WARWICKSHIRE COUNTY COUNCIL

Minutes of a Meeting of Warwickshire County Council held on 21 February 2006

Present:

Councillor Gordon Collett (Chair)

Councillors John Appleton, George Atkinson, Peter Barnes, Sarah Boad, David Booth, Ken Browne, John Burton, Les Caborn, Tom Cavanagh , Richard Chattaway, Alan Cockburn, Jose Compton, Chris Davis, Michael Doody, Alan Farnell, Anne Forwood, Peter Fowler, Eithne Goode, Richard Grant, Colin Hayfield, John Haynes, Marion Haywood,Martin Heatley, Pat Henry, Bob Hicks, Richard Hobbs, Richard Hyde, Mick Jones, Katherine King, Bernard Kirton, Nina Knapman, Joan Lea, Barry Longden, Anita Macaulay, Frank McCarney, Helen McCarthy, Phillip Morris-Jones, Brian Moss, Tim Naylor, Mike Perry, Raj Randev, Jerry Roodhouse, John Ross, Chris Saint, Izzi Seccombe, Dave Shilton, Kam Singh, Mota Singh, Ian Smith, Mick Stanley, Bob Stevens, Ray Sweet B.E.M., June Tandy, Heather Timms, Sid Tooth, John Vereker, C.B.E., John Wells and John Whitehouse.

Invitees: Jeremy Wright, MP

West Midlands South Strategic Health Authority
Bronwen Bishop – Director of Primary Care Development and Corporate Services,
Charles Goody – Chair of the Strategic Health Authority
Colin Bexley – Chief Information Officer, Strategic Health Authority

Coventry and Warwickshire Ambulance Trust
Malcolm Hazell, Chief Executive of the Trust

Primary Care Trusts (PCTs)
Peter Maddock – Chief Executive, Rugby PCT
Teresa French – Acting Chief Executive, South Warwickshire PCT
Laurence Tennant – South Warwickshire PCT
Shaun Clee – South Warwickshire PCT
Anne Heckels - Chief Executive, North Warwickshire PCT

South Warwickshire Hospitals Trust
Helen Walton – Head of Midwifery, Women and Children Services - executive nurse lead on the Trust Boad

1. General

(1) Apologies

Apologies for absence were received on behalf of Councillors Jill Dill-Russell, Richard Dodd and Bryan Levy.

(2) Members' Disclosures of Personal and Prejudicial Interests

District/borough memberships

The following councillors disclosed a personal interest as members of the district or borough council indicated.

North Warwickshire Borough Council
Councillors: Peter Fowler, Colin Hayfield, Joan Lea, Brian Moss, Mick Stanley, Ray Sweet and Sid Tooth.

Nuneaton and Bedworth Borough Council
Councillors: Pat Henry, Bob Hicks and John Ross.

Rugby Borough Council
Councillors: Tom Cavanagh, Gordon Collett, Jerry Roodhouse and Heather Timms.

Stratford on Avon District Council
Councillors: John Appleton, Peter Barnes, Richard Hobbs, Anita Macaulay, Mike Perry, Chris Saint, Izzi Seccombe and Bob Stevens.

Warwick District Council
Councillors: Les Caborn, Alan Cockburn, Jose Compton, Chris Davis, Michael Doody, Eithne Goode, Bernard Kirton and Dave Shilton.

Other interests

Councillor Jose Compton declared a personal interest as a member of South Warwickshire Primary Care Trust.

Councillor Colin Hayfield declared a personal prejudicial interest as a non executive director of North Warwickshire Primary Care Trust and left the meeting for the debate on primary care trusts.

Councillor John Wells declared a personal and prejudicial interest as an executive director of Rugby Primary Care Trust and left the meeting for the debate on primary care trusts.

Councillor Mota Singh declared a personal and prejudicial interest as a member of the Warwick Hospital Trust and left the meeting for the debate.

Councillor Barry Longden declared a personal interest as his son in law is a paramedic.

Councillors John Burton and Mick Jones declared personal interests as members of Mary Ann-Evans Hospice.

