

Health SCRUTINY PANEL

**Agenda
Item No.
7**

DATE: 15th December 2005

ARRANGEMENTS FOR JOINT SCRUTINY

Ward(s) All

Portfolios: Cllr A Paul

Summary of report:

Council at its meeting on 7 November 2005 resolved to disestablish the Time Limited Health Scrutiny Panel and delegate the authority to this Panel's parent body Health and Social Care Panel to enter into joint scrutiny arrangement when required. This report therefore sets out the information previously considered by the Time Limited Panel including the terms of reference for the establishment of a joint committee to scrutinise the consultation process relating to the reconfiguration of health services in the Black Country.

Background papers:

The following documents are attached as background information:

Report to Time Limited Scrutiny Panel 31/10/05

Minutes of time limited panel on 31/10/05

Report to Council 7/11/05

Letter from Walsall Hospital NHS Trust 10/11/05

Reason for scrutiny:

- Health Overview and Scrutiny Committees of Social Services authorities are required to fulfil their statutory obligations to establish joint health scrutiny arrangements to consider and respond to proposals for developments or variations in health services that effect more than one local authority area and that are considered 'substantial' by the Health Overview and Scrutiny Committee for the areas affected by the proposals.

Recommendations:

This Panel is recommended to:

- Nominate this authority's representatives in anticipation of the establishment a joint committee between other authorities in the Black Country
- Consider the draft terms of reference with a view to formulating its decision in relation to its contents.



Signed:

Executive Director: **Dave Martin**

Date: **28th November 2005**

Resource and legal considerations:

- The Health and Social Care Act 2001 provides the basis for the establishment of joint scrutiny arrangements if changes to service delivery are considered 'substantial'.

Citizen impact:

- Substantial changes to the provision of NHS services will be of interest to all citizens within the Borough. The total inclusion of all the views of residents is therefore paramount.
- Environmental impact:
There is no environmental impact for this report.

Performance management:

- There are no specific performance management issues relating to this report.

Equality Implications:

- There are no equality issues relating to this report.

Consultation:

- In this instance the role of scrutiny is to consult with officers from other affected local authorities, the Centre for Public Scrutiny and the Strategic Health Authority and to consider the consultation process and proposals of the NHS Trust in relation to the long term provision of services for the people of Walsall.

Contact Officer: Pat Warner
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1. **BACKGROUND**

The Time Limited Health Scrutiny Panel was established in July to receive information from the Walsall Hospital Trust on their proposals for the future delivery of hospital services in the borough including the possible merger of the Walsall and Wolverhampton hospital trusts.

In the light of information from the Walsall Hospital Trust that the merger option will no longer be considered as part of the proposals, Council at its meeting on 7th November resolved to disestablish the Time Limited Panel

In recognising the likelihood of closer alignment of specific clinical services between two or more authorities in the Black Country which will have a substantial impact, council delegated the authority to enter into joint scrutiny arrangements with other authorities when required to the Health and Social Scrutiny and Performance Panel.

The Time Limited Panel has undertaken a significant amount of work towards the establishment of the joint arrangements and had tasked officers to enter into discussions with officers from Wolverhampton, Dudley and Staffordshire to draw up a terms of reference document for the joint scrutiny committee.

2. **CURRENT POSITION**

Walsall Hospital NHS Trust has now confirmed that the consultation on implementing the Black Country review will be delayed until early next year, however this Scrutiny Panel can continue to work towards the establishment of joint scrutiny arrangements in anticipation the publication of the consultation document.

The next meeting of this Panel will not take place until 12th January 2006. This may not coincide with the commencement of the consultation process due to start in January. The consideration of nominations to a joint committee at this stage will help to speed up the process and therefore negate the necessity to set up a special meeting when the consultation document is published. The consideration of the generic terms of reference document will also allow the first meeting of any joint committee established to run smoothly without the necessity to concentrate on this issue.

