Public Document Pack

Helen Barrington
Director of Legal Services
County Hall
Matlock
Derbyshire
DE4 3AG

Email:
Juliette.Normington@derbyshire.gov.uk
Direct Dial 01629 538394
Ask for Juliette Normington

PUBLIC

To: Members of Improvement and Scrutiny Committee - Health

Friday, 7 January 2022

Dear Councillor

Please attend a meeting of the **Improvement and Scrutiny Committee - Health** to be held at **2.00 pm** on **Monday, 17 January 2022** Council Chamber, County Hall, Matlock, Derbyshire DE4 3AG; the agenda for which is set out below.

Yours faithfully

Helen E. Barrington

Helen Barrington
Director of Legal Services

A G E N D A

PART I - NON-EXEMPT ITEMS

1. To receive apologies for absence (if any)

2. To receive declarations of interest (if any)

3. To confirm the non-exempt minutes of the meeting of the Improvement and Scrutiny Committee - Health held on 22 November 2021 (Pages 1 - 8)

4. Public Questions (30 minutes 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. Integrated Care System Update

6. Chesterfield Hyper Acute Stroke Unit Review (Pages 11 - 30)

7. Primary Care

8. Review of Section 75 Agreements - Scoping Report (Pages 31 - 34)

PUBLIC

MINUTES of a meeting of **IMPROVEMENT AND SCRUTINY COMMITTEE - HEALTH** held on Monday, 22 November 2021 at County Hall, Matlock, DE4 3AG.

PRESENT

Councillor J Wharmby (in the Chair)

Councillors D Allen, E Fordham, G Musson, P Smith, A Sutton, D Allen, E Fordham, L Ramsey and S Swann (substitute).

Apologies for absence were submitted for Councillors M Foster and P Moss.

Also in attendance were Helen Jones, Executive Director for Adult Care plus Dr Chris Clayton, Sarah Mackmin and Dr Paul Wood, NHS.

25/21 MINUTES

To confirm the non-exempt minutes of the meeting of the Improvement and Scrutiny – Health held on 13 September 2021.

26/21 PUBLIC QUESTIONS

Question posed by Mary Dwyer:

We all know the efforts that our NHS staff have put in during the pandemic that we are still in. This has lasted for 19 months now. The toll this must have already taken on their personal life, mental health and family life is not imaginable let alone fully known.

What plans have you made to alleviate the pressures on this body of people with winter pressures looming, as Covid numbers grow again and winter flu pressures rise? If plans are not already in place, please develop a plan now to show how we appreciate these marvellous people, many of whom are on a low wage, yet give their all for the good of others.

As this was a question for the CCG to answer, it was agreed that it would reply in writing direct to Mrs Dwyer.

Response of the CCG:

To give assurance, across Derbyshire we work as a collaboration in health and social care, supporting all colleagues, with their mental/ emotional and physical health needs. As part of this collaboration, we have established a peer network of critical friends, with the aim of developing clear shared priorities and ambitions in order to meet the

needs of the workforce we support. To do this, we have shared best practice, e.g. around the roll out of wellbeing champions, extending the network of peer to peer support across all partner organisations. We have also introduced wellbeing conversations, structured conversations, where individuals develop their own wellbeing plan and discuss its contents with their line manager as part of a structured conversation, to improve an individual's health and wellbeing at work, this programme will over time be rolled out across all partners in health and social care. As well as this, the development of a Wellbeing Guardian model, a pivotal enabler in helping to create an organisational culture where empowering the health and wellbeing of our people is routine and a priority consideration across all organisational activities and decisions, these posts is typically held by a non-executive director.

We have received £600k in Mental Health and Wellbeing funding from NHSE/I to allow us to set up a mental health and wellbeing hub for colleagues. This includes rapid access support to mental health support delivered by IAPT services. This includes a range of therapeutic interventions including; CBT, Trauma Therapy's and EMDR for example, with limited waits, allowing us to fast track health and social workers into treatment and support as early as possible taking a proactive stance to supporting workplace wellbeing.

We have invested in the recruitment of 5 Health Improvement Advisors to support the roll out of best practice across Derbyshire and to ensure equity across all organisations in terms of the offer with a view that all staff regardless their role or organisation should have access to the same level of support.

The Integrated Care System have also have supported the roll out of CiC an Employee Assistance Programme providing employee and family assistance 24/7/365 to all colleagues. The service provides specialist telephone and clinical support, with interventions provided in most languages, ensuring that local staff have access to high-quality professional help as well.