(3) Minutes of Previous Meetings

Resolved:

That the minutes of the meeting held on 7 February 2006 be agreed as a correct record and signed by the Chair.

(4) Announcements

(i) Jeremy Wright MP
The Chair welcomed Jeremy Wright MP (Rugby and Kenilworth) to the meeting.

(ii) Avian Influenza
Councillor Richard Hobbs, urged anybody who discovered a dead bird to report it to the Department for Rural Affairs on the helpline number 08459 335577.

2. NHS Changes

Councillor Alan Farnell, Leader of the Council, welcomed representatives from the Strategic Health Authority and NHS trusts and thanked them for their time in assisting the County Council with this important debate.

Introduction

Charles Goody, Chair of the Strategic Health Authority, outlined the context of the current consultations and reminded the council that these were elements of a bigger programme of change in the NHS with a focus on health improvements, eliminating inequalities in health care and maintaining the trend of increasing life expectancy. The consultation on the strategic health authority structure and on the primary care trusts were both being undertaken by the Strategic Health Authority but the consultation on the ambulance trust proposal was being undertaken by the Department of Health, with the SHA role being to collect views and passing these on.

Charles Goody emphasised that the current consultation documents were concerned with organisational structures, rather than service delivery, although it was envisaged that the new organisations would be better placed than at present to ensure good service delivery.

Presentation on Consultations

Bronwen Bishop, Director of Primary Care Development and Corporate Services, gave a presentation outlining the proposals and process of consultation. Bronwen stressed that the proposals followed improvements that had already taken place in the NHS and were part of ensuring a patient-led NHS with strong primary care trusts (PCTs) with a commissioning role and who would design, plan and develop better services for patients.

Bronwen Bishop explained that the term 'commissioning' in the NHS context is the process by which the NHS plans and pays for services while assuring their quality, fairness and value for money and that the strong commissioning role will stimulate the development of a wider range of services in response to the preferences, lifestyles and needs of local people. The PCTs would have to ensure contracts were properly commissioned and performance managed.

It was noted that the changes were also part of the need to work better with local authorities, the voluntary sector and agencies to deliver improvements. This would include working with the new Children's Services and Adult Services within the County Council. This would be better achieved through the coterminosity of boundaries between the NHS structures and local authorities.

The Government's manifesto commitment was also to achieve savings through the reduction of management and administrative structures and with the savings being put back into services. The structural changes would enable the PCTs to work together to provide shared office support functions such as payroll, contract management and estates. The savings would then be ploughed back into front line services.

The proposals envisaged joint commissioning and provision as well as the opportunity for joint appointments between the NHS and local authority and joint needs assessments.

PCT options

The Council was advised that the SHA had considered the following series of options and analysed these against a number of criteria (including clinical and public engagement):

- *Preferred option*: Create a Worcestershire PCT and a Warwickshire PCT (with Herefordshire PCT and Coventry PCT kept as they are at present)
- Merge Wyre Forest PCT, Redditch and Bromsgrove PCT and South Worcestershire PCT (and maintain Herefordshire PCT).
- Merge North Warwickshire PCT, Rugby PCT and South Warwickshire PCT(and maintain existing arrangements in Coventry PCT).

Pre-consultation had been undertaken with stakeholders had resulted in the preferred option being put to formal consultation which would mean one PCT for Warwickshire coterminous with the County boundary. Bronwen Bishop explained that a 'locality structure' was also proposed that would:

- strengthen local partnership
- support practice-based commissioning
- develop the public health agenda locally
- ensure patients and public are at the centre of decision making

Benefits of new PCTs

Bronwen Bishop outlined the following benefits expected from the reconfiguration of the PCTs:

- The reduction in the number of NHS organisations will release money for reinvestment in patient care. This is a key benefit of the changes envisaged.
- Sharing boundaries with social services-providing local authorities will enable consistent joint working and the development of shared services.
- Larger PCTs are better able to recruit the highest calibre staff and have sufficient critical mass to be effective.
- By focusing on commissioning, PCTs should, in the future, be better able to strengthen choice locally by encouraging the development of innovative and alternative services.