3. **DRAFT TERMS OF REFERENCE**

The draft terms of reference attached as **appendix one** to this report was drawn up with officers from other authorities within the Black Country who are anticipated to be involved in the consultation process. It will be submitted to all health scrutiny committees potentially involved in the proposed joint committee for their approval. This will again speed up the process of that first joint committee meeting with all members already being party to its drafting. Members may wish to advise officers of any amendments to allow the joint officers meeting to complete its deliberations

and produce the final document for submission to the first meeting of the joint committee when it is established.

The Health Scrutiny Panel may wish to consider the information contained in the report to the Time Limited Panel at its meeting on 31st October (**attached as background papers**) and formalise its decision regarding the establishment of the joint scrutiny committee in anticipation of the publication of the consultation document.

APPENDIX 1.

**Terms of Reference for Joint Health Overview and
Scrutiny Committee (OSC) to Consider the Proposals
Regarding the Implementation of the Black Country Review.**

1.0 Legislation

- 1.1 Local Authorities are required to establish a Joint Health Overview and Scrutiny Committee (OSC) to consider and respond to proposals for substantial developments or variations in health services that affect more than one local authority area in accordance with Section 8, Regulation 4 and 4a of the Health and Social Care Act 2001(a) and Regulation 10 of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Function) Regulations 2002 (b)

Local Authority Health Overview and Scrutiny Committees (OSCs) are required to establish a statutory Joint Health OSC to consider and respond to a consultation from an NHS body about “substantial” developments or variations in the provision of health services that affect more than one local authority area in accordance with Section 8(4) of the Health and Social Care Act 2001 and Regulation 4 and 4A of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Function) Regulations 2002.

(There is some difference in the references to the legislation – I will clarify this to make sure it is accurate)

2.0 Subject Being Considered

- 2.1 (To be taken from consultation document)

3.0 Lead NHS Body

- 3.1 (To be taken from consultation document.)

4.0 Purpose of the Joint OSC

- 4.1 The Joint OSC shall represent the interests of the population that received services provided by or commissioned by the NHS body and operate in a way that will lead to rigorous and objective scrutiny of the issues under review. To achieve this, the Joint OSC will:

a) Require the local NHS body to provide information about the proposal under consideration and where appropriate to require the attendance of **one or more** representatives of the NHS body to answer such questions as appear to it to be necessary for the discharge of its function in connection with the consultation.

b) **Aim to** prepare one consensual report to the health body and the participating local authorities, setting out **the views of all the local authority committees involved in the joint committee and** any comments and recommendations on any matter reviewed or scrutinised.

(The sentence highlighted above which says that the views of all the local authorities should be included has been taken from the national guidance. Sean – does this cover your concern if consensus cannot be reached?)

c) Report to the Secretary of State in writing where it is not satisfied that consultation on any proposal has been adequate in relation to the content or time allowed, **or where the response it has received under 9a) has not enabled the Joint OSC to properly discharge it's functions.**

(Tina - I am not sure what 9a) refers to?)

d) Report to the Secretary of State in writing in any case where it considers that the proposal would not be in the interests of the health service in the area of the Joint OSC participating local authorities.

5.0 Composition of Joint Health OSC

5.1 The Members of the Joint OSC shall be determined once the individual authorities have decided whether the variation or development of service is considered a substantial variation for that local authority area. The principles underlying the membership shall be:

5.2 The membership of each authority shall generally reflect the political balance of each respective council, unless all elected councillors within all the authorities agree to waive that requirement. **The membership of the Joint OSC shall comprise a maximum of 4 councillors from each affected Local Authority. The number of members from each authority will take into account the degree to which the population of one Local Authority is affected by the proposed variation. The representatives from each authority shall reflect the political make up of full council, unless all authorities agree to waive that requirement.**

5.3 **Term of office for representatives will be time limited to scrutinising and responding to the consultation and any work subsequently flowing from that. If a representative ceases to be a councillor, or wishes to resign from the joint committee, the relevant council shall inform the joint OSC secretariat and the replacement representative shall serve for the remainder of the original representative's term of office.**

- 5.4 Due to the specialist knowledge that will be required by Members to fully engage in this process, Members will not be able to substitute if they are unable to attend a meeting of the Joint OSC.
- 5.5 The Joint Committee will not co-opt members. Expert witnesses and stakeholders will be invited to provide evidence to the Joint OSC.

