

# WARWICKSHIRE COUNTY COUNCIL

## Minutes of a Meeting of Warwickshire County Council held on

14 March 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, Jill Dill-Russell,  
Richard Dodd, Michael Doody, Alan Farnell, Anne Forwood, Eithne Goode,

Colin Hayfield, Marion Haywood, Martin Heatley, Pat Henry, Bob Hicks, Mick  
Jones, Katherine King, Bernard Kirton, Nina Knapman, Joan Lea, Bryan Levy,

Barry Longden, Frank McCarney, Helen McCarthy, Phillip Morris-Jones, Brian  
Moss, Tim Naylor, Mike Perry, Raj Randev, Jerry Roodhouse, Chris Saint, Izzi  
Seccombe,

Dave Shilton, 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: Mark Newbold, Managing Director, St Cross Hospital

Sarah Bannister, Head of Communications, South Warwickshire PCT

Shaun Clee, Director of Operations, South Warwickshire PCT

Laurence Tennant, South Warwickshire PCT

## 1. General

### (1) Apologies

Apologies for absence were received on behalf of Councillors Peter Fowler,  
Richard Grant, John Haynes, Richard Hobbs, Richard Hyde, Anita Macaulay,  
John Ross and Kam Singh.

## **(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: Colin Hayfield, Joan Lea, Brian Moss,  
Mick Stanley, Ray Sweet and Sid Tooth.

#### *Nuneaton and Bedworth Borough Council*

Councillors Pat Henry and Bob Hicks.

#### *Rugby Borough Council*

Councillors: Tom Cavanagh, Gordon Collett, Richard Dodd,  
Jerry Roodhouse and Heather Timms.

#### *Stratford on Avon District Council*

Councillors: John Appleton, Peter Barnes, 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***

Item 5

Councillor David Booth declared an interest as an employee of the MOD in relation to the schedule of exemptions.

#### **Items 7 and 8**

Councillor David Booth declared a personal interest in the ambulance trust

Councillor John Burton declared a personal interest as a member of Mary Ann-Evans Hospice.

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

Councillor Jill Dill-Russell declared a personal interest as her daughter worked for a voluntary agency caring for adults with learning difficulties.

Councillor Richard Dodd declared a personal interest as an employee of the Coventry and Warwickshire Ambulance NHS Trust.

Councillor Colin Hayfield declared a personal interest as a non -executive director of North Warwickshire Primary Care Trust and a prejudicial interest in relation to mental health services.

Councillor Mick Jones declared an interest as an employee of North Warwickshire Primary Care Trust and personal interest as a member of Mary Ann-Evans Hospice.

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

Councillor Mota Singh declared a personal interest as an associate member of the Warwick Hospital Trust.

Councillor Jerry Roodhouse declared a personal interest as a member of Age Concern, Rugby Area.

Councillor John Wells declared a personal interest as a non - executive director of Rugby Primary Care Trust.

### **3. Minutes of Previous Meeting**

Resolved:

That, subject to clarification that Councillor Wells interest was as a *non* - executive director of the Rugby PCT, the minutes of the meeting held on 21 February 2006 be agreed as a correct record and signed by the Chair.

### **(4) Tribute to departing officers**

#### Eric Wood, County Education Officer

Members paid tribute to Eric Wood who had served local government for 34 years and had been County Education Officer with Warwickshire since 1995. Members referred to Eric's many achievements and to his outstanding leadership

and personal qualities which had ensured the respect of all who knew him, including his staff, head teachers and school governors. Members thanked Eric for his advice and support and the difference he had made to the education of children in the County. The Council wished Eric well for the future.

Noel Hunter, Director of Libraries, Heritage and Trading Standards

Members paid tribute to Noel Hunter, who had served local government for 42 years. Noel had served the County Council since 1979 when he came to Warwickshire as County Trading Standards Officer and had become Director of Libraries, Heritage and Trading Standards in 2000. Members paid tribute to the Noel's innovative approach to developing the service, his personal attributes and his support of them. The Council wished Noel well for the future.

Councillor Alan Farnell, Leader of the Council, advised the Council of all the officers who would be leaving the authority at the end of March:

All officers were thanked for their excellent service to Warwickshire, and a number of tributes were made to individual officers.

