

Time commenced – 18.00

Time finished – 20:11

ADULTS AND HEALTH SCRUTINY REVIEW BOARD

30 November 2021

Present: Councillor Martin, (Chair)
Councillors Lonsdale (Vice Chair), Cooper, Hussain, and Pegg

In Attendance: Kirsty McMillan - Director of Integration & Direct Services
Adults
Kevin Day - Lead Commissioner for Communities
Duncan Bedford - University Hospitals of Derby and Burton
Becky Harrington - Deputy Director Population Health
Improvement University Hospitals of Derby
and Burton (UHDB)
Andy Harrison - Derbyshire Healthcare NHS Trust
William Jones - Chief operating officer Derbyshire
Community Health Services
Sharon Martin - Executive Chief Operating Officer,
University Hospitals of Derby & Burton
NHS Foundation Trust
Raki Raya - Derby and Derbyshire CCG
Mick Burrows - Derby and Derbyshire CCG

20/21 Apologies for Absence

Apologies were received from Councillor Froggatt, Gareth Harry and Andy Smith.

21/21 Late Items

There were no late items

22/21 Declarations of Interest

Councillor Pegg declared a private interest in Item 06. It was noted that Councillor Pegg would not be required to leave the meeting room and that Cllr Pegg could still speak and vote on this item.

23/21 Minutes of the Meeting on 8 November 2021

The Minutes from the meeting held on 8 November 2021 were agreed as a correct record.

24/21 Florence Nightingale Community Hospital – Improving Health in Derby City

The Board received a presentation from the Deputy Director Population Health Improvement University Hospitals of Derby and Burton (UHDB) on Florence Nightingale Community Hospital – Improving Health in Derby City.

It was noted that Derby City system collaboration had been established October 2020. It was noted that the purpose of this group was to increase utilisation of the FNCH site and that this group was part of the strategic vision to deliver Place based population health improvement in Derby City.

It was reported that membership of this group consisted of:

- City Primary Care Networks (PCNs)
- Derbyshire Community Health Services (DCHS)
- Derby City Council – Public Health & Social Care
- Derbyshire Healthcare NHS Foundation Trust (DHCFT)
- Voluntary sector
- Derby and Derbyshire CCG
- University Hospitals of Derby and Burton (UHDB)
- Local Estates Forum (LEF)

It was noted that there was a geographical correlation between maps showing health outcomes and maps showing indicators of deprivation in Derby. It was reported that there was also a Correlation between maps showing disease and negative lifestyle habits and maps showing indicators of deprivation in Derby.

The Board noted that the JUCD population health priorities were:

- Reducing smoking prevalence to below the national average;
- Reducing obesity and the numbers of people who are over weight;
- Increasing physical activity levels;
- Reducing the levels of harmful alcohol consumption;
- Reducing the number of children living in poverty.

It was reported that the Florence Nightingale Community Hospital was an integrated City centre hub for improving health & reducing health inequality, preventing crisis, providing easy access diagnosis and treatment. It was reported that the Florence Nightingale Community Hospital provided services including:

- Long term conditions outpatient clinics working jointly with Livewell
- Primary/secondary care pathway and PCN ARS roles
- Specialist treatment: End of life Ips, Neuro rehab Ips, Specialist rehab Ops
- One stop shop support to diagnosis and treatment: Community Diagnostics Hub and Pharmacy
- Other clinics – sexual health, secondary care, leg ulcers

- Integrated health and social care team focused on preventing people reaching crisis point to avoid ending up in ED or Adult Social Care
- Other options: Primary care and out of hours services
- Health improvement Livewell, voluntary sector, community on site projects: Healthy food preparation and cooking, fruit and veg stall, gardening, physical and craft activities

It was reported that in summary this vision would:

- Change FNCH from a place where only acute care is provided to a community asset that delivers health improvement for local people
- Make prevention part of the treatment for people with diagnosed disease and long term conditions, i.e. direct referral for smoking cessation, weight loss, physical activity, reduced alcohol consumption
- Make best use of the location in relation to communities with higher levels of deprivation and poorer health outcomes
- Expand the reach and impact of the multiple resources on site to support healthier lifestyles.
- Improve health outcomes for people in the City
- Reduce crisis use of social care and emergency NHS services
- Reduce the demand on primary and secondary health services.

