

PUBLIC

**MINUTES** of a meeting of **IMPROVEMENT AND SCRUTINY COMMITTEE - HEALTH** held on Monday, 17 January 2022 at County Hall, Matlock, DE4 3AG.

**PRESENT**

Councillor J Wharmby (in the Chair)

Councillors M Foster, G Musson, P Smith, A Sutton and D Allen.

Apologies for absence were submitted for Councillor P Moss and L Ramsey.

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

**There were no Declarations of Interest**

**1/22     MINUTES**

**RESOLVED** – to confirm the non-exempt minutes of the meeting of the Improvement and Scrutiny Committee - Health held on 22 November 2021.

**2/22     PUBLIC QUESTIONS**

- • **Question posed by Mary Dwyer:**
  - “Why is our NHS continuing to be reorganised whilst we are in a pandemic which is putting so many demands on it and all its staff? These changes must take enormous amounts of time to organise and implement, as well as cost money, so surely a common-sense approach would be to stay as we are and look to positive changes in the future when the UK is through this extremely difficult time?”
- • **Response of the CCG:**
  - The draft Health and Care Bill is currently being taken through the Parliamentary process by Government and includes many recommendations made by NHS England. The Bill outlines the creation of new Integrated Care Boards, which will replace clinical commissioning groups and have additional duties as part of a strengthened integrated care system (ICS). There are strengthened arrangements in statute for the partnership across health and social care, as well as in our places and providers.

- The view of Joined Up Care Derbyshire is that these changes are broadly in line with work already underway in Derbyshire to transform care through ever-increasing collaboration. It is true to say that the system is under considerable pressure at this time, and while we welcome the recently-announced three month extension to the implementation timetable to 1 July 2022, Derbyshire remains very well placed to see a smooth transition to the new statutory arrangements. All changes remain subject to the successful passage of the Bill through the Parliamentary process in early 2022.
- A supplementary question was asked:
- “The pressures on hospitals due to bed blockages are ever growing. I have heard that Derby Royal “bed blockage” is worse than ever and many care homes in Derby are not accepting any more discharge patients. How much money and time is being diverted from sorting the problems now of resolving bed blocking and supporting care homes to establish the changes needed to set up the Derbyshire ICS?”
- Ms Dwyer would receive a written response to this.
- **Question posed by M Jones:**
- “Given the pending closure of Babington Hospital, many Belper residents are understandably concerned about future health provision for the area. With unprecedented demands on our NHS increased by Covid 19, might there not be a case for devolving care and services closer to home to ease pressure on Royal Derby and should this not also include the retention of nursed beds in the town? These would significantly reduce pressure on Derby when it comes to discharging patients into the community. Therefore can we please be informed of the precise range of services which will be available across the community without increasing pressures on an already overstretched Royal Derby?”
- Response from Derbyshire Community Health Service NHS Foundation Trust:
- Future health provision in the area will be based on the building of a brand new community hub on the site of the old Belper Clinic. We are soon to be submitting a final planning application to the local planning authority. All existing services provided at Babington Hospital will be provided at the new building.

- Previous consultation has concluded that the most appropriate way to provide bedded care for local residents was via an integrated approach with Derbyshire County Council at the new Ada Bellfield located on Derwent Street. The NHS & County Council provide Community Support Beds at this site with rehabilitation support & care provided. Should local people require hospital based rehabilitation this is available at other NHS Sites including St Oswalds at Ashbourne, Whitworth Hospital at Matlock & Ilkeston Hospital.
- The NHS & County Council also provide integrated rehabilitation & care for people in their own homes.
- The NHS & social care services are currently under incredible pressure at present due to the pandemic & winter pressures resulting in significant pressure on our workforce & other resources which is resulting in us not being able to provide the normal capacity we would aspire to. We are sorry about this but hope that the committee & public understand this.
- It is also worth noting that DCHS are soon to announce a further public engagement to announce progress on planning for the new NHS health hub.
- A supplementary question was asked:
- “Could you list the benefits of moving from a CCG to ICS?”
- Mr Jones would receive a written response to this.

### **3/22     INTEGRATED CARE SYSTEM UPDATE**

Zara Jones, Executive Director of Commissioning Operations, Derby & Derbyshire Clinical Commissioning Group gave a brief update on the Integrated Care System. The Health and Care Bill was still being considered by Parliament and, to allow sufficient time for the remaining parliamentary stages, the time line had been extended to 30 June 2022, to allow new statutory arrangements to take effect and Integrated Care Boards (ICBs) to be legally and operationally established. This would provide extra flexibility for systems preparing for the new statutory arrangements and managing the immediate priorities in the pandemic response, while maintaining momentum towards more effective system working.

Joint working arrangements had been in place at system level for some time and there had been significant progress in preparing for the

proposed establishment of statutory Integrated Care Systems. CCG leaders and designate ICB leaders were asked to continue with preparations for the closure of CCGs and the establishment of ICBs, working toward the new target date.

Committee would be updated at the Improvement & Scrutiny – Health’s meeting in July 2022.

#### **4/22      CHESTERFIELD HYPER ACUTE STROKE UNIT REVIEW**

Zara Jones, Executive Director of Commissioning Operations, Bernice Groves and Heidi O’Ryan, NHS Derby and Derbyshire Clinical Commissioning Group, provided an update on progress on the options appraisal of the Hyper Acute Stroke Service (HASU) at Chesterfield Royal Hospital NHS Foundation Trust (CRH).

As described in the report submitted to the Committee in September 2021, the Derbyshire Stroke Delivery Group recommended a service review and options appraisal of the hyper acute element of the stroke service. Any future decision on the future of the Unit would have an impact on several stakeholders ranging from patients, surrounding trusts and ambulance services; a task and finish group was therefore established in May 2021 to oversee the process.

Five key options were identified:

1. HASU provision continued to be delivered by the existing substantive Consultant, locum support and telemedicine (Do nothing);
2. The service was strengthened by redesign;
3. The Trust introduces a review and convey model; where patients were assessed and treated within the Accident and Emergency Department followed by immediate transfer to a Hyper Acute Stroke Unit;
4. Decommission the CRH HASU element of the Stroke Service pathway, if workforce sustainability issues could not be resolved, with either a single HASU provider or multiple providers; and
5. Review of the CRH HASU as part of a wider East Midlands review to rationalise sites; continuing to provide the service ‘as is’ at CRH.

A stakeholder workshop was organised to develop the options further.

A separate independent panel was formed to make recommendations on the preferred option(s) as detailed; the preferred was Option 2. This would be taken forward but with further work/caveats. It was recommended that a small working group be established, with focus on the workforce challenges and consider all possible workforce models and good practice, taking learning from independent panel members and develop a plan and

provide detail of the service redesign.

A number of questions and comments were posed by Committee particularly around the robustness of the process, clear information and training and quality assurance and diversity of the make-up of the independent panel. Some concerns were expressed around the financial aspects of the review however the process was driven by value for money.

AMENDED RESOLUTION – Committee (1) noted the content of the paper and the process being taken; and (2) welcomed NHS officers to a future meeting to discuss the process further.

## **5/22     PRIMARY CARE**

Clive Newman, Director of GP Development, Derby & Derbyshire Clinical Commissioning Group presented Committee with an update on GP access in Derbyshire. In summary, it was found that many practices were experiencing challenges for both practices and patients. There was a high level of demand for GPs, who were working under great pressure, particularly with the number of appointments offered at or above pre pandemic levels. More appointments were offered by phone and more were requested for the same day. Patients reported mixed satisfaction with access and there was on-going work to improve access by practices, the CCG and the wider NHS.

Staffing remained a challenge. New funding for non-GP staff and a range of initiatives designed to help recruit and retain key staff had been made available but retention remained difficult. Paused services during the pandemic were being restarted and GPs continued to lead a very successful vaccination campaign. Demand and pressure on staff was likely to be very high over the winter, and there was rising concern over practice staff wellbeing.

GPs wanted to revert back to how practice was pre pandemic – particularly face-to-face appointments and a more hands-on approach however the benefits of virtual and online appointments were recognised. Calls to the 111 service had increased and committee recognised that this was working well and requested statistics around staffing.

Patients were also concerned about triaging; it was confirmed that this service was doctor-led however, it was also recognised that patients were becoming more knowledgeable about who/what service they require. Committee noted some aspects of the service were working well, such as the Prescription Order-line and Self-Referral and throughout the pandemic, pharmacy services had improved.

## **6/22      REVIEW OF SECTION 75 AGREEMENTS - SCOPING REPORT**

Committee was informed of a proposed review of the Section 75 Agreements between the County Council and partner organisations. Agreement was sought for the review being undertaken and the establishment of a review working group.

The use of Section 75 agreements allowed partners to contribute to a common fund to be used to commission health or social care related services and allowed a local authority to commission social care and joint commissioning of integrated services. The Committee Chairman had proposed the review to identify areas for improvement and develop recommendations to increase efficiency and effectiveness, as well as ensuring the best use of available budgets.

A working group of four Members from the Majority Group and two Members from the Minority Groups was agreed. It would seek information from a number of sources, expert witnesses, service users and the Council's Cabinet Members for Adult Care and Health & Communities. Reports would be submitted to this committee to update Members on progress and direction of the review. The review outcomes and recommendations would be reported to Cabinet and shared with partners.

**RESOLVED** – that Committee (1) agree to a review of Section 75 arrangements, as set out in the report; and (2) establish a review working group of four Members from the Majority Group and 2 Members from the Minority Groups to recognise the political balance of the Committee.

The meeting finished at 3.50 pm