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PUBLIC

To: Members of Improvement and Scrutiny Committee - Health

Friday, 12 November 2021

Dear Councillor

Please attend a meeting of the **Improvement and Scrutiny Committee - Health** to be held at **2.00 pm** on **Monday, 22 November 2021** Council Chamber, County Hall, Matlock, Derbyshire DE4 3AG; the agenda for which is set out below.

Yours faithfully

A handwritten signature in black ink that reads 'Helen E. Barrington'.

Helen Barrington
Director of Legal Services

A G E N D A

PART I - NON-EXEMPT ITEMS

1. To receive apologies for absence (if any)
2. To receive declarations of interest (if any)
3. To confirm the non-exempt minutes of the meeting of the Improvement and Scrutiny Committee - Health held on 13 September 2021 (Pages 1 - 6)
4. Public Questions (30 minutes maximum in total) (Pages 7 - 8)

(Questions may be submitted to be answered by the Scrutiny Committee, or Council officers who are attending the meeting as witnesses, on any item that is within the scope of the Committee. Please see the procedure for the submission of questions at the end of this agenda.)

5. Integrated Case System
6. Review of Urgent Treatment Centres (Pages 9 - 10)
7. Work Programme

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MINUTES of a meeting of **IMPROVEMENT AND SCRUTINY COMMITTEE - HEALTH** held on Monday, 13 September 2021 at County Hall, Matlock, DE4 3AG.

PRESENT

Councillor J Wharmby (in the Chair)

Councillors M Foster, E Fordham, P Moss, G Musson, L Ramsey, P Smith and A Sutton.

Apologies for absence were submitted for Councillor D Allen.

Also in attendance were Zara Jones, Executive Director and Jo Keogh, XXXXX Commissioning Operations at NHS Derby and Derbyshire CCG and Sharon Martin, Executive Chief Operating Officer of University Hospitals of Derby and Burton NHS Foundation Trust.

20/21 MINUTES

To confirm the non-exempt minutes of the meeting of the Improvement and Scrutiny Committee - Health held on 12 July 2021.

21/21 PUBLIC QUESTIONS

Question posed by Councillor Gez Kinsella:

The closure of Babington Hospital in Belper and the construction of a new health centre on the same site has left residents to ask how their future health needs will be met. There are a range of services that could be provided, but at this stage it is unclear what these are. Can you confirm:

1. What services will the new health centre provide?

Response:

The table below is from Derbyshire Community Health Services who are responsible for developing the site and who provide the majority of our community healthcare.

Belper Clinic Services:		
Audiology	Health visitor development clinic	School nursing clinic
Cardiology	Occupational	Stop smoking

	Health Services	service
Children's audiology	Parent craft	Physiotherapy
Community podiatry	Phlebotomy	Podiatry
0-19 Years services	Gynaecology	Learning Disability Services
Breastfeeding Support	Special Hearing Clinic	Baby-Weigh Clinic
Weight Management	Diabetes Education	Community Dietician
Continence	Clinical Psychology	Heart Failure Nurse
Counselling services		
Babington Hospital Outpatient Services		
MSK/ Physiotherapy		
Geriatric Consultant clinic		
Day Rehabilitation		

As you will see from the excerpt from the Belper engagement below it meets the plans we outlined during the engagement.

2. What additional services the Royal Derby Hospital will provide?

Response:

In terms of delivery of services, we would encourage services to be delivered closer to home. It is recognised that having community hubs to deliver the proactive element of the ageing well agenda is the way forwards.

There is work ongoing to look at the delivery of outpatient services outside of the main hospitals and this is being scoped out as part of the ageing well agenda.

As this work progresses, we will continue to engage with a wide range of stakeholders and request to return to or update the Health and Overview

and Scrutiny Committee.

3. What provision will be met through the Primary Care network, freely accessed at the point of need?

Response:

The Primary Care Network are constantly reviewing the provision of local services. Delivering services from the Belper Health Centre is one of the options that could be considered. Whilst premises / estates related to delivery of healthcare may change, the PCN are committed to working with NHS, Social Care and the Amber Valley Place Alliance partners to ensure that Belper residents continue to have access to high quality, local services that meet the needs of the population.

The Belper PCN are currently working with partners to develop a new, integrated team that will provide both urgent and routine person centred care for those who are housebound. It is expected that this service will be launched in 2022.

22/21 HYPER ACUTE STROKE UNIT REVIEW

The report was presented by Zara Jones and Jo Keogh and outlined the reasoning behind the review being undertaken into the Hyper Acute Stroke Unit at Chesterfield Royal Hospital.

The main issue was that the Hospital Trust had experienced significant challenges with the recruitment of Consultant Stroke Physicians; the expert clinical workforce required to deliver the hyper acute element of the Stroke pathway. At the time of the meeting the Trust had appointed a locum consultant stroke physician.