6.0 Guiding Principles Governing a Joint OSC

- 6.1 According to the Department of Health Overview and Scrutiny of Health Guidance (2003) the 'primary aim of health scrutiny is to act as a lever to improve the health of local people, ensuring the needs of local people are considered as an integral part of the delivery and development of health services' (p6).
- 6.2 'A constructive approach based on mutual understanding between the committee, the local authority executive and the local NHS bodies will be a prerequisite for success' (p7).
- 6.3 'The power to scrutinize the NHS needs to be applied both robustly and responsibly. Scrutiny should be probing and incisive, focusing it's primary aim if improving services for members of local communities' (p.8).

7.0 Chairing and Hosting Arrangements

(Options considered:
Chair from either Walsall or Wolverhampton
Alternating chair – Walsall / Wolverhampton
Chair from a member Authority where the issue is less contentious)

- 7.1 The Joint OSC will confirm arrangements for position of Chair and Vice Chair at is inaugural meeting.
- 7.2 The position of Chair and Vice Chair shall alternate between the two Local Authorities most affected by the proposals at consecutive meetings
- 7.3 If the Chair and Vice-Chair are absent from the meeting the Joint OSC shall appoint a member to act as Chair for that meeting.

8.0 Quorum

- 8.1 The Joint Health OSC does not have a quorum prescribed by statute, The Local Authorities have power to prescribe a quorum. If the Authority does not so prescribe, the Joint OSC may determine its quorum (Section 106 Local Government Act 1972)

8.2 It is good practice and administratively convenient to adopt the principle that business must proceed as planned once a Joint OSC meeting has been convened – provided there is no overriding reason why it should not. The quorum shall operate at two levels:

- a) One third of the total membership must be present.
- b) At least one member from each of the participating authorities must be present.

(Comment from Staffordshire: this is unworkable. Are we saying that if Staffordshire are not present the meeting will not go ahead? We would suggest that at least one member from Walsall and Wolverhampton Councils must be present and at least one member from Staffordshire or Dudley Councils.)

9. Administration and Work Programme

9.1 The administrative support shall be hosted by one of the two most affected authorities. The cost of the administrative support to the Joint OSC will be shared proportionally to the Local Authority's involvement in the joint committee. These costs will include staff time (including legal advice) printing and dispatch of papers and paying for expert witnesses. Any cost incurred by individual authorities in supporting their own members will be borne by that authority.

9.2 The authority responsible for administering the joint OSC must ensure that the distribution of all papers and information communications is totally inclusive of all representatives and other bodies as identified by the Local Authorities involved (i.e. press, officers etc).

9.3 The joint OSC shall agree its work programme and set the frequency; dates; times and venues for meetings at its inaugural meeting.

9.4 The agenda for each meeting shall be determined by the secretariat in consultation with the Chair for that meeting.

9.5 The agenda and documents for meetings will be distributed as per the distribution list at least 5 clear days prior to the date of the meeting. Late papers will not be permitted except in exceptional circumstances.

10.0 Termination of Membership

10.1 Any local authority can withdraw from the joint health OCS, but this authority's Health OSC will not have the power to request the NHS to provide information or attend meetings on this matter and does not have the power to respond to the consultation. The Chair or Vice Chair of the OSC should be informed in writing.

- 10.2 If all the members from an authority are absent from two consecutive meetings of the Joint OSC, their membership will be terminated.

