

Time commenced – 18.00

Time finished – 19:20

ADULTS AND HEALTH SCRUTINY REVIEW BOARD

2 February 2021

Present: Councillor Hussain, (Chair)
Councillors Cooper, Froggatt (Vice Chair) A Pegg

In Attendance: Mick Burrows, NHS Derby & Derbyshire CCG
Helen Dillistone, NHS Derby & Derbyshire CCG
Tina Hall, Horizon Healthcare, NHS Derby & Derbyshire CCG
Helen Henderson-Spoor, Chief Executive Healthwatch Derbyshire
Katy Hyde, NHS Derby & Derbyshire CCG
Alison Parkin, Acting Director of Financial Services
Mark Powell, Derbyshire Healthcare NHS Trust
Jean Richards, NHS Derby & Derbyshire CCG

08/20 Apologies for Absence

Apologies were received from Perveez Sadiq, Director of Adult and Health Services and Kirsy McMillan Director of Integration and Direct Services.

09/20 Late Items

There were no late items

10/20 Declarations of Interest

There were no declarations of interest

11/20 Minutes of the Meeting on 13 October 2020

The Minutes from the meeting of 13 October 2020 were agreed as a correct record.

12/20 Healthwatch Derbyshire – Care Home Report: Sharing Good Practice and suggestions

The Board received a report and presentation from the Chief Executive of Healthwatch Derbyshire. The presentation highlighted the results of the Healthwatch Derbyshire Care Home Report.

The Board were informed that the project was initiated as a result of comments received by Healthwatch Derbyshire (HWD) from relatives

concerned that the lockdown and measures introduced around visiting were having a detrimental effect upon the mental and physical wellbeing of their loved ones. HWD decided to gather information to try to understand how the Covid-19 pandemic had affected the wellbeing of care home residents and their relatives and to examine what measures have been introduced to combat these issues. The pandemic has been a particularly difficult time for residents, their friends and family, and care home staff. At the same time, HWD was aware of some amazing examples of care and innovation by care homes. The aim of the project was to allow HWD to identify and share these good practice initiatives and helpful ideas across the care home community in Derbyshire.

Current restrictions had made it difficult for HWD to gather the experiences of care home residents themselves, so the project was designed to gather the views from the perspective of family friends and loved ones of care home residents. The project was designed and run by a group of HWD volunteers with the guidance of HWD staff members. The volunteers helped to develop, test, and later share a survey that could be completed online or by way of an interview. The volunteers also helped to analyse the responses received.

Between 26th October and 16th November 2020, an online survey was shared with residents of Derbyshire. HWD received ninety responses. The responses shared the experiences of spouses, children, extended family and friends of care home residents which gave a diverse perspective. The officer felt the themes, trends and sentiments from the report were useful to share with the Board.

One of the main themes was around visiting and trying to maintain contact as much as possible in the context of the secure COVID environment. Out of the ninety people who responded forty-seven of them felt their loved ones' mental wellbeing had got worse during the Covid-19 pandemic due to losing contact with their friends and families. Some felt this was due to care home residents not being able to have face-to-face visits so they missed contact with their family and friends. The Board were informed that Care Homes had tried to maintain contact some, had put in place appointment schemes for visits.

The traditional methods of communication, such as telephone calls and face-to-face visits were seen to be the best way for residents and relatives to keep in touch during the Covid-19 pandemic. Telephone calls worked well, especially when residents could use their own telephone and could keep the phone charged and with credit. This meant relatives and friends were able to contact their loved ones when they wanted to. However, this method of contact was unsuitable for some residents, due to their difficulty holding a telephone or because of other physical or mental difficulties. It was recognised that extra support was required from staff members, and that the additional pressure on staff time often affected the frequency and quality of the contact. The officer highlighted that everyone recognised that these were difficult times, and all were trying to manage the interface between social interaction and risk.

The officer explained that the same issues of communication were being picked up pre-Covid; the issues and complaints were the same. People always want to know what is happening to their relatives and why it was

happening. The issues around communication and understanding had not changed, they were just being seen through a Covid-19 focus. There was not a raft of different scenarios, there was also no difference in the patterns and trends around patient experience and communication.