We have purchased access to Thrive, a mental health app, a clinically effective mental wellbeing tool for employees to build resilience against stress, anxiety, and depression. Alongside this we have developed a peer support model working in partnership with Professor Neil Greenberg and his team March on Stress to roll out a train the trainer model, across a range of courses, to offer a sustainable and long term solution to our workplace health and wellbeing solutions including; Trauma Risk Incident Management, Sustaining Resilience at Work, Reflective Practice to allow us to train colleagues to deliver training to their peers.

We successfully secured £50k funding for Inclusive Health and Wellbeing from NHSE/I, which was then match funded to allow us to

develop and deliver a Long Covid programme across Derbyshire for health and social care staff across Derbyshire. The programme is led by an Occupational Health Physician and referrals are accepted from confirmed/ suspected cases with ongoing symptoms >4 weeks and can be referred by managers or staff themselves. In summary, all staff receive a wellbeing screening call - will include basic level physical health questions and sign posting as well as OT Triage: baseline assessment, desk clinic access/ referral to Long Covid community clinic MDT/ IMPACT+, 4 week 'Coping with Covid' psychoeducational programme, as well as mental health support programme and access to respiratory physio if required, as well as a comprehensive programme of clinical and peer support.

We successfully bid and received £87K for Primary Care Wellbeing again from NHSE/I and we are in the process of developing a model to replicate much of the work that has been undertaken in acute and community healthcare setting to roll this out in primary care. This funding is supporting the development of this and is currently in its infancy.

A working party has been developed for Violence and Aggression to commence in December. This team will develop and implement the new national violence prevention and reduction standard, which complements existing national and local health and safety legislation. Employers across Derbyshire have a general duty of care to protect staff from threats and violence at work. The standard delivers a risk-based framework that supports a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression and violence and we are looking to take a collaborative approach to this.

We are about to launch of a collaborative programme to develop Menopause Friendly organisations across the Integrated Care System. This will commence in January. Putting diversity, inclusion and colleagues' wellbeing centre stage will demonstrate dedication to making your organisations a great place to work. And menopause in the workplace support is a big part of this, with an increasing number of employers realising the mutual benefits it can bring. We want to support every employer across Derbyshire in their quest to become 'menopause friendly' with the support of Henpicked. Henpicked developed and run an accredited programme and we aspire that all organisations in our ICS will work towards this standard through 2022.

To support all the above and ensure consistency of offer and promotion of what is available, we are looking at recruiting ICS system specific roles to help develop our work programmes at pace. The good news is we have been informed that there will be a continuation of funding from NHSE/I up to 2023 to support the Health and Wellbeing of colleagues across the ICS.

Following a request from Dr C Clayton, the Chairman agreed to hear Item 6

before Item 5.

URGENT TREATMENT CENTRES

27/21

An update on the national review of Urgent Treatment Centres (UTC's) in Derbyshire was given by Sarah Mackmin and Dr Paul Wood, representing the NHS. The review would address patient and public confusion around the core set of standards for the Centres as well as identify the confusing mix of walk-in-centres, minor injuries units and urgent care centres along with numerous GP health centres and surgeries that offered varied levels of core and extended urgent care services.

Derbyshire had five UTC's, located in Ilkeston, Ripley, Buxton, Whitworth and Derby City. The COVID pandemic and associated necessary changes to health service provision had led to the provision of 2 further UTC's located at acute hospital front doors at Chesterfield and Royal Derby hospitals. In assessing and considering the need to formally commission and continue provision of these centres, a strategic level decision was made to review all UTC provision across Derbyshire, taking into consideration the investments in enhancing Primary Care provision and the development of local Primary Care Networks including the three GP walk in centres at New Mills, Swadlincote and Ashbourne.

The review was in its early stages of development. An on-line survey for patients and the public was being designed with the CCG and JUCD to form part of pre-engagement work and decisions regarding the future provision of UTC's would impact on a number of stakeholders, patients and the public.

A Strategic Working Group had been established, led by Dr P Wood, and was working through the logistics needed to undertake such a review. The Group would report to the Urgent, Emergency and Critical Care Delivery Board and subsequently to the Joined Up Care Derbyshire (future ICS) Board. Work was continuing on an Engagement Plan, UTC review timeline and project plan.

Members raised concerns around the level of care provision following the review and the Committee was keen to contribute to the review as it progressed and to have an input in any final decisions.

28/21 **INTEGRATED CARE SYSTEM**

Dr Chris Clayton and the Executive Director of Adult Care presented an update on the development of the Integrated Care System (ICS). The purpose of the Derby and Derbyshire ICS was to improve outcomes and population health and healthcare, tackle inequalities in outcomes, experience and access, enhance productivity and value for money and help the NHS support broader social and economic development.

