

AT A MEETING

- of the -

SPECIAL TIME LIMITED

HEALTH SCRUTINY PANEL held at
the Council House, Walsall on
Wednesday 31 August 2005 at
6.00 p.m.

PRESENT

Councillor Bird (Chair)
Councillor Robertson (Vice-Chair)
Councillor Arif
Councillor Clarke
Councillor D. Pitt
Councillor Robinson
Councillor Walker
Councillor Wilkes
Councillor Woodruff

NHS REPRESENTATIVES PRESENT

Sue James (Walsall Hospital Trust)
Ben Reid (Walsall Hospital Trust)
Paul Jennings (Walsall tPCT)

OFFICERS IN ATTENDANCE

Dave Martin (Executive Director)
Helen Dudson (Interim Scrutiny Manager)
Pat Warner (Scrutiny Officer)

APOLOGIES

No apologies for absence were received at this meeting.

SUBSTITUTIONS

No substitutions were received.

Councillor Bird advised the panel that because of the nature of the issues being discussed by this panel it was important that no substitutions were allowed as part of delegations of this panel.

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DECLARATIONS OF INTEREST AND PARTY WHIP

Councillor Woodruff declared a personal interest as an employee of the NHS Trust.

Councillor D. Pitt declared a personal interest in his capacity as an employee of the Regional Ambulance Service.

MINUTES

RESOLVED

That the minutes of the first meeting of the Special Time Limited Health Scrutiny Panel held on 23 August 2005 a copy having been tabled at this meeting be approved and signed by the chair as a correct record.

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985.

Councillor Bird advised the panel that the Walsall Hospital Trust had indicated that there were many issues relating to the proposed merger which they had been under the impression would be considered within the private session of this meeting. Ben Reid expressed concern about raising some of the information at a public meeting of this panel.

Although recognising the importance of issues considered to be of a sensitive nature being discussed in private Councillor Bird said that it was important that this panel is seen to be as open and transparent as possible in order to dispel some of the myths surrounding the proposals and to enable residents to feel satisfied that this council is conducting their enquiries in a fair and open manner. It was essential, therefore, that this meeting is conducted in public.

Members were invited to comment on the continuation of this meeting in public session.

Members were in agreement that this meeting should be conducted in public and it was felt that any questions or comments of a sensitive nature could be delegated to a private session at the end of the meeting.

RESOLVED

That the public be excluded from the private session during consideration of the items referred to during the course of this meeting as being delegated to be considered in private by virtue of commercial sensitivity.

PRESENTATION FROM HOSPITAL TRUST ON DETAILS OF PROPOSALS

Councillor Bird confirmed that the reason for this meeting was to allow members of this panel to gather as much information as possible to enable a decision to be made about whether the proposals for the future delivery of hospital services in the borough is a substantial variation and therefore warrants the establishment of a joint scrutiny

panel. He welcomed Sue James and Ben Reid from Walsall Hospital Trust and Paul Jennings from Walsall PCT.

Ben Reid said that the changes in the health needs of the people of Walsall was recognised, hence it was necessary for those in a position of responsibility to be careful of the message being sent out to the public at large. There was he said a limited time to agree the PFI for the new hospital and that this could be heavily jeopardised by misleading and negative information being distributed to the general public. Particularly since December was the deadline for confirming all financial arrangements for the PFI bid.

In response to concerns expressed that the proposals may have been put together to enable Wolverhampton to recover from financial constraints in respect of their hospital, he confirmed that his aim was to provide a high quality service for the people of Walsall and he was not in a position to provide information on the financial situation in Wolverhampton.

He continued that in any event the Board at the Manor Hospital would be making the ultimate decision in respect of the future of the hospital services in Walsall but this decision would only be taken after securing a robust business plan and ensuring that such a business plan is financially sustainable.

Paul Jennings, Chief Executive of Walsall PCT commented that some £30,000 per hour would be spent on the people of Walsall and that he hoped that this would indicate to residents the commitment that the Hospital Trust has for the borough of Walsall.

