

The **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** met at **WARWICK** on the **5th SEPTEMBER, 2007**

Present:-

Members of the Committee:

County Councillors: Sarah Boad (Vice Chair) (In the Chair)
John Appleton
Anne Forwood
John Haynes
Marion Haywood
Sue Main
Frank McCarney
Helen McCarthy
Raj Randev
John Ross
Sid Tooth

District Councillors: Tony Dixon (Stratford-on-Avon District Council)
Bill Hancox (Nuneaton & Bedworth Borough Council)
Bill Sewell (Rugby Borough Council)

Officers:

Alwin McGibbon – Health Scrutiny Officer

Also Present:-

Graeme Betts, Strategic Director of Adult, Health and Community Services

David Gee, Warwickshire Patient and Public Involvement Forum (Chair South Warwickshire Locality Committee)

Helen King, Public Health Consultant

Sir Graham Meldrum, Chairman, West Midlands Ambulance Service NHS Trust

Lucy Noon, Head of Corporate Services, Warwickshire PCT

Jayne Piech, Director of Strategy, South Warwickshire General Hospitals NHS Trust

Keith Prior, Locality Director Coventry and Warwickshire, West Midlands Ambulance Service NHS Trust

Eunice Rose, Warwickshire Patient and Public Involvement Forum George Eliot Hospital NHS Trust.

Michael Vincent, Warwickshire Patient and Public Involvement Forum (South Warwickshire Locality Committee

Councillor Sarah Boad, the Vice-Chair took the Chair in the absence of Councillor Jerry Roodhouse.

1. General

(1) Apologies for absence

Apologies for absence were received from Councillors Bob Hicks (replaced by Councillor Anne Forwood), Jerry Roodhouse and Bob Stevens.

(2) Members Declarations of Personal and Prejudicial Interests

Councillor Bill Sewell disclosed a personal interest in agenda item 5, as a member of Rugby Borough Council.

(3) Minutes of the meeting held on 11th July 2007

(i) Minutes

Resolved:-

That the minutes of the Health Overview and Scrutiny Committee's 11th July 2007 meeting be approved – subject to Minute 3(1) being amended to show that Graham Murrell was Chairman of South Warwickshire General Hospitals NHS Trust and that Sharon Beamish and Margaret Bell were Chief Executive and Chairman respectively of George Eliot Hospital NHS Trust – and be signed by the Chair.

(4) Matters arising – Update on Paediatrics and Maternity Services

It was noted that visits had been confirmed as follows:-

- George Eliot Hospital – 17th October 2007
- University Hospitals Coventry and Warwickshire – 13th November 2007

2. Public Question Time (Standing Order 34)

Nil.

At this point David Gee said that Warwickshire PCT was tendering for the Stroke Service for Warwickshire and they had received four tenders. He pointed out that within the next fifteen years there would be an increase in the

population in South Warwickshire aged over 65 years. This was significant for strokes services because 75% of strokes occurred in the over 65s. The most common form of strokes was caused by a blockage in the brain and could be treated with a blockbuster. However it was important to diagnose the cause of the stroke and this was done by a brain scan. In appropriate cases, administering the blockbuster within three hours of the stroke could increase the chances of having a meaningful recovery by a factor of 4. Taking into account delays in waiting for an ambulance, any necessary stabilising of the patient and transport to hospital, the patient should be no more than half an hour from a stroke centre. As Brian Stoten, Chair of the Warwickshire PCT, favoured concentration of such services in Coventry, stroke patients in many parts of South Warwickshire would not receive treatment in time, as they were further than thirty minutes away from that hospital.

Jayne Piech confirmed that Warwick Hospital's tender included provision for carrying out scans.

Councillor Helen McCarthy asked for a report on this soon as possible so that the Committee could review the issues involved. Councillor John Ross said that locating the service only in Coventry would lead to the loss of life in South Warwickshire.

Councillor Frank McCarney said that if the Committee wished to review the service, it should do so on a clinical basis taking into account what the Royal College considered was the need for people in Coventry and Warwickshire and outlying areas.

3. **West Midlands Ambulance Service NHS Trust – Consultation on the proposed reconfiguration of Emergency Operations Centres in the West Midlands**

Sir Graham Meldrum, CBE, OstJ, Chairman of the West Midlands Ambulance Service NHS Trust, and Keith Prior, Locality Director Coventry & Warwickshire outlined the proposals for the reconfiguration of emergency operation centres in Warwickshire.

The following points arose from the ensuing discussions:-

- (1) It was confirmed that once the new digital radio system was operating it would be possible to track all ambulances operating in the region.
- (2) The radio systems of the three emergency services would be compatible and this would facilitate communication between them during major emergencies.
- (3) The Air Ambulance would also be linked.
- (4) Although nothing could be guaranteed, the proposals were intended for the long term.
- (5) The future of the Leamington Spa site depended in part on proposals that the County Council might have for the site. The lease ran to 2011.

