ITEM 04

Time commenced – 18.00
Time finished – 19:45

ADULTS AND HEALTH SCRUTINY REVIEW BOARD

13 October 2020

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

In Attendance: Robin Dewis, Acting Director of Public Health DCC
Zara Jones, Executive Director of Commissioning Operations NHS Derby & Derbyshire CCG
Steven Lloyd, NHS Derby & Derbyshire CCG
Perveez Sadiq, Director of Adult and Health Services
Vikki Taylor, Derbyshire STP Director
Councillor Webb Cabinet Member Adults, Health & Housing

01/20 Apologies for Absence

There were no apologies.

02/20 Late Items

There were no late items

03/20 Declarations of Interest

There were no declarations of interest

04/20 Minutes of the Meeting on 04 February 2020

The Minutes from the meeting of 04 February 2020 were agreed as a correct record. Councillors requested that updates on the following items be brought to the meeting 02 February 2021

- Horizon Healthcare, branch surgery closure. An update report on the engagement exercise undertaken with patients.

- Pharmacy Services at UHDB "Pride Pharmacy" Key Performance Indicators. An update report was requested for their assurance that there was no deterioration in dispensing services for patients using the new Pride Park Pharmacy and the Royal Mail tracked medicines delivery service, compared to the Boots store. Also an update report with evidence to indicate referral pressures are being removed from GPs.

- GP - Access to Surgeries Update

05/20 The Third Phase Response to COVID 19 Joined Up Care Derbyshire's (JUCD) Plan and NHS 111 First

The Board received a report and presentation from the Executive Director of Commissioning Operations NHS Derby & Derbyshire CCG University Hospitals of Derby and Burton NHS Foundation Trust. The report provided an update on the third phase response to COVID 19 JUCD Plan and NHS 111 First

The Board were informed that on 31st July 2020, a national letter was sent to all Health and Social Care Systems across England, which detailed the objectives for the third phase of the NHS' response to COVID-19.

The priorities of the next phase (September 2020 – March 2021) were explained:

- To accelerate the return of non-Covid health services, making full use of the capacity available in the window of opportunity between now and winter;

- To prepare for winter alongside a possible Covid resurgence; and

- To prepare in a way that takes account of lessons learned during the first Covid peak; i.e. lock in beneficial change; and tackle basic challenges including support for staff and action on inequalities and prevention.

It was reported that despite the ongoing challenges of restoring services whilst also remaining vigilant of COVID-19 demand, there are plans to see a marked increase in NHS activity delivery in this next phase compared to the first two phases. The officer highlighted some of the Phase 3 national requirements:

Primary and Community Care Services

- Address the backlog of childhood immunisations and cervical screening
- Supporting people in care homes
- Resume NHS Continuing Healthcare assessments from 1 September 2020
- Embed assess to discharge processes to deliver the Hospital discharge needs
- Enhance step up 'crisis responsiveness' services in line with the Long Term Plan

Winter Plan

- sustain current beds and capacity 2021
- Deliver the flu vaccination
- Expand 111 First offer

Cancer

- Reduce the number of patients waiting or treatment longer than 62 days

The officer went on to describe the impact of COVID on General Practice. The Board were informed that Practices remained open and that services were moved on-line to provide telephone triage and treatment and virtual appointments which allowed face to face appointments to take place with those most in need.

The officer explained how Practices worked together in their Primary Care Networks, to help each other and to set up local hubs to see patients. A county wide home visiting service for people with COVID was set up. People who were most in need of care or who were at risk were prioritised e.g. cancer referrals and people with long term conditions or at the end of their life. The Board noted that whilst routine and emergency face to face activity fell, telephone and remote working rose.

The officer then explained what was happening now in General Practice. There were now 55% face to face appointments compared to 82% last year, but telephone and on-line appointments had increased. Access to a GP has improved by 10% and 56% of appointments are now offered on the same day or within one day compared to 46% this time last year.

The Board were then told what Practices are focusing on now. It was explained that Practices have, reduced capacity because of social distancing and the need for PPE, there was approximately 75% of usual capacity. However, they are catching up on work that has been delayed and on the most at-risk groups like early cancer diagnosis and support to care homes.

