

MINUTES of a meeting of the **IMPROVEMENT AND SCRUTINY COMMITTEE**
– **HEALTH** held at County Hall, Matlock on 15 July 2019.

PRESENT

Councillor D Taylor (Chairman)

Councillors D Allen, R Ashton, S Bambrick, S Burfoot, L Grooby, G Musson, I Ratcliffe (substitute) and A Stevenson.

Also in attendance were: R Cater, R Chapman, C Clayton, Z Jones, S Lloyd and Sean Thornton from Derby and Derbyshire CCG.

A Hayes (DCC), H Henderson-Spoors (Derbyshire Healthwatch), J Needham (DHS) and D Wallace (DCC).

Apologies for absence were submitted on behalf of Councillor S Blank.

15/19 **MINUTES RESOLVED** that the Minutes of the meeting of the Improvement and Scrutiny Committee – Health held on 20 May 2019 be confirmed as a correct record and signed by the Chairman.

16/19 **PUBLIC QUESTIONS** There were no public questions. Councillor Allen expressed his concern about the new procedures for public questions and stated that he was aware that questions had been submitted but had been refused. The Chairman advised Councillor Allen that the questions had not been accepted because the Committee was not the decision making body for the issues raised within the questions. Dr Chris Clayton confirmed that the questions had been forwarded to the CCG.

It was noted that Councillor Allen's comments were supported by Councillors Bambrick, Burfoot and Ratcliffe.

17/19 **UPDATE ON CCG FINANCES** Dr Chris Clayton presented an update on the Derby and Derbyshire CCG's financial position. The report set out:

- the performance of the CCG in relation to its 2019/20 financial recovery plan;
- the schemes contained within the CCG's 19/20 financial recovery plan, their status as either transactional versus transformational;
- the governance status of transformational schemes; and
- the status of transformation schemes requiring associated engagement processes and progress to date.

If the CCG's expenditure remained within the plan it would receive up to £29m of the Commissioner Sustainability Fund. The report went on to show a summary of performance against key CCG financial duties (savings to date of £5.8m with forecast delivery of £69m savings) and a summary of operating budgets. The ten key transformation priorities for 2019/20 were summarised, with the largest area being Medicines Management and the QIPP Plan Status updates for Transformational and Transactional Schemes were discussed.

It had been agreed that the Committee would meet with the CCG to discuss in more detail the ways in which the CCG had strengthened its engagement governance. Any projects which would represent the possibility of significant service change would continue to be discussed with Committee on an individual, scheme-by-scheme basis to provide assurance that the CCG would meet its statutory duties around engagement and involvement.

A number of questions were put by the Committee including questions about medicine management, reduction in waste, quality and safety for patients and, streamlining GP services. Referring to the CCG's report the Chairman stated that at this stage in the process it was difficult for the Committee to know the impact on service users of the individual transformational schemes listed and that therefore the Committee may request additional information from the CCG.

RESOLVED that as work on the individual schemes developed, the Committee would request further information from the CCG for consideration at future meetings.

18/19 PILSLEY SURGERY CONSULTATION Ruth Carter presented the report which outlined Staffa Health's 60-day consultation with patients regarding the closure of their branch site at Pilsley, Derbyshire D45 8JA. Staffa Health were facing a recruitment and retention challenge; the use of locums had put the practice in a difficult financial position.

The practice had submitted an application to close the Pilsley surgery to allow them to operate fewer sites which would be more manageable, safe and cost effective whilst sustaining the number of GP session available to patients. The fewer sites would also make the practice a more attractive career option for future incoming GPs and would have a positive impact on working conditions for all staff through a less disparate and more supportive environment plus help practice developments and training.

Members asked a series of questions and it was noted that:

- Pilsley surgery had been identified for closure over the other sites as it was a slightly smaller practice and access by public transport was better than to and from the Holmewood surgery;

- A number of drop-in sessions were planned where members of the public could speak to the Practice Manager, GP's, Nurses and other members of the team in an informal setting;
- It was anticipated that information collected during the consultation would lead to a better understanding of the transport needs of patients living in the Pilsley area and that this intelligence would be used to inform discussions about potential mitigation measures, with Community Transport Organisations for example.

RESOLVED that the CCG (1) present the outcomes of the consultation to the Committee at a future meeting;

(2) provide the results of the impact assessment; and

(3) provide the proposals to mitigate against concerns raised during the consultation.

19/19 RE-DESIGN OF CLINICAL PATHWAY TO SUPPORT HOSPITAL DISCHARGES – EREWASH Zara Jones presented the report on proposed changes to the community rehabilitation capacity in the Erewash area by ensuring the right services were in place to meet the needs of people discharged from acute hospital care.

