



Coventry City Council

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## **Council Meeting**

13<sup>th</sup> December, 2005

**Booklet 1**

Recommendations

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## **CABINET**

**1st November, 2005**

Cabinet Members  
present:-

Councillor Arrowsmith  
Councillor Blundell  
Councillor Foster  
Councillor Kelsey  
Councillor Matchet  
Councillor H. Noonan  
Councillor O'Neill  
Councillor Ridley  
Councillor Taylor (Chair)

Non-voting opposition  
representatives present:-

Councillor Benefield  
Councillor Duggins  
Councillor Mutton

Other Members present:-

Councillor Batten  
Councillor Crookes  
Councillor Mrs. Stone

Employees present:-

J. Adams (City Services Directorate)  
J. Bolton (Director of Community Services)  
R. Brankowski (Legal and Democratic Services  
Directorate)  
A. Clemons (Chief Executive's Directorate)  
F. Collingham (Chief Executive's Directorate)  
M. Coult (Finance and ICT Directorate)  
C. Hinde (Director of Legal and Democratic Services)  
R. Hughes (Head of Corporate Policy)  
D. Knaggs (Education and Libraries Directorate)  
S. Manzie (Chief Executive)  
J. McGuigan (Director of City Development)  
B. Parker (Education and Libraries Directorate)  
J. Russell (Head of Planning and Transportation)  
K. Seager (City Development Directorate)  
C. Townend (City Services Directorate)  
C. West (Education and Libraries Directorate)  
I. Woods (Finance and ICT Directorate)

## RECOMMENDATION

### 139. **Delegation of Powers Relating to the Clean Neighbourhoods and Environment Act 2005**

The Cabinet considered a report of the Director of City Services seeking to authorise officers to execute provisions of the Clean Neighbourhoods and Environment Act 2005 (CNEA).

On the 7th April, 2005, the CNEA received Royal Assent. Whilst some elements of the Act were introduced in June 2005, its main provisions come into force in April 2006.

The Act introduces a range of powers to improve the legislative provisions for dealing with nuisance vehicles, litter and refuse, graffiti, fly posting, waste management, fly tipping, noise, dog control and general nuisance.

One of the additional powers included in the CNEA is the ability to issue fixed penalty notices for specific offences such as nuisance vehicles, waste offences, and litter related problems. Information on these additional powers was contained in a parallel report on "The Clean Neighbourhoods and Environment Act 2005 Implementation Plan" also considered at this meeting of the Cabinet (Minute 138 above refers).

Whilst most of it amends existing legislation, the Act has created new offences, and associated powers, as follows:

- Powers to deal with businesses who repair vehicles on the road, or who leave vehicles on the road for sale.
- Powers to create dog control areas within the local authority to control issues such as dog fouling, or keeping dogs on leads and excluding dogs.
- Allowing local authorities to designate alarm notification areas.

The CNEA significantly extends the use of fixed penalty notices. It is therefore anticipated that the number of fixed penalty notices issued by officers will increase. The majority of the offences relating to fixed penalty notices are for summary offences only. The local authority therefore has a timescale of six months to lay information to the magistrates court. Incidents may take several months to investigate and seeking authorisation to prosecute from the Licensing and Regulatory Committee further extends the processing time. Cases are then in danger of running out of time. The delegation of powers to the heads of services would overcome this risk and enable the efficient administration of the enforcement powers.

At present, the Traffic Management and Accident Investigation Team is located in the City Development Directorate. However, following restructuring the team will be relocated to the City Services Directorate and will be managed by a newly-created post of "Head of Highway Services". Powers will therefore have to be transferred to the Head of Highway Services in order for further authorisations to take place.

It is proposed that the heads of service detailed in Appendix A to the report submitted should have delegated powers to instigate legal proceedings so as to ensure that the local authority will meet with their legal deadlines. To that end, it is proposed that specific authority be delegated to the Head of Public Protection, the Head of Street Services and the Head of Planning and Transportation (as detailed in Appendix A of the report submitted) and duly authorised officers employed by these Directorates and currently empowered to enforce various environmental health and trading standards legislation, to enforce the relevant sections of the CNEA. In the case of nuisance parking, those powers are transferred to the Head of Highway Services from the Head of Planning and Transportation when the post is created.

It is also proposed that decision-making powers be given to the above heads of service to make decisions on whether persons should face legal prosecution for non-payment of fixed penalty fines.

There are a number of functions (for example, issuing fixed penalty notices) that could also be carried out by the Council's partners. Enforcement functions have normally been restricted to Council officers. The report therefore sought consideration of, and consent for, officers exploring this option further. Subject to agreement of the above proposal, a study would be undertaken to establish the feasibility of non-council employees in issuing fixed penalty notices. Following the outcome of that feasibility study, a further report would be presented to the Cabinet about authorising non-Council partners.

**RESOLVED that the City Council be recommended:-**

- (1) To delegate authority to the Head of Public Protection, Head of Street Services, in the City Services Directorate and the Head of Planning and Transportation in the City Development Directorate to enforce the provisions of the Clean Neighbourhoods and Environment Act 2005 and any regulations made thereunder as detailed in paragraph 4.1 of the report submitted.**
- (2) To delegate decision-making powers to the Head of Public Protection, the Head of Street Services and the Head of Planning and Transportation so that they can authorise legal proceedings for offences relating to the non-payment of fixed penalty fines listed in Appendix A of the report submitted.**
- (3) To give authority for the transfer of powers to the Head of Highway Services from the Head of Planning and Transportation when this new post is created in the City Services Directorate.**

- (4) To consider the City Council's position on delegating powers to employees of "non-council" partners (such as the City Centre management company CVOne and Whitefriars Housing) so that their employees, specifically wardens, can issue fixed penalty notices.**
- (5) To approve the appropriate amendment of the City Council's constitution to give effect to the above decisions.**

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**Report to**  
Cabinet

**1 November 2005**

**Report of**  
Director of City Services

**Title**  
Delegation of powers relating to the Clean Neighbourhood and Environment Act 2005

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### **1 Purpose of the Report**

- 1.1 The purpose of this report is to authorise officers to execute provisions of the Clean Neighbourhood and Environment Act 2005 (CNEA).

### **2 Recommendations**

Cabinet is asked to:

- 2.1 Delegate authority to the Head of Public Protection, Head of Street Services, in the City Services Directorate and the Head of Planning & Transportation in the City Development Directorate to enforce the provisions of the CNEA, and any regulations made thereunder as detailed in paragraph 4.1 below.
- 2.2 Authorise the Head of Public Protection, Head of Street Services, and the Head of Planning & Transportation with decision making powers so that they can authorise legal proceedings for offences relating to the non-payment of fixed penalty fines listed in Appendix A of the report.
- 2.3 Give authorisation to enable powers to be transferred to the Head of Highway Services from the Head of Planning & Transportation when this new post is created in City Services.
- 2.4 Consider the Local Authority's position on delegating powers to employees of "non-council" partners such as City Centre management company CVOne, and Whitefriars Housing, so that their employees, specifically wardens can issue fixed penalty notices.

### **3 Information/Background**

- 3.1 On the 7<sup>th</sup> April 2005 the CNEA received royal assent. Whilst some elements of the Act were introduced in June 2005, the main provisions of the Act come into force in April 2006.
- 3.2 The Act introduces a range of powers to improve the legislative provisions for dealing with nuisance vehicles, litter and refuse, graffiti, fly posting, waste management, fly tipping, noise, dog control and general nuisance.

- 3.3 One of the additional powers included in the CNEA is the ability to issue fixed penalty notices for specific offences such as nuisance vehicles, waste offences, and litter related problems. Information on these additional powers are contained in its sister report titled "The Clean Neighbourhood Act 2005 Implementation Plan" which is presented in conjunction with this report as a separate item on the agenda.
- 3.4 Whilst most of the Act amends existing legislation, the act has created new offences which are as follows
- Powers to deal with businesses who repair vehicles on the road, or who leave vehicles on the road for sale.
  - Powers to create dog control areas within the Local Authority to control issues such as dog fouling, or keeping dogs on leads and excluding dogs.
  - Allowing local authorities to designate alarm notification areas.
- 3.5 The CNEA significantly extends the use of fixed penalty notices. It is therefore anticipated that the number of fixed penalty notices issued by officers will increase. The majority of the offences relating to fixed penalty notices are for summary offences only. The local authority therefore has a timescale of 6 months to lay information to the magistrates court. Incidents may take several months to investigate and seeking authorisation to prosecute from licensing and regulatory committee further extends the processing time. Cases are then in danger of running out of time. The delegation of powers to the heads of services would overcome this risk and enable the efficient administration of the enforcement powers.
- 3.6 At present, the Traffic Management and Accident Investigation team is located in City Development Directorate. However, following restructuring the team will be relocated to the City Services Directorate, and will be managed by a newly created post 'Head of Highway Services'. Powers will therefore have to be transferred to the Head of Highway Services in order for further authorisations to take place.
- 3.7 It is proposed that the heads of service detailed in Appendix A should have delegated powers to instigate legal proceedings so as to ensure that the local authority will meet with their legal deadlines.
- 3.8 There are a number of functions (for example issuing fixed penalty notices) that could also be carried out by our partners. Enforcement functions have normally been restricted to Council Officers. We would therefore ask the Cabinet to consider this and give consent for your officers to explore this option further.
- 3.9 If the cabinet agreed to the suggestion in paragraph 3.6 a further report would be presented to cabinet following the result of feasibility study to authorise non-council partners.

#### **4 Proposal and Other Option(s) to be Considered**

- 4.1 It is proposed that specific authority be delegated to the Head of Public Protection, the Head of Street Services and the Head of Planning & Transportation (as detailed in Appendix A) and duly authorised officers employed by these Directorates and currently empowered to enforce various environmental health and trading standards legislation, to enforce the relevant sections of the Clean Neighbourhood and Environment Act 2005. In the case of nuisance parking those powers are transferred to the Head of Highway Services from the Head of Planning & Transportation when the post is created.



- 4.2 It is also proposed that decision making powers be given to the above heads of service to make decision on whether persons should face legal prosecution for non payment of fixed penalty fines.
- 4.3 It is proposed that a study be undertaken to establish the feasibility of non-council employees in issuing fixed penalty notices.
- 4.4 That the City Council's constitution should be amended appropriately to take into effect the Cabinets decision.

**5 Other specific implications**

	<b>Implications (See below)</b>	<b>No Implications</b>
Area Co-ordination		✓
Best Value	✓	
Children and Young People		✓
Comparable Benchmark Data		✓
Corporate Parenting		✓
Coventry Community Plan	✓	
Crime and Disorder	✓	
Equal Opportunities		✓
Finance	✓	
Health and Safety		✓
Human Resources		✓
Human Rights Act		✓
Impact on Partner Organisations	✓	
Information and Communications Technology		✓
Legal Implications	✓	
Property Implications		✓
Race Equality Scheme		✓
Risk Management		✓
Sustainable Development		✓
Trade Union Consultation		✓
Voluntary Sector – The Coventry Compact		✓

**5.1 Best Value**

Under BV199 the City Council are required to monitor Local Environmental Quality. In particular litter, detritus, fly posting, and Graffiti must be graded to establish an overall cleanliness rating. The new powers aim to enable local authorities to take further

enforcement action and in turn this should have a positive impact on the City Councils cleanliness rating.

### 5.2 Coventry Community Plan

Under the key themes of Coventry Community Plan Coventry Partnership are committed to improving the local environment and reducing anti-social behaviour. The new powers have been introduced to target these problems, and should enable the City Council to support these objectives.