The focus on Health Inequalities was also highlighted. The officer explained how arrangements have been established to strengthen their partnership approach. These arrangements are a part of the Joined-Up Care Derbyshire (JUCD) commitment, which ensures a broader population health and wellbeing approach to support people to have the best start in life, to stay well and to age well.

The officer then explained some of the risks and challenges for plans to address inequalities. The Board were informed that recent evidence shows that the challenge of reducing inequalities in health outcomes will increase over the next 6-12 months. The reasons for the increase in inequalities include; economic recession, the increase in unemployment due to the end of the furlough scheme, job insecurity, food and fuel poverty and housing vulnerability.

Another challenge was the increase in numbers on waiting lists. These numbers would not be reduced until the NHS can work at greater than 100% of activity; but while social distancing measures are needed the NHS capacity to deliver is limited. The effect of the pandemic on the waiting list position has been significant. Across the UDHB there are 2,807 patients waiting over 52

weeks for their substantive treatment; in March this figure was 45. The five specialties with the largest number of patients waiting over 52 weeks at UHDB were in the following areas Trauma and Orthopaedics, Opthalmology, General Surgery, Spinal Surgery and Hand Surgery. The officer also highlighted that there was a level of unidentified need because parts of the population have not presented for health care as they were worried about COVID 19.

The officer then updated the Board about the NHS111 First Service. The aim of the service was to reduce demand in Accident and Emergency Services. A bigger diversion of patients away from A&E should reduce crowding which would enable departments to reduce risk to patients and to operate effectively. The NHS 111 First Service or GP practice (both online and telephony) should be the first point of contact when a patient was experiencing a health issue that is not life threatening or an emergency. It was aimed to transfer 20% of walk-in patients to the 111 Service. The "Go Live" date was planned for 26th October 2020.

Councillors asked if there was monitoring in place to look at the quality and impact of change to assessments undertaken on-line or by telephone. They also asked what advice was given to GP Surgeries as to whether they should be operating face to face. The officer explained that the Primary Care Leadership Group and Forum met with colleagues on a daily basis to look at best practice and technical support for GPs. The positive use of triage systems was noted. The Board were informed that General Practices had developed an operational framework which was based on national guidance and that there was a Quality Team in place to monitor and support practices that ran into problems.

A councillor then queried what measures had been put in place for the patients experience and to assist practitioners to pick up health issues. Also what was the advice now regarding face to face appointments. The officer explained that GPs use infection and protection measures that are applied nationally and regionally, this guidance was used when dealing with on-line patients. The triage system was a standard operational framework which operates across all Derbyshire practices. Many services have moved into a different way of operating and it was clear that the impact was the same and the results are as good as previously recorded. It was recognised that patients do need face to face consultations and this option should remain. However, the board were informed that in the past it was a struggle to offer other services alongside face to face appointments.

A councillor asked what impact the recent outbreak of COVID had on services and what would be the long-term impact on inequalities in health. The officer highlighted the challenge of restarting services on the back of the first wave of COVID along with winter planning for flu/flu like illnesses and the fact that COVID would not just go away. There were also other pressures to consider such as the possible delivery of a COVID vaccination programme and the challenge of delivering a flu programme.

The officer then explained that the learning from the first wave of COVID sharpened focus on health equalities such as age, long term conditions, ethnic background, hard to reach groups of people. It was a catalyst and gave a clear focus on the direction of travel for the long-term basis of service

commissioning. The officer also described the fine balance between re-starting a service and whether the capacity to meet demand was available.

The Board thanked the officers for attending and asked that an update report on waiting times, the general impact of delays, plus any new initiatives be brought back for the April meeting

The Board resolved:

1. **To note the report**

2. **To request an update report for the meeting of the Board on 20 April 2021, on waiting times and the general impact of delays together with an outline of any new initiatives.**

06/20 COVID 19 and how it has affected the Community

The Board received a report from the Director of Adults and Health which gave an update about COVID 19 and how it has affected the Derby local community. A presentation was given by the Acting Director of Public Health for Derby.

The officer provided highlighted issues that arose during the first wave of COVID 19:

- National coordination
- Lack of testing within the community
- Early ending of contact tracing
- Lack of data sharing with local areas
- Significant impact on City communities
- National lock down measures

The Board were informed of the response from Derby City which included working with Derby Hospital to share and understand data and working closely with partners.

