

## **Camp Hill and Community Forum Meeting**

**15<sup>th</sup> December 2011**

**Held at** CHESS Centre, Cedar Road, Camp Hill

**Attendees:** Cllr Dennis Harvey ,Cllr Jim Foster, Cllr Frank McCarney, Cllr Sid Tooth, Cllr Ian Lloyd, PC Sherwin, PSCO Natasha Malone, Chris Egan, Jane Grant, Jackie Earl, Richard Drudge, Simon Smith, Roy Green, Julie Whittaker and Sarah Hunt

**Apologies:** Dan Green, Heather Lowe, Dawn Dawson, Gary Philips

Chair: Cllr Dennis Harvey, meeting started 7.00pm

Approximately: 6 Residents from Camp Hill, 3 Galley Common and 3 Whittleford Road, residents attended the meeting.

### **George Elliot Hospital**

Julie Whittaker, Associate Director of Primary Care outline the Future of George Eliot Hospital. The full report can be read at **Appendix A**.

**Early Intervention** – Jackie Earl introduced Richard Drudge who will be working alongside Jackie to deliver the early intervention programme, working with young people, in particular young people that are not in employment or training.

Detached work is still taking place and they work a variety of days and evenings, in the areas which covers Camp Hill, Galley Common, Whittleford and the Shires.

The CHESS centre will remain open, however, due to high running costs we are looking at ways to raise revenue for example hold children's parties.

### **Police Priorities from last meeting**

There were no police priorities from the last meeting.

The police gave out handouts showing the crime statistics for both Galley Common and Camp Hill and highlighted areas of concern, such as vehicle crime around the Frensham Drive and Merlin Avenue area and anti-social behavior around the void properties in Camp Hill.

Cllr Frank McCarney explained that there is a new number to call the police for none emergency incidents. This number 101 went live last month and is proving to be working well.

## Local Issues for the Agenda

1. **Crime-** discussed earlier.
2. **Overgrown Vegetation** – This is a continuing issue, in particular Tuttle Hill and the Dingle areas. Cllr Ian Lloyd will take this up with NBBC, to see if it is within Glendale's contract to cut these hedgerows back.
3. **Orchard Way** – Cllr Ian Lloyd advised that the water leak seems to have stopped this is due to Severn Trent putting in gully's that drain into the main drain. Cllr Ian Lloyd has been talking to NBBC regarding the retaining wall and steps and has been assured by NBBC that the works will be commencing in the New Year, possibly in the new financial year, which is around April. One resident raised the issue that a barrier had been put up to deter residents using the steps, however part of the barrier has been removed, also residents have not had any notification of why the barrier was put in place. Jane Grant will look into this and report back.
4. **Speed Watch** – Adrian Jarvis, from Whittleford Road Association, advised the group that 5 weeks ago he had taken part in County Councils Speed watch programme. They were shocked to find most of the cars were speeding between 35 – 44 miles per hour and the majority of these were young women, with children in the car, some were on mobile phones, smoking etc.

The residents are fed up with the increasingly difficulties in Whittleford Road, caused by the amount of increasing volume of traffic passing which is hindering people trying to cross the road.

In order to take this initiative to the next stage, the community speed watch initiative has to be seen as a priority for the Locality Forum. This was agreed.

5. **Street Lighting-** It was asked if street lights will be switched off during certain periods of the night.  
Cllr Jim Foster advised that a decision has not been made as of yet and street lighting will not be turned off until at least 2014. Following discussion it was agreed that a fuller report would be brought to the next locality meeting.
6. **Core Strategy** – A resident raised concerns that residents are not being consulted, on the core strategy and that plans are going through to build new properties. The resident was reassured that the consultation has not yet been completed and that residents will be consulted as the core plan is developed.

It was asked how residents could find out when cabinet meetings are due to take place, Cllr Dennis Harvey advised that cabinet meetings

were publicised in the local press with the agenda and minutes of meetings placed on the NBBC Web-site.

### **Priorities going forward:**

#### **Police Priorities:**

- Community Speed Watch for Whittleford area.
- Motorbikes causing problems on the open spaces in Camp Hill

#### **Council Services:**

- Street lighting - to be reported back at next meeting.
- Overgrown vegetation – Cllr Lloyd to look into this.
- Orchard Way – work to be completed by April 2012
- Core Plan consultation – programmed to come to the locality forums as part of the ongoing consultation process.

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Meeting closed at 9.10pm

**Next Meeting:** Wednesday 28<sup>th</sup> March 2012

**Venue:** Community of Christ Church Hall  
Whittleford Road  
Nuneaton  
CV10 9JD

## Appendix A

### George Eliot Hospital NHS Trust – securing a sustainable future: Fact sheet

At the Trust's September 2011 Board meeting, it was agreed by the Board of Directors that the Trust would no longer seek to pursue foundation trust status as a 'standalone' organisation, and instead look for a 'partner' organisation, with whom we can work to secure a strong and sustainable future for the George Eliot and local healthcare services.

The Board of the George Eliot Hospital NHS Trust had originally planned for the Trust to become a standalone Foundation Trust, as this would have been our first choice, but there are many challenges to overcome for this to become a reality, some of which are within our control, and others not.

Over recent months we have been involving staff and local stakeholders in our discussions around our potential future 'organisational model' and we have been very open about the challenges we would face in attaining authorisation to proceed to FT status alone.

There is now a growing recognition nationally that smaller acute hospitals, like our own, may need to work collaboratively to achieve FT status. So, in recent weeks, we have been developing options that will identify a strategic partner to provide clinical and financial sustainability, as well as high quality and accessible services in the long term.

