeting between the 6 Chairmen, supported by their respective senior officers; (ii) Thereafter, quarterly meetings 	February 2021
16.2	<p>Map and identify the financial and human resource implications of the review to ensure that the recommendations are adequately identified, costed and prioritised.</p>	<ul style="list-style-type: none"> (i) The Scrutiny Steering Group to lead this work, supported by the Monitoring Officer and Statutory Scrutiny Officer; (ii) This work to feed into the budget planning process; and any recommendations to be considered by Cabinet and ultimately by Council (iii) The Statutory Scrutiny Officer and Monitoring Officer to ensure 	Timeline to align with the annual budget -setting process

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		close liaison with the Council's S.151 Officer and HR professionals	
16.3	The Statutory Scrutiny Officer Role	Review how the role of the Statutory Scrutiny Officer is discharged.	September 2021

Appendix 3

The Scrutiny Review

Workshop Report 12th October 2020

The Scrutiny Review commenced in 2019 at the request of Cabinet and Chairs of Scrutiny and an initial workshop was held for the Chairs and Vice Chairs of the four Improvement and Scrutiny Committees.

Cabinet considered the Scrutiny Review findings and proposed actions at their meeting on the 8th October 2020 and approved the Scrutiny Review Report, including recommendations and draft action plan, for consideration at a scrutiny member workshop and by the four Improvement and Scrutiny Committees and Governance, Ethics and Standards Committee. Cabinet noted that this review commences a programme of continuous review and development of scrutiny at Derbyshire County Council.

The 2020 Scrutiny Review Workshop

The Scrutiny workshop took place on the 12th October 2020.

Cllr Tony Kemp chaired the online workshop and Jacqui McKinlay, Chief Executive of the Centre for Public Scrutiny (CfPS) presented the report and findings. She noted, that like many authorities, this was the first in-depth review of Scrutiny that had taken place for many decades. The CfPS were commissioned to undertake the review in 2020, bringing independence, a substantial experience of scrutiny from across the country and a ready-made scrutiny review methodology. As part of the review process the CfPS undertook two member surveys: one designed for completion by members of Cabinet and members of Improvement and Scrutiny Committees and the other designed for all remaining members. CfPS also carried out a series of one to one meetings and discussion groups with:

- The Leader of the Council;
- Improvement and Scrutiny Chairs and Vice Chairs;
- Improvement and Scrutiny Members by political group;
- Cabinet Members;
- Opposition Leaders;
- Executive Directors;

- A sample of Directors;
- A sample of partners and past Improvement and Scrutiny witnesses;
- The Statutory Scrutiny Officer and the two Improvement and Scrutiny Officers

A Scrutiny Review Steering Group comprising the Improvement and Scrutiny Chairs and the Cabinet Member for Corporate Services, was established to lead the review.

Cllr Kemp shared the action plan which will help the recommendations of the review.

He explained that the report findings, action plan and feedback would be considered by the Improvement and Scrutiny Committees, the Governance, Ethics and Standards Committee, followed by Cabinet and Council.

There was a period during the workshop for questions and comments.

Participants left the main workshop and joined four Member Breakout Groups which were supported by CMT and Democratic and Scrutiny Services Officers. Participants considered the Scrutiny review findings, action plan and the following three questions:

- What are the key findings of the review that you believe are the top priorities?
- What are the opportunities and risks to effective implementation of the action plan?
- What does success look like in 12 months' time?

Everyone then re-joined the main workshop for the plenary session. It was clear that key themes emerged from the report findings, questions and comments and the breakout groups.

