

MINUTES of a meeting of the **IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH** held at County Hall, Matlock on 1 October 2018.

PRESENT

Councillor D Taylor (in the Chair)

Councillors D Allen, R Ashton, S Bambrick, S Burfoot, A Fox, L Grooby, G Musson and I Ratcliffe (substitute member).

Apologies for absence were received from Councillor S Blank.

Also present were Louise Bainbridge, Dr C Clayton, Helen Dillistone, Zara Jones and Brigid Stacy representing Derbyshire CCGs.

38/18 **MINUTES RESOLVED** that the Minutes of the meeting of the Improvement and Scrutiny Committee – Health held on 10 September 2018 be confirmed as a correct record, subject to Minute **35/18** being amended as follows:

- (a) To reflect that, with regards to the provision of transport, the CCG's full statutory responsibilities were being met and that the transport services currently under consideration were outside the CCG's Statutory Duties.
- (b) To record Cllr Ratcliffe's request for clarification on the fact that there were just two rapid response teams for the whole of the county one in the North and one in the South.

39/18 **THE IMPACT OF DISINVESTMENTS PROPOSED BY DERBYSHIRE CCGs FOR 2018-19** Following the meeting of the Committee on 10 September, Cllr David Taylor (Chairman) had written to Dr Clayton requesting a more detailed report on the CCGs' proposals to decommission and disinvest in a number of services. Dr Clayton had replied to Cllr Taylor in his letter of 19 September and this had been circulated, along with his report, with the agenda for this meeting.

Dr Clayton presented his report which provided additional information on 22 proposals. These included disinvestment in support for the voluntary sector which had been of particular concern to the Committee during discussions on 10 September.

Three questions to be put to Dr Clayton had been received from the public and the Chairman invited them to present their questions as follows:

Mr. Mike Jones asked the following question:

Firstly David, I would like to thank you for letting me put a question to the last Scrutiny Board meeting although I feel that the CCG response was evasive by conflating mental health issues with dementia response

Bearing in mind that the meeting scheduled for October 1st may be significant for all Derbyshire residents, may I just remind the board that the £1.2m cut to the voluntary sector represents only a tiny fraction of the £51m proposed in total and that these cuts may put an intolerable strain on already overstretched services.

In this context I would like to hear Dr Clayton explain the CCG's pledge that the nursed beds to be axed at Babington Hospital can be provided in Ilkeston given that staff in Ilkeston Hospital have been given notice of bed reductions from October 1st.

Finally, it is important to remember that changes in provision including the closures of community hospitals must be open to public consultation and I feel to date the CCG engagement process has fallen far short of this obligation.

Dr Clayton responded as follows:

In relation to Babington Hospital it was on public record that a full process was undertaken to show how the bed closure programme would be managed through support in the community.

As winter approaches there is a process of understanding the bed base that is required. There are different types of provision including care in people's own homes, care in residential home settings with health support, and nursing beds such as those in Ilkeston Community Hospital. Based on the information received so far, during this ongoing process, Dr Clayton stated he would not be making any recommendations to the governing bodies to close any beds at Ilkeston. DCHS the trust that runs beds in Ilkeston has not received an instruction from the CCG to close these beds and has communicated this fact to staff.

The report to the committee sets out the appropriate levels of engagement and formal consultation and the processes the CCG would go through with regards to any potential decisions in the future.

Mr. Jones asked a supplementary question regarding beds at Babington Hospital and London Road Community Hospital Derby.

Dr Clayton replied that there were no proposals to close community beds at London Road Community Hospital Derby as they form part of the

winter plan. The closure of the beds at Babington hospital were not part of a financial recovery plan the decision to close community beds at Babington hospital was based on a quality of care and pathway issue relating to the south of the county.

Ms Lynn Bruce asked the following question:

The scrutiny meeting on 1 October is significant for all Derbyshire residents, given the indispensable work undertaken by the voluntary groups whose continuation is threatened by the proposed cuts to their services. This £1.2m cut to the voluntary sector represents only a tiny fraction of the £51m proposed in total and, as stated by a member of the CCG team at the meeting at Clay Cross this summer, every £1 invested in the voluntary sector yields a return equivalent to £8.

Furthermore, it is important to remember that changes in provision including the closures of community hospitals must be open to public consultation and I feel to date the CCG engagement process has fallen far short of this obligation.

It is also worth considering that this round of cuts is only the beginning, as we are told to expect further cuts over the next two years. I should like to know where these further cuts will fall and how they will impinge on services that are already overstretched and under-funded?

Dr Clayton responded as follows:

The finances of the NHS will continue to be challenged in the years to come. The CCG has indicated to the Committee that the financial recovery plan would be ongoing for the next two to three years and that the levels of savings would be in the order of 4 to 5%. The CCG was now in a planning phase for 2019/20 and was hoping to have a much broader conversation about the types of savings levels that would be required and to start conversations with the public and other statutory processes much earlier.

As a supplementary question Ms Bruce asked how the planning for 2019/20 would meet the needs of mental health rehabilitation and palliative care sectors.

Dr Clayton responded that mental health provision (in its widest sense) would remain a key priority for the NHS and he anticipated that the CCG will continue to meet the Mental Health Minimum Investment Standard. Palliative Care would also continue to be a priority and a particular focus for the health service and wider partners would be on the model of care for the end of life pathway.

