

The **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** met at **WARWICK** on the **3rd MARCH, 2006**

Present:-

Members of the Committee:

County Councillors: Jerry Roodhouse (Chair)
Anne Forwood (Vice Chair)
John Appleton
Richard Chattaway
Jill Dill-Russell
Marion Haywood
Bob Hicks
Anita Macaulay
Frank McCarney
Helen McCarthy
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
Alwin McGibbon – Health Scrutiny Officer

Also Present:-

Peter Jackson (Member of the Patient and Public
Involvement Forum – Rugby PCT)

1. General
(1) Apologies for absence

Apologies for absence were received from Councillors Sarah Boad and John Haynes who had been replaced for the meeting by Councillors Jill Dill-Russell and Richard Chattaway respectively.

(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 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 John Ross – Nuneaton and Bedworth Borough Council.
Councillor Bob Stevens – Stratford-on-Avon District Council.

2. NHS Consultations

The report of the Strategic Director of Performance and Development was considered.

The Chair drew Members' attention to three documents circulated at the meeting showing the results of a survey on the proposed changes to Coventry and Warwickshire Ambulance Service:-

- Results expressed in percentage terms
- Results expressed in figures.
- The literal responses to questions 6 and 10 of the questionnaire.

Alwin McGibbon gave an overview of the data and explained that there was further work to be done on cross tabulating it over the next week and that she undertook to e-mail the results to Members.

The Chair then asked for members' comments.

Councillor Anita Macaulay referred to the fact that members of the public were still completing the web-based questionnaire even though the deadline had passed and asked whether officers would accept these. Alwin McGibbon confirmed that the data would be included in the final results.

Councillor John Appleton found it useful to have the details of the public response to the questionnaire but believed that this information should have been carried out earlier elsewhere. He considered that the consultation exercise was a sham as the process of appointing people to the new organisation had already started. It was important for the Committee to continue to state its opinions of the proposed restructuring but he did not believe that anyone was listening and he felt that the Committee should say this.

Councillor Richard Meredith referred to a meeting in North Warwickshire where concern had been expressed that the decision seemed to have already been made. The proposals for boundary changes did not have regard for other proposals, as consultations would be carried out during the summertime in

connection with changing local authorities boundaries and the creation of unitary authorities.

Councillor Helen McCarthy noted that although the Strategic Health Authority was carrying out consultation on the structural change there was no legislative requirement to do so. Parish Councils were against the Ambulance Service proposals because they did not see it as producing such a good service as existed already. Parish Councillors were very close to the public and knew what people wanted and she felt that it was sad that no notice was being taken of them.

Councillor Richard Chattaway said that there was a tendency during any consultation exercise for people to feel that nobody was listening if it did not result in what they wanted. He had felt that there had been a full and frank consultation and accepted that the results might or might not be liked. He pointed out that the process was consultation and not a referendum.

Councillor Frank McCarney said that the proposal would not mean the loss of the ambulance service but was to do with a change in the management structure. He said that there were concern about some of the changes being proposed in the NHS and referred in particular to the Acute Services and Foundation Status.

Councillor John Ross said that structural changes throughout the public sector were being forced on people and regional assemblies were being strengthened. People were losing the ambulance service that they had and wanted.

The Chair reminded members that the purpose of the meeting was to formulate recommendations to go to Council on the 14th March 2006 and he asked that they focus on this. He wanted a open and frank discussion on the process and any unease about it and other issues. He was not prepared, however, to allow the meeting to become political argument across the floor and warned members that if they did not address the issues for which the meeting had been called he would close it.

Councillor Mrs. Macaulay thanked the Chair for his clear guidance. She then referred to the impact on people in the street of interviews for the Chief Executive being arranged during the consultation period. Even if the public understood that this was merely to avoid delays if the proposals went ahead, it would be seen as a waste of money if they did not go ahead. The proposals were intended to save 15% of management costs, the equivalent of £3m and she wanted to know how this would be made, particularly as there was no provision for redundancy costs. Although this was not a large sum of money in relation to NHS spending it would be for frontline services and said that there was a need for accountability.

Councillor Richard Chattaway said that the Committee should consider the proposals from the users' point of view. What was important was whether users would notice any difference in provision; if there improvements the proposals should be accepted otherwise there should be no change.

Councillor John Appleton agreed that he was keen to see the best possible provision. He then referred to the proposals related to the Strategic Health Authority and felt that there was an omission from the objectives for that organisation because there was no mention that it was responsible for the decision as to where rarer or more complicated diseases would be treated.

Councillor Anne Forwood referred to the reduction in the number of smaller NHS Trusts and the possible loss of local hospitals.

Councillor Bob Hicks explained that he had been one of the members who had voted against the motion at Council. His reasons had been that there had been a lengthy consultation during which he had on several occasions received the views of Malcolm Hazell but had not heard a proper case for the strategic reorganisation until the County Council meeting. In consequence he did not feel that he had not received a balanced view. He considered the case for the retention of the ambulance trust was fundamentally flawed because it relied on not interfering with the operation of a three star trust whereas experience showed that within a two-year period any organisation was likely to have its star rating changed.

Councillor Michael Kinson said that he did not believe that big was beautiful and he considered Malcolm Hazell to be an outstanding advocate for the Ambulance Service. He could not see the advantage of a merger with the West Midlands.

Councillor Helen McCarthy said that with fewer A&E Departments it was more important to have a high quality ambulance service with well-trained paramedics. There were no evidence of savings as a result of earlier mergers.

