

The **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** met at **WARWICK** on the **27th JULY, 2005**

Present:-

Members of the Committee:

County Councillors: Jerry Roodhouse (Chair
Anne Forwood (Vice Chair)
John Appleton
Sarah Boad
Tom Cavanagh
Gordon Collett
Bob Hicks
Helen McCarthy
Anita Macaulay
Raj Randev
John Ross

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

Other County Councillors:

David Booth (Local Member for agenda item 5)
Bob Stevens (Cabinet Portfolio Holder –
Performance Management)
John Wells (Observer)

Officers:

Bill Basra – Corporate Review Officer
Marion Davis – Director of Social Care and Health
Helen King – Director of Public Health
Kit Leck – DAT Commissioning Manager
Alwin McGibbon – Health Scrutiny Officer
Victoria Gould – Principal Solicitor

Also Present:-

Ann Beaufoy (Member of the Patient and Public
Involvement Forum – North Warwickshire PCT)
Roger Copping (Member of the Patient and Public
Involvement Forum – South Warwickshire PCT)

Val Davis (Chair of the Patient and Public Involvement Forum – South Warwickshire General Hospital Trust)
Brenda Hardy (Chair of the Patient and Public Involvement Forum – Rugby PCT)
Arthur Knapp (Member of the Patient and Public Involvement Forum – South Warwickshire General Hospital Trust)
Stuart MacAulay (Member of the Patient and Public Involvement Forum – South Warwickshire General Hospital Trust)
Neville Shannon (Member of the Patient and Public Involvement Forum – North Warwickshire PCT)
Sandra Simms (Member of the Patient and Public Involvement Forum – North Warwickshire PCT)
Michael Vincent (Member of the Patient and Public Involvement Forum – South Warwickshire PCT)
Tammie Howarth (South Warwickshire Patient and Public Involvement Forum Support)
Malcolm Hazell (Coventry and Warwickshire Ambulance Trust)
L. Webb (Rugby PCT)
Sarah Bannister (South Warwickshire PCT)
J. Deas (South Warwickshire PCT)
Peter Dodd (South Warwickshire PCT)
Sue Morgan (South Warwickshire PCT)
P. Ryan (South Warwickshire PCT)
Janet Bowson (South Warwickshire General Hospitals Trust)
Jan Fereday-Smith (South Warwickshire General Hospitals Trust)
Kevin Holt (South Warwickshire General Hospitals Trust)
Jane Ives (South Warwickshire General Hospitals Trust)

1. **General**

(1) Apologies for absence

Apologies for absence were received from Councillors Jane Harrison. It was noted that Councillors Tom Cavanagh and Gordon Collett had replaced Councillors John Haynes and Marion Haywood respectively. In addition Paul Hooper (Regional Tobacco Lead, South Warwickshire PCT) and Joan Lampton (PPIF) had indicated that they could not attend.

(2) Members Declarations of Personal and Prejudicial Interests

None.

(3) Minutes of the meetings held on 21st June 2005 and matters arising
(i) Minutes

Resolved:-

That the minutes of the Health Overview and Scrutiny Committee's 21st June 2005 meeting be approved and be signed by the Chair.

(ii) Matters arising

None.

2. Public Question Time (Standing Order 34)

The Chair said that he had received notice of a question from Neville Shannon but as this was related to agenda number 11, he proposed to leave it until the afternoon session. Mr. Shannon agreed that arrangement.

3. Report of the Mental Health Panel on Mental Provision in Warwickshire

The Report of the County Solicitor and Assistant Chief Executive was considered.

The following points were raised:-

- The second phase of the review of mental health provision in Warwickshire would address the transitional stages highlighted in the first phase; this would include children moving into adult services and adults moving into older people services.
- It was confirmed that the review had been informed that the Buddies service to enable primary carers to take a break was available across the County.
- That members thank all those involved in the production of the report and particular acknowledgement be made of Alwin McGibbon's efforts.