### 5.3 Crime and Disorder

Recent research has shown that the local Environmental Quality in a persons living environment has a significant impact on their health and well-being. Residents in areas, which have a low environmental quality often have an increased "fear of crime". Evidence also supports the view that the onset of environmental crime, in an area, acts as a precursor for more serious anti-social behaviour and crime.

The new powers introduced by the act, should have a positive impact in reducing the levels of crime and anti-social behaviour relating to the Environment. Environmental Crime is as a key aspect of the Community Safety Strategy 2005-2008 .

### 5.4 Finance

Failing to adopt these powers and authorise our officers could lead to a number of court cases being lost. This would have a financial impact on the local authority as it would not only lose its own cost but may be required to pay costs to the other side.

### 5.5 Impact on partner Organisations

Part of the new legislation will offer the potential for partner organisations such as CvOne, and Whitefriars Housing have a reduced enforcement role under this Act.

### 5.6 Legal Implementations

Whilst the majority of the Act amends existing legislation, there are new powers available. It is therefore important that the new act is adopted by the Council and that Heads of service are given delegated powers so that they can authorisation officers appropriately. Without authorisation officers could be legally challenged in court and may lose legal cases.

## 6 Timescale and expected outcomes

	Yes	No
<b>Key Decision</b>		
<b>Scrutiny Consideration (if yes, which Scrutiny meeting and date)</b>		√
<b>Council Consideration (if yes, date of Council meeting)</b>		

## List of background papers

Proper officer: Michael J Green – Head of Public Protection

Author: Telephone 76831806  
*Joy Adams, Principal Environmental Health Officer, City Services*  
(Any enquiries should be directed to the above)

### Other contributors:

Alan Bennett, Head of Environmental Health, City Services  
Craig Hickin, Environmental Health Manager, City Services  
James Russell, City Development Directorate  
David Lathbury, City Development Directorate  
Vicki Buckley, Principal Lawyer, Legal and Democratic Services  
Elaine Tierney, City Services Finance  
Geoff Smith, Finance & ICT  
Phil Parkes, Acting Environmental Health Manager, City Services  
Nigel Brown, Service manager for Domestic Waste, City Services  
Shirley Young, Head of Street Services, City Services  
Manjit Dhaliwal, Principal Trading Standards Officer, City Services  
Phil Hibberd, Pest Control Service Manager, City Services  
Janice Nichols, Head of Neighbourhood Management, Chief Executives  
Matt Collins, Community Safety, Chief Executives  
Mark Nicholls, CVOne  
Jacqueline Dooley, City Development Directorate  
Kash Dhadwar, City Development Directorate  
Alex Brown, Special Projects Officer, City Services Directorate  
Zulf Darr, Finance manager, City Services Directorate  
Tarqiq Ditta, Head of Customer and Support Services, City Services Directorate  
Shirley Young, Head of Street Services, City Services Directorate.  
Jaz Bilen, Human Resources

Papers open to Public Inspection

<b>Description of paper</b>	<b>Location</b>
Clean Neighbourhood and Environment Act 2005	BGH 5 <sup>th</sup> Floor

**Fixed Penalty Fines**

Area	Powers to Authorise officers, and to Instigate legal proceeding for non-payment of fixed penalty fines.
Nuisance Parking	Head of Planning & Transportation/Head of Highway Services
Abandoned vehicles	Head of Street Services
Littering	Head of Public Protection
Street litter control notices	Head of Public Protection
Free distribution of material	Head of Public Protection
Graffiti	Head of Street Services
Fly posting	Head of Public Protection
Produce authority to transport waste	Head of Public Protection
Failing to furnish waste documentation	Head of Public Protection
Waste Offences domestic receptacles	Head of Street Services
Waste Offences commercial receptacles	Head of Public Protection
Dog control orders	Head of Public Protection

## **SCRUTINY BOARD (4) (HEALTH)**

**23<sup>rd</sup> November 2005**

Scrutiny Board (4)  
Members Present:-

Councillor Bhyat  
Councillor Clifford (Chair)  
Councillor Crookes  
Councillor Mrs Dixon  
Councillor Gazey  
Councillor Mrs Stone

Co-opted Members  
Present:

Mr T Doyle  
Miss D Hackford  
Ms S Khan  
Mr D Spurgeon

Other Members  
Present:

Councillor Field  
Councillor Matchet  
Councillor H Noonan

Employees  
Present:

P. Barnett (Legal and Democratic Services Directorate)  
S. Burton (Community Services Directorate)  
D. Elliott (City Development Directorate)  
N. Fairhurst (City Development Directorate)  
J. Jardine (Legal and Democratic Services Directorate)  
C. Sinclair (Legal and Democratic Services Directorate)

In Attendance:

S. Buss (Coventry Teaching PCT)  
S. Dudman (Coventry Teaching PCT)

Apologies:

Councillor Ruddy

### **RECOMMENDATION**

#### **48. Coventry City Centre Health Services Public Consultation**

The Board considered its response to the public consultation on City Centre Health services.

On 5<sup>th</sup> September 2005, Coventry Teaching Primary Care Trust (CTPCT) published its consultation paper on city centre health services. The paper set out a series of options for services to be included in a proposed health centre to be built on or near the site of the existing Coventry and Warwickshire hospital.

The consultation paper presented five options for the range of services to be included in the health centre, as a consultation respondent, the Board may choose which of these options it believed would be the best for health services in the area.

Further to this, the consultation paper listed eighteen outpatient services that could be included in the health centre. The paper asked respondents to list, in order of preference, the five services that should be highest priority for inclusion. CTPCT had explained that this did not necessarily mean that five outpatient services would be included in the health centre, they had stated that, while their preferences would be to include as many as possible, other factors may influence the final configuration of services.

In order to form a response, the Board had sought evidence from stakeholders including Coventry Teaching PCT, University Hospitals Coventry and Warwickshire NHS Trust, Coventry and Warwickshire Ambulance Service NHS Trust, Coventry Care Partnerships Limited and the Social Services and City Development Directorates. The consultation paper had also been considered at the Councils six area forums and copies of the minutes of each of the forums had been circulated to the Board.

The Scrutiny Co-ordinator (Health) corrected an error in the report in that the size of the city centre building had been misquoted and should have stated that it would be approximately 16,000m<sup>2</sup> (not 40,000 m<sup>2</sup>).

The Board questioned officers on the report and in response to a question on parking, the Board were informed that, following the consultation, Mr Siegart would be meeting with City Development officers to discuss planning, design and transport.

During discussion, the Board agreed that, with key stakeholders not able to offer definitive statements on the affordability of the city centre project, the Board could not unconditionally support any of the options put forward in the consultation. The evidence received to date did not allow the Board to determine which option would be in the best interest of health services in Coventry.

The Board's view was that, while it supported the creation of a city centre facility as the basis for improving primary care in the city, the process by which the specification was set should seek to ensure that each service included in the city centre would add maximum value to healthcare provision and patients.

**RESOLVED that Scrutiny Board 4 (Health) make the following recommendations to Coventry Teaching PCT in response to their consultation on City Centre health services:**

- (a) (1) That Coventry Teaching Primary Care Trust, in future consultations of this sort, offer greater explanation and context for the techniques it uses to obtain respondents' preferences.**
- (2) That CTPCT test its consultation questions prior to their inclusion in future consultation papers.**

- (3) That CTPCT consider the use of pre-paid envelopes or a freepost address for future consultations.**
  - (4) That CTPCT create the facility for direct web responses for future consultations.**
  - (5) That CTPCT report the findings of the financial appraisal of the city centre development to the Health Scrutiny Board.**
  - (6) That CTPCT use the financial appraisal of the city centre development as the basis for a further exercise with partner organisations to determine the affordability and value for money of the four options in the consultation, and report to the Health Scrutiny Board its findings.**
  - (7) That CTPCT and Coventry and Warwickshire Ambulance Service report to the Health Scrutiny Board their assessment of the implications of *Commissioning a Patient Led NHS* for the city centre development.**
  - (8) That CTPCT ensure that the city centre development is considered as part of the Coventry and Warwickshire Acute Services Review, and report to the Health Scrutiny Board as appropriate.**
  - (9) That CTPCT report to the Health Scrutiny Board on how its proposals for improvements to Coventry's primary care facilities relate to the city centre development.**
  - (10) That Coventry City Council City Development Directorate reports to the Health Scrutiny Board its action plan for securing appropriate public transport access for the city centre development, its assessment of adequate drop-off points and disabled car parking, and its assessment of more general car parking requirements for staff and patients.**
  - (11) That the Board recommends to CTPCT that its first priority in the city centre development was to deliver appropriate healthcare facilities to the people of Hillfields.**
- (b) That the consultation response be submitted to Council on 13<sup>th</sup> December 2005 for information.**



# **Scrutiny Board 4 (Health) response to the Coventry Teaching Primary Care Trust consultation, "Coventry City Centre Health Services"**

**2<sup>nd</sup> Report, 2005-06 of Scrutiny Board 4  
(Health)**

**November 2005**

Scrutiny Co-ordination Group  
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## **Other publications from the Health Scrutiny Board:**

### **2005 – 2006**

1<sup>st</sup> Report of Scrutiny Board 4 (Health), *Scrutiny Board 4 (Health) response to the consultation on the smokefree elements of the Health Improvement and Protection Bill*, August 2005

### **2004 – 2005**

1<sup>st</sup> Report of Scrutiny Board 4 (Health), *Statutory Consultation on the Development of Dental Training and Specialist Dentistry for the West Midlands*, January 2005

2<sup>nd</sup> Report of Scrutiny Board 4 (Health), *Review of Health and Social Care Services, City Centre – Update*, March 2005

Health Scrutiny: Annual Report 2004/05

### **2003 – 2004**

1<sup>st</sup> Report of Scrutiny Board 5 (Health), *Review of Community Pharmacy in Coventry*, September 2003

2<sup>nd</sup> Report of Scrutiny Board 5 (Health), *Review of NHS Dentistry in Coventry*, November 2003

3<sup>rd</sup> Report of Scrutiny Board 5 (Health), *University Hospitals Coventry and Warwickshire NHS Trust Emergency Services Consultation*, May 2004

Health Scrutiny: Annual Report 2003/04

### **2002 – 2003**

1<sup>st</sup> Report of Scrutiny Board 2 (Health), *Review of Health and Social Care Services, City Centre*, February 2003

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## **Foreword**

### **Councillor Joe Clifford**

The future of health services in Coventry's city centre is one of those issues where much water has flowed under the bridge. It is safe to say that the river is still flowing and much debate remains to take place.

Some things remain clear. First, the proposed new health centre, whatever form it takes, will be built in one of the most deprived areas of Coventry. It is essential that the best possible services are readily available to the people of Hillfields who need them the most. Second, the city centre is more accessible to Coventry residents than most other locations in the city. With good planning, a city centre health facility will be on a bus route, and the opportunity presented by the Swanswell redevelopment should mean suitable drop-off points and disabled parking could be provided. Third, the new centre's accessibility, coupled with the drive to push down the length of time patients stay in hospital, means that the city centre facility has the potential to offer top-quality primary care facilities for residents across the city. When patients need support after discharge, or when we are trying to help people with long-term conditions stay out of hospital in the first place, the city centre health facility should be well placed to serve their needs. The new Walsgrave Hospital will offer some of the best acute sector care in the country; the next objective is to ensure that primary care can match this standard.

