

FOR: COUNCIL MEETING

20 FEBRUARY 2018

AGENDA ITEM 6

(GREEN ENCLOSURE)

REPORT OF CHAIRMAN OF COMMUNITY, HOUSING AND HEALTH (OVERVIEW & SCRUTINY) COMMITTEE

PRESENT:

Councillors Leytham (Chairman), Mrs Evans (Vice-Chairman), Miss Shepherd (Vice-Chairman), Mrs Banevicius, Bamborough, Mrs Boyle, Mrs Constable, Hoult, Mosson, O'Hagan and Ray.

Apologies for absence were received from Councillor Humphreys

(In accordance with Council Procedure No. 17 Councillors Pullen and Wilcox also attended the meeting).

Also Present: Gavin Boyle – Chief Executive of Derby NHS Foundation Trust
Duncan Bedford – Chief Operations Officer of Burton NHS Foundation Trust

At the meeting of the Community, Housing and Health (Overview & Scrutiny) Committee held on 11 January 2018 the following matters were considered:

1. AFFORDABLE HOUSING DELIVERY – APPROVAL OF REGISTERED PROVIDERS AND USE OF S106 MONIES

- 1.1 The Committee received a report on how the council had worked with housing associations (Registered Providers (RP)) through a Development Partnership Agreement to deliver new affordable homes since stock transfer. It was reported that the agreement had now lapsed and it was proposed to replace it with a policy that included criteria to approved RPs for future s106 opportunities. It was reported how the council intended to invite bids from approved RPs for existing s106 monies and future commuted sums to deliver new affordable homes.
- 1.2 It was reported that there was originally four PRs in the Development Partnership which reduced to three when two merged and its purpose was to work together to deliver new affordable housing whether through grants or commuted s106 monies. It was then reported that following a review, it was proposed to open up this partnership to allow other organisations to become a PR.
- 1.3 Commuted sums of S106 monies was then discussed and it was reported that there were (was) £400k in reserves and it was proposed to allow providers to bid for that fund to provide new affordable housing.
- 1.4 When asked, it was noted that although the new PRs were for profit organisations, there would be strict criteria and any surplus would have to be reinvested into the community.
- 1.5 Overall, the Committee were content with the proposals as it was felt there was a great need for affordable housing in the district.
- 1.6 It was resolved that Cabinet be recommended to approve the proposed criteria for the approval of Registered Providers and use of s106 monies.

2. MERGER OF BURTON HOSPITALS NHS FOUNDATION TRUST AND DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST

- 2.1 The Committee welcomed Mr Gavin Boyle and Mr Duncan Bedford to the Committee. Mr Boyle gave a presentation to the Committee on the reasons for the desire to merge the two NHS Foundation Trusts along with the challenges and progress. He reported that, for legal reasons, it was technically an acquisition of Burton NHS Foundation Trust however in spirit it was a merger of the two trusts with support and desire coming from both sides. He then reported on the positives of the merger and that as Burton was smaller it was difficult for them to sustain services and being with Derby, they could overcome this. Also, access to a larger population would aid Derby to continue providing specialist services.
- 2.2 Mr Boyle then reported the progress made in merging the two Foundation Trusts and it was noted that governance arrangements were in place and a business case had been drafted for approval by both Trust Boards before submission to the NHS regulator. It was also reported that clearance to proceed with the merger was required from the Competition & Markets Authority. It was hoped that all steps would be completed by 1st April 2018.
- 2.3 The role of the community hospitals at both Samuel Johnson and Sir Robert Peel, which are in the district, was discussed in depth and Mr Bedford reported that it was seen that their role was vital in supporting the Sustainability & Transformation Plans (STPs). It was noted that it was planned to introduce services for longer term conditions including diabetes and provide more day case surgeries. It was then discussed that a Frailty clinic could be introduced to help patients stay out of the major hospitals ad closer to their homes. Minor Injury Units were then discussed and that it was the preference of the Trusts to keep both and focus on urgent treatment and be better aligned with local GPs. When asked, it was confirmed that the Community Hospitals would continue to work with other Trusts that used that facility but it was hoped that being linked with Derby, greater specialist outpatient services could be provided.
- 2.4 Finally it was presented to Members that the merger process would not create any compulsory redundancies and it was believed that it would actually help retain staff through greater offerings and better progression prospects. There was concern that there was anxiety amongst staff and greater communications with them was required.
- 2.5 Members then asked questions regarding the financial position of the Trusts, especially the Private Finance Initiative (PFI) for Derby and the risk that had on the continuation of the community hospitals. It was reported that the PFI would not affect the merger plans and the commitment to maintain the community hospitals would be hardwired into any plans. It was also reported that there would be a £23m saving over five years achieved by the merger of the trusts. When asked, it was reported that the cost of the merger was in the region of £1.8m. It was asked if there would be a formal review of the merger and it was noted that there would be a post-merger plan to measure against. It was agreed that the Trust would return to the Committee and share that plan.
- 2.6 Members had concerns that similar could happen as what did with the Heart of England Foundation Trust when it took over the then failing Good Hope. It was reported by Mr Boyle that there was equal membership on the new Board and neither current Trust was failing and so was a much lower risk.
- 2.7 The Committee asked how the new Trust intended on recruiting local GPs to use the community hospitals especially in the urgent care units as there was a shortage. It was reported that training in specialist areas would be available and had already

begun at Robert Peel and that also discussions were taking place regarding locating GP practices in the hospital as it was felt it would enhance services to patients.

- 2.8 Bed blocking and domiciliary care was discussed and it was reported by members that care providers in Staffordshire had reduced from 80 to 60. It was felt that more joined up thinking was required as this domiciliary care was vital in preventing bed blocking.
- 2.9 Mr Boyle and Mr Bedford were thanked for their attendance and the information received was noted.

3. STANDING ITEMS

LICHFIELD DISTRICT HEALTH PROVISION

- 3.1 It was highlighted to the Committee that although it had been previously reported that there was a lack of GPs wanting to come to Burntwood, experience had shown that at least one locum had a desire to be permanently placed there but was turned down. It was agreed that the Chairman would investigate this further and get clarification as to the situation.

STAFFORDSHIRE HEALTH SELECT COMMITTEE

- 3.4 The Chairman of the Committee reported that at the last meeting, it was announced that there would be an agreement between the County Council and South Staffordshire and Shropshire Healthcare NHS Foundation Trust to provide adult social care mental health services.

D. Leytham
Chairman
Community, Housing and Health (Overview & Scrutiny) Committee