

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.