The presentation gave an overview of relationships within the ICS and the setting up of the Integrated Care Board (ICB) which would lead integration within the NHS and the Integrated Care Partnership (ICP) which would align ambitions, purpose and strategies of partners across each system.

Feedback from the ICB and ICP engagement exercise was summarised with the overarching themes coming from the exercise being:

- a true feeling of JUCD partnership working;
- clear structures in place to support the development of the ICS going forward thus ensuring clarity and understanding; and
- having the same vision and objectives.

These themes were further broken down for the Board and the Panel respectively.

The ICP development would happen over two phases – January to September 2022 and then from September 2022 onwards. Objectives for Phase 1 work included:

- the sign off of the strategic intent for the H&SC system including the development of the Integrated Care Strategy;
- development of a clear view on the contribution of the H&SC system into the determinants of health, including the collective "anchor" approach;
- support the work of the Health and Well Being Boards and to respond to their strategies; and
- to work with broader partners on the wider determinants of health and develop the framework for future approach on these.

The development of a Forward Plan and an inaugural meeting would take place during December 2021.

The presentation went on to show what considerations were contemplated around the establishing of the ICB which should enable and facilitate partnership working and deliver statutory duties through agile governance. The Board's functions and proposed membership were also detailed.

The next steps in the programme included:

- the designation of a Chair & CEO;
- the recruitment for Non-Executive Directors;
- Board composition submission to NHSEI and feedback;
- appointment to other ICB roles by January 2022 to enable Shadow ICB Board to be in place;
- continue discussions on ICB development and;

- Final submission of the new Constitution by mid-March 2022.

The slides of the full presentation can be seen by clicking ICS Development.pdf

RESOLVED - Members appreciated that the ICS was currently going through the establishing of governance and that additional issues surrounding representation were yet to be agreed however, they were very keen to support the inclusion of elected representatives from local authorities, as well as Healthwatch Derbyshire and the local voluntary sector, in the creation of a Forward Plan for the ICS and to have regular dialogue with a nominated officer from the ICS team.

29/21 WORK PROGRAMME

The Scrutiny Officer gave an update on the Committee's forthcoming work programme and what it might expect in the future. The following issues had already been identified for the next two meetings:

- Continued scrutiny of the Chesterfield Royal Hospital HASU Review and a progress report (January);
- Primary Care report on virtual and face-to-face GP consultations (January); and
- Update on the new Mental Health in-patient facilities in Derby (Kingsway) and Chesterfield (Royal Hospital) (March).

Following the meeting on 22 November, the Committee would also be working with the Integrated Care System (ICS) leads to contribute to the ICS Forward Plan. The Cabinet Member for Health & Communities was scheduled to attend the March meeting.

The Committee Chairman had drafted a proposal to consider a review of Section 75 Agreements between the County Council and local NHS commissioners and service providers, particularly timely with the development of the ICS for Derbyshire. It was hoped a scoping report would be submitted to the January meeting.

Cllr Jean Wharmby was the representative on the South Yorkshire region of the Joint Health Scrutiny Committee (JHSC) and Cllr Linda Grooby was the representative on the Greater Manchester JHSC. Issues considered by these Committees and which impacted on Derbyshire residents would be reported to this Committee.

RESOLVED – that (1) Committee to work with the Integrated Care System (ICS) leads to contribute to the ICS Forward Plan; and

(2) comments and suggestions of future items to be submitted to the Chairman for consideration.

Before the close of the meeting, Members were keen to voice their dissatisfaction with Officers and Health professionals attending the meeting in a virtual capacity, and the resulting very poor sound quality, and requested that all future meetings are attended in person.

This page is intentionally left blank

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.

FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH

17th January 2021

Report of the Derby and Derbyshire Clinical Commissioning Group

Hyper Acute Stoke Services at Chesterfield Royal Hospital NHS Foundation Trust

1. Purpose of the Report

1.1 The purpose of the report is to provide a progress update on the options appraisal of the Hyper Acute Stroke Service at Chesterfield Royal Hospital NHS Foundation Trust (Chesterfield Royal Hospital).

2. Information and Analysis

2.1 As a consequence to the workforce challenges as described in the report submitted to the Improvement and Scrutiny Committee-Health on 13th September 2021. The Derbyshire Stroke Delivery Group recommended a service review and options appraisal of the hyper acute element of the stroke service.

2.2 It is recognised that any future decision on the future of the Chesterfield Royal Hospital (CRH) Hyper Acute Stroke Unit (HASU) will have a direct or indirect impact on several stakeholders ranging from patients, surrounding trusts and ambulance services. To ensure that all key stakeholders are engaged throughout the process, a task and finish group was established in May 2021 to oversee the process, reporting into the Derbyshire Stroke Delivery Group.