Other things are not so clear, and this poses problems for the consultation and the future. The Scrutiny Board does not know exactly where or how big the health centre will be. We do not know how much it will cost, or which options can be afforded. We don't know for certain who will run it. Some of the "non-negotiable" components – most notably the ambulance service operations centre – might not be in there. It's not clear yet how the city centre facility will fit with the wider review of acute, hospital services currently underway across Coventry and Warwickshire. This makes responding to the consultation difficult, but the obligation exists for the health scrutiny board to contribute to the debate and move it forward. Health services are at a cross roads as local health service commissioners and providers come to terms with the new national environment. The debate about the new city centre health facility can act as a local signpost at this crossroads, helping all the interested parties to understand how health services need to develop in the coming years. Through this discussion – which must be open and include everyone whose voice needs to be heard – we will hopefully see Coventry's health services play their part in reducing health inequalities, supporting better health, and securing the long-term well being of our great city.

I would like to thank Coventry Teaching Primary Care Trust for the opportunity to respond to this important consultation. Primary Care Trust staff have been very supportive of the Health Scrutiny Board's work, and I believe that their efforts have been rewarded with a successful consultation. I hope that they will find this report to be a positive catalyst for debate about how to move forward.

**Cllr Joe Clifford**  
**Chair, Scrutiny Board 4 (Health)**  
**November 2005**

## **Scrutiny Board 4 (Health) – Background Information**

The Health and Social Care Act 2001 and associated regulations, which came into force in January 2003, give Coventry City Council the power, through its health overview and scrutiny committee (Scrutiny Board 4 (Health) – the "Health Scrutiny Board"), to review and make recommendations on matters relating to local health services. The Health Scrutiny Board is made up of Councillors from across political parties and co-opted members of the public. It is not an executive body; it cannot make decisions and then require others to implement them. It can however make recommendations that certain other organisations must consider as part of their decision-making processes. Similarly, when local NHS organisations propose "substantial" changes to their services, they must first consult the Board to obtain its views. The Board's purpose is threefold. First, to open up health related decision-making to public oversight. Second, to make recommendations that will lead to improvements in the health of Coventry residents and health services they receive. Third, to work with others to help reduce Coventry's health inequalities.

### **Background to this consultation response**

Coventry Teaching Primary Care Trust (CTPCT) published its consultation paper on city centre health services on 5 September 2005. The paper, which is available at CTPCT's website ([www.coventrypct.nhs.uk](http://www.coventrypct.nhs.uk)), sets out a series of options for services to be included in a proposed health centre to be built on or near the site of the existing Coventry and Warwickshire Hospital. Given the time that has elapsed since an earlier public consultation on the development of health services in Coventry, and the increased range of services put forward in the consultation paper over those considered before, CTPCT has stated that the proposals in the consultation are a "substantial development" to services and therefore require statutory consultation. The closing date for the consultation is 27 November 2005.

### **Members of Scrutiny Board 4 (Health)**

Cllr Shabbir Ahmed	(Conservative, Foleshill)
Cllr Solly Bhyat	(Labour, St Michaels)
Cllr Joe Clifford	(Labour, Holbrooks – Chair)
Cllr Gary Crookes	(Conservative, Wainbody)
Cllr Susanna Dixon	(Conservative, Wyken)
Cllr John Gazey	(Conservative, Bablake)
Cllr Tom Ruddy	(Labour, Henley)
Cllr Val Stone	(Independent, Longford – Vice Chair)
Mr Terry Doyle	(Co-opted member)
Miss Diane Hackford	(Co-opted member)
Ms Shagufta Khan	(Co-opted member – UHCW PPIF)
Mr David Spurgeon	(Co-opted member – CTPCT PPIF)

### **Officer Support**

Sally Burton	Social Services
Michelle Hayes	Legal and Democratic Services
Jonathan Jardine	Legal and Democratic Services
Stella Manzie	Chief Executive
Carolyn Sinclair	Legal and Democratic Services

### **In attendance at the invitation of the Board**

Cllr Andy Matchet	Cabinet Member (Health and Housing)
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## **Summary**

### *The consultation process*

**Coventry City Council Health Scrutiny Board is satisfied with the content of the consultation, and confirms that sufficient time has been allowed.**

**The Health Scrutiny Board recommends to CTPCT (Coventry Teaching Primary Care Trust) that, in future consultations, that there should be more explanation of the techniques in use, with greater effort to test proposed methods prior to their inclusion in a consultation paper.**

**The Health Scrutiny Board recommends that CTPCT consider the use of pre-paid envelopes or a freepost address for future consultations.**

**The Health Scrutiny Board urges CTPCT in future consultations to create the facility for web users to respond directly.**

### *The Health Scrutiny Board's response*

**The case for better primary care facilities is unassailable.**

**There is genuine enthusiasm among members of the Health Scrutiny Board, other Councillors and the wider public for a new health centre as part of the Swanswell redevelopment.**

**If there were no requirement to consider the wider context then the Health Scrutiny Board would offer its support for option four. Of the outpatient services, the Health Scrutiny Board has heard persuasive evidence relating to the need to provide renal dialysis, orthodontics, phlebotomy, and Hearing Aid Repair, at a city centre location.**

**However, with key stakeholders not able to offer definitive statements on the affordability of the city centre project, the Health Scrutiny Board cannot unconditionally support any of the options put forward in the consultation. The evidence received to date does not allow the Health Scrutiny Board to determine which option would be in the best interest of health services in Coventry.**

**The Health Scrutiny Board's view is that, while it supports the creation of a city centre facility as the basis for improving primary care in the city, the process by which the specification is set should seek to ensure that each service included in the city centre will add maximum value to healthcare provision and patients.**

**The Health Scrutiny Board is of the view that it could be inappropriate to "tie the hands" of potential future providers by making too hasty an investment in a large city centre building.**

**It is the Health Scrutiny Board's view that until there is a clearer idea of what sort of regional ambulance service is proposed, and what the consequences will be for the city centre development, it is not possible to agree the specification for the city centre LIFT (Local Improvement Finance Trust).**

**It is the Health Scrutiny Board's view that good primary care is essential to getting the Acute Services Review right. The cultural and organisational barriers that separate acute and primary care will not help improve services or people's health. Deciding what should be in the city centre should be part of the Acute Services Review, not separate from it, and the Health Scrutiny Board urges CTPCT to further bring the two together.**

**The Health Scrutiny Board is of the view that the specification for city centre cannot be set until there is an expectation of what further LIFT schemes will follow elsewhere in the city.**

**It remains the Health Scrutiny Board's view that good public transport can do more than any other measure to ensure that people can get to the city centre development quickly and conveniently.**

**The Health Scrutiny Board's view is that development of the city centre site must concentrate on three key questions, in priority order (most important first):**

- a. What configuration of services will do most to improve the health and well being of the people of Hillfields?**
- b. What financial effect will options 1, 2, 3 and 4 respectively have, if implemented, on the wider health economy?**
- c. What other information needs to be in place – about value for money, acute and primary care service reconfiguration, the future of LIFT and transport and access – before the specification for the city centre can be set?**

#### *Recommendations*

**Recommendation 1: The Health Scrutiny Board recommends that Coventry Teaching Primary Care Trust, in future consultations of this sort, offer greater explanation and context for the techniques it uses to obtain respondents' preferences.**

**Recommendation 2: The Health Scrutiny Board recommends that CTPCT test its consultation questions prior to their inclusion in future consultation papers.**

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The Health Scrutiny Board requests a response to these recommendations by **Wednesday 1 February 2006**, with a timetable for delivery of any recommendations that CTPCT supports to be agreed by subsequent negotiation with the Chair of the Health Scrutiny Board. The Health Scrutiny Board requests that CTPCT present its response to the recommendations at a meeting of the Health Scrutiny Board on a date to be agreed.

## ***Is the Health Scrutiny Board satisfied with the content of the consultation, and has sufficient time been allowed?***

1. The Health Scrutiny Board notes with approval the efforts made by Coventry Teaching Primary Care Trust (CTPCT) to promote and disseminate this consultation. The Health Scrutiny Board is aware of the efforts made to engage with patient and user groups to generate responses, and applauds the willingness of CTPCT staff to support any meeting or group that wished to consider the consultation paper. The use of Coventry City Council's Area Forums for the consultation is noteworthy in this respect, and represents a novel approach that will hopefully be repeated. The Health Scrutiny Board understands that over six hundred consultation responses have been received, and acknowledges that this is a good total for a consultation of this sort. The consultation paper itself has been generally well received, with clear language and a generally accessible style. Disseminating the summary version with the *Health Matters* newsletter is good practice (despite the usual concerns about whether this achieves universal coverage, which are probably unavoidable without resorting to very expensive methods). The twelve-week consultation period adhered to Cabinet Office guidelines. CTPCT has provided evidence of its efforts to seek the views of a wide range of stakeholders in the course of this consultation.

2. Overall then, **Coventry City Council Health Scrutiny Board is satisfied with the content of the consultation, and confirms that sufficient time has been allowed.**

3. However, the Health Scrutiny Board has identified three issues it wishes to raise with CTPCT of relevance to this consultation and similar future exercises.

4. First, the consultation paper asked respondents to consider the list of outpatient services in option 4 and "rank the five that you consider to be most important". It is the Health Scrutiny Board's view that this approach confused some respondents. It was not clear, for example, whether this meant that five services would be included in the new facility if option four were selected. **The Health Scrutiny Board therefore recommends to CTPCT that in future consultations, that there should be more explanation of the techniques in use, with greater effort to test proposed methods prior to their inclusion in a consultation paper.**

5. Second, in order to increase response rates, **the Health Scrutiny Board recommends that CTPCT consider the use of pre-paid envelopes or a freepost address for future consultations.** Even if this technique boosted responses by 100%, the cost to the PCT would still be less than £500.

6. Third, while the Health Scrutiny Board applauds CTPCT for publishing the consultation documents on-line, **it urges CTPCT in future consultations to create the facility for web users to respond directly** through the [www.coventrypct.nhs.uk](http://www.coventrypct.nhs.uk) website.



## ***Is the Health Scrutiny Board satisfied that the proposals are in the interests of health services in its area?***

*Support for improved primary care facilities*

7. **The case for better primary care facilities is unassailable.**

8. Trends in public health, medical practice and public preferences reinforce this reality. As Lord Warner, Minister of State for NHS Delivery, put it to the House of Commons Select Committee for Health on 10 November 2005, "the logic of what is coming out of the current [national] public consultation is to try to get more services closer to patients and more accessible than in a big acute hospital". There are many reasons for this, but principal among them are:

- Day surgery will increasingly become the norm. Dr Mark Newbold, Project Director of the current Coventry and Warwickshire Acute Services Review said that some estimates suggested that within fifteen years three-quarters of surgery will be undertaken on a day case basis. In line with this, diagnosis and medical tests are becoming less invasive. Hospitals will increasingly become places where the rarer and more unusual cases are treated. Care post-discharge will increasingly fall to services in the community – primary care services.
- Improvements in medicines and other treatments are allowing people to live longer, and more independently with "chronic" or long-term conditions. Keeping these people out of hospital has become a key aim for government and clinicians, and good primary care is key to doing this.
- The "closed shop" of diagnosis and treatment maintained by doctors is being replaced with increases in the training and responsibilities of allied health professionals such as nurse practitioners, pharmacists and paramedics.

