



**Erewash Clinical Commissioning Group  
Hardwick Clinical Commissioning Group  
North Derbyshire Clinical Commissioning Group  
Southern Derbyshire Clinical Commissioning Group**

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Councillor David Taylor  
County Hall  
Matlock  
Derbyshire  
DE4 3AG

**Your ref: DT/JW/SES**

Wednesday, the 19<sup>th</sup> of September 2018

Dear Councillor Taylor,

Thank you for your letter of 12 September 2018 regarding the four Derbyshire Clinical Commissioning Groups' (CCGs) ongoing engagement with the Derbyshire Improvement & Scrutiny Committee in relation to our financial recovery plan.

Our report, as requested, is attached with this letter; this supplementary letter aims to clarify the CCGs' understanding of the detail required by the committee on 1 October 2018 and beyond to ensure we are in compliance with specific requirements and can assist the Committee wherever possible to receive information pertinent to the main areas of concern. If, following submission, yourself as Chair or the committee feel that we have not fully understood the requests of the committee, then please do not hesitate to contact me before the 1st of October so that I can ensure that we make further submissions to the committee prior to our meeting.

In summary, I believe your letter confirms that the committee:

1. Seeks evidence that the CCGs have followed the prescribed requirements for consultation and requests that the CCGs outline the steps we have already taken and any further steps you intend to take to ensure appropriate consultation, to enable the committee to provide a report and recommendations.
2. Requests that the CCGs provide the Committee with a date by which the CCGs require the Health Scrutiny Committee to provide a response and the date by which the CCG's intend to make a decision on the proposals.
3. Seeks assurance that the CCGs will take into account any recommendations or comments made by the Health Scrutiny Committee in making the final decisions on the proposals.
4. Resolved that the CCGs provide a report to the Committee setting out our proposals, the steps that have been taken to comply with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2012 consultation requirements and the date by which a final response upon the proposals and consultation is required from the Committee.

As I stated at the Committee meeting on 10 September 2018, the CCG Governing Bodies did approve the overall outline of the £51m financial recovery plan at their meeting in common on 17 August. This does not however mean that the Governing Bodies approved all of the proposed

schemes to be transacted as there are elements of the plan that require further due process (including consultation and engagement where appropriate) before final decision making on individual areas of the plan can be made. I believe that the CCG and Committee now has a common understanding on this issue following my clarification to you as Chair at our last meeting.

I am grateful for the time that the committee has given in recent months to this important matter. Over the previous three meetings I have sought to set out to the Committee the CCGs' financial position building a more focused approach in response to the committee's concerns at each subsequent meeting; the Committee's understanding of the need for NHS commissioners to deliver the £51mn savings plan in order to secure the £44m Commissioner Support Fund in this financial year is clear and is appreciated. Furthermore, I remain grateful for your continued desire to wish to resolve this matter locally through joint working highlighted through the committee's decision not to refer this matter to the Secretary of State at this time and through the prompt arrangement of a subsequent meeting date.

Although through our recent meetings we have discussed the breadth of the financial recovery plan, it is my understanding and from reading your most recent letter, that yourself as Chair and the committee are most concerned regarding areas of specific decommissioning, particularly those affecting frontline care and within this, decommissions relating to the voluntary sector, are of paramount concern (as illustrated in your conclusions at the end of our last meeting). Therefore, we have prioritised our report to you on this basis to ensure we can further address your concerns both through the report and our further meeting.

In this regard, I know the Committee had further questions relating to the CCGs' Quality Impact Assessments process and the detail of those assessments. The committee was presented with a summary of the assessments undertaken by the CCG to date in developing the projects relating to decommissioning, as well as others, at its last meeting. I am grateful for the pragmatic agreement that Mrs Brigid Stacey, Chief Nursing Officer for the Derbyshire CCGs, will meet with a smaller group of councillors to go through the full detail contained within all Quality Impact Assessments related to this work given the depth of information that is contained therein; this meeting is scheduled prior to our next formal meeting and will hopefully assure the Committee of our robust processes in this area.

The remainder of this letter aims to set out our interpretation of the legislation and the approach we are taking to meet our legal duties (including our statutory duty with regards to Health Overview and Scrutiny) and to assist the Committee in gaining assurance from the CCGs that we are meeting these duties.

## **1. Prescribed requirements for consultation and steps taken to ensure appropriate consultation, to enable to committee to provide a report and recommendations.**

The legislation and supporting guidance on public involvement in service commissioning can be open to interpretation and I believe that it is of significant importance to this matter that the CCGs and Improvement & Scrutiny Committee have a shared and common interpretation of what is required. As previously articulated to the committee, the CCGs are developing engagement, involvement and consultation plans in areas where we believe there is substantial service change. The term 'consultation' is often used interchangeably with involvement, engagement, communication, and participation and evidently there are many ways the CCG can discharge its duties using these mechanisms, tailored to the requirements of an individual scheme.

As stated above, we have engaged with the Committee on the breadth of our financial recovery plan and shared the full plan as it currently stands. Furthermore, we have focussed on areas of concern, as outlined above and as your letter of 12 September 2018 states, the Committee's concern now relates to the section of our plan where we are proposing to decommission services, along with our engagement and involvement within that element of the financial recovery plan.

So far, in implementing our financial recovery plan, the CCGs are involving people in the formation of options where this is possible and where we believe substantial service change may occur in the future; we are asking service providers to support our understanding of the potential impact of proposed service changes, ahead of any decisions being made. Furthermore, we are talking to local people about the broader financial challenge through meetings and through written

information we have released either to stakeholder groups directly, to the media, through our websites or through other methods. We have plans to continue and broaden these discussions for the future but hopefully this helps to articulate the range of activities we are undertaking.

The CCGs' assumed position in relation to consultation with the Committee is that:

- under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, the CCGs are not required to consult the Committee on the broad financial recovery plan in its entirety, but to consult with the committee on plans or changes within that which may represent substantial service change. As per our previous reports, we have explained that where these plans or changes have reached the required point in their respective governance processes, we have engaged the committee under this legislation. In the recent past, examples of this process have included Better Care Closer to Home, Joined Up Care Belper, Learning Disability Short Breaks and Psychodynamic Psychotherapy. There will be further schemes to follow in the coming weeks and months and we will ensure the committee is engaged in this same way.
- Under Section 14Z2 the Health and Social Care Act 2012 we are required to involve (whether by consultation or through the provision of information or in other ways) local patients:
  - a) in the planning of the commissioning arrangements by the group,
  - b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
  - c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

Our report covers the specific details relating to the decommissioning schemes we have listed within our financial recovery plan, as discussed at previous meetings with the committee on 16 July 2018 and 17 August 2018 and public session held on 10 September 2018. The CCGs do believe that we are discharging our duties in a range of ways, subject to the position of a given scheme, within our governance process and subject to the related scale of change. I would be very grateful if having received the latest set of information relating to our plans, the Committee could confirm to the CCG whether there remain outstanding elements of concern where our approach is not currently meeting the committee's expectations and we will, of course, seek to review this.