- (6) It was confirmed that the Executive Board of the Trust had ruled out having only one centre.

It was then Resolved:-

- (1) That the Health Overview and Scrutiny Committee endorse the proposals of the West Midlands Ambulance Service NHS Trust for the reconfiguration of its existing five emergency centres into two regional centres and one support centre.
- (2) That a letter be sent to the West Midlands Ambulance Service NHS Trust supporting the proposals suggested in the consultation document.

4. Review of Childhood Obesity in Warwickshire – Final Report of the Childhood Obesity Panel

The final report of the Childhood Obesity Panel was considered.

Councillor Tony Dixon, Chair of the Panel, made a presentation to the Committee.

The following issues arose during the ensuing discussion:-

- (1) There was a problem with the recommendation concerning the removal of the discretion for parents and guardians to opt out their children from being measured, as legally parents expressed approval was needed before any intervention could take place. The Committee recognised this and asked the PCT to encourage parents to agree to their children being measured.
- (2) Because of the need to get parental approval for measuring children, it was not possible for the PCT to ensure that measurement information was collected uniformly across the county.
- (3) Children were far healthier today and the requirement for school medicals was not so important.
- (4) After smoking, tackling obesity must be the next most significant issue to improve the health of the population. If the PCT did not tackle this appropriately they would have failed to recognise the benefit to the health economy of doing so.
- (5) There was a need for a national campaign to raise awareness of the problems of obesity. The Committee should write to the Secretary of State outlining their concerns.
- (6) To achieve the target of stopping the upward trend in childhood obesity by 2010 would require a step change. Obese families would not seek help for their obese children because they would not see it as anything wrong.

(7) The emphasis on tackling obesity should be at home

It was then Resolved:-

- (i) That the Strategic Director for Children, Young People and Families and Warwickshire Primary Care Trust consider whether the option for parents or guardians to opt out of children being measured could be removed, as this would enable the NHS and Local Authorities to gauge the extent of childhood obesity and determine the specialist services required to reduce childhood obesity; although it was recognised this might be difficult for the PCT to act upon they should actively encourage parents to have their children weighed.
- (ii) That Warwickshire Primary Care Trust ensure where possible that measurement information be collected uniformly throughout the county.
- (iii) That, out of concerns that children were not seeing a health worker before going to school, the Health Overview and Scrutiny Committee recommend that the pre-school check be reinstated and that possibly Sure Starts/Children Centres, in conjunction with their health partners, be used to identify young obese children and families at risk.
- (iv) That Warwickshire Primary Care Trust be encouraged to provide sufficient funding to allow the recommended ratio of school nurses to schools (1:5) to be employed.
- (v) That Warwickshire Primary Care Trust be encouraged to provide training to those that deliver these services to ensure matters relating to overweight and obesity be handled sensitively.
- (vi) That Warwickshire Primary Care Trust be encouraged to provide sufficient funding to ensure an adequate and consistent access to specialist services (see paragraph 18.7 of the report).

- (vii) That GPs consider referring obese children as well as adults to specialist services, requiring the age of the exercise referral scheme being lowered and GPs referring to family centred services and providing the opportunity for the Warwickshire Primary Care Trust and the Local Authorities to work together to deliver this service for families.
- (viii) That the opportunities for physical activity at school be increased including walking to school, after school activities and expanding the range, to not just sport, but also dancing or skipping and that, in recognition that school buses may limit activity and have set times to leave at the end of the day, schools try to maintain or extend lunch breaks and arrange activities during this period.
- (ix) That parents be encouraged into school for cooking courses via Extended Services thereby providing an opportunity for intergenerational activity and whole family approach and a reduction in the need for Criminal Records Bureau checks.
- (x) That all schools be proactive in looking at factors that cause children to be overweight and obese from reception to Year 6 in line with the Healthy Schools Initiatives and that those initiatives such as healthy eating (e.g. school meals and five a day) continue to be supported, as they already make a difference with the healthy messages getting back to the children's homes and that additional funding be found to extend those initiatives for children throughout their school life.
- (xi) That schools encourage walking/cycling to school and taking up free cycle and kerbside training to ensure children understand the importance of walking/cycling to school safely.
- (xii) That more cycle ways be developed to encourage family physical activity in a safer environment.
- (xiii) That employers be encouraged to promote physical activity amongst their employees with the statutory sector leading by example.