9. In Coventry, as in many other areas, the need to provide better primary care facilities is also linked to the disturbing health inequalities that persist in the city. Though thanks to the strenuous efforts of CTPCT and its partners, progress is being made on issues like average life expectancy, breastfeeding initiation and smoking in pregnancy, big inequalities remain. Part of this may be related to the poorer quality of primary care facilities in the city's deprived areas – the notorious inverse care law where practitioners are drawn to more affluent areas. There is certainly agreement across Coventry's Local Strategic Partnership that new investment should generally be targeted at areas of greatest need. The vehicle by which new primary care facilities can be purchased – the Local Improvement Finance Trust (LIFT) scheme – is potentially a powerful tool in this regard, offering primary care trusts a means to build new facilities without having to bear the large "up front" capital costs. It remains a fervent hope of the Health Scrutiny Board that LIFT will lead to new and better primary care facilities not just in the city centre but across Coventry in the areas where better services can do the most good.

10. Against this backdrop of need, it is unsurprising that **there is genuine enthusiasm among members of the Health Scrutiny Board, other Councillors and the wider public for a new health centre as part of the Swanswell redevelopment.**

- Hillfields is one of the city's most deprived areas, and high quality primary care facilities there will be an important step in the ongoing effort to reduce health inequalities.
- The city centre generally is more accessible to more Coventry residents than any other area of the city. If City Development Directorate can conduct successful negotiations with the local bus companies, then the Swanswell redevelopment will be well served by public transport – a key concern for older residents requiring regular medical check-ups or treatment. The opportunity to start with a "clean slate" offers the potential to ensure good facilities for disabled people, to include convenient drop off points and satisfactory disabled parking.
- There are many services that are either dotted across the city or only available from University Hospitals Coventry and Warwickshire NHS Trust that if provided at one convenient city centre location would offer real improvements from the patient perspective.

#### *Affording the city centre development*

11. However, the Health Scrutiny Board is not tasked with answering the question, "would it be good to have better primary health care facilities in the city centre?" If it were, the answer would obviously be yes. Instead, the question the Health Scrutiny Board must answer is "are the proposals in the best interests of health services in Coventry?" To answer this question the Health Scrutiny Board has to take a wider view, looking at the implications of the proposals, if implemented, for the rest of the health economy.

12. With the information available, the health scrutiny board is unfortunately unable to fully answer this question.

13. The consultation paper offers four substantive options for the city centre site, each building on the last. With the information available in the consultation paper, there is no reason why any respondent would not choose option 4 (a point that was made by councillors and clinicians at both Health Scrutiny Board and CTPCT Professional Executive Committee meetings). Indeed, preliminary information from CTPCT suggests that the vast majority of respondents have supported option 4, and indeed, **if there were no requirement to consider the wider context then the Health Scrutiny Board would also offer its support for option four. Of the outpatient services, the Health Scrutiny Board has heard persuasive evidence relating to the need to provide renal dialysis, orthodontics, phlebotomy, and Hearing Aid Repair, at a city centre location.**

14. However, to decide to support option four without awareness of the consequences for other elements of the local health economy would not be appropriate. If the Health Scrutiny Board were to support option four unconditionally without this wider knowledge then it would be failing in its duty to consider the implications for all health services in its area.

15. Fundamental to determining the implications for the wider health economy is an understanding of just how much this project is going to cost. It is not possible at this stage to say exactly how big the proposed development will be. The latest estimate from CTPCT is that an "option four" building will be around 16,000m<sup>2</sup> - about the same size as the new Ikea to be built adjacent to the Lower Precinct. This is 20% smaller than the size suggested by then CTPCT chief executive Laurence

Tennant in evidence to the Health Scrutiny Board in February 2005, but a building of this size would remain a significant capital investment with substantial unitary charge payments to meet (Mr Tennant speculated that a 20,000m<sup>2</sup> building would cost in the order of £25 million, leading to a unitary charge for CTPCT of around £2.5 million a year for twenty-five years, offset against approximately £1 million of savings).\*

16. In order to get a clearer picture of the financial situation, the Health Scrutiny Board sought information from CTPCT about the ongoing financial appraisal for the city centre project. At a meeting of CTPCT Board on 8 August 2005, CTPCT Joint Chief Executive Stephen Jones stated that he hoped information about the financial appraisal would be published before the end of the consultation period. In response to correspondence on this subject, he wrote on 1 November 2005, "the financial appraisal of the City Centre development is being undertaken at the same time as the public consultation. The Scrutiny Board will also appreciate that we are dealing with a moving situation, in respect of the new proposals for a single Ambulance Trust to cover the West Midlands area and the impact which this could have on accommodation requirements in the city centre. We are currently trying to obtain further information on this to feed into the financial appraisal". This response demonstrates the risks and uncertainties that surround the financial status of the city centre project.

17. In evidence to the Health Scrutiny Board on 10 November, David Roberts stated clearly his "wholehearted" support for the city centre development and praised the efforts of the new CTPCT chief executives to deliver a workable proposal. However, he did not disguise serious concerns about the affordability of the full package, and suggested that the Health Scrutiny Board should be saying to CTPCT, "can you afford this?"

**18. In summary, with key stakeholders not able to offer definitive statements on the affordability of the city centre project, the Health Scrutiny Board cannot unconditionally support any of the options put forward in the consultation. The evidence received to date does not allow the Health Scrutiny Board to determine which option would be in the best interest of health services in Coventry.**

#### *Ensuring the city centre development adds maximum value*

19. Affordability clearly represents the main issue in this consultation. However, even if CTPCT concludes that it can resource everything in option 4 from its available budget, there remains a further unanswered question: "would doing this add the most value?" The problem is at its most stark with the eighteen outpatient services listed in option 4. While CTPCT and UHCW have progressed – but by no means completed – their work on agreeing potential models of care for these services in the city centre – there has not been agreement on how much the proposed services will cost, and what to do with the capacity thereby liberated by transferring services into the city centre. To fully appreciate the significance of the lack of certainty on this point, it is necessary to understand the history of the city centre project and its relationship to the new Walsgrave hospital.

20. The proposal to develop a new city centre health facility can be traced back to the debate about the location of the new Walsgrave hospital in the late 1990s. When

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\* In public evidence to the Health Scrutiny Board, David Roberts, Chief Executive of University Hospitals Coventry and Warwickshire NHS Trust stated that an "option four" building could be up to 40,000m<sup>2</sup> in size. It has not been possible to confirm the basis of this assertion.

the then Health Authority developed the business case for the new hospital to be located at Walsgrave, it stated publicly that some primary care and outpatient services would continue to be provided in the city centre – even attaching a estimated price tag of £1 million a year to these services. Despite this commitment, city centre outpatient services provision has always been problematic because the new Walsgrave hospital was specified, designed, and, indeed, is being built with sufficient capacity to provide all the outpatient services necessary to meet demand from Coventry patients.

21. This leaves city centre outpatient services with a fundamental dilemma; if outpatient services are to be provided in the city centre, then either UHCW must find some alternative way to use its available capacity, or facilities there will not be being used to their maximum capacity. Given that a hospital, like any organisation, must seek maximum value from its assets, creating additional capacity in the city centre could, arguably, be to fail to get maximum return from the taxpayers' investment in what is a very large and expensive hospital. In effect, the city centre development could end up duplicating what will soon be available from UHCW, with the primary care trust having to pay for both. It has even been suggested that with GPs providing an increasing range of services from their practices, there could be instances of CTPCT ending up paying for capacity three times over. Such over-capacity could see the overall "reference costs" for services rise.

22. Put simply, money that could be spent elsewhere on vital community services that support people to live longer, in better health, and with greater independence could be spent instead on providing surplus capacity in the city centre that is underused. The Health Scrutiny Board is conscious that such a position could lead to an over-emphasis on hospital-led diagnosis and treatment services rather than the preventative services in the community that support people to live without recourse to the acute sector. The knock-on effects from this could ripple throughout the health economy; as John Bolton, Coventry City Council Director of Community Services stated, increased demand for Council Social Services might follow, placing additional strain on an already stretched budget.

**23. The Health Scrutiny Board's view is that, while it supports the creation of a city centre facility as the basis for improving primary care in the city, the process by which the specification is set should seek to ensure that each service included in the city centre will add maximum value to healthcare provision and patients.**

*The impact of "Commissioning a patient-led NHS" – CTPCT as provider*

24. There are a number of other factors that contribute to the Health Scrutiny Board's inability to reach a recommendation on which option to support.

25. *Commissioning a patient-led NHS*, published on 28 July 2005, has initiated a process that will almost certainly lead to large-scale reorganisation for primary care trusts, strategic health authorities and ambulance trusts. The document offered a prescriptive vision of primary care trusts shorn of their provider role by 2008. Since publication, Secretary of State for Health Patricia Hewitt MP has backed away from the requirement that PCTs cease to provide services to a set timetable, and stated that these decisions will be taken locally to suit local circumstances. Despite this, it remains clear that the "direction of travel" for primary care will see PCTs providing fewer services. To again quote Lord Warner before the select committee, "We are saying it is down to people at the local level to get the timing of [divesting services] right. It follows arithmetically that if you want to strengthen commissioning and you

have got expanding community services, you are not going to go on enlarging the direct provider side of PCTs. The pace at which that is done is down for local decision".

26. The Health Scrutiny Board can already see this "direction of travel" for Coventry. Assuming there is support from the City Council executive, and that of Warwickshire County Council, a consultation will take place in early 2006 on proposals to create a new mental health trust that will take over much of the mental health service provision from CTPCT, North Warwickshire PCT and South Warwickshire PCT. As yet, the Health Scrutiny Board is unaware of any further proposals for services currently provided by CTPCT to be transferred to an alternative provider, and it is unlikely that there will be any until after the forthcoming *Care Outside Hospitals* white paper is published and absorbed by the NHS locally. However, after that there is a real possibility that further proposals will come forward for services that are currently provided by CTPCT to be transferred to an alternate provider. Options include but are not limited to existing NHS trusts, new NHS trusts, care trusts, local authorities, the independent and voluntary sector, and the private sector.

