

Time commenced – 18.00
Adjourned – 20:13
Reconvened – 20:15
Time finished – 21:15

ADULTS AND HEALTH SCRUTINY REVIEW BOARD

31 January 2023

Present: Councillor Martin, (Chair)
Councillors Lonsdale, J Khan, Froggatt, A Holmes and
Pattison

In Attendance: Councillor Webb
Scott Lunn - Children's Directorate Clinical Lead at Derbyshire
Healthcare NHS Foundation Trust
Carolyn Green - Interim Chief Executive at Derbyshire
Healthcare NHS Foundation Trust
Vikki Ashton Taylor - Director of Strategy, Partnerships and
Transformation at Derbyshire Healthcare
NHS Foundation Trust
Lee Doyle - Managing Director at Derbyshire Healthcare NHS
Foundation Trust
Clive Newman - Chief Pharmacist at University Hospital of
Derby & Burton NHS Foundation Trust
Zara Jones - Executive Director of Strategy and Planning
at Derby and Derbyshire Integrated Care Board
Kate Brown - Assistant Director of Commissioning at NHS
Derbyshire
Jane Haywood – Team Manager - Integration & Direct
Services (Adults)

25/22 Apologies for Absence

There were no apologies.

26/22 Late Items

The Chair introduced a late item on Cabinet Member Response to Adult & Health Scrutiny Topic Review Recommendations. It was noted that it was necessary for the Board to consider the Cabinet Member Response to Adult & Health Scrutiny Topic Review Recommendations at this meeting as it was the Board's first meeting since the response had been approved by Council Cabinet.

27/22 Declarations of Interest

There were no declarations of interest

28/22 Minutes of the meeting held on 4 October 2022

The minutes of the meeting held on 4 October 2022 were agreed as a correct record.

29/22 Waiting times for A&E and hospital discharge including Florence Nightingale Community Hospital

The Board received a presentation on waiting times for A&E and hospital discharge, including the Florence Nightingale Community Hospital.

The Board noted that 111 call demand was showing an increasing trend and that in recent weeks DHU Healthcare (111 service provider) had seen an increase in call demand of up to 50% per day. It was reported that EMAS' category 2 response time performance had been relatively steady over the last two weeks with an average of 25-30 minutes. It was noted that the current target was 18 minutes and that the new 2023/4 target would be an average of 30 minutes. Councillors raised concerns that target times were increasing.

It was reported that in terms of new Clinical Navigation Hub clinical validation of EMAS C3/4. Of 1935 referrals received during December 1219 (63%) avoided an ambulance response which was significant in increasing Ambulance capacity. It was noted that ambulance attendance to ED remained positive with consistent low levels of conveyance to ED from EMAS. It was also noted that time lost to ambulance turnaround had significantly reduced at the Royal Derby Hospital over the last six weeks

It was reported that General & Acute adult bed occupancy was high - 96.7% over a six-week average. It was noted that this was exceeding winter planning assumptions, with escalation beds routinely open. It was noted that a third more beds were occupied by long stay patients compared to the same period last year.

It was reported that Emergency Department performance was measured nationally on a 4 hour target. This target was introduced in 2004. It was reported that in current NHS operational planning guidance this target was set to reduce from the 95% target to 76% by March 2024. It was noted that the Local system, in line with NHS operational planning guidance for 2023/2024, had a series of work schemes already in place or planned which were designed to support achieving this target and improve quality outcomes for Derby's patient population.

The Board noted that the majority of patients (97.8%) returned home after a stay in Royal Derby Hospital and that this was above the National NHSE target. It was reported that currently the FNCH wards were being used flexibly to maintain discharge flow as part of the winter plan. It was noted that the Winter Plan included an increase in Local Area Coordination, social workers/Community Care workers, support to PVI workforce payments, increase in PVI home care packages and increase in PVI residential care

home placements. It was noted that the Plan allowed the system to work jointly to balance staffing challenges to meet patient need.

It was reported that as a system, the number of discharges achieved per week was stable, but there was not enough capacity to meet demand leading to delays on discharge. It was noted that UHDB were exceeding the target standard for the number of citizens who returned home following an admission to hospital. It was also noted that UHDB were in the top 5 performing acutes (in the midlands) with the lowest percentage of people in delay in their beds. It was reported that demand for discharge support in Derby (Pathways 1,2 and 3) currently outstripped capacity and that pathways were usually full or near capacity.

It was reported that 2022 had seen an exceptionally difficult winter with increase in admissions, higher acuity of patients in beds, high levels of sickness in staff and industrial action. It was also reported that winter pressure beds opened at Florence Nightingale hospital and Ilkeston community hospital to support with flow and that other schemes to support discharge commenced in January 2023.