The committee welcomed Sue James, the Chief Executive of the Walsall Hospital Trust who proceeded to present the proposals for the delivery of the 21st century healthcare for Walsall. In referring to the proposals set out in the document circulated at the meeting, she confirmed that the Manor Hospital site would be redeveloped at a cost of £130,000,000 and that 40% of the trusts buildings at the Manor would be replaced and that this would commence on site at the end of 2006.

Two commercial bidders had already been secured for the proposal, those being Skanska Innisfree and Corillian. The bids would be finalised on October and a final selection of the preferred partner made in December of 2005. This new redevelopment would encourage more joint working of clinical services not just in Walsall and Wolverhampton, but within others areas of the Black Country.

The background to the proposals was explained to members and members were advised that if the trust is to invest in the capital scheme which would cost around £30,000,000 per annum for the next 30 years they must ensure that the services are clinically sustainable and safe. It must also be affordable and be supported by the community.

Sue continued that closer working services would mean that the Manor, New Cross and Russell's Hall Hospitals would continue to admit emergencies and waiting list patients. Day case surgery and out patient clinics would continue to be provided on all sites as at present with the possibility of some being moved to more convenient locations.

Members noted that some complex and high risk services could be centralised on either New Cross or the Manor and that Walsall and Wolverhampton clinical teams could merge so that staff could work more closely and easily on both sites. The aim was also to provide more services in the community with the high profile services in the hospital setting. It was reiterated that the majority of the services would stay as they are.

Sue went on to explain the reasons behind the trusts concern about clinical sustainability. This concern surrounded the service specialisation and reductions in junior doctor's hours. The services of particular concern which needed to be available on a 24 hour basis are: -

- Critical Care and Anaesthesia
- A & E and Emergency Medicine
- Maternity
- Paediatrics
- Neo-natal Services

Members were advised that the joint clinical advisory board which included senior doctors from all three Black Country hospitals had met in July and had advised that the current services could not be safely sustained in the future as there would not be enough doctors to maintain the 24 hour care as currently organised.

In response to this comment Councillor Bird enquired whether the minutes of the joint advisory board would be made available to the public.

Sue confirmed that these minutes would be made available as part of the consultation process.

Sue further confirmed that the response to the need for clinical sustainability will need to include changing the models of care, changing delivery of services and reducing the requirement for doctors by centralising services onto one hospital. The centralising of the sickest patients would allow better care by safeguarding emergency admissions and reducing doctor's hours.

Members were further informed of the trusts reasons for proposing the merger. Walsall Hospital Trust were of the view that joining together with Wolverhampton and Dudley would give a much bigger pool of specialists for all clinical services so that fewer patients in Walsall would have to travel to Birmingham for their care. It was also felt that a wider range of services would allow the bigger trust to become more attractive to staff and trainees thus improving recruitment and retention of staff; overhead costs would reduce and it would make centralising complex services onto one hospital site more straight forward.

Sue James went on to advise members of the trust's arrangements for consulting the local population on the proposals. Patient representatives and partners would also be involved in how the consultation is being designed. The arrangements will involve a series of interactive engagement events with local people. The first engagement event will take place on Saturday 24 September and it is envisaged that the formal consultation period would be between November 2005 and February 2006.

The chairman thanked the hospital trust for the presentation and confirmed that this special scrutiny panel recognises the need for open and transparent consultation and the need for mutual respect during discussions with the public.

Councillor Robinson enquired whether the proposed merger would have any effect on the rebuilding of the Manor Hospital in terms of steering it in a different direction.

Sue James advised that there was strict legislation surrounding the commencement of the PFI and that these strict rules could not be breached once the PFI had commenced. She continued that the European journal had been used to advertise the scheme and that in accordance with those rules the scheme could not now change substantially. Any changes would have to be built in as an addition and planned for at the end of the scheme.

Councillor Robertson raised his concern in respect of the proposed closure of Goscote Hospital and enquired about any links between that and the proposed merger.

Dave Martin confirmed that the issue of the Goscote Hospital would be considered in due course by this authorities' main Health Scrutiny Panel and was not linked with the proposals under consideration at this meeting.

Sue James advised, in answer to Councillor Robertson's question that there was no connection between the Goscote Hospital and the proposals under consideration at this meeting.

Councillor Robertson raised a further question in respect of the PFI bid and whether that would reduce the number of beds in Walsall as a whole.

