

MINUTES of a meeting of the **IMPROVEMENT AND SCRUTINY COMMITTEE**
– **HEALTH** held at County Hall, Matlock on 12 March 2018.

PRESENT

Councillor D Taylor (in the Chair)

Councillors D Allen, R Ashton, S Bambrick, S Blank, S Burfoot, L Grooby, G Musson and R Parkinson.

8/18 **MINUTES RESOLVED** that the Minutes of the meeting of the Improvement and Scrutiny Committee – Health held on 22 January 2018 be confirmed as a correct record and signed by the Chairman.

9/18 **PUBLIC QUESTIONS** The Chair reported that two public questions had been received in respect of Services at Belper. It was agreed that the questions be put to the Committee.

1 Councillor Maurice Neville, Amber Valley Borough Council, read out the following question –

The future of NHS services in Belper has previously been discussed by DCC Health Scrutiny, specifically the future of Babington hospital and its clinical services. A petition which demands the preservation of overnight nursing beds in Belper has already gained over 700 signatures online and on paper after just 10 days because there is very strong support for these beds locally. The information currently coming from the NHS management to residents omits the detailed report on options for the current hospital, and this in turn omits vital cost comparison information about the viability of keeping Babington Hospital open. In a 16 page SDCCG document, astonishingly, the public have not been informed that staffing will be reduced from 39 WTE to 9.5 WTE. There are many other aspects of the issue which are not mentioned in the documentation produced by the SDCCG for public consumption. We have heard from the hospital staff that they are extremely sceptical about claims made for the proposed new building on Derwent St. Belper residents do not accept the SDCCG's assertion that there is no requirement for the formal consultation, which was repeatedly promised in writing by SDCCG for the last three years. SDCC has seemingly decided not given the information required to assess whether or not to support the project to members of DCC Health Scrutiny or the public. Will the DCC Health Scrutiny Committee support our demand for the full, open and comprehensive formal consultation to which we are entitled concerning an iconic Belper building and the vital health services we need?

2 Mary Dwyer read out the following question –

As a Belper resident I have recently been informed that Babington Hospital is definitely being closed for Health Services in less than 2 years now. The new proposed provision on Derwent Street will not have any 24 hour nursed beds even though we were promised as good if not better Health Services if Babington was ever closed. The services will not be as good by any means if there are to be no 24 hour nursed beds or palliative care. My Mother had wonderful care in Babington as the nursing team are an excellent 'team' supply good care as the last CQC stated. Derby Royal have tweeted today (5 March) that they are full and that people needing emergency care should go to Ripley minor injuries or Ilkeston. If we are already short of beds in Derbyshire why are we closing more?

Also we were promised a proper and full consultation until January (more recently on the CCG website) so I am asking you to demand for the people of Belper a full and proper consultation on Health Services in Belper, especially the intended closure and selling off of Babington Hospital.

Councillor Taylor gave the following response –

This Committee had considered the SDCCG's engagement process in respect of services currently provided at Babington Hospital at its meeting on 27 November 2017. The Committee was informed that the engagement process had sought local views about priorities for services and developed a communication and engagement plan to deliver the discussion about the future of Babington Hospital. Healthwatch Derbyshire would also conduct an independent analysis of the engagement. The Committee had been satisfied with the proposed engagement process, subject to further updates on any issues raised as a result of the engagement process, including details of how concerns would be addressed. The Committee was monitoring the progress of public engagement as services at Belper were developed.

The Chairman commented that the following presentation by Helen Dillstone and William Jones of the Clinical Commissioning Group (CCG) and Derbyshire Community Health Services (DCHS) might also address some of the concerns raised.

10/18 SERVICES AT BELPER The CCG had launched a comprehensive engagement period which ran from 17 January to 31 March 2018. Brochures and flyers had been distributed, information had been provided on the CCG website and via social media, and briefing sessions had been held. From feedback received to date a broad support for the new facility had been indicated, although concerns had also been raised about the removal of overnight beds, access and parking on the new site, and the future of the Babington site. Healthwatch Derbyshire would carry out an independent review of the feedback received and a recommendation would be made to the CCG Governing Body in May/June on the next steps.

