

PUBLIC

MINUTES of a meeting of the **IMPROVEMENT AND SCRUTINY COMMITTEE**
– **HEALTH** held at County Hall, Matlock on 20 January 2020.

PRESENT

Councillor D Taylor (Chairman)

Councillors D Allen, R Ashton, S Bambrick, S Blank, S Burfoot, L Grooby, G Musson and A Stevenson

Also in attendance were: William Jones and Rob Steele from Derbyshire Community Health Services, Ruth Cater, Sean Thornton, and Jean Richards from Pilsley Primary Care and Dave Gardener from Derby and Derbyshire CCG.

01/20 **MINUTES RESOLVED** that the Minutes of the meeting of the Improvement and Scrutiny Committee – Health held on 25 November 2019 be confirmed as a correct record and signed by the Chairman.

Councillor Allen suggested that the Committee meet with Improvement and Scrutiny – People Committee to discuss the closure of care homes. Councillor Musson, Chair of the People Committee, informed Councillor Allen that that was already on the agenda.

02/20 **PUBLIC QUESTIONS** There were no public questions submitted.

Councillor Allen requested that the Committee re-visit the criteria for public questions. The Chair noted this request.

Agenda item 7 was brought forward to accommodate William Jones's next appointment.

03/20 **JOINED UP CARE IN BELPER UPDATE** William Jones presented an update on the proposed build of a new health facility in Belper, as already discussed at previous meetings. Ownership of the site transferred to NHS Property Services (a subsidiary of the Department of Health and Social Care) in April 2013, following the Health and Social Care Act of 2012. The significant on-going backlog of maintenance issues were also referred to.

The ambition had always been to develop a new, fit for purpose, sustainable building to accommodate all existing outpatient and clinical services provided at Babington Hospital and Belper Clinic and introduce a new model of bedded care, ensuring people were treated in the right place at the right time, ensuring the best possible clinical outcomes. The last two years had seen a range of service developments in the Belper area including newly-commissioned services such as wound care clinics, musculoskeletal assessment and treatment service, community midwife, etc.

In order to accommodate these new services, a larger facility would be required. Pre-planning enquiries on the proposed Derwent Street development also indicated that any development would be restricted to two storeys. Given the challenges identified, the revised proposal was to build a brand new, larger facility on the current Belper Clinic site, encompassing all services in one place.

There had been positive early conversations between DCHS and Borough Council planners, the Environment Agency, Highways Department and local Heritage Officer. DCHS had identified £4mn in extra funding over and above original plans in order to develop this revised/larger facility and house the additional services, through a mixture of Department of Health & Social Care capital award and DCHS' existing capital funding.

The proposed development's footprint mitigates flood risk, to the satisfaction of the Environment Agency. It would result in much improved access and parking for local people and remains only 600 metres from the original proposed site in Derwent Street, Belper. NHS Derby and Derbyshire CCG fully supported the revised proposals and DCHS would continue to engage with local people on these plans.

The committee was afforded the opportunity to ask a number of questions on all aspects relating to the presentation, with Members particularly concerned about the history of flooding on the site and asbestos in the basement. These concerns were duly answered by Mr Jones.

The Chairman thanked William Jones for his detailed presentation.

04/20 **PILSLEY SURGERY CONSULTATION UPDATE** Ruth Cater presented feedback on the public consultation on the proposed closure of Pilsley Surgery.

Staffa Health, with 16,850 registered patients, comprised of the primary site in Tibshelf and three branch surgeries in Holmewood, Pilsley and Stonebroom. Staffa Health had experienced a reduction in the number of GPs working for the Practice and recruitment to vacant GP posts had been challenging for over 3 years. The Practice had experienced an increase in its registered population due to new housing developments in its catchment area. The Practice also had aspirations to redesign the way it delivered care to its patients in line with the new longer term NHS Strategy.

A 60 day consultation was held during the Summer of 2019, to gather the views of patients, stakeholders and the wider public to understand the potential impact of the proposed closure of the branch Surgery. A reduction in the number of sites would lead to the longer term sustainability of the Practice because it would allow a redesign of some aspects of care delivery by co-locating staff on fewer sites. Examples of these benefits were detailed in the report.

The Practice submitted an application to the Hardwick Clinical Commissioning Group Primary Care Co-commissioning Committee in March 2019 to close the Pilsley Surgery to allow it to operate from fewer sites they confirmed that the branch closure was agreed 'in principle' subject to patient, staff and stakeholder engagement taking place.

The Practice had listened to the feedback raised during the Consultation and heard a number of alternative suggestions that either avoided a closure or reduced the risks associated with the closure. The Practice decided to continue the application process to close the Pilsley Surgery as it believed continuing to staff four surgeries would mean the sustainability of the overall service would remain at risk. Moving all staff to other sites would make the service more sustainable and allow the Practice to manage patient demand more effectively by implementing new ways of working.

