

# MINUTES

meeting: **HEALTH SCRUTINY PANEL (CAPITAL PROGRAMME) SUB GROUP**

date: **7 JANUARY 2013**

**PRESENT:-**

Councillors Darke, Mrs Samuels, P Singh and Turner

**OFFICERS IN ATTENDANCE:-**

- |                 |   |  |
|-----------------|---|--|
| G Carson        | - | LIFT Programme Manager, Black Country, Sandwell PCT and Black Country Cluster                    |
| Dr S Cartwright | - | Medical Director, NHS Commissioning Board Local Area Team  |
| L Heath         | - | Consultant in Public Health, Wolverhampton City Primary Care Trust                               |
| Dr H Hibbs      | - | Chief Officer, Wolverhampton City Clinical Commissioning Group                                   |
| A Lawley        | - | Head of Estates and Facilities, Sandwell PCT and Black Country Cluster                           |
| D Loughton CBE  | - | Chief Executive, Royal Wolverhampton NHS Trust   |
| E Piggott-Smith | - | Scrutiny Officer, Governance Services Division, Delivery Directorate                             |
| C Skidmore      | - | Chief Financial Officer/Chief Operating Officer, Wolverhampton City Clinical Commissioning Group |
| C W Craney      | - | Democratic Support Officer, Governance Services Division, Delivery Directorate                   |

**Wolverhampton**  
City Council



**Election of Chair**

It was proposed by Councillor Turner, seconded by Councillor P Singh and

1 Resolved:-

That Councillor Darke be appointed Chair of the Sub Group for the remainder of the Municipal Year.

**Apologies for Absence**

2 An apology for absence had been received from R Young, Director of Commissioning, Strategy and Solutions, Wolverhampton Primary Care Trust / Wolverhampton City Clinical Commissioning Group.

**Declarations of Interest**

3 C Skidmore declared an interest in Agenda Item No 4 (To consider methods of progressing a number of Primary Care Developments) inasmuch as she was a Director of LIFTCo.

**To Consider Methods of Progressing a Number of Primary Care Developments**

A Lawley, Head of Estates and Facilities, Sandwell PCT and Black Country Cluster, reported that there was a significant lack of progress in moving forward with the proposed development at Heath Town given that the National Health Services Commissioning Board Local Area Team (LAT) had been unable to agree a way forward with the General Practitioners. In such a situation, the LAT would not progress the Outline Business Case (OBC) without a full sign up and there was also a need to address the financial shortfall of £100k which would need to be absorbed. The Chair, Councillor Darke, enquired as to the particular issues outstanding from the perspective of the GPs. C Skidmore, Chief Financial Officer/Chief Operating Officer of the Wolverhampton City Clinical Commissioning Group, (WCCCG), advised that whilst Dr Peacock was still considering the offer, the partnership structure was likely to change and the partners had expressed concern in relation to liabilities on the existing building. The Primary Care Trust was still offering support to the practice and was aiming to draw up a legal agreement which would bind them to the transfer. She undertook to pursue this matter with the GPs. The Chair, Councillor Darke, enquired as to the next steps to be taken with regard to this matter. A Lawley advised that it would be necessary to refer further consideration back to the LAT and reiterated his earlier comments in relation to the need for the shortfall in funding to be addressed. C Skidmore advised that currently a budget existed within the PCT to cover the outstanding sum. G Carson, LIFT Programme Manager, Sandwell PCT and Black Country Cluster, suggested that such sums held by Primary Care Trusts had been cancelled by the Department of Health.

Dr S Cartwright, Medical Director, NHS Commissioning Board Local Area Team, advised that the LAT had no funding for Primary Care buildings and neither was there any additional money to be identified in current budgets. There was a requirement for the GPs to commit to the development and that currently there seemed to be an impasse. There was a need for the system to be challenged and for pressure to be exerted on the Commissioning Board. D Loughton CBE, Chief Executive, Royal Wolverhampton NHS Trust, enquired as to whether or not an agreement was in place with the GPs and, if not, as to why the land had been acquired in the first instance. C Skidmore advised that there was an 'in principle' agreement in place but that the situation had changed. G Carson explained that letters of 'in principle' agreement had been signed in 2010.