Sue confirmed that there would be approximately 600 beds in the new hospital and there would therefore be a reduction of approximately 90 beds overall, but that day services would be increased which should allow more people to be treated in day units.

In answer to a further question raised Dave Martin confirmed that the Health Scrutiny Panel which is a sub committee of the Health and Social Care Scrutiny Panel would be considering the Goscote Hospital issue.

The Panel was advised that an alternative future for Goscote Hospital has been thought out but that it would be advantageous to allow this matter to be discussed by the authorities' health scrutiny panel as opposed to being linked with the discussions relating to the proposals being considered at this meeting.

Councillor Robinson said that there were elements within the community which had already caused minds to be made up about the proposed merger. The initial campaign for the Goscote Hospital had been solely relating to its proposed closure, but that it had now been inextricably linked with the proposed merger. He said it was therefore very important that any information which is officially released is accurate. It was a positive step however to establish that £130,000,000 would be spent on the Manor Hospital and in his view it would be helpful if a site visit could be undertaken to the hospital to enable members of this panel to see how this money could be spent.

Councillor Arif enquired whether there would be any down grading of the accident and emergency services in the Manor Hospital as a result of the proposals.

Sue James confirmed that accident and emergency medicine would be provided at the hospital but as is the current practice specialist trauma services (e.g. head injuries, major chest injuries and burns) would continue to be provided elsewhere.

Sue James confirmed in answer to Councillor Arif's query that the joint clinical advisory board had been made up of senior officers and clinicians who had formed expert groups to look at the service and had then reported to the joint advisory board.

Councillor Arif enquired whether there was a need for the merger and whether other options had been looked at, such as, the continuation of the services which already exist and the joint working relationships which already exist between the authorities.

Ben Reid said the aim was to try and stop or reduce the competitiveness between hospitals for patients and that the proposals to improve the services in Walsall, by improving the hospital, would lead the way in this reduction.

In answer to a further question from Councillor Arif as to the obstacles which would restrict patients from going to hospitals elsewhere, Ben confirmed that there was nothing at the moment to prevent patients from choosing to be treated where ever they wished because of patient choice. He confirmed that the money for the patient from a particular authority would go with that patient where ever they were treated and it was for this reason that Walsall should ensure that it provides excellent services to attempt to keep residents using the services in Walsall.

Councillor Arif further questioned the random selection of residents who would be involved in the first consultation process on 24 September.

Sue James advised the panel that the Black Country Review would be co-ordinating the consultation of residents for this.

Councillor Clarke enquired whether there would be any reduction in the funding if beds were to be reduced. He was informed that there would be no reduction in funding.

The panel thanked the NHS Trust for their presentation and agreed that any further discussions relating to the presentation would be considered in private session.

ITEMS CONSIDERED IN PRIVATE SESSION

GOSCOTE HOSPITAL

The Panel raised a number of questions with the Hospital Trust in respect of this issue and noted the comments made by them.

PUBLIC SESSION

Having concluded the discussions in private session discussions continued in public session.

Councillor Bird further enquired of the panel as to whether a decision could be made at this meeting in respect of the degree of substantial variation of the proposals and therefore the necessity to establish a joint scrutiny panel.

Dave Martin advised the panel that a meeting had been arranged to be held on 6 September to include officers from Wolverhampton, Walsall and Dudley. This meeting would enable scrutiny officers to examine methods of establishing a joint scrutiny panel in the light of the information submitted at this meeting by the NHS Trust. Following the information gathered at that meeting a report would be submitted to the next meeting of this health scrutiny panel to enable members to consider whether the information they have received from the NHS Trust indicates the proposal to be substantial and therefore warrants the establishment of a joint scrutiny panel. This report would also enable members to submit a proposal to council regarding the establishment of a joint scrutiny panel if this was felt to be necessary.

Dave Martin confirmed with members that the next meeting of this health scrutiny panel would be held on 16 September 2005 at 6 p.m.

The chairman confirmed that the panel would be discussing these issues at the meeting on 16 September with the view to putting forward a recommendation to council thereafter.

There being no further business the meeting terminated at 8.04 p.m.