Meanwhile, we are very happy to agree with the committee a date by which we would receive their comments on the decommissioning elements of the plan, informed by the discussions to date and also on 1 October 2018. The CCGs would propose that the Committee confirms its views on the information provided at meetings held to date by Friday 19 October 2018 to help conclude this general discussion and give us clarity for the future on the areas in which the Committee would wish us to do further work. In addition, the CCG will continue to consult the committee on specific decommissioning schemes and will propose dates relating to those schemes at the appropriate time.

## **2. The date by which the CCGs require the Health Scrutiny Committee to provide a response; the date by which the CCG's intend to make a decision on the proposals.**

Our ongoing conversation with the committee on the overarching financial recovery plan has proved very helpful to the CCGs in working through the concerns raised. Our plan will continue to see ongoing decisions made within our governance structure, including the securing of appropriate public engagement and involvement where that is required at a scheme level and this will mean that our decisions will occur at a range of dates throughout the remainder of the financial year.

To date, the CCG has officially entered the scrutiny process for the gluten free prescribing, psychodynamic psychotherapy and learning disability short breaks project. A decision has been made regarding gluten free; a decision is to be made on the outcomes of the pending psychodynamic psychotherapy consultation in February 2019; a review of outcomes of learning disability short breaks listening exercise will be discussed by CCG Governing Bodies in autumn 2018. Any further consultation plans and subsequent decisions are subject to finalisation and ongoing discussion with the CCGs' Governing Bodies and the Committee. The paper we will

provide to the committee ahead of the meeting on 1 October 2018 will seek to outline many of these timetables where that information is currently known.

For absolute clarity, it is therefore not possible to set out in detail a single date by which the CCGs will have made a decision on the proposals, as there are multiple projects within our financial recovery plan that are moving at different speeds and to different implementation timetables. However, as outlined above, the CCGs would propose that the Committee confirms its response to the information provided to date and at the meeting on 1 October 2018 by Friday 19 October 2018.

**3. The CCGs will take into account any recommendations or comments made by the Health Scrutiny Committee in making the final decisions on the proposals.**

Notwithstanding the comments set out in points 1 and 2 above, the CCGs will without question take into account any recommendations or comments made by the Committee on either our approach to these matters or any proposals we are making. Indeed, we have been very grateful for the comments made to date by the committee, not least in respect of the voluntary sector proposals. The Governing Bodies have been appraised of this important feedback and in line with other feedback received, they did ask for further engagement work to be done with both the Local Authority and the Voluntary sector to understand any further opportunities with regards to funding of these schemes. At the time of writing, this process has not yet concluded and is due to report to the next Governing Body meeting in common of the four CCGs at the end of September.

**4. CCGs provide a report to the Committee setting out proposals, the steps that have been taken to comply with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2012 consultation requirements and the date by which a final response upon the proposals and consultation is required from the Committee.**

I believe that this letter sets out our approach in compliance with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2012 consultation requirements and on the assumption that committee will wish to provide comments to the CCGs on the areas of decommission within our financial recovery plan, we have suggested a date of 19 October 2018 for when a response is required.

I hope this letter adds additional clarity for yourself as Chair and the committee on the CCGs' understanding of the expectations of the current process and future meeting and look forward to ongoing discussions with the committee on this important matter.

Yours sincerely,



**Dr Chris Clayton  
Chief Executive Officer  
Derbyshire CCGs**



Erewash Clinical Commissioning Group  
Hardwick Clinical Commissioning Group  
North Derbyshire Clinical Commissioning Group  
Southern Derbyshire Clinical Commissioning Group

**Derbyshire County Improvement & Scrutiny Committee**  
**1 October 2018, Public Session, 2pm**

**1. Background & Context**

This report builds upon information supplied to the Derbyshire County Improvement & Scrutiny Committee during private meetings on 16 July 2018 and 17 August 2018 and public session held on 10 September 2018.

The Committee has written to the CCG confirming its requirement for this paper, namely:

1. Seeks evidence that the CCGs have followed the prescribed requirements for consultation and requests that the CCGs outline the steps we have already taken and any further steps you intend to take to ensure appropriate consultation, to enable to committee to provide a report and recommendations.
2. Requests that the CCGs provide the Committee with a date by which the CCGs require the Health Scrutiny Committee to provide a response and the date by which the CCG's intend to make a decision on the proposals.
3. Seeks assurance that the CCGs will take into account any recommendations or comments made by the Health Scrutiny Committee in making the final decisions on the proposals.
4. Resolved that the CCGs provide a report to the Committee setting out our proposals, the steps that have been taken to comply with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2012 consultation requirements and the date by which a final response upon the proposals and consultation is required from the Committee.

The CCG also notes that the Committee is reserving its right of referral to the Secretary of State and this paper seeks to provide assurance that the CCGs are acting in a way which does not require such a referral.

**2. Shared Understanding**

The CCG has written an accompanying letter to Cllr Taylor outlining our understanding of the requests and what we believe to be our shared current position given the constructive talks we have held so far. Parts of this letter are repeated within this report to answer the specific questions raised, along with additional information to add further detail to support the committees understanding.

In the summing up at the meeting on 10 September, it was clear to the CCGs that the voluntary sector scheme was of paramount concern; we address the current situation within this report. The CCG's would also be grateful for clarity through our further discussions on other areas of concern, where the Committee believes that the CCG has not been able to address queries at our previous meetings. Evidently our shared understanding of these areas of concern are what will put us in the best place to provide assurance, deliver the recovery plan and avoid the need of a referral to the Secretary of State.

One other area where the Committee had further questions was around our Quality Impact Assessments. The committee was presented with a summary of the assessments undertaken by the CCG to date in developing the projects relating to decommissioning, as well as others, at the meeting on 10 September. The CCGs are grateful that Brigid Stacey, Chief Nursing Officer for the Derbyshire CCGs has been able to meet with a smaller group of councillors to share with them the full detail contained within all Quality Impact Assessments related to this work and to make all of this paperwork available to that group. This pragmatic approach has hopefully assured the Committee of our robust processes in this area and we are very grateful for that opportunity.

The CCGs have sought clarity from the Scrutiny office and believe that the committee is interested in understanding further detail relating to the element of the CCGs' financial recovery plans that relate to potential decommissioning of services element of the plan, including the impact assessments, the timescales for any further process and details of when CCG Governing Bodies are likely to make further decisions. In addition, the committee would like to know what engagement has been held to date for each scheme so far. This report hopefully provides this information in detail.

### **3. Date by which the CCG requires a response from the Committee; the date the CCG will make a decision**

Our ongoing conversation with the committee on the overarching financial recovery plan has proved very helpful to the CCGs in understanding more about local concerns. Our plan will continue to see ongoing decisions made within our governance structure, including the securing of appropriate public engagement and involvement where that is required at a scheme level and this will mean that our decisions will occur at a range of dates throughout the remainder of the financial year.

To date, the CCG has officially entered the scrutiny process for the gluten free prescribing, psychodynamic psychotherapy and learning disability short breaks project. A decision has been made regarding gluten free; a decision is to be made on the outcomes of the pending psychodynamic psychotherapy consultation in February 2019; a review of outcomes of learning disability short breaks listening exercise will be discussed by CCG Governing Bodies in autumn 2018. Any further consultation plans and subsequent decisions are subject to finalisation and ongoing discussion with the CCGs' Governing Bodies and the Committee. Where this information relating to timetables is currently known it is set out below.