D Loughton CBE suggested that under the restructured National Health Service system, the money previously held by the Primary Care Trust was unlikely to be available and that the local health economy needed to be in a position to challenge the National Health Service Commissioning Board in relation to the provision of Primary Care developments. G Carson commented that this was now a common problem across all schemes with PCT monies having been withdrawn to the centre.

Dr H Hibbs, Chief Officer, Wolverhampton City Clinical Commissioning Board, commented that the problems could be summarised as follows:-

1. Lack of Primary Care premises
2. The expense of development opportunities and
3. The need to make any proposals for refurbished and/or new facilities more affordable.

A Lawley responded that this was exactly what was trying to be achieved with the Bradley scheme. D Loughton CBE enquired as to whether the contract with the LIFTCo novated from the Primary Care Trust to the City Clinical Commissioning Group. A Lawley advised that this was not the case. D Loughton CBE suggested that there was a need to investigate non LIFTCo models of developments. G Carson responded that it was difficult to estimate the potential costs of non LIFTCo models given the facilities management costs. Dr Hibbs enquired as to whether the £100,000 sum referred to earlier included the full utilisation of the site. G Carson confirmed this to be the case. D Loughton CBE suggested that there was a need to investigate other ways of packaging the proposed development. L Heath, Consultant in Public Health, Wolverhampton City Primary Care Trust, enquired as to whether the GPs in Heath Town required the whole of the building. G Carson commented that there was only scope for alternative uses if the building design could be reconfigured. L Heath explained the reasoning behind her question as the Council was keen to explore opportunities for siting community hub type facilities in Primary Care developments.

Dr H Hibbs emphasised that the Clinical Commissioning Group would not wish to lose an opportunity to move GPs into fit-for-purpose premises. G Carson commented on the desirability of co-location with other potential users but suggested that it was too late for this opportunity to be explored for the Heath Town scheme and that costs of £750k for abortive works would need to be addressed if the partners withdrew from the scheme at this very late stage. E Piggott-Smith, Scrutiny Officer, Governance Services Division, enquired as to the number of schemes within the area which were currently in a similar position to the Wolverhampton schemes. G Carson advised that there were 50 schemes under consideration across the area with four in Wolverhampton namely Bradley, The Scotlands, Heath Town and Bilston Urban Village. He advised on an opportunity to refurbish the existing Bradley building and utilise money saved for the provision of the scheme at Bilston Urban Village.

With reference to the abortive costs referred to, D Loughton CBE enquired as to whether these would need to be borne by the PCT or would disappear once the PCT was abolished on 31 March 2013. C Skidmore advised that the abortive costs only referred to the Heath Town scheme. D Loughton CBE suggested that for revenue purposes a method of walking away from the schemes with LIFTCo needed to be identified. G Carson advised that this was not possible as the liability would most likely transfer to the successor bodies; this point was subject to confirmation and legal advice had been sought

Dr H Hibbs enquired as to the existence of a Primary Care Strategy at the present time. Dr S Cartwright advised that it was for the individual Clinical Commissioning Groups to develop Primary Care Strategies in consultation with their respective partners. Dr Hibbs suggested that, it therefore fell to the individual GP partnerships to invest in their premises and of the need for a long term strategy to ensure that fit-for-purpose buildings were in existence. S Cartwright confirmed this suggestion as the way forward but reminded the Group that this required the support of the individual GP partnerships. D Loughton CBE suggested that such an incentive would be driven by the Care Quality Commission in the event that it did not consider the existing premises suitable for purpose. He suggested that there was a need to provide GPs with indicative figures together with alternative options.