A councillor asked whether the Florence Nightingale Community Hospital would conduct outreach work within the city on issues such as smoking. It was noted that Livewell offered stop smoking support from a number of different venues across the city. It was noted that the Florence Nightingale Community was offering secondary prevention as part of people's treatment.

A councillor asked whether the Florence Nightingale Community Hospital would still be able to relieve pressure on the NHS in Derby. It was noted that there would still be capacity for this.

A councillor asked when the Board could expect to see the results of this project. It was noted that although this would have an immediate impact on individuals, it would take some time until changes could be seen at a population level.

The Board resolved:

- 1. to note the report**
- 2. to receive an update during the 2022/23 municipal year**

25/21 Scrutiny of Home Care Services

The Board received a report which provided an update on the Scrutiny of Home Care Services. The report was presented by the Director of Integration & Direct Services Adults.

The Director of Integration & Direct Services Adults informed the Board that as of 1 November 2021 86 Home Care providers were registered with CQC in Derby City and 1,244 customers were receiving a Home Care package funded by DCC. It was noted that DCC spent £273,659 per week on commissioned

Home Care packages and that 1,004 customers were supported by providers on DCC's Home Care framework contract. It was reported that 240 customers were supported by off-framework providers and that the Home Care market included DCC funded customers using a Direct Payment and self-funders.

The Board noted that providers in Derby had reported severe difficulties in the recruitment and retention of care staff and that other employment sectors were more attractive to jobseekers (retail, hospitality, logistics). It was reported that experienced staff were leaving the profession due to issues of burn out and lack of appreciation of the role and that providers were unable to take on new packages of care or were handing back packages to DCC.

It was noted that there was a Regional and National issue for social care which had been highlighted by Skills for Care and Care Quality Commission reports. It was reported that there was a waiting list of customers requiring Home Care packages and that this was having an effect on the health and social care system; hospital discharges. The Board noted that there were financial pressures on providers (increase in National Minimum Wage, National Insurance contributions, energy/fuel costs) and that some providers were choosing to exit market. It was reported that four had exited in the last 24 months (2 since September 2021) and there was a risk that more would follow.

It was noted that the Council were reviewing the waiting list to prioritise urgent packages of care and were in close liaison with Hospital Teams to facilitate discharge. It was noted that a review of existing packages to remove unnecessary elements of packages of care was taking place and that the Council was making best use of wider options to support customers – assistive technology, Local Area Coordinators, informal care and support Placing packages with off-framework providers. The Board noted that regional "Creating Capacity in Home Care" work was taking place. It was reported that the compulsory Covid-19 vaccination for Home Care staff was likely to bring further staffing pressures to Providers.

It was noted that Derby city council's contracts contained clear quality standards (for framework and off-framework providers) and that there was a team of Quality Monitoring Officers (QMOs) covering all social care service areas. It was reported that each Home Care provider assigned a QMO from the Commissioning Team and that contract meetings and quality visits/audits took place. It was noted that the council could take contractual actions for persistent poor quality including suspension of new packages, default notices and contract termination.

A councillor asked whether zero hours contracts were stopping people from choosing careers in care and whether carers were paid for time spent travelling between clients. The Board noted that carers were in such high demand that most Providers were offering permanent contracts that met carer's needs. It was reported that this included travel arrangements.

A councillor asked whether there were plans to bring more providers into the Council's framework. It was noted that the Council did work with a further 20 off-framework providers and had terms and conditions with these providers.

A councillor asked to be provided with the number of Providers that the CQC rated below 'good'. The Director of Integration & Direct Services Adults agreed to provide the Board with this information. It was noted that the Council worked with providers on a monthly basis if they needed to make significant improvements. It was noted that having 86 Providers in derby was not sustainable.

The Chair questioned whether the £257k per week budget included the cost of the Home First Service. It was noted that this figure did not include the Home First Service and was just for adults. The Chair asked whether the Council had the budget to take on all the carers it needed. It was noted that generally there were enough funds available and that these funds were to meet essential needs.

The Chair questioned how more people could be encouraged to become carers. It was noted that providers were looking into this and that parity with the NHS was what most carers said would improve their job. A councillor commented that carers should be guaranteed 37 hours a week and that there should be a restructure.