For absolute clarity, it is therefore not possible to set out in detail a single date by which the CCGs will have made a decision on the proposals, as there are multiple projects within our financial recovery plan that are moving at different speeds and to different implementation timetables. However, as outlined above, the CCGs would propose that the Committee confirms its response to the information provided to date and at the meeting on 1 October 2018 by Friday 19 October 2018.

### **4. Taking into account any recommendations or comments made by the Health Scrutiny Committee**

The CCGs will without question take into account any recommendations or comments made by the Committee on either our approach to these matters or any proposals we are making. Indeed, we have been very grateful for the comments made to date by the committee, not least in respect of the voluntary sector proposals. The Governing Bodies have been appraised of this powerful feedback and on that basis they did ask for further engagement work to be done to understand the opportunities for funding available. We are happy to confirm that this has raised new opportunities in the potential funding approach to the voluntary sector infrastructure organisations and enabled us to be more cognisant of the

collective impact of the potential removal of some of the voluntary sector discretionary grants.

## **5. Compliance with regulations**

The CCGs' assumed position in relation to consultation with the Committee is that:

- under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, the CCGs are not required to consult the Committee on the broad financial recovery plan in its entirety, but to consult with the committee on plans or changes which may represent substantial service change. As per our previous reports, we have explained that where these plans or changes have reached the required point in their respective governance processes, we have historically engaged the committee under this legislation. In the recent past, these schemes have included Better Care Closer to Home, Joined Up Care Belper, Learning Disability Short Breaks and Psychodynamic Psychotherapy. There will be further schemes to follow in the coming weeks and months and we will ensure the committee is engaged in this same way.
- Under Section 14Z2 the Health and Social Care Act 2012 we are required to involve (whether by consultation or through the provision of information or in other ways) local patients:
  - a) in the planning of the commissioning arrangements by the group,
  - b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
  - c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

This report covers the specific details relating to the decommissioning schemes we have listed within our financial recovery plan, as discussed at previous meetings with the committee on 16 July 2018 and 17 August 2018 and public session held on 10 September 2018. The CCGs do believe that we are discharging our duties in a range of ways, subject to the position of a given scheme within our governance process and subject to the related scale of change. I would be very grateful if having received the latest set of information relating to our plans, the Committee could confirm to the CCG whether there remain outstanding elements of concern where our approach is not currently meeting the committee's requirements and based on further guidance we will of course seek to rectify.

## **Schemes Relating To Decommissioning**

The information below seeks to address the remaining issues raised by the Committee in its letter and the subsequent call with the scrutiny office. This information consists of:

- Scheme name
- Scheme description and value
- Milestones, including decisions and engagement to date
- Next steps and timescales (where relevant)
- Additional information

To reflect the varying statuses of the CCGs' projects in this area, reflecting that some projects are further advanced than others, certain elements of the table do not contain information, and where this is the case the CCG has attempted to note plans in each specified area.

## 1. Mammography Quality Assurance

<b>Scheme Description</b>
This payment relates to non-tariff funding and was attached to a time-limited piece of quality assurance work. Following review of the payments and invoicing it became apparent that this payment had been continuing, so this scheme is simply aimed at stopping the payment now that the time-limited piece of work has ended. It does not impact on patient care, but is a 'decommissioning' of this element of payment.
<b>Scheme Value</b>
£8,000
<b>Milestones</b>
Contract variation was signed on 26 July 2018 and takes effect from 1 October 2018.  Quality Impact Assessment (QIA) was not required for this project.
<b>Outcome</b>
N/A
<b>Next Steps</b>
Contract variation takes effect from 1 October 2018.

## 2. Stop Funding Procedures categorised by NICE (interventional procedures guidelines) as 'do not use' and 'only in research'

<b>Scheme Description</b>
The CCGs do not commission Interventional Procedure Guidelines (IPGs). The benefits of IPGs are generally questionable and dependent on the specific IPG. As a principle though only the 'normal' IPGs will be considered only under business case submitted by the provider.  There are currently 477 NICE IPGs for diagnosis & treatment listed. The CCG is now challenging providers doing the special arrangement, only in research and do not do IPGs where no business case has been receive/approved.
<b>Scheme Value</b>
£300,000
<b>Milestones</b>
This scheme was agreed by the Clinical & Lay Commissioning Committee on 9 August 2018 and will be implemented on an ongoing basis. QIA was reviewed by panel on 19/3/18 and was deemed low risk.
<b>Outcome</b>
Currently no business cases have been submitted for special arrangement IPG. This scheme has not been subject to any public engagement as it will not impact on care other than in areas where the CCG believe providers should not be undertaking procedures without prior approval.
<b>Next Steps</b>



To continue to monitor compliance with this approach and review any business cases which may arise.

### 3. Pull Team – Derby Teaching Hospitals NHS Foundation Trust and Chesterfield Royal Hospital NHS Foundation Trust

<b>Scheme Description</b>
This team supports the proactive management of patient flow as part of the discharge planning process from acute hospitals to community or social care. The CCGs' position is that this expenditure should be funded by the acute trusts through national tariff for hospital admissions and that the block funding for this service should be decommissioned. The scheme therefore is to decommission the funding of the service as a commissioner responsibility.
<b>Scheme Value</b>
£244,000
<b>Milestones</b>
CCG Governing Bodies approved the decommissioning of funding for this scheme in April 2018. This scheme was transacted through the contracting conversations with providers during April 2018 and ratified by the CCGs Governing Bodies in June 2018.  Acute trusts and community providers have reached agreement for ongoing funding of this service, in line with the CCGs' position that this is already funded through tariff. QIA not required.
<b>Outcome</b>
The pull teams still continue to operate within acute trust setting, funded via tariff payments. This represents a saving to commissioners as part of the financial recovery plan. No patient engagement has taken place as this is an internal financial agreement and does not represent a service change.
<b>Next Steps</b>
None required.

### 4. Community IV

<b>Scheme Description</b>
This is a scheme provided in the community for patients leaving hospital to support facilitated discharge and ensure patients are able to continue their recovery in a community or home setting. The CCG felt that the provider system should fund this service differently in support of discharge and reduced length of stay. This is therefore an issue of realigning funding streams rather than the removal of a service.
<b>Scheme Value</b>
£269,000
<b>Milestones</b>
The QIA was reviewed by panel on 20/3/18 and the scheme was deemed to be no risk.  This scheme was approved by the CCGs Governing Bodies in June 2018. The CCGs have technically decommissioned this with effect from 1 October 2018, which in this particular

instance simply means we will no longer be paying for it, but it doesn't mean the service will stop.

The system executive has agreed to find appropriate funding to keep this service running and it was agreed at the A&E Delivery Board that the STP Urgent Care Transformation money which was granted would in part be used to allow this service to remain in place non-recurrently until 31 March 2019.

#### **Outcome**

The funding stream for this service has been transferred from commissioner to provider, but the service continues.