11.0 Voting

- 11.1 The Joint OSC will aim to work in a consensual manner. If any decision is taken to a vote each member of the Panel shall have one vote.

12.0 Administration and Support

- 12.1 The administrative support shall be hosted by one of the two most affected authorities. The cost of the administrative support to the Joint OSC will be shared proportionally to the Local Authority's involvement in the joint committee. These costs will include staff time (including legal advice) printing and dispatch of papers and paying for expert witnesses. Any cost incurred by individual authorities in supporting their own members will be borne by that authority.

- 12.2 The authority responsible for administering the joint OSC must ensure that the distribution of all papers and information communications is totally inclusive of all representatives and other bodies as identified by the Local Authorities involved (i.e. press, officers etc).

- 12.3 The joint OSC shall agree its work programme and set the frequency; dates; times and venues for meetings at its inaugural meeting.

- 12.4 The agenda for each meeting shall be determined by the secretariat in consultation with the Chair for that meeting.

- 12.5 The agenda and documents for meetings will be distributed as per the distribution list at least 5 clear days prior to the date of the meeting. Late papers will not be permitted except in exceptional circumstances.

(A separate document will set out further details of the working arrangements including communications, use of logos, agenda meetings, pre- meetings and the expectation that Members will not be involved in any protest group which could compromise impartiality)

13.0 Arrangements for Gathering Evidence and Public engagement

- 13.1 The evidence gathering will be in a variety of styles although the preference being in select committee style meetings. The expectation is that meetings will be held in public in appropriate venues across the authorities involved in the Joint OSC. However, on occasions sessions may need to be held after the public have been excluded, pursuant to the Access to Information regime.

14.0 Reporting

- 14.1 When the Joint OSC has completed the review, it will produce one report on behalf of the committee. The report will reflect the views of all

local authority committees involved in the Joint OSC, but it should aim to be a consensual report.

15.0 Disbanding and Reconvening the Joint Committee

15.1 Disbanding

The Joint Committee will be disbanded by resolution of the committee passed in accordance with paragraphs 14.2, 14.3 and 14.4 below of this Terms of Reference.

15.2 The resolution referred to in the paragraph above will be passed when the decision of the [NHS body] proceeds to implementation stage.

15.3 Notwithstanding, paragraph 14.2 above, the Joint OSC may resolve to receive periodic reports regarding the progress of implementation for the proposals.

15.4 If the Joint OSC resolve to receive information on the progress of implementation in accordance with paragraph 14.3 above, the Joint OSC will be disbanded following a resolution under paragraph 14.1 at the appropriate time.

15.5 Reconvening

Meetings if the joint OSC will be convened from time to time as required:

- a) Receive the consultation document for substantial service development or variation and details of consultation under section 11 of the Health and Social Care Act 2001 from the [NHS body]
- b) Receive presentations on the proposals from the [NHS body]
- c) Receive evidence of the views of patients, public and other stakeholders
- d) Produce one report which reflects the full range of views of the joint OSC to forward to the [NHS body] in response to the proposal
- e) The consider the formal decision on the proposal, including the adequacy of both the section 11 and section 7 consultation.
- f) To decide whether to accept the proposal of the NHS body, hold further discussion with both the NHS body or refer the matter to the Secretary of State for Health.
- g) To evaluate the exercise of the Joint OSC for the specific review proposal to determine future practice.

Walsall Hospitals
NHS Trust



Manor Hospital
Moat Road
Walsall
West Midlands
WS2 9PS

10th November 2005

Dear Colleague,

Next Steps in the Implementation Process for the Black Country Review

Firstly I would like to thank you for the commitment and enthusiasm you have shown in helping us to determine the future of health and care services for the Black Country. Your ideas, comments and concerns have directly influenced the work that we have done so far, and will continue to do so over the coming months.

I am writing to inform you that for important and compelling reasons, we have decided to put back the consultation on implementing the Black Country review to the beginning of next year. This means that the meeting we had planned for 19th November has been cancelled.