Ms Brenda Armitage asked the following question:

Constant change in the past 5 years has meant 2 PCTs became 4 CCGs, which have now become 1 big Derbyshire 'FOOTPRINT' divided into 21 PLACES, since reduced to 8, with added HUBS. During this time financial mismanagement has resulted in a £95million debt. And so an 'outsider', Dr. Chris Clayton, has been appointed to cut services and reorganise our NHS at reckless speed.

Isn't it the case Dr Clayton that you cannot do this without harming Derbyshire people's NHS at all levels, and that you have to make the case to NHSE, Matt Hancock, Simon Stevens et al that the people who live in Derbyshire should not have to bear the burden for mistakes made by those in charge?

Dr Clayton responded that he would answer factually the elements in the question rather than responding to the opinions expressed. He stated that whilst he was relatively new to Derbyshire he had been in his current role for a year and had worked in the NHS for some time in different parts of the country. Therefore he was not an outsider to the NHS and fully understood the local challenges. He stated that he was not appointed to cut services and reorganise the service at "reckless speed". He also stated that when he joined Derbyshire he did have a mandate to merge the CCG's.

There had been significant change in the structure of the NHS over many years. Every so often there was a reorganisation, particularly of the commissioning structure of the NHS. The stage they were in was part of the natural evolution of CCG's where it would bring the four CCG's together to focus efforts on doing things once and to be able to reflect the eight places that had started to mature and develop.

In terms of the comment regarding financial mismanagement, the NHS in Derbyshire had until recently delivered the financial requirements placed on them. As stated by Dr Milton at the previous Health Scrutiny Committee, the commissioners had been undertaking savings for many years such as the savings delivered through medicines management.

The NHS as a whole is struggling to manage the gap between the demand for services and the available resource, this was not a local issue, it was occurring across the country. Through the Derbyshire STP the CCG would continue to work to reduce the gap between financial resource and service demand by working differently.

The Committee Members put forward a number of questions to Dr Clayton and his colleagues on the information contained in his report. Key issues were:

- The Committee noted that, in respect of the infrastructure for the voluntary sector, there was to be a rapid review during this financial year to inform the CCGs' decision on commitments for next year.
- It was also noted that a more extensive consultation process was planned for the 26 Discretionary grants, over the next 3 months, with the voluntary sector and partner funding organisations, including Derbyshire County Council and the Terms of Reference for this were being developed. It was anticipated that following the consultation period a decision on support to the voluntary sector would be made in December.
- It was noted that the CCGs' Governing Bodies, at their joint meeting on 27 September, agreed the decision on further consultation on the voluntary sector funding proposals and to retain the beds at Ilkeston Hospital for the time being.
- The Committee understood that the 4 CCGs' planned to merge into one by the end of March 2019. The Committee appreciated the benefits of having one Derbyshire CCG but there was uncertainty on the exact amount of savings that could be made as a result. It was possible that more savings may arise from the merger than currently anticipated and the Committee therefore strongly believed that the merger should be in place before any significant cuts to services were implemented.
- Concern was expressed on the CCGs' performance figures and access to the Commissioners' Sustainability Fund to assist failing CCGs. It was considered that the Derbyshire CCGs should look at re-negotiating their current agreement with NHS England on the financial recovery plan, following the merger of the 4 CCGs into a single CCG for the county.
- Dr Clayton informed the Committee that the proposals discussed at the meeting would address the CCGs' need to achieve planned savings of £51m and secure a planned deficit (Control Total) agreed with NHS England of £44m. He added that the CCGs would face further and more extensive budgetary reductions over the next two financial years and the Committee would be included in the process as the numerous changes to services were proposed.

The Chairman thanked Dr Clayton and his colleagues for his report and their answers to the public and Committee's questions. In respect of further, extensive budgetary reductions anticipated over the next two financial years, the Chairman stated that the Committee was mindful that this would result in further service reconfigurations and it would require details of each proposal as part of the consultation process in order to make recommendations as appropriate.

The Chairman invited the Committee Members to express their opinions on the issues discussed at the meeting in order to develop a response to the CCGs by 19 October 2018, as requested in the letter from Dr Clayton of 19 September 2018.

Following these discussions, the Chairman proposed recommendations which were seconded and agreed by the Committee.

RESOLVED that:

- (1) The Committee appreciate the additional information supplied in the report to the meeting on 1 October 2018 and noted that, for a number of the proposed service disinvestments, further consultation would be held with the Committee over coming months.
- (2) The Committee noted, in particular, that it had been informed at this meeting that, at a meeting on the 27 September 2018, the CCGs' Governing Bodies agreed to carry out a further period of consultation on some aspects.
- (3) The Committee needed to be satisfied that the proposals were in the interest of the health service in the county and that consultation had been adequate.
- (4) The Committee considered, on the basis of its discussions today, that it would be preferable for any significant decommissioning decisions to be delayed pending the establishment of a single CCG, as the future financial position appears to be uncertain at this stage.
- (5) The Committee would continue constructive dialogue with the CCGs and would therefore delay any decision as to whether or not to refer the proposals to the Secretary of State until the 31 October 2018 to allow a further response to be made by the CCGs by that date.