2.3 To manage the potential conflict of interest between members, Dr Deborah Lowe, NHSE/I National Clinical Director for Stroke Clinical Lead for Stroke was appointed Independent Chair.

3. Alternative Options Considered

3.1 At the July 21 task and finish group meeting a paper was presented that identified realistic future service options for the CRH HASU. The options were

identified via the task and finish group membership and by researching nationwide service models and good practice.

The options to be appraised include:

1. HASU provision continues as is delivered by the existing substantive Consultant, locum support and telemedicine (Do nothing).
2. The current HASU service is strengthened by redesign.
3. The Trust introduces a review and convey model; a model where patients are 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 cannot be resolved, with either a single HASU provider or multiple providers.
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.

3.2 To support the identification of the preferred service option and to provide transparency on decision making, the task and finish group recommended that a stakeholder workshop was organised to develop the options further, and a separate independent panel formed to make recommendations on the preferred option(s).

HASU Stakeholder Workshop

3.3 The workshop was held on Thursday 25th November at Chesterfield Rugby Club. The event was attended by all key stakeholders and chaired by Dr Ganesh Subramanian (Regional Clinical Director for Stroke).

3.4 At the workshop delegates were split into 4 breakout groups, ensuring a patient rep was included in each group. With the aid of a facilitator, each group reviewed and appraised each option against several key themes, and discussions were captured by an administrator.

HASU Independent Panel & Outcome

3.5 The independent panel was held on Monday 13th December and was chaired by Ian Gibbard, CCG Governing Body Lay Member & Chair of CCG Audit Committee.

3.6 The panel received all the evidence presented and discussed at the workshop. In addition, CRH and CCG representatives set the scene and explained the assessment process to panel members. The assessment process pro forma is attached within *Appendix A***.**

3.7 The panel reviewed each of the 5 service options against the following criteria:

1. Strategic Fit
2. Clinical Effectiveness

3. Meeting Health Need
4. Accessibility
5. Deliverability

3.8 The panel were asked to jointly form a view as to the extent each option meets each criterion. Where consensus could not be reached, this was to be noted and reviewed through the Chair when deciding on the panel's overall recommendations at the end of the day.

3.9 For each service option the panel were required to provide recommendations as to whether the option will be shortlisted, discounted, or could proceed for further review subject to caveats. The panel agreed to the following recommendations for each of the 5 service options:

- Option 1 – Discount option. Status quo not an option.
- Option 2 – Shortlist option and make recommendations. Taken forward but with further work/caveats.
- Option 3 – Discount option. Not a safe or practical option.
- Option 4 – Reach consensus on next steps. This was not a 'preferred' option, but the panel recognised that if option 2 could not be delivered within a defined timescale, then this option will need to be considered.
- Option 5 – Reach consensus on next steps. The panel felt strongly that this option was not worded as helpfully as it could be. The panel suggested it needed to emphasise that it is not an option to 'wait' for a review and a review may not mean rationalisation of sites. This option could mean taking forward some different operating models on a regional scale akin to option 2.

<u>Next Steps</u>

3.10 The regional Clinical Senate has been approached to review the outputs of the workshop and independent panel, and to provide any additional recommendations around the process. The review will commence mid-January 2022 and the findings report is anticipated to be received a month later.

3.11 To take forward option 2, it is recommended that a small working group that includes independent panel members is established. The scope and membership of this group is to be agreed at the HASU Task and Finish Group 5th January 2022.

3.12 The working group will focus on the workforce challenges and consider all possible workforce models and good practice, taking learning from independent panel members. Support will also be sought from the East Midlands and South Yorkshire and Bassetlaw Integrated Stroke Delivery Networks.

3.13 The working group will be required to develop a plan and provide detail of the service redesign for option 2. The independent panel will then be requested to reconvene and assess the fully worked-up option before the commencement of the implementation phase in March 2022.

4. Implications

4.1 *Appendix B* sets out the relevant implications considered in the preparation of the report.

5. Consultation

5.1 As a preferred option has not been established it is yet to be agreed if formal consultation is required. However, stroke service users have been active and welcome members of the task and finish group and attended the workshop.