27. This poses significant challenges for the city centre project. If, let us say, option 3 is determined to be affordable and the new building is specified and built with facilities for physiotherapy, psychology and foot health, then any proposals for these services to be delivered by another provider would be limited by an acknowledgement that the new provider could be required to continue to house those services in the city centre building. It might be, however, that an alternative provider could provide the same services more cost effectively and/or better from another location, or via a different model of care. These speculations are not mere fantasy. As already indicated, a consultation on proposals for a new mental health trust will come forward in the New Year. It remains to be seen whether the proposed trust will be bound by any commitment to base its Community Mental Health Teams and Eating Disorders Service in the city centre facility, as proposed by option 4 of the city centre health services consultation. **The Health Scrutiny Board is of the view that it could be inappropriate to "tie the hands" of potential future providers by making too hasty an investment in a large city centre building.**

*The impact of "Commissioning a patient led NHS" – ambulance services*

28. The other major repercussion from *Commissioning a patient-led NHS* is the proposal to create a new regional ambulance service. Again, consultation is forthcoming, and no precise details of what is proposed have reached the Health Scrutiny Board as yet. However, as Malcolm Hazell, Chief Executive of Coventry and Warwickshire Ambulance Service, pointed out to the Health Scrutiny Board, there is a real possibility that the reorganisation will have consequences for the city centre development. Two services that the consultation paper says, "will definitely be included in the new building" are now open to question: a new headquarters for the ambulance service and, perhaps more significantly, the "state-of-the-art" call centre that would be the operational centre for local ambulance services. Ambulance service reorganisation could see a reduction in the number of operations centres across the region, and Mr Hazell suggested that there could be as few as two – at least one less than he would regard as appropriate. The key advantage to co-locating the ambulance operations centre in the new city centre building would be synergy and co-operation with the walk in centre, which, the Health Scrutiny Board has been led to understand, will develop into an urgent care centre capable of continuing to limit the number of A&E attendees. Thus if ambulance service participation is uncertain, not only does this raise further questions about the financial

status of the city centre proposals (as Stephen Jones indicated in his letter to the Health Scrutiny Board), but it also calls into question the clinical model of care that supports the further development of the walk in centre. **It is the Health Scrutiny Board's view that until there is a clearer idea of what sort of regional ambulance service is proposed, and what the consequences will be, it is not possible to agree the specification for the city centre development.**

#### *Coventry and Warwickshire Acute Services Review*

29. At the same time as this massive upheaval in primary care and ambulance services, the sub-regional strategic health authority has commissioned Coventry and Warwickshire's primary care trusts to review acute (or hospital) services on their collective "patch". The review is now underway, with five "service review groups" working to produce proposals that, if accepted by the project board, will lead to yet another consultation on possible changes to hospital services sometime in 2006. It seems likely that these recommendations will relate to issues of concern to the city centre, given that they will focus on, for example, emergency services, diagnostics and services for older people. As Stephen Jones acknowledged in his 1 November letter to the Health Scrutiny Board, "as we pull together the results of the consultation we will also need to take the opportunity to ensure that the final [LIFT] contract of the city centre development fits coherently with the findings of the Coventry and Warwickshire Acute Services Review". **It is the Health Scrutiny Board's view that good primary care is essential to getting the Acute Services Review right. The cultural and organisational barriers that separate acute and primary care will not help improve services or people's health. Deciding what should be in the city centre should be part of the Acute Services Review, not separate from it, and the Health Scrutiny Board urges CTPCT to further bring the two together.**

#### *City centre and the LIFT programme*

30. The Health Scrutiny Board has voiced on many occasions its wish to see the LIFT scheme lead to better primary care facilities in the parts of the city that need them the most. Members of the Health Scrutiny Board recognise that new facilities will lead to better services that will do more to counter the health inequalities that dog our city. However, the Health Scrutiny Board wants to see city centre LIFT in the context of what has already happened – the LIFT sites and Keresley and Longford and the traditionally procured health centres in Willenhall and Tile Hill – and also what is proposed for the future. If the slowdown in NHS funding due to arrive in 2008 means no more LIFT schemes for Coventry, then the city centre is the "basket" into which many "eggs" must be placed, with as many services there as can be afforded and are appropriate. If however, the "hub and spoke" analogy can be realised with new health centres and refurbished GP surgeries still to come across the city, then perhaps there is less pressure to pack city centre with every service conceivable. The Health Scrutiny Board would not want to see the situation arise where the scope of future LIFT proposals in areas of great need is curtailed because such-and-such service is already provided in the city centre. It is perhaps likely that the Health Scrutiny Board's expectation of a reliable plan setting out the LIFT scheme's development over the next decade is unrealistic, particularly given the changes in the NHS that will come in the next few years. However, **the Health Scrutiny Board is of the view that the specification for city centre cannot be set until there is an expectation of what is to follow elsewhere in the city.**

#### *Transport and access*

31. The consultation paper consciously did not mention transport and access issues, presumably because such matters were not the sole responsibility of CTPCT. In that sense the omission is understandable. However, as already stated the Health Scrutiny Board is required to consider health services in a wider sense, and therefore cannot ignore one of the "critical success factors" for the city centre development. Duncan Elliot, Swanswell Project Manager, stated that while there is a good relationship between the City Council and the local bus companies, and that there are provisional plans for a bus route past the proposed health centre, he could not guarantee public transport accessibility. While noting all this, it is the view of the Health Scrutiny Board that if the new health centre opens and there is not a bus route running by, then a failure will have taken place – almost regardless of the health services that are available there. Equally, there must be appropriate and convenient drop-off points, and suitable disabled parking. If the new health centre is inaccessible – or perceived to be inaccessible – by the patients and residents who most need its services, then it will not have achieved its objectives. The wider issue of how much general car parking should be available is probably as intractable as ever, but **it remains the Health Scrutiny Board's view that good public transport can do more than any other measure to ensure that people can get to the city centre development quickly and conveniently.**

### *Conclusion*

32. City Centre health services have taken up a considerable amount of the Health Scrutiny Board's time. This is the third report on this subject – no other topic has merited such revisiting. This is because this issue matters to Councillors and the people they represent, all across the city. To the people of Hillfields in particular, this health centre could be critical to their quality of life, and even, *in extremis*, a matter of life and death. In the past, the Health Scrutiny Board has sought to examine why the new health centre will not be opening its doors in spring 2006, as was originally planned. In the Health Scrutiny Board's previous work, the impetus was clearly on delivering this project as quickly as possible – making up for lost time. Yet the conclusions of this report are pulling in a different direction. Clinical best practice, NHS policy and public expectations are all at a crossroads. The objective of the Government's health policy, as set out in last year's white paper *Choosing Health*, is to help people to stay well, not just treat them when they are sick. The NHS wants to see improved primary care helping people to stay out of hospital – particularly those with chronic long-term conditions – and most people do not want to be in hospital if they can help it, knowing that they will recuperate better at home with appropriate support. This challenges pre-conceived views of what is right for the city centre, and the Health Scrutiny Board acknowledges this change. Seeking to reduce reliance on acute services does not necessarily mean that Coventry needs a "mini-hospital" (albeit with no overnight beds) in the city centre. This particularly the case if the new building is going to be so expensive that services become shaped by the needs of the building rather than the other way around. The Health Scrutiny Board has not concluded that option four is not necessarily the way ahead, but that there is more to know before it can support that option. **The Health Scrutiny Board's view is that development of the city centre site must concentrate on three key questions, in priority order (most important first):**

- a. **What configuration of services will do most to improve the health and well being of the people of Hillfields?**
- b. **What financial effect will options 1, 2, 3 and 4 respectively have, if implemented, on the wider health economy?**
- c. **What other information needs to be in place – about value for money, acute and primary care service reconfiguration, the future of LIFT and**

**transport and access – before the specification for the city centre can be set?**



## ***Recommendations***

**Recommendation 1:** The Health Scrutiny Board recommends that Coventry Teaching Primary Care Trust, in future consultations of this sort, offer greater explanation and context for the techniques it uses to obtain respondents' preferences.

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**Recommendation 11:** The Health Scrutiny Board recommends to CTPCT that its first priority in the city centre development is to deliver appropriate healthcare facilities to the people of Hillfields.

The Health Scrutiny Board requests a response to these recommendations by Wednesday 1 February 2006, with a timetable for delivery of any recommendations that CTPCT supports to be agreed by subsequent negotiation with the Chair of the Health Scrutiny Board. The Health Scrutiny Board requests that CTPCT present its response to the recommendations at a meeting of the Health Scrutiny Board on a date to be agreed.



## **Scrutiny Board 4 (Health)**

**23 November 2005**

### **Coventry City Centre Health Services Public Consultation – briefing note**

1. On 5 September 2005, Coventry Teaching Primary Care Trust (CTPCT) published its consultation paper on city centre health services. The paper, which is available at CTPCT's website ([www.coventrypct.nhs.uk](http://www.coventrypct.nhs.uk)), sets out a series of options for services to be included in a proposed health centre to be built on or near the site of the existing Coventry and Warwickshire Hospital.
2. Section 7 of the *Health and Social Care Act 2001*, and Statutory Instrument No. 3048, *The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002* require that, "where a local NHS body has under consideration any proposal for a substantial development of the health service in the area of a local authority, or for any substantial variation in the provision of service, it shall consult the overview and scrutiny committee of that authority".
3. Given the time that has elapsed since an earlier public consultation on the development of health services in Coventry, and the increased range of services put forward in the consultation paper over those considered before, CTPCT has stated that the proposals in the consultation are a "substantial development" to services.
4. The closing date for the consultation is 27 November 2005. Coventry City Council Health Scrutiny Board is meeting on 23 November 2005 to agree its response to the consultation. Regulations and guidance for health scrutiny indicate that this response should state the Health Scrutiny Board's assessment on two points:
  - Whether the content of the consultation is satisfactory and that sufficient time has been allowed;
  - Whether the proposals are in the interest of health services in the area
5. The consultation paper in this case presents five options for the range of services to be included in the health centre. As a consultation respondent, the Health Scrutiny Board may choose which of these options it believes would be the best for health services in its area.
6. Further to this, the consultation paper lists eighteen outpatient services that could be included in the health centre. The paper asks respondents to list, in order of preference, the five services that should be highest priority for inclusion. CTPCT has explained that this does not necessarily mean that five outpatient services will be included in the health centre; in evidence to the

Health Scrutiny Board, CTPCT has stated that while their preference would be to include as many as possible, other factors may influence the final configuration of services.

7. The Health Scrutiny Board retains its statutory power to make recommendations to local NHS organisations and the City Council on matters relating to health services in Coventry. Thus, if it wishes, the Health Scrutiny Board may agree recommendations that relate to wider issues than those referred to directly in the consultation. The Health Scrutiny Board may require a response to those recommendations. However, the Health Scrutiny Board is not an executive body and therefore cannot require action from the organisation to which it has made a recommendation. Similarly, the Health Scrutiny Board does not speak for Coventry City Council, though full Council may subsequently choose to endorse the Health Scrutiny Board's recommendations.
8. In order to make a response to this consultation, the Health Scrutiny Board has sought evidence from stakeholders. These have included:
  - Coventry Teaching Primary Care Trust
  - Social Services Directorate, Coventry City Council
  - City Development Directorate, Coventry City Council
  - Coventry and Warwickshire Ambulance Service NHS Trust
  - Coventry Care Partnerships Limited
  - University Hospitals Coventry and Warwickshire NHS Trust
9. Summaries of the evidence heard and copies of correspondence are at the end of this paper. The consultation paper was also considered at the city's six Area Forums. Copies of the pertinent minute from each Forum are also appended.
10. A draft consultation response will be circulated to members.

Jonathan Jardine

Scrutiny Co-ordinator  
(Health)

14 November 2005

## Summary of evidence received

### Scrutiny Board 4 (Health) 23 September 2005

*The record is an amalgamation of notes taken by City Council Officers. It has been included at the request of the Health Scrutiny Board. Any public use of, or reference to, the contents should make clear that neither witnesses nor Members have had the opportunity to correct the record. This note is not an approved formal record of these proceedings.*

The Scrutiny Board received a presentation from Karen Railton and Simon Buss of Coventry Teaching PCT, which set out the contents of the consultation.

Questions were asked on the following subjects:

- Is Option 4 of the consultation affordable? Ms Railton replied that CTPCT remained hopeful that Option 4 could be delivered. However, she noted that the forthcoming reorganisation of ambulance services meant that she could no longer be certain about the participation of Coventry and Warwickshire Ambulance Service. She said that the financial appraisal was also ongoing, and that the costs of some services had not been finalised. Some elements, such as Social Services accommodation, were dependent on other participants.
- How would the issue of UHCW's ownership of the site affect the project? Ms Railton noted that negotiations were underway about the site. She pointed out that if the land were only available at market rate then obviously this would affect the project, as against some sort of internal NHS transfer.
- What was the process for determining which outpatient services would be on the site? What was the relevance of the request for respondents to identify their "top 5"? Mr Buss answered that it was not the case that there would be five outpatient services. The purpose of the consultation was to get a feel for residents' preferences – this would be one element of how a decision was eventually taken. Ms Railton added that all services listed would be provided, either in the city centre, at Walsgrave or elsewhere. She noted that even in the earlier consultation, the commitment had been to maintain services in the city centre, subject to further work; there had not been specific services that were always to have been in the city centre. There had to be agreement on the financial and clinical basis for having services in the city centre. On the other hand, CTPCT was working very hard to ensure that the building, when designed, would be as flexible as possible to allow multi-use, and as many services as possible to operate there.
- What is the timescale for the project? Ms Railton said that the building could open in 2008.