With regard to the scheme at The Scotlands, G Carson advised that various options were currently being investigated and expressed concern that, currently, the preferred option was the demolition of Underhill House rather than its refurbishment. He suggested that with the use of prudential borrowing the Council could fund the refurbishment of Underhill House and then lease it on to the Local Area Team/GPs. This method had been used in Sandwell with the Tanhouse Community Centre as the model. This option would also overcome the exclusivity problem encountered with LIFTCo. Councillor Turner suggested that a similar opportunity and problem existed in Bradley where the LIFTCo wished to demolish a perfectly acceptable

building. In response to a question from Councillor P Singh, C Skidmore explained the principles behind LIFTCo. G Carson provided additional information and suggested that a variety of issues needed to be resolved including the Community Health Partnership through the Department of Health.

With regard to the Bradley schemes, G Carson advised that a number of sites had been explored with Councillor Turner at a meeting on 4 January 2013. The preferred option was currently stated as being the provision of a new building to be used by two practices although this would require a fresh options appraisal including the refurbishment of the existing buildings or extending the use of other buildings. He reported that it would be possible to prepare a fully costed Business Case by July subject to the commitment of the relevant GP partnerships.

With regard to the scheme at Bilston Urban Village, G Carson reported that there was a need to engage with the wider health economy on the various options and that a Health Care Planner had now been appointed to begin discussions with those partners. Work to be undertaken included investigating how the existing Health Centre worked. Councillor Turner reminded the Group that currently the GP facility operated from a portakabin and housed four doctors and three advanced nurses.

Councillor Mrs Samuels referred to discussions relating to the preparation of an Outline Business Case and capital refurbishment being undertaken by the Council but reminded the Group of the savings the Council needed to achieve within the current financial climate. G Carson assured Councillor Mrs Samuels that given the Council's greater scope for prudential borrowing, which would be underwritten by the NHS through a lease arrangement, the Council had an opportunity to not put itself at any risk and possibly to make a small profit on the scheme. A feasibility study in relation to the scheme at Bilston Urban Village would be available within three months and currently talks were taking place with developers in relation to taking over the existing site at the Urban Village.

E Piggott-Smith enquired as to the risks going forward into 2013/14 given the changing National Health Service structure. G Carson advised that the various rules in relation to the NHS structure changed on almost a daily basis but that by 31 March 2013 it would be possible to have a variety of options costed. E Piggott-Smith enquired as to who would be in a position to make decisions from 1 April 2013. G Carson advised that this would be for the individual organisations who were required to fund the schemes. Councillor Mrs Samuels enquired as to whether it was necessary for an exit strategy to be in place in the event that a stage one sign off had not been achieved by 31 March 2013. G Carson suggested that it was for this Group to undertake work in relation to such a strategy.

D Loughton CBE suggested that this Sub Group should act as a Project Board going forward to undertake all necessary works to

progress the various Primary Care developments in Wolverhampton. Dr Cartwright commented that from the LAT point of view this initiative was excellent.

4

Resolved:-

(I) That the Sub Group continue to meet on a monthly basis acting as a Project Board with the next meeting being on Monday 4 February 2013 commencing at 1400 hours;

(II) That the relevant Officers be requested to explore the options for the refurbishment of Underhill House using the Council's prudential borrowing subject to a formal commitment to a lease back from the relevant GP partnership/Local Area Team.

# MINUTES

meeting: **HEALTH SCRUTINY PANEL (CAPITAL PROGRAMME) SUB GROUP**

date: **4 FEBRUARY 2013**

## **PRESENT:-**

Councillors Darke (Chair);  
Councillors Mrs Samuels, P Singh and Turner

## **OFFICERS IN ATTENDANCE:-**

G Carson	-	LIFT Programme Manager, Black Country Cluster and Sandwell PCT
Dr H Hibbs	-	Chief Officer, Wolverhampton City Clinical Commissioning Group
R Jervis	-	Director of Public Health, Wolverhampton City Primary Care Trust/Wolverhampton City Council
A Lawley	-	Head of Estates and Facilities, Black Country Cluster and Sandwell PCT
D Loughton CBE	-	Chief Executive, Royal Wolverhampton NHS Trust
E Piggott-Smith	-	Scrutiny Officer, Governance Services Division, Delivery Directorate
C W Craney	-	Democratic Support Officer, Governance Services Division, Delivery Directorate

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**Apologies for Absence**

- 5                   Apologies for absence had been received from M Espley, Director of Planning and Commissioning, Royal Wolverhampton NHS Trust and C Skidmore, Chief Financial Officer/Chief Operating Officer, Wolverhampton City Clinical Commissioning Group.