SHA option

The Council was advised that the proposal was to have one new West Midlands Strategic Health Authority that would replace the existing three SHAs of Birmingham & the Black Country, Shropshire & Staffordshire and West Midlands South. The new SHA would therefore cover the counties of Staffordshire, Shropshire, Herefordshire, Worcestershire, Warwickshire, the Metropolitan boroughs of Dudley, Walsall, Solihull, Sandwell and the City Council areas of Birmingham, Wolverhampton and Coventry. The new boundaries would be the same as the Government Office of the West Midlands.

Benefits of the SHA proposal

The benefits of the proposal were identified as:

- The West Midlands is a geographic area widely recognised by the resident population.
- There would be a reduction in management and administrative costs of about £7.5m to be reinvested in front line services.
- Shared boundaries with the Government Office of the Region, Regional Development Agency and Assembly offer significant advantages in influencing and decision making to enhance health improvement and reduce inequalities.

The Council was advised the new SHA would be better placed to give strategic direction and market management, rather than focussing on detail. The organisation would also be more attractive in terms of recruitment. Resources would be focused on new local services, helping to keep patients out of hospitals.

Ambulance Trust

Bronwen Bishop explained that the proposal for the merger of the ambulance services followed the issue of the Department of Health paper *"Taking Healthcare to the Patient"* which was a national review of ambulance services. The Department of Health proposed 11 ambulance trusts for the country and the one option put forward for Warwickshire was that Coventry and Warwickshire Ambulance Trust be combined with the West Midlands, Herefordshire & Worcestershire and Staffordshire Ambulance Trusts.

Bronwen advised that the Department of Health's intention was to reduce bureaucracy and put administration at the centre of the organisation whilst retaining a local footprint. The proposals were part of the expected reduction in ambulance use nationally, as more services are provided locally and fewer numbers of patients require hospital care.

The Council was advised that the proposal did not include any proposals to change the model of service provision locally or control centres and that local delivery units would be created to ensure local focus is maintained.

The functions of the new trusts and the local delivery units were listed as follows:

Trust Level Functions

- Leadership and management development
- Set strategic direction and business plans
- Develop good clinical and corporate governance arrangements
- Contribute to national policy development
- Provide core business support services
- Develop the capacities for Foundation Trust status
- Performance management to delivery standards

Functions of Local Delivery Units

- Day to day delivery of clinically high quality safe services
- Focus on greater partnership and integration with the local NHS
- Single point of access for unscheduled care
- Development of a greater range of services e.g. minor injuries
- Improve performance and clinical outcomes
- Build upon the local reputations for excellence

Envisaged Benefits

The Department of Health envisaged a number of benefits:

- Capacity to drive up standards and achieve better, more consistent performance and clinical outcomes

- Patients across the region would benefit from the best practice standards from each of the current services
- Improved co-ordination on emergency planning across the West Midlands
- Flexibility to invest time in improving training of staff
- Money saved (around £3m) will be reinvested into front line ambulance services

Timetable for consultations

The Council noted that the consultation on the SHA and PCT proposals would conclude on 22 March and the SHA board would meet on 5 April to consider the outcomes and agree a submission to the Department for Health. (The submission on the proposal for the SHA needed to be with the Department on the 5th April and the proposal on the PCTs needed to be in the following week).

It was noted that the SHA would forward responses on the ambulance service proposals direct to the Department of Health.

Presentation from the Chief Executive of the Coventry and Warwickshire Ambulance Trust

Malcolm Hazell, Chief Executive of the Coventry and Warwickshire Ambulance Trust, presented his views on the proposal that the Trust be combined with the West Midlands, Herefordshire & Worcestershire and Staffordshire Ambulance Trusts.

Malcolm Hazell emphasised that he was not against the principle of reorganisation, but was concerned about the scale of the proposals, particularly compared with other parts of the country where the largest merger proposal combined three counties. He added that there was no evidence that larger trusts perform better and the Coventry and Warwickshire Ambulance Trust was currently in the top five trusts based on their performance. He was particularly concerned at the uncertainty regarding whether or not control centres would be retained.