The report gave an overview of the proposals, the engagement process and the aims and implications of the proposed changes which included provision of beds in a local authority care home with additional care staff and health input to support rehabilitation, plus ensuring support for people able to go home with health and social care input. It was recognised getting the capacity in the right place was a fundamental part of the system and needed to be coupled with effective operational delivery.

The report outlined the changes instrumental in enabling patients to be discharged into a pathway which matched their level of need:

- **Pathway 1** - care and rehabilitation provided **at home** by an integrated community team;
- **Pathway 2** - managed by social care with medical oversight from an Advanced Care Practitioner with GP supervision, in **a less medicalised setting** where patients were able to demonstrate greater independence and mobility, with input from therapist and community nursing teams to meet any ongoing health needs;
- **Pathway 3** - nurse-led where patients spend the majority of their time in a bed on a **medical ward** with some rehabilitation therapy input.

The engagement process would run for 60 days up to 26 August 2019 using a variety of tested approaches with the final decision due to be made by the Governing Body in September 2019.

The Chairman thanked Zara Jones for presenting the report. He stated that the success of the proposed model hinged on a number of factors and that the Committee would be seeking further assurances. The factors included the accuracy of the demand profiling for “bedded” care and whether all elements of the system were working effectively, for example, whether people’s health needs were accurately predicted and whether the system had the resources and capacity to meet demand.

RESOLVED – that the Committee receives an update and the outcomes of the engagement process at the next meeting.

20/19 HEALTHWATCH DERBYSHIRE – INTELLIGENCE REPORT
MAY 2019 Helen Henderson-Spoors presented the highlights of the report which had already been circulated prior to the meeting.

The County Council undertakes regular surveys of adult carers however this left gaps in their knowledge and understanding around the quality of life for carers. The Carer’s Engagement looked into the experiences of health and social care workers, with 428 carers being questioned. Peer support was found to be most important to individuals, with lack of information on where to get support for mental health support workers and carer’s assessments being too focussed on the physical health of the patient rather than mental health being areas of concern. The full report would be available on the website when completed.

Creative engagement looked at the priorities in Children’s Services around weight, tooth decay and teenage pregnancy. 900 children and their parents/carers were consulted about the barriers to healthy lifestyle choices and how they could be improved. The report was delivered to the Children’s STP Board in April and it was asked to make ten pledges in response. The full report would be available on the website once the pledges had been received.

Also mentioned was the rural engagement exercise which took place over the Summer of 2018 with specific attention to rural communities across Derbyshire. It explored how living in a rural area could impact on the health and social care services that people used. The summary of findings included long waits for a range of mental health support services, loneliness, end of life care and a number of inappropriate attendances at A&E. The information collected was forwarded to the eight Joined Up Care Derbyshire alliances.

The Chairman thanked Ms Henderson-Spoors for the valuable work done by Healthwatch Derbyshire and providing an insight for the Committee.

RESOLVED to note the report.

21/19 HEALTHWATCH DERBYSHIRE – ANNUAL REPORT 2018-19

The report was submitted to the Committee for information purposes only.

22/19 0-19 PUBLIC HEALTH NURSING SERVICES IN DERBYSHIRE

Dean Wallace, Director of Public Health and Jayne Needham, Derbyshire Community Health Services made a presentation to share progress on the development of a new 0-19 Public Health Nursing Service in Derbyshire which would be launched on 1 October 2019 and the key opportunities and challenges that the Partnership was currently addressing.

The current 0-19 Public Health Nursing Service, which included Health Visiting, School Nursing, Vision and Hearing Screening, and the National Child Measurement Programme (NCMP) was part of a multi-agency approach to improving the health and wellbeing of children, young people and families and contributes to the Healthy Child Programme. This service was commissioned to 30 September 2019 by DCC Public Health and provided by Derbyshire Community Health Service (NHS) Foundation Trust.

The council was wanting to improve the health and wellbeing outcomes for children, young people and families who access the services. It was believed that the most effective approach for delivering these outcomes was through a Partnership Arrangement between DCC and DCHS. Cabinet gave approval to proceed with the development of the Section 75 Partnership Agreement on 26 July 2018. This approach would maintain stability of service provision and support a more integrated approach to delivery of services for children, young people and families.

Mr Wallace and Mrs Needham were thanked and congratulated on the work done.

RESOLVED (1) to note the work undertaken to date by Derbyshire County Council and Derbyshire Community Health Services to develop and implement a new 0-19 Public Health Nursing Service for Derbyshire; and

(2) to invite Mr Wallace and Mrs Needham to a future meeting for an update on progress.