It was reported that JUCD had appointed a discharge flow lead in June 2022 across JUCD system and that an initial deep dive into the discharge processes was underway. It was noted that an action plan had been developed and was presented across JUCD boards August 2022 (JUCD Senior Leadership Team, A&E Delivery Board, Strategic discharge group, Integrated Place). It was reported that this plan had received approval to proceed with recommendations.

A councillor asked what the average A&E handover time was at the Royal Derby Hospital. It was noted that the current average was 25-30 minutes. It was noted that in A&E an average of 40% of patients were triaged and sent home or were admitted into the hospital within four hours.

A councillor asked whether there were staffing issues at the Royal Derby Hospital. It was noted that there were pressure points in certain specialities but that this was common in all hospitals.

It was noted that one ward at the FNCH had temporarily reopened as a surge ward. It was noted that modelling was taking place to predict future demand and capacity. It was reported that a decision had not yet been taken on whether the FNCH rehabilitation wards would be closed. The Board agreed to request that an update on the Florence Nightingale Community Hospital rehabilitation wards was brought to a future meeting.

It was noted that a career pathway was needed for social workers and that the Cabinet Member for Adults, Health and Housing had written to the Secretary of State for Health and Social Care to request this.

The Board resolved:

- 1. to note the update.**
- 2. to request that an update on the Florence Nightingale Community Hospital rehabilitation wards was brought to a future meeting.**

30/22 Services for Adults with Learning Difficulties and Autism

The Board received a presentation on Services for Adults with Learning Difficulties and Autism.

It was reported that the following priority improvements had been identified by JUCD:

- Addressing our overreliance on inpatient care for autistic people and people with a learning disability.
- Reducing the significant waiting times for neurodivergent diagnostic assessments.
- Ensuring quality & sustainability across Derbyshire's health, community & social care services.
- Achieving good value for money for Joined Up Care Derbyshire.

It was noted that JUCD had created stronger multi-agency processes & approaches to support admission avoidance & expedite inpatient discharges. It was also noted that JUCD continued to excel at key programmes addressing health inequalities (Learning from deaths, Annual Health Checks). It was reported that proposals for significant investments in the neurodivergent diagnostic pathway had been approved and that JUCD now better embedded the voices & aspirations of local people into the ND programme through co-production.

It was reported that future priorities included delivering a JUCD Recovery Action Plan relating to the availability & quality of local social care provision and implementing an 'all age' neurodivergent diagnostic pathway, including community-services which 'wrap around' the assessment process. It was also noted that addressing the improvements needed to local specialist inpatient services through immediate changes & long-term service transformation was a future priority.

The Board resolved to note the update.

31/22 Mental Health – youth aspect 18+

The Board received a presentation on Mental Health – youth transition services.

It was reported that there had been a 400% increase in CYP with Eating Disorders during the pandemic resulting in 100% increase into specialist CYP Services. (160 CYP per annum referred to specialist services – 20 in critical condition requiring immediate response). It was also noted that there had been a 400% increase (400 CYP per month) in ASD/ADHD referrals resulting in increased number of CYP waiting – 1820 (DHCFT) – System wide exceeding 3000 CYP waiting

It was reported that there was a widening health inequalities gap linked to social deprivation – (suicide of CYP with ASD/ADHD – 25%) / Impact of the

pandemic on Derby's diverse population. It was noted that there had been an increase in complexity of CYP with mental health difficulties as a result of the pandemic and a 30% increase in demand, increased length of stay in service, resulting on increase in number of CYP referred to adult services. The Board noted that CYP with ASD and low to moderate MH difficulties were discharged back into the community with no follow up at 18.

It was noted that DHCFT were making changes to improve transition, including but not limited to:

- CAMHS maintain a flexible approach to discharge – if necessary remain in service to 19.
- Joint working clinics with adult MH services to maintain oversight of y/p in transition
- ICB Young adults funding – pilot in the North re young adult peer support workers – South trialling experts by experience to provide peer support through transition
- Development of Living Well place based approaches – CYP involved in planning
- Working towards all age ND pathway to support transition of CYP on ADHD medication
- Review of shared care agreements with primary care / GP's in relation to ADHD meds.
- Transition training to all staff including adult CMHT services
- Engaged with the DCC Children and Families Learner Board to reflect needs in the CYP delivery plan

Councillors raised concerns over the increases in children being referred for eating disorders and mental health conditions during the pandemic. It was noted that there was a Childrens Delivery Board within the ICB which had responsibility for monitoring this area. It was noted that the number of children seen with a mental health diagnosis over the past 3 years had increased by 35%. It was noted that DHCFT was working with partners to increase this figure and that their CYP workforce was increasing.

The Board resolved to note the update.

32/22 GP services update

The Board received a presentation on GP services in Derby.

