

The **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** met at **WARWICK** on the **29th NOVEMBER, 2006**

Present:-

Members of the Committee:

County Councillors: Jerry Roodhouse (Chair)
Anne Forwood (Vice Chair)
John Appleton
Sarah Boad
John Haynes
Marion Haywood
Sue Main
Frank McCarney
Helen McCarthy
Raj Randev
John Ross
June Tandy

District Councillors: Anthony Dixon (Stratford-on-Avon District Council)
Richard Meredith (North Warwickshire Borough Council)
Bill Sewell (Rugby Borough Council)

Other County Councillors:

Bob Stevens (The Deputy Leader of the Council)
Jose Compton

Officers:

Jane Pollard – Scrutiny Manager

Also Present:-

Professor M. Atkins, Acute Services Board
Mr. R. Copping, Warwickshire Patient and Public Involvement Forum (South Warwickshire Locality Committee)
Mr. P. Duncan, Warwickshire Patient and Public Involvement Forum
Mr. D. Gee, Warwickshire Patient and Public Involvement Forum (Chair of South Warwickshire Locality Committee)
Mr. D. Gormal, Rugby Borough Council

Ms J. Hopkins, Warwickshire Patient and Public Involvement Forum
Ms T. Howarth, Patient and Public Involvement Forum Support Organisation
Mr. J. Jardine, Coventry City Council
Mr. M. Jeffs, Warwickshire Patient and Public Involvement Forum (Vice Chair of South Warwickshire Locality Committee)
Ms A. Kennerdell, George Eliot Hospital
Mr. A. Knapp, Warwickshire Patient and Public Involvement Forum (South Warwickshire Locality Committee)
Ms S. Morgan, Warwickshire Patient and Public Involvement Forum (South Warwickshire Locality Committee)
Mr. T. Needham
Dr. M. Newbold, Acute Services Board
Ms N. Pullman, Coventry and Warwickshire Patient and Public Involvement Forum
Ms J. Rook, Warwickshire Patient and Public Involvement Forum (South Warwickshire Locality Committee)
Ms E. Rose, Patient and Public Involvement Forum (George Eliot Hospital, Nuneaton)
Mr. P. Shiels
Mr. G.D. Simon, Patient and Public Involvement Forum (North Warwickshire Locality Committee)
Mr. B. Sturgess, Warwickshire Patient and Public Involvement Forum (Rugby Locality Committee)
Mr. M. Vincent, Warwickshire Patient and Public Involvement Forum (South Warwickshire Locality Committee)

1. **General**
(1) Apologies for absence

The Chair said that Alwin McGibbon was not able to attend the meeting because of a family bereavement. Members asked that their sympathy be passed on to her.

It was noted that Councillor June Tandy had replaced Councillor Bob Hicks for the meeting.

Apologies for absence were received from Councillor Michael Kinson (Warwick District Council), Ms A. Beaufoy (Warwickshire Patient and Public Involvement Forum), Ms S. Beamish (Chief Executive – George Eliot Hospital) and Ms M. Bell (Chairman – George Eliot Hospital).

(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 Jose Compton – Warwick District Council.
Councillor Anthony Dixon – Stratford-on-Avon District Council.
Councillor Sue Main – Stratford-on-Avon District Council
Councillor Richard Meredith – North Warwickshire Borough Council
Councillor Jerry Roodhouse – Rugby Borough Council.
Councillor John Ross – Nuneaton & Bedworth Borough Council.
Councillor Bill Sewell – Rugby Borough Council
Councillor Bob Stevens – Stratford-on-Avon District Council.

(3) Minutes of the meeting held on 18th November 2006

(i) Minutes

Resolved:-

That the minutes of the Health Overview and Scrutiny Committee's 18th November 2006 meeting be approved, subject to the alteration of the date in the final paragraph of Minute 7(3) to the 4th December 2006, and be signed by the Chair.

(ii) Matters arising

Nil.

2. Public Question Time (Standing Order 34)

Nil.

3. Acute Services Review

The Chair welcomed Professor Madeleine Atkins and Dr. Mark Newbold. He said that the meeting today would be more about the process of the Review rather than a detailed discussion around the issues raised in the Committee's recommendations from the two-day meeting at Manor Hall. The Review Board's report would not be published until mid-January and would be considered by the Committee at their meeting on the 24th January. Jonathan Jardine was also present.