The Practice were seeking agreement to close Pilsley Surgery, but to postpone the overall closure for one year from the date agreement was given. This time period would allow for work on their premises to increase the number of clinical rooms at Tibshelf and continue to seek solutions to the car parking issues. During this period they proposed to reduce the sessions at Pilsley Surgery to three half days per week or one full day and one half day, depending on staffing availability and endeavour to reserve the appointments provided at the Pilsley Surgery for Pilsley patients who would find it difficult to travel to other sites.

Having considered the suggestions made in the Public Consultation, the Practice offered the following mitigations to reduce the risks to patients at the point the Surgery closed in full:

- Redesign the service to help the Practice provide an increase in capacity overall eg relocating a GP to provide additional capacity to triage demand for same day urgent care;
- Work with the Pharmacy to look at ways we could provide some services to patients from the Pharmacy site;
- Implement more telephone consultations, on-line and video consultations;
- Support patients to access online consultations;
- Streamline routine reviews for patients with long term conditions so that the majority of patients will only need to attend for a review once a year for all of their long term conditions and medications;
- Ensure appointment timings take into consideration availability of bus travel and transport, and the reliability of the service is accepted as a reason patients may be late to appointments;
- Continue to push for improved car parking arrangements at other Practice sites;

- Identify new ways of providing supportive and proactive care to our most vulnerable patients such as the frail elderly, mentally ill and those with long term illness;
- Continue to invest in an appropriate amount of home visiting capacity to support the housebound and frail elderly and any increase that may arise;
- We will not reduce clinical resources. Staff that are currently employed will remain in post, but they will be relocated;
- We will continue to try to recruit quality staff to our vacancies;
- Continue to review operational models, timing of appointments, appointment types and methods and administration systems to make systems and processes as efficient and effective as possible for patients, improving access wherever possible and reducing the requirement to travel to Surgery;
- We will continually monitor the impact of the closure and implement new mitigations or supportive solutions to our Pilsley patients wherever possible.

The report would be presented to the Primary Care Co-Commissioning Committee of NHS Derby and Derbyshire Clinical Commissioning Group in January 2020.

The Committee was given the opportunity to ask a number of questions on all aspects relating to the report and these were duly answered by Ms Cater.

The Chairman thanked Ruth Cater for her detailed report and requested an update in a year's time.

05/20 LIGHTHOUSE INTEGRATED DISABLED CHILDREN'S RESIDENTIAL SHORT BREAKS SERVICE UPDATE Dave Gardener of Derby and Derbyshire CCG gave an update on the service review process that was triggered by the local health provider giving notice, interim arrangements and a request for support for a formal consultation on the long term model.

The Light House was an integrated disabled children's service jointly funded by Derby City Council and the NHS Derby and Derbyshire Clinical Commissioning Group (CCG). Within the Light House there was a residential short breaks service that provided regular breaks for children with a wide range of disabilities from autism and/or challenging behaviour, to complex physical health needs from 0 to 17 years.

During a recent combined Ofsted and CQC inspection of SEND services in Derbyshire the Light House pre-engagement programme and consultation plans were highlighted as examples of good practice following discussion and interviews with parents. A spot check inspection by Ofsted in July 2019 under

interim arrangements awarded the Light House residential short breaks service a 'Good' rating.

A 90-day public consultation was held during the Autumn of 2019. Respondents included parents and carers and a range of stakeholders including professionals. Feedback and themes were consistent with the extensive pre-engagement phase which yielded invaluable intelligence and helped to shape the interim model. Some of the feedback to the consultation indicated "nothing further to add" with regard to feedback already provided during the pre-engagement phase. The combination of feedback from the pre-engagement and new or additional feedback from the consultation had provided a robust core of information which was reflected in the design of the proposed long term model.

Key themes from the feedback were that a new service should offer:

- Better continuity of care for all children;
- Consistency of service provision with appropriate levels of staffing;
- A sustainable model which would help to ensure the continued operation of the residential short breaks service in the future;
- A service that parents and carers were confident in and where they could be reassured that care was safe.

The key issues from parents and carers were around the capacity to deliver respite allocations (reduced in the interim to maintain a safe service) and a positive experience for their children. The main concern from other responders/stakeholders who were not parents and carers was around the level of clinical support for children with the most complex health needs whilst staying at the Light House.

NHS Derby and Derbyshire CCG and Derby City Council recommended that the proposed model of delivery for the Light House was approved and implemented. This was further to the delivery of intensive programmes of engagement and consultation co-designed and produced with parents and carers, partners and stakeholders.

The Chairman thanked Dave Gardener for his report.

06/20 The Chairman expressed his thanks to Roz Savage for covering the work of the Committee during Jackie Wardle's absence last year. His comments were unreservedly supported by all Committee members.