*CAMs*

Jeff Reading, Support Services and Finance Manager

*Chief Executive's Dept*

Andrew Lawrence, Head of Community Support

*Education*

John Fletcher, Director of Warwickshire Education Services

Tony Brown, Education Officer, Local and National Education Initiatives

Andrew Leech, Education Officer, Policy and Planning

Lisa Blunt, Communications Officer

Sue Webster, PA to Deputy CEO

*Libraries, Heritage and Trading Standards*

Adrian Levett, Head of Trading Standards

Chris Jeens, Head of Heritage and Cultural Services

Helen Reed, PA to Director

*Planning, Transport and Economic Strategy*

Don Foster, Head of Community Services

*Property Services*

Trevor Burnip, Head of Management Services

David Halsall, Urban Estates Services Manager

Paul Rhodes, Rural Estates Services Manager

Mike Welsby, Head of Construction Services

Barbara Duffy, PA to Director

*Social Services*

John Bull, Head of Adult Services

Martin Jones, Head of Resources Management

Simon Lord, Head of Children's Services/Children Act Project Team

*Treasurer's*

Dave Stenning, Head of People, Performance and Governance

John Robinson, Finance Manager

**(5) Order of business**

Item 8 on NHS Consultations was taken at this point, as recorded at minute 8 below. The following items were taken after 2.30 p.m.

**2. Warwickshire Local Transport Plan 2006**

Councillor Martin Heatley, Cabinet portfolio holder for Environment, presented the report from Cabinet and proposed that the Local Transport Plan be adopted, subject to any minor amendments thought necessary by the Strategic Director of Environment and Economy.

Following a debate a vote was taken and the plan was agreed.

Resolved

That the Final Local Transport Plan 2006 be adopted, subject to any minor modifications proposed by the Strategic Director of Environment and Economy.

### **3. Regeneration and Competitiveness Strategy 2006-2010**

Councillor Chris Saint, Cabinet portfolio holder for Economic Development, introduced a report from the Cabinet that set out a proposed regeneration and competitiveness strategy for 2006-2010. Councillor Saint proposed that the strategy be adopted.

Following a debate, a vote was taken and the strategy was agreed.

Resolved

That the Regeneration and Competitiveness Strategy 2006-2010 be adopted.

### **4. Review of Contract Standing Orders**

Councillor Alan Cockburn, Cabinet portfolio holder for Corporate Services, introduced a report setting out proposed changes to the current contract standing orders. The proposed changes had been agreed by the Council's Standards Committee and Cabinet and were before the Council for endorsement. Councillor Cockburn proposed that the changes be adopted.

Resolved

That the amendments proposed to Contract Standing Orders and Contract Standing Orders for Schools be approved as set out in the report.

NB. The Standing Orders are available in group rooms and on-line and will replace the previous standing orders in the Council's Constitution.

### **5. Constitutional Changes – Officers Delegated Powers and Access to Information**

Councillor Alan Farnell, Leader of the Council, introduced a report from the Strategic Director of Performance and Development which set out changes to officer delegations and to legislative changes to the definitions of 'exempt information' categories.

The Council was assured that the changes to officer delegations were only those required to give effect to the changes as a result of reorganisation of the council's departmental structures.

Councillor Farnell proposed that the changes be agreed.

Resolved

(1) That the changes to standing order 35.4 and the table of exempt information (set out as an appendix to the report) be agreed.

2. That Council agrees the delegations to officers.

3. That any actions taken by any of the strategic directors from 5 December 2005 shall not be invalidated by virtue of the fact that the action is authorised under his/her previous titles.
4. That the Strategic Director of Performance and Development be authorised to amend the Constitution to reflect these changes and make any other necessary amendments to the Constitution to reflect the new structure.

## **6. Amended Prudential Indicators 2006/07 to 2008/09**

Councillor Alan Cockburn, Cabinet portfolio holder for Corporate Services, presented a report from the Strategic Director of Resources that set out revised prudential indicators. These had been revised following the Council meeting on 7 February to reflect the decisions regarding the capital programme made that day. Councillor Cockburn proposed that the revised indicators be adopted.

Resolved

That the amended prudential indicators, as set out in the appendix to the report, be approved.

