The **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** met at **WARWICK** on the **9th NOVEMBER, 2005**

Present:-

Members of the Committee:

County Councillors: Jerry Roodhouse (Chair
Anne Forwood (Vice Chair)
Sarah Boad
John Haynes
Marion Haywood
Bob Hicks
Anita Macaulay
Frank McCarney
Helen McCarthy
Raj Randev
John Ross

District Councillors: Bill Hancox (Nuneaton and Bedworth Borough Council)
John Hatfield (Warwick District Council)
Hazel Wright (Stratford-on-Avon District Council)

Other County Councillors:

Bob Stevens (Cabinet Portfolio Holder – Performance Management)

Officers:

John Bull – Head of Adult Services
Victoria Gould – Principal Solicitor
Alwin McGibbon – Health Scrutiny Officer

Also Present:-

Kate Butler (Rugby PCT)
Michelle Clarke (North Warwickshire PCT)
Councillor Roger Copping (Warwick District Council Health Champion)
Jan Fereday-Smith (South Warwickshire General Hospitals Trust)
David Gee (Member of the Patient and Public Involvement Forum – South Warwickshire PCT)
Ron Grant (Member of the Patient and Public Involvement Forum – South Warwickshire PCT)

Brenda Hardy (Member of the Patient and Public Involvement Forum – Rugby PCT)
A. Hawty (South Warwickshire PCT)
Tammie Howarth (South Warwickshire Patient and Public Involvement Forum Support)
Jane Ives (South Warwickshire General Hospitals Trust)
Peter Jackson (Member of the Patient and Public Involvement Forum – Rugby PCT)
Joan Lambton (Member of the Public and Public Involvement Forum – South Warwickshire PCT)
Lesley Lucas (North Warwickshire PCT)
Sue Morgan (South Warwickshire PCT)
Jackie Prestwich (Member of the Patient and Public Involvement Forum – South Warwickshire General Hospitals)
Joan Rook (Member of the Patient and Public Involvement Forum)
Eunice Rose (Member of the Patient and Public Involvement Forum – George Eliot Hospital)
Neville Shannon (Member of the Patient and Public Involvement Forum – South Warwickshire PCT)
D. 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)
Catherine Williams (Service User Member South Warwickshire PCT's Maternity Services Liaison Committee)

1. General

(1) Apologies for absence

Apologies for absence were received from Councillors John Appleton and Richard Meredith. In addition Ann Beaufoy (Member of the Patient and Public Involvement Forum – North Warwickshire PCT) and Paul Hooper (Regional Tobacco Lead, South Warwickshire PCT) had indicated that they could not attend.

(2) Members Declarations of Personal and Prejudicial Interests

Councillor Jerry Roodhouse – Chair of Age Concern Rugby.
Councillor Frank McCarney – Board Chairman of George Eliot NHS Trust.

(3) Minutes of the meetings held on 28th September 2005 and matters arising not covered elsewhere on the agenda

(i) Minutes

Resolved:-

That the minutes of the Health Overview and Scrutiny Committee's 21st June 2005 meeting be approved – subject to the addition of Councillor Roger Copping's name in the list of those who attended the meeting – and be signed by the Chair.

(ii) Matters arising

(a) Minute 1(4)(ii) – Maternity Services Panel

Councillor Sarah Boad referred to the resignation of Councillor Jane Harrison from the Committee and said that this meant that there were now only three members remaining on the Maternity Services Panel and no Labour representative. She made a request for more members. Councillor Anne Forwood said that she would be prepared to serve on the Panel.

(b) Minute 5 – Provision of NHS Dentistry

Councillor Sarah Boad referred to recent press articles that had suggested that dentists practices had to be either entirely NHS or entirely private. She had checked with the practice that she used, which was private but treated children under the NHS, and it was confirmed that the PCT had informed the practice that if it treated children under the NHS it was obligated to continue NHS treatment for them after they became adults. She suggested the establishment of a working party to carry out a short review into the situation

Members agreed the proposal and suggested that the review should also take account of special needs dentistry and consider the feasibility of reintroducing dental inspections in schools.

Councillors Anita Macaulay and Raj Randev were nominated as Conservative Group and Labour Group representatives respectively.

