

THE MINUTES OF THE MEETING
OF THE REGENERATION SERVICES SCRUTINY COMMITTEE
HELD ON THURSDAY 2 AUGUST 2007

Present: Councillor D Raine (Chair)
Councillors S Bishop, Mrs S Forster,
H High, A J Holmes, Mrs B A Sloan and
C Walker

Also Present: Councillors R Burnip, A Collinson,
R Crute, J Haggan, Mrs J Maitland,
D Milsom, R Taylor and Mrs V Williams

Councillor J Brash and Councillor Mrs M Plant
- Hartlepool Borough Council

Charlotte Burnham – Scrutiny Manager –
Hartlepool Borough Council

Mr J Cairns and Mr and Mrs Swinburne

Apologies: Councillors M. Routledge and C. Patching

1. **THE MINUTES OF THE LAST MEETING** held on 16 July 2007, a copy of which had been circulated to each Member, were confirmed.
2. **THE MINUTES OF THE MEETING OF THE EXECUTIVE** held on 24 July 2007, a copy of which had been circulated to each Member, were submitted.

RESOLVED that the information contained within the Minutes be noted.

3. **PUBLIC QUESTION AND ANSWER SESSION**

The Chair welcomed members of the public present.

4. **FEEDBACK FROM SCRUTINY MANAGEMENT BOARD**

At the last meeting of the Scrutiny Management Board, held on 30 July 2007, the following issue was discussed:-

North East Regional Overview and Scrutiny Annual Conference

RESOLVED that the information given, be noted.

5. **REVIEW OF ACUTE HOSPITAL SERVICES – NORTH AND SOUTH OF THE TEES**

The Chair welcomed Ian Dalton, Kailash Agrawal, Mrs Sue Blowers and Mrs Carol Langrick to the meeting to discuss the review of Acute Hospital Services North and South of the Tees.

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Ian Dalton explained that he was Chief Executive of North Tees and Hartlepool NHS Trust and the review of acute hospital services had been the subject of much discussion over the past 13 years.

The Secretary of State for Health had agreed with the Independent Reconfiguration Panels (IRP) recommendations. The main recommendations from the IRP report regarding maternity and paediatric services were as follows:-

- Consultant led services for both maternity and paediatrics should be centralised on one site.
- A modern hospital to replace the existing out of date hospital buildings should be provided on a new site in a well situated location accessible to the people of Hartlepool, Stockton-on-Tees, Easington and Sedgefield.
- Further initiatives are needed to improve the provision of primary and community care including community midwifery.
- Until the new hospital was open, consultant led maternity and paediatric services should be centralised at North Tees.
- Until the new hospital was open, a midwife led maternity unit and paediatric unit should be provided at Hartlepool.
- The more specialised neo-natal services serving Teesside as a whole should be located in the new hospital.

In practice, this meant that for medical safety, quality and sustainability, consultant led maternity and paediatric services should be centralised at the University Hospital of North Tees (UHNT). A new state-of-the-art midwifery led unit would be created at the University Hospital of Hartlepool (UHH), a paediatric assessment unit be created at UHH which would allow local children to have a skilled assessment of their medical need. The improvement of community midwifery should be enhanced to enable people to be seen in their own homes.

The benefits of the reconfiguration would end 13 years of uncertainty. Maternity and Paediatric services would be sustainable and there would be access to services of high clinical quality and safety. There would be a woman focused, promoting clinically appropriate choice during childbirth, community consultant led and MLU provision. The midwife led unit would be in an outstanding clinical environment.

The reconfiguration would make recruitment of top quality staff more easier as there was a national market for consultant medical staff. There would be an amalgamation of paediatric surgery and medicine on one site and be a proximity to core critical care services and emergency surgery. This would have huge benefits for women and children.

North Tees and Hartlepool NHS Trust were pushing hard to have the IRP's recommendations introduced. It was the aim that before the end of the financial year, services would be in place. Before the end of February 2008, the new midwife centre would be open. Medical issues had been looked at which had dictated in which direction the Trust should be headed.

Carol Langrick explained that she was the Director of Strategic Service Development for "Pathways to Healthcare" which was the project leading the

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development of plans for the new hospital and associated primary and community services recommended by the Secretary of State for Health. She added that she was also an experienced nurse and health visitor.

Mrs Langrick explained that she joined the Trust and the local Primary Care Trust four months ago. Her role was to take forward the IRP recommendations in relation to the new hospital and the development of services in community locations. The programme of work was being called "Momentum". "Momentum" was looking at patient centred and clinically driven services. Services that were safe for patients close to their home and sustainable in the future. She had seen services drift away to the James Cook Hospital in Middlesbrough and to hospitals in Newcastle and Leeds and was looking to design health services in the area that would stop gradual fading away. There had been a level of investment in other hospital services and buildings in the area which had not been matched in North Tees and Hartlepool.