**Minutes – 7 January 2013**

- 6                   (i)       That the Minutes of the meeting held on 7 January 2013 be confirmed as a correct record and signed by the Chair.
- (ii)       That the Minutes of the meeting held on 7 January 2013 be presented to both the Health Scrutiny Panel scheduled to be held on 7 February 2013 and the Shadow Health and Well Being Board scheduled to be held on 6 March 2013.

**Matters Arising**

- 7                   In the absence of G Carson, LIFT Programme Manager, Sandwell PCT and Black Country Cluster, it was agreed that any matters arising from the Minutes of the meeting held on 7 January 2013 would be considered later in the meeting as part of Agenda Item No. 5 (To Consider Methods of Progressing a Number of Primary Care Developments).

**Terms of Reference (Appendix 1)**

D Loughton CBE, Chief Executive, Royal Wolverhampton NHS Trust, circulated at the meeting a copy of Terms of Reference he had prepared in relation to the future role and operation of the Sub Group.

R Jervis, Director of Public Health, Wolverhampton City Primary Care Trust/Wolverhampton City Council, referred to the important role the National Health Service Commissioning Board (NHSCB) would play in the future development of Primary Care developments within the City and enquired as to whether the suggested membership provided sufficient representation from that organisation. D Hibbs, Chief Officer, Wolverhampton City Clinical Commissioning Group, reminded the Sub Group that A Lawley, Head of Estates and Facilities, Sandwell PCT and Black Country Cluster, would transfer to the NHS Property Company with effect from 1 April 2013 and thus the relevant organisation within the National Health Service would be represented at future meetings of the Sub Group going forwards. D Loughton CBE suggested that it would be necessary to engage with the Local Area Team of the National Health Service Commissioning Board directly and that Dr S Cartwright as the Medical Director for the relevant part of the NHS Commissioning Board was listed as a member of the Sub Group.

The Chair, Councillor C Darke, referred to paragraph 2 of the Draft Terms of Reference and enquired as to whether it would be preferential to add in “as appropriate” to point the end of sub paragraph 2.2 given that more regular meetings of the Sub Group could be



required. With reference to paragraph 1.1 of the Draft Terms of Reference, D Loughton CBE informed the Sub Group that it would be his intention to only submit references in relation to Business Cases to the Sub Group for consideration where they had an impact on the wider health community within Wolverhampton. Dr H Hibbs referred to paragraph 1.2 of the Draft Terms of Reference and suggested that the wording should only refer to "Primary Care premises" rather than "Primary Care developments" across the City as the existing wording could be construed as ambiguous. D Loughton CBE explained that his intention was that the particular sub paragraph in question would concentrate on issues wider than premises given that Health Centres were often the bases or were used by staff other than those employed by GP Practitioners and cited for example a number of staff across the City who had transferred from the Primary Care Trust under the Transforming Community Services agenda. G Carson supported the views now expressed by D Loughton CBE inasmuch as it was envisaged that the Primary Care developments now under discussion would not be for the sole use of the Clinical Commissioning Group.

Councillor Turner acknowledged the comments now made by all parties but suggested that it was necessary to move forward in order to overcome the false promises made over a number of years. Councillor P Singh supported the comments made by Councillor Turner and suggested that the Terms of Reference should be left as wide as possible. By way of a compromise, Dr H Hibbs suggested that sub paragraph 1.3 could be amended to refer to "the delivery of the capital programme and associated service delivery" rather than "Primary Care developments".