It was then Resolved:-

That the Health Overview and Scrutiny Committee agree:-

- (1) to accept the report of the Mental Health Panel on Mental Health Provision in Warwickshire and to thank the Panel for its work, those involved in the production of the report and Alwin McGibbon, Health Scrutiny Officer;

- (2) to endorse the recommendations set out in paragraph 15 of the report of the Mental Health Panel on Mental Health Provision in Warwickshire;
- (3) to refer the Report and the Committee's recommendation to Cabinet for consideration;
- (4) that the Report and the Committee's recommendations be sent to the Primary Care Trusts and to the District and Borough Councils in Warwickshire and that those bodies be asked to make a written response within 28 days;
- (5) that the Panel now move into the second stage of its review and take on board changes to mental health provision in the County (including relationship between the PCTs and the acute sector and any inequalities in funding across the County); and
- (6) to seek a presentation in the autumn with regard to the proposed changes to mental health service provision in the County.

4. Final report of the Drugs, Substance and Alcohol Misuse in Rugby Panel

The Report of the County Solicitor and Assistant Chief Executive was considered.

Bill Basra drew to the Committee's attention that the tables on page 17 of the report had not reproduced. He undertook to send members a coloured version of the page by e-mail.

The following points were made:-

- The joint review had proved to be an extremely exciting and challenging working experience.
- Rural Rugby had a different set of problems.
- Although it was recognised that there was a need for sharp bins in Rugby, there was some concern about using the upper floor of the John Barford Car Park as one of the locations as the Borough Council was attempting to make the car park more customer friendly for females at night so that they would feel safe parking there. That site had been chosen because needles had been left there. However, the issue was open for discussion.
- It was vitally important to have a long-term strategy for dealing with drugs and alcohol.

- There had to be a balance between prosecuting and counselling offenders.
- Consultations were continuing in Warwick with supermarkets and shops with a view to a voluntary ban on selling alcohol to people under the age of 21 to ensure that alcohol was not sold inadvertently underage young people.
- It was essential to educate young people at an early age about responsible use of alcohol.
- It was recognised that Rugby was not the only area in the County that had a problem and the issue of rolling out the work to the rest of the County would be referred to the Co-ordinating Group. One possibility would be to work on PCT areas with the information broken down into Districts.

It was then Resolved:-

That the Health Overview and Scrutiny Committee agreed:-

- (1) to approve the Final Report of the Drugs, Substance and Alcohol Misuse in Rugby Panel subject to the comments made during the Committee's consideration of it and to thank those involved in the production of the Report;
- (2) to adopt the recommendations A to E contained within the Report;
- (3) to refer the Report to the Co-ordinating Group with a recommendation that a rolling programme be established to consider Drugs, Substance and Alcohol Misuse in the PCT areas in the North and the South of the County;
- (4) that the Report and the Committee's recommendations be sent to the PCTs and to the Education Department and that they be asked to make a written response within 28 days;
- (5) that the Committee will consider the progress made against the recommendations in January 2006; and
- (6) to refer the Report and the Committee's recommendation to Cabinet for consideration.

5. Lighthorne Heath Branch Surgery

The Chair said that Councillor David Booth was in attendance for this item as he was the local county councillor for the area and he had asked to speak to this. In addition to the dear patient letter and Councillor Booth's letter of the 28th June, which had been circulated with the agenda, a briefing document from the South Warwickshire PCT and an e-mail from Dave Nash of the Stratford-on-Avon District Council setting out that Council's Environmental Services Overview and Scrutiny Committee's view that every effort should be made to maintain a surgery facility at Lighthorne Heath had been circulated.

Councillor Booth said that the Lighthorne Heath area suffered from extreme to moderate rural deprivation with many deprived families. The local primary school had the County's highest proportion of SEN pupils for non-specialist schools. He asked the Committee and the PCT to support the provision of a surgery in Lighthorne Heath.

Members recognised the importance of retaining such facilities in rural areas and, if all parties were committed to this provision in Lighthorne Heath as indicated, hoped that it would be possible to prevent the closure. It was then Resolved:-

That the Health Overview and Scrutiny Committee agreed:-

- (1) to write to the South Warwickshire PCT and recommend that the PCT do all in its power to ensure that the branch surgery remain open; and
- (2) to urge all partners to move as quickly as possible to identify suitable alternative premises for the surgery in Lighthorne Heath that are fit for the purpose.