### Scrutiny Board 4 (Health) 12 October 2005

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The Scrutiny Board took evidence from Duncan Elliott (City Development), Nigel Clews (City Development), John Bolton (Community Services), Philip Siegert

(Coventry Care Partnerships Ltd) and Malcolm Hazell (Coventry and Warwickshire Ambulance Service).

Questions were asked on the following subjects:

- What is the timescale for construction? Mr Siegert suggested that building could start in 2007, with completion around September 2009.
- What bus service would support the health centre? Mr Elliott said that there were negotiations underway regarding a possible bus route past the site, and that proposals were coming together, but that the private bus companies were not obliged to run a route past the proposed health centre. However, he noted that the City Council had an excellent working relationship with the bus companies.
- What car parking would be available, particularly for disabled visitors? Would there be drop-off facilities? It was stated that this had not yet been agreed, but that it would be a factor in the design. It was asked where the temporary parking would be during the build. Mr Elliott replied that it would be at the north end of the Swanswell area. Comments were made by members about whether this was appropriate.
- Members asked questions about the transitional plan for the build, but those present responded that this was more a matter for the PCT.
- What was the status of the proposal for ambulance services to co-locate in the city centre? Mr Hazell said that the proposed ambulance service reconfiguration had raised a question mark over whether the ambulance service HQ and control centre would be part of the health centre. He noted that there is a review of ambulance operations centres underway, and Coventry and Warwickshire's proposals may be affected. He said he would be very concerned if fewer than three operations centres were proposed for the West Midlands. He noted that operations centres are vital to the efficiency of an ambulance service, and that local operations centres offer better access to patient information and support from clinicians.
- What was Social Services' engagement in this project? Mr Bolton said that Social Services did not see the city centre facility as a priority *per se*, but that it was important to the future provision of services to Hillfields. He said that by 2008 there would be coterminous health and social care teams, and that when the new health centre replaced the existing Hillfields Health Centre then social workers would be based there.
- What is the relationship between the city centre facility and future sites in terms of the services provided? Nigel Clews said that a "property summit" would be taking place soon at which key city partners would seek to understand each others' new projects, and make best use of resources through more co-ordinated planning. Members noted that the range of services appropriate to the city centre could be dependent on the services that could be expected to be provided as the LIFT scheme (Local Improvement Finance Trust) moved forward.

#### Scrutiny Board 4 (Health) 10 November 2005

*The record is an amalgamation of notes taken by City Council Officers. It has been included at the request of the Health Scrutiny Board. Any public use of, or reference to, the contents should make clear that neither witnesses nor Members have had the opportunity to correct the record. This note is not an approved formal record of these proceedings.*

The Scrutiny Board took evidence from David Roberts, Alice Casey and John Amphlett from University Hospitals Coventry and Warwickshire NHS Trust.

Mr Roberts made an introductory presentation. He noted that the new health centre would not be open before the Coventry and Warwickshire Hospital closed, and that he was therefore working with the new CTPCT chief executives to ensure appropriate service provision continued. They were working closely to agree the financial implications of keeping the Coventry and Warwickshire Hospital site open. He said that he backed the scheme “wholeheartedly”, but noted that there had been significant growth in the size of the proposed building, to around “40,000m<sup>2</sup>”. He said that the size, content and location of the building were all subject to robust negotiations.

Questions were asked on the following subjects:

- Was there a link between the city centre and UHCW’s foundation status application? Mr Roberts replied that there was no direct link, but that PCT reconfiguration was an issue.
- Would UHCW’s financial position affect the city centre plans? Mr Roberts emphasised that expansion in NHS funding meant that services were increasing. He said that his concern was whether CTPCT and the wider health economy could afford what was being proposed for the city centre. He said that UHCW would not prevent any services being provided in the city centre – but CTPCT had to be in a position to buy those services.
- Why were rheumatology and asthma services considered by UHCW to be not appropriate for the city centre? Mr Amphlett said that agreement with the PCT had been reached on these services. For rheumatology, clinicians agreed that a “one stop shop” approach based at Walsgrave was more effective. For asthma, there were value for money issues.
- What diagnostic support was appropriate for the city centre? Ms Casey answered that cost was the main factor. Mobile services might be more appropriate for the city centre. The new practice of open access referrals for GPs meant that direct referrals would become the norm and that this would increase the total number of referrals. Mr Roberts said that if the PCT wanted x-ray in the city centre, and were prepared to pay, then it would be there.
- Would UHCW seek to knock down Coventry and Warwickshire Hospital after it closed? Mr Roberts said that this would probably not be possible; he was considering a plan to keep the site open for two years, during which time one could start doing “LIFT-type” things on the site. He noted that his financial plan assumed closure, and that keeping the site open would cost £1 million a year. He said that there were four buildings on the site that would still be occupied by CTPCT after the main move to Walsgrave on 1 July 2007.

Teaching Primary Care Trust  
Christchurch House  
Greyfriars Lane  
Coventry.  
CV1 2GQ  
Phone: 024 7624 6035  
Fax: 024 7622 2687

Our ref: MA/SJ/mlg

REC'd TUE 8/11/05

1st November 2005

Jonathan Jardine  
Scrutiny Co-ordinator (Health)  
Coventry City Council  
Legal and Democratic Services  
Health Scrutiny  
Turret Room  
Council House  
Coventry  
CV1 5RR

Dear Jonathan

**Re: City Centre Consultation**

Thank you for your letter dated 30th September 2005 and please accept my apologies for the delay in responding to the requests for information on different aspects of the City Centre development proposals.

Firstly, as you will be aware from the meeting attended by various members of the Scrutiny Board, the financial appraisal of the City Centre development is being undertaken at the same time as the public consultation. The Scrutiny Board will also appreciate that we are dealing with a moving situation, in particular in respect of the new proposals for a single Ambulance Trust to cover the West Midlands area and the impact which this could have on the accommodation requirements in the city centre. We are currently trying to obtain further information on this to feed into the financial appraisal.

The siting of the building will also have an impact and, whilst discussions are ongoing with University Hospitals Coventry and Warwickshire NHS Trust on the possibility of building on part of the current Coventry and Warwickshire Hospital site, the PCT also has an option to purchase the Russell Street car park from the City Council should the former option not prove feasible.



As we pull together the results of the consultation we will also need to take the opportunity to ensure that the final contract of the city centre development fits coherently with the findings of the Coventry and Warwickshire Acute Services Review.

I have attached a copy of the criteria which were applied in identifying and determining which services could be included on the City Centre Site and we have briefed you on the discussions which have taken place with UHCWT staff on the range of services.

In summary, the services which were excluded through this exercise include :

**DVT Service** - Clinical team advice was that it would be inappropriate to move

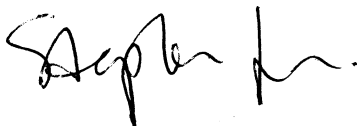
**ECHOES** - Clinical advice was that ECHOES should remain in secondary care due to difficulties in reporting

**HEART FAILURE** - The Consultant led element should remain in secondary care with a community based nurse led service

**ASTHMA** - The service was considered as not suitable for the City Centre Site as activity numbers are too small and acute hospital back up would be required.

Once again I apologise for the delay in responding, but please do not hesitate to contact me if I can be of further help.

Yours sincerely



**Mike Attwood and Stephen Jones**  
**Joint Chief Executive**

COVENTRY LIFT

CRITERIA TO BE USED TO IDENTIFY SERVICES TO BE MOVED OFF THE ACUTE HOSPITAL SITE AND REPROVIDED IN THE COMMUNITY

<p>Access</p>	<ul style="list-style-type: none"> <li>• Supports the delivery of national access targets.</li> <li>• Improves local access for those patients who are frequent attenders and / or have poor mobility.</li> </ul>
<p>Effective use of resources</p>	<ul style="list-style-type: none"> <li>• Makes the best use of clinical expertise.</li> <li>• Makes the best use of staff.</li> <li>• Makes the best use of equipment.</li> <li>• Makes the best use of facilities.</li> <li>• Provides services which are affordable.</li> </ul>
<p>Clinical quality</p>	<ul style="list-style-type: none"> <li>• Provides services which are clinically safe.</li> <li>• Delivers services which are in accordance with national guidance and standards, clinical governance requirements and best practice.</li> <li>• Maintains the quality of the services and where possible improved.</li> <li>• Provides the necessary access to linked specialties and clinical support services.</li> <li>• Provides the necessary equipment to deliver the service.</li> <li>• Provides a functionally suitable environment.</li> <li>• Does not compromise the integrity and the viability of the service at the acute hospital site.</li> </ul>
<p>Model of care</p>	<ul style="list-style-type: none"> <li>• Is consistent with the overall model of care for the specialty and ensures delivery of the service in accordance with the agreed care pathway.</li> <li>• <i>Best manages the flow of patients through the service</i></li> <li>• <i>Promotes the delivery of integrated care, including Social Services</i></li> </ul>

Patient experience	<ul style="list-style-type: none"> <li>● The way the service is provided is focussed on the needs of the patient.</li> <li>● Provides an environment which meets Consumerism requirements. These includes issues regarding privacy, dignity, disabled access, clear way-finding etc</li> </ul>
Workforce	<ul style="list-style-type: none"> <li>● Is viable within workforce constraints of recruitment and retention.</li> <li>● Provides an appropriate working environment for staff</li> <li>● Supports staff in maintaining the levels of skills appropriate to deliver the service.</li> <li>● Provides the appropriate level of supervision required to deliver the service.</li> </ul>
Service Development	<ul style="list-style-type: none"> <li>● Will not inhibit innovation and new ways of working, such as:             <ul style="list-style-type: none"> <li>– introduction of new roles.</li> <li>– development of the enhanced roles of GPs, nurses and AHPs.</li> <li>– new models of care.</li> <li>– use of new technologies.</li> </ul> </li> </ul>
Strategic Fit	<ul style="list-style-type: none"> <li>● Is consistent with national and local health care strategies.</li> <li>● Reflects local socio-demographic characteristics of the population</li> </ul>

# University Hospitals Coventry and Warwickshire

NHS Trust

**Walsgrave Hospital**  
Clifford Bridge Road  
Coventry  
CV2 2DX

Direct Line: 024 7653 8800  
Direct Fax: 024 7653 8899  
Email: [martin.lee@uhcw.nhs.uk](mailto:martin.lee@uhcw.nhs.uk)

ML/eg

28 October 2005

Mr J Jardine  
Scrutiny Co-ordinator (Health)  
Coventry City Council  
Turret Room  
Council House  
Coventry  
CV1 5RR

Dear Jonathan

**Re: City Centre Health Services Public Consultation**

Thank you for your letter asking for views on proposals for outpatient and diagnostic services for University Hospitals Coventry and Warwickshire NHS Trust, which could possibly be located in the new City Centre Health building that is being planned for Coventry.