2. Public Question Time (Standing Order 34)

(1) Age Concern Warwickshire – Reduction in grant from South Warwickshire PCT – Councillor Roger Copping

Councillor Roger Copping submitted the following question:-

"Will the Health O & S Committee investigate the following modernisation/cut? From the 1st November Age Concern Warwickshire has had a cut in its South Warks PCT budget contribution for Care of Elderly & Frail People recently Discharged from Hospital. This cut is 76% - from £45,000 down to £11,750 from November to the end of March. A sudden winter cut of this magnitude is not sustainable in an area of Warwickshire which has a large percentage of elderly residents. It is important that the PCT / Acute Hospital Trust/ WCC – SS/Voluntary Sector (Age Concern) work in harmony with 'joined up thinking' & not in 'separate silos', as is happening in this instance. Will the Committee please scrutinise the rationale behind this savage cut?"

The Chair said that a letter would be sent to the South Warwickshire PCT asking for details.

(2) Acute Services Review – Catherine Williams

Catherine Williams asked the following question:-

"In my personal capacity as a Service User Member of the MSLC, I want to raise formally with the OSC my concerns about the process for the Acute Services Review.

> I am concerned that all Service Users, assisted by those with a Patient and Public Involvement role, should have a meaningful opportunity to contribute their views.
>
> I want to understand whether those views can influence the outcomes of the Review.
>
> I want to be sure that there was the necessary Public and Patient Involvement from July onwards in planning and then starting work on the Review: I am concerned about the lack of appropriate Public and Patient Representation on the Project Board (noting the fact that PCT PPI Forum Colleagues have had no say in how that Board, on which they serve, was constituted) and the absence of such representation on the five Review Panels."

Copies of two letters from Catherine Williams to the Chief Executive of the South Warwickshire PCT were circulated to the Committee.

The Chair said that her representations would be considered and he thanked her for the information. He had made it clear from the onset that his presence at the Project Board would not prevent proper scrutiny of any proposals by the Committee.

(3) Acute Services Review – Jackie Prestwich

She said that she was the Vice-Chair of the Patients and Public Involvement Forum for South Warwickshire General Hospitals NHS Trust. She was concerned at the lack of representation on the review and the fact that it was commissioner rather than provider driven.

The Chair thanked for her comments.

3. Drugs, Substance and Alcohol Misuse in Rugby Panel

The Committee noted the responses to their recommendations arising from their consideration of the work of the Drugs, Substance and Alcohol Misuse in Rugby Panel.

The Chair said that the Co-ordinating Group would look at the question of rolling out the work across the County.

4. Mental Health Provision

The Committee noted the responses to their recommendations arising from their consideration of the final report of the Mental Health Service Panel (1st Phase).

5. Local Delivery Plans

The Committee received three presentations from the PCTs in connection with their local delivery plans.

(1) Rugby PCT – Pharmacy; New Contractural Framework

The following points were made during the presentation:-

- The old arrangements had been in existence for two decades and there had been a need for a new framework to meet modern service requirements.
- There were three strands to community pharmacy provision and these were:-
  - Essential Services; these would be available through all pharmacies and included:-
    - Dispensing, including support for those with disabilities.
    - Repeat dispensing – ability to supply up to 12 months prescriptions – this will reduce GPs' workload and minimise waste.
    - Disposal of unwanted medicines.
    - Promotion of healthy lifestyles (up to six campaigns each year).
    - Support for self care.
    - Signposting users to other health professions and support networks.
    - Clinical governance – patient and public involvement, production of practice leaflet, patients surveys, clinical audits, risk management, incident reporting, staffing and staff management, induction and other training.
  - Advanced Services
    - Medicine use review.
    - Improve patients knowledge.
    - Communication with GPs.
    - Accreditation of pharmacies.
  - Enhanced Services – PCT to provide specific services that meet local needs.

- PCT responsibilities
  - Commissioning, supporting and monitoring services.
  - Rolling out repeat dispensing; initially paper system but working towards an electronic system.
  - Health promotion campaigns.
  - Signposting.
- Progress
  - Repeat dispensing; of 12 GP practices, 6 were already participating. Of the remaining 6, 2 needed computer upgrades; 1 was not interested at the moment and 3 were unable to participate.
  - Signposting Directory distributed.
  - Monitoring carried out in October; visits in new year.

The following additional points arose during question and answer session:-

- New regulations enabled pharmacists to collect used needles.
- Pharmacists were qualified to advise the public.
- Although some users preferred to use the same pharmacists; others were happy to use any convenient pharmacy.

The Chair suggested that a further presentation should be made to a future meeting.

