

PUBLIC

MINUTES of a meeting of the **IMPROVEMENT AND SCRUTINY COMMITTEE**
– **HEALTH** held remotely on MS Teams on 12 July 2021

PRESENT

Councillor J Wharmby (Chairman)

Councillors E Fordham, D Muller (substitute), D Murphy (substitute), G Musson, L Ramsey, P Smith, A Sutton

Apologies were received from Councillors D Allen, M Foster and P Moss

Also in attendance virtually were Andy Harrison, Director at Derbyshire Healthcare NHS Foundation Trust and Mike Goodwin, General Manager, Mike Hammond, Strategic Improvement Programme Manager and Sharon Martin, Executive Chief Operating Officer of University Hospitals of Derby and Burton NHS Foundation Trust.

11/21 **MINUTES RESOLVED** that the Minutes of the meeting of the Improvement and Scrutiny Committee – Health held on 8 March 2021 be confirmed as a correct record.

12/21 **PUBLIC QUESTIONS** There were no questions from the public.

13/21 **PLANNED CARE UPDATE** Sharon Martin, Executive Chief Operating Officer of University Hospitals of Derby and Burton NHS Foundation Trust provided information on the planned care restoration and recovery following the coronavirus pandemic.

Supporting the recovery of the workforce remained the top priority, given the importance of its health and wellbeing and the impact on the delivery of the restoration and recovery plans. Processes continued to clinically prioritise treating and reviewing patients and managing harm, whilst continuing to maximise the use of the NHS and independent sector capacity to recover as quickly as possible.

A number of slides were shown, explaining data around the recovery plans in both hospitals. The re-instatement of operating theatre capacity was on target, with a proposed increase from 6 to 11 within a week at Chesterfield Royal, and elective care activity was on the rise.

Information was also shared around waiting times for new patients, follow-up and elective surgery, comparing figures pre- and post-Covid. Priority was being given to new patients on a clinical need with the adoption of a different method of coping with waiting lists following national guidelines. The Committee found these figures concerning, especially for ophthalmology, where

cases were at a level which would need increased capacity to deal with the backlog and the addition of new patients going on the lists.

Plans remained on track for the surgical backlogs of patients requiring surgery within one month to be restored to normal levels by the end of the month. Plans had been established to recover surgical backlogs for patients requiring surgery within three months to be restored to normal levels by the end of September 2021. On-going clinical reviews of all patients on the waiting list over three months were being maintained as was detailed speciality level recovery plans for services and collaborative working to equalise waiting lists and maximise use of available capacity across the system. Focus on management of referrals which supported the recovery of the backlog was continuing.

Members asked a number of questions around the reality of achieving these targets for both the re-instatement of the operating theatres and reducing waiting lists, data comparison and risks.

RESOLVED – Joined Up Care Derbyshire to update the Committee on the re-instatement of operating theatres and more information on the prioritisation methodology and the impact this was having on waiting lists, to be provided at the next meeting in September.

14/21 **IMPROVING MENTAL HEALTH INPATIENT FACILITIES** Andy Harrison and Mick Burrows of Derbyshire Healthcare Foundation Trust outlined proposed changes to local inpatient mental health services, which offered an opportunity to transform the facilities currently available in Derbyshire and bringing local mental health inpatient services in line with national expectations.

The level of investment being allocated to Derbyshire to make these improvements was £80m, to be split equally between a development in Derby and a new facility at the Chesterfield Royal Hospital site. An application for funding had been made to NHS England and Improvement.

The report outlined the updated plans, which had received initial support from NHS England and Improvement. These changes were expected to be made quickly, to improve privacy, dignity and the overall patient experience of people receiving inpatient care for their acute mental health needs so it was important to work at pace to implement the changes required and gain to access the funds available within the funding timescale.

There were currently two acute inpatient services for adults of working age – the Hartington Unit based on the Chesterfield Royal Hospital site and the Radbourne Unit based on the Royal Derby Hospital site. The Trust had identified that the current estate did not comply with current regulatory and legislative requirements. The Care Quality Commission (CQC) had also recommended actions to improve the estate and, given the significant level of

investment required, these changes could not be funded by the local health care system. This substantial investment from NHS England and Improvement would ensure national requirements were met across Derbyshire.