William Jones reported that £5.9m capital money towards the project had been agreed by the Department of Health and Social Care.

In response to the questions raised, every effort would be made to redeploy staff affected by the proposed reduction in staff; palliative care would be provided at home, in support beds or in nursing beds based on a clinical decision of the patient's needs. The intention was that Babington Hospital would remain open until the new facility was available, however, there was concern regarding the safe condition of the building/site. It was confirmed that there were major incident plans in place for all health sites.

Helen Dillistone commented that the proposals for Belper would fill in the gap for 'Pathway 2' beds, which were not currently available in the locality.

RESOLVED (1) to receive the update report; and

(2) that the Improvement and Scrutiny Committee receive further updates from the CCG following the Healthwatch review prior to the CCG Governing Body meeting; and that a special meeting be convened if necessary.

11/18 ANNUAL QUALITY ACCOUNT (The Chairman agreed that this be considered as an urgent item in order to meet the CCG account reporting deadline) Carolyn White, Chief Nurse and Director of Quality presented an interim Annual Quality Report 2017/18. The report gave details of the priorities for improvement targets for the period, the Big 3 being patient safety (insulin dosages being administered correctly), clinical services effectiveness on patients, and patient experiences (role of carer relationships for adults and children). During the reporting period the DCHS had participated in national clinical audits for diabetes, learning disability mortality review, primary care, Sentinel stroke national audit programme, serious hazards of transfusion and Parkinson's disease. 28 internal clinical audit programmes had also been completed during 2017/18.

The Trust was currently rated as good overall by the Care Quality Commission and rated 1 by NHSI in respect of financial governance (lowest risk) and green in respect of quality governance.

Section 3 of the report gave details on quality improvements around patient safety, clinical effectiveness, patient experience, and responsiveness.

RESOLVED to receive the report.

12/18 DERBY AND BURTON – A ROUTE TO HIGH QUALITY SUSTAINABLE SERVICES Gavin Boyle, Chief Executive Officer, Derby Teaching Hospitals gave an update on progress of the Derby and Burton Hospital merger. The full business case had been completed in December 2017/January 2018. The Competition and Markets Authority was to meet on 15

March to give authority to proceed, following which a final decision on the proposal would be made by both Boards.

The Committee were reminded of the patient benefits of the merger around cardiology, orthopaedics, stroke services, and renal provision.

The pledges on the merger were to retain a vibrant district general hospital in Burton, including A&E; sustain and develop existing specialised services in Derby; look at services in community hospitals at Lichfield, Tamworth and Derby that recognised the changing needs of these populations; retaining patient choice; to only make changes that would improve clinical services and there were no plans to privatise them or make wholesale staff redundancies.

Although the merger was expected to make savings of £23m, Mr Boyle commented that the merger was not driven by cost cutting but to provide improvement and efficiencies of services.

RESOLVED to receive the update report.

13/18 SOUTH YORKSHIRE, DERBYSHIRE, NOTTINGHAMSHIRE AND WAKEFIELD JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE Jackie Wardle, Scrutiny Officer, gave a verbal report on the Joint meeting which had been held in January.

The services currently being monitored were the hyper stroke services, including the potential closure of facilities at Barnsley and Rotherham, which had received considerable public opposition; provision at the Chesterfield Royal Hospital was not to change. Delivery of children's anaesthesia services were also being scrutinised.

RESOLVED to note the verbal report.

14/18 EXCLUSION OF THE PUBLIC **RESOLVED** to exclude the public from the meeting during the consideration of the remaining item on the agenda to avoid the disclosure of exempt information detailed in the following summary of proceedings:

SUMMARY OF PROCEEDINGS CONDUCTED AFTER THE PUBLIC HAD BEEN EXCLUDED FROM THE MEETING

1. To confirm the exempt minutes of the meeting held on 22 January 2018 (contains exempt information).