Key Themes

The key themes were as follows:

- Overall support for the review;
- Cross-Party engagement was welcomed;
- The action plan was well-received;
- Development of comprehensive, strategic and longer-term work programmes to enable Scrutiny to focus on strategic issues including the Council's priorities and emerging national policies and provide challenge rather than receiving reports for information
- Scrutiny should take more of a central role and should be supported by senior officers
- Collaborative working arrangements should be enhanced between Scrutiny Chairs, Executive Directors and Cabinet Members to facilitate information exchange about forthcoming policy development and key decisions
- A Key Decisions Document which has a lead-in time of at least four months should enable better planning and more focused Scrutiny work programmes;
- Pre-decision scrutiny should add value to the work of the Council;

- Ensure effective Member development opportunities are in place including opportunities to learn from others, learning 'on the job' and courses seminars etc
- Task and finish work is important and needs to continue
- The proposed quarterly meetings between the Chairs of Governance, Ethics and Standards Committee, Audit Committee and the Improvement and Scrutiny Committees are to be welcomed. They will help to ensure better coordination, avoid duplication and should add value.

Key Risks Included:

- The need for buy-in from all Parties, Members and senior officers
- The need for suitable resources
- There could be a potential change of Administration following the local elections and a further change in respect of scrutiny may follow.

Conclusion

The Scrutiny Review has been welcomed by Members and Officers, alike. The Centre for Public Scrutiny Report provides a good steer for the future and the recommendations have been carefully considered and widely consulted upon. The Action Plan will ensure that improvement is delivered.

Finally, it is acknowledged by all that this is a continuing (and continual) process and it is expected that any new administration will 'buy into' and support.

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Derbyshire County Council

Improvement and Scrutiny Committee - People

4 November 2020

**Oversight of Next Steps in Relation to Direct Care Homes for
Older People**

Progress Report

1. Purpose of the Report

To inform the Committee of the progress made by the working group in overseeing the next steps in relation to direct care homes for older people, and to seek agreement to submit an interim report to Cabinet on the fire risk mitigation measures that have been introduced.

2. Background Information

On 4th June 2020 Cabinet received a report on the outcome of the consultation on the proposed closure of seven, and the refurbishment of three, Direct Care homes for older people. These homes were as follows:

Proposed for closure:

- Ladycross House (Sandiacre)
- Beechcroft (West Hallam)
- East Clune (Clowne)
- Holmlea (Tibshelf)
- The Spinney (Brimington)
- Goyt Valley House (New Mills)
- Gernon Manor (Bakewell)

Proposed for refurbishment:

- Briar Close (Borrowash)
- Rowthorne (Swanwick)
- New Bassett House (Shirebrook)

Cabinet approved the following:

- Further to the consultation none of the homes proposed for closure will close unless a local care home or alternative provision is available to replace it, and further consultation is undertaken as appropriate.
- That a further report setting out a programme of repair and refurbishment for these seven homes, to include any works required

immediately to ensure their soundness and safety, will be presented to Cabinet in due course.

- That the plans to undertake a programme of work to refurbish New Bassett House, Briar Close and Rowthorne will continue with a further report presented to Cabinet seeking a business case and procurement approval in due course.
- That People Scrutiny Committee be invited to consider including within its work programme, oversight of the next steps (with particular reference to the need for and type of local provision required) to ensure transparency of decision making and to make any recommendations to Cabinet or elsewhere that may arise as a result of such scrutiny.
- That a revised strategy and investment plan taking into account reviews of the Market Position Statement and of the strategic needs analysis will be presented to Cabinet by the end of 2020.

The People Improvement and Scrutiny Committee at a meeting on 2 September agreed their approach to their role of overseeing the next steps in relation to Direct Care Homes for Older People, and identified the following key lines of enquiry.

1. How will the robustness and durability of ongoing mitigation measures be assessed?
2. How will demand for current and future provision for older people be assessed?
3. How will the market be assessed?
4. What factors will be considered when determining what is local provision?
5. How will factors that determine what is suitable alternative provision be identified and assessed?
6. How will stakeholders be engaged?