- (xiv) That County, Borough and District Councils and the Warwickshire Primary Care Trust work together and consider using existing leisure facilities to promote healthy eating and physical activity for families interested in weight control.
- (xv) That the Health Overview and Scrutiny Committee receive a progress report in eighteen months on the Nuneaton and Bedworth pilot scheme and, subject to that pilot proving successful, it be replicated across the county and that other pilot schemes such as the Telford and Wrekin PCT and Borough Council project or North Warwickshire Borough Council Community Development Schemes be considered as part of the evaluation.
- (xvi) That the Health Overview and Scrutiny Committee supports the work of the Children Centres in their role in promoting healthy eating and lifestyles.
- (xvii) That the Secretary of State be informed of the concerns of the Health Overview and Scrutiny Committee around the problems of childhood obesity and the need for a national campaign to raise the awareness of the issues involved.
- (xviii) That the Childhood Obesity Panel reconvenes at the end of 2008 to see how successful the Obesity Strategy had been in meeting the government target of curtailing the rise in childhood obesity.

The Committee adjourned from 12.05 p.m. to 12.11 p.m.

5. Rugby Mental Health Services

The Committee noted that the Joint Panel had visited mental health services in Rugby and the Caludon Centre, Coventry. The following points had been identified:-

- (1) Resident patients at the Linden Centre were keen to stay there even though it was recognised that the Caludon Centre offered first class facilities.
- (2) The main concern related to transport and parking difficulties visitors would experience in visiting the Caludon Centre.
- (3) Staff at the Linden Centre had concerns about the layout of the wards at that Centre because it was not possible to maintain surveillance over the patients.

- (4) Unlike the Caludon Centre, staff at the Linden Centre were unable to call on extra staff in emergencies.

It was noted that there was to be an evidence-gathering meeting in Rugby Town Hall on the 24th September 2007.

6. Responses to Recommendations

(1) Mental Health Panel – Phase II Recommendations

The Committee noted the response from Sandy Taylor, Chief Executive, Coventry and Warwickshire NHS Trust, to the recommendations contained in the Mental Health Panel – Phase II report.

(2) Provision of information on the reimbursement of travel and parking costs for patients on benefits

The Committee noted the letter from the Chief Executive of the South Warwickshire General Hospitals NHS Trust in response to the recommendation that had arisen from the Acute Services Review in connection with the provision of information on reimbursing travelling and parking costs for patients on benefits.

(3) Phlebotomy Service in Warwick and Leamington Spa

The letter from David Rose, Chief Executive, Warwickshire Primary Care Trust, in response to concerns expressed by the Committee about changes to the phlebotomy service in Warwick and Leamington Spa was noted.

The following points arose during the ensuing discussion:-

- (1) The situation had arisen because GPs had refused to carry out the service, which was not included in their contract.
- (2) Councillor Raj Randev informed the Committee that his surgery had just decided not to provide the service, making six GP practices in the Warwick and Leamington Spa area that had now decided not to do so.
- (3) Patients had experienced long delays when attending the service at Warwick Hospital.
- (4) It was agreed that the group of members looking at this issue should meet again to review the situation. In the meantime Alwin McGibbon would obtain up to date information on the number of GPs no longer providing phlebotomy service at their practice.
- (5) Jayne Piech said that the hospital was making more room for the service and was considering whether it would be possible to provide an outreach service.

7. Correspondence

(1) Local Involvement Networks (LINKs) Explained

The explanatory document published by the Department of Health was noted. It was also noted that Warwickshire and Coventry were holding a stakeholder event on the 4th October 2007 at the Holiday Inn, Ryton on Dunsmore.

There was considerable support for the work done by the existing Patient and Public Involvement Forums and the hope was expressed that the knowledge and expertise provided by those organisations would not be lost.

Alwin McGibbon said that she had been asked to lead on LINKs. The timetable for having LINKs established by the 1st April 2008 was very tight because a tendering exercise would have to involve advertising in the European Journal and the process would take six months.

(2) Patient and Public Involvement Forums South Warwickshire General Hospitals – Inspection of Guy Ward, Willoughby Ward and Beaumont Ward, Warwick Hospital

Members commended the report.

8. Future meetings and work programme to date

It was agreed to add an item to the November meeting on the Phlebotomy Service in Warwick and Leamington Spa.

9. Any other Items – University Hospitals Coventry and Warwickshire

The following points arose during the discussion on the financial position of University Hospitals Coventry and Warwickshire:-

- (1) The implication of the information given was that the Hospital would have difficulty in achieving the vision outlined in the business case for the new PFI that could have implications for the Coventry and Warwickshire Health Economy. However KMPG had been called in to look at improving the efficiency of the hospital to put it back into financial balance.
- (2) There was a need to ask the Hospital for its future vision and what impact that would have on patients from Warwickshire.
- (3) The hospital should advertise those areas where it was successful.
- (4) The University Hospitals Coventry and Warwickshire NHS Trust be invited to send representatives to a meeting of the Committee. The best time for the meeting would be after the KPMG report was published.
- (5) The opportunity could be taken to explore the quality of the hospital's tertiary services.
- (6) It was noted that if the hospital closed, Warwickshire residents might be forced to travel to Birmingham.

- (7) It was agreed that the Strategic Health Authority should be invited at the same time.

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Chair

The Committee rose at 12.59 p.m.