6. Review of Good Practice Guidelines on Service Variations and Developments

The Report of the County Solicitor and Assistant Chief Executive was considered and it was then Resolved:-

That the Health Overview and Scrutiny Committee agreed that the good practice guidelines on service variations documents remain unaltered until the proposed changes to the arrangements for NHS and Patient and Public Involvement Forums have been fully implemented.

7. **Warwickshire PCTs – Local Delivery Plans – Responses to Recommendations**

The responses having been received were noted.

8. **Correspondence**
Coventry and Warwickshire Ambulance Trust

A note from Malcolm Hazell, Chief Executive of the Ambulance Trust, was circulated.

Malcolm Hazell emphasised that his Trust was happy with sixty-nine of the seventy recommendations of the review into the national ambulance service. The recommendation that was not supported related to the reduction in number of Trusts by making much larger regional bodies. The Coventry and Warwickshire Trust was at the forefront of many initiatives and was carrying the equivalent of half the workload of London with only one tenth of its income. His service frequently attended in Leicestershire to help the East Midlands Ambulance Trust. The proposed merger with other ambulance trusts would damage the effectiveness of the Coventry and Warwickshire Service.

The following points arose from the ensuing discussion:-

- A cost benefit study would vindicate the Trust's stance.
- The Trust had three stars and was highly valued and there was no wish to see its effectiveness reduced.
- The proposed change to the geographic area of the Trust would make it remote from the community.

It was then Resolved:-

- (1) to refer the matter to Cabinet to make them aware of the proposals to merge Trusts and to ask Cabinet to support the continuation of a locally provided service in Coventry and Warwickshire;
- (2) to recommend a letter be sent to the Department of Health from the Leaders asking the Department to conduct a broader consultation and a cost benefit analysis before progressing any plans for further merger of Ambulance Trusts; and

- (3) that there be a meeting between representatives of Warwickshire County Council and Coventry City Council to consider issues relating to the provision of routine transport by the Ambulance Committee with a report back to the next meeting of the Health Overview and Scrutiny Committee.

9. Proposals for the Health Overview and Scrutiny Work Programme 2005-08

The report of the County Solicitor and Assistant Chief Executive was considered.

The following points arose during the discussions:-

- Consideration of the Arden Network should await the results of the peer review.
- Community Pharmacy – this could be picked up through the local delivery plans.
- Community Care – it was appropriate to leave this for twelve months so as to take account of the results of the Community Matron pilot.
- Chiropody services for older people – this played an important part in supporting the strategy of independent living and should be included in the programme.
- The new Dentistry Contract arrangements – should be included in programme.
- NHS use of Information Technology – it was agreed that this should be put on one side for the moment.
- Impact of Spearhead Status – there would be a presentation at the seminar on the 29th July.
- Obesity in the 0 to 20 age group – this was the biggest community challenge after smoking.
- There was likely to be a special meeting arranged during September and November in connection with the NHS Trusts performance against core standards.
- It might be useful to ask the South Warwickshire General Hospitals Trust to come to a meeting to comment on its one star rating.

10. Any other Items

None.

The Committee adjourned from 12.45 p.m. until 2.15 p.m.

**11. South Warwickshire General Hospitals NHS Trust – Changes to Service
(1) Stratford Minor Injuries Unit**

The following points arose during the presentation:-

- The closure of the unit had never been an option.
- The unit had not been very well publicised and action would be taken to raise awareness of the service.
- The signage on many of the access roads to Stratford-upon-Avon merely indicated that the Hospital did not have an accident and emergency unit and gives a wrong impression of its nature. Photographs had been taken of the signs and consideration was being given to what alterations were possible; the difficulty was that there were legal restrictions about what could be included on road signs.
- GPs had been consulted about the proposals and were in the main happy with the service being nurse practitioner led.
- The motivation for the change was to obtain value for money but also to improve services.
- It was not reasonable to compare the staffing levels of the A&E unit at Warwick Hospital and the MIU at Stratford-upon-Avon Hospital as the A&E unit dealt with patients with more serious injuries where more medical care was required.
- It would be useful for the Committee to visit the MIU.