Mrs Langrick explained that there were key milestones for the next seven years:-

- Phase 1 - Project Launch (April 2007 – June 2007)
- Phase 2 – Service Development and Design (July 2007 – December 2008)
- Phase 3 – Public Consultation (January 2009 – April 2009)
- Phase 4 – Capital Planning, Development and Procurement (Spring 2008 – Summer 2011)
- Phase 5 – Building and Commissioning the new hospital and associated facilities (Spring 2011 – 2014)

Phase 3 was a formal public consultation on the location of a new hospital. One of the IRP recommendations centred around transport and North Tees and Hartlepool NHS Trust were very much aware of the problems around transport. They had to work with two Borough Councils and Durham County Council in relation to working together with the bus companies to address the problems.

The Chair commented that everyone that used the UHH were very worried and people wanted to know where the new hospital would be built.

A Member queried how many posts had gone from the Trust in the last two years, not just by job losses but posts not backfilled. Mr Dalton explained that the workforce had reduced from 4,500 to 4,250. It had been difficult for the hospital but support from staff had been fantastic.

A Member queried how the new hospital would be funded. Mr Dalton explained that the location of the hospital was for a matter of public consultation. There was no hidden agenda and until the location was worked through with medical staff, GP's and the public, the location would not be known. It was not known how large the hospital should be and what services needed to be located there. He would like the smallest hospital that was clinically safe and wanted services moving out of the hospitals into communities closer to people's homes.

With regard to funding, it was hoped that a funding package would be available that would make the hospital affordable and as cheap as possible. He had been in discussions with the Department of Health and local NHS regarding

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public and private packages. The aim was to have whatever was affordable. He did not want a hospital that could not be run properly because of finances.

A Member queried if any services were to be outsourced and the reasons why. Mr Dalton explained that there were no plans to outsource any medical services. Mrs Langrick explained that she was currently working through six strands of care. Planned Care, Emergency Care, Women and Child Services, Diagnostic Services, Long term conditions and Step-up, Step-down care which was geared towards support at home. Work was commencing on Planned Care and the others would be worked through over the next 12 months to see how the services were currently working, how they would be provided in the future and what parts of the pathways could be provided in the community. A list could not be given until this work had been completed.

Mr Agrawal explained that patients were making too many unnecessary trips to hospital and they wanted more services near to homes as possible. A lot of diabetics went to hospital for blood checks which could be carried out in the community. Hospitals were cumbersome and patients were waiting long periods of time.

A Member commented that she applauded them for putting more services into the community but transport was the largest problem and accessibility to services. One issue that needed to be taken into consideration was the number of car parking spaces in and around the hospital. Mr Dalton explained that accessibility and location was a large part of the criteria. The NHS Trust were to carry out an assessment against all the criteria and present all the information to the public for consideration. Public Transport was a very important issue that needed to be considered.

A Member queried if the system of using taxis was still in operation. Mr Dalton explained that £800,000 per annum was spent on transport to hospital. Using taxis would continue but for a lot of patients taxis were not appropriate.

A Member commented that a lot of issues and proposals would be addressed in the context of Professor Darzi review into National Health Care of Regional Centres of Excellence, Urgent Care Centres and Polyclinics. His main concern was that it might become cash led rather than service led. Transport would be addressed as part of the public consultation but he had concerns about the interim service moves between Hartlepool and North Tees. He queried if the NHS Trust had contacted local authorities and the Ambulance Trust to minimise the risks of transport between the sites.

Mr Dalton explained that Professor Darzi in his new role as Minister of State for Health had commenced a review. Some of the solutions were Polyclinics and had a relevance for Easington. Finance was very important and if the books were not balanced then jobs and services were put at risk. He added that he could guarantee that the way the work was undertaken was to have a professional led process listening to expert doctors, nurses and midwives.

Dr Agrawal explained that doctors had used first class rail travel to attend clinical meetings but now travelled second class in the interest of saving money. With Mr Dalton's leadership, savings had been made and the books now balanced. Clinical services would be given top priority.

Mr Dalton explained that transport was taken seriously although they were not the predominant authority but did have a responsibility to work together.

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Dialogues had taken place with local authorities in their planning role. Finance would not be taken from doctors and nurses to put into transport and they wanted to make it easier for people to access hospital services.

A Member referred to the delivery and midwifery service at Hartlepool and the special paediatrics at North Tees and felt that this service should not be split between two sites.

Mrs Blowers explained that under the current arrangement, special care babies could not stay at UHH, they had to be transferred to UHNT. There was a Special Care Baby Unit at Hartlepool but only dealt with certain babies. Most deliveries were normal and there was only obstetrics intervention in a very small number of cases. Hartlepool would have a purpose-built maternity unit which would ensure early recognition of problems and patients being transferred. They worked closely with the ambulance service to make sure that the blue light facility was available. Other hospitals in the country were working this way very successfully. This change would not be embarked upon if thought to be too risky to patients. The continuation of services at present was not sustainable and there had been a number of times when the unit had been closed because there was not enough staff.