- 8 Resolved:-
- (i) That the Draft Terms of Reference of the Sub Group/ Project Board as now circulated be approved subject to the undermentioned amendments:
    - (a) the addition in sub paragraph 2.2 of "as appropriate" following "monthly";
    - (b) the deletion in sub paragraph 1.3 of "Primary Care developments" and the substitution therefor of "capital programmes and associated service delivery".

### **To Consider Methods of Progressing a Number of Primary Care Developments**

9 Heath Town

G Carson advised that one of the GP practices had now withdrawn from the scheme and that the other associated practice had never wished to participate. Thus, the current position was that only the Health Visitors employed by the Royal Wolverhampton NHS Trust would be located in the proposed development and therefore the scheme would not receive the support of the NNSCB given that it would wish for significant occupation to be agreed in order for the

scheme to move forward. A Lawley, Head of Estates and Facilities, Sandwell PCT and Black Country Cluster, informed the Sub Group that he had no knowledge of the reasons behind the decision of the primary GP practice in relation to this matter. G Carson advised that the Chief Financial Officer/Chief Operating Officer of the Wolverhampton City Clinical Commissioning Group had made a number of attempts to progress the scheme but that her offers had not been accepted. D Loughton CBE enquired as to whether the premises were fit-for-purpose under the requirements of the Care Quality Commission (CQC). G Carson explained that it would be for the CQC to determine the satisfaction or otherwise of the premises and that the likely outcome if it was judged to be not acceptable would be for an immediate Breach Notice to be served but he was unable to indicate as to when:-

- (a) an inspection would be undertaken under the new inspection regime; and
- (b) the views of the Care Quality Commission following such an inspection.

The site inspection undertaken by the Black Country Cluster had indicated that the premises were not economically viable to be brought up to standard and, as such, the NHSCB would not support any investment in an attempt to bring such a premises up to an acceptable standard. Councillor P Singh enquired as to whether the GP Practitioners would be required to accept advice. Dr H Hibbs confirmed the views expressed by G Carson inasmuch as the inspection was unlikely to happen as soon as 1 April 2013 when the CQC assumed responsibility for the inspection of Primary Care facilities and, although the inspection would happen at some point in the future, no indication could be given as to when this would occur.

The Chair, Councillor Darke, enquired as to any methods of progressing this issue. Councillor P Singh enquired as to whether it was possible that the CQC would serve a Closure Notice on the premises given that there were no alternative premises available. Dr H Hibbs enquired as to whether the Black Country Cluster had spoken directly to the practitioners involved. G Carson advised that this had not happened given that the individuals, operating as a business, were only willing to speak with the Chief Financial Officer/Chief Operating Officer of the Clinical Commissioning Group. D Loughton CBE commented that it was difficult to predict the outcome of any discussions or the future intentions of the partners within the practice. G Carson expanded on his earlier comments insofar as it was understood that two of the partners in the primary practice were planning to retire during the next 12 months and that the sole practitioner from the other practice could not see a way forward under the current proposed solutions. Councillor Samuels enquired as to whether her understanding of the position was correct, insofar as from the five GPs only one was interested in progressing the scheme. G Carson confirmed this to be the case.

Councillor Samuels suggested that if the premises were not fit-for-purpose the Council/Clinical Commissioning Group should take some action. Dr H Hibbs acknowledged the comments now made but advised that the premises in question were not the worst in the City by any means and that given that the partners in the practice owned the building, it was difficult to coerce them into taking any direct or immediate action. Councillor Samuels suggested that members of the Sub Group should visit the premises. Dr Hibbs commented that it was disappointing that the Local Area Team from the NHSCB were not present at the meeting but that, in any event, the proposals for this scheme would not be approved by the NHSCB if the relevant partners were not willing to cooperate. Furthermore, she commented that it was possible that the premises could be improved sufficiently to make them acceptable and fit-for-purpose albeit not to the latest standards. She also advised that the partners would be required to fund 30% of any capital works undertaken even though a 70% Improvement Grant would be available from the NHSCB. Councillor Samuels asked for the Sub Group to be provided with a sight of the formal withdrawal notice of the practice from the proposed scheme and G Carson undertook to circulate the relevant documentation.

