

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.

(In accordance with Council Procedure Rule No.17 Councillor Mrs Eagland attended the meeting).

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