#### **Next Steps**

During the next 6 months, the CCG will be undertaking a joint scoping and re-costing exercise with both Chesterfield Royal Hospital NHS Foundation Trust and Derbyshire Community Health Services NHS Foundation Trust to look at a range of potential commissioning options for the service from 1<sup>st</sup> April 2019.

### **5. Pool Cars**

#### **Scheme Description**

The service facilitates early discharge from DCHS community inpatient beds together with assisting therapists in undertaking assessments of patients within their own homes prior to discharge. Previous funding was awarded through winter pressures and was agreed via a CQUIN approach adopted by SDCCG and NSL with NSL funding the provision of the pool cars to support discharge.

During the procurement of Non-Emergency Patient Transport Service (NEPTS, previous provider) it was recognised that after the tender was awarded to EMAS, the service delivered by DCHS was not in the NEPTS model or financial envelope and therefore discussions took place with the CCGs to agree to the service being funded. The 3 other CCGs did not agree to fund the service with reasoning that included that the provider is responsible for discharging patients (which is covered in the block payment for inpatient services). Based on previous experience DCHS were not receiving a responsive service from the previous patient transport provider (delayed discharges) and as a result the service was introduced which enabled patients to be discharged in a timelier manner with the addition of an assessment function. Issues with the existing provider in respect to patient transport has now been resolved.

#### **Scheme Value**

£36,000

#### **Milestones**

This scheme was approved by CCG Governing Bodies in April 2018, ratified in June 2018, and transacted through contract negotiations with DCHS at that time. DCHS was served notice in April 2018 via a contract variation and funding will cease in October 2018.

No public engagement was required as this scheme did not result in service change for patients.

#### **Outcome**

The providers will ensure there is no impact to patients.

**Next Steps**

Impact will be monitored via the DCHS Quality Assurance Group and by the CCG Patient Experience Team.

**6. Decommission Derbyshire Community Health Services NHS Foundation Trust Clinical Support to Acute Frailty Unit at Chesterfield Royal Hospital NHS Foundation Trust****Scheme Description**

The frailty unit in Chesterfield Royal Hospital was set up as a specialist frail elderly unit to provide geriatric medical input to patients to assist in rapid assessment and treatment so where possible they can return home without a long stay at hospital. This service will remain and is paid for via a tariff payment.

Additional funding to the core service was given via a block payment to the DCHS contract. It is the Commissioner's view that the CRH AFU and the medical support into that unit should be funded via the HRG4+ tariff payment (to CRH). Guidance indicates that the tariff payment covers the period from admission to discharge and therefore we have been dual funding the service.

Discussions are ongoing with CRH in respect to continuation or arrangements of the service.

**Scheme Value**

£118,000

**Milestones**

This scheme was ratified by the CCG Governing Bodies in June 2018.

A CV has been served on 1st April 2018. The DCHS medical input funding from the CCGs will cease on the 30th September 2018 and agreement will need to take place prior to this date between the providers in terms of whether they wish to retain the service.

No engagement was required as this scheme does not reflect a change of service to patients.

**Outcome**

Should the staffing resource not be required by CRH then commissioner's expectations will be for discussions to take place jointly in relation to the redeployment of the existing staff resource to fill other existing vacancies within DCHS.

The providers will ensure there is no impact to patients.

**Next Steps**

Impact will be monitored via the DCHS Quality Assurance Group and by the CCG Patient Experience Team.

**7. Pulmonary Rehab (Respiratory Nurse)****Scheme Description**

This scheme has been removed from the CCG's Recovery Plan.

<b>Scheme Value</b>
£46,000
<b>Milestones</b>
N/A
<b>Outcome</b>
N/A
<b>Next Steps</b>
N/A

## 8. Care Home Advisory Service

<b>Scheme Description</b>
This service provided support and advice across the care homes sector in parts of Derbyshire. The service was not equitable across Derbyshire and not part of core CCG spending requirements.
<b>Scheme Value</b>
£309,000
<b>Milestones</b>
<b>Internal decisions/governance?</b>
This decommissioning of this service was communicated to Derbyshire Community Health Services NHS Foundation Trust during contract discussions in April 2018. The removal of this service has no direct impact on patient care.
<b>Outcome</b>
The service was decommissioned with effect from 1 September 2018. No public engagement was undertaken due to this being an internal-facing clinical support service for care homes.
<b>Next Steps</b>
No further action required.

## 9. Reduce Better Bloods Contract Value to reflect activity (diabetes)

<b>Scheme Description</b>
This is a transactional efficiency. An educational programme to help patients self-manage blood sugar levels has been completed however the CCGs were continuing to pay for the programme even though it had come to its natural end. The amount of money identified in the DCHS contract value has now been removed whilst we evaluate the programme. In order to evaluate the effectiveness of the programme a period of time needs to elapse to see if the education has had a positive effect on patients and patient's blood sugar levels.
<b>Scheme Value</b>
£36,000

<b>Milestones</b>
The scheme is on track, DCHS delivered the last course in July and the money has now come out of the contract.
<b>Outcome</b>
An evaluation is taking place to understand the impact and benefits of repeating the programme.
<b>Next Steps</b>
The CCG is in the process of evaluating the education programme. If the evaluation shows a marked benefit to patient's and better blood sugar levels then another education programme will be commissioned.

## 10. Voluntary Services Discretionary Grant Funding (including discretionary grant programme and VCS infrastructure funding and the vSPA)

<b>Scheme Description</b>
<p>The funding for both the discretionary grants and grants to the VCS infrastructure organisations are historical with some having been rolled over year on year without a formal review. However in 2016 there was a review of the discretionary grant programme in the county. Derby City decommissioned their discretionary grant programme in 2015 of which SDCCG were party to and as a consequence there are very few grants in the city. Due to the funding being awarded on a grant basis no or limited monitoring has been undertaken as to the effectiveness of the investments and as a consequence the impact of the funding is limited and varied.</p> <p>Holders of discretionary grants were issued notice following a County wide Engagement and a CCG only competitive bidding process was held. This resulted in a new set of discretionary grants awarded in September 2016 for 18 months to services supporting CCG aims and objectives of facilitating hospital discharge and reducing re-admission; reducing social isolation and early intervention and prevention.</p> <p>The grant programme came to an end in March 2018 and since then the CCGs have been reviewing the funding of this programme. Similarly the review has also been considering the funding into the core infrastructure VCS sector.</p> <p><b>Voluntary Single Point of Access</b></p> <p>The vSPA services are separate from, but interdependent with the infrastructure provision. They have a longer (6 month) notice period than the other elements above.</p> <p>The service provides signposting to voluntary sector provision otherwise known as social prescribing. It is used by a variety of clients including social workers, OT's, GPs and care coordinators who request assistance for service users to help prevent isolation, promote and help people to remain in their own home and put people in touch with volunteers. The services help to match patients with local voluntary community resources.</p>
<b>Scheme Value</b>
The savings related to the voluntary sector discretionary, infrastructure and VSPA is still to be identified subject to further decisions by the CCGs' Governing Bodies. It is therefore not possible to outline to full savings from these proposed schemes in this

report. Interim, estimated or total spend figures are included below.

