

The **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** met at **WARWICK** on the **22nd APRIL, 2005**

Present:-

Members of the Committee:

County Councillors: Jerry Roodhouse (Chair)
Sarah Boad
Marion Haywood
Helen McCarthy
Bob Stevens
Sid Tooth

District Councillors: Bill Hancox (Nuneaton and
Bedworth Borough Council)
John Hatfield (Warwick
District Council)
Richard Meredith (North
Warwickshire Borough
Council)

Officers:

Marion Davis – Director of Social Care and Health
Carole Edkins – Social Services
Alwin McGibbon – Health Scrutiny Officer
Jane Pollard – Assistant County Solicitor
Dr. Morag Stern – Director of Public Health
Rachael Harris – Centre for Public Scrutiny

Also Present:-

Joan Lambton (Member of the Patient and Public
Involvement Forum)
Michael Vincent (Member of the Patient and Public
Involvement Forum)
Jackie Prestwich (Member of the Patient and Public
Involvement Forum)
Frans Vlemmiker (Member of the Patient and Public
Involvement Forum)
Anne Heckels (Chief Executive - North Warwickshire
PCT)
Julie Whittaker (LDP Lead - North Warwickshire
PCT)
Josie Spencer (Director of Patient Services - Rugby
PCT)
Helen King (Director Public Health - Rugby PCT)

Justine Richards (Associate Director Commissioning & Modernisation - Rugby PCT)
Catherine Griffiths (Chief Executive - South Warwickshire PCT)
Dr. Stephen Munday (Director of Public Health - South Warwickshire PCT)

1. General

(1) Apologies for absence

None.

(2) Minutes of the meeting held on the and 15th February 2005 and any matters arising

(i) Minutes

Resolved:-

That the minutes of the Health Overview and Scrutiny Committee's 15th February 2005 meeting be approved and be signed by the Chair.

(ii) Matters arising

None.

(3) Members Declarations of Personal and Prejudicial Interests

The following members declared personal interests:-

Councillor Jerry Roodhouse – association with Rugby Age Concern.
Councillor Bill Hancox – member of Coventry and Warwickshire Patient and Public Information Forum – Ambulance Trust.

2. Local Delivery Plan

(1) South Warwickshire Primary Care Trust.

Catherine Griffiths said that the main thrust of the LDP was concerned with alternative service provision to hospital. A joint workshop was being held with Social Services during the following week to begin the work of joining up their investments. The Strategic Health Authority had approved the plan and the PCT had signed the Heads of Agreement.

The following points arose during the question and answer sessions

- A new Community Matron would lead the work of identifying patients who were high service users with several admissions or readmissions to hospital so that a targeted care plan could be produced or a care worker assigned.

- Evercare had been chosen because the expert patient helping the PCT had experience of it in another area of the County and had recommended it. This was just one of a number of models and the PCT were not committed to it. The pilot would be evaluated after a trial period of 6 to 9 months.
- There was a substantial section on breastfeeding in the plan. The PCT was working with Coventry University on training for midwives. The initiation and progress of the policy on breastfeeding would be monitored. Leaflets and posters would be used as prompts in support of clinicians. It was working with the County Council on producing a policy for breastfeeding in County Council premises. It would also be working with own staff on a return to work policy that would cover the issue of breastfeeding.
- There was no specific plan to promote home births, instead a range of choices would be offered subject to an appropriate assessment of risk.
- Achieving the targets for waiting times (eventual reduction to eighteen weeks by 2008) had a high priority and was one of the biggest challenges facing the PCT. Giving more work to community hospitals, the use of specialist nurses and GPs to carry out a range of work would help Hospitals to maximise productivity. The PCT would continually monitor performance and invest where necessary. It was essential that performance were not allowed to drift.
- There was a section in the plan on tackling health inequalities. The previous Friday the PCT had launched an event in Leamington Spa Town Hall to encourage the Asian community to cook traditionally but in a more healthy way as part of the action to tackle high obesity and the incidence of coronary disease among that community. There were a range of services to deal with health issues around heart disease, mental health, diabetes and smoking cessation among the Leamington Asian community. The PCT's recruitment policies were checked to ensure that they did not discriminate on race grounds. All staff and Board Members received appropriate racial awareness training.
- Katharine Griffiths and Dr. Francis Campbell made practice visits and two-way dialogue occurred between GPs and the PCT at monthly forums. GPs were strong advocates for good quality services for their patients. The new GP contract introduced a year previously meant that GPs were paid for achieving quality targets. All practices had scored highly. GPs were being involved in county hospitals.
- It was recognised that the Health Service was traditionally concerned with tackling ill health but there was an increasing emphasis on measures promoting good health and life style changes. This was reflected in the LDP.
- It was also recognised that it might be difficult to make linkages between the LDP and the plans of other agencies in the County. It should be possible however to produce a brief executive summary that would draw out the connections between the various plans.