(2) North Warwickshire PCT – Community Matrons

The following points were made during the presentation:-

- The Community Matron would deal with those patients who had frequent stays at hospital with the aim of reducing the need for such stays.
- Community Matrons were experienced skilled nurses and currently were recruited from District Nurses as hospital nurses did not possess all the necessary skills. It was proposed that appropriate training would be introduced so that hospital nurses would be able to undertake the duties.
- There were three primary care Community Matrons in post at the end of September 2005 and there would be four by June 2006.
- There was one Community Matron for Mental Health.
- Each Community Matron would have an initial caseload of between 80 to 100 but this would reduce to 50 to 80 by August 2006.
- A patient user forum would be established.
- Links would be established with Social Services, Housing Departments, the Voluntary Sector and the Patients and Public Involvement Forum.

The following additional points arose during question and answer session:-

- It was hoped that in making the links the service would appear seamless to the recipients of the service.
- Reference was made to the fact that people were living longer and an example was given of an elderly couple where the wife was suffering from dementia and the husband had become ill. In such a case the Community Matron/Mental Health Community Matron would look to the voluntary sector to provide a carer.
- Community Matrons would accept referrals from GPs and Social Services.

(3) South Warwickshire PCT – LDP Overview

The following points were made during the presentation:-

- Primary care, access and emergency
    - A reduction in the unnecessary use of secondary care and development of appropriate community alternatives by the introduction of PWSIs, avoidance of unnecessary referrals and enhancement of local access to diagnostic services.
    - A reduction in emergency bed days by a reduction in falls, development of intermediate care, provision of GP admission prevention beds in community hospitals and triage in A&E.
- Long-term conditions
    - Appointment of community matrons (one already in post in Warwick and another in Stratford-upon-Avon) and development of case management.
    - A respiratory specialist nurse to support early discharge and prevent COPD admissions.
    - Increase and develop patient awareness of self education and self management initiatives.
    - Cardiac rehabilitation.
- Health Inequalities
    - Implementation of “Sure Start”, healthy schools programme and home safety schemes.
    - Smoking cessation initiatives, focussed on manual workers and pregnant women.
    - Reduction in obesity and improvement in diet and nutrition.
    - Increasing physical activity.
    - Improved access to sexual health services and emergency contraception.
    - Improve the initiation and duration of breast feeding.

    - Improvement to children's health by modernisation and expansion of school nursing.
    - Improvement to older people's health by promoting flu immunisation and implementing services targeting the most vulnerable.
- Cancer
    - Part of the Arden Network.
    - Continuing to support an increase in the number of those quitting smoking.
    - Continuing to support screening services such as breast and cervical screening.
    - Improving access to specialist cancer and diagnostic services to achieve a maximum of one month from diagnosis to treatment by 2008.
    - Development of work force to provide specialist cancer services.
    - Expansion of the gold standard palliative care services.
- Older people
    - Enhanced intermediate care services.
    - Implementation of integrated community equipment stores.
    - Improved mental health services to reduce EMI emergency admissions by 5% in the year.
    - Implementation of falls prevention strategy.
    - Development of co-ordinated stroke services.
- Mental Health
    - Expansion of early intervention services.
    - Access to mental health crisis services for all in need by 2005.
    - Reduction in suicide and undetermined injury mortality by 20%.
    - Increasing the number of carers accessing carers support service.
    - Expansion of forensic CPN service.
    - Expansion of community rehabilitation team.
    - Enhanced support to primary care.
    - Further work to support black minority ethnic population via the introduction of another community development worker.
    - Expansion and enhancement of substance misuse services.
    - Establish integrated care community teams for older people.
- Learning Disabilities
    - Improvement to quality of life and physical well-being.

    - Improvement in access to primary and secondary care.
    - Improvement of client and carer engagement by the provision of user friendly information.
    - Development of specialist services to support clients with autism.
    - Implementation of Supporting People and the recommendations of the Best Value review.
- Children and Adolescent Mental Health Service
    - Improved access to crisis service
    - Reduction in mortality rate from suicide and undetermined injury.
    - Improvement to the initiation and duration of breastfeeding.
    - Improvement to the transition between CAMHS and Adult Mental Health Services.
- Children, Young People, Families & Maternity
    - Continue to support child protection services.
    - Reconfiguration of in-patient paediatric services.
    - Community children's nursing teams for the acutely ill child.
    - Support delivery of public health programmes in schools.
    - Support the "Sure Start" programme including the development of child centres.
- Long-term neurological conditions
    - Parkinson's disease nurse specialist.
    - Communication aids.
    - Clinical psychology for stroke patients.
    - Improving the management of spasticity in patients with long term neurological conditions.