- Discretionary grants, saving to date as a result of schemes withdrawing or giving notice is £87,698 out of a total spend of £544,613 (inc transport)
- Infrastructure grants looking for a saving of £100,000 out of a total spend of £531,336 (inc mental health infrastructure)
- vSPA, saving still to be agreed, total spend £155,000

### **Milestones**

**April/May 2018:** Outline Paper to each of the four CCG Governing Bodies with the following recommendations:

1. It is recommended that the discretionary grants, infrastructure and vSPA services are decommissioned. GB is asked to recommend an appropriate notice period to enable the team to transact this as follows:
  - 1a) For the discretionary grants a period of:
    - i) 3 months' notice – a total of 26 grants and
    - ii) 6 months' notice – a total of 6 grants (where services have a direct connection with health service delivery)
  - 1b) CCG grants held by VCS Infrastructure Support Services given 3 months' notice and;
  - 1c) vSPA contract is terminated with six months' notice.
2. It is recommended that for all grants and vSPA contract that the notice period is preceded by a communication and engagement phase during May and June 2018 to allow for planned mitigation and impact assessment to be carried out. Service users, staff, affected health and social care partners, VCS organisations, and other stakeholders will be engaged during this period. It is anticipated that this will help to ensure due regard has been taken and to minimise impact on patients. Whilst the CCGs do not in all cases have to give notice (for example the discretionary grants have already come to an end) it is recommended and in a letter sent in March 2018, we have already given a commitment to follow the principles of the COMPACT and give a period of time to mitigate any impact and a minimum notice period of 3 months.
3. The proposed reduction in non-discretionary funding in the voluntary sector is in line with the direction given by NHSE.

These recommendations were agreed in principle.

4 July 2018 – letter and draft equality impact assessments and feedback form were issued to all recipients of discretionary grant and infrastructure funding requesting that they support in the CCG's understanding of the impact to patients, staff and organisation if the funding was to end. The groups were offered a visit from CCG officer to help complete the feedback form and stakeholder meetings were held. Two further feedback sessions were held with the infrastructure grant holders and organisations receiving discretionary grant funding.

As a consequence of the engagement the EIA's were amended where necessary and the impact s were presented back to GB in August along with the quality impact assessment completed by the Quality Panel.

17 August 2018 – collated impact information following engagement provided to Governing

Body meeting in common in public for decisions. The following recommendations were made:

- I. That the overall discretionary grant programme scheduled to conclude on 31st March 2018 should cease and that for reasons of affordability no new grant programme should be offered at this time.
- II. That the majority of grants (excluding any agreed under recommendations below) would cease following a 3 month notice period in line with the National and local Compact and with support for exit planning.
- III. Where ending the grant would compromise patient safety or present a risk with regard to the CCG delivering its statutory duties these should be retained until commissioners confirm that contracted provision is in place to mitigate the risks presented. This would be as soon as possible and no later than by 31st March. There is no presumption that additional provision
- IV. will need to be commissioned as it may be that there is capacity within existing services. Where additional provision is needed there is no presumption; that the existing provider would become the contracted provider, that the current commissioner is the most appropriate commissioner or that the level of funding would be maintained.
- V. A 'Home from Hospital' service is currently being tendered by Derbyshire County Council for a new iBCF funded service from April 19. Support is requested to serve notice on the existing grant funded schemes and to liaise with Derbyshire County Council regarding how they would wish to manage transition and potentially support continuation of the services until the re-provision is in place.
- VI. We believe our responsibilities for transport provision are fulfilled through commissioned patient transport services and so advise that funding can cease for these schemes. However, we are aware of the interdependencies with the Derbyshire County Council transport schemes and again request support to liaise with them ahead of implementing the decision.

The Governing Bodies felt that further work was required in respect of funding solutions for some grants. The decisions reached by the Governing Bodies were:

- To agree to the recommendation that no further action is required regarding the three projects where grants have already ended. These are **Well for life – HIV support; Stroke Association - Information, Advice and support; Self Help Nottingham – Befriending;**
- To agree to the recommendation to leave grant funding in place for three services based on specific patient pathways that would be impacted should these services be removed. These services are **Cruse South Derbyshire; Chesterfield & North Derbyshire Cruse Bereavement Care; and Stroke Association – Communication Support Service;**
- To discuss and explore possible transition arrangements with the council prior to the procurement of a new home from hospital service to be funded via the iBetter Care Fund. These services are **Home from hospital services - Amber Valley CVS; Voluntary and community services Peaks and dales; South Derbyshire CVS; Erewash Community Concern.**
- To further discuss and explore with the voluntary sector and local authorities in the course of the next month the opportunities for funding mechanisms of the 22 services which it had been initially recommended would have their grant funding stopped. These services are **Brand Recovery; Citizens Advice and Law Centre Derby; Communication Unlimited; Stroke Association Information advice and support;**

**Vol & Community Services Peak and Dales – Night Sitting; South Derbyshire CVS – Befriending; Vol & Community Services Peak and Dales – befriending; Amber Valley CVS – Befriending; The Volunteer Centre Chesterfield & NE Derbyshire – befriending; Derbyshire Dales Council Voluntary Service; The Farming Life Centre; Age Concern; Age UK Derby and Derbyshire; Bakewell and Eyam Community Transport; Voluntary & Community Services Peak and Dales; Voluntary & Community Services Peak and Dales; Ashbourne Community Transport; High Peak and Buxton Community Transport; Headway; Mencap; New Mills and District Volunteer Centre; Rhubarb Farm CC.**

- Further discussion is required with the local authorities and the voluntary sector infrastructure organisations about how infrastructure organisations can potentially receive continued funding but within an streamlined and efficient model that is aligned to place **(Community Action Derby; Erewash CVS; Amber Valley CVS; South Derbyshire CVS; Voluntary and Community Services Peaks and Dales; Derbyshire Dales CVS; High Peak CVS; Derbyshire Voluntary Action)**

Further discussions have now taken place with officers from Derbyshire County Council, Social Care, Public Health and Transport departments and with Derby City Council officers from Social Care and Public Health. Whilst they sympathised with the CCGs and acknowledged and valued the varied work delivered via the funding to the VCS sector they confirmed that they were not in a position to offer any further funding to the sector other than the funding their organisations already provide through their own grant programmes. They supported and offered that they would like to continue to explore collaborative working moving forward.

Further discussions were held with the VCS sector during a series of telephone and face to face meetings with both the infrastructure organisations/vSPA providers and discretionary grant holders. The CCG will provide an update on the discussions which have help shape the GB paper to be discussed on 27 September 2018.

#### **Outcome**

As indicated above, the CCG has made decisions relating to 10 grants. Further discussions will take place on the remaining 22 grants, on the infrastructure funding and funding to VSPA at the CCGs' Governing Body meeting in common in public on 27<sup>th</sup> September. This discussion will therefore take place after the submission of this report but prior to the Committee meeting on 1 October. The CCG will provide an update on the discussion at the meeting.

#### **Next Steps**

Further discussions will take place on the remaining 22 grants, on the infrastructure funding and funding to VSPA at the CCGs' Governing Body meeting in common in public on 27<sup>th</sup> September. Subject to these discussions, the CCG will determine whether it believes further engagement is required prior to the removal of any VCS funding.