Following our meeting on the 15th October, we began to develop the consultation document we will use to guide our discussions with local people. This process, together with the issues the groups raised at our last meetings, have meant that we wanted to take additional time to be as clear as possible about the long term implications of the proposals for Dudley, Walsall and Wolverhampton.

I am sure you will understand that we need to take time to make sure that our proposals will meet the needs of local people for the foreseeable future.

We are committed to your ongoing involvement, and I shall write to you again in the next couple of weeks to let you know the arrangements for the next meeting.

Once again, thank you for your commitment and support. I look forward to seeing you all in the new year.

Yours sincerely

Dr Sandy Bradbrook
Project Director

TIME LIMITED HEALTH SCRUTINY PANEL**Agenda
Item No.****DATE: 31 OCTOBER 2005****ARRANGEMENTS FOR SCRUTINISING THE RECONFIGURATION OF HEALTH SERVICE IN WALSALL****Ward(s)** All**Portfolios:** Councillor A Paul – Health and Social Care**Summary of report:**

On 4 July 2005 the Council resolved to establish a time limited health scrutiny (the panel) to consider proposals for the future delivery of hospital services in the Borough. On consideration of the issue members were aware of the possible need to establish joint scrutiny arrangements with other authorities affected by the proposals and sought further information from officers regarding the possibility of how this could be approached. This report outlines the officer's findings.

Background papers: None**Reason for scrutiny:**

Health Overview and Scrutiny Committees of Social Services authorities are required to fulfil their statutory obligations to establish joint health scrutiny arrangements to consider and respond to proposals for developments or variations in health services that effect more than one local authority area and that are considered 'substantial' by the Health Overview and Scrutiny Committee for the areas affected by the proposals.

Recommendations

This Panel is recommended to:

1. Consider and note the information which has been received from the Black Country Review Implementation Board.
2. Come to a conclusion as to whether the proposals regarding the provision of health services in the Borough are considered to be 'substantial' and therefore warrant the establishment of the joint scrutiny committee.
3. Make appropriate recommendations to Council as to the establishment of a joint scrutiny committee.

4. Consider the details of the terms of reference for the Joint Scrutiny Committee set out as **appendix 1** to the report now submitted and to decide whether Council should be requested to:

(a) appoint 4 or more representatives from Walsall to establish a joint scrutiny committee on a politically balanced basis.

or

(b) waive (a) above and choose to have a specific number of representatives from this Authority.

(c) adopt the remainder of the terms of reference for the joint scrutiny committee as set out in the appendix.



Signed:

Executive Director: **Dave Martin**

Date: 25 October 2005

Resource and legal considerations:

The Health and Social Care Act 2001 provides the basis for the establishment of joint scrutiny arrangements if changes to service delivery are considered 'substantial'.

Citizen impact:

Substantial changes to the provision of NHS services will be of interest to all citizens within the Borough. The total inclusion of all the views of residents is therefore paramount.

Environmental impact:

There is no environmental impact for this report.

Performance management:

There are no specific performance management issues relating to this report.

Equality Implications:

There are no equality issues relating to this report.

Consultation:

In this instance the role of scrutiny is to consult with officers from other affected local authorities the Centre for Public Scrutiny and the Black Country Implementation Board and to consider the consultation process and proposals of the NHS Trust in relation to the long term provision of services for the people of Walsall.