6. Background Papers

6.1 N/A

7. Appendices

7.1 Appendix 1 – Implications

8. Recommendation(s)

8.1 That the Committee is asked to note the content of the paper and indicate support for the approach taken to date.

9. Reasons for Recommendation(s)

9.1 Dependent upon the outcome of the options appraisal process there may be an impact on the population of North East Derbyshire and the access to services closer to home, on neighbouring stroke service providers or internal changes at Chesterfield Royal Hospital delivering a redesign of services. Although the outcome is important, at this stage of the process, the task and finish group wish to ensure the committee are supportive of the process and engagement approach taken to date.

Report Author: Zara Jones
Executive Director of Commissioning Operations
NHS Derby and Derbyshire Clinical Commissioning Group

Contact Details: zara.jones@nhs.net

Appendix 1

Implications

Financial

1.1 A financial assessment of the service redesign proposal for option 2 will be presented to the HASU Task and Finish Group.

Legal

2.1 This is dependent on the service redesign proposal for option 2.

Human Resources

3.1 This is dependent on the service redesign proposal for option 2.

Information Technology

4.1 This is dependent on the service redesign proposal for option 2.

Equalities Impact

5.1 This is dependent on the service redesign proposal for option 2.

Corporate objectives and priorities for change

6.1 The Hyper Acute Stroke Unit review reflects the Joined-Up Care Derbyshire principles and system working.

This page is intentionally left blank

CRH HASU Independent Panel- Assessment Process

Independent Panel Scoring Criteria

The panel will jointly discuss each option against 5 criteria:

1. **Strategic Fit**
2. **Clinical Effectiveness**
3. **Meeting Health Need**
4. **Accessibility**
5. **Deliverability**

Some example questions are listed in the template to aid the panel's discussions.

The panel will be asked to **jointly form a view** as to the extent each option meets each criterion. Where consensus cannot be reached, this will be noted and reviewed through the Chair when deciding on the panel's overall recommendations at the end of the day.

The extent to which each option meets the 5 criteria will be captured as a RAG rating. The definitions are as follows:

	RAG Rating
Does not meet the criteria	
Partially meets the criteria	
Fully meets the criteria	

The panel will document their rationale for each RAG rating. Once all RAG ratings have been given for an option, the following rules will be applied:

RAG Decision Matrix	RAG combinations against 5 criteria	Panel Next Steps	1	2	3	4	5
Red RAGs with Amber and/or Green combinations	**TWO or more RED** (and any combination of GREEN / AMBER for the remainder)	Discount the option*					
	One RED (and the rest are Green or Amber)	Discount the option unless mitigating actions**					
Amber and Green RAG combinations	**TWO GREEN** (and the rest are amber)	Reach consensus on next steps***					
	THREE or more GREEN (and the rest are amber)	Shortlist option and make recommendations****					

1. *More than one RED provides sufficient grounds to discount the option from further review.
2. **A RED rating for only one of the five criteria – *the option will be discounted unless there are any recommended mitigating actions which could enable the one RED criterion to be met / improved upon. In such cases this would form part of the Panel's recommendations at the end of the session, expressed as *'option could proceed for further review subject to caveats.*'
3. ***If two criteria are GREEN – the panel should reach a consensus as to whether the extent of the ambers (partially met criteria), means that the option overall has too many gaps/shortcomings to progress further or not. The rationale must be clearly documented with any mitigating actions required set out clearly or where there are no possible mitigating actions, why this is the case.
4. ****There are sufficient GREEN criteria to progress the option, however the panel must set out the identified issues for the AMBER scores including mitigations to improve in those areas as applicable.

All scoring papers will be collated at the end of the session for accuracy and transparency on decision making.

Assigning the RAG ratings – examples of how decisions can be reached

RED- Does not meet the criteria	AMBER- Partially meets the criteria	GREEN- Fully meets the criteria
FOR EXAMPLE: - Delivers no benefits to patients. - No evidence that the option will improve some aspects of quality, safety, and sustainability of care - The option does not meet the current and future healthcare needs of patients. - The option does not demonstrate alignment with the development of other health and care services. - Integration of services is not improved. - The option does not consider issues of patient access and transport. - The option will not help reduce health inequalities. - The option does not consider the workforce requirements and transformation required to deliver this new model.	FOR EXAMPLE: - Delivers some benefits to patients. - Evidence that the option will improve some aspects of quality, safety, and sustainability of care. - The option partially meets the current and future healthcare needs of patients. - The option demonstrates moderate alignment with the development of other health and care services. - Integration of services is improved in some areas. - The option considers some of the issues of patient access and transport. - The option will help reduce some aspects of health inequalities. - The option has some consideration to the workforce requirements and transformation required to deliver this new model.	FOR EXAMPLE: - Delivers significant benefits to patients. - Evidence that the option will improve the quality, safety, and sustainability of care. - The option meets the current and future healthcare needs of patients. - The option demonstrates good alignment with the development of other health and care services. - Supports better integration of services. - The option considers issues of patient access and transport (e.g. potential increase in travel times for patients outweighed by the clinical benefits. - The option will help to reduce health inequalities. - The option considers workforce requirements and transformation required to deliver this new model.