Malcolm Hazell explained that the reorganisation would result in the removal of three executive teams and the ability, therefore, to manage performance and maintain the excellent level of service currently achieved for Coventry and Warwickshire.

He also questioned the level of saving envisaged and predicted that there would be a cost rather than a saving.

Questions and Debate

Councillors Colin Hayfield and John Wells left the meeting at this point.

(1) Effect of NHS Proposals on Access (Acute Services).

Councillor John Appleton commented that changes were resulting in patients and carers often having to travel further to hospital than before and they then had to pay high parking charges, Councillor Appleton sought assurance that as changes progress a new system of charging (based on 'pay as you leave') and reasonable rates be introduced.

Charles Goody advised that from 2008, which was the target date for all hospital trusts to gain foundation status, the hospital trusts would have autonomy and would determine their own policies on parking.

Councillor Bernard Kirton questioned the proposal to reduce the number of hospital beds in the light of current pressures on beds and Councillor Barry Longden questioned whether the shift to local care, and avoidance of hospital stay, was safe and in the best interests of the patient.

Charles Goody advised that there would be a reduction in demand for beds in line with improvements in clinical procedures allowing patients to be treated as day patients or being treated locally rather than staying in hospitals. He envisaged that as the level of care available in the locality rises, the demand for beds will decline, especially as the backlog is reduced. Bronwen Bishop added that there was no intention of changing at the expense of safety or care of a patient and that services will only be provided locally and in circumstances where they are clinically safe to do so. She stressed that this is a requirement of the government's white paper.

(2) Consultation Process

Councillor Kirton expressed concern at the haste in which the proposals were progressing and the lack of public consultation.

Councillors Sarah Boad and David Booth also questioned the appointment process that had already begun with advertisements in the national press, even though the consultations were still in process and no decisions on the structures reached.

Councillor Anita Macaulay asked why the consultation was only on one option.

Bronwen Bishop advised that the legislation did not require public consultation on the structural changes but that the SHA had been unhappy with this and considered it appropriate to consult through public meetings, which it had been doing.

Charles Goody replied that the advertisements had been placed in order to obtain a pool of people from whom the chief executives could be chosen through an interview procedure.

(3) Locality

Councillor Pat Henry sought assurance that the 'local services' referred to in the proposals for the new primary care trust, would not result in another layer of 'mini pcts' that would carry a cost that could otherwise have been put into service provision.

Charles Goody stated that it was expected that £250m savings would be made nationally and would be put back into the health service and that the West Midlands region would see around £26m savings being put back into the health service. The SHA and the PCTs will be performance managed to ensure savings go into services and that there is proper provision at a local level.

There will be a need for local arrangements and the power of the locality will be based on the budgets moving down to groups of GPs, to enable patient choice in their care.

(4) Partnership working/local government involvement

Councillor Frank McCarney asked how partnership working with local authorities, the voluntary and private sector could be strengthened.

Councillor Jerry Roodhouse questioned how governance and local accountability would be ensured as this was an area that was not covered adequately in the consultation documents

Councillor Chris Saint sought assurance that local government would be involved at a local level and Councillor Richard Grant requested that councillors have representation on the PCTs and, if accepted, these representatives should be responsible for reporting back to the Council on progress with changes.

Charles Goody replied that coterminosity of boundaries would assist in developing partnerships. Laurence Tennant added that there had been criticisms in the past that the NHS had not been sensitive to local issues and therefore the project team was looking at local management to ensure pcts are locality-sensitive. There would be the need for clear partnership arrangements to ensure meaningful representation that allows public and local representatives to influence decisions.

(5) Respective roles of the SHA and PCT

Councillor Bob Hicks questioned whether the SHA had a role in tackling health inequalities, as this only appeared against the role of the PCT in the report.

Charles Goody assured the Council that the SHA did have a role but that the delivery would be through the PCT.