Contact Officer:

Pat Warner
Scrutiny Officer
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warnerpa@walsall.gov.uk

1. Background

- 1.1 Having received initial information from Walsall Teaching Primary Care Trust (tPCT) and the Manor Hospital Trust at the Panel's meeting in August members considered that the suggested proposals may be "substantial" and requested that officers meet with officers from Wolverhampton and Dudley to discuss possible ways forward. An officers meeting was held.
- 1.2 At the last Panel meeting held on 16 September 2005 consideration was given to the preparation of a document setting out the terms of reference for the establishment of a Joint Scrutiny Committee between the Local Authorities likely to be affected by the proposed reconfiguration of health services.
- 1.3 Although the exact details of the proposals and which local authorities are affected was not known the Panel agreed to consider the draft document which had been prepared by officers in respect of the joint scrutiny arrangements in preparation for the publication of the consultation document from the NHS bodies.
- 1.4 Members gave their views on the draft document and requested that officers continue to develop this document for submission to the next meeting.
- 1.5 At the time of writing this report it was not clear when the proposed NHS consultation would be published or which Local Authorities would be consulted. The draft terms of reference however, reflects the views of the Local Authorities who are perceived as likely to be affected by the NHS proposals.

2. Joint Scrutiny arrangements

- 2.1 Officers from Walsall, Wolverhampton, Dudley and Staffordshire met on 5 October 2005 to consider the draft terms of reference which is set out as **appendix 1** to this report. A representative from the Centre for Public Scrutiny (CfPS) was also in attendance in an advisory capacity. The CfPS representative confirmed that no individual Local Authority could influence the representations being put forward from other affected Local Authorities. The Joint Scrutiny Committee would collectively agree on the total membership and how that membership is comprised i.e. either by a political proportionality or by waiving this method in favour of agreeing to a specific number of representatives from each local authority
- 2.2 In preparing the terms of reference officers considered the various comments made by this Authority's Special Health Scrutiny Panel particularly in relation to the overall political balance of the proposed joint committee and the chairmanship.
- 2.3 Other officers present at the joint officers meeting confirmed that their Local Authorities were now in a position to commence with the joint scrutiny process as soon as the details of the proposals were made known by the NHS Body. The proposed makeup of the representatives from the potential participating Local Authorities were indicated at the officers meeting as follows:-

Walsall (proportionally represented)
4 members – 2 conservative, 1 labour and 1 liberal democrat

Wolverhampton (proportionally represented)
4 members – 3 labour, 1 conservative

Dudley (proportionally represented)
4 members - 2 conservatives, 1 labour, 1 liberal democrat

Staffordshire (not politically balanced)
4 members – 3 conservatives, 1 labour

- 2.4 There is scope for this panel to discuss further the maximum number of members it wishes to see sitting on the joint committee. Having looked at other authorities in the country where similar joint scrutiny has already taken place, in particular Bradford and Bedfordshire where up to 6 local authorities have been involved, a total membership of between 15 and 20 had been adopted.
- 2.5 If members wish to keep the proportional representation method of nominating members, the minimum number from this Authority will be 4. The panel could however waive this method and choose to have a specific number of representatives from this Authority.
- 2.6 The panel will need to make recommendations to Council as to the total number of representatives to be appointed by this authority to the joint committee.
- 2.7 Consideration was also given to members suggestions regarding the chairing of the joint committee as set out in the appendix to this report. This issue is still a matter of further consideration by local authorities and will be the subject of discussion at the next meeting of the officers meeting on 2 November 2005.
- 2.8 It has however, been emphasised to other potentially affected Local Authorities that this Council's Special Scrutiny Panel would prefer the position of chair to be on a rotating basis between the two authorities to be mostly affected by the proposals.
- 2.9 Cath Cunningham, a representative of the Black Country Review Implementation Board which is the organisation leading the consultation process has been invited to attend this meeting with a view to advising members of the present position surrounding the proposals and the consultation process. It is hoped that members will be in the position at the end of this meeting to make recommendations to Council at its next meeting on 7 November 2005, as to the substantiality of the proposals and therefore the necessity to establish a joint scrutiny panel.

3. Moving Forward

- 3.1 Statutory Health Overview and the Scrutiny Committees are required under the direction from the Secretary of State issued in July 2003 to consider and respond jointly to proposals for development or variation in health services that affect more than one Local Authority and are considered substantial by

individual Health Overview Scrutiny Committees. As a result of this direction, Local Authorities should make provision in their constitution for joint scrutiny.