John Amphlett, our Director of Corporate Planning, is in the process of carrying out and collating a systematic response from our clinical divisions and will be responding to you separately in the light of this. I thought, however, that it would be helpful to provide for you some of the comments from clinical leaders through our Medical Advisory Board, where we recently discussed the Coventry Teaching PCT consultation document.

Whilst in general colleagues were willing to consider new ways of working, they had reservations due to uncertainties around the final configuration of the build, the availability of other supporting resources, such as Pathology and Radiology and the absence of agreed models of care.

Establishing agreed care pathways is of particular importance. It provides an opportunity to consider more innovative approaches to dealing with diseases, particularly those that encompass several sub-specialties such as heart disease prevention which incorporates management of hypertension, lipid abnormalities, obesity and diabetes. Many departments have now evolved multi-disciplinary one-stop condition based clinics; the benefit to patients of such arrangements is enormous and it would not be particularly helpful to provide consultation only in the absence of appropriate rapid diagnosis and treatment planning. Our Rheumatologists for example would like to develop and extend this approach to their specialty, rather than simply transfer clinics from one site to another.

From the surgical specialties there is concern in the Orthopaedic department, who are currently working on three sites; it may be appropriate to consider how the Primary Care Musculoskeletal service functions and develops in a more integrated fashion with hospital based Orthopaedic care. Our ENT surgeons are comfortable with the concept of some ENT services being provided in the City Centre, but feel that there should be Consultant involvement at a clinical level. They are happy with the concept of GPs with a special interest working in the service and would support their educational needs. However, there would be a need to agree a model of service and appropriate referral protocols, and until the model of care has been agreed it would be difficult to define exactly what should or could take place on a City Centre site. The ENT view is that if they had the necessary involvement and ownership of the service, a large proportion of their outpatient work could be done in the City Centre, and they would certainly support the provision of hearing aid services away from the Walsgrave site.

In summary, most of our clinical discussions foundered on the lack of agreed models of care which could be incorporated in the proposed facility; and we had concerns about investing significantly in providing clinical facilities without clear agreement on the way in which we would manage patients through them.

I hope this is helpful.

Kind Regards

Martin Lee  
**Medical Director**

cc John Amphlett

**South West Area Forum****10th November, 2005**

Members Present:	Councillor Dave Batten Councillor Gary Crookes (Chair) Councillor Heather Johnson Councillor Nigel Lee
Residents and Community Representatives Present:	Sheila Adams (Secretary – Earlsdon Conservation and Development [ECAD]) Wendy Leek (Rex Close resident) Graham Rowling (Westwood Heath Road resident) George Stokes (Woodend Croft resident) Brian Quinney (Shaftesbury Road Neighbourhood Watch Co-ordinator)
Others present:	Simon Buss (Communications Manager, Coventry Teaching Primary Care Trust) Peter Hodder (Director of Primary Care, Coventry Teaching Primary Care Trust)
Employees Present:	Richard Brankowski (Legal and Democratic Services Directorate) Jackie Fox (Area Manager, Neighbourhood Management South)
Apologies:	Councillor John Blundell Alex Brown Councillor Chris Cliffe Councillor Catherine Harper Bernard Johnson Councillor Sheila Lacy Councillor Andy Matchet Councillor Tony O'Neill Angie Ridgwell Councillor Tim Sawdon Geoff Swards Councillor Ken Taylor

**16. Chair's Welcome and Introductions**

The Chair welcomed everyone to this additional meeting of the South West Area Forum, held at the Gilbert Richards Centre, Broadway, whose purpose was to receive a presentation by Coventry Teaching Primary Care Trust (CTPCT) on their Consultation on a Local Improvement Finance Trust Project for a New City Centre Health Facility.

He introduced himself, the employees in attendance and the representatives of the CTPCT present and outlined their respective roles.

#### **17. Coventry Teaching Primary Care Trust – New City Centre Health Facility**

Peter Hodder (Director of Primary Care, Coventry Teaching Primary Care Trust), gave a presentation to the Forum on the process for the City Centre Health Services Public Consultation, running from the 5th September to the 27th November, 2005.

The consultation related to the health services that were being considered for inclusion in the new City health building that was being planned for the City Centre Coventry.

Copies of the consultation documents were available at the meeting and members were encouraged to complete the questionnaire included in the documentation and return it to the Coventry Teaching Primary Care Trust by the end of the consultation period.

Peter set out the objectives of supplying local services for local people and of providing joined-up services. He set the proposals in the context of a range of considerations, including the Swanswell Initiative and the tension between desirability and affordability.

He stressed that the proposals did not include Accident and Emergency (A&E) facilities – for clinical reasons, not because of cost.

He also emphasised that there would be a wide range of diagnostic services on the City Centre site, but not CTT or MRI scans, which involved sophisticated equipment that required significant staffing support.

Equally, there was no provision for overnight accommodation (beds).

Peter's presentation outlined the options proposed (with supporting reasons), which were based on: -

Section 1 – Services that would definitely be included in the new building: -

- NHS Walk-in Centre
- GP Out Of Hours Service
- Dental Hospital Training Facilities
- Genito-Urinary Medicine (GUM) Services
- Primary Care Services – Currently at Hillfields Health Centre
- Possibly the new Headquarters and Call Centre for the Coventry and Warwickshire Ambulance Service
- GP Services currently at Hillfields Health Centre
- Other GP Services

Section 2 – Linked Services that it would be beneficial to include in the new building:

- Community Dental Service
- Women's Health and Information Service

- Sexual Health and Reproductive Medicine Services
- Orthodontics

Section 3 – Some Services currently based at Gulson Hospital: -

- Physiotherapy
- Psychology
- Foot Health

Section 4 – Other Services which could be located in the new building: -

- Community Mental Health Teams
- Eating Disorders Service
- Social Services Accommodation
- Voluntary Sector Accommodation
- Retail Accommodation e.g. Pharmacy, Café and Shops
- A wide range of outpatient and diagnostic services for University Hospitals Coventry and Warwickshire NHS Trust.

The options proposed in the consultation were combinations of the services listed and the Forum were being asked to decide on what range of services should be included ranging from the basic essential services through to a comprehensive mix of services. The options were: -

- Option 1 – Include only the services listed in section one.
- Option 2 – Include the services in section one and two.
- Option 3 – Include the services in sections one, two and three.
- Option 4 - Include the services in sections one, two and three and four.
- Option 5 – Do Nothing.

This was the last of the Area Forum meetings receiving the presentation and Simon Buss (Communications Manager, Coventry Teaching Primary Care Trust) reported that 500 responses had been received so far.

Peter then responded to a range of questions arising from individuals' personal experiences and perceptions and undertook to take appropriate matters back to the PCT.

In response to questions from a member, he indicated that:-

- (a) Mammography services would be going to the University Hospitals site (Walsgrave)
- (b) It was not intended to have a blood donation suite on the City Centre site, subject to the outcome of the consultation, it being better for the Unit to actually go out to the donors
- (c) It was not intended to provide an enriched blood platelet collection facility similar to that in Leicester, again subject to the outcome of the consultation
- (d) The provision of sophisticated physiotherapy equipment and a hydrotherapy pool on the City Centre site had been looked at but not pursued for a number of reasons

In response to questions from another member, he indicated:-



- (a) That, as regards blood taking, possibilities relating to a phlebotomy service were being explored, taking into account the pertinent considerations
- (b) That, except where clinical reasons apply, he would expect the regular changing of dressings to be carried out by the community nursing service

In response to a question from a different member, he indicated that options relating to renal dialysis provision were being looked at, it being recognised that as much as possible should be provided locally for people, without them having to go into hospital.

Dave Batten picked up on the apparent imposition of planning restrictions limiting the height of the proposed new building to five storeys, probably in the setting of the skyline of the overall Swanswell Development. He undertook to put the question to the Planning Division of the City Development Directorate and to supply any response to the Forum for inclusion with the minutes of this meeting, if received in time.

In that setting, the perennial question of car parking was raised, it being likely that provision will be in the form of a multi-story public car park.

Also raised were issues of safety and security associated with the use of car parks at local health centres.

With regard to an individual having been referred from the Walk-In Centre to Walsgrave because of an allergy to penicillin, it was confirmed that the incident had occurred some three years previously and would now not be expected to recur.

A member suggested that, as more services were – and continued to be - offered locally, more space might become available on the City Centre site, and Peter expressed his personal view that the range of services could indeed change as more functions became community-based with the development of levels of skills and technology. He confirmed that, even as people became increasingly aware of the local availability of services, the more complex services would remain on the City Centre site, which would remain a health facility geared to reduce inequalities as well as to help people to stay well.

With regard to a question about potential growth on the City Centre site as the population of the City rises as targeted, Peter outlined the thinking behind the objectives of designing the building to maximise flexibility and increase capacity. He indicated that this facet, too, was inherent in the consultation process. In that light, he confirmed that logic suggested that the more options it was decided that the site would cater for, the larger would be its size on an indicative scale from 10,000 to 40,000 square metres.\*

As regards opening times, Peter emphasised the importance of making the most of NHS buildings, one question being about whose convenience they were open for – that of patients or staff. Maximising the use of premises carried a price tag, however.

In response to a perception that the service providing for GPs to visit custody suites was not operating as well it should, it was suggested that this matter be drawn to the attention of the Police.

With regard to questions about certain consultants' clinics taking place at University Hospitals (including rheumatology, dermatology and some haematology), Peter responded that the matter is being carefully looked at and that discussions are ongoing between the PCT and the University Hospitals Trust.

It was confirmed that there were currently no plans for a local health centre in Earlsdon, although there might be scope in the development to take place at the Park Court site.

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\* CTPCT has since stated that Peter Hodder did not specify the potential size of the building at this meeting

A number of members raised the question of pharmacy provision, particularly regarding out-of hours access and a commercial facility on the City Centre site, and Peter outlined some of the considerations under discussion, including the extended opening hours of the major supermarket chains, pharmacists' contracts and the need to be developing an appropriate service taking account of pharmacists' training and skills.

He expressed some surprise at a member's problem in obtaining a medical aid through the district nursing service during a weekend but observed that, in some cases, questions of due assessment and technical measurements applied.

Another member urged that more effort be put into recovering stock and referred to the seeming lackadaisical response, admittedly some three years ago, to an offer to return fourteen various items of aids and equipment no longer needed by a user. A different member recounted a totally different response from the collection service.

In conclusion, the Chair thanked Peter and Simon for their interesting, informative and wide-ranging presentation and observations on what will be an important facility for all to access in the City Centre. He urged colleagues to think long and hard about their responses and encouraged them to ensure that they completed their questionnaires, with a view to helping the Primary Care Trust achieve their intention of providing the best services possible while, at the same time, spending the limited resources available on what people actually want.

## NORTH EAST AREA FORUM

26<sup>th</sup> October, 2005

- Members Present: - Councillor Mrs Bigham  
Councillor Duggins  
Councillor Dr Kelly  
Councillor Patton (Chair)
- Community Representatives Present: - G. Bird  
L. Downes  
B. Jones  
P. Lewis  
B. Newey  
F. Sweet  
G. Sweet
- Employees Present:- A. Charlish (City Services Directorate)  
G. Davies (Neighbourhood Management – North East)  
J. Elrick (Legal and Democratic Services Directorate)  
C. Hipkin (Finance and ICT Directorate)  
T. Howard (City Development Directorate)  
S. McCluskey (City Services Directorate)  
R. Middleton (Neighbourhood Management – South)  
A. Norman (City Services Directorate)  
J. Payne (Neighbourhood Management – North East)  
C. Pickering (City Services Directorate)  
P. Wilkin (Neighbourhood Management – North East)
- In attendance: - B. Waterhouse (Jacobs Babbie)  
A. Waters (Jacobs Babbie)
- Apologies Councillor Ridley  
Councillor Ruddy  
Councillor Mrs Stone  
Ms E Burns  
Mr D Newman

### 7. **Coventry Teaching Primary Care Trust – New City Centre Health Facility**

Mike Atwood, Joint Chief Executive of the Coventry Teaching Primary Care Trust, gave an informative presentation to the Forum on the process for the City Centre Health Services Public Consultation, which was running from 5<sup>th</sup> September to 27<sup>th</sup> November, 2005.