A Member asked for assurances that the top staff that had been recruited would be located at the University Hospital of Hartlepool. Mr Dalton explained that services were moved between the two sites. Very few top clinical doctors had wanted to work in small hospitals. Over the last two years, doctors had been recruited to work in both hospitals and surgeons worked on both sites. There was now a much better quality of staff at both sites. The specialist attended the local hospital rather than the patient going to the hospital.

A Member commented that transport for visitors should also be taken into consideration. Mr Dalton explained that he has spoken to John Cummings MP who had voiced the same opinions and the NHS Trust would be doing what they could to support public transport.

A Member referred to the closing of the midwifery department at Hartlepool and its reopening in the New Year. He raised concern that if it closed then it may not be reopened. He queried what services were being provided during the closure period. Mr Dalton explained that he gave his personal guarantee that the maternity unit would be open in mid-February 2008. The unit planned to close in the middle of December and re-open in the middle of February. The new unit was part of a £13 million investment and professional advice had been sought regarding whether to keep the maternity unit open whilst building was taking place. Advice that was given was that the maternity unit should close while works were carried out. Clinically, he felt that this was the right decision.

A Member commented that he welcomed that there would be more community facilities. When Little Thorpe and Cameron Hospitals closed a number of years ago, services were concentrated in Hartlepool, and they were now being given an identical reason. He requested assurances that there was no long term agenda to take maternity services from Hartlepool. Some people would say that Hartlepool Hospital would close down and there would be no plans for a new hospital as all services would move to North Tees.

Mr Dalton explained that the pace of medical technology was moving so fast that equipment that had been developed a number of years ago was soon out of date. North Tees and Hartlepool NHS Trust were committed to building a new

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hospital and he gave assurances that the midwife led unit was to stay at Hartlepool. All maternity services could have been transferred to North Tees but that was not the correct decision. Between now and the new hospital being built, the new midwife led unit would continue. The strategy was clear and a new hospital was what was required.

Dr Agrawal explained that all services could not be located on North Tees site, a new site had to be found and had to be accessible to all catchments and be as central as possible.

A Member queried if there would be a loss of beds in the new hospital. Mr Dalton explained that there would be less beds because services would be provided in the community but there would be enough beds for the patients who required them.

A Member commented that there needed to be a fully integrated transport system including the rail travel. It took eleven minutes from Seaham to Hartlepool and if rail and road could be integrated this would improve transport immensely.

Concern was expressed that the assets would be stripped from the other hospitals. I. Dalton explained that the purpose of a hospital was to care for patients and would have to work carefully in the transition. Services at both sites would be continued until the new hospital opened and would not be running low quality services in the interim.

A Member commented that the driving force was community care and the quality of facilities for the long term ill and queried how respite would feature. Mrs Langrick explained that they wanted to take a systematic look at what could be done and what needed to be done in the future. People in hospital with long term conditions need a high level of support. If the usage of hospital beds was analysed, it was the long term conditions that were the biggest users. There was a very clear need and there needed to be a close working relationship with social services.

John Cairns explained that he had attended a lot of meetings and could only emphasise what had been said. He was a local bus campaigner and had written a three page document for Roger Bolas when he was the Chief Executive of the Easington PCT. It took approximately 2 ½ hours to get from Wingate to North Tees Hospital. He was constantly in touch with Durham County Council regarding transport issues. After 6pm trying to visit James Cook and North Tees Hospitals was a nightmare. He had heard a lot of rumours that the proposed new site would be Wynyard and there must be links to get residents to the new hospital.

The Chair commented that two representatives from the Scrutiny Management Board sat on the Transport sub-group.

Mrs Swinburne explained that she had been involved with Easington PCT. In 2003, a meeting had been held and the same arguments had been put forward. There was a general consensus that it would take ten years before a new hospital would be built. Professor Darzi completed his review of the health services and many people gave volunteer hours and now they felt very cynical about the NHS. Easington was always on the outskirts and did miss out and it was time that they asserted themselves. David Flory had promised the money allocated to Easington would be ring fenced.

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Mr Dalton explained that when he had come back to Hartlepool to work he had been disappointed at how little it had moved on, although improvements were now being seen. The building works would be complete by the end of the financial year.

Councillor Brash, Hartlepool Borough Council thanked the Chair for the invitation and explained that he was the Chair of the Health Scrutiny. Transport needed to be highlighted and it was the role of local authorities to work with the Trust to explain what transport was required. They needed to work together and put pressure on the bus companies. He queried how much consultation had been carried out with GP's who would be providing the services.

Mrs Langrick explained that she worked for Hartlepool and North Tees PCT to ensure that there was a complete alignment between the development of facilities in the community and the development of a new hospital. She was working within the commission of the hospital and had the same role on the PCT. The way to set up arrangements was to have alignment.

The Chair thanked the representatives from the North Tees and Hartlepool NHS Trust, Members from Hartlepool Borough Council and members of the public for their attendance.

RESOLVED that the information given, be noted.