### **11. Derbyshire Community Health Services NHS Foundation Trust – May 2018 Contract Variation**

A contract variation was agreed with DCHS in May 2018, with the following schemes agreed in principle at that time. There is ongoing discussion with DCHS about the specific schemes within this overall value, and this remains subject to change or ongoing review, dependant on the delivery timescales.



The contract variation consisted of four elements. One of these elements is referenced in Section 20 below – Enforcing the Correct Discharge Pathway, as this scheme is subject to ongoing health system discussion. The DCHS contract variation value was £333,000. The second transformation element is related to a scheme mentioned on page 22 of this report as not yet being in the public domain as this scheme may is not yet agreed to proceed. The potential value of the scheme would be £118,000.

The third element of the contract variation was a budget reduction of £1.181m linked to the Learning Disability Short Break services. This scheme has been subject to slippage as we seek to ensure full engagement and involvement in the process, as described below.

The fourth element was the removal of growth monies linked to the North Derbyshire Discharge Support £212,000.

The total value of this contract variation was £1.844m.

## 12. Women's Health

<b>Scheme Description</b>
Decommission Menopause & Heavy Menstrual Bleeding Service and Psychosexual Therapy Service. Historically the services were commissioned by Public Health (PH), when PH reviewed their Commissioning responsibilities a decision was taken not to fund these particular services and by default the CCGs absorbed elements of the residual costs associated with the services previously delivered by PH. In terms of CCG commissioning responsibilities it is viewed that the existing funded services are not the CCGs responsibility to commission. This service treated very small numbers of patients.
<b>Scheme Value</b>
£113,000
<b>Milestones</b>
Decommissioning agreed by CCG Governing Bodies in April 2018 and subsequent contract variation agreed with DCHS during contract discussions. Ratified by CCG Governing Bodies at June 2018 meeting.
Affected patients have been written to individually to confirm the decommissioning of the service and to discuss alternative treatments options.
<b>Outcome</b>
Service decommissioned with effect from 1 August 2018.
<b>Next Steps</b>
No further steps required.

## 13. Decommissioning Falls First Service (NDCCG) FYE 17/18

<b>Scheme Description</b>
This scheme was decommissioned in 2017/18. It is included in this year's financial recovery plan to reflect the full year effect.
<b>Scheme Value</b>
£42,000

<b>Milestones</b>
N/A
<b>Outcome</b>
N/A
<b>Next Steps</b>
N/A

#### 14. Voluntary Sector – Mental Health

<b>Scheme Description</b>
<p>Working with the county council and City council the majority of MH voluntary sector commissioned schemes had already been reviewed in 2017. Re-procurement of peer support services in the county, advocacy services and dementia support work service being examples. This scheme relates to four voluntary sector services funded by the CCG where the review had not been completed in 2017. All of which following review and consistent with the CCGs approach to other voluntary sector schemes are now recommended to be retained as they support patient care pathways.</p> <p>There is an efficiency saving of £7,000 in year and £15,000 FYE relating for two of the schemes. These have funding from elsewhere or where the Infrastructure provider element need not be provided but the support groups can be paid direct.</p> <p>Within the Infrastructure review there are two Mental health organisations .NDVA MH Forum and Derbyshire MH Forum. Originally a proposal had been for decommissioning. Consultation with their Governing body and with the voluntary sector that use their service had occurred in August. They will now as a consequence of engagement feedback be asked to look at efficiencies as part of that wider infrastructure review.</p>
<b>Scheme Value</b>
£7,000
<b>Milestones</b>
Discussed by Clinical and Lay Commissioning Committee on 18 May 2018. Six QIAs received with varying levels of risks. Report to Governing Body on 27 September
<b>Outcome</b>
Potential confirmation to the providers of continuation of funding. subject to Governing Body on 27 September 2018.
<b>Next Steps</b>
TBC following CCG Governing Body in September 2018

#### 15. Mental Health Together

<b>Scheme Description</b>
The MH Together engagement service is a contracted service. Jointly commissioned with Derbyshire County Council Adult Care in 2017. The proposal was to decommission this scheme as whilst a procured service, it represented a discretionary spend that is not directly providing patient care but was part of what would have been expected to be the core delivery of services by the provider, to engage its patient population.

<b>Scheme Value</b>
£81,000
<b>Milestones</b>
QIA reviewed by panel on 23 April 2018 indicating high level of negative impact. Following engagement with patients, staff and the DCC adult care team in July and August 2018 it has been recommended that the scheme not be decommissioned in its entirety but continues jointly funded between the CCG and DCC (£15,000) at an annual cost of £32,000.
Subject to governing body agreement on 27 September a CV will be issued making the change from 24 October.
<b>Outcome</b>
TBC following Governing Body meeting on 27 September 2018.
<b>Next Steps</b>
As staff have already left the organisation there is funding for the service to continue in reduced form for the rest of 2018. The proposal is that the contract is varied by joint consent between the commissioners and Healthwatch Derbyshire for a service to continue with revised specification in 2019-21.

## 16. Pharmacy Enhanced Services – Pharmacy First

<b>Scheme Description</b>
Following the CCGs' decision to stop prescribing certain over the counter medicines, following consultation in 2017, there was an overlap between the Minor Ailments Service (known as Pharmacy First) and the self-care policy. Both were promoting patients to visit Community Pharmacy for advice regarding minor ailments rather than visiting G.P or Urgent Care.
<b>Scheme Value</b>
£44,000
<b>Milestones</b>
CCG Governing Bodies were asked in April 2018 to approve the de-commissioning of the Minor Ailment scheme (Pharmacy First) in a phased approach and to allow a robust introduction in of the self-care implementation across Derbyshire and minimize the possibility of patients reverting back to GPs/ Urgent Care centres.
<b>Outcome (where applicable)</b>
Pharmacy First has been decommissioned on a phased basis and the introduction of a wide-reaching campaign to promote self-care was launched in August 2018.
<b>Next Steps</b>
The governing body decision continues to be implemented. There is no further engagement or consultation required in respect of this scheme, other than the ongoing promotion of the self-care campaign. The CCGs discharged their duties under Section 14ZT of the Health & Social Care Act through the consultation on over the counter medicines (Better Care Starts At Home).