The Chair, Councillor Darke, referred to the discussion at the meeting held on 7 January 2013 insofar as it referred to the financial shortfall of £100k and as to the current position. G Carson explained that this issue was still under consideration and discussion albeit that some of the recurrent money now rested with the Local Area Team but that the money would only be available for certain schemes where:

- partners were willing to cooperate;
- where there were health and safety concerns as to the existing property and/or patient safety;
- where GPs were likely to be made “homeless”.

He advised that under the current rules the scheme at Heath Town did not fulfil the necessary criteria for withdrawal now received from the practice.

The Sub Group wished to be kept apprised of any further discussions between the practice and the Clinical Commissioning Group with this remaining between the relevant GPs and the Local Area Team and the Care Quality Commission.

### The Scotlands

G Carson reported on discussions he had had with A Ivko, Assistant Director, Older People and Personalisation, Community Directorate, with regard to pursuing options for the inclusion of this scheme within the Council’s proposals for a community hub. It was not possible, however, at this stage to give any commitment to the inclusion of this proposal within the scheme. He assured the Sub Group that the current proposal would bypass the exclusivity agreement with the LIFT Company as it would be classed as a property transaction only. Councillor Samuels acknowledged the comments now made but suggested that it would be more helpful if written reports

rather than verbal updates were provided to all future meetings. G Carson undertook to ensure that written reports were provided to all future meetings of the Sub Group.

G Carson explained the positions of the potential participants within the proposed scheme, especially as one of the GP practices were likely to be classed as “homeless” within the current or subsequent financial year and that both practices had acknowledged an acceptance of the suitability of a high quality refurbishment of Underhill House. He indicated that the property would be suitable to accommodate any Acute Services etc proposed for relocation by the Royal Wolverhampton NHS Trust. In response to a further question from Councillor Samuels, G Carson explained that the proposed development would be acceptable for dual use but that this would need to be explored in due course. Councillor Samuels suggested that it would be desirable if an Action Plan on the options appraisal for all schemes were to be presented to a future meeting. A Lawley commented that all options were being incorporated into the relevant Business Case(s) and that these could be presented to future meetings. The Chair, Councillor Darke, suggested that this information needed to be shared with all members of the Sub Group even if only in summary form. R Jervis suggested that the information now reported was positive and that a communications strategy should be produced which could drive other similar projects forward.

With reference to the discussions held at the meeting on 7 January 2013, Councillor P Singh enquired as to the current standing of the responsibility for the transfer of any such liability to the successor bodies from the Primary Care Trust. G Carson advised that it was his understanding that these would transfer to the Community Health Partnership (CHP) and that the current legal advice received suggested that the CHP would be bound by the exclusivity agreement albeit that it would be necessary to continue to consider LIFTCo as an option for a development partner for something outside of the exclusivity agreement. He explained that it was his understanding that the three main lenders involved (Santander/Aviva/Barclays) were currently challenging the Department of Health in relation to the legal standing of exclusivity agreements. D Loughton CBE advised that as the Private Finance Initiative (PFI) had been resurrected in such a different form he believed it would be possible for all partners to work outside their current contractual commitments as it would not be possible for the National Health Service to continue to support such schemes.

