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Ask for Mark Hooper
Email mark.hooper@lichfielddc.gov.uk



District Council House, Frog Lane
Lichfield, Staffordshire WS136YU

Customer Services 01543 308000
Direct Line 01543 308064

Monday, 10 December 2018

Dear Sir/Madam

COUNCIL SUPPLEMENT

Please find attached supplement papers for Council on **TUESDAY, 18TH DECEMBER, 2018 at 6.00 PM IN THE COUNCIL CHAMBER** District Council House, Lichfield.

Access to the Council Chamber is via the Members' Entrance.

Yours Faithfully

A handwritten signature in black ink, appearing to read 'Neil Turner'.

Neil Turner BSc (Hons) MSc
Director of Transformation & Resources

SUPPLEMENT

- | | | |
|----|--|--------|
| 8. | Minutes of the Community, Housing and Health (Overview and Scrutiny) Committee (green enclosure) | 3 - 16 |
|----|--|--------|



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COMMUNITY HOUSING AND HEALTH (OVERVIEW AND SCRUTINY) COMMITTEE

29 NOVEMBER 2018

PRESENT:

Councillors Mrs Baker (Chairman), Mrs Evans (Vice-Chair), Miss Shepherd (Vice-Chair), Ball, Mrs Constable, Eadie, Hault and O'Hagan.

18 APOLOGIES FOR ABSENCE

Apologies were received from Bamborough, Mrs Boyle, Humphreys, Mosson and Ray

Also Present: Claire Underwood, Transformation Programme Manager and Duncan Bedford, Executive Managing Director – University Hospitals of Derby and Burton NHS Foundation Trust.

19 DECLARATIONS OF INTERESTS

There were no declarations of interests.

20 VISION FOR COMMUNITY HOSPITALS IN THE DISTRICT

The Chairman introduced Claire Underwood and Duncan Bedford from the University Hospitals of Derby & Burton NHS Foundation Trust who gave a brief update on the merger of the University Hospitals of Derby and Burton and the context in which they were here today which was to consult with members about the Community Hospitals in South of Staffordshire. They advised that they were working on a vision for the Community Hospitals at both The Sir Robert Peel Hospital in Tamworth and The Samuel Johnson Community Hospital in Lichfield.

Mr Bedford explained that they have a passion for their future development and explained to the committee how it fits in to the NHS long term plan of 10 years via a Presentation (attached). Mr Bedford explained that the Staffordshire and Stoke on Trent Sustainability and Transformation Partnership (STP) is instrumental in delivering this great potential for both community hospitals.

They explained that the 10 year plan focuses on prevention and collaboration – not competition. Prevention was discussed as it was felt to be key as it reduces demands on services in the Derby and Burton Hospitals so they can concentrate on the more specialist/complex cases. The delivery locally also provides care closer to people's homes and the length of stays in the community hospitals can be lower and they were looking to maintain this.

It was agreed that integrated care systems need to be improved locally and be "place based"; more versatile working by clinicians and specialists will be required taking more expertise into the community hospitals.

The challenges for Lichfield were highlighted as well as the challenges for Tamworth and the statistics were highlighted showing an ageing population, poorer clinical outcomes than nationally and that screening uptakes in both Tamworth and Lichfield were worsening and this needed to improve (See Presentation).

It was questioned whether any eye clinics could be housed at the Community Hospitals rather than Burton and Derby Hospitals as many cannot drive after they have been to appointments. Mr Bedford/Ms Underwood said there is already a service at both The Samuel Johnson Community Hospital and The Sir Robert Peel Hospital but agreed the service could be

enhanced. However, there had been great challenges in recruiting consultants to that field but the merger with Derby Hospital could solve this.

The lack of links with schools and housing associations was mentioned and the non-existence of mental health support was highlighted. This was acknowledged and the need to change was recognised. It was suggested that a directory of services for both these and the available community hospital services would be ideal and that there was a need to improve the referral systems to ensure these services are known to all. The transport links are problematic and the parking at The Samuel Johnson Community Hospital is poor (these issues should be considered especially when bringing in additional services). Appointment times need to take into account public transport and non-driver issues.

The desire and need to limit the time and resources taken as a result of multiple appointments in multiple centres was discussed and plans for a multi-disciplinary approach are being pursued utilising one personal record in ideally one facility – joining up of appointment making systems will also be key here.

A general discussion took place around a hub concept and ways to engage the community. Lichfield District Council's Health & Wellbeing Strategy was mentioned and it was agreed that everyone needed to be working together and be creative with the budgets we have. The need for more funding and more GPs was raised particularly if the work force is being moved into the community – the potential to shift funding from hospitals to community based facilities and care was raised. Generally the vision was admired but it was known that there had been challenges at A&E at Burton Hospital meaning that Good Hope Hospital had been used as an alternative. There was a need for quicker social care packages as this would prevent bed blocking and it was agreed that this is a national problem as private organisations could not function with the funding they receive.

There was concern that the Minor Injury Units hours might be further reduced at both community hospitals and members considered this service to be crucial to service users.

Members suggested some Community Groups e.g. Sparks and specific projects that Mr Bedford/Ms Underwood might wish to approach as part of their consultation and mapping work to ensure valuable community links are not lost or under-utilised.

RESOLVED: (1) Mr Bedford and Ms Underwood were asked if they would come back to committee to further update members on the progress made and this was agreed;
(2) Members to raise any further questions or ideas via the Chairman or the Overview & Scrutiny Officer.