Professor Madeleine Atkins and Dr. Mark Newbold made the following points:-

- (i) The consultation exercise had brought responses from the general public, a particular constituency where the MP had organised a supplementary questionnaire, the various stakeholders and petitions.

- (ii) The information gathered as a result of the consultation had been sent to an independent company for in-depth analysis and report back to the Board. The reason for this was to enable the public to have greater confidence in the results.
- (iii) There would be a period of considering the findings, looking at health impact assessments and financial assessments. They had been invited to the January 2007 meeting of the Committee at which they would be able to deal in more detail with any concern the Committee might have.
- (iv) The Committee had expressed concerns about the lack of health inequality data and population projection data in the Review Document. In fact these had been the starting point of the Review and relevant data would be included in the final report. 2004/5 population data was used but there was a caveat in that it was known that the Government wished Coventry's population to increase.
- (v) Coventry and North Warwickshire had greater health inequality than South Warwickshire, although there were also pockets of deprivation in South Warwickshire. The elderly population was expected to rise in South Warwickshire. The number of young people in North Warwickshire was expected to decline and this was similar for Coventry except the Government's proposal for the population of the city to increase might negate that decline.
- (vi) There had been criticism that a health impact assessment had not been carried out but this had been deliberate, as the Review Board had felt that the appropriate time for this was after the responses to the consultations had been received. This work would be carried out by an independent third party operating from Liverpool University and would involve a comprehensive race/health impact assessment.
- (vii) There had also been criticism that there had been a lack of meaningful involvement of the public at a local level prior to the consultation period. However four public meetings had been arranged and these had highlighted a number of themes – problems with public transport, inadequacies in community services, the need for robust financial planning and, even though there were no plans for this, the fear of downgrading hospitals.
- (viii) Although there was no apparent emphasis on the need for collaborative work with Social Services partners particularly around care for the elderly, this theme would come through clearly in the final report.
- (ix) On the criticism that not enough having been done before the consultation period on risk assessment, some could be done early but the rest had to be done later by the NHS Trusts. The Review Board was limited in what it could do.

The following points arose during the ensuing discussion:-

- (a) Mr. Shiels, a member of the public, referred to Patients Choice and that this would lead to hospitals competing with each other. He asked what course the Review Board would take if public opinion disagreed with

Government Policy. Dr. Newbold replied that Patient Choice was Government Policy and nothing to do with the Acute Services Review. Emergency services would not be subject to competition and so it would be possible for hospitals to compete in respect of some of their services while co-operating on others.

- (b) Members indicated that they had not been aware of the four pre-consultation public meetings and asked who had been invited and how this had been done. Professor Atkins did not have the details of invitees but the meetings had been held in Coventry, North Warwickshire, Leamington Spa and Rugby.
- (c) A joint commissioning board would operate for the Coventry and Warwickshire PCTs.
- (d) The Board's handling of the press had been poor with the local press leading a campaign to keep maternity services at Warwick Hospital even though there was no question of those closing. There was a great deal of confusion in the community about the proposals, particularly among the elderly. Professor Atkins acknowledged that the Board may have been able to improve in that area but had tried everything possible to counter the negative stories but it was an unfortunate fact that bad stories sold newspapers.
- (e) The Strategic Health Authority West Midlands was looking at maternity and children services across the region.
- (f) A joint Providers Strategy Board would operate for the three Acute NHS Trusts. It would have its own chair and chief executive.
- (g) Dr. Newbold was taking the transport problems very seriously and he had met officers from the Warwickshire County Council's transport section on several occasions. The section had come up with constructive proposals using models working elsewhere in the country.
- (h) A representative from West Leicestershire had been invited to sit on the Review Board because of the interaction between the two areas at the border. There had been no formal talks with Oxfordshire. Worcestershire was part of the West Midlands.
- (i) In response to a question from Mr. Needham, a member of the public, Professor Atkins confirmed the commitment for full consultation to take place if in the future it was intended to proceed to phase 2 of the proposals for maternity and paediatric services at Warwick Hospital.
- (j) The final report would be made available on the 15th January 2007.
- (k) The pre consultation liaison with social services had taken place with John Bull prior to Graeme Betts coming to Warwickshire.
- (l) The reference to transferring from hospital provided services to community provided services related to a transfer between two sectors of the Health Service and not between the Health Service and the County Council. PCTs were appointing Community Matrons whose functions would involve reducing the number of occasions elderly patients needed to be admitted to hospitals. It was understood that at some time in the

future there would be shift of resources from Acute Services to Primary Care in the order of 5%.

