

MINUTES of a meeting of the **IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH** held at County Hall, Matlock on 27 November 2017.

PRESENT

Councillor D Taylor (in the Chair)

Councillors D Allen, R Ashton, S Bambrick, Mrs S Blank, L Grooby, G Musson and S Burfoot.

Apologies for absence were submitted on behalf of Councillor R Parkinson.

27/17 **MINUTES RESOLVED** that the Minutes of the meeting of the Improvement and Scrutiny Committee – Health held on 18 September 2017 be confirmed as a correct record and signed by the Chairman.

28/17 **SOUTH YORKSHIRE, BASSETLAW AND CHESTERFIELD HOSPITAL REVIEW** Alexandra Norrish (Independent Hospital Review Programme Manager) made a presentation on the proposed review of hospital services in South Yorkshire, Bassetlaw and Chesterfield. The aims and objectives of the review were to constitute ‘Sustainable Hospital Services’, identify any services (or parts of) that were unsustainable, propose a model for future service delivery and consider the future role of a District General Hospital.

The Governance structure and the review process were explained, with the review taking place over a 10-month period, split into three phases – identifying the areas to be assessed, recognising the problems and presenting solutions and focussing on the areas of need. The services identified were those facing significant difficulties with workforce and/or quality of care, had a significant number of interdependencies and had a significant impact on the service as a whole, namely Urgent and Emergency Care, Maternity, Care of the Acutely Ill Child, Gastroenterology and Endoscopy and Stroke.

The services chosen focus largely on the emergency, 24/7 services. The review team anticipated that the review would consider how elective services might be located across the system in order to support any proposals in these services. There would be clinician engagement through five working groups which would explore the issues in each of the five areas through three workshops. The Overarching Strategic Group would pull together the conclusions.

RESOLVED that the report be noted.

29/17 **WORK PROGRAMME** An oral update on progress on the Committee’s work programme for 2017/18 was given which included workforce issues and the impact of Brexit, primary care, Greater Manchester partnerships,

Hyper-Stroke Care services (Chesterfield Royal) and on-going consultation processes.

RESOLVED that the progress of the work programme be noted.

30/17 REVIEW OF URGENT CARE IN TAMESIDE AND GLOSSOP

Jessica Williams of Tameside and Glossop CCG presented information on a review on the options for the delivery of urgent care. The purpose of the review was to look at 'care together' by driving up healthy life expectancy, reducing inequalities, improving outcomes and improving financial stability.

This form of care was designed to support local people to remain well, provide high quality integrated services designed around the needs of the individual in the most appropriate location and equip people to take greater control over their own care needs and the services they receive. Urgent care is any form of medical attention needed on the same day but is not life-threatening and includes injuries, an illness, ailment or any other medical condition where advice is sought from a health professional (GP, pharmacist, NHS 111 or a Walk-in-Centre).

The review proposed two options for consideration: Walk in Access to 12-hour GP-led urgent treatment centre in hospital or pre-booked access evening/weekend appointments at neighbourhood care hubs. These are being considered for development. The ultimate outcome of the review would be to free up more A&E resources for emergency treatment.

RESOLVED that the report be noted.

31/17 DERBYSHIRE SUSTAINABLE TRANSFORMATION PLAN

(STP) UPDATE Dr Paul Wood (Chair and Clinical Lead of Derbyshire STP) presented an update on the Derbyshire STP. The Committee had already received information on the formation of the STP and this update gave details of progress made, including the Memorandum of Understanding between partner to the STP.

Emphasis was placed on the efforts being concentrated on new ways of managing and sharing financial risk across the health and care system, including councils, providers and commissioners. Finance chiefs from across the system were working to support the future plans of the STP for 2018/19.

RESOLVED that the report be noted.

32/17 PUBLIC QUESTION The Chair reported that a public question had been received and it was agreed that the question, forwarded by Councillor Maurice Neville, Amber Valley Borough Council, be put to the Committee.

Councillor Neville read out the following:

The STP Update today acknowledges that the Derbyshire health system financial position is 'a challenge' but that is all it says about the severe financial crisis. For example the £28 million funding gap for NDCCG which put it in special measures. It also makes reference to an Accountable Care System as the new silver bullet which will supposedly solve all the problems.

On Thursday 26th of October the Cabinet Committee approved a Memorandum of Understanding for new management arrangements for all the Derbyshire NHS services and the City and County Social Care Services, a big step towards an Accountable Care System.

1. The accompanying committee paper states that the annual NHS funding gap in Derbyshire by 2020/1 will be £219 million unless changes are made. Today's update for the STP says the gap could be £240 million but the finance officer at Southern Derbyshire CCG's AGM on August 18th said the projected funding gap by 2020/1 is now £280 million which is still supposed to be bridged by 2020/1. The SD CCG has since confirmed in writing to me that this considerable deterioration of the financial position to a gap of £280 million is because "The transformation planned last October has not moved as fast as needed.... as a result, the system wide financial position has not improved.... "

Derbyshire County Councillors are being asked to approve commitment to this MOU and the subsequent development of an Accountable Care System partnership when the financial risk total for the NHS aspect of the partnership is already adrift by nearly a third. In addition, NHS England reported last December that the Derbyshire STP financial plan does not take account of the risk of Social Service deficits. The STP Update says that the funding gap risk for Derby City and Derbyshire County Council is £136 million, of which £100 million is the County Council – exactly the same as October 2016 - so no progress has been made and there is much less time to address it.

2. The Memorandum of Understanding says: "Some of the changes may require any of our organisations to enact developments that.... may be suboptimal to membership organisations". In other words developments could be very bad for one or more organisations.

County Councillors are being asked to sign up to a document which is presented with conflicting financial information and a considerable level of risk to every partner organisation which signs what is described as a binding agreement. Health Scrutiny members have the power to halt this march towards a financial cliff for the Derbyshire NHS and the County Council – are you prepared to use it?

The Director of Adult Care replied to the question as follows:

1. The STP is a Memorandum of Undertaking (which is not a legally binding contract).
2. Any contractual arrangements which the County Council undertakes are subject to rigorous scrutiny by the County Council's Finance and Legal Directors.

33/17 **EXCLUSION OF THE PUBLIC RESOLVED** to exclude the public from the meeting during the consideration of the remaining items on the agenda to avoid the disclosure of exempt information detailed in the following summary of proceedings:

SUMMARY OF PROCEEDINGS CONDUCTED AFTER THE PUBLIC HAD BEEN EXCLUDED FROM THE MEETING

1. To consider the Engagement Plan for Services at Belper (contains information relating to the financial or business affairs of any particular person (including the authority holding that information)).

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