The following additional points arose during question and answer session:-

- The three Warwickshire PCTs were meeting to assess how close their individual LDPs were with a view to drawing them together in light of the proposal to amalgamate the PCTs. The plans would not be too dissimilar because the PCTs had based them on the same structure.
- Prostate and testicular cancers screening had not been raised as a particular issue that required additional support but this would be confirmed with the Arden Cancer Network.
- As the Parkinson Disease Society funded the Parkinson's disease nurse specialist, it was unlikely that the nurse would be involved with patients with other types of neurological conditions.

6. Community Hospital Beds Pilot for South Warwickshire

The following points were made during the presentation on the pilot:-

- The South Warwickshire PCT had proposed Community Hospital Beds Pilot in an attempt to improve patient flows.
- The changes were:-
  - Medical cover for all services provided by GPs rather than consultants.
  - Three streams of care in each location (acute admission prevention, rehabilitation and transitional care) with an agreed level of flexibility.
  - Access to beds in all services via a single point of access in the PCT.
  - Consistent criteria for access to beds.
- The aim had been to achieve the service changes without additional cost to the PCT but in fact there was an additional cost to the PCT.
- The next stage was to continue with the changes during the winter period and seek additional information on the cost of the pilot and additional monitoring information to reflect the impact on the health economy as a whole.
- A further report would be submitted to the Commissioning Committee of the PCT in January 2006.

The following additional points arose during question and answer session:-

- It was difficult to measure patient satisfaction. A guide would be that the patient should not notice any difference in provision. One measure could be that the patient should go to the community hospital nearest to home, however, this was not a particularly good measure as the patient's preference might be for an hospital closer to relatives.
- It was a balancing act whether the patient should be treated in a hospital of preference or in another hospital to even occupancy rates between the hospitals.
- Instances of patients who were fit enough to be discharged from the acute hospitals but remained because of the lack of community hospital beds were treated as delayed discharges but for health reasons.
- A further report would be made to the Committee in the new year.

7. Acute Services Review

Members were informed that Mark Newbold would make a presentation to them on the Acute Services Review at the Coventry and Warwickshire Hospital on the 21st December 2005. Those members who required transport from Warwick on the day should contact Alwin Mcgibbon.

It was recognised that the timetable was very short but the Vice Chancellor of Coventry University who was chairing the Review had said that if necessary the deadlines would have to slip to accommodate the Review.

It was agreed that a letter be sent to the Chief Executive's of the five Warwickshire Borough/District Councils (copied to Jim Graham) to ensure that a Councillor or Officer representative from each Council attended the presentation on the 21st December 2005.

8. South Warwickshire Primary Care Trust & South Warwickshire General Hospitals NHS Trust – Resource Implications for the Local Health Economy

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

(1) That the South Warwickshire Primary Care Trust and South Warwickshire General Hospitals NHS Trust in future resolve the matters raised above by consulting with each other and working in partnership before bringing proposals to the attention of the Health Overview and Scrutiny Committee;

(2) That when the Primary Care Trust and Acute Trust have further discussed the issues above that they present their findings and suggested way forward to the Health Overview and Scrutiny Committee together with a risk analysis;

(3) That, if after discussions with the Acute Trust the Primary Care Trust still considers it should go ahead with its proposals, it is recommended that it conducts a full consultation process with the public as the Local Delivery Plan was considered not a sufficient means of consultation, because it did not ask enough specific questions about the proposals nor did it set out the business case for the actions proposed; and

(4) That a review take place to look at the GP Out of Hours Service to see whether it had increased hospital emergency admissions.

9. Correspondence

The Committee noted that Councillor Jane Harrison (Stratford-on-Avon District Council) had resigned.

Councillor Hazel Wright had been asked to replace her but as she was also a portfolio holder on the District Council, Victoria Gould said that she would check whether it was possible for her to be appointed to the Committee.

10. Future meetings and work programme to date

Alwin McGibbon notified the Committee of the following pieces of work:-

- Access to Maternity Services – the experience of a Portuguese Worker from Leamington Spa would be used to carry out some work.
- Mary Yeomanson from the Business Consultancy section of the Chief Executive's Department would do some work on the Out of Hours Service.
- The Committee would receive an update on the Minor Injuries Unit at Stratford-upon-Avon.

11. Any other Items

None.

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Chair

The Committee rose at 12.46 p.m.