### **7. Strategic Health Authority, Primary Care Trusts and Ambulance Trust – Formal response to consultations**

Councillor Bob Stevens, Cabinet portfolio holder for Performance Management, proposed (and was seconded) that the responses to the consultation be as set out in the report of the Chief Executive. Councillor Jerry Roodhouse, Chair of the Health Overview and Scrutiny Committee, proposed that a copy of the response also be forwarded to Warwickshire MPs.

The proposals were put to the vote and agreed, no one voting against.

Resolved

(1) That the Council approves its formal response to the consultations as set out in the report at paragraphs 2.3, 3.3, 4.3 and 5.3.

(2) That a copy of the responses be forwarded to the Warwickshire Members of Parliament.

## **8. NHS Consultations**

The County Council considered a report from the Strategic Director of Adult, Health and Community Services and presentations referred to below.

## **(1) Mental Health, Learning Disability and Substance Misuse – “Big enough to count, small enough to care”**

The Chair welcomed Shaun Clee, Director of Operations with South West Primary Care Trust and Laurence Tennant of the South West Primary Care Trust. The Council received a presentation (outlined below) which was followed by questions and debate.

### **Presentation on proposal**

#### Introduction

Laurence Tennant opened the presentation by stating that he understood the concerns that are raised by structural change but that he believed that whatever change occurs, success would depend on a commitment to partnership working with both the County Council and with other sectors. The challenge was to ensure the health changes were consistent with public health policy and with the health improvement agenda shared by both the NHS and Council as partners. He believed that the new local area agreements and local strategic partnerships would facilitate synergy through partnerships.

The Council was reminded of the four groups of organisations within the NHS:

- PCTs – responsible for defined population with budgets for services. These will specialise in commissioning in future. (Two of the three PCTS in Warwickshire currently provide mental health services).
- SHAs – oversee the system and performance manage
- NHS Trusts – provide hospital services, MH/LD services, community services and ambulance services. (One NHS Trust tertiary centre, one ambulance trust for Coventry and Warwickshire at present)
- Primary care independent contractors – GPs, dentists, pharmacists and optometrists.

#### Outline of Proposal

Shaun Clee stated that the current health policy made it imperative to change the current provision of services and to be proactive in order to get the best result for Warwickshire. He explained that a range of options had been considered and three options have been looked at in particular detail. One preferred option had emerged which was to establish one specialist trust to service both Coventry and Warwickshire. He added that a multi-agency board for Coventry and Warwickshire had been established, that included officer representation from the County Council.

Shaun outlined the vision and values behind the proposals, as follows:



A commitment to working in partnership to:

1. Promote independence for individuals

This approach was supported by clinicians and service providers but most notably from users who want a non-clinical model based on inclusion. His vision was that the service be built on hope, based on the premise that people can change and have a place in society.

2. Focus on local needs – to be achieved through locality structures.

3. Develop specialist services

At present there is not the critical mass of population requiring specialist services to enable these to be provided in county and therefore people are sent out of county. The new service would have the capacity to develop specialist services within the area.

4. Value staff

5. Deliver quality outcomes at local level.

How the proposed trust would work

Shaun outlined how the trust would operate on the following principles:

1. Management would be based on accountability and transparency with the expectation that there would be joint appointments to facilitate partnership working.

2. A commitment to integrated service delivery (in many cases this was already happening).

3. Involvement of service users and carers

4. Equity of access to high quality services

5. Leading from the front to combat stigma and discrimination

6. Effective internal and external communication

7. Education and research for service improvement

8. High standards of corporate governance to support front line services. The make up of the board would be defined and there would be clear relationship to the County Council and to the Health Overview and Scrutiny Committee.

## Benefits for local people

Shaun outlined the benefits as follows:

1. Services would continue to be managed locally.

Mental health, learning disability and substance misuse services to be:

- Easy to use and located as close to home as possible.
- Able to meet different needs both personally and culturally.
- Well co-ordinated reducing the need to contact more than one agency.
  2. It will be possible to treat more people with the most specialist needs
    - A bigger trust should reduce the need to go “out of area” for care
    - Be flexible and able to work with other organisations who provide care
  3. Getting a voice – more opportunities for those who use services to say how they are run.
  4. Reducing management costs
- One specialist trust board will reduce number of trusts overall
  - Collaboration with local PCTs on back room costs – more money being available to spend on front line services.