Option 1: HASU provision continues as is delivered by the existing substantive Consultant, locum support and telemedicine (Do nothing).

Criteria	RAG Rating	Rationale
The option demonstrates evidence of being a Strategic Fit *Questions panel must review to determine the overall RAG rating for the criteria:* - *Does the option align to national and local guidance (e.g., National Stroke Service Model)?* - *Does the option enhance alignment with the development of other health and care services?* - *Will the option support better integration of services?*		
The option demonstrates evidence of being Clinically Effective *Questions panel must review to determine the overall RAG rating for the criteria:* - *What impact will the option have upon clinical effectiveness?* - *What impact will the option have upon patient safety?* - *What impact will the option have upon patient outcomes?* - *Will the option upskill and develop existing staff members?*		
The option meets current and future Health Needs *Questions panel must review to determine the overall RAG rating for the criteria:* - *Will the option help to reduce health inequalities?* - *Does the option meet the current and future healthcare needs of patients?* - *Will the option deliver real benefits to patients?*		

The option meets requirements for Accessibility: *Questions panel must review to determine the overall RAG rating for the criteria:* - *Does the option consider the issues of patient access and transport? (e.g., the potential increase in travel times weighted against clinical benefits)* - *Does the option consider the impact on the availability of services after having a stroke?* - *Do surrounding trusts have the necessary workforce and facilities to accept additional patients?*		
The option meets requirements for Deliverability: *Questions panel must review to determine the overall RAG rating for the criteria:* - *Can the service option be delivered in a timescale that will not negatively impact the patient and/or workforce?* *Will the option support the creation of a sustainable workforce?* - *Will the option improve clinical efficiency of the workforce?* - *Is the option affordable, efficient use of resource / value for money?*		
Overall Panel Assessment **1. Discount Option** **2. Discount unless mitigating actions** **3. Reach consensus on next steps** **4. Shortlist option and make recommendations**		**Summary Comments:**

Option 2: The current HASU service is strengthened by redesign, investigating alternative staffing models.

Criteria	RAG Rating	Rationale
The option demonstrates evidence of being a Strategic Fit *Questions panel must review to determine the overall RAG rating for the criteria:* - *Does the option align to national and local guidance (e.g., National Stroke Service Model)?* - *Does the option enhance alignment with the development of other health and care services?* - *Will the option support better integration of services?*		
The option demonstrates evidence of being Clinically Effective *Questions panel must review to determine the overall RAG rating for the criteria:* - *What impact will the option have upon clinical effectiveness?* - *What impact will the option have upon patient safety?* - *What impact will the option have upon patient outcomes?* - *Will the option upskill and develop existing staff members?*		
The option meets current and future Health Needs *Questions panel must review to determine the overall RAG rating for the criteria:* - *Will the option help to reduce health inequalities?* - *Does the option meet the current and future healthcare needs of patients?* - *Will the option deliver real benefits to patients?*		

The option meets requirements for Accessibility: *Questions panel must review to determine the overall RAG rating for the criteria:* - *Does the option consider the issues of patient access and transport? (e.g., the potential increase in travel times weighted against clinical benefits)* - *Does the option consider the impact on the availability of services after having a stroke?* - *Do surrounding trusts have the necessary workforce and facilities to accept additional patients?*		
The option meets requirements for Deliverability: *Questions panel must review to determine the overall RAG rating for the criteria:* - *Can the service option be delivered in a timescale that will not negatively impact the patient and/or workforce?* *Will the option support the creation of a sustainable workforce?* - *Will the option improve clinical efficiency of the workforce?* - *Is the option affordable, efficient use of resource / value for money?*		
Overall Panel Assessment **1. Discount Option** **2. Discount unless mitigating actions** **3. Reach consensus on next steps** **4. Shortlist option and make recommendations**		**Summary Comments:**

Option 3: **The Trust introduces a review and convey model; a model where patients are assessed and treated within the Accident and Emergency Department followed by immediate transfer to a Hyper Acute Stroke Unit. It is expected the patient would be thrombolysed (if appropriate) at Chesterfield Royal before transfer.**