The report went on to detail the current facilities of both the Hartington and Radbourne units, the latter of which also provided an Enhanced Care Ward (ECW) which provided a slightly higher level of clinical support as there was no Psychiatric Intensive Care Unit (PICU) in the county, to support local people with the most acute mental health needs. Current arrangements required people to travel outside of the area to access an appropriate PICU bed which was not ideal for the patient or the important contact and support that can often be found in regular interaction and visits from family and friends.

Plans of the sites were shown - at Chesterfield, a new 54 bedded facility with single rooms, across three wards, with flexibility to support men, women and non-binary patients and at Kingsway, a new 54 bedded male facility, across three wards. The Trust was also seeking support from the Joined Up Care Derbyshire system for local capital funding for the refurbishment of the existing Radbourne Unit in Derby to provide 34 female single rooms, across two wards, and complete eradication of dormitory wards and a development at Kingsway Hospital for up to eight new beds in an 'acute plus' facility for women and a new Psychiatric Intensive Care Unit for 14 men. It was noted that no beds would be lost in this development.

Audrey House, a ten-bed rehabilitation facility at Kingsway Hospital, was likely to be used as an interim de-cant facility to facilitate the rest of the programme. This site was not currently being used for clinical purposes due to less beds being needed to meet the demand for inpatient rehabilitation services. It also had potential for the new female 'acute plus' facility, offering up to eight beds.

This was a very positive development which would greatly enhance the acute mental health care currently provided in Derby and Derbyshire, with no reduction in service. Engagement with the service user forum EQUAL continued and a dedicated session had been held. Engagement with wider internal and external stakeholders, public and other interested parties would be begin later in this summer.

The Committee recognised that the project had to move at pace to achieve the grant spend by March 2024 and that facilities for elderly/frail patients were subject to a separate review.

RESOLVED – to bring further details of the elderly/frail facilities to the September or November Committee meeting.

15/21 **LONDON ROAD COMMUNITY HOSPITAL WARD 1** Sharon Martin, Chief Operating Officer presented a paper in support of the temporary

changes to the services provided at Ward 1 at London Road Community Hospital (LRCH) in Derby which would see the ward's current mental health inpatient services move to the Kingsway Hospital site so that the ward could accommodate urgently needed cancer and Lymphoedema services.

Ward 1 was an 18-bedded in-patient ward with the ability to increase to 20 beds and was operating with 17 beds in order to adhere to 'COVID secure' guidelines. The ward had a mix of single and shared rooms, gender-specific, with en-suite facilities for treating older people with mental health conditions such as depression, anxiety and psychosis.

As a result of University's Hospitals Derby and Burton's (UHDB) recovery and restoration programme following the COVID-19 pandemic, 'COVID secure' requirements meant that temporary changes were needed in terms of how healthcare providers used their estate. Ward 1 would be used for the recovery of UHDB's cancer service along with other outpatient activity.

Whilst the Lymphoedema team had worked hard to manage the risk, clinical safety and outcomes through virtual consultations, there was a clear need to see some patients face to face in order to measure the deterioration of the patient's condition, train patients in the correct application of compression garments and in order to avoid admission of acutely unwell patients. It was estimated that around 25-30 patients were considered particularly urgent cases and at risk of needing admission. The use of Ward 1 would allow UHDB to safely bring the priority patients back into clinic, whilst continuing with the virtual clinics for the patients that do not need to attend in person.

Tissington House, an 18-bed modern facility remained vacant at Kingsway Hospital in Derby following a reduction in demand for specialist dementia in-patient care thanks to the introduction of community services such as the Dementia Rapid Response Teams. Tissington House would offer a calmer, more specialised healthcare environment for patients currently cared for at Ward 1.

Before the COVID-19 pandemic, a plan for a consultation on the relocation of older people's mental health services from LRCH to Kingsway Hospital was developed. Mental health services were provided from two wards (LRCH Ward 1 and Ward 2), however, the introduction of an older people's mental health in-reach and home treatment service, within their home environment, resulted in a reduction in bed demand and Ward 2 was temporarily closed in 2017 and subsequently re-fitted to expand its services in the interim.

The consultation process, due to start in March 2020, was paused due to the restrictions that came into effect with COVID-19. Tissington House was the unit that had been identified as the location for the service. Plans were also made to re-institute a 60-day consultation process on the proposals.

The Committee was asked to recognise that this temporary move needed to be taken quickly in order to support the prompt restoration of important cancer services. The Committee was also asked to note the longer-term plans for a 60-day consultation to permanently transfer the Ward 1 service to Tissington House at the Kingsway Hospital site; to be brought back to the Committee in due course.