We developed an initial 'long list' of 14 possible 'organisational shapes' the Trust could explore as part of its process to find a partner organisation and this long list has now been focused into a short list of six possible organisational models, as follows:

	Option description
1	Merger equal – Join another NHS trust of a similar size to create a joint organisation
2	Merger specialist – Join a specialist NHS trust looking to broaden its range of services or strengthen its balance sheet
3	Merger unequal – To become part of a bigger organisation, probably a regional centre
4	Vertical integration – Creates a single organisation across a health economy, primary, secondary and social / continuing care and mental health
5	NHS super chain – A chain of several hospitals, possibly geographically spread, with similar values, systems and common senior management
6	NHS / Independent Sector partnership – A partnership with an Independent sector health organisation

While this short list helps to identify the possible partnership options for the future, it does not identify which organisations would be suitable partners; that decision process comes next.

By choosing to seek an alternative way of working, the Trust remains in control of the process and the Board has pledged its absolute assurance that any potential options for the future will be assessed against a robust set of criteria that will prioritise the best interests of local people, patients and our staff.

### **The Quality Assurance Group**

A Quality Assurance Group (QAG) has been created, with members responsible for the overview and scrutiny of the project and to provide assurance that it will deliver an acceptable solution. The group is made up of key stakeholders including staff and patient representatives, trade unions and clinicians, amongst others. It had its first meeting on 7 November, and minutes will soon be available on our website at [www.geh.nhs.uk/foundation-trust/](http://www.geh.nhs.uk/foundation-trust/) along with the group's terms of reference and membership.

### **What's next?**

The Trust will be compiling an Outline Business Case (OBC) during December. The OBC reviews the available options to identify the preferred way forward, and will propose the preferred partnership option. As part of that OBC development, we will be inviting potential partners to come and discuss how they might work with us in the future. This is an informal 'throwing of hats in the ring' at this stage.

The OBC is planned for completion by May 2012.

The whole process to identify and agree a partnership is expected to take around 12-18 months.

### **In short: Ten key facts about the process**

1. George Eliot Hospital (GEH) is looking at partnership options to help it reach Foundation Trust status, as all hospitals must do by 2014.
2. The priority for this process will be to find a solution that provides sustainable, accessible, well-managed services for patients, ensuring quality and delivering value for money.
3. All options are being considered to ensure a sustainable future for the hospital. There is no pre-existing grand plan for a takeover or merger.
4. GEH is not being privatised.
5. Whatever future partnership arrangement GEH may arrive at, patients will continue to receive the NHS services they need.
6. The GEH board is absolutely committed to keeping local services local.
7. The process for identifying a suitable option for GEH's future will be open and transparent.
8. The public and staff are being involved in the process. There will be numerous ways in which people can feed in their ideas and practical suggestions.
9. It's "business as usual" during the process, with safe and effective patient treatment remaining the priority.
10. This process is separate from The Arden Cluster's plan to hold a public consultation on women's and children's services in the region. The results of the women's & children's consultation will, however, be factored in to the Trust's project around its future.

### **Women's and children's services**

We recognise there has been much speculation surrounding women's and children's services and although this is an entirely separate piece of work being led by the Coventry and Warwickshire primary care trust cluster, the outcome of this review process may impact on the George Eliot and its plans for the future outlined above.

The George Eliot Hospital NHS Trust took immediate action earlier this year to strengthen the staffing of children's services after a review recommended that current paediatric trainees should be withdrawn, due, primarily, to the small number of children and limited range of conditions and illnesses doctors treat on the site. In order to fill a number of staffing gaps created by the removal of trainees, the Trust has recruited additional doctors to ensure services for local children are improved.

In the longer term, the Arden Cluster (Warwickshire and Coventry primary care trusts) is due to undertake a public consultation to ensure the sustainability of safe, effective and accessible children's services for north Warwickshire. Clinicians and managers at the George Eliot are fully committed to working with health care partners to identify a solution that ensures the maximum number of children can continue to be treated locally and it is our hope that once an appropriate, sustainable solution is found we will once again be able to provide appropriate training on our site for junior paediatricians.

### **The George Eliot's preferred option**

As part of the pre-consultation process, the George Eliot has provided a proposed model for women's and children's services for local people. This model has been submitted to the primary care trust cluster for their consideration to include within the formal consultation.

This option would see the least amount of change to services at George Eliot Hospital. Whilst child inpatient cases and some emergencies would be seen at University Hospital, Coventry, a new short stay assessment unit at George Eliot Hospital would look after children who needed to remain in hospital for a few hours. The short stay assessment unit would most likely be open 8am until 10pm. The unit would be covered by a team of paediatric consultants who provide medical support on site 24 hours a day seven days a week, supported by specialist paediatric nursing staff and junior doctors.

Any children who arrive after 10pm and require observation or an overnight stay would be transferred to University Hospital in Coventry.

The current maternity service offering consultant delivered and midwifery delivered births and gynaecology services will continue unchanged at the GEH and there will continue to be Special Care Baby Unit.

In brief, the George Eliot's preferred model would entail:

- No change to maternity services (i.e. continue to provide a consultant-led service)
- No change to women's gynaecology services
- No change to special baby service (level one neonatal care with senior paediatric medical cover 24/7)
- Paediatric Outpatients as currently provided
- Minor injuries and illnesses treated at A&E

- Emergency arrivals at A&E taken to new assessment unit (likely to be open 8am-10pm)
- Movement of inpatient paediatric care to UHCW
- Paediatric Day case surgery provided at GEH
- Ambulances as current service (straight to UHCW)
- We would also like to see the development of much stronger community based paediatric services

The George Eliot Hospital NHS Trust believes this model would be in the best interests of providing good quality, accessible care to local people. The Arden Cluster primary care trusts will take the lead on deciding which options to include within their consultation in the new year.

December 2011