



**MINUTES OF A MEETING OF THE  
HEALTH AND WELLBEING SCRUTINY  
COMMITTEE  
HELD ON 16th NOVEMBER 2017**

PRESENT: Councillor A James (Chair), Councillors S Goodall, T Clements, C Cooke, A Bishop, J Faulkner, R Rogers and County Councillor A Little

The following officers were present: Janine Bryant (Scrutiny and Corporate Support Officer)

Guest Speakers: Gavin Boyle – Chief Executive Derby Teaching Hospitals NHS Trust, Duncan Bedford – Chief Operating Officer Burton Hospitals NHS Foundation Trust

**26 APOLOGIES FOR ABSENCE**

Apologies for Absence were received from Councillors M Gant and M Oates.

**27 MINUTES OF THE PREVIOUS MEETING**

The Minutes of the previous Health and wellbeing Scrutiny committee held on 24th August 2017 were approved and signed as a correct record.

*(Moved by Councillor J Faulkner and seconded by Councillor C Cooke)*

**28 DECLARATIONS OF INTEREST**

There were no Declarations of Interest

**29 COLLABORATION OF BURTON HOSPITAL NHS FOUNDATION AND DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST**

The committee welcomed Gavin Boyle – Chief Executive Derby Teaching Hospitals NHS Trust and Duncan Bedford – Chief Operating Officer Burton Hospital NHS Foundation Trust to the meeting.

A short presentation around the collaboration of Burton Hospitals NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trust was given and concluded with a summary of the Five Pledges:-

- We will retain a vibrant district general hospital in Burton including our A&E.
- We will sustain and develop existing specialised services in Derby.
- We will introduce services in our community hospitals at Lichfield and Tamworth that recognise the changing needs of the two populations.
- We will retain patient choice.
- We will only make changes that will improve services and there are no plans to privatise them or make wholesale staff redundancies.

And a question and answer session.

The following questions were raised:-

**Councillor J Faulkner**

- When talking about the repatriation of the Staffordshire £1 from Birmingham hospitals how do you see this affecting service?

*The emphasis remains on patient choice; however the benefits of a closer collaboration or partnership would include access to many specialist areas that are currently available to patients within the Derby area. For example the quality of renal care within Derby enables 40% of patients to receive home dialysis unlike other areas that are operating at only 10% of home dialysis.*

- The Sir Robert Peel Hospital is on an extensive area of land and whilst there are ideas of what to build to expand what happens if this is not the case? Projection shows a large increase in the elderly within the Tamworth area so a residential home is a positive step but would require an integration of both social and health care needs.

*Currently no decisions have been reached, however it is identified that there is a need to decide what will happen on the site. The offer of a care home could be appropriate with the diminishing number of homes. Partnership of both levels of care social and health would be considered when deciding how to move forward, along with the correct consultation.*

- As part of the collaboration there is surely an objective to save funds with the economies of scale, when the process is completed will there be less to spend?

*Currently both Trust are operating with a deficit, which is projected to be approximately £43million accumulated if they were to stay separate, this is projected to reduce to around £20million deficit with the merger. However, staffing remains a principal aim and it is believed that the merger will enable recruitment of high quality staff to be attained. Within the*

*support services duplication of services would cease, but this will be achieved through natural turnover and workforce change and has been taken into account within the plan.*

### **Councillor A James**

- At initial presentation it appeared that this collaboration was a takeover by Derby Teaching Hospitals NHS Trust, how has this feeling changed to one of collaboration?

*Firstly seek reassurance that the two NHS Trusts are working together within the collaboration and that the whole process has and will continue to be approved by both Governors panels that operate at both Trusts. This has also included the appointment of staff and an announcement of the future board will be communicated within the next few weeks which will have staff from across both Trusts enable the way forward as one organisation.*

- What is the GP's awareness of the services that will be on offer as currently there appears to be a direction towards sending patients to Birmingham hospitals, e.g. for endoscopy services? How is this communicated to the local people?