A councillor felt that it was difficult to take a snapshot to see if providers were able to live up to service users needs. The officer explained that people were all mindful of the fact that the system was under pressure and the pandemic was an exceptional time. The most important thing for people was knowing what was going to happen and who was going to do it; they wanted to understand the processes involved. The councillor highlighted that nearly a third of all deaths had occurred in Care Homes, so it was difficult for people not knowing if their loved ones are going to be infected. The officer explained that these were difficult and challenging times and it was great to have good lines of communication even if you are not able to visit or see a loved one in the normal way. Trust between friends, families and care homes was difficult to create and maintain at stressful times.

A councillor extended thanks to care home staff who had done a wonderful job during Covid-19. However, there was a problem with communication. If residents have the capacity to use the phone, then communication was good, but if they are unable to hold a phone or do not have the mental or physical capacity, communication becomes problematic. Care Homes are businesses and are run on a profit basis, they do not have the staff capacity to facilitate telephone calls or face time.

Another councillor highlighted that during the last fifteen to sixteen years fee levels have risen by the rate of inflation. Residents in care homes are becoming more dependent, care homes are not receiving enough funding from local authorities to remain profitable, and in turn local authorities are not receiving enough funding from central government.

The Board resolved to note the report

13/20 Horizon Healthcare, Branch Surgery Closure

The Board received a report from the Practice Manager at Horizon Healthcare.

The Practice Manager provided a brief overview of the position to date. Horizon Healthcare Practice had been operating from its Burton Road practice in Derby and Humbleton Drive Branch, also based in Mackworth, since September 2019, when it had to close Tufnell Gardens temporarily after it was found that rebuilding work had compromised a consulting room wall.

NHS Derby and Derbyshire Clinical Commissioning Group's Primary Care Commissioning Committee met 'virtually' to approve the proposal to close the branch. Horizon Healthcare's Patient Participation Group had been supportive of the move to have one branch in Mackworth throughout the proposal, and the team at the local community pharmacy had also supported the move to have one branch surgery.

It was important to recognise that the discussions regarding Tufnell Gardens were concluded when the building owners (not the Partners at Horizon Healthcare) received an offer to purchase the building. As the Practice were out of contract and had no lease in place, the building owners were able to proceed. Any processes or outstanding actions required to conclude the decision to close the branch site were no longer relevant.

The COVID Pandemic necessitated a new way of working and the Partners at Horizon had carefully considered their position in this. They felt it was not safe to reopen the branch site building on Humbleton Drive as it was not Covid compliant for patients to attend, and has become a valuable asset in respect of a green zone for our at-risk staff to work so that we can ensure we can protect them and continue to run. Where possible we continued services in Humbleton Drive, for example running outdoor vaccination and flu clinics. We continue to provide a localised service as far as possible.

Covid has resulted in new ways of working, we have as a result fast tracked our paperless systems, online platforms, sending and receiving of documentation, electronic medication ordering and monitoring and have new virtual consultation models. This has had a significant effect on reducing footfall into the practice. Given a recent rise in the number of cases there is a further drive to reduce the need to bring patients to Surgery unless clinically required. There are still patients who prefer to be seen at Burton Road but this could only be for patients who have no Covid symptoms; any patients with Covid symptoms are seen in the city at the Derby Urgent Treatment Centre Red Hub, and if they are unable to travel there is a Red Home Visiting Service within Derby City, and we are able to refer patients directly to these services.

Currently it was felt that, while we would like to open Humbleton Drive it was not safe or appropriate and we are able to provide a near full service to our patients in that area.

A councillor queried whether it had been considered using other nearby facilities such as the library or chemist for local Covid vaccinations. The officer explained that, as access was needed to clinical systems, these locations would not be appropriate. It was also explained that the process of allocating vaccination sites was complicated and not all local buildings would be considered suitable for this purpose.

Another councillor highlighted that the perception was of dissatisfaction with the level of service provided for the Mackworth community by the clinic, and asked how this could be resolved. The officer explained that the Branch Surgery had to be made Covid secure and they had not received any negative feedback or complaints from the local community.

The officer explained to the Board that the Mickleover and Mackworth area are a priority in Derby. A feasibility study had been undertaken and there was indication that there would be provision in the Mackworth area; this may be a new building, and the next steps would be to undertake a business case. The practice manager explained that they were fully engaged and involved in the process and keen to move forward with the provision of a new building. A councillor stated that the Humbleton Building was not fit for purpose and

highlighted that the Neighbourhood Board had Section 106 funding available to support a project for a new building for medical purposes in Mackworth.

The Board resolved to note the report.