- 3.2 Members will also be aware as a result of their involvement in the pending consultation process of the tight deadline involved in establishing a joint scrutiny committee prior to the commencement of the consultation process.
- 3.3 With this in mind members may wish to request that Council consider changes to the constitution to reflect the establishment of future joint scrutiny arrangements as good practice suggests and seek a decision as to whether such authority be delegated to the Health and Social Care Scrutiny and Performance Panel by way of speeding up the process, as part of their existing delegated power to scrutinise the health service or to delegate the powers to another body to be agreed by Council.

AT A MEETING
- of the -
**SPECIAL TIME LIMITED HEALTH
SCRUTINY PANEL** held at the
Council House, Walsall on
Monday 31 October 2005 at 6.00 p.m.

PRESENT

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

Councillor Paul (Portfolio Holder)
David Martin (Executive Director)

Sue James (Walsall Hospital Trust)
Kath Cunningham (Representative of the
Black Country Review
Implementation Board)

Helen Dudson
Pat Warner

CHAIRMAN

In the absence of Councillor Arif, Councillor Robertson vice-chair of the panel took the chair for this meeting.

DECLARATIONS OF INTEREST AND PARTY WHIP

Councillor Woodruff declared a personal interest as an employee of the Hospital Trust and Councillor D. Pitt also declared an interest as an employee of the West Midlands Ambulance Service.

29. MINUTES OF PREVIOUS MEETING HELD ON 16 SEPTEMBER 2005.

RESOLVED

That the minutes of the meeting held on 16 September 2005, a copy having been previously circulated to each member of the panel be approved and signed by the chair as a correct record.

30. LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

RESOLVED

That there were no items to be considered in private session at this meeting.

31. JOINT HEALTH SCRUTINY ARRANGEMENTS

The report of the Executive Director headed Arrangements for Scrutinising the Reconfiguration of Health Services in Walsall was submitted: -

(see annexed)

The committee welcomed Kath Cunningham and Sue James to the meeting to advise the panel on the current position in respect of the proposals relating to the reconfiguration of services in the Black Country.

Kath Cunningham thanked members for inviting her to the meeting and advised the panel that the pre-consultation engagement with residents of Walsall, Dudley and Wolverhampton had already commenced.

She confirmed that the consultation process would commence on 15 November 2005 and end on 17 February 2006 which was a fourteen week period consultation process.

Some 80 local residents had already been involved in the engagement process including patient representatives and stakeholders. These residents had been drawn from the three communities and included a cross section of people of different age groups, ethnicity etc.

Kath confirmed that it was not possible to advise the panel at this stage of the details of the proposals until the public announcement had been made which would not take place until after 15 November.

Dave Martin said that the fundamental issue for this panel particularly at this meeting was around the merger since the delegation given by Council centred around the proposed merger of the two hospital boards i.e. Walsall's Manor Hospital and New Cross, Wolverhampton. He said that this panel wished to receive information from the Black Country Review Implementation Board and the Walsall Hospital Trust as to the current position in respect of any proposed merger.

Sue James advised the panel that there were no proposals for a merger in the proposed consultation document being drawn up at this time.

She went on to explain the reasons behind the initial considerations which had been given to a possible merger of the two boards.

She continued that although there would be some movements of patient services across to Wolverhampton this will now be on a much lower scale than had been previously thought and it was therefore no longer seen as necessary

for consideration to be given to a merger of the two hospital boards. She concluded that it was clear that there would be a level of the two organisations working together but this would be on a lesser scale than was originally considered.

The members thanked both speakers for their comments and discussed the way forward in respect of recommendations to be prepared for submission to Council on the 7 November in respect of the substantiality of the proposals being prepared by the consultation document and therefore the necessity to establish a joint scrutiny panel.