*It is recognised that both Community hospitals are currently underutilised and the potential for development. The development of urgent treatment hospitals including GP engagement is the way forward, offering services like frailty clinics and same day GP appointments. At the Sir Robert Peel Hospital the same day appointments are looking to be introduced as early as 7<sup>th</sup> December 2017.*

*Within the Sir Robert Peel Hospital, outpatient services are also being developed to enable expertise spinal services; GP gynaecological unit; theatre services; frailty clinics and additional endoscopy theatre by March 2018.*

*There have been interviews with Tamworth Herald and they have been invited to visit the site in the New Year to see the services in operation. These talks with local media will continue.*

- Is there a concern regarding the backlog of maintenance at the Sir Robert Peel Hospital, with other sites available like the George Bryan Centre?

*The maintenance is not of concern. The main focus is centred on the footprint of the Sir Robert Peel Hospital and how to consolidate what is being offered on the site to enhance the care offer, along with what could be offered and developed within the future to avoid duplication of service offer.*

- Is car parking being investigated at the Sir Robert Peel Hospital, with concerns around the current contractor Parking Eye?

*The Executive are unhappy with the current contractor and are keen to see changes in this area. The contract has gone out to tender and within the tender will be a plan to adopt a different method of charging. Current charges are lower than other hospitals. There will be restrictions around the contracts, but this will be explored and taken into account and feedback given.*

**Councillor T Clements**

- Sought confirmation that the Breast Screening services were not removed and that choice is still provided.

*This would remain and confirmation of the locations of the mobile screening units provided.*

**Councillor C Cooke**

- When exploring the utilisation of space at the Sir Robert Peel Hospital, what happens if plans fall through and the extra area is not utilised, is there a contingency?

*This is part of the overall project and there is a need to provide implementation plans over five years to gain approval for the consolidation. This is driven by the desire to give better quality services and the timescale looks at beginning the long term project in April 2018.*

**County Councillor A Little**

- Within communities repatriation of £40million coming to the economy, Queen Elizabeth and Heartlands have found it difficult to repatriate funds in the past. How can we safeguard the Sir Robert Peel Hospital?

*The £40million is not expected as a whole and will be recovered over a period of time. The target figure of £6-7million over the next five years has been set, with nothing in the first year and then increasing year on year.*

- With the market share of Burton NHS Trust being smaller than Derby NHS Trust how do you ensure that this is equalized?

*There is not a business pyridine in Health Care, but making the partnership work over a large area with the objective of sustaining clinical services is key.*

Thanks were extended by the Committee to both representatives for attending the meeting and it was agreed that they were invited to return to the meeting scheduled for 22<sup>nd</sup> March 2018 to provide further updates.

**30 2017/18 FORWARD PLAN**

There were no issues identified on the Forward Plan.

**31 UPDATE FROM CHAIR**

There was nothing to update at the current time.

**32 UPDATE FROM STAFFORDSHIRE HEALTH SELECT COMMITTEE**

County Councillor A Little advised on the Staffordshire Health Economy and the appointment of Marcus Wameer to be the central contact for all six Staffordshire Clinical Commissioning Groups.

**33 WORK PLAN 2017/18**

**1<sup>st</sup> February 2018 – Dementia Friendly Update**

Clarification will be sought from the newly appointed Chief Operating Officer in respect of this item as it previous fell under the Chief Executive.

**Usage of Outdoor Gym Update**

There is no way to measure the usage of the gyms and therefore it was proposed by the Chair to remove the item from the work plan.

*(Proposed Councillor A James and seconded by Councillor S Goodall. All members in favour.)*

**New items:**

**9<sup>th</sup> January 2018**

Report from the Children and Families Safeguarding Officer

**22<sup>nd</sup> March 2018**

Update presentation from Burton Hospital NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trust

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Chair

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