

**MINUTES** of a meeting of the **IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH** held at County Hall, Matlock on 19 September 2016

**PRESENT**

Councillor S A Bambrick (in the Chair)

Councillors E Atkins, D McGregor, W Major, J E Patten and I Ratcliffe

**28/16** **MINUTES RESOLVED** that the minutes of the meeting of the Improvement and Scrutiny Committee – Health held on 18 July 2016 be confirmed as a correct record and signed by the Chair.

**29/16** **COLLABORATION OPPORTUNITIES BETWEEN BURTON HOSPITAL NHS FOUNDATION TRUST AND DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST** The Committee received a presentation from G Boyle (Derby Teaching Hospitals) and H Scott-South (Burton Hospitals) on the potential opportunity for collaboration between Burton and Derby Hospitals. Derby and Burton Hospitals were only 11 miles apart, and Derby Teaching Hospitals already provided a range of specialist services to the Burton population. Both Trusts also had broader clinical partnerships with other hospitals and community providers for specialist care.

Both Trusts faced similar challenges, and it was hoped that by working together, both would be in a better position to meet the challenges. The main aims were to improve the health of the population both Trusts served, and to reduce costs. The guiding principles were that Burton would remain a vibrant District General Hospital, and that Derby would have access to a larger population across which to plan its services. Patients wanted to access good quality care as close to home as possible, and clinicians could see the opportunities of working more closely together, building on their strengths. The partnership was not about closing down services, but about improving and retaining existing services across two hospitals.

Together, the Trusts were developing a clinical vision to provide outstanding care for all, share resources and learning, and develop clinical models that made the best use of skills and estate to make them future proof. There would be a common approach to sharing services through optimising support functions and reducing overheads to help invest in ‘front line’ services. The Trusts were exploring what form of partnership would be the most appropriate to deliver the improvements, and it was likely that a very close partnership would be recommended.

In terms of benefits from developing a partnership, it was the intention to improve quality and clinical outcomes, to deliver specialist services locally, to create a sustainable workforce, to optimise the estate and to release

financial efficiencies. With regard to next steps, some of the work was already being undertaken. Lots of discussions had been taking place, and a Strategic Outline Case was being presented to both Trust Boards in October. If this was agreed by both, more detailed plans would be developed over the coming months.

The Committee welcomed the proposed partnership between the two hospitals, and it was agreed that a further presentation would be welcome when more information was available to share.

**30/16      EAST MIDLANDS AMBULANCE SERVICE NON-EMERGENCY PATIENT TRANSPORT SERVICE** The Committee received a presentation from Helen Trubridge, East Midlands Ambulance Service, on the provision of the non-emergency Patient Transport Service (PTS) in Derbyshire. EMAS had recently taken over the service to provide non-emergency patient transport for patients who lived in, and were registered with GP's, in Derbyshire.

Two hundred staff had transferred to EMAS from the previous private provider, and these were based on existing A&E ambulance stations across Derbyshire. EMAS had purchased 70 new vehicles, solely for use on the PTS. EMAS also operated a volunteer car service, and was currently actively recruiting for this.

EMAS had only been providing this service since 1 August, but it appeared to be operating well. The Committee asked for feedback at a future meeting on how it was progressing.

**31/16      HEALTHWATCH DERBYSHIRE – 'WHAT MAKES FOR A POSITIVE HEALTH OR SOCIAL CARE EXPERIENCE'** Helen Hart, Healthwatch Derbyshire, attended the meeting to present a report entitled 'What Makes for a Positive Health or Social Care Experience'. This report had been designed to focus on the positive experiences that had been told to Healthwatch, and had been shared with relevant partners to enable them to reflect on what they could learn from the positive comments. A total of 620 comments had been received, and the services talked about most had been hospitals and GP practices. Responses to the report had been received from the majority of providers, and once all the comments had been received, these would be published.

**32/16      HOSPITAL DISCHARGES REVIEW – FINAL REPORT** The final report of the Review Working Group in relation to Acute Hospital Discharges was presented. The report contained a number of recommendations, and the Committee agreed with all of these, with the exception of one which it was agreed needed to be reworded. J Wardle agreed to amend the recommendation accordingly, and would then re-circulate for approval.

**33/16      SOUTH      YORKSHIRE/NORTH      DERBYSHIRE/NORTH**  
**NOTTINGHAMSHIRE JOINT HEALTH SCRUTINY COMMITTEE**

The Joint Health Scrutiny Committee had met on 8 August, and the Commissioners Working Together (CWT) had outlined its public engagement and consultation plans for Hyper Acute Stroke Units and Children's Surgery and Anaesthesia service changes. The CWT Commissioners had presented a detailed report on the appraisal of options for future provision, and details were provided to this Committee of the preferred options and how and when public consultation would take place.

The public engagement and consultation programme would take place over the autumn, with an end date of mid-January. The Joint Health Scrutiny Committee would receive the outcomes of the consultation and ask the CWT how it proposed to address any detrimental effects on patients who would lose locally provided services. At the last meeting, the Committee had asked the CWT to provide draft consultation material so that it could offer input. A further meeting was due to be held in October.

**RESOLVED** to note the ongoing work of the Commissioners Working Together – Joint Health Scrutiny Committee.

**34/16      CONGENITAL HEART SERVICES – EAST MIDLANDS**  
**CONGENITAL HEART CENTRE**

NHS England had recently announced its intention to cease commissioning congenital heart services from Glenfield Hospital, Leicester. Although the hospital was in Leicestershire, its specialist service for congenital heart surgery was provided for patients across the East Midlands area.

Any major changes to local health services were required to be subject to full public consultation prior to any action to reconfigure or close a service. Service commissioners were obliged to undertake a public engagement exercise to ascertain the impact any service reconfiguration would have on local communities and how the concerns of local patients would be addressed. The NHS England announcement had stated that... "subject to consultation with relevant trusts and, if appropriate, the wider public, NHS England will work with the University Hospitals of Leicester NHS Trust... to safely transfer Congenital Heart Disease surgical and interventional cardiology services to appropriate alternative hospitals". This followed communications between NHS England and the Chief Executive of University Hospitals Leicester regarding the Trust's ability to meet the requirements of service provision standards. It was not clear where services would be transferred following the closure of the East Midlands Congenital Heart Centre (EMCHC).

This issue was also being considered by Health Scrutiny Committees in Leicester City, Leicestershire County and Nottingham City. The Lincolnshire

Health Scrutiny Committee had already considered the proposals and the Committee Chair had sent a letter to NHS England reminding it of its duty to undertake a full public consultation. A response had been received which implied that NHS England would undertake a public engagement and consultation programme.

Members agreed that NHS England should be asked to provide more details of the alternative arrangements that would be offered to patients should the EMCHC be decommissioned. NHS England would also be asked to assure the Committee that a public engagement and consultation programme would be undertaken in accordance with Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 before any final decision was made on the future of the Centre at Glenfield Hospital. It was also agreed that the Chair of the Committee would send a letter to NHS England which set out the Committee's requests.

**RESOLVED** (1) to request NHS England to provide more details of the alternative arrangements that will be offered to patients should the EMCHC be decommissioned;

(2) to request NHS England to assure the Committee that a public engagement and consultation programme will be undertaken in accordance with Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 before any final decision is made on the future of the EMCHC at Glenfield Hospital; and

(3) that the Chair of the Committee sends a letter to NHS England which sets out the Committee's requests.

**35/16      WORK PROGRAMME** The current position on the Committee's work programme was reported. A range of issues would be considered by the Committee over the coming months, and members were asked to submit any areas where it was felt a review was needed.

**RESOLVED** to note the work programme for 2016/17.