Copies of the consultation documents were available at the meeting and Members of the Forum were encouraged to complete the questionnaire included in the documentation and return it to the Coventry Teaching Primary Care Trust by the end of the consultation period.

The Presentation detailed the options proposed in the consultation for the health services that were being considered for inclusion in the new City health building that was being planned for Coventry. These included: -

#### **Section 1 – Services that would definitely be included in the new building: -**

- NHS Walk-in Centre
- GP Out Of Hours Service
- Dental Hospital Training Facilities

- Genito-Urinary Medicine (GUM) Services
- Primary Care Services – Currently at Hillfields Health Centre
- Possibly the new Headquarters and Call Centre for the Coventry and Warwickshire Ambulance Service
- GP Services currently at Hillfields Health Centre
- Other GP Services

**Section 2 – Linked Services that it would be beneficial to include in the new building: -**

- Community Dental Service
- Women's Health and Information Service
- Sexual Health and Reproductive Medicine Services
- Orthodontics

**Section 3 – Some Services currently based at Gulson Hospital: -**

- Physiotherapy
- Psychology
- Foot Health

**Section 4 – Other Services which could be located in the new building: -**

- Community Mental Health Teams
- Eating Disorders Service
- Social Services Accommodation
- Voluntary Sector Accommodation
- Retail Accommodation e.g. Pharmacy, Café and Shops
- A wide range of outpatient and diagnostic services for University Hospitals Coventry and Warwickshire NHS Trust.

The options proposed in the consultation were combinations of the services listed and the Forum were being asked to decide on what range of services should be included ranging from the basic essential services through to a comprehensive mix of services. The options were: -

- Option 1 – Include only the services listed in section one.
- Option 2 – Include the services in section one and two.
- Option 3 – Include the services in sections one, two and three.
- Option 4 - Include the services in sections one, two and three and four.
- Option 5 – Do Nothing.

A local resident raised concern regarding the number of casualties that happened during the later and early hours within the City Centre and the inconvenience of travelling to Walsgrave Hospital.

Mike explained that it was proposed to turn the walk-in centre into a more comprehensive building to be able to deal with minor injuries, rather than patients having to travel to A&E.

Mike acknowledged the issue of car parking and the potential for problems to occur at the new facility. The Forum noted that the Coventry Teaching Primary Care Trust were working with the City Council and were looking at parking on the site in conjunction with the Swanswell Initiative.

The Chair, Councillor Patton, thanked Mike for his presentation and the general consensus of the Forum on the consultation was to select Option Four.

## **SOUTH EAST AREA FORUM**

**12<sup>th</sup> October, 2005**

Members of Forum  
Present:-

Councillor Basu  
Councillor Benefield  
Councillor Chater (Chair)  
Councillor Foster  
Councillor Harrison  
Councillor Lakha

Other Member Present:-

Councillor Clifford

Community/Organisation  
Representatives  
Present:-

B. Buah (African Association)  
J. Austwick (Stoke Aldermoor Residents' Association)  
S. Bains (Stoke Village)  
J. Benson (African Association)  
R. Calcott (Stoke Village)  
B. Carrigan (Stoke Aldermoor Residents' Association)  
L. Chinere (African Association)  
M. Cox (Stoke Aldermoor Residents' Association)  
B. Davies (Stoke Aldermoor Community Association)  
V. Eneje (Community Empowerment Network)  
B. Ennis (Willenhall Tenants' Association)  
B. Harper (St. Catherine's Church)  
F. Ike (African Association)  
S. Lanigan (Willenhall Wood Tenants' Association)  
K. Latchford (Willenhall Tenants' Association)  
P. Marlow (Stoke Aldermoor Residents' Association)  
K. Railton (Coventry Teaching Primary Care Trust)  
K. Scott (St. John the Divine Church)  
E. Shakespeare (Stoke Aldermoor Residents' Association)  
G. Wheldon (Stoke Aldermoor Residents' Association)  
S. Wright (Stoke Aldermoor Residents' Association)  
T. Viner (Binley Littlewood)

Employees Present:-

A. Brown (City Services Directorate)  
K. Dhadwar (Parking Services)  
J. Fox (Neighbourhood Management Service)  
J. McCartney (Jacobs Babbie)  
J. McLellan (Legal and Democratic Services Directorate)  
B. Massey (Chief Executive's Directorate)  
M. Metcalfe (City Services Directorate)  
R. Middleton (Chief Executive's Directorate)  
A. Molloy (City Services Directorate)  
S. Pickering (Director of City Services)  
M. Price (Chief Executive's Directorate)

K. Taylor (Neighbourhood Management Service)

Apologies:-

Councillor Mutton  
Councillor Townshend  
E. Emms (Binley Resident)  
A. Jack (City Development Directorate)  
B. Pettifor (Stoke Park Residents Group)  
M. Ring (Stoke Aldermoor Residents' Association)

**28. Coventry Teaching Primary Care Trust – New City Centre Health Facility**

Karen Railton, Coventry Teaching Primary Care Trust, gave a presentation on the process for the City Centre Health Services Public Consultation.

Copies of the consultation documents were available at the meeting and Members of the Forum were encouraged to complete the questionnaire included in the documentation and return it to the Coventry Teaching Primary Care Trust by the 27<sup>th</sup> November, 2005.

The Presentation detailed the options proposed in the consultation for the health services which were being considered for inclusion in the new city health building that was being planned for Coventry.

Members of the Forum questioned Karen Railton on the following matters:-

- Location of the New Facility
- Future of St. Mark's Annexe
- Budgets and Resources
- Transport
- Consultation on the proposals for the Ambulance Service
- Results of the Consultation Exercise on the City Centre Facility
- GP Services and GP Contracts
- Provision of Services within the Local Community

Karen Railton responded:-

- The facility would be located on the Coventry and Warwickshire Hospital Site
- St. Mark's Annexe was leased from the Church and not in the plans for the new facility
- Budgets and resources would be used to buy services for Coventry people and would also be used to address the needs of priority neighbourhoods
- Transport had not been looked at
- The consultation on the proposals for the Ambulance Service would be undertaken in December 2005/January 2006 by the Strategic Health Authority but that there could also be national consultation
- The results of the consultation exercise on the City Centre Facility would be published in the Health Authority Newspaper circulated to households in the City

- Consideration of the outcome of the consultation exercise would be given by the Coventry Teaching Primary Care Trust Management Board and the City Council's Health Scrutiny Board
- New GP contracts would encourage the delivery and provision of additional services within local communities

## NORTH AREA FORUM

20<sup>th</sup> October, 2005

Members Present: -	Councillor Auluck Councillor Clifford Councillor Mrs Lancaster (Chair)
Cabinet Member Present: -	Councillor Kelsey
Co-opted Members Present: -	Mr B. Arnott
Employees Present: -	C. Ashmore (Neighbourhood Management (North East) – Chief Executive's Directorate) D. Blackburn (City Services Directorate) M. Coult (Finance and ICT Directorate) R. Eaves (City Services Directorate) J. Elrick (Legal and Democratic Services Directorate) M. Harriman (City Services Directorate) A. Norman (City Services Directorate) J. Payne (Neighbourhood Management (North East) – Chief Executive's Directorate) J. Venn (Chief Executive's Directorate) S. Young (City Services Directorate)
In attendance: -	S. Buss (Coventry Teaching Primary Care Trust) K. Railton (Coventry Teaching Primary Care Trust)
Apologies: -	Councillor Ahmed Councillor Asif Councillor Mrs Lucas (Chair) J. Bolton (Director of Community Services)

(Note: - Approximately 3 members of the public attended and took part in the meeting).

### **Coventry Teaching Primary Care Trust – Proposals for a new City Centre Health Facility.**

Karen Railton, of the Coventry Teaching Primary Care Trust (CTPCT), gave an informative presentation to the Forum on the process for the City Centre Health Services Public Consultation, which was running from 5<sup>th</sup> September to 27<sup>th</sup> November, 2005.

Copies of the consultation documents were available at the meeting and Members of the Forum were encouraged to complete the questionnaire included in the documentation and return it to the Coventry Teaching Primary Care Trust by the end of the consultation period.

The Presentation detailed the options proposed in the consultation for the health services that were being considered for inclusion in the new City health building that was being planned for Coventry. These included: -

#### **Section 1 – Services that would definitely be included in the new building: -**

- NHS Walk-in Centre
- GP Out Of Hours Service
- Dental Hospital Training Facilities
- Genito-Urinary Medicine (GUM) Services



- Primary Care Services – Currently at Hillfields Health Centre
- Possibly the new Headquarters and Call Centre for the Coventry and Warwickshire Ambulance Service
- GP Services currently at Hillfields Health Centre
- Other GP Services

**Section 2 – Linked Services that it would be beneficial to include in the new building: -**

- Community Dental Service
- Women's Health and Information Service
- Sexual Health and Reproductive Medicine Services
- Orthodontics

**Section 3 – Some Services currently based at Gulson Hospital: -**

- Physiotherapy
- Psychology
- Foot Health

**Section 4 – Other Services which could be located in the new building: -**

- Community Mental Health Teams
- Eating Disorders Service
- Social Services Accommodation
- Voluntary Sector Accommodation
- Retail Accommodation e.g. Pharmacy, Café and Shops
- A wide range of outpatient and diagnostic services for University Hospitals Coventry and Warwickshire NHS Trust.

The options proposed in the consultation were combinations of the services listed and the Forum were being asked to decide on what range of services should be included ranging from the basic essential services through to a comprehensive mix of services. The options were: -

- Option 1 – Include only the services listed in section one.
- Option 2 – Include the services in section one and two.
- Option 3 – Include the services in sections one, two and three.
- Option 4 - Include the services in sections one, two and three and four.
- Option 5 – Do Nothing.

The Chair, Councillor Mrs Lancaster raised particular concern regarding the provision of car parking at the new building.

Karen acknowledged that this was an on going issue and that there was the potential for car parking problems to occur at the new facility, however, the Coventry Teaching Primary Care Trust were working closely with the City Council to look at parking on the site in conjunction with the Swanswell Initiative. It was not envisaged that the CTPCT would provide transport facilities

Councillor Mrs Lancaster, thanked Karen for her presentation and encouraged Members of the Forum to submit their detailed responses on the consultation document and return it to the CTPCT.

EXCERPT FROM THE MINUTES OF NORTH WEST AREA FORUM HELD ON 19<sup>TH</sup> OCTOBER 2005 RELATING TO THE COVENTRY TEACHING PRIMARY CARE TRUST – NEW CITY CENTRE HEALTH FACILITY

**NORTH WEST AREA FORUM**

**19<sup>th</sup> October 2005**

Elected Members Present:

Councillor Charley  
Councillor Gazey  
Councillor Mulhall  
Councillor Ridge (Chair)  
Councillor Mrs Rutter  
Councillor Skipper

Residents and Community  
Organisations Members  
Present