

The **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** met at **WARWICK** on the **18<sup>th</sup> JANUARY, 2006**

**Present:-**

**Members of the Committee:**

County Councillors: Jerry Roodhouse (Chair)  
John Appleton  
Sarah Boad  
Richard Grant  
Marion Haywood  
Bob Hicks  
Anita Macaulay  
Frank McCarney  
Helen McCarthy  
Tim Naylor  
Raj Randev  
John Ross

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

**Other County Councillors:**

Bob Stevens (Cabinet Portfolio Holder –  
Performance Management)

**Officers:**

Victoria Gould – Principal Solicitor  
Michael Hake – Interim Director of Adult Social Care  
Alwin McGibbon – Health Scrutiny Officer

**Also Present:-**

Ann Beaufoy (Member of the Patient and Public  
Involvement Forum – North Warwickshire PCT)  
Bronwen Bishop (West Midlands South Strategic  
Health Authority)  
Shaun Clee (South Warwickshire PCT)  
Roger Copping (Member of the Patient and Public  
Involvement Forum – South Warwickshire PCT)

Martin Eversfield (Member of the Patient and Public Involvement Forum – Rugby)  
David Gee (Member of the Patient and Public Involvement Forum – South Warwickshire PCT)  
Catherine Griffiths (West Midlands South Strategic Health Authority)  
Grace Hampson (West Midlands South Strategic Health Authority)  
Brenda Hardy (Member of the Patient and Public Involvement Forum – Rugby PCT)  
Rachel Harris (Centre of Public Scrutiny)  
Anne Heckels (North Warwickshire PCT)  
Arthur Knapp (Member of the Patient and Public Involvement Forum – South Warwickshire PCT)  
Peter Maddock (Rugby PCT)  
Joan Rook (Member of the Patient and Public Involvement Forum)  
M. Vincent (Member of the Patient and Public Involvement Forum – South Warwickshire PCT)  
Reg Wilkes (Member of the Patient and Public Involvement Forum – George Eliot Hospital)

The Chair welcomed Councillor Michael Kinson to his first meeting of the Committee.

**1. General**

**(1) Apologies for absence**

Apologies for absence were received from Councillors Anne Forwood and John Haynes. In addition Paul Hooper (Regional Tobacco Lead, South Warwickshire PCT), Joan Lampton (Member of the Patient and Public Involvement Forum – South Warwickshire PCT) and Sandra Simm (Member of the Patient and Public Involvement Forum – North Warwickshire PCT) had indicated that they could not attend.

**(2) Members Declarations of Personal and Prejudicial Interests**

Personal interests were recorded in respect of the following members by virtue of being members of the Borough/District Council indicated:-

Councillor John Appleton – Stratford-on-Avon District Council.  
Councillor Bill Hancox – Nuneaton and Bedworth Borough Council.  
Councillor Michael Kinson – Warwick District Council.  
Councillor Anita Macaulay – Stratford-on-Avon District Council.  
Councillor Richard Meredith – North Warwickshire Borough Council.  
Councillor Jerry Roodhouse – Rugby Borough Council.  
Councillor Bob Stevens – Stratford-on-Avon District Council.

**(3) Minutes of the meetings held on 9<sup>th</sup> November 2005 and matters arising not covered elsewhere on the agenda**

**(i) Minutes**

Resolved:-

That the minutes of the Health Overview and Scrutiny Committee's 9<sup>th</sup> November 2005 meeting be approved and be signed by the Chair.

**(ii) Matters arising**  
**Minute 2(1) – Age Concern Warwickshire – Reduction in grant from South Warwickshire PCT**

It was noted that the response from the South Warwickshire PCT on this matter had been circulated to members that morning.

**2. Public Question Time (Standing Order 34)**

None.

**3. NHS Consultation**

**(1) Reconfiguration**

Catherine Griffiths led the West Midlands South Strategic Health Authority team that also included Bronwen Bishop and Grace Hampson. She was also assisted in her presentation by Peter Maddocks (Rugby PCT), Anne Heckels (North Warwickshire PCT) and Shaun Clee (South Warwickshire PCT).

A paper copy of the slides used in the presentation was circulated to members and is attached to the signed copy of the minutes.

