

**Coventry City Council**  
**Minutes of the Meeting of Coventry and Warwickshire Joint Health Overview and  
Scrutiny Committee held at 10.00 am on Wednesday, 20 March 2019**

Present:

Members:

**Coventry City Council**

Councillor J Innes  
Councillor D Gannon (Chair)  
Councillor D Kershaw

**Warwickshire County Council**

Councillor W Redford  
Councillor J Roodhouse

Other Elected Member:

**Coventry City Council**

Councillor F Abbott, Cabinet Member for Adult Services

Employees:

**Coventry City Council**

Victoria Castree, Place Directorate  
Liz Knight, Place Directorate  
Gail Quinton, Deputy Chief Executive (People)

**Warwickshire County Council**

Nigel Minns, Strategic Director, People Group  
Paul Spencer, Law and Governance

Other Representative:

Andrea Green, Coventry and Rugby Clinical Commissioning  
Group (CCG)

Apologies:

**Coventry City Council**

Councillor M Lapsa

**Warwickshire County Council**

Councillor M Cargill  
Councillor C Golby  
Councillor J Holland  
Councillor L Caborn, Portfolio Holder for Adult Social Care  
and Health

**Public Business**

1. **Appointment of Chair - to confirm the appointment of Councillor Gannon as  
Chair of the meeting**

**RESOLVED that Councillor Gannon be confirmed as the Chair for the meeting in accordance with the terms of reference for the Joint Health Overview and Scrutiny Committee.**

**2. Welcome and Introductions**

The Chair, Councillor Gannon, welcomed members to the first formal meeting of the Joint Health and Overview Scrutiny Committee.

**3. Declarations of Interest**

Councillor Roodhouse declared an interest in so far as he was a Director of Healthwatch Warwickshire. He remained in the meeting during the consideration of all business.

**4. Process and Timescales for Completion of the Review of Stroke Services**

The Committee considered a report of Andrea Green, Coventry and Rugby Clinical Commissioning (CCG) which provided an update on the process and timescale to complete the Stroke Improvements pre-consultation business case and the NHS England assurance process. Andrea Green attended the meeting for the consideration of this item.

The report indicated that local commissioners in Coventry and Warwickshire commenced the project to improve services for those who had a stroke or a transient ischemic attack (TIA) in April 2014. The improvements aimed to reduce the number of deaths and the scale disability caused by having a stroke and to improve the equity of stroke care. The improvement began as a review of the hospital stroke and TIA service, however initial feedback from the public and patients led to the expansion of the original scope to include a 'pathway of excellence approach' for stroke care to include action to prevent more strokes, a comprehensive specialist stroke rehabilitation service available across Warwickshire as well as Coventry, and a reconfigured hospital service.

The Committee were informed that the expansion of the scope had added complexity, cost and time in agreeing final proposals and securing assurance on the proposition from NHSE. The complexity arose from a much broader spectrum of professionals and organisations needing to agree the proposals; the requirement for further engagement and completing the option appraisal for bedded rehabilitation; and the additional costs of the proposals.

Reference was made to the additional evidence that had been required prior to completing the pre-consultation business case and next stage assurance with NHSE. This related to workforce planning and further evidence of 'stress testing' the proposals for times of peak demand on hospitals.

Over 40 people comprising the public, patients and professionals attended an event on 5<sup>th</sup> November, 2018 and participated in a non-fictional option appraisal for the location of stroke rehabilitation beds. On conclusion of the event, the workforce planning was completed. Advice was currently awaited from the expert

stroke clinical network as to the adequacy of the proposed rehabilitation workforce. The Committee noted that once the workforce had been completed, the final costing of the proposals could be concluded and the financial option appraisal completed. The pre-consultation would then be presented for sign off by the health commissioners and the Better Health Better Care Better Value Board, prior to submission to the NHSE for assurance testing.

Further work had also been concluded on ensuring that at times of peak and surge demand, the hospital services could accommodate the additional stroke patients ensuring adequate access to diagnostic and specialist bedded services.

The Integrated Impact Assessment of the proposals had been updated following the non-financial option. The Committee were informed that a detailed report and a summary were shortly to be made available as evidence of the consideration of assessment of the equity, travel and health impacts of the proposals prior to any decision to go out to public consultation. Each NHS provider trust was being asked to sign off the final proposals as deliverable and sustainable prior to the final pre-consultation business case being tested for assurance by NHS England.

Members raised a number of issues in response to the report and responses were provided, matters raised included:

- The role of Scrutiny during the public consultation process
- Further information about the timescales leading up to NHS England assurance
- Further details about the complications that had led to the delays in the finalising of the proposals
- A concern that an individual group of professionals might not be supportive of the proposals
- A request that the Integrated Impact Assessment detailed report and summary be made available to members along with the finalised proposals prior to the submission for NHS England assurance
- Further information about the additional financial implications associated with the proposals
- Whether there were any other areas who had gone down this route where lessons could be learnt from their previous experiences
- Having gone through the current process to date, were there any lessons to be learnt for future projects
- Clarification as to the reasons for the delay in the decision to include prevention
- Further details about the reasons for the additional work and evidence on workforce planning and 'stress-testing' the proposals at times on hospitals required by NHS England
- Details about the length of the public consultation, particularly in light of the expansion of the project, with a recommendation for a 12 week consultation
- A request for Board members to be kept updated with progress.

Members were informed that Professor Sir Chris Ham, the recently appointed Independent Chair for Better Health Better Care Better Value, was keen to ensure greater engagement with local Councillors.

**RESOLVED that:**

**(1) The Integrated Impact Assessment detailed report and summary be circulated to Members as soon as possible.**

**(2) The public consultation to take place over a twelve week period.**

**(3) Arrangements be put in place in due course for an informal briefing for members on the proposals when appropriate.**

**(4) The Committee to meet with Professor Sir Chris Ham in the new municipal year.**

**5. Any other items of Public Business - Councillor D Gannon**

The Committee were informed that Councillor Gannon's term of office as a City Councillor was expiring in May and he was not seeking re-election in the forthcoming municipal elections. Councillor Redford placed on record his appreciation for the support provided by Councillor Gannon during his time as Chair of the Health and Social Care Scrutiny Board (5) which had allowed for successful supportive partnership working between the two Health Scrutiny Chairs.

(Meeting closed at 10.50 am)