## Benefits for staff

1. The workforce (of 3,000 staff) would enable the trust to:

- Retain, develop and attract the highest calibre staff
- Provide more opportunities to share expertise and drive up standards across Coventry and Warwickshire
- Maintain teaching and training status with local universities.
  2. An anticipated turnover of £120m the trust would be:
    - Attractive to local and regional commissioners as a provider that is able to develop new services
    - Large enough to be able to get new capital investment to improve the facilities used by staff and service users
- Able to protect and develop a locally delivered service

Shaun Clee reminded the Council that the deadline for the completion of the consultation was 28 April, following which the SHA would make a recommendation to the Secretary of State for Health who will take the final decision.

### **Questions and Debate**

#### 1. Provision of secure places

Councillor Bernard Kirton asked about the appropriateness of using police cells to secure people who may have mental health problems.

Shaun Clee advised that a draft policy on conveyance of people with suspected mental health problems was under discussion with the police. This was necessary to ensure those that required hospital admission received it as soon as possible and that others had access to places of safety away from police stations.

#### (2) Drivers for Change

Councillor Jerry Roodhouse questioned whether the changes were being forced on the NHS. Councillor Lea also questioned

the rationale for change and whether it could address the huge issues faced by the NHS.

Laurence Tennant replied that although the wider changes meant it was imperative to change the way the services were being provided, it was also an opportunity to make improvements and to strengthen services.

Shaun Clee added that there was a tension between ensuring a critical mass and keeping services local but the move was to more local provision. He referred to the new guidance on day service provision (being discussed by a joint working group in the county) and the effect of movement of day services out of hospitals. He identified three strands being delivered in the communities:

- Focus on client's recreational, employment and training needs
- The therapeutic input
- Addressing social needs.

The move was to independent living and the individual purchase of packages of care, assisted by policies such as direct payments.

#### (3) Governance Arrangements/Equity of provision

Councillor Jerry Roodhouse questioned how the governance arrangements would be put in place that recognised the two distinct areas of mental health and learning difficulties and how would equity and fairness of provision between the two sectors be ensured.

Councillor Tim Naylor also questioned how a balance would be maintained between the three parts of the new trust.

Councillor June Tandy sought reassurance that Warwickshire would maintain and get a fair provision of services in relation to Coventry.

Laurence Tennant replied that the proposal presented an opportunity to develop services. He drew attention to the advantages in having the services together as there were areas of overlap (for example in substance misuse and mental health problems). He added that learning disability was of different causation than that for mental health problems and often raised different needs (although there was similarity in the training requirements of staff). As such the service needed to be seen as distinct and have the funding to support it.

He added that the partnership arrangements would be important in ensuring equity in relation to support of the services. Warwickshire County Council is the largest partner and will be at the commissioning table. Success would depend on how well the council worked with the commissioning PCT. Shaun Clee added that a joint appointment between health and the council would also be beneficial.

#### (4) Service provision

Councillor Sid Tooth asked how current policies would be affected by the new structure. Councillor John Appleton also questioned what services would be provided and how the organisation would fit with other organisations.

Councillor Izzi Seccombe asked how partnership work would ensure a balance between the preventative and reactive approaches.

Councillor Joan Lea asked what services would be bought from the private sector.

Shaun Clee explained that the key purpose of the policy was still to effectively support and sustain people in work, in their homes and in their relationships. The services were already working in the community and integrated co-located teams had been developed and this would continue (social workers in teams would not be effected) and rolled forward. There would continue to be a focus on family work (with fast response to prevent problems growing) and intervention early as possible, as little as possible to allow people to get on with their lives.

He added that there was some private provision in the private sector, largely for secure provision out of county and small amount of psychotherapy provision. He envisaged that most provision would be through partnerships as joint ventures with the voluntary sector.

Laurence Tennant emphasised that policy making would be through the County Council and the PCT as they would be deciding what they want.

(5) Process of change

Councillor Heather Timms questioned whether there was sufficient understanding amongst the public of the proposals.

Shaun Clee gave his assurance that consultation with the public and users was genuine and that he would also ensure people understand both the proposals and whatever is agreed at the end of the consultation.