Members raised concern as to the delegations to this Special Time Limited Scrutiny Panel and whether the power rested with this panel to make a decision on these issues rather than referring the matter back to Council.

Having referred to the resolution from Council some members were of the view that the resolution clearly allowed this Special Time Limited Scrutiny Panel to consider the future delivery of hospital services in the borough which allowed this panel to make decisions as to the substantiality of the proposals and the establishment of a joint scrutiny panel.

Consideration was given to whether the work of this special panel would end following its recommendations to Council in respect of the actions to be taken towards the proposals.

Some members were of the view that this panel's work should not be concluded following the resolution to Council but that it should continue to exist until the consultation process is concluded and the final review document is submitted.

The panel agreed that further clarification should be sought as to the delegation set out by Council to the Special Time Limited Scrutiny Panel and pending the results of that investigation the following resolution be submitted to Council as part of this panel's report setting out it's findings on the proposals to date.

RESOLVED that Council be recommended to note: -

1. That this panel considered and noted the information which has been received from the Black Country Review Implementation Board.
2. That based on the information received this panel considers that the proposed consultation is likely to represent substantial variation in the provision of local health services for the people of Walsall and that in the event that it does, entering into joint scrutiny arrangements would be necessary under the Health and Social Care Act 2001.
3. That Council is requested to appoint 4 representatives from Walsall to establish a joint scrutiny panel with other affected local authorities on a politically balanced basis.

There being no further business this meeting terminated at 7.25 p.m.

Council – 7 November 2005

ARRANGEMENTS FOR SCRUTINISING THE RECONFIGURATION OF HEALTH SERVICES IN WALSALL

Service Area Corporate Performance Management

Wards All

Summary of Report

In the context of a publicised potential trust merger, on 4 July 2005 Council resolved to establish a Time Limited Health Scrutiny Panel to receive information from the Walsall Hospital Trust on their proposals for the future delivery of hospital services in the borough and to submit its views to the Council. In the course of the pre-consultation on the proposals to be put forward to the formal consultation, it has been decided to drop the option of a merger.

This report seeks Council's approval to the recommendations set out below.

Recommendations

Council is recommended, in light of the decision that a merger of hospital trusts has been dropped and in the context of an ongoing consultation on proposals for a level of clinical realignment to:

- 1) Note the work of the Time Limited Health Scrutiny Panel in scrutinising the available information regarding the proposals and disband the Panel as the substance of the consultation is now outside of their remit.
- 2) In consideration of the information presented in this report delegate to the Health and Social Care Scrutiny and Performance Panel the power to enter into joint scrutiny arrangements when required under legislation and in accordance with the councils constitutional regulations.

Background Information

The Time Limited Health Scrutiny Panel was established by Council as a response to the concerns about a possible merger between the Walsall and Wolverhampton acute hospital trusts. At the stage of its constitution the further issues about clinical reconfiguration were seen as separate, though linked issue. As following a decision of the Manor Hospital Trust Board on 2nd November this proposal has been dropped, it is proposed that the special panel is disbanded.

In the likelihood that there will nonetheless be proposals for closer alignment of specific clinical services between 2 or more boroughs in the Black Country, which will have a substantial impact, then there may continue to be a

requirement for a joint scrutiny panel to be established across boroughs. If required, this will be needed in the same consultation timeframe currently proposed to run from mid November 2005 to February 2006 (although this may slip).

Should this be the case then it is proposed that this be the responsibility of the Health and Social Care Scrutiny and Performance Panel and that in addition to their existing delegations they are delegated the power to enter into joint scrutiny arrangements when required under legislation and in accordance with the councils constitutional regulations. This is where the function lies across the other affected Black Country boroughs.

The special scrutiny panel is to be thanked for all of their work on the proposed terms of reference and that this work be passed to the Health and Social Care Scrutiny and Performance Panel to consider in the context of the probability of a continued requirement for joint scrutiny arrangements.