The Board agreed to recommend that the Cabinet Member for Adults, Health and Housing writes to the Government to support a review of how care work is structured with a view to improving terms and conditions and to also recommend that care workers are added to the national workforce shortage list.

The Board resolved:

- 1. to note the report**
- 2. to recommend that the Cabinet Member for Adults, Health and Housing writes to the Government to support a review of how care work is structured with a view to improving terms and conditions and to also recommend that care workers are added to the national workforce shortage list.**

26/21 Joined Up Care Derbyshire (JUCD) Waiting Lists Update

The Board received an update on the Joined Up Care Derbyshire (JUCD) Waiting Lists, which was presented by the Executive Chief Operating Officer, University Hospitals of Derby & Burton NHS Foundation Trust.

It was reported that the waiting list position across Joined Up Care Derbyshire (JUCD) remained challenged and continued to be a prioritised and live discussion across partner organisations. It was noted the ownership and oversight of the waiting list & associated actions was governed strategically through the Planned Care Delivery Board.

It was reported that the combined total number of incomplete pathways at both of JUCD's acute providers was now 105,706 and had been 71,479 in January 2020. It was reported that 19,775 were at CRH and 85,931 were at

UHDB. It was noted that from May the waiting list at UHDB included all the ASI's.

It was reported that there were 7,011 52 weeks breaches reported across JUCD and 357 patients waiting 104 weeks plus. It was reported that there was work ongoing, both in terms of the capacity plans and the recovery of these long waiters / priority patients plans. It was noted that UHDB aimed to contact and engage with all patients that were due to hit 2 years by the end of March 2022. It was noted that CRH expected to have a 2-year waiting list of 0 by the end of March 2022.

It was noted that UHDB long waiters in Bariatrics and Complex Orthopaedics were not seen as resolvable over the winter with predicted 117 104+ week waits still on list by end March 2022. It was also noted that UHDB forecast an increase in long-waiters of 25% against the September position. It was reported that for >62 day waits, the system was forecasting a significant reduction on the current waiting list but would remain at 365 at end March, against a target figure of 226.

It was noted that this was due to increased referrals as cancer activity exceeded pre-pandemic levels in many specialties. It was noted that both Trusts had achieved the H1 trajectory for recovery of cancer services, achieving full recovery of cancer service delivery. It was reported that for Faster Diagnosis Standard from Q3 the system had met the target since April 21 with the exception of August when operational pressures resulted in UHDB dipping below the target for the first time. It was noted that the system was forecasting a return to achievement in September and full achievement in Q3. It was reported that a glossary for acronyms would be provided for future presentations.

The Board noted that a Minimum Standards Framework had been in place since August 2020 to support a risk stratified approach to managing the waiting list effects on patients. It was reported that JUCD had worked together to identify opportunities to share the waiting list across providers, rather than maintain individual lists. The board noted that progress continued to be made in the 'pre-referral' stage to provide advice and guidance to primary care clinicians on how best to manage the patient's condition and avoid a referral to secondary care if it did not meet clinical thresholds.

It was reported that Primary Care clinicians were supporting the waiting list management through the following actions:

- Increased appointment capacity overall should increase the capacity to provide non-urgent care and to support those waiting for elective care
- Derby and Derbyshire LMC are leading work with secondary care to audit secondary care requests on primary care, and secondary care are committed to reducing avoidable requests
- The CCG and LMC are working with other providers on improving the interface with primary care

- Patients are informed about their elective and diagnostic care pathway at point of referral, and where possible given an indication of the likely waiting time, and supporting information
- Practices are seeing increased demand from patients as they wait longer for elective care. Secondary care providers are prioritising patients based on clinical urgency. They are contacting patients directly to support, and are working on ways to improve communication with patients who are waiting so as to remove the burden from General Practice.
- JUCD's H2 planning submission sets out detailed plans to increase utilisation of specialist advice services and general advice and guidance. These include increased capacity and targeting turn around times

It was noted that JUCD's next steps were:

- Review the ambition of the transformation programme for H2 and beyond
- Continue to think 'system first' in solutions
- Continue to risk stratify against the waiting list
- Continue to seek opportunities for IS to provide support on an individual patient case/cohort of patients
- Seek National level support for a Bariatric treatment strategy
- Deliver on successful Targeted Investment Fund (TIF) bids
- Deliver on the JUCD Winter Plan to protect elective care beds
- Provide additional staffing resource to deliver longer theatre sessions/additional sessions through innovative in-sourcing and out-sourcing approaches

A councillor asked when JUCD expected to meet its cancer targets. It was noted that these targets were not being met pre-covid and that JUCD was working at getting as close as possible to these targets at that prioritising certain types of cancer was important. A councillor asked whether waiting lists would reduce over the next five years. It was noted that, with the current rate of referrals, projections showed a 3–5-year recovery time.

The Chair asked if figures were available for the number of patients opting to go private. The Board noted that out of over 100 patients waiting 2-years there were 17 P5 and P6 patients who had chosen not to have surgery.

The Board resolved to note the report.

The Board received an update on Older Peoples Mental Health Consultation, which was presented by the Derby & Derbyshire CCG representative.

The Board noted that there was a proposed move for 12 beds from Chesterfield Royal Hospital to Walton Community Hospital which was also in Chesterfield. It was noted that these 12 beds were currently in dormitory style accommodation at Chesterfield Royal Hospital and that at Walton Community hospital they would be single en-suite rooms.

It was noted that in Southern Derbyshire, inpatient services for older people with functional mental health conditions were historically delivered from London Road Community Hospital in Derby. In June 2021 these services were temporarily located to Tissington House at Kingsway Hospital in Derby. It was reported that a consultation would be taking place to confirm the move from the Florence Nightingale Community Hospital to the Kingsway Hospital. It was noted that the accommodation at Kingsway Hospital was single en-suite rooms.

A councillor commented that transport to Kingsway could be an issue. It was noted that conversations were taking place with the local bus company over a proposed bus route to take patients to Kingsway Hospital. The Board noted that Walton Hospital was in Chesterfield Town around 1 mile from the town centre.

It was noted that the work of the Dementia Rapid Response Team meant that less beds were required. It was noted that all feedback on this service had been extremely positive.

The Chair asked for the Board to be provided with the consultation's results.

The Board resolved to note the report.

28/21 Sinfin Health Centre Development

The Board considered a presentation on Sinfin Health Centre Development. This was presented by the Derby & Derbyshire CCG representative.

The Board noted that the population of Sinfin was growing and that Sinfin Health Centre was in a key strategic location but was too small. It was noted that Derby had the opportunity to participate in a collaborative national pilot programme to build a new multipurpose health centre in Sinfin.

It was reported that the CCG had identified a location close to the current health centre and were in negotiation with the current owners to buy the land. It was noted that the CCG had different organisations from across Derby City interested in occupying the new building including:

- Midwifery services
- A selection of outpatient services
- Baby clinics
- Wound care

- Podiatry
- District nursing
- Mental health services
- A Food Bank
- The YMCA
- Live Well
- Physiotherapy
- Occupational Health
- Adult Social Care
- Sexual Health
- Dietician
- Health and Wellbeing

It was noted that a valuation price had been agreed and that the next steps were:

- Agree the overall design concept for the building
- Undertake further Comms and Engagement work with the population to understand needs
- Apply for planning permission

The Chair asked when the Health Centre would open. It was noted that the health Centre would open in 2024. It was noted that recruitment of clinical staff was on the risk register.

It was noted that two public engagement sessions had been held via Zoom.

The Board resolved to note the report.

29/21 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 2021/22 municipal year.

The Board agreed that the chair would write to the CEO of Derby and Derbyshire CCG to ask how vaccines are being delivered to housebound residents and to suggest that GPs to be released from delivering vaccinations as much as possible.

The Board resolved:

1. to note the report
2. that the Chair would write to the CEO of Derby and Derbyshire CCG to ask how vaccines are being delivered to housebound residents and to suggest that GPs to be released from delivering vaccinations as much as possible.

30/21 St Thomas Road Surgery Re-procurement

The Board considered a report of the Assistant Director GP Commissioning and Development NHS Derby and Derbyshire Clinical Commissioning Group on the St Thomas Road Surgery Re-procurement.

The report was for information.

Resolved to note the update report.

MINUTES END