Criteria	RAG Rating	Rationale
The option demonstrates evidence of being a Strategic Fit *Questions panel must review to determine the overall RAG rating for the criteria:* - *Does the option align to national and local guidance (e.g., National Stroke Service Model)?* - *Does the option enhance alignment with the development of other health and care services?* - *Will the option support better integration of services?*		
The option demonstrates evidence of being Clinically Effective *Questions panel must review to determine the overall RAG rating for the criteria:* - *What impact will the option have upon clinical effectiveness?* - *What impact will the option have upon patient safety?* - *What impact will the option have upon patient outcomes?* - *Will the option upskill and develop existing staff members?*		
The option meets current and future Health Needs *Questions panel must review to determine the overall RAG rating for the criteria:* - *Will the option help to reduce health inequalities?* - *Does the option meet the current and future healthcare*		

needs of patients? - *Will the option deliver real benefits to patients?*		
The option meets requirements for Accessibility: *Questions panel must review to determine the overall RAG rating for the criteria:* - *Does the option consider the issues of patient access and transport? (e.g., the potential increase in travel times weighted against clinical benefits)* - *Does the option consider the impact on the availability of services after having a stroke?* - *Do surrounding trusts have the necessary workforce and facilities to accept additional patients?*		
The option meets requirements for Deliverability: *Questions panel must review to determine the overall RAG rating for the criteria:* - *Can the service option be delivered in a timescale that will not negatively impact the patient and/or workforce?* - *Will the option support the creation of a sustainable workforce?* - *Will the option improve clinical efficiency of the workforce?* - *Is the option affordable, efficient use of resource / value for money?*		
Overall Panel Assessment **1. Discount Option** **2. Discount unless mitigating actions** **3. Reach consensus on next steps** **4. Shortlist option and make recommendations**		**Summary Comments:**

Option 4: Decommission the CRH HASU element of the Stroke Service pathway, if workforce sustainability issues cannot be resolved, with either a single HASU provider or multiple providers.

Criteria	RAG Rating	Rationale
The option demonstrates evidence of being a Strategic Fit *Questions panel must review to determine the overall RAG rating for the criteria:* - *Does the option align to national and local guidance (e.g., National Stroke Service Model)?* - *Does the option enhance alignment with the development of other health and care services?* - *Will the option support better integration of services?*		
The option demonstrates evidence of being Clinically Effective *Questions panel must review to determine the overall RAG rating for the criteria:* - *What impact will the option have upon clinical effectiveness?* - *What impact will the option have upon patient safety?* - *What impact will the option have upon patient outcomes?* - *Will the option upskill and develop existing staff members?*		
The option meets current and future Health Needs *Questions panel must review to determine the overall RAG rating for the criteria:* - *Will the option help to reduce health inequalities?* - *Does the option meet the current and future healthcare needs of patients?* - *Will the option deliver real benefits to patients?*		

The option meets requirements for Accessibility: *Questions panel must review to determine the overall RAG rating for the criteria:* - *Does the option consider the issues of patient access and transport? (e.g., the potential increase in travel times weighted against clinical benefits)* - *Does the option consider the impact on the availability of services after having a stroke?* - *Do surrounding trusts have the necessary workforce and facilities to accept additional patients?*		
The option meets requirements for Deliverability: *Questions panel must review to determine the overall RAG rating for the criteria:* - *Can the service option be delivered in a timescale that will not negatively impact the patient and/or workforce?* - *Will the option support the creation of a sustainable workforce?* - *Will the option improve clinical efficiency of the workforce?* - *Is the option affordable, efficient use of resource / value for money?*		
Overall Panel Assessment **1. Discount Option** **2. Discount unless mitigating actions** **3. Reach consensus on next steps** **4. Shortlist option and make recommendations**		**Summary Comments:**

Option 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.

Criteria	RAG Rating	Rationale
The option demonstrates evidence of being a Strategic Fit *Questions panel must review to determine the overall RAG rating for the criteria:* - *Does the option align to national and local guidance (e.g., National Stroke Service Model)?* - *Does the option enhance alignment with the development of other health and care services?* - *Will the option support better integration of services?*		
The option demonstrates evidence of being Clinically Effective *Questions panel must review to determine the overall RAG rating for the criteria:* - *What impact will the option have upon clinical effectiveness?* - *What impact will the option have upon patient safety?* - *What impact will the option have upon patient outcomes?* - *Will the option upskill and develop existing staff members?*		
The option meets current and future Health Needs *Questions panel must review to determine the overall RAG rating for the criteria:* - *Will the option help to reduce health inequalities?* - *Does the option meet the current and future healthcare needs of patients?* - *Will the option deliver real benefits to patients?*		