The following points arose during the presentation and ensuing question and answer session:-

- (i) There was concern that there was a sense from reading the various literature around the reconfiguration of NHS services that it had already happened and that the consultation was only a cosmetic exercise.
- (ii) The presentation team denied this and pointed out that the consultation period had been extended by two weeks because of the Christmas and New Year Bank Holiday period. The choice had been taken to start a dialogue about the new structure and take the risk that it would not go ahead. All responses to the consultation would be sent to the Secretary of State.
- (iii) The reconfiguration seemed to be regionalisation by the back door. There was less concern about restructuring at Strategic Health Authority level and whilst there was concern about PCTs and the possible loss of local services, the greatest concern was around the

proposal related to a national reorganisation of the Ambulance Services.

- (iv) The Coventry and Warwickshire Ambulance Trust was a three star Trust and it was proposed that it should merge with other Ambulance Trusts that were less successful. It was not a valid reason to say that the Trust should change because other Trusts were not working. With a reducing number of A&E units, it was vitally important to have an excellent ambulance trust and effective paramedics. A west midland centre of command would take away the local accessibility of the existing command centre. People did not consider themselves as living in the west midlands.
- (v) The presentation team said that the merger of the PCTs would result in savings in management cost while keeping a local sensitivity for the commissioning of services. It was recognised for example that a pattern of services that met the needs of people in the north of the county would not be appropriate for those in the south. Larger ambulance trusts were needed to improve strategic capacity and would take administrative burden to the centre and at the same time leave control and delivery of the service from existing localities. Any management/administrative savings from the merger of the Ambulance Services would be ring-fenced for the frontline services. Savings from PCTs and SHA restructuring would be directed to Central Government priorities, basically cancer and heart services with the PCT having discretion where the money would be directed within those chapters of the LDP. The use of the resources would be able to be tracked through that document.
- (vi) The presentation team said that no decision had yet been taken as to whether the Headquarters of the merged SHA would be in Birmingham or Redditch. There was a strong desire to maintain connections with local authorities.
- (vii) There was concern that the provision of services locally was threatened by the creation of Foundation hospitals and a large modern hospital in Coventry pulling in patients.
- (viii) It was noted that management costs were to be reduced by 15% and that there was no provision for redundancy costs.
- (ix) It would not be possible to identify the level of potential redundancies until after discussion with staff following a decision to proceed with the reconfiguration. However, the redundancy costs were one-off while the savings would continue.

The Chair thanked the presentation team. The issues would be debated at County Council meeting on the 21<sup>st</sup> February 2006 and it was agreed that today's discussion should form the basis of a report to that meeting.

**(2) Overview and links to Acute Services Review**

Councillor Rachel Harris (Centre of Public Scrutiny) gave a presentation to the Committee.

A paper copy of the slides used in the presentation was circulated to members and is attached to the signed copy of the minutes.

The following points arose during the presentation and ensuing question and answer session:-

- (i) There was very little experience that the Committee could draw upon to help them with the task ahead.
- (ii) It was important that the Committee should not become too entrenched in scrutinising the process/working of the review.
- (iii) The new PCT Board would be established under the same rules as for existing Boards.
- (iv) Although the requirement to involve patients was a shock to those in the NHS, PCTs recognised the need to demonstrate that they were talking to the public.
- (v) Members would have to ensure that they understood what the NHS was telling them.
- (vi) She advised members to read the document Keeping the NHS Local.

**(3) Update**

The Briefing paper and minutes of a visit to the University Hospitals Coventry and Warwickshire were noted.

**4. Correspondence**

David Gee said that the meeting with Teresa French referred to in the e-mail of the 5<sup>th</sup> January had now taken place and, as he had received full support for his representation and a promise to take the issue up with the Acute Trust, he now wished to withdraw the item. This was agreed.

**5. Future meetings and work programme to date**

This was noted.

It also noted that the meeting proposed for the 22<sup>nd</sup> February would be held at 2.15 p.m. or on the rising of the County Council on the 21<sup>st</sup> February 2006

6. **Any other Items**

None.

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Chair

The Committee rose at 1.20 p.m.