RESOLVED that (1) the Committee recognise the urgent nature of the temporary move to allow the restoration of cancer services; and

(2) a progress report would be provided to the Committee in due course.

16/21 **LONDON ROAD TRANSFORMATION PROJECT** Mike Hammond of ??? gave the Committee an update on wards 4, 5 and 6 at London Road Community Hospital. This included national discharge to assess definitions, impact of COVID and alternative provision and transformation.

Ward 4, 5 and 6 provided short-term rehabilitation nursing beds. A total of up to 71 beds were available; 22 beds were used by Derbyshire residents, 43 beds by Derby City residents and the remainder were utilised by out of area residents. The out-of-hospital community provision in Derbyshire was categorised in line with the national framework Discharge Pathways 0-3.

An independent review in 2018/19 showed that the numbers of people being discharged home was low, with too many remaining in a hospital bed. Clinical audits in 2019/20 proposed that 79% of patients did not need to be in a Pathway 2 bed. Additional funding was therefore made available to allow discharge to the most suitable environment, including £500,000 into palliative care team, hosted by Healthcare Services to provide patients with help and support in their own homes.

Ward 4, 5 and 6 remained closed, with patient stays being reduced from 22 to 15 days, providing a third more capacity. The service was now looking at the long-term plan and activity was getting back to normal, with patients receiving care in line with the national and local guidance, however the service was still being fine-tuned. A committed team of clinicians, rapid response teams and the recruitment of highly skilled individuals had helped rationalise processes now in place.

RESOLVED - that the Committee receive a progress report on the Discharge Pathway to the next Committee meeting.

17/21 **HEALTHWATCH DERBYSHIRE – OVERVIEW OF WORK** Helen Henderson-Spoors, Managing Director of Healthwatch Derbyshire gave the Committee a brief background of the organisation. It was an independent statutory body that provided reliable and trustworthy advice and ensured NHS leaders and providers listened to local feedback on its services. Last year alone,

the Healthwatch network helped nearly a million people to have their say and get the support you need.

COVID had presented a number of challenges and as such the organisation had implemented a Helpline and social media platforms to assist the people of Derbyshire. Other examples of the work done were also listed.

RESOLVED - that the report be noted.

18/21 **HEALTHWATCH DERBYSHIRE - VACCINE HESITANCY** Helen Henderson-Spoors, Managing Director of Healthwatch Derbyshire gave the Committee a summary of the findings of a survey held around Covid-19 vaccine hesitancy.

In December 2020, the NHS began the biggest immunisation campaign in history as it started the Covid-19 vaccine rollout across the country, managed by the Derby and Derbyshire Clinical Commissioning Group (CCG) in Derbyshire. The majority of people had embraced the vaccine, however others had been hesitant. The aim of the survey was to gain an understanding of why some people did not take up the offer of the Covid-19 vaccine. The information was shared with Joined Up Care Derbyshire (JUCCD) and Public Health bodies in Derbyshire which allowed them to provide specific and directed messaging about the vaccine and address the reported concerns.

The main areas of concern for people were how it would affect their own health, possible long-term effects, possible side effects and the effect on existing health conditions. People also wanted to wait and see how the vaccine affected others and were sure that it was safe and effective. Other reasons included needle phobia, previous allergic reaction to other vaccines, mental health and autism challenges, pregnancy and effects on fertility.

Respondents who raised concerns and who were hesitant about having the vaccine were asked if there was anything that would make them change their minds with many giving suggestions as to what might encourage them to take up the offer of the vaccine. These included:

- more research published with testing and results shown/evidenced over a longer period of time;
- clearer information for people to make their decisions that address their concerns;
- choice of vaccine;
- choice of venue to receive the vaccine (in case of emergency or complications with existing condition); and
- learning disabilities and mental health conditions taken into account and patients offered alternative venues or time slots to suit.

RESOLVED – (1) that the report be noted; and

(2) The Improvement and Scrutiny Officer would provide Committee members with a link to Healthwatch Derbyshire's website.

19/21 **COMMITTEE WORK PROGRAMME** The Scrutiny & Improvement Officer reminded the Committee that its work was predominantly driven by transformation of health services proposed by the Derby and Derbyshire CCG and Service Providers. The Committee would develop a work programme which recognised this and also consider any reviews the Committee may wish to undertake.

RESOLVED – Committee members to email the Chair with any ideas for reviews for the Committee to undertake.