(6) Concluding comments

Councillor Bob Stevens referred to the following points:

- The benefit of a meeting with Coventry to discuss the proposals
- More detail on where and how services will be delivered (with a request that the Health Overview and Scrutiny Committee ensure nothing is left out).
- An indication of how budgets will be shared/allocated and assurance that allocation is fair between the different services.
- The need to work with the Children's Trust.

Councillor Bob Stevens moved (and was seconded) the following recommendations:

(1) That the outline response prepared by the Strategic Director of Adult, Health and Community Services is endorsed as the basis of the County Council's response to the consultation on the proposal for a Coventry and Warwickshire Mental Health, Learning Disability and Substance Misuse Trust.

(2) That the comments made by members during this meeting are fed into the preparation of a response and that following further consideration, including the Health Overview and Scrutiny Committee, the Council finalises its response at a special meeting on 11 April 2006.

A vote was taken and the recommendations AGREED (with two abstentions).

The Chair thanked Laurence Tennant and Shaun Clee for their presentation and advice to the Council.

**(2) Acute Services Review**

The Chair welcomed Mark Newbold, Managing Director of St Cross Hospital, Rugby and Sarah Bannister to the meeting.

**Presentation on proposal**

Input to the review

Mark Newbold outlined the process of the current review of acute services which was being undertaken through a board of 21 members (which included the chair and vice chancellor of Warwick University and the Chair of Health Overview and Scrutiny Committee). The following inputs were referred to:

*Public meetings* – taking into account general views, transport, local issues.

*Patient representatives*- informed lay view on services and patient perspective

*Teamwork Bed Analysis* – consultant report on acute bed requirements and efficiencies

*Clinical service review groups* – looking at best practice, models and principles of care

*Project team* – looking at current developments, national trends, organisation and implementation aspects.

*Clinical leaders group* – overviewing the review

*Financial analysis* – high level view on main options

### Setting the scene

Mark Newbold explained that there was a population base of 850,000 for Coventry and Warwickshire served by three acute centres and that many localities this size would have two major acute centres but with a similar number of hospitals in total (five). He advised that Coventry and Warwickshire was just large enough to support the tertiary services like cardiac, transplant and neurosurgery. The new hospital to open on the Walsgrave site in July would be one of the best equipped hospitals in Europe.

### Drivers for change

#### *The health economy*

Mark Newbold explained that the NHS was planning and working as a 'health economy'. This was necessary to ensure:

- Equity of service provision
- Access to specialised services for all
- Best use of trained staff and resources
- Need to operate within financial envelope
- Links with commissioning arrangements

#### *The wider NHS*

Mark advised that the review was responding to changes already happening in the NHS such as:

- Foundation Trusts
- White paper (and the shift from hospital to community care, and different approach to A&E, role of walk-in centres).
- Balancing the benefits of centralising services with the need to support local service provision
- Ambulatory care
- Patient choice, Payment by Results, Independent Sector and competition
- Move from 'acute illness' to 'chronic disease management' model of care (chronic being managed locally)
- A 'commissioner-led' focus

He added that a national report on the future of acute hospitals would be published within the next few weeks.

### Clinical factors

Mark Newbold outlined these as follows:

- Changes models of care (e.g. in the area of cardiac and stroke)
- Staffing and training and effect of European Working Time Regulations
- Patient expectation (want choice, to be treated locally, to get best treatment).
- Increase in monospecialists – as more doctors wish to be specialists rather than generalist
- Change in 'on-call' rotas
- New arrangements for emergency services in hospitals which links A&E and acute medicine with more senior staff at the front end.

### NHS confederation

Mark Newbold explained how these drivers and changes had led to the concept of a confederated approach, recognised in the white paper as follows: *"the future is about networked hospitals operating as part of local integrated health systems, rather than struggling individual hospitals operating in isolation."*

The integration of services is illustrated in the following diagram:



The outcomes are expected to be a continuing reduction in number of beds in acute hospitals, a greater sharing of services (and costs), healthcare will be less hospital based and more locally and community based. He added that ambulatory services (day surgery, diagnostics etc) was increasing and it was envisaged that 50%-75% of all surgery would be provided in this way within three years.

The amount of work in local hospitals would continue to increase as more surgery and procedures are performed locally and more people go to a local hospital rather than the larger hospitals.

Many highly complex, specialised services (such as major surgery, trauma, specialist paediatrics) will be kept central (collaborative care in the model above). Not all hospitals would be able to support all specialist provision and it was already becoming common to share facilities between hospitals. This may mean diagnosis occurs at one hospital, following which the patient may be moved to a specialist unit at another hospital.

Mark stressed that much of what will be in the proposals will be formalising what is already happening.

Mark outlined the current provision and explained that the natural clustering of hospitals made it logical to plan jointly and to plan hospital services in a patch, rather than as separate entities.

The following model illustrates the current pattern and how the services would be linked by clinical networks:



## **Next stage**

Sarah Bannister advised that the consultation document on the review would be issued in April. This would set out feasible options and would be subject to wide consultation for a three month period.



## **Questions and debate**

### (1) Warwick Hospital

Councillor Bernard Kirton expressed his deep concern with regard to Warwick Hospital's review of its services that had resulted in reports of very low morale amongst staff, and his fear that staff will leave. He requested information on what is happening there.

Mark Newbold advised that what was happening at Warwick Hospital was separate from the review and that he was not in a position to advise on this. He added that proposals were not about merging hospitals but about responding to the direction of travel.

(It was agreed at the end of the meeting that the a copy of the letter and statement issued by the hospital chief executive be forwarded to Councillor Kirton and that this be looked at by the Health Overview and Scrutiny Committee).

### (2) Transitional arrangements

Councillor Marion Haywood questioned what provisional arrangements would be made to account for the growth of older people being discharged from hospital and being cared for at home, including the training of staff, and how this would be funded.

Mark Newbold explained that this was a phased process and was already happening.

### (3) Accessibility to services

Councillor David Booth questioned whether there were proposals to reduce the parking costs at hospitals.

Councillor Sarah Boad added that it was not always a question of distance as a patient who can not drive and who does not have access to a bus or train route, has to use taxis.

Mark Newbold replied that this has been raised at public consultations but explained that there is not a net movement to central, distant hospitals. Some services are becoming more local (for example there are now 4 or 5 specialist scanners around the county).

### (4) Grouping of services

Councillor Sarah Boad raised concern that maternity units should have specialist care facilities available. She also referred to the neo-natal review undertaken a few years ago and requested that the work undertaken is not overlooked in this review.

Mark Newbold replied that there were several models around the country. It was not possible to sustain three 24-hour stand-alone paediatric units. The view is that can not keep the current three services and an alternative is to form a network with a central pool of paediatric consultants with assessment units on all acute sites. It was difficult to keep maternity local and provide specialist cover at night. An alternative would be to use medical obstetric cover. There was also a need for more specialise paediatric nurse practitioners. The objective in new models of care is to ensure maximum safe local provision of services.

### (5) Financial Issues

Councillor Frank McCarney questioned the population base required to ensure a fully skilled tertiary unit and the sustainability of the PFI, which required a payback of £54m pa over 35 years.

Mark Newbold acknowledged that the current 825,000 base was light to attract some of the services and that 1.5m would be a comfortable base for tertiary care

provision. Around £20m of services goes out to other areas and there is a need to repatriate that within Warwickshire. Mark added that the approach in the review was to first agree the right clinical models and then look at cost recognising that the network approach gives more scope for sharing of resource.

(Councillor McCarney also expressed a preference for the foundation trust application to cover all three trusts but Mark advised that this was not legally possible).

Councillor Colin Hayfield questioned how the cost usually associated with keeping people in hospital would be transferred to the local level, particularly to local councils where they pick up the cost of provision. Councillor Izzi Seccombe also questioned how ambulatory care and cost of care in the community would be met.

Mark Newbold replied that this shift was already happening and that the acute services review offered a way forward that is supportive of local hospitals.

#### (6) Drivers for change

Councillor Izzi Seccombe questioned whether the review was being led by consultants rather than the community.

Mark Newbold gave his assurance that this was not the case and that his reference to specialists was to there being more doctors becoming specialists, and this has to be taken into account when planning services. He added that the majority of inputs into the review have not been clinical.

#### 7. George Eliot Hospital

Councillor Barry Longden expressed concern that morale at the George Eliot Hospital was low and pressure was being put on staff due to financial difficulties. He added that he feared that pooling consultants as described in the presentation would draw specialists and consultants away from George Eliot to the Walsgrave.

Mark Newbold replied that experience from elsewhere suggested the opposite as the pooling of consultants enabled them to work both centrally and locally. This flexibility was attractive to many and meant that they are less likely to go for jobs at the centre.

He added that local hospitals were already interpreting their environments and making operational decisions. The review had not reached any decisions yet but a lot would inevitably align with hospital intentions.

#### (8) Consultation

Councillor Jerry Roodhouse requested that the consultation engage as widely as possible with elected representatives (for example the council's area committees and district and borough colleagues).

Sarah Bannister stated that the intention was to consult widely and that she would take advice from the council on the best way to take this forward.

(9) Concluding comments

Councillor Bob Stevens raised the following issues, in addition to points raised above:

- lack of sufficient council representation on the review
- need for A&E to be 24 hours, in the light of the decline of out of hours GP response.
- Transitional arrangements – and concern that people will fall between old and new systems of provision
- Concern that funding will not be adequate and funding regime may lead to decline of some hospital services where they are unable to compete.

Councillor Bob Stevens moved (and was seconded) the following recommendations:

- (1) That the Council notes the presentation on the Acute Services Review and the comments made by members.
- (2) That the Council awaits the issue of the consultation paper.
- (3) That, when the consultation paper is received, a process for its consideration will be put in place including the Health Overview and Scrutiny Committee and culminating in a report to Council.

A vote was taken and the above recommendations were AGREED, with one abstention.

The Chair thanked Mark Newbold and Sarah Bannister for their attendance and looked forward to their attendance at a future meeting.

*The Council adjourned at 1.15 p.m. and reconvened at 2.30 p.m.*

**(3) University Hospitals Coventry and Warwickshire NHS Trust**

A consultation paper on the University Hospitals Coventry and Warwickshire NHS Trust on their application for foundation trust status. The Council noted, however, that the trust was unable to attend this meeting to present the proposals.

Councillor June Tandy moved that consideration of this be deferred to the 11 April or 9 May Council, whichever is appropriate.

Resolved

That consideration of the University Hospitals Coventry and Warwickshire NHS Trust's application for Foundation Trust status be deferred to the Council meeting on 11 April or 9 May, whichever is appropriate.

## **9. Question Time**

### Fair Trade

Councillor Jerry Roodhouse asked the following question of Councillor Alan

Cockburn, Cabinet portfolio holder for Corporate Services:

“Can the Cabinet member tell me what progress has been made against the motion passed by Council on 18 May 2004 to promote and encourage the use of fair or ethically traded goods and what progress has there been in Warwickshire becoming a fair trade county?”

Councillor Alan Cockburn replied:

“ A motion was agreed by Council and the Cabinet amended its County Procurement Policy to include reference to the Council promoting and encouraging the use of fair or ethically traded goods where appropriate, with the procurement of fair trade products for use within its own premises and offer these as an alternative to the traditional products purchased. The second part of the Council motion requested a report on the organisation of a fair trade forum to include retailers and trade organisations to encourage products in the County and a publicity campaign. No resources were put aside for this and it has not happened.”

Councillor Jerry Roodhouse asked the following supplementary question:

“Do I understand from your answer that you have no enthusiasm to take forward the fair trade issue?”

Councillor Alan Cockburn replied:

“ I do not as I do not believe it effective in the current retail world. The big supermarkets dominate the market and caused a lowering of value of our produce. I am not optimistic that fair trade will cure our problems but if the council wants to go down this route I will champion it”.

Councillor Ken Browne asked:

“Would the portfolio holder agree that an organisation like Warwickshire County Council, which is responsible for considerable levels of procurement, could make a substantial difference in Warwickshire, at least in sourcing fair trade products, and be more vigorous in enforcing fair trade products?”

Councillor Alan Cockburn replied:

“I think you have missed the point. The County Procurement Policy was reviewed to include this. We do lead by example. The question is whether we are going to have a forum and engage with traders but this is difficult for the Council to do.”

## **10. Items of Urgent Business**

There were no items of urgent business.

The meeting rose at 3.25p.m.

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Chair