Councillor Jill Dill-Russell said that it was her experience of consultations during twenty years with the NHS and as a County Councillor that people did not like change. She did not have a particular view about the SHA but did feel that a countywide PCT was better. The Ambulance Trust proposals were a particularly difficult but if they were to be opposed than it was important to give evidence for that opposition.

Councillor Richard Chattaway emphasised that it was important to include evidence for opposition to change or the case would be ignored.

Councillor Bill Hancox preferred local provision of services but did accept that there may be reasons for some to be dealt with over larger areas. However, he had seen no evidence for a change in the ambulance service.

Councillor Marion Haywood referred to the need for joint planning with the health services when making changes to the number of bed places. Early discharge of patients placed a burden on social services and she wondered where the money would be found to pay for this when resources were already tight. She added that any additional services would have to be in place before hospital bed places were reduced.

The Chair said that she would be able to raise her concerns during the Acute Services Review.

Councillor Raj Randev had difficulty in discovering what the Strategic Health Authority did. Without evidence of it serving a useful function, he felt that it should be abolished but if it was needed he would favour the proposal for one larger organisation.

Mr. Peter Jackson said that the Rugby PPIF did not support the change to a countywide PCT, as they saw no evidence for it.

It was then Resolved with Councillor Hick voting against resolution 5 because he considered that there was too much emphasis on short term performance and current personnel:-

That the County Council endorse the following response to the Strategic Health Authority on proposals for reconfiguring the Strategic Health Authority, the Primary Care Trusts and the Coventry and Warwickshire Ambulance Trust:-

- (1) That proposal to merge the three Strategic Health Authorities, which cover Shropshire and Staffordshire, Birmingham and the Black Country and West Midlands South so as to align the NHS with the West Midlands Health Protection Agency and broadly match those of the Government Offices for the Regions is generally supported as the alignment of the boundaries would be helpful but that there is concern, with the reduction of staff, whether the SHA would have the capacity and resources to do all that would be asked such as the expected partnership working with regional local government and with Warwickshire County Council.
- (2) That there seems to be an omission in the objectives of the Strategic Health Authority in that there is no mention of that organisation being responsible for determining where more complicated or rarer diseases would be treated.
- (3) That the preferred option for Warwickshire County Council was to merge the existing three PCTs in Warwickshire into one to create a new organisation, thereby simplifying working arrangements with health and social services because there would be one health partner.

- (4) That the Strategic Health Authority be informed that there were some concerns about the impact on reducing health inequalities in the north of the county, changes in the commissioning/ provider role and how this might impact on older people that were not necessarily ill, but frail and that health colleagues would need to be more explicit about the provision of services and look at this issue rather than focusing on solely commissioning aspects.
- (5) That the Warwickshire County Council, including Health OSC, were opposed to any merger of Coventry and Warwickshire Ambulance Service with others in the West Midlands for the following reasons:-
 - (a) It was thought that there was not a strong enough business case for the merger and there were concerns that there was not enough evidence that a larger ambulance service would perform better than a smaller service - in fact there was more evidence to the contrary as with the London and the East Midlands Ambulance Trusts.
 - (b) The Bradley Report which was suggested as the basis for merging the ambulance trusts made no specific mention to this in the body of the report until the recommendations and then the recommendation was that the ambulance trusts in England should be reduced by 50%, not two thirds, which was what was being proposed.
 - (c) The savings being proposed of £3 million were not considered sufficient enough to risk merging with other ambulance services.
 - (d) The merging of what was seen as an excellent 3 star ambulance trust with other poorer performing ambulance trusts was likely to lower the performance of services overall.

- (e) There were real concerns that the control centres would not remain local despite assurances from the SHA at the Health OSC meeting on the 18th January 2006. Since this meeting an order, nationally, for 67 digital radio systems had been cut to 22. There was no indication that other purchases were being made to set up existing control centres as sub stations, which would indicate that local control centres were unlikely to stay.
- (6) That whatever structure was in place after reconfiguration, it was important to have strong democratic accountability with local delivery boards and care should be taken as to fairness in the distribution of money across the West Midlands.
- (7) That although there might be sound management reasons behind advertising for senior positions in the new structure during the consultation to avoid delays should it be introduced, it had led to unease among the public that the consultation was not genuine and that a decision had already been made.

It was agreed that a copy of the draft resolutions should be e-mailed to the Committee.

It was agreed that a copy of the report, the resolutions and the results of the survey on the Ambulance Trust should be sent to the Council Members.

3. University Hospitals Coventry and Warwickshire NHS Trust – Consultation on Application for Foundation Status

Alwin McGibbon said that the consultation period for this had started on the 28th February 2006. She pointed out that the consultation period would extend over the District and Borough Councils Elections in May 2006 and that this would potentially limit the extent some Members' involvement in the consultations.

It was then Resolved:-

That a panel of members be established in connection with the consultations on the University Hospitals Coventry and Warwickshire NHS Trust's application for Foundation Status; such panel to comprise:-

- 1 Conservative Group Member [Councillor John Appleton]
- 1 Labour Group Member [Councillor Frank McCarney]
- 1 Liberal Democrat Group Member [The Chair or Councillor Sarah Boad]
- 1 Member from the Health Overview and Scrutiny Committee's representatives from the five Warwickshire District/Borough Councils [to be agreed].

It was noted that Councillor Anthony Dixon had been appointed as the Stratford-on-Avon District Council representative on the Committee but it was likely that his ability to attend meetings would be curtailed for the immediate future because of civic duties in connection with his current position as Chair of that Council.

.....
Chair

The Committee rose at 11.19 a.m.