21 **STANDING ITEMS**

(a) Lichfield District Health Provision

The information received was noted.

(b) Staffordshire Health Select Committee

The Committee received an update on the most recent meeting of the Staffordshire Health Select Committee. It was agreed that there was not enough provision for CAHMS especially in schools and this should be considered a priority.

(The Meeting closed at 7.47 pm)

CHAIRMAN

Sir Robert Peel and Samuel Johnson

Page 5



Sir Robert Peel

- Outpatients
- Endoscopy with JAG
- Day Case Theatre
- Minor Injury Unit
- Radiology including Ultrasound
- Discharge to Assess/Rehab inpatient ward

Samuel Johnson

- Outpatients
- Minor Injury Unit
- Radiology including Ultrasound
- Renal dialysis unit
- Discharge to Assess/Rehab inpatient wards
- Midwifery led Maternity ward

Challenges for Lichfield Population- Statistics

- The overall population for Lichfield is projected to increase between 2015 and 2025 by 4% with significant growth in people aged 65 and over (20%) and aged 85 and older (63%).
- Men and women living in the most deprived areas of Lichfield live six and nine years less than those living in less deprived areas respectively.
- Healthy life expectancy in Lichfield is 65 years for men and 67 years for women. Women in Lichfield spend more of their lives in poor health than men (16 years compared to 14).
- Higher proportion of residents in Lichfield with a limiting long-term illness compared to the national average, eg. Atrial Fibrillation, Coronary heart disease, diabetes, hypertension and stroke. Clinical outcomes for some conditions is less than the optimum, namely; asthma, Chronic Obstructive Pulmonary Disease, diabetes.

Key challenges for Lichfield Population

- 67% of people in Lichfield carry excess weight
- Around 23% of children aged four to five in Lichfield have excess weight (overweight or obese). Around 31% of children aged 10-11 (Year 6) have excess weight .
- Diabetes prevalence in Lichfield is worse than England and the trend over the last 5 years is worsening
- With a worsening direction of trend for those aged 17+ with diabetes
- Admissions of patients aged 65 and over relating to falls is worse than England average
- Breast screening and Bowel Screening uptake in Lichfield is worsening over the past 5 years.
- LTC prevalence in Lichfield are all higher than England average
 - Asthma
 - Cancer
 - CHD
 - COPD

Challenges for Tamworth Population - Statistics

- High proportion of children aged under 16 and fewer people aged over 65 and over compared to England
- However, higher proportion of older people are considered to be in poverty = increased demand for primary care/urgent care services
- Tamworth population is projected to increase between 2015 and 2025 by 2% with significant growth in people aged 65 and over (27%) and aged 85 and older (59%)
- Healthy life expectancy is 63 years for both men and women which is shorter than average. Women in Tamworth spend more of their lives in poor health than men (20 years compared to 17).

Key challenges for Tamworth Population

- 74% of people in Tamworth carry excess weight
- Expected worsening trend for obesity
- Diabetes prevalence is worse than the England average in Tamworth
- There is a higher proportion of residents in Tamworth aged 65 and over with limiting long-term illness
- LTC prevalence CHD, COPD, Diabetes all higher than England average
- Admissions of patients aged 65 and over relating to falls is worse than England average
- Frail Elderly Population challenges
- EOL and Cancer higher than England Average
- The number of people on depression and diabetes registers in Tamworth is high
- Breast screening uptake in Tamworth is worse when compared to England, and the trend is worsening

What do we have?

- Two sites in two Staffordshire towns that have the potential to assume a more strategic role in healthcare delivery locally, providing care closer to people's homes.

Links to National Policy Agendas

- Shifting the Balance of Care
- Integrated Care - Integration of Health and Social Care
- Reshaping Care for Older People
- Intermediate Care
- End of Life Care Strategy: promoting high quality care for adults at the end of their life
- AHP's into Action
- The Prime Minister's Challenge on Dementia 2020

Vision

High Quality, accessible and sustainable care as locally as possible



Page 13

What are we proud of...

- Care Closer to Home, Community driven
- Retention/recruitment of staff and staff well being
- Prevention and Voluntary Social Prescribing Work
- Length of Stay Inpatient Wards
- Discharge Hubs
- MDT ward boards
- Rehab Outcomes
- Reduction ongoing placements
- Repatriation of Inpatient and Outpatient Activity
- JAG Accreditation
- Discharge with advice from MIU
- 4 hour target MIU
- Frailty Hub
- System Wide and Partner Relationships
- Staff Development opportunities
- 7 day working – ongoing developments
- Internal Volunteer Support
- ‘Work Family’ concept entire team; Admin team, Porters, Clinical and Non –Clinical, etc
- Merger and opportunities this brings
- Flexibility/Willingness of Teams/Departments

What would we like to do more of...

- Local Care for Local People
- Prevention
- Repatriation
- Improve IT (shared care)
- Extend Day Case offering
- Diagnostics
- One Stop Shop
- Urgent Treatment Centre
- Co-location ICT and Primary Care
- New models of access to LTC Specialism
- Integrated Therapy Model Locally
- Support the Primary Care Challenge and potential future Crisis
- Integrated Working
- Improve Transport to Specialist/Acute UHDB
- Nurse/Therapy/Pharmacy Led
- Celebrate and recognise our success!

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