## 17. Stop Prescribing Gluten Free Products

<b>Scheme Description</b>
The four Derbyshire CCGs have undertaken a joint public consultation on the future of GF prescribing across Derbyshire. The evidence on clinical effectiveness, cost effectiveness and safety alone did not support the routine prescribing of Gluten Free Supplements on the NHS provided that equality issues, including access can be mitigated.
<b>Scheme Value</b>
£666,000
<b>Milestones</b>
<p>The four Derbyshire CCGs undertook a public consultation which ran from 27 February 2017 to Tuesday 15th August 2017 on the future of gluten-free foods prescribing. Information was provided to the Scrutiny Committee on 15 February 2017.</p> <p>The CCG's asked for views on the following three options.</p> <ul style="list-style-type: none"> <li>• Option 1 Stop providing gluten-free foods on prescription altogether</li> <li>• Option 2 Change the gluten-free allowance to eight units per month for everyone eligible for gluten-free food on prescription and have much more limited products available on prescription (e.g. only loaves of bread, pasta and flour allowed on NHS Prescriptions) other products (e.g. breakfast cereals, pizza bases, bread rolls, crackers) would no longer be allowed.</li> <li>• Option 3 Continue to follow the Coeliac Society's recommendations for number of units (10 to 18 units depending on the age and sex of the patients) but have much more limited products available (e.g. only loaves of bread, pasta and flour allowed on NHS prescriptions) other products (e.g. breakfast cereals, pizza bases, bread rolls, crackers) would no longer be allowed. However, the total gluten-free allowance would remain the same as it is currently.</li> </ul> <p>As part of the pre-engagement process, the North Derbyshire CCG engaged with Derbyshire Health Overview and Scrutiny Committee and Southern Derbyshire CCG shared the details of the engagement with Derby City Health Overview and Scrutiny Committee.</p> <p>Additional to the Derbyshire consultation was a national consultation on the same issue, which launched during the CCG's own consultation period.</p>
<b>Outcome (where applicable)</b>
At meetings in November 2017, the CCG governing bodies supported not providing gluten free prescriptions on the NHS with a caveat around exceptionality. The CCGs note that they were not in receipt of a consultation report from the Derbyshire Improvement & Scrutiny Committee or from the Derby City Adults & Health Scrutiny Board.
<b>Next Steps</b>
The governing body decision continues to be implemented. There is no further engagement or consultation required in respect of this scheme, The CCGs believe they have correctly discharged their duties under Section 14ZT of the Health & Social Care Act and also the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

## 18. Pharmacy Enhanced Services – Gluten Free

<b>Scheme Description</b>
This scheme is an additional element of the Gluten Free Foods consultation, and all information provided in section 16 applies to this scheme. It is separated out here due to it technically being a separate element of funding as it appears in the CCGs' accounting.

<b>Scheme Value</b>
£9,000
<b>Milestones</b>
See section 16 above.
<b>Outcome (where applicable)</b>
See section 16 above.
<b>Next Steps</b>
See section 16 above.

## 19. Review Locally Enhanced Services – NDCCG

<b>Scheme Description</b>
North Derbyshire CCG commission a range of services delivered by general practice under a block contract referred to as the Basket of Services. A Steering Group was established in April 2017 to review the contract which including a detailed review of all of the clinical specifications and pricing for each of the individual services. The Steering Group comprised of GPs, Practice Managers, the LMC and lay representative. As a result of this review some services and administrative related services such as Choose and Book, which is now incorporated as part of the GP contract, were removed and the funding re-invested in clinical services.
<b>Scheme Value</b>
£300,000
<b>Milestones</b>
A recurrent saving of £300,000 was identified as part of this review and agreed with effect from 1 April 2018. The proposal for the changes to the Basket of Services and individual service line funding was regularly discussed with all GP practices as part of the CCG and GP provider meetings and a recommendation was provided by Primary Care Development Group which has lay member representation. Went to North Derbyshire Primary Care Co Commissioning Committee for decision on 21 December 2017.
<b>Outcome (where applicable)</b>
The Committee approved the new contract including the changes to the individual services in December 2017 with effect from 31 March 2018. The change to the contract was formally communicated to all GP practices in North Derbyshire in January 2018 and new contracts were issued to GP practices which expire on 31 March 2021.
<b>Next Steps</b>
No action required as already transacted from April 2018. This work will also form the basis for the Derbyshire wide review of all primary care enhanced services from October 2018.

## Schemes Included within other elements of the CCGs' Financial recovery Plan

**Minor Injury Unit Hours Reduction – Classified as 'Programme', rather than decommissioning as the service is still in place.**

<b>Scheme Description</b>
Reducing hours at Ripley and Ilkeston Minor Injury Units from 8am-10pm to 8am-8pm (reduction of 2 hours).  This change was initially proposed by the service provider to bring provision in line with minor injury units in Buxton and Darley Dale, as well as the Derby Urgent Care Centre. The change was also based on evidence of very limited activity.
<b>Scheme Value</b>
£78,000
<b>Milestones</b>
Agreed in principle at provider contract discussion, April 2018. Approved by CCG Governing Body June 2018.  The CCGs did not deem this to represent a substantial service change and informed local people of the change via posters in health outlets, information issued to the media, information contained on CCG and provider websites.  Scrutiny Committee received a briefing on 21 May 2018 and a further update paper.
<b>Outcome</b>
This scheme has been implemented from 1 July 2018 and therefore does not require any further consultation with the Derbyshire ISC.
<b>Next Steps</b>
The CCG has implemented this change and there is no further action planned.

### Other schemes in scope

The CCG has also been progressing the schemes below. Some of these are related to the delivery of the CCG's financial recovery plan, with savings to be realised in 2019/20 and beyond. These schemes are therefore not yet counted within the CCG's description of services potentially earmarked for 'decommissioning'. There are also other schemes which are not being driven by the CCGs' financial recovery plan but which may deliver financial efficiencies at the same time as improving care pathways.

## 20. Learning Disability Short Breaks

<b>Scheme Description</b>
Formal review of the short breaks service regarding the five Learning Disability (LD) core units providing Short Break services within the North of the County from Derbyshire Community Health Service NHS Foundation Trust (DCHS).
<b>Scheme Value</b>
No value specified at this scheme is not driven by the CCG's financial recovery plan.

## Milestones

Original outline business document taken to Governing Bodies in April 2018 and approval given to support the proposal.

The proposal has already been discussed and supported by the Derbyshire Transforming Care Partnership Board which includes representation from DCHS, Derby County Council, Derby City Council and Derbyshire HealthCare NHS Foundation Trust.

17<sup>th</sup> September 2018 – proposal taken to FRG – sharing engagement process taken with request to close engagement phase at end of September 2018.

CCG Governing Bodies approved the move to initial patient engagement in June 2018.

**Scrutiny discussions:** Paper was taken to Improvement and Scrutiny Committee 16 July 2018 asked to review the briefing paper and support the basis and rationale for the proposed approach, taking into account reassurance that a robust programme of engagement, and public consultation if deemed appropriate, will be delivered prior to any change. This was accepted – asked to be kept informed of process.

**Engagement to date:** The formal engagement exercise began on 16<sup>th</sup> July 2018 with a face to face briefing made to DCHS staff in post at the 5 short break units. On the same day letters were sent by DCHS to all service users of the short break units and their carers. This letter included a Short Breaks Issues document and invited users and carers to get in touch with the CCG Engagement team in order that service users and carers were given the opportunity to feedback either by face to face in a home visit or over the telephone. Easy read versions of the issues document were available for service users. The issues document also gives the opportunity for individuals to feedback via an online survey or by completing a paper copy survey. DCHS staff from the units have also been encouraged to provide their feedback in the same ways.

DCHS staff and the CCG Engagement team have worked together to ensure all service users and carers have been contacted where possible, which has resulted in all but service users/carers having been spoken to.

