

PUBLIC

**MINUTES** of a meeting of the **IMPROVEMENT AND SCRUTINY COMMITTEE**  
– **HEALTH** held remotely on MS Teams on 23 November 2020

**PRESENT**

Councillor D Taylor (Chairman)

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

Apologies were received from Councillor A Stevenson

Also in attendance were Richard Chapman, Dr Chris Clayton and Ms Zara Jones from Derby and Derbyshire CCG

**20/20**      **MINUTES RESOLVED** that the Minutes of the meeting of the Improvement and Scrutiny Committee – Health held on 14 September 2020 be confirmed as a correct record and signed by the Chairman.

**21/20**      **PUBLIC QUESTIONS** There were no questions from the public.

**22/20**      **IMPACT OF COVID-19 ON NHS SERVICES IN DERBYSHIRE** Dr Clayton and Ms Jones gave a presentation to update the Committee on the response to COVID-19 and the financial recovery plan.

An overview of the current position showed that Derbyshire had worsened to tier 2 in October 2020 and this was followed by another national lockdown from 5 November. The country was in wave 2 of the pandemic and nationally the NHS was at Emergency Preparedness Resilience and Response Level 4 however, the CCG was at Level 3 but waiting on national guidance. The health and social care system was under increasing pressure due to the convergence of significantly accelerated COVID-19 and winter demands which needed to be balanced with restoration and recovery plans.

The Committee was shown slides that conveyed trends experienced by the various services:

- The NHS 111 service had experienced high demand at the beginning of the pandemic and then again in September. Although reduced, the numbers were still high.
- A&E demand overall had increased since April. October saw around 82% of the expected like-for-like analysis.
- See and Treat ambulance activity saw a steady increase in March before peaking in April. Activity had since declined but remained above pre-COVID levels. Work was ongoing to safely reduce avoidable transfers as part of a national programme.

- Data showed a decrease in cancer referrals. Long wait levels were still slightly higher than at the beginning of the pandemic but the situation was improving.
- The effect of the pandemic on elective procedures waiting lists had been significant.

The impact of COVID-19 on general practice was presented separately. In summary, the data showed:

- Data showed an increase in GP telephone appointments, as well as an increase in overall appointments made.
- COVID-19 related activity decreased during the summer months but it was currently at levels experienced in June.
- Overall, GP practices stayed open and moved their services online, with telephone triage and treatment and virtual appointments. Face-to-face appointments were held for those in most need.
- Practices worked together in their Primary Care Networks, to help each other and to set up local hubs to see patients with suspected COVID and set-up a county wide home visiting service for people with COVID.
- Those most at risk or who most needed care were prioritised and extra support given to care homes.
- Patients who needed to shield were contacted directly.
- Sites were re-organised to be COVID secure, new ways of working were implemented.

COVID had also resulted in an increase in mental ill health. There was a strong correlation with those with socio-economic challenges, pre-existing poor mental health, including learning disability and autism and in children and young people where the family unit had gone into crisis and normal support was removed. Activity linked to high acuity went up during the lockdown period and admissions due to psychosis had increased significantly. As a result, a 24/7 mental health helpline had been introduced during the pandemic, mental health and wellbeing resource packages were developed and there was an increase in investment in mental health services in line with the Mental Health Investment Standard.

The next stage was that of recovery and restoration of services. The NHS priorities (Phase 3 September 2020 to March 2021) were to accelerate the return of non-COVID health services, making full use of the capacity available in the window of opportunity, preparation for winter alongside a COVID resurgence and doing all this taking into account lessons learned during the first COVID peak.

It was recognised that there were many learning points that had come about with the pandemic. A cohesive and collaborative system was vital, rapidly established, senior level escalation processes facilitate decision

making and enact change at pace, mutual aid had been critical in various scenarios, constant communication with patients was critical, protecting the workforce from infection was fundamental to system capacity, remote working, digital capability and capacity was key for continuity and continuing engagement with the public and patients.

A number of questions were posed by the Committee. Actual figures weren't available on the number of Derbyshire COVID-19 patients being treated outside the county but it was confirmed that very few had been treated outside the county, with most patients being treated at Derby.

Some patients felt abandoned by their GPs when they could only have telephone appointments. Councillor Musson referred to the later report of Healthwatch and asked if the CCG acknowledged its findings. Dr Clayton stated that GP surgeries had never closed and continued to offer face-to-face appointments to those that needed them. Telephone or "virtual" appointments where possible would continue to be encouraged however it was appreciated that some patients did not have internet access.

During the pandemic, there had been an increase in demand for mental health services. The CCG was asked how investment in the mental health services increased access to services. One example was the work with schools to offer packages to individuals and youth workers had been assigned to help with winter mental health pressures.

The CCG's finance director Richard Chapman reported that all NHS organisations in Derbyshire had broken-even by the end of the year, with some of the COVID funding available being awarded retrospectively. The longer term financial impact was referred to with system control totals accelerating collaborative working, removing barriers between NHS organisations created by the purchaser-provider split, recurrent allocations, focus had shifted to the cost of capacity to meet demand and technical efficiency needed to be supplemented by local focus.

Asked if there would be an impact on Adult Care services once COVID funding had finished, the CCG replied that closer working with Local Authority colleagues (in Finance and Adult Care) and better collaboration was contributing to more effective service provision and was financially mutually beneficial.

When asked if the original service transformations planned in the Financial Recovery Plan (FRP) were still going ahead, the CCG's response was that almost none of the FRP planned service changes had been delivered and remained on hold.

**RESOLVED** – that the reported be noted.

The Chairman thanked the representatives of the CCG for attending the meeting and looked forward to continuing a working relationship.

**23/20**      **EXPERIENCES OF VIRTUAL APPOINTMENTS DURING COVID-19** - **RESOLVED** – To defer this report to the meeting of the Committee in January 2021.