The review had identified four options for consideration:

- Do nothing and continue as it did currently;
- Strengthen the Chesterfield Hyper Acute unit by design;
- Decommission the Chesterfield Royal Hospital Hyper Acute Stroke Unit with patients being directed to either a single Hyper Acute Stroke Unit provider or multiple providers;
- Review the Chesterfield Royal Hospital Hyper Acute Stroke Unit service as part of a wider East Midlands review to rationalise sites and continue to provide the service 'as is' at Chesterfield Royal Hospital in the meantime.

Appendix 2 to the report highlighted current areas of concern:

- The current service at Chesterfield was below the Midlands and

national average for patients being seen within 24 hours of “clock start”;

- The current service was also below the national and midland average on being seen by a stroke consultant, a stroke nurse and being given a swallow test.

Members raised concerns over the decommissioning of the Chesterfield Royal Hospital Hyper Acute Stroke Unit option. It was felt that the potential additional travelling time could have an adverse effect on the patient’s chance of recovery, especially given that the time in accessing treatment was critical when caring for stroke patients. However, it was accepted that patients should be treated where they had the best chance of a good outcome.

RESOLVED - that the Committee (1) note the content of the paper and the presentation; and

(2) receive feedback and further detail supplied through the action group at a future meeting before supporting any process.

23/21 PLANNED RECOVERY UPDATE

Sharon Martin provided an update on progress made on the Planned Recovery of services post-COVID. Members were especially interested in the re-opening of operating theatres at Chesterfield Royal Hospital and details of the prioritisation methodology used for waiting lists. The report gave an update on the theatre situation and set out actions they had taken to address staffing issues.

Details on the inpatient waiting list showed a big increase from an average waiting time of 7 weeks (with 570 patients awaiting surgery and a back log of 242) to a post-COVID average waiting time of 37 weeks (with 1,165 patients on the waiting list and a backlog of 972).

The day case waiting list saw a large increase, from 9 to 29 weeks (an increase of 2665 to 3959 patients waiting and an increased backlog from 742 to 2565 patients).

Members asked a number of questions around the current service, the proposed options and the timescale of the review. The Committee was especially keen to be able to contribute to the review as it progressed and within the timescale.

RESOLVED - that further information and updates be sent to the Committee via the Scrutiny Officer and/or briefing meetings to be held with Members

24/21 COMMITTEE WORK PROGRAMME

The Scrutiny Officer updated the Committee on the outcomes of the sub-meeting held on 7 September to discuss the Committee's future work programme.

It was noted that the Committee's work was mostly led by NHS service transformations which the Committee must consider as part of consultation. Members put forward their suggestions for potential reviews and these included:

- Section 75 Agreements between the Council and NHS Commissioners and providers;
- ICS briefing by Dr Chris Clayton and the Executive Director, Health and Social Care at the next committee meeting;
- Changes to how people access GP services (moving towards phone or virtual consultations);
- Accessing dental services during and post pandemic; and
- Revisit the CCG Financial Recovery Plan.

RESOLVED - Members who wished to submit an area for review were asked to fill in the proposal form and submit it to the Chairman, with a copy to the Scrutiny Officer. A scoping report would then go to a future committee meeting to start the review process for accepted proposals.

Procedure for Public Questions at Improvement and Scrutiny Committee meetings

Members of the public who are on the Derbyshire County Council register of electors, or are Derbyshire County Council tax payers or non-domestic tax payers, may ask questions of the Improvement and Scrutiny Committees, or witnesses who are attending the meeting of the Committee. The maximum period of time for questions by the public at a Committee meeting shall be 30 minutes in total.

Order of Questions

Questions will be asked in the order they were received in accordance with the Notice of Questions requirements, except that the Chairman may group together similar questions.

Notice of Questions

A question may only be asked if notice has been given by delivering it in writing or by email to the Director of Legal Services no later than 12noon three working days before the Committee meeting (i.e. 12 noon on a Wednesday when the Committee meets on the following Monday). The notice must give the name and address of the questioner and the name of the person to whom the question is to be put.

Questions may be emailed to democratic.services@derbyshire.gov.uk

Number of Questions

At any one meeting no person may submit more than one question, and no more than one such question may be asked on behalf of one organisation about a single topic.

Scope of Questions

The Director of Legal Services may reject a question if it:

- Exceeds 200 words in length;
- is not about a matter for which the Committee has a responsibility, or does not affect Derbyshire;
- is defamatory, frivolous or offensive;
- is substantially the same as a question which has been put at a meeting of the Committee in the past six months; or
- requires the disclosure of confidential or exempt information.