The officer then described the direct health impacts of COVID on the community. It was noted that so far 324 people in Derby had been lost to COVID. Other direct impacts of COVID were mental health problems due to Bereavement. There was evidence of an emerging condition called long COVID which has a difficult recovery period which affects both young and older people and was like a post-viral fatigue. The Board were informed of the impact of COVID on some city communities, e.g. the Pakistani communities who were significantly affected during the early stages of the Pandemic. Also, older people and men. Patient identifiable data on COVID 19 cases was not confirmed/available until late in the summer which was some months after the start of the Pandemic, and this made it harder for public health officials to track and stop the virus. The Board were informed that it was difficult to see what was happening in the community during the first wave; there was a lack of data sharing with other local areas and there was a lot of national debate around this issue.

The Board were then informed of the increasing number of people accessing smoking cessation services as a result of COVID, which was a positive thing to do to reduce the impact of COVID. However, there were also long-term negative impacts to consider like obesity. Children had been at home during the "lockdown" and those with a poor diet would probably continue to have a poor diet. They would also have had less chance for physical activity because they had been out of school or had not been out much during the period. Other indirect health effects were the financial consequences of lockdown on people such as loss of income due to being on furlough, or reduced incomes, or being made redundant during this period. There were also mental health problems due to isolation.

The officer then spoke about the changes in Health Services during COVID. The Board was informed about services becoming virtual and the redeployment of staff and reprioritisation of patients once services were restored during the summer. There had been a focus on patients with the greatest needs on waiting lists.

The officer then highlighted the challenges with winter on its way:

- Rising cases of COVID
- Winter pressures- other respiratory viruses and cold weather
- Mental health impacts of reduced social contacts and altered festivals such as Diwali and Christmas
- Pressures on services- including Public Health expectations
- Changes to national structures – Public Health England being disbanded

The Board were informed of local actions such as a communications campaign, the improved access to testing, the City specific response of an Incident Management Team, which comprised of the University and the Police amongst other partner organisations. A Health Inequalities workstream was in place to manage and assist individuals on waiting lists and prioritisation of services was in place.

A councillor asked if there were projections or estimates of when Derby City might hit the next peak and what it would look like. The officer confirmed that the rate would increase more slowly. The "R" number would be lower due to measures currently in place, but it would be hard to establish how large the peak would be and when it would happen.

The councillor then queried where Derby was in terms of the "R" rate. The officer confirmed that the "R" rate was of more use on a regional basis, currently the rate was between one point two and one point five. The growth rate of the pandemic was possibly 4% to 8%. Before the first lockdown the "R" rate was above 2. With the national lockdown it went down to 1. The difficulty faced was to keep the infection growth under control, there was a fine balance to consider in terms of people's health and wellbeing and finance. The Board was informed that there was a very challenging phase ahead, but that it was a global dilemma to keep the economy going and protect vulnerable people.

The Board discussed the “R” rate further, the officer confirmed that a new report was due to be issued tomorrow with updated data which confirmed the figure of 100 per 100,000. With an “R” value of one point two this would mean that for every 10 people they would infect 12 more people. It was an additional challenge to estimate the rate of change. The officer explained that a peak could be expected either towards the end of November or the end of January depending on which tool was used to analyse data and what resources were in place. It was likely that greater measures would need to be put in place, the fact that winter was on its way increased the difficulties. There was a huge degree of uncertainty ahead.

The Board resolved to note the report and requested that an update report be brought back on 20 April 2021, if there are any significant changes it should come back to the February meeting.

07/20 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 Board discussed Appendix 2 of the report COVID impact on Care Homes. It was noted that there had been a major upsurge of deaths in Care Homes during the pandemic, it was recognised that this was a national issue. A councillor suggested that the Board take an in depth look at what was happening at the Derby hospitals and what arrangements were being put in place before discharging patients from the hospitals to Derby Care Homes.

The Board agreed to undertake a Topic Review on Care Homes and the arrangements in place when patients were discharged from the hospital to care homes in Derby.

The Board resolved to note the contents of the report. The Board agreed to undertake a topic review on arrangements put in place by hospitals when discharging patients to Care Homes.

MINUTES END