Councillor Tim Naylor questioned how 'strategic' the SHA would be, recognising that NHS bodies work within the roles defined by statute, and urged that, in addition to any formal management structures required of the bodies, Warwickshire be involved to ensure that the NHS and Council work together in improving outcomes for citizens.

Charles Goody assured the meeting that the SHA would be more strategic as the detail that the SHA had been involved in would be the responsibility of the new PCT.

Councillor Helen McCarthy questioned whether there would be a sufficient number of GPs to deliver the local services as envisaged in the plans.

Laurence Tennant advised that there had been investment in the training of GPs and in providing better working hours and salaries which would assist in this.

Councillor Jerry Roodhouse sought clarification on whether the PCTs would be both commissioning and providing services and what was the relationship with the 'health market'.

Charles Goody advised that pcts would be expected to negotiate contracts with the bigger trusts. Funding would also be delegated to groups of GPs, who would then apply this, with patients exercising their choice of where to go for treatment, in line with a standard tariff that would follow the patient. It was envisaged that this approach would put pressure on hospitals to drive up quality and to market their services.

Councillors Colin Hayfield and John Wells returned to the meeting for the remainder of the debate.

(6) Coventry and Warwickshire Ambulance Trust

Councillors Sarah Boad, Richard Chattaway, Helen McCarthy and Jerry Roodhouse sought clarification on whether or not the control centres were to be reduced under the proposal, which they would

oppose, and questioned how savings would be achieved without such reduction.

Councillor Dave Shilton requested that thought be given to using savings to purchase an air ambulance.

Bronwen Bishop advised that there was no guarantee on the number of control centres but the strategic health authorities were of the view that there should be the same number as at present and the Department for Health proposals do not preclude that continuing into the future.
She added that they were unable to divert savings to purchase an air ambulance.

Councillor Bob Stevens moved the following motion (and was seconded by Councillor Tim Naylor).:

(1) That this Council responds to the consultation documents on the proposals to reorganise the Strategic Health Authorities, Primary Care Trusts and Ambulance Trust as follows:

(a) We agree in principle with the proposals for the reconfiguration of the strategic health authorities.
(b) This council supports the creation of one primary care trust to cover the county of Warwickshire.
(c) This Council does not support the proposals to amalgamate the Coventry and Warwickshire Ambulance Trust with West Midlands, Herefordshire & Worcestershire and Staffordshire Ambulance Trusts on the grounds that the amalgamation will produce a less localised service at the expense of the present 3 star trust that serves Coventry and Warwickshire so well.

(2) That the response to the consultation on the Coventry and Warwickshire Acute Services Review, the application of the University Hospitals Coventry and Warwick NHS Trust for Foundation status and the proposed Mental Health, Learning Disabilities and Substance Misuse Trust be deferred until a future presentation has been received.

(3) That a final response on the Strategic Health Authority, the Primary Care Trust and the Ambulance Trust proposals is agreed by the Council on 14 March 2006 based on the detailed advice of the Health Overview and Scrutiny Committee and the ad hoc health policy panel and the points raised in today's debate.

(4) That this Council would welcome a dialogue with NHS bodies about the governance and partnership working.

Councillor David Booth moved the following motion (and was seconded by Councillor Sarah Boad):

(5) That this Council is appalled that the process has started to appoint the

Chairman and chief executive of a West Midlands Regional Ambulance Trust while consultations on local ambulance trusts are still taking place. To maintain the credibility of the consultation process this council demands that the appointments process is abandoned immediately.

VOTE

The motion at (1) (a) – (c) and on (4) were voted on separately and were all agreed.

The motion at (5) was voted on and agreed, the voting being 26 for and 24 against.

Resolved

(1) That this Council responds to the consultation documents on the proposals to reorganise the Strategic Health Authorities, Primary Care Trusts and Ambulance Trust as follows:

(d) We agree in principle with the proposals for the reconfiguration of the strategic health authorities.
(e) This council supports the creation of one primary care trust to cover the county of Warwickshire.
(f) This Council does not support the proposals to amalgamate the Coventry and Warwickshire Ambulance Trust with West Midlands, Herefordshire & Worcestershire and Staffordshire Ambulance Trusts on the grounds that the amalgamation will produce a less localised service at the expense of the present 3 star trust that serves Coventry and Warwickshire so well.