It was reported that collectively the five PCNs delivered approximately 170,000 practice appointments per month and that levels of face to face appointments decreased during the pandemic and the number of telephone appointments increased. It was noted that face to face levels had started to increase with the latest data showing around 72% of appointments were now face to face and that Derbyshire-wide level data showed that post-pandemic appointment levels had recovered to the same or higher than pre-pandemic levels.

It was reported that access for patients, and demand on practices, was a major concern for many patients and practices in Derbyshire. It was noted that

GP Appointment data had been made available to the public from November 2022, in the form of an annex to the current publication and included the following metrics: Appointment mode, healthcare professional type and national categories. It was reported that there was also an annual national patient satisfaction survey for a sample of patients from each practice and that for Derbyshire the Patient Survey showed mixed levels of patient satisfaction. Some practices had outstanding levels of patient satisfaction, whereas others fell below the national average.

It was reported that generally patients were most concerned about their ability to get through to their practice. Patients had problems with getting through on the phone or were concerned about the waiting time for a GP appointment. It was noted that patients did report high levels of satisfaction with the care they received once they got through. It was reported that there was some anecdotal evidence that patients were concerned about not being seen face to face, however for the first time Derbyshire practices had shown an increase in face to face appointments since before the pandemic.

It was reported that GPs were offering more appointments than they did before the pandemic, and more on the same day appointments. It was reported that initial telephone calls allowed for a more efficient face to face appointment: previously a patient would have been seen, sent for investigation and then seen again which could often be 3 appointments. Now the GP could speak on the telephone, order the investigations, then see the patient face to face and make a clinical decision at their first appointment. It was reported that the ICB currently monitored all Derbyshire practices on a monthly basis using GP appointment data (GPAD) and that if practices were flagged as having issues then the ICB would support where necessary.

It was noted that national best practice was to have a mix of ways to treat patients – face to face, online, telephone. It was reported that it was also best practice to have a mix of people seeing patients – not everyone needed to see a GP – more options gave better outcomes and quicker treatment. It was reported that patient triage was effective and efficient – an expert assessment to work out how urgent the problem was and who should deal with it, and for smaller issues the opportunity to deal with it there and then. It was noted that it was a much better use of patient and GP time if small changes (e.g. tweaks to prescriptions) could be dealt with over the phone or online. It was noted that practices had received positive feedback from patients about this.

It was reported that many patients must be seen face to face and that the number of people seen face to face was increasing and would continue to do so. It was noted that in order to have an effective and efficient system for patients and practices, then it was important to aim for a mixed approach – more ways to get help and a wider range of people providing care. It was noted that nationally, there were challenges recruiting into General Practice roles and this was also seen locally. It was reported that there was an ageing workforce, particularly in nursing staff with 32% of nurses aged 55 and over.

It was reported that Derbyshire's number of GPs had increased by 6.7% as of October 2022 and that this increase was largely due to GPs in training joining the area. It was noted that Derbyshire PCNs would receive approximately £21m to invest in additional non-GP or nurse roles by March 2024 under the

Additional Roles Reimbursement Scheme (ARRS). It was noted that this equated to an additional 480 WTE within Primary Care. The Board noted that Derby's share of the national ARRS target (26,000) was 369 WTE by March 2023 and 455 WTE by March 2024.

It was reported that to date, PCNs employed 386.52 WTE additional roles, including Social Prescribing Link Workers, First Contact Physiotherapists and Clinical Pharmacists. It was noted that by March 2023, nine PCNs would have an adult Mental Health Practitioner in post. It was also noted that practices were funded on a per capita basis and would receive additional funding for new patients which they could also use to increase staffing.

Councillors raised concerns around access to GP services and receptionists triaging patients. It was reported that struggling practices were being assisted in order to improve their performance and patient satisfaction. It was reported that receptionists did triage patients but that they should be trained and supported in doing this.

A councillor asked whether GPs were able to recommend that patients sought private treatment. It was noted that GPs may make patients aware of the option to seek private treatment in instances where they were aware of excessive NHS wait times.

A councillor asked whether statistics were available on whether telephone appointments had been successful and how many telephone appointments then led to face to face appointments. It was noted that DBNFT did not hold this data. The Chief Pharmacist at University Hospital of Derby & Burton NHS Foundation Trust agreed to look into academic studies on this topic.

The Board resolved to note the update.

33/22 Work Programme 2022/23

The Board received a report of the Strategic Director of Corporate Resources on Work Programme and Topic Review.

The report provided Members of the Board with the opportunity to consider its terms of reference and remit for the forthcoming municipal year, its work programme for 2022/23 and any topic reviews.

The Board resolved to note the contents of the report.

34/22 Late Item - Cabinet Member Response to Adults and Health Scrutiny Topic Review Recommendations

The Board received a report on Cabinet Member Response to Adult & Health Scrutiny Topic Review Recommendations. It was noted that this response had been approved by Cabinet at its meeting on 16 November 2022.

The Board resolved to note the response.

MINUTES END