The option meets requirements for Accessibility: *Questions panel must review to determine the overall RAG rating for the criteria:* - *Does the option consider the issues of patient access and transport? (e.g., the potential increase in travel times weighted against clinical benefits)* - *Does the option consider the impact on the availability of services after having a stroke?* - *Do surrounding trusts have the necessary workforce and facilities to accept additional patients?*		
The option meets requirements for Deliverability: *Questions panel must review to determine the overall RAG rating for the criteria:* - *Can the service option be delivered in a timescale that will not negatively impact the patient and/or workforce?* *Will the option support the creation of a sustainable workforce?* - *Will the option improve clinical efficiency of the workforce?* - *Is the option affordable, efficient use of resource / value for money?*		
Overall Panel Assessment **1. Discount Option** **2. Discount unless mitigating actions** **3. Reach consensus on next steps** **4. Shortlist option and make recommendations**		**Summary Comments:**

This page is intentionally left blank

FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH

17 January 2022

Report of the Director of Legal Services

Review of Section 75 Agreements – Scoping Report

1. Purpose

To inform the Committee of a proposed review of the Sec. 75 Agreements between the County Council and partner organisations. To seek agreement to the review being undertaken and establish a review working group.

2. Information and Analysis

The health and wellbeing of Derbyshire people is a crucial part of the Council Plan and the development of effective and efficient partnership working arrangements is important for both the County Council and local NHS Commissioners and Providers.

Partnership working has developed over recent years between the County Council and external organisations. This includes the establishment of the local Integrated Care System (ICS) and the use of Sec. 75 agreements between the Council and other service providers.

Sec. 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care. It enables joint commissioning and commissioning of integrated services.

Cllr. Jean Wharmby, the Committee Chairman, has proposed that this review be undertaken to consider the current Sec. 75 arrangements, identify any

areas for improvement and develop recommendations to increase efficiency and effectiveness as well as ensuring the best use of available budgets.

The review will explore the current working and financial arrangements employed by the Council and its partners in commissioning and delivering health and social care services. It will seek to ensure that resources are being used to maximum effect by all contributors.

To facilitate the review, a working group of Committee Members will be established. Members will be invited to nominate themselves to the working group, subject to the political balance of the Committee.

The working group will seek information from a number of sources and expert witnesses including the Director of Public Health, Derbyshire County Council and members of his team as appropriate, the CEO of Derby & Derbyshire Clinical Commissioning Group (CCG) and/or his nominees, CEOs of NHS service providers and/or their nominees. The review process may also involve contributions from service users and the Council's Cabinet Member for Adult Care and Cabinet Member for Health and Communities.

As the review continues, reports will be submitted to meetings of the Improvement and Scrutiny Committee – Health to update Members on the progress and direction of the review. Once completed, the review outcomes will be reported to Cabinet with recommendations that any actions to facilitate improvements be agreed by Cabinet.

The review findings and recommendations will also be shared with the Council's partners who have participated in the review with a request that they also agree any recommendations that impact on the way they commission and provide services under Sec. 75 Agreements.

The implementation of recommendations accepted by Cabinet and the Council's Sec. 75 Agreement partners will be monitored by an action plan which will identify those who will be responsible for any changes and will set out a timeline for implementation.

After an appropriate time, the Committee may wish to revisit any areas where changes have been recommended, to ascertain the success – or otherwise - of any new arrangements.

An estimated timeframe for the completion of the review is within 6 months, subject to change should additional research and investigation be required.

3. Alternative Options Considered

3.1 None

4. Implications

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

5. Consultation

5.1 Throughout the review process, the working group will engage with service commissioners, providers and users to enable all stakeholders to contribute.

6. Background Papers

6.1 Documents held on behalf of the Committee by the report author.

7. Appendices

7.1 Appendix 1 – Implications.

8. Recommendation(s)

That the Committee:

a) Agrees to a review of Sec. 75 arrangements, as set out in the report.

b) Establish a review working group of 4 Members from the Majority Group and 1 Member from the Minority Groups to recognise the political balance of the Committee.

9. Reasons for Recommendation(s)

9.1 The Committee is required to agree to the review being undertaken.

9.2 The establishment of a review working group will enable Members to conduct the review within the proposed time frame.

Report Author: Jackie Wardle
Contact details: jackie.wardle@derbyshire.gov.uk

Appendix 1

Implications

Financial

1.1 The review will work to ensure available budgets are maximised in commissioning and providing health and care services across the county.

Legal

2.1 None

Human Resources

3.1 None

Information Technology

4.1 None

Equalities Impact

5.1 Arrangements made under Sec. 75 Agreements should ensure that all service users have equal access to services.

Corporate objectives and priorities for change

6.1 n/a

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

7.1 n/a