### Bradley

G Carson advised that the investigations had now been undertaken into a full refurbishment for a Primary Care development within Bradley and that contact had been made with a local dentist with a view to relocating one of its licences from the premises currently situate within Woodcross. An outcome on the deliberations was currently awaited. Councillor Samuels suggested that a document detailing timelines should be prepared as a matter of urgency otherwise the situation would continue to slip. G Carson explained that

consideration was still being given to a reconfiguration of the Bradley Community Centre for the use as a Community Hub and that it was believed that the building was suitable for reconfiguration to accommodate dual use incorporating Primary Care premises. The Health Care Planner referred to previously had arranged to meet with the relevant Officers from the local authority in order to seek to identify as to whether a suitably flexible solution could be achieved. Councillor Samuels enquired as to the Council's proposals for the use of the Community Centre within Bradley as part of the Community Hub scheme. Councillor Turner reminded the Sub Group that this building was included in the second phase of the Community Hubs programme and that, he believed, it was positive that the sites were being investigated and progress being made. In response to a question from R Jervis, G Carson reported that consideration of a scheme for both GP practices was no longer being investigated but that a feasibility study would be completed within 12 weeks.

### Bilston Urban Village

G Carson advised that a number of meetings had now been held with affected parties and that feasibility studies had been commenced via the Health Care Planner in relation to both Church Street and Bilston Urban Village. He referred to a meeting which had been held with L Heath, Consultant in Public Health, Wolverhampton City Primary Care Trust/Wolverhampton City Council in relation to local need in order to enable full consideration to be given to the various options namely:

- do nothing;
- retain the proposed site for the Bilston Urban Village Primary Care Development but with a replacement facility;
- co-location with Church Street and the proposed site at Bilston Urban Village;
- use of the adjacent Walk-In Centre; and
- any other options

He explained that it would be necessary to investigate all national drivers and to consider the incorporation of other community services together with any other outpatient services which could be relocated based on the local area need. R Jervis commented that whilst the Public Health Team held some information in relation to both local need and national benchmarks it would be necessary for the precise questions to be clarified in order that a proper response was forthcoming. G Carson responded that it would be necessary to identify local drivers such as the levels of cardiovascular disease and that it was likely that the Royal Wolverhampton NHS Trust would be able to cooperate in the supply of such information. R Jervis reported that the Bilston profile would vary from that Wolverhampton area as a whole and also from the national figure and that output figures as well as diagnostic information would be required. D Loughton CBE suggested that whilst it would be possible for alternative options to be

explored, he queried as to whether this would be available in sufficient time to contribute to the proposals now under consideration.

Councillor Turner enquired as to whether the Officers from the Black Country Cluster had received a copy of the latest report in relation to the Bilston Urban Village. G Carson responded that it would be necessary to consider the number of new residential units and the percentage that would wish to make use of any new practice in this area. R Jervis reported that this information was available albeit that there was sufficient GP capacity within the Bilston area to cope with any additional demand arising from new residential developments. The Chair, Councillor Darke, suggested that it would be helpful if this type of information were shared with the Sub Group. R Jervis reiterated her earlier comments but confirmed that whilst the information was available further work would be required to be undertaken when comparing physical and clinical needs. G Carson referred to the requirements of the Council to commission up to 60 Intermediate Care beds with a significant presence in one particular area rather than a scatter gun approach being adopted. R Jervis advised that whilst the Bilston Urban Village site would be able to provide further accommodation for a number of practices within the Bilston area, it appeared that the outcome was being determined before sufficient necessary planning had been undertaken. G Carson undertook to provide an Action Plan to the next meeting in order to test the hypothesis with the Local Area Team via the Health Care Planner and that the first indication of whether cooperation was likely to be received from the relevant GPs as to whether they would permit the necessary surveys to be undertaken.

**Date of Next Meeting**

10

Resolved:-

That the next meeting of the Sub Group be held on Monday 4 March 2013 commencing at 14:00 hours in the Civic Centre, Wolverhampton.

