

Adult Social Care and Health Overview and Scrutiny Committee

11 April 2012

Paediatric and Maternity Services Task & Finish Group – Update from the Chair

1.0 Introduction

- 1.1 This report provides an update on the Task & Finish Group's activity and findings since its last Interim Report of 15 February 2012 (*see Background Paper 1*).
- 1.2 The Committee is asked to consider the report and provide the Arden Cluster with a view as to whether public consultation is required.

2.0 Progress

- 2.1 The Arden Cluster wrote to the Chair of the Task & Finish Group on 30 March, stating its intention to consult on just one option for the future of paediatric and maternity services in North Warwickshire (*see Background Paper 2*). Previously, the intention had been to consult on three options from a shortlist of six.
- 2.2 The proposed option is the one of minimal change. All services would remain at the George Eliot Hospital (GEH) apart from in-patient paediatrics, which would move to University Hospital Coventry and Warwickshire (UHCW).
- 2.3 Because this is widely regarded as the most-favoured option by stakeholders and residents, the Arden Cluster has asked for confirmation from the Committee as to whether a public consultation is still required.
- 2.4 The Task & Finish Group met on 4 April 2012 to consider this question. It also reviewed an updated Business Case document (providing the evidence and reasoning for the proposal), an independent assessment by the Royal College of Paediatrics and Child Health and a draft Consultation Document.
- 2.5 The Group's findings are outlined below. Please note that members were unable to reach a unanimous view as to whether a consultation is still required; therefore both viewpoints have been presented (paragraphs 4 and 5).

3.0 The proposed option

- 3.1 The Task & Finish Group fully supports the preferred option, which would see the majority of services remain at GEH and provide residents with the best access to services locally.

- 3.2 Members echoed the concerns of the Royal College of Paediatrics and Child Health regarding recruitment and retention of suitably skilled professionals. However, they were reassured by the “post-visit information” contained in the report, which had satisfied the Royal College that appropriate steps were being taken to address those risks.

4.0 The case for consultation (majority view)

The majority view within the Task & Finish Group is that public consultation is still required. Reasons for this include:

- a) Consultation would give opportunity for the public to understand why the change is being proposed
- b) The proposal could be deemed a substantial variation to local health services, as it removes the 24-hour paediatric in-patient service at GEH. Therefore, it could be argued that there is an obligation to consult
- c) Local residents need to understand the implications of the proposed change, so they know what will happen if their child is very sick. A consultation will be useful in explaining different scenarios to residents
- d) Although the proposed option is the one of minimal change, it still has significant implications in terms of travel and transport. For example, families of paediatric in-patients usually undertake numerous visits to hospital, so will be affected by the relocation. A consultation would allow residents to submit their views about the extent of the impact, which could then shape the service redesign
- e) The Business Case does not explain how reimbursement of travel costs would be administered. A consultation could be useful in understanding residents’ needs and shaping how the changes/schemes are implemented
- f) Undertaking a public consultation would provide greater legitimacy to the decision to go ahead with the proposed single option should there be any future challenge

5.0 The case against consultation (minority view)

The minority view within the Task & Finish Group is that public consultation is not required. Reasons for this include:

- a) The proposal is essentially a formalisation of the current arrangements. Nothing significant is changing
- b) A consultation would delay the process further, and not yield any benefit for residents or health practitioners
- c) The impacts and issues regarding travel, transport and access at UHCW are already well known, and consultation would not reveal any further evidence
- d) The proposal has been costed, validated and agreed by all relevant health professionals, so there is no scope for residents to shape the proposal further
- e) Communication is needed, but a public consultation without scope for influencing the proposal is not appropriate. A joint statement from the Arden Cluster, Warwickshire County Council and George Eliot Hospital on how services will change would be sufficient
- f) Based on past experience, consultation responses would likely be focused on the overall relationship between GEH and UHCW, rather than the specific service change being proposed

- g) The cost, time and effort of a public consultation cannot be justified given there is only one option, which has no variables that residents can influence

6.0 Feedback on the Business Case document

Members considered the robustness of the updated Business Case document, which contains the evidence and reasoning for the proposal. Observations include:

- a) There is very little difference between the new and previous versions, and the new version does not reflect the new proposal
- b) For example, the new version contains information related to options that have now been discarded (such as a midwifery-led unit), which is confusing
- c) The new version does not explain how the proposed option has been selected
- d) It does not address the concerns raised in the Task & Finish Group's letter of the 22 November 2011, as was previously suggested it would
- e) The Equality Impact Assessment does not explain how the proposed transport and travel solutions will be funded, how they will work in practice and how people will be supported in accessing them (concerns also raised in the 22 November letter)
- f) There is no evidence that bus operators have the capacity to support additional services or would be willing to co-operate

7.0 Feedback on the draft Consultation document

Members considered the robustness of the proposed Consultation document, which would be the principal mechanism for capturing public opinion should consultation go ahead. Observations include:

- a) It does not reflect the Task & Finish Group's feedback from 22 November 2011, and there remains scope to improve and simplify it prior to any consultation going ahead
- b) The "Introduction and background" section should be shortened and simplified using bullet points so it is easier to read
- c) The introduction should explain how the proposal was selected and which options were discarded (note: not all members were in agreement with this suggestion)
- d) It should include reference to the proposed travel and transport plans, and seek feedback from residents on how these should work
- e) Rather than just asking for people's views, there should be three or four key questions that respondents can answer. These questions should prompt feedback/ideas on particular aspects of the proposal that could be shaped (such as the transport schemes)
- f) Not all respondents will have Internet access, so other methods of access to information are required

8.0 Conclusion

While the Task & Finish Group is fully supportive of the Arden Cluster's preferred option, members were not in agreement on the need for public consultation. Consequently, it has no firm recommendation to put forward to

the Committee. However, it hopes that the information presented here provides a useful foundation for the Committee to reach its own collective view.

Background Papers

1. [Interim report](#), 15 February



Letter to Chair of
TFG

- 2.

	Name	Contact Information
Chair of Task & Finish Group	Cllr Peter Balaam	cllrbalaam@warwickshire.gov.uk
Report Author	Richard Maybey	richardmaybey@warwickshire.gov.uk 01926 476876