

MINUTES of a meeting of **the IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH** held at County Hall, Matlock on 30 November 2015.

PRESENT

Councillor S A Bambrick (in the Chair)

Councillors Mrs E Atkins, D McGregor, Mrs J E Patten and Mrs I Ratcliffe.

Apologies for absence were submitted on behalf of Councillors S Blank, W Major and Mrs M Stockdale.

35/15 **MINUTES** **RESOLVED** that the minutes of the meeting of the Improvement and Scrutiny Committee – Health held on 21 September 2015 be confirmed as correct records and signed by the Chair.

36/15 **TAMESIDE AND GLOSSOP CCG CARE TOGETHER PROGRAMME** S Allinson, Tameside and Glossop CCG made a presentation on the progress that was being made on the proposals for the new model of care from 1 January 2016 with a single commissioning function. Health inequalities in Tameside and Glossop were highlighted with a low healthy life expectancy.

It had been recognised by all partners in Tameside and Glossop that making no changes to the health and social care system was not an option, and it was necessary to bring together social, primary, community and hospital services to provide an integrated care system. There had also been wide recognition of a need to focus on the wider public health system in order to close the gap in health inequalities.

The proposed new model of integrated care would involve local community care teams co-ordinating all care being provided to residents; a new Urgent Care Service would incorporate health and social care crisis services and there would be an elective surgical centre within effective hospital network for specialist and emergency surgical care. A position had been agreed with Derbyshire County Council to align but not integrate services and commissioning budgets.

In the Glossop locality, the CCG wished to improve range and access to health services locally. An asset utilisation exercise had been completed which showed available capacity in Glossop Health Centre. Advanced plans were in place to deliver enhanced access to general practice in Glossop by 1

January 2016; ideas were being created through stakeholders conversations on additional services to be included and the CCG wished to work with stakeholders to determine how to maximise use and efficiency of high quality estate and the consequent management of need to reduce reliance on premises not fit for the future.

RESOLVED that the proposals be noted.

37/15 EREWASH MULTI-SPECIALTY COMMUNITY PROVIDER

R Marwaha (Erewash CCG), I Majid (Derbyshire Healthcare Foundation Trust) and W Jones (Derbyshire Community Health Services Foundation Trust) attended to make a presentation on the Erewash Multi-specialty Community Provider Vanguard project.

In January 2015, the NHS invited individual organisations and partnerships to apply to become ‘vanguard’ sites for the new care models programme, one of the first steps towards delivering the Five Year Forward View and supporting improvement and integration of services. In March, the first wave of 29 vanguard sites were chosen. There were three vanguard types – integrated primary and acute care systems; enhanced health in care homes; and, multispecialty community provider vanguards. The vanguards were selected following a rigorous process, involving workshops and the engagement of key partners and patient representative groups. Each vanguard site would take a lead on the development of new care models which would act as the blueprints for the NHS moving forward and the inspiration to the rest of the health and care system. Erewash was selected to be a Multi-specialty Community Provider Vanguard and was asked to submit a value proposition describing the vision for Erewash, and the new service model that will be put in place.

Four themes would be the building blocks for delivery of the vision:

- Building community resilience
- Making self-care and shared decision making a reality
- Integrated community service provision
- Responsive and accessible Primary Care

In order to deliver change on the scale required to deliver the ambition, there was a need to radically change and develop the use of the most valuable assets - people, Information Management and technology and the estate. In addition, for change on this scale to be successful there must be engagement and communicate with local people and stakeholders. Therefore, there were four enabling workstreams addressing these issues.

RESOLVED that the update be noted.

38/15 JOINED UP CARE IN BELPER AND SERVICES PROVIDED AT BABINGTON HOSPITAL SITE

W Jones (Derbyshire Community Health Services Foundation Trust) and H Dillistone (Southern Derbyshire CCG) informed the Committee of the current review of health care services in the Belper and surrounding area in order to make sure that the right care was in place now and in the future.

The CCG needed to look at how health services were provided in and around Belper to understand how, with the changing health needs of the local population, they may need to alter how services were delivered. They would in detail at how people's behaviour had changed towards the use of health care services and incorporate this in the vision for the future.

The review would focus on:

- What are the healthcare needs now and what do we expect them to be in 5,10, 15 years and into the future,
- What services are available now,
- How can services be improved,
- How can we make sure we can afford this now and into the future.

Reference was made to the possible service solutions which may affect services delivered from the Babington Hospital and some of the difficulties with the use of Babington Hospital were noted.

Consultation would be carried out from February 2016 and a further update would be presented to the Committee in Spring 2016.

RESOLVED that the presentation be noted.

39/15 CRESWELL AND LANGWITH SURGERIES The Committee reviewed the information that was available on the current position with regard to Primary Care services in Creswell and Langwith. Councillor McGregor voiced his frustration as local member and referred to a recent letter from the Minister to the local MP which stated that the matter would be resolved "soon".

There had been a detailed discussion on this matter at the Committee's meeting on 20 July 2015 when A Gregory and G Harry (Hardwick CCG) had delivered an update.

A Gregory would arrange for an immediate written update to be provided and the issue would be discussed at a special meeting of the Committee which was being arranged for December 2015.

40/15 HEALTHWATCH DERBYSHIRE Ms H Hart,
Healthwatch Derbyshire, presented their reports on the autism pathway. The reports made a number of recommendations and the response from the Derbyshire Children's Autism Co-ordinating Group was set out.

The report had also been presented to the Improvement and Scrutiny Committee – People and that Committee had referred the report on to the Cabinet member for Children's Services for the consideration of recommendations relating to his portfolio. Healthwatch would monitor the response to the recommendations detailed in its report.

RESOLVED that the report be welcomed and a report on progress be presented in 6 – 9 months.

41/15 REVIEW OF ACUTE HOSPITAL DISCHARGES – PROGRESS REPORT A report was presented on the progress that had been made on the review of acute hospital discharges. Further evidence gathering would continue.

RESOLVED that progress be noted

42/15 WORK PROGRAMME **RESOLVED** to note progress on the Committee's work programme.

43/15 EXCLUSION OF THE PUBLIC FROM THE MEETING
RESOLVED that the public be excluded from the meeting during the consideration of the remaining items on the agenda to avoid the disclosure of the kind of exempt information detailed in the following summary of proceedings.

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

Report of North Derbyshire CCG on 21 Century care programme (Containing information relating to the financial or business affairs of a particular person)