

Time commenced – 18.05

Time finished – 19:50

ADULTS AND HEALTH SCRUTINY REVIEW BOARD

18 April 2023

Present: Councillor Martin, (Chair)
Councillors Froggatt and A Holmes

In Attendance: Robyn Dewis – Director of Public Health
Daniel Webster – Programme Director for Urgent and
Emergency Care - NHS
Zara Jones – Executive Director of Strategy and Planning at
the Integrated Care Board – NHS
Chris Weiner – Chief Medical Officer for the Integrated Care
Board – NHS
Claire Johnson - Lead Midwife for Quality and Safety - NHS

35/22 Apologies for Absence

Apologies were received for Councillors Pattison, Lonsdale and J Khan.

36/22 Late Items

There were no late items.

37/22 Declarations of Interest

There were no declarations of interest

38/22 Minutes of the meeting held on 31 January 2022

The minutes of the meeting held on 31 January 2023 were agreed as a correct record.

39/22 Urgent Treatment Centre Review Update

The Board received a presentation which provided an update on the Urgent Treatment Centre Review.

It was noted that Urgent treatment centres (UTCs) were GP-led, open at least 12 hours a day, every day, offered appointments that could be booked through 111 or through a GP referral, and were equipped to diagnose and deal with many of the most common ailments people attend A&E for.

It was reported that UTCs also eased the pressure on hospitals, leaving other parts of the system free to treat the most serious cases. The UTC offer resulted in decreased attendance at A&E.

It was noted that JUCD were currently reviewing its future strategy for urgent treatment centres in order to respond needs of the local population. JUCD were looking to develop an integrated pathways approach to care, linking with other service provision to ensure seamless transfer of care. This included between UTCs and the wider Urgent and Emergency Care system, and to other services which support onward referral.

It was noted that this approach also built upon recommendations from Dr Claire Fuller's report, commissioned by NHS England in November 2021 to undertake a stocktake of primary care integration, including achieving stronger alignment with UTCs and the wider urgent care system. It was reported that one option being explored alongside Urgent and Emergency care, primary care, community and voluntary partners was a HUB approach within the city.

Councillors raised concerns that members of the public would be forced to use UTCs due to problems in accessing GP services.

The Board resolved to note the update.

40/22 Maternity Services

The Board received a report on Maternity Services in Derby and Derbyshire.

It was noted that maternity services within Derbyshire consisted of two acute Trusts, Chesterfield Royal Hospital Foundation Trust (CRH) and University Hospitals of Derby and Burton Foundation Trust (UHDB). UHDB had two sites providing maternity care: Royal Derby Hospital (RDH) and Queens Hospital Burton (QHB).

It was reported that, prior to COVID, a standalone birth unit was available at Samuel Johnson Hospital for residents in the south of the county, however this was temporarily suspended due to staffing pressures. It was noted that currently, the home birth service at UHDB was suspended until September 2023 when it was anticipated workforce numbers would improve following the recruitment of internationally qualified and newly qualified midwives.

It was noted that all sites had Neonatal Units, Consultant Led Care and Midwifery Led Care Units providing care for approximately 11,500 people per year and families.

The Board noted that CRH had approximately 3500 births per year and covered North Derbyshire and Chesterfield primarily. RDH had approximately 6000 births per year and covered Southern Derbyshire and Derby City. Both hospitals provided care to residents of the High Peak. QHB covered South Derbyshire and Burton and therefore also extended into Staffordshire.

It was reported that Derbyshire County residents had a choice of place of birth, including home and could access services at the hospitals discussed or

could attend Nottinghamshire, Staffordshire, or Greater Manchester Trusts. This was reciprocated where residents of these counties could also choose maternity care within Derbyshire.

Councillors raised concerns about the recruitment and retention of midwives and the number of stillbirths in Derby.

The Board resolved to note the update.

41/22 Derby and Derbyshire Integrated Care Strategy

The Board received a presentation on the Derby and Derbyshire Integrated Care Strategy.

It was reported that there were three key areas of focus spanning prevention, early intervention and service delivery. It was noted that these three areas were not framed as priorities, as they were not necessarily regarded as being more important than other topics. Instead they had been chosen by senior responsible owners from across the System as ideal areas to test JUCD's strategic aims and ambitions for integrated care, in response to population health and care needs. It was noted that these were:

- Start Well - To improve outcomes and reduce inequalities in health, social, emotional, and physical development of children in the early years (0-5) via school readiness.
- Stay Well - To improve prevention and early intervention of the 3 main clinical causes of ill health and early death in the JUCD population - Circulatory disease, respiratory disease and cancer.
- Age/ Die Well - To enable older people to live healthy, independent lives at their normal place of residence for as long as possible. Integrated and strength based services will prioritise health and wellbeing, help people in a crisis to remain at home where possible, and maximize a return to independence following escalations.

It was reported that after the Strategy was approved, the focus would immediately shift to delivery, and the work programmes that would be responsible for realising benefits. It was noted that a set of common requirements would be produced to guide the work, and this would support the Integrated Place Executive in managing delivery of the Strategy on behalf of the ICP Board.

It was noted that additional programme resource would be required to drive, support and co-ordinate this work, alongside delivery of the development plans for the enabling functions and services.

The Board resolved to note the update

43/22 Work Programme 2022/23

The Board received a report of the Head of Democracy on Work Programme and Topic Review.

The report provided Members of the Board with the opportunity to consider its terms of reference and remit for the forthcoming municipal year, its work programme for 2022/23 and any topic reviews.

The Board resolved to note the contents of the report.

MINUTES END