Submitting Questions at the Meeting

Questions received by the deadline (see **Notice of Question** section above) will be shared with the respondent with the request for a written response to be provided by 5pm on the last working day before the meeting (i.e. 5pm on Friday before the meeting on Monday). A schedule of questions and responses will be produced and made available 30 minutes prior to the meeting (from Democratic Services Officers in the meeting room).

It will not be necessary for the questions and responses to be read out at the meeting, however, the Chairman will refer to the questions and responses and invite each questioner to put forward a supplementary question.

Supplementary Question

Anyone who has put a question to the meeting may also put one supplementary question without notice to the person who has replied to his/her original question. A supplementary question must arise directly out of the original question or the reply. The Chairman may reject a supplementary question on any of the grounds detailed in the **Scope of Questions** section above.

Written Answers

The time allocated for questions by the public at each meeting will be 30 minutes. This period may be extended at the discretion of the Chairman. Any questions not answered at the end of the time allocated for questions by the public will be answered in writing. Any question that cannot be dealt with during public question time because of the non-attendance of the person to whom it was to be put, will be dealt with by a written answer.

**DERBYSHIRE URGENT TREATMENT CENTRES STRATEGIC REVIEW :
 A BRIEF FOR OVERVIEW AND SCRUTINY COMMITTEE OFFICERS**

<p>Background</p> <p>In July 2017, updated February 2021, NHS England produced Principles and Standards to be achieved for the formal designation of all Urgent Treatment Centres (UTC). The guidance sets out the principles and standards which Sustainability and Transformation Partnerships and local commissioners (soon to become Integrated Care Services) should achieve when establishing Urgent Treatment Centres as part of their local integrated urgent and emergency care system.</p> <p>The establishment of Urgent Treatment Centres forms part of the 2019 NHS Long Term Plan to improve national ED performance and make access to services clearer for patients.</p> <p>As a result of UTC standardisation and simplified access, the National review expects that attendance at ED would be reduced, and patient convenience improved, as patients will no longer feel the need to travel and queue at ED.</p> <p>The National review also identified the confusing mix of walk-in-centres, minor injuries units and urgent care centres in addition to numerous GP health centres and surgeries offering varied levels of core and extended urgent care services. To address patient and public confusion the national review outlined the core set of standards for Urgent Treatment Centres in order to establish as much commonality as is possible.</p>
<p>Current Position</p> <p>Currently Derbyshire has 5 Urgent Treatment Centres designated in 2019 in accordance with the NHSE stipulated timescale. These centres are essentially existing centres that already met the required criteria and are located Ilkeston, Ripley, Buxton, Whitworth and Derby City. A commitment to further review UTCs was intended.</p> <p>Since 2019 the experience of the Covid pandemic and associated necessary changes to health service provision led to the provision of 2 further Urgent Treatment Centres located at the Acute hospital front door at both Chesterfield and Royal Derby hospitals.</p> <p>In assessing and considering the need to formally commission and continue provision of these 2 additional UTCs, a strategic level decision was made to review all UTC provision across Derbyshire.</p> <p>The strategic review of UTCs will take into consideration the recent and ongoing investments in enhancing Primary Care provision and the development of local Primary Care Networks. The review will have a focus on population health needs and health inequalities in agreeing future provision of Urgent Treatment Centres. To this end, the strategic review will include the three GP walk in centres at New Mills, Swadlincote and Ashbourne.</p>
<p>Progress to Date</p> <p>This review is recently commenced and is at early stages of development. The work is being carried out in conjunction with system partners from all Urgent Treatment Centres, the two acute trusts, CCG colleagues, DCHS, DHU111, Primary Care and Mental Health partners. The programme is currently co-designing with CCG and JUCD colleagues an online survey for patients and the public to form part of pre-engagement work.</p>

It is recognised that decisions regarding the future provision of Urgent Treatment Centres will have an impact on a number of stakeholders, particularly patients and public. And we are working closely with our Engagement team to ensure all procedures are met in line with patient and public involvement in options appraisal and decisions, and that any statutory consultation obligations will be met.

At this stage a UTC Strategic Working Group involving Derbyshire commissioners and service providers has been established. The working group is led by Dr Paul Wood (Clinical Lead for Urgent Care, Derby and Derbyshire Clinical Commissioning Group) and is currently working through the logistics regarding what is needed to undertake such a review, ie what data we need and the gathering of that data, and what may be possible in terms of service delivery.

The working group will report into the Urgent, Emergency and Critical Care Delivery Board and subsequently to the Joined Up Care Derbyshire (future ICS) Board.

We are currently working with our Engagement team to produce an Engagement Plan, UTC review timeline and project plan, which can be provided to the Committee once completed.

The working group wish to keep the Oversight and Scrutiny Committee up to date with progress and would welcome any feedback or questions on the information shared within this briefing document.