- (m) Separate from the Acute Services Review, hospitals were looking at efficiency savings. Because of shorter stays in hospitals, it had been possible to reduce the number of beds required. It was understood that all hospitals would meet the efficiency savings.

The Chair thanked members for their contribution to the discussions and Professor Atkins and Dr. Newbold for attending the meeting to set out the process for the Review and answer questions.

The Committee considered whether it would be helpful to have a joint meeting with the Coventry Health OSC when they met on the 19th January. Although some members supported this approach, others questioned the usefulness of this approach, as the Coventry Committee had approached the Review in a different way. It was accordingly agreed that the Chair and Spokesperson should meet at the conclusion of the Committee meeting with Jonathan Jardine to agree a course of action.

4. Stratford Hospital – Nicol Ward

The Committee noted the update report from Claire Williams, Manager Intermediate Care Team.

5. Correspondence

(1) Patient and Public Involvement Forum South Warwickshire General Hospitals – Cleanliness/Infection Control Report for 48 hour ward and new ‘Super Ward’

The Committee welcomed the report and noted that the proposal to stop the PPIF from carrying out inspections had been modified and that they would still be able to carry out some inspections.

It was noted that completion dates had not been inserted in last column on the Action Plan and it was suggested that the PPIF might wish to ensure that hospitals completed that column before returning the form.

Although the documentation related to a full inspection that required the PPIF to give notice to the hospital of the inspection, they could carry out follow-up spot checks without notice.

Members were able to give examples of both where hospital staff washed their hands in accordance with good practice and other examples where they failed to do so. They stressed the importance of good hygiene to tackle the problems of MRSA and other germs.

(2) Local Involvement Networks

The Committee noted a letter from The Right Honourable Rosie Winterton M.P., Minister of State for the Department of Health, and that there was to be an event providing an introduction to LINks on the 13th December 2006. It was also noted that Alwin McGibbon would attend a similar event on the 12th December.

(3) Report of the National Patient Choice Survey – May/June 2006 England

Councillor John Appleton that the information on choice was available in surgeries but that there might be a better way to distribute it.

It was agreed that the document should be made available to Members.

(4) South Warwickshire General Hospitals NHS Trust – Disability Equality Scheme 2006-2009

The following points arose during the consideration of the scheme:-

- (i) There was no mention of lifts under Estates on appendix A.
- (ii) There was a feeling that the document was incomplete with a many items not included.
- (iii) Although the document was seen as a useful starting point, it did not necessarily match with Members' experience.

(5) Warwickshire Patient and Public Involvement Forum – South Warwickshire Locality Committee – Transport Project

The following points arose during the consideration of the report:-

- (i) The report had been sent to John Deegan for information.
- (ii) There was surprise at the variation in different areas of the reimbursement mileage rates to people on benefits as shown in appendix 5.
- (iii) A similar report had not been provided for North Warwickshire, as it did not appear in the work plan for the area. However, the findings of the report could be used broadly to reflect the position in North Warwickshire.
- (iv) The Chair said that if there were any points that Members wanted to debate, they could ask for the report to be put on the agenda for the next meeting.

6. Future meetings and work programme to date

The programme was received.

It was noted that the Health event on the 19th January 2007 would be held between 9.30 a.m. and 4.30 p.m.

7. Any other Items

The Chair said that there was one item of business to be considered relating to the Ambulance Service that had already been raised at the Coventry Committee. He asked Jonathan Jardine to report to the Committee.

Jonathan Jardine said that the Ambulance Service proposed to reduce the existing control centres from 5 to 2 or 3. In line with an earlier decision by the Coventry and Warwickshire Ambulance Service, it is proposed to move the Leamington Spa control to a purpose built premises in Coventry city centre because of the close working relationship with the University Hospital. Unfortunately the Ambulance Service needed a site during 2007 and the proposed site will not be ready by then. There was a danger that the control centre would now be lost altogether to the area and the Committee's support was requested to try to prevent this.

The following points were then made:-

- (1) It was important that Warwickshire was not sidelined.
- (2) There was no centre in the South.
- (3) The location of the control centre was not as essential as the location of ambulances.
- (4) There was concern that Coventry was aware of the proposal before Warwickshire.
- (5) Was there any reason why the control centre could not be left at Leamington?

It was agreed that the Chair and Spokesperson should discuss arrangements for a possible joint meeting.

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Chair

The Committee rose at 11.45 a.m.