In addition:-

- Short Breaks issues documents have been displayed in Ash Green reception throughout the engagement process.
- CCG Project staff have attended all three of the LD Partnership Board Meetings which cover the whole of Derbyshire and shared the issues document.
- The issues document has been shared with the LD Good Health Group.
- The issues document was made available at the Taskforce meeting held in the north of the county and attended by people with learning disabilities and their carers.
- Meetings have been held by the CCG separately with Derbyshire County Council and DCHS to obtain their views on the current short breaks service.
- An email has been sent to all the MP representing constituencies in the North of the county informing them of the service review and sharing the issues document and the process for providing feedback.
- An email has been sent to all the Derbyshire County council elected members representing constituencies in the North of the county informing them of the

<p>service review and sharing the issues document and the process for providing feedback.</p> <ul style="list-style-type: none"> <li>• An email has been sent to the Chairs of the Borough Councils in the north of the county and any elected members who lead on health issues informing them of the service review and sharing the issues document and the process for providing feedback.</li> <li>• An email was sent to key non-statutory and voluntary sector stakeholders informing them of the service review and sharing the issues document and the process for providing feedback.</li> </ul>
<b>Outcome</b>
To be confirmed following analysis of the patient engagement to date and subsequent decisions.
<b>Next Steps</b>
<ul style="list-style-type: none"> <li>• Service user feedback received will begin to be analysed from 14 Sept 2018. It is anticipated that this analysis will be undertaken by the engagement team within the CCG and will take three weeks to complete. The feedback received from other key stakeholders will also be collated during this time.</li> <li>• This feedback will be used to inform the service review proposals and a full business case including QIA will be provided to CCG Execs for review at the 13<sup>th</sup> November meeting with a recommendation for consideration at CCG Governing Bodies at the end of December 2018 to request approval to initiate a public consultation.</li> <li>• If approved it is proposed that a four week consultation will take place from mid-January 2019. It is proposed that feedback from the consultation will be used to inform a detailed proposal and full business case which will be considered at CCG Governing Body meetings at the end of March 2019.</li> </ul>

## 21. Psychodynamic Psychotherapy

<b>Scheme Description</b>
<p>The scheme proposes to decommission Psychodynamic Psychotherapy and review psychological therapy provision in Derbyshire.</p> <p>The service will be reconfigured to reflect the Derbyshire –wide STP footprint and based on a review of the existing service, reflecting NICE guidance and be evidence based. It will reflect all aspects of specialist psychological therapies delivered by DHcFT including clinical psychology services and specialist approaches delivered as part of other care pathways, e.g. EIP, eating disorders etc.</p> <p>It will be delivered according to a clearly defined specification including activity and outcomes.</p>
<b>Scheme Value</b>
Release of funding in 2019/2020 will be dependent on the number of patients requiring ongoing therapy reviewed as part of the consultation process.
<b>Milestones</b>
Scrutiny Committee has had previous presentations on this subject by CCG officers, and a further discussion prompted by unions.



Will the support of Derbyshire Healthcare NHS Foundation Trust, the CCG will be writing out directly to all patients affected by this proposed decommissioning as well as wider distribution to mental health stakeholders and the public for a consultation that will run from 1 October to 30 December 2018.

We will then need time to analyse the findings of the Consultation, write a report and make a decision about the future through Governing Body decisions. The views provided as part of his consultation will help us to understand patients' views and these will be used as part of our decision-making process. It is anticipated that a decision about the service will be made by the beginning of February 2019 and the CCG will require a formal response to the consultation from the Committee by 30 December 2018. The CCG is in liaison with the Scrutiny Office about a further presentation being given to Committee at its November meeting.

#### **Outcome**

TBC following public consultation.

#### **Next Steps**

Public consultation to launch 1 October 2018 and run until 30 December 2018. Scrutiny Committee will receive a further update at its meeting in November 2018.

## **22. Enforcing the Correct Discharge Pathway**

#### **Scheme Description**

This scheme is not directly related to the CCG's financial recovery plan as although it may represent an economy to the CCGs' budgets, it is driven by improved patient pathways.

The scheme aims to ensure patients discharges are being made to the most appropriate setting and also undertake a system review of capacity, particularly in the south of Derbyshire. The system has previously implemented 'discharge to assess and manage' principals at most other community hospitals in Derbyshire, including through the Better Care Closer to Home programme in 2017. Essentially, evidence shows that patients should not be admitted to an inpatient bed when care in their home or in a different type of care setting may be more beneficial to their recovery. In south Derbyshire it is identified that patients are not being discharged to settings where the care matches their needs but instead to available community hospital beds.

#### **Scheme Value**

TBC following review.

#### **Milestones**

CCG Governing Bodies approved the scheme in principle on April 2018. CCG Governing Bodies were asked to consider the following recommendations:

Give permission for the following:

- CCG enforcement of the correct discharge pathways to ensure patients are discharged to the appropriate destination according to their needs
- Explore the decommissioning of interim care home beds
- Serve notice to reduce community bed capacity at London Road Community Hospital and Ilkeston Community Hospital

- Continued work with partners in the health and social care system to maintain engagement in the work to maintain patient flow round the system and ensure capacity is matched to demand as part of a system-wide managed process
- Sanction a longer term piece of work informed by the outcomes of the Newton Europe analysis to better match capacity in the system to patient need, particularly in the south of the county.

Notice served was alerting the provider to a review of this provision; this was not fixed to a specified decommissioning date. The scheme has been discussed frequently at the A&E Delivery Board meetings, in the context of the Newton Europe review.

#### **Outcome**

TBC

#### **Next Steps**

To await the outcomes of the Newton Europe analysis and continue to engage with Derbyshire and Derby Scrutiny processes on required next steps.

Finally, the CCG is also developing internal proposals on two further schemes which are not yet able to be discussed in the public domain as it is possible that the schemes may still not progress. The CCG would wish to avoid any unnecessary public anxiety but releasing details at this stage, but will be very happy to present details to the Committee at a confidential session in due course. Should these schemes progress then the CCG is committed to following the correct procedures on engagement and consultation where necessary, including interaction with the Committee at public sessions.

#### **Summary & Conclusion**

The CCGs are hopeful that the information contained within this paper clearly answers the request for clarification by the committee. The CCG is attempting to be as transparent as possible in this process. Should the committee require further information then the CCG will oblige any ongoing request to seek local resolution of any concerns. As previously stated, the CCGs believe that processes are in place at the scheme and programme level to see input of local people to meet the statutory duty to engage and consult. This is always the desire in all of the commissioning work within the CCG, whether this is to support positive service improvement or financial recovery. There is no doubt that the financial recovery planning is moving at pace, and our regulators at NHS England have required this of us, but the CCGs are fully committed to continuing a strong dialogue with the Committee and involving local service users, the broader public and other stakeholders wherever possible.

The CCGs request that the Committee provides its report on this matter by 5pm on Friday 19<sup>th</sup> October 2018. The CCG will hold further discussions and make further decisions on the items contained within the report at the dates specified, where these are currently known, and will take in to consideration all feedback from the Committee at these times.

**Dr Chris Clayton**  
**Chief Executive Officer, Derbyshire CCGs**  
**21 September 2018**