# MINUTES

meeting: **HEALTH SCRUTINY PANEL (CAPITAL PROGRAMME) SUB GROUP**

date: **4 MARCH 2013**

**PRESENT:-**

Councillors Darke (Chair);  
Councillors Mrs Samuels, P Singh and Turner

**OFFICERS IN ATTENDANCE:-**

G Carson	-	LIFT Programme Manager, Black Country Cluster and Sandwell PCT
Dr H Hibbs	-	Chief Officer, Wolverhampton City Clinical Commissioning Group
R Jervis	-	Director of Public Health, Wolverhampton City Primary Care Trust/Wolverhampton City Council
A Lawley	-	Head of Estates and Facilities, Black Country Cluster and Sandwell PCT
A Goodwin	-	Head of Estates Development, Royal Wolverhampton NHS Trust
E Piggott-Smith	-	Scrutiny Officer, Governance Services Division, Delivery Directorate

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City Council



**Apologies for Absence**

- 5                   Apologies for absence had been received from M Espley, Director of Planning and Commissioning, Royal Wolverhampton NHS Trust and C Skidmore, Chief Financial Officer/Chief Operating Officer, Wolverhampton City Clinical Commissioning Group. David Loughton CBE, Chief Executive, Royal Wolverhampton NHS Trust.

**Minutes – 7 January 2013**

- 6                   (i)       That the Minutes of the meeting held on 4 February be confirmed as a correct record.

(ii)       That the Minutes of the meeting held on 4 January 2013 and 4 February be presented to both the Health Scrutiny Panel scheduled to be held on 28 March 2013 and the Health and Well Being Board scheduled to be held on 1 May 2013.

**Matters Arising**

- 7                   No matters arising from the minutes 4 February 2013.

**To Consider Methods of Progressing a Number of Primary Care Developments**

- 8                   Heath Town

G Carson advised that they are looking at a much reduced scheme for this development. There are discussions on-going with K Moore to consider the possibility of using the Community Hub as a possible alternative site for Dr Christopher. The current premises are considered to be inadequate.

**The Scotlands**

G Carson reported that there were concerns about the possible site of the development as a GP practice, which is opposite a school. G Carson reported on discussions about the pharmacy being provided on the site. G Carson reported that the positive benefits of having a pharmacy on site. G Carson reported that further work to be done on estimated savings figure of £200,000 to refurbish Underhill House, rather than undertaking an equivalent rebuild. The estimate may be too low.

G Carson reported on the draft timetable and discussion with K Moore about the possibility of prudential borrowing as an option for moving the scheme forward. G Carson reported that the site would need to be ready in August to meet the deadline for Dr Hickman whose temporary extension to stay at current location is due to expire.

G Carson reported that there were discussions on-going with the National Commissioning Board (NCB) to persuade them that the scheme should be approved.



Councillor Samuels raised the issue about the need for a new public consultation exercise about the plans as the previous work involved a different scheme. G Carson explained that not sure a similar public consultation about the proposal needed to be repeated as the scheme was technically similar to the previous proposal. G Carson asked the group for views on a shorter consultation period rather than the standard 12 weeks – possibility 8 or 4 weeks to avoid a delay in the start of the work in August 2013, which is the proposed start date.

G Carson willing to meet with local Councillors to talk about the plans.

**Bradley**

G Carson advised that further meetings held to look at options the aim being to find a better quality solution through discussions with the GP to develop alternatives. G Carson reported that the scheme had been refused capital grant. G Carson reported that there was a possibility of using a budget underspend from Sandwell PCT to undertake some of the work, but this will require very quick decision making. Councillor Samuels offered support this option.

**Bradley**

G Carson advised that different financial options were being discussed for this development - the pros and cons of each were being considered. G Carson reported that one of the options being considered is a refurbishment.

**Bilston**

G Carson advised on the options being considered. G Carson advised that NCB want to decommission all such similar schemes. A decision on the option of using Bilston Urban Village was likely in the next 2-3 months. G Carson advised that awaiting outcome from A Ivko about the planned scheme that different financial options were being discussed for this development.

Resolved:-

G Carson agreed to provide share update project plans with the group when published.

Scrutiny Officer to arrange site visits to each of the proposed schemes after consulting with the relevant GP Practice Managers.

**Date of Next Meeting**

10

Resolved:-

That the date of the next meeting of the Sub Group to be agreed.