It was then Resolved:-

That the Health Overview and Scrutiny Committee agreed:-

- (1) that the South Warwickshire General Hospitals Trust bring a further report to the Committee in the autumn to update the Committee with respect to plans for developing the Stratford Hospital Minor Injuries Unit and the Trust is asked to keep the Committee informed as to progress of consultation; and
- (2) that the South Warwickshire General Hospitals Trust be asked to arrange a visit to the Unit for Members of the Committee.

(2) Physiotherapy

Councillor Sarah Boad said that she was extremely unhappy with the proposals for transferring the majority of the Physiotherapy Service in Leamington Spa to Warwick Hospital. The majority of patients did not want the service to move. There had been a lot of misunderstanding about the proposal and one person thought that it would mean the provision of a new service at Warwick Hospital when physiotherapy was already being provided there. The PCT was offering the accommodation free of charge in respect of the sessions remaining in Leamington Spa but would the service be removed from Leamington Spa altogether if the PCT decided to charge a rental in the future? She considered the proposal to be a substantial change. The community were very concerned about the changes. She feared that those patients who continued to attend sessions in Leamington Spa would have to wait for treatment. Those persons

opting to go to Warwick Hospital would probably be forced to go by car because of poor public transport and would be faced with parking charges. This was not in the interest of the patients and the proposal should be referred to the Secretary of State.

Councillor Raj Randev seconded Councillor Sarah Boad. He was not happy with the process of public consultation over the issue. The Trust had known that the portakabin had been offered rent-free for only two years so why had the offer been accepted if there were no intention to remain there. He suspected that the reduction in the service would result in a reducing number of patients attending the two centres in Leamington Spa enabling the Trust to close those facilities after a year. The proposals would encourage more traffic to come to Warwick and more specifically the Hospital. He already received complaints from the residents living in the vicinity of the Hospital about visitors to the hospital parking in side roads.

Roger Copping said that he had visited the portakabin and found a team of very dedicated staff. He was very much against the change and supported calling it in to the Secretary of State. The financial savings were insignificant in the light of the large deficit facing the Trust.

Neville Shannon then asked the question for which he had previously given notice: *What approach is being made by the Hospital Trust to reduce overheads on administration before any possible reduction in services?*

Jane Ives said that the Trust was looking at everything to make financial savings. It was a mistake to believe that there was a large body of management that could be cut to make the savings. The Trust had the least management costs of any in Western Europe. It was the fifth worst funded hospital in the Country. She had two senior managers running a hospital that was a £85m business. The Board had no alternative but to prioritise services.

It was then Resolved by majority vote (five in favour and two abstentions):-

- (1) That the changes being considered by South Warwickshire General Hospitals Trust in connection with the Physiotherapy Service in Leamington Spa amount to a substantial variation in service that is not in the interests of the Health Service in Warwickshire as it constitutes a significant reduction in the accessibility of the service to patients; and
- (2) That the Chair of the Health Overview and Scrutiny Committee write to the Secretary of State to ask her to make a decision on the proposal put forward in accordance with the procedures in place for doing so.

(3) Orthotics

Kevin Holt said that, as with Orthotics services across the country, the service was out of control and the proposal was intended to introduce a service based on clinical needs rather than the aspirations of users. At present the only input by the clinician was at the point of first referral. The intention had been that users would receive two pairs of shoes; one for wear and the other for use when the first pair needed repairing. However, the tendency was to wear the shoes until they were unable to be repaired and a new pair had to be issued. This was very expensive as the cost of a new pair a repair would be £54 but would cost £500.

The representatives of the Patients and Public Involvement Forum confirmed that they were involved in consultations on the proposals.

Members supported the Trust in their endeavours to bring expenditure on the Orthotics Service under control subject to the PPIF being kept informed of developments so that it could bring matters of concern to the Committee's attention.

It was then Resolved:-

That the Health Overview and Scrutiny Committee agreed:-

- (1) to thank the South Warwickshire General Hospitals Trust for the report on Orthotics in relation to the proposals contained therein; and
- (2) to ask the Patients and Public Involvement Forum to refer any issues of concern relating to these changes that it becomes aware of back to the Health Overview and Scrutiny Committee for its further consideration.

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Chair

The Committee rose at 4.04 p.m.