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(4) That this Council would welcome a dialogue with NHS bodies about the governance and partnership working.

(5) That this Council is appalled that the process has started to appoint the Chairman and chief executive of a West Midlands Regional Ambulance Trust while consultations on local ambulance trusts are still taking place. To maintain the credibility of the consultation process this

council demands that the appointments process is abandoned immediately.

The Chair thanked the NHS representatives, on behalf of the Council, and looked forward to their attendance at the meeting of the Council on 14 March 2006 when there would be further debate on the NHS consultations.

3. Question Time

(1) Checks on employees

Councillor Dave Shilton asked the following question of Councillor Izzi Seccombe, Cabinet portfolio holder for Children's Services

" Following recent reports of the Department for Education and Skills approving a number of people placed on the sex offenders register to work in schools, could the cabinet member tell me what is being done in Warwickshire to ensure that this has not happened, and that all those working with children, in any capacity not just schools, are being vetted and barred appropriately?

Councillor Izzi Seccombe replied:

"When the publicity arose in the press I contacted the County Education Officer immediately to seek assurance with regard to the procedures followed in Warwickshire.

You may recall that the CRB was established in 2002 as a result of the 1997 Police Act and S124 refers to levels of checks – basic, standard and enhanced. Warwickshire County Council follows the standard and enhanced levels. There is CRB guidance for our managers (including definitions of 'child' and how this can apply to adults in certain instances). Schools have some autonomy, but they have been issued with guidance and advised on how best to comply with it.

Councillor Dave Shilton asked the following supplementary question:

"As elected members, we may occasionally work with children, or frequently in the case of those of us who are also school governors, should we also be vetted in the same way as Council employees?"

Councillor Izzi Seccombe replied:

" We are all corporate parents and are involved in making decisions and strategies. Other local authorities have already taken the view that it should apply to their councillors and my personal view is that it should apply to all councillors, and most of us are also school governors and are already CRB checked."

Councillor John Ross asked:

"Is it not true that this information is already available on the website for Councillors to see? If a councillor has any knowledge of a failing in the system should he not make the department aware?"

Councillor Izzi Seccombe replied:

"This information is available on the website but I accept that Councillor Shilton's question is a valid, friendly one. Members may be aware that there was an enquiry but not all of the recommendations were implemented and there remains confusion over the keeping of the 'two list' system."

(2) Care Assistants

Councillor Sid Tooth asked Councillor Colin Hayfield the following question:

"Is the portfolio holder satisfied that care assistants employed on behalf of the County Council in the delivery of social care services are adequately trained and proficient to undertake those tasks?"

Councillor Colin Hayfield replies:

"We have a duty to ensure care assistants are trained and from April there will be a financial incentive for residential care providers to get 50% of staff to NVQ2 standard. It is harder to obtain this in domiciliary care but there are moves to include an incentive. It is logistically difficult at present and there is a lack of assessors."

Councillor Sid Tooth asked the following supplementary question:

"I appreciate your answer and efforts being made but am conscious that we are commissioning a number of independent agencies to give this service and there have been alarming stories in the media regarding incorrect provision of medication . I have also had a case in my division and although this may be an extreme case how can we be sure the agencies are fulfilling their obligations?"

Councillor Colin Hayfield replied:

"I have no details of your specific case but will look into it if you give me the details.

80% of carers are from independent providers and therefore there is a plan for incentives and there will be a payment to them based on £4 per resident per week for all who achieve 50% NVQ2 standard.

Warwick Partners in Care are providers of training and at the forefront of encouraging carers along this path. The target should be reached by the end of the year, but we are still some way to go. The Adult and Community Services Overview and Scrutiny Committee may wish to look at this in more detail."

4. Items of Urgent Business

There were no items of urgent business.

The meeting rose at 1.00pm.

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Chair