14/20 Improving Mental Health Inpatient Facilities in Derby

The Board received a report from the NHS Derby and Derbyshire CCG and Derbyshire Healthcare NHS Foundation Trust. The report was presented by officers from these organisations.

The Board were informed that Acute mental health services in Derby and Derbyshire are provided by Derbyshire Healthcare NHS Foundation Trust. At present there are two acute inpatient services for adults of working age: the Radbourne Unit in Derby (based on the Royal Derby Hospital site) and the Hartington Unit in Chesterfield (based on the Chesterfield Royal Hospital site). Both units provide care from dormitory style facilities, with approximately four beds within a bay.

Recently the Trust had identified that the current facilities and buildings from which acute mental health services are provided, at both site, does not comply with current regulatory and legislative requirements. In their visits to the Trust the CQC (Care Quality Commission) had also given the Trust actions to improve its estate. Given the large level of investment needed, these changes cannot be funded by the local health care system, so a substantial national investment must be taken forwards to ensure national requirements are met across our services in Derbyshire.

National policy outlines the following 'must do' improvements:

- Mental health wards should be built to consist of single rooms, each with an en-suite bathroom
- No one should need to travel outside of their local area to receive acute mental health care.

The Board were informed that the Trust had received a small level of investment to develop business cases to meet the national requirements. If the business cases are accepted at a national level, then substantial funding would be received by the Trust to put these plans in place.

Once approval was granted, the Trust will need to work quickly to implement the changes required. At a national level the expectation is that these changes are made at speed, to improve privacy and dignity and the overall patient experience of people receiving inpatient care for their acute mental health needs.

The officer from the NHS Derby and Derbyshire CCG explained the CCG role. They are responsible for community services and work closely with the provider of Mental Health Services. It was important for the CCG to engage local people in discussions, hence their attendance at the Adults Scrutiny Board. The proposed development would enhance the Mental Health facilities

in the City, and local people would benefit from the improved offer. It was important to work alongside current and future patients to enable services to meet the needs of the local population going forwards.

A councillor highlighted that Mental Health services are currently provided from three different sites, Kingsway, Royal Derby, and an in-patient facility at the London Road Community Hospital which was specifically for older adults. The officer confirmed that the proposed site would be for adults from eighteen to sixty-five, it was the Acute Adults Service. The councillor then asked how many out of county placements there were currently. The officer confirmed there were ten placements of adults of working age currently, if there had been rooms available then there would be zero placements. The Covid safety requirements meant there was not enough space available in buildings currently used, so placements needed to be found out of the area. It was confirmed that the new buildings would have rooms with en-suite facilities.

A councillor felt it was excellent idea to put all patients together in one area, but was concerned about the current public transport arrangements for people accessing the proposed new site. There was no access from the Mackworth side as traffic lights on the A38 do not work. The officer explained that access to the site would be one of the considerations in the engagement exercise undertaken. It was noted that work was planned to upgrade the A38.

The councillor then asked about the timescale of the project and when it was likely to be completed. The officer stated that it was aimed to have the building in place and operational by 2024. However, they would still need to undertake an engagement exercise with the public and put together a robust business case. A councillor confirmed that they were supportive of what was planned and that it would be a major improvement to mental health services in the City.

The Chair requested that once a bid had been pulled together it should be brought back to the Board. The Board agreed that the Trust should proceed with the public engagement and creation of a business case, and requested that the Board be updated on a regular basis and bring updates back to the Board on a two monthly basis.

The Board resolved to note the report

15/20 Adult Social Care Funding

The Board received a report from the Strategic Director of Corporate Resources and Section 151 Officer the report was presented by the Acting Director of Financial Services.

The officer explained that the report sets out the context and gives a summary of the different elements of Social Care Funding in the City. The officer informed the Board of the pressures outside of council control which are driving demand across adults and children's services and causing yearly increases on demand for statutory services. Within adult services, the over 85s population is rising annually by 3%; also, the Council supports more adults of working age with eligible social care needs. In 2017/18 there was a 10% increase in the numbers of adults of working age with severe and chronic

learning and/or physical disabilities supported by adult social care. By 2030, over one quarter of the adult population of Derby will be aged 65. In addition, Derby has the widest gap in life expectancy between the most and least deprived across the East Midlands.

In terms of national funding there has been national government investment into the health and adult social care systems, the sector is awaiting sustainable funding plans to reform the social care system for adults of all ages.

The Covid 19 pandemic had a significant impact on the public finances and national borrowing will be expected to peak at £349 billion in 2021/22 compared to £55 billion in March, demands on the national context was significant. This creates a challenging scenario for H.M Treasury. Against this background the Comprehensive Spending Review was announced in November and provided an increase of 4.5% in Core Spending Power, this included an assumption that local Councils will increase Council Tax by 4.99%. This was in line with the Council's expectations in its budget planning.

The officer informed the Board that there was no national budget for Adult Social Care in England. However, there were a myriad of different funding sources such as the Adult Social Care precept, which was fairly new concept, and allows the local authority to raise an additional precept on the Council Tax for Adult Social Care. There have also been specific grants over recent years, the largest contribution was through the Better Care Fund. All elements of funding total around £27m into the council to support Adult Social Care. The Adult Social Care Precept was only a small amount of funding.

The officer informed that Board that there was no national funding for Adult Social Care. Public funded social care was mostly financed through local government funding which comprised central government funding from the local government finance settlement together with locally raised revenue from business rates, council tax and income from fees and charges. Individual local authorities determine how much of the revenue funding is allocated to social care. For the financial year 2021/22 Adult Social Care Budgets have increased by £4.241 million

Adult Social Care precept for 2021-22 would have raised just short of £3m of funding for the council and the Adult Social Care budgets 2021-22 are increasing by over £4.2m in total. The officer clarified whilst your focus was the amount raised through the Adult Social Care precept and amounts in Adult Social Care Budget there was no legal requirement in terms of hypothecating that increase through them.

A councillor noted that Derby was £1 million short on care funding packages. The officer confirmed that this was due to growth there was more put into the Adult Social Care budget for 2021-22 than the additional amount that could be generated through the precept. The councillor asked where the money came from to fund Adult Social Care from, the government or moved elsewhere in the council ? The officer explained that it was raised through Council Tax, Business Rates, thorough efficiency savings from other directorates in the Council, it was done as an amalgamation/combination of all of those things which would set the Adult Social Care budget for next year.

The councillor then stated that for this year during the Covid pandemic there was a national government Covid budget for anybody accessing either residential home from hospital or home with Covid. The officer confirmed that at the beginning of the Pandemic last year there was a nationally funded hospital discharge scheme, alongside lots of other national funding available during the pandemic. Anybody discharged from hospital into social care was funded by the hospital discharge scheme.

The council was now going through a process of assessment, but this was not a sustainable model of funding of those individuals who need to become either a health or social care responsibility. The officer explained that there was a deadline of up to the end of March 2021 to go through the financial assessments process. The officer confirmed that the councillor was correct that there had been additional funding to support discharge through the Pandemic.

The Board resolved to note the additional funding allocations made in Adult Social Care over recent years.

To note the risks to the Council's Medium-Term Financial Plan in that funding for future years was not confirmed and no sustainable model for the funding of Adult Social Care has been confirmed

16/20 Work Programme and Topic Review

The Board considered a report of the Strategic Director of Corporate Resources presenting the proposed work programme of the Board for the remainder of the 2020/21 municipal year.

The Chair updated the Board, on the topic review adopted at the last meeting (to look at impact of Covid on our care homes and staff and the impact on the economy but basically on the impact of services). It had been hoped that by the end of this financial year the Covid pandemic would have ended and the Board would be in a position to look back and reflect on what had happened in the pandemic and whether we could have done better, missed opportunities, scope to do things differently and provide a more responsive and robust service to users. However, the country was still in the middle of the pandemic and it was felt best to put that reflection off, and also not take staff away from immediate responsibilities, they are all involved in the vaccination programme and have been set demanding targets, it was requested that the topic review be deferred until we have overcome Covid. The Chair explained that it was difficult to ask questions whilst still tackling the fire, there was a need to extinguish the fire before reflecting on practice. As a result, the Topic Review will slip into next year inevitably as the pandemic won't be overcome in the next two to three months.

The Board also understood that most care home residents and staff had now been vaccinated which was good news.

The Board resolved to note the contents of the report. The Board deferred the topic review on arrangements put in place by hospitals when discharging patients to Care Homes until the next municipal year.

17/20 General Practice in Derbyshire Update

The Board considered a report of from the Derby and Derbyshire Clinical Commissioning Group which gave an update on General Practice in Derbyshire.

The report was for information, any questions from the Board could be circulated to officers for their response.

MINUTES END