Information and Analysis

The working group was mindful that property condition surveys conducted in 2019 reported that some of the Council's Homes for Older People were in poor condition and highlighted that 12 homes required rewiring. This included the 7 homes previously proposed for closure, the 3 homes proposed for refurbishment plus 2 homes (Ada Belfield, Belper and Hazelwood, Cotmanhay) where decisions have already been made to close once local alternatives have been established. Therefore, Members considered it a priority to ascertain the effectiveness and durability of the mitigation measures in place to address any increased risk associated with the need for properties to be rewired.

Members met with the Direct Care Group Manager on 25 August 2020 and was advised that a comprehensive risk evaluation had been undertaken to

establish whether the homes were safe and what mitigating actions were required.

The key elements of the risk evaluation were as follows:

- Technical Fire Risk Assessments (TFRA): these focus on the building related issues in respect of fire safety, they are undertaken by Property Services. They consider issues to do with the fire alarm system, fire doors, smoke detectors, emergency lighting and compartmentation. Once a TFRA is completed it provides a list of actions to address for each home.
- Operational Fire Risk Assessments (OFRA): these focus on the training and deployment of staff, arrangements for evacuation of the building, fire drills and use of equipment within homes. These are undertaken by the Unit Manager of the home.
- Personal Emergency Evacuation Plans (PEEPs): these are individual risk assessments and evacuation plans for each resident which are required to be reviewed regularly and updated by the unit manager as necessary (i.e. on first admission and on an ongoing basis as a person's needs change). The plan will describe how and with what equipment an evacuation will be affected for that individual from a compartment (a section of a building between fire doors which typically includes 4 or 5 bedrooms per compartment). Evacuation of an affected compartment must be completed within 2 ½ minutes as per Fire Service requirements.
- Electrical installation (hard wiring) safety testing: these focus on the safety of the electrical system and are commissioned by Property Services and are normally undertaken every 5 years but given the current circumstances will now be done every 2 years. For the 12 homes which require rewiring they were last undertaken in September 2018 and they will be repeated in September 2020. There is an action list for each home when non compliances are identified, and these are graded according to urgency and level of risk.
- Overall risk evaluation: the Council's Risk and Insurance Manager co-ordinated a comprehensive evaluation of all of the information contained in the above (at that time) for the 12 homes in October 2019. Officers from Property, Adult Care and Health and Safety were involved in this evaluation. This evaluation led to the decision that immediate evacuation of the homes was not required provided that the actions identified were address within the required timescales.

Members were advised that in addition to the above the Fire Service have been kept informed of the situation and advice has been sought and provided by them as appropriate.

The Direct Care Group Manager summarised the mitigating actions identified following the risk evaluation process, firstly from the TFRA's:

- Replacement of old fire alarm systems with modern addressable systems
- Replacement of non-compliant fire doors and repairs to existing fire doors
- Improved compartmentation where possible
- Improved emergency lighting
- Improved escape routes (clearing pathways from fire exits)

And secondly from the OFRA's:

- Refresher training for all managers and senior staff in fire safety management and evacuation techniques
- Fire safety refresher training for all staff working in all HOPs
- Monthly (at least) fire evacuation practice drills
- Updating of PEEPs for all residents
- Provision of improved evacuation equipment in line with PEEPs
- Deployment of additional night staff in order to ensure that the compartment with the highest need can be evacuated in 2 ½ minutes
- Suspension of long-term admissions to the 12 homes which need rewiring in order to assist in managing the risk

The Direct Care Group Manager went on to summarise the actions that had been taken so far and provided an update regarding future actions. He stated that:

- All of the actions associated with the OFRA's have been put in place and maintained and these are being monitored on a weekly basis. All of the 12 homes have confirmed that in the event of a fire the affected compartment could be evacuated within 2 ½ minutes, day or night.
- Delivery of the TFRA actions has been somewhat hampered by Covid-19 in terms of supply chain issues and restrictions on entering care homes. All of the new fire alarm systems have been installed, except for East Clune which will be completed by 10th September 2020. All of the fire door issues have been addressed apart from Rowthorne, the supply of these doors has been badly affected by the supplier not operating during the recent lockdown. A new supply arrangement is now being made and work should commence imminently. Work has been completed on ensuring pathways from escape routes are cleared. Some improvements to compartmentation remain to be completed at Goyt Valley House, Hazelwood and East Clune. We are advised that unfortunately the improvements to emergency lighting cannot be undertaken as this requires the homes to be rewired.

- Work associated with higher risk issues from the electrical safety testing have been addressed. We are advised that some lower priority issues can only be addressed when the homes are rewired.
- OFRA and TRFA actions continue to be monitored on a weekly basis and reported to the Adult Care Senior Management Team. Property are arranging for new TFRA's to be undertaken as all of the works listed above are completed in order to review previous actions and identify any new ones. As previously stated, the electrical installation testing will be repeated in September 2020 at all 12 HOPs. Once all of these elements are complete an overall risk evaluation exercise led by the Risk and Insurance Manager will be repeated to review the safety of each home and any high priority actions which need addressing. This will then be reported back to Cabinet and the Corporate Management Team.

Members welcomed the detailed briefing about the mitigation measures. However, they wished to explore further issues relating to the emergency lighting systems in some of the homes, following the statement that “improvements to emergency lighting cannot be undertaken as this requires the homes to be rewired”. Therefore, a further working group meeting was held on 9 September with the Electrical Operations Manager and the Head of Projects (Design and Build) from Property Services, to consider in more depth the implications of buildings needing to be rewired. A fundamental question that Members sought an answer to was, Are the homes equipped with emergency lighting systems that would facilitate the safe evacuation of residents in the event of an emergency?

The officers present provided an update on the mitigating actions that have been undertaken and confirmed the following:

- The emergency lighting is operational and safe in all of the homes, although due to recent legislative changes it is not compliant to current standards.
- All homes have a compliant fire alarm system to current standards.
- Technical fire risk issues, such as damage to fire doors that occur over time due to wear and tear have been addressed. As new issues arise, they will be prioritised and added to the program of works.
- Property Services is working towards reissuing technical fire risk assessments for each home so that they are fully compliant from a fabric point of view, with no outstanding items listed on the program of works.
- To improve operational procedures in the event of an emergency evacuation the Adult Care Department requested additional compartmentation in some of the homes. So, although the buildings

were compliant with the building regulations, an enhanced compartmentation was required to aid operational issues.

- If work is undertaken to bring the emergency lighting systems up to date it will be necessary to disrupt the fabric of the building and therefore it makes good property management sense to see what other work could be carried out during the disruption. As previously stated, in all of the homes the fixed wiring is safe. However, in many, the wiring is reaching the end of its life and a full rewire may be required within the next two years. Comprehensive plans for rewiring, including details of the anticipated costs, have been prepared.

After having the opportunity to vigorously question officers from Adult Care and Property Services, Members of the working group agreed that they felt assured that the mitigation measures in place are sufficiently robust and durable to address the increased risk associated with the properties that have been identified as needing rewiring, in the near future. It was also agreed that the working group would continue to pursue the other key lines of enquiry regarding its role in overseeing the next steps in relation to direct care homes for older people. A briefing(on 25 August) from the Direct Care Group Manager about the proposed approach for identifying suitable and local provision, and a briefing (on 2 September) from the Service Director about the methodology to assess current and future demand for residential care and the preparation of a Market Position Statement have been received. The working group is now awaiting an update on the timeframe for this work and how it is progressing.

3. Officer's Recommendations

It is recommended that the Committee

Agree that an interim report is submitted to Cabinet confirming that the Improvement and Scrutiny Committee – People, is assured that the mitigation measures in place are sufficiently robust and durable to address the increased risk associated with the properties that have been identified as needing rewiring, in the near future

- (1) Note that the scrutiny working group will continue to pursue the other key lines of enquiry regarding its role in overseeing the next steps in relation to direct care homes for older people.

Cllr Gary Musson
Chairman of the Improvement and Scrutiny Committee - People