- There were proposals for cancer education for the community with smoking being the key factor. There would also be promotion for cancer screening.
- The Arden Cancer Network had a mixed track record but there had been a change of personnel improving its management and focus.
- The PCT had a long established track record of joint working with other agencies in the community in provision of services – for example mental health provision.
- Chiropody Services emphasis was in connection with diabetes.
- Clinical needs took precedence over targets, however, it was pointed out that the targets had been formulated following consultation on what was wanted.

In referring to the process the Committee had gone through in looking at the LDP, the Chair thanked the representatives of South Warwickshire PCT for their co-operation and said that it would have to be started earlier in the future. He would welcome any suggestions for improvements to the process.

The representatives then left the room.

(2) Rugby Primary Care Trust.

Josie Spencer said that she was attending in the place of Peter Maddock, the Chief Executive of the PCT, who was ill.

Justine Richards said that a slightly amended draft of the PCT's LDP was with the Strategic Health Authority for final feedback. The PCT were now working through the implementation of the plan including developing it with key partners.

The following points arose during the question and answer sessions

- The PCT would be running two pilot projects for Community Matrons with a view to increasing the number appointed to five. The posts would be advertised in May with persons appointed undertaking training to give them the necessary competencies to enable them to operate from October. The pilots would be evaluated after three months using high-level indicators and evidence of patient satisfaction. Changes would be made if the evaluation process showed it was necessary to do so.
- Although not all GP practices had patient forums, the PCT encouraged their use.
- Reference to chiropody services was made in the diabetes section of the plan.
- The investment in the pharmacy contract by Rugby PCT amounted to 6.15%. GPs could be encouraged to have a drug dispensing service.
- The PCT were committed to health improvement through such means as health equity audits, working with strategic partnerships to help improve conditions, activity plans aimed at smoking cessation, physical activities

and raising awareness among the public. Awareness raising would be achieved through a number of measures such as working with targeted groups, training primary care colleagues, seconding Health Visitors.

- There was a lack of robust data about the size of the drugs and substance misuse problem in Rugby. The PCT was working with colleagues on the Drugs Action Team to identify the scale of the problem. Once all the data was brought together it would be possible to make an informed decision on how to undertake preventative measures.
- The lack of audiology service was a national problem because of a shortage of trained people.
- The national negotiations on the new dentist contract had stalled. At present dentists were paid on individual procedures performed but new arrangements would pay on the basis of dental fitness. Five practices were entering the local arrangements and others were being encouraged to do so. Two Polish dentists had been appointed. The walk in centre would have a dental room with open dental access. Rugby was a fluoride area.
- There were no concerns with the Arden Cancer Network as the PCT was part of the Network. Improvements had taken place.

The Chair thanked the representatives for the effort they had taken and said that he would be interested to learn what they had found to be good or bad about the process. In future the process would have to start earlier.

The representatives then left the room.

(3) North Warwickshire Primary Care Trust.

Anne Heckels said that the LDP had been signed off by the Board of the PCT and had been assessed and signed off by the Strategic Health Authority and submitted to the DoH. The PCT had been commended about the LDP. £50,000 extra had been invested in diagnostic services to bring down the cancer waiting list at George Eliot Hospital.

The following points arose during the question and answer sessions

- Recent improvements had given PCTs more ownership of the Arden Cancer Network.
- North Warwickshire was one of eighty-eight spearhead authorities given extra funding because there were local authority areas of deprivation within their boundaries. Some of the extra money was made available in the current year. There was to be developmental work on such issues as breastfeeding and smoking cessation.
- On the question of inequality the PCT was looking at the area at smaller than ward level to target resources to the appropriate area.

- The PCT was involved in partnership work with the District Councils, exchanging information and networking with them in connection with raising awareness of healthy living. Schools were more involved and more school nurses were being provided.
- The shortage of trained personnel in audiology to which reference was made by Rugby PCT was reaffirmed. However trained audiologists were not required for every aspect of the service.
- The PCT was dealing with chronic disease management through the Unique Care model, which was capable of being adapted to meet local needs. This would be reviewed in the autumn.
- It was noted that there were mental health resource cafes in Bedworth, Nuneaton and Atherstone, each open two days a week. This had arisen because the PCT were taking a step-by-step approach in order to find outlets that worked. They were working on this with Social Services, the Borough Councils and the Voluntary Sector.
- On the question of linkage with other plans, the LDP was written in accordance with DoH guidelines but it was not written in isolation to the other plans. It should not be difficult to produce a document highlighting those links.

The Chair thanked the representatives of the North Warwickshire PCT and again asked them to let him have any feedback on the process.

Julie Whittaker referred to the penultimate bullet point on page 3 of the minutes of the meeting of the Committee on the 15th February 2005 where she had promised to give the Committee some information about the Mental Health Crisis Team. The problem had arisen because the service had not been fully implemented as it had been in the third year of a three-year roll out. There should be no further problems.

The representatives then left the room.

The meeting having been running for three hours at this point, the Committee agreed in accordance with Standing Order 27.7 to continue to finish the business on the agenda

The Chair thanked Rachael Harris for her assistance in the process of looking at the LDPs for the three PCTs.

Rachael Harris then congratulated the Health Overview and Scrutiny Committee on an extremely thorough and comprehensive review of the LDPs. She also complimented the organisation behind the meetings. She then advised the Committee not to become too concerned about the finer details but concentrate on strategic issues.

Rachael Harris then gave the Committee an outline of possible changes to the organisation of the National Health Service post the General Election on the 5th May.

It was then Resolved:-

- (a) That the Health Overview and Scrutiny Committee places on record its thanks to
 - (i) North Warwickshire, Rugby and South Warwickshire Primary Care Trusts for their help and assistance in carrying out the scrutiny review of local development plans
 - (ii) Rachael Harris (Centre for Public Scrutiny) and County Council officers for their support in conducting the review
- (b) That the Committee would welcome feedback from the Primary Care Trusts on the scrutiny process for local development plans and how the process could be improved in future.
- (c) That the Committee recommends that the Strategic Health Authority and the three primary care trusts should give further consideration to
 - (i) the formatting of local development plans to enable more explicit links to be made with other multi-agency plans or the production of some form of executive summary to put the proposals in a multi-agency context.
 - (ii) The need to invest additional resources in audiology services not only for children but also for older people.
- (d) That the Primary Care Trusts report to a future meeting of the Committee on the progress being made on the following matters (appropriate dates to be discussed with the relevant PCT)
 - (i) the arrangements being made to establish community pharmacies and in particular proposals for rural areas.
 - (ii) the evaluations of the 'Evercare' and Community Matron pilots and any proposed changes as a result of those evaluations.

- (iii) the establishment/extension of chiropody services for older people.
 - (iv) the arrangements to put in place new dentistry contracts.
 - (v) the use of IT to develop patient information via the web and improve patient choice.
 - (vi) the effectiveness of the Arden Cancer Network.
 - (vii) the impact of spearhead status on the ability of the PCT to meet the choosing health agenda (NWPCT only).
- (e) That the recommendations of the Committee be sent to the Strategic Health Authority, the three Primary Care Trusts in Warwickshire, the Cabinet of the Warwickshire County Council, and five district/borough councils in Warwickshire and that those bodies be asked to make a written response to the Committee within 28 days setting out
- (i) the view of the body on the recommendations.
 - (ii) proposed action in response to the recommendations.
 - (iii) any reason for inaction to the recommendations made.

3. **Work Programme**

This was noted.

The Committee would consider the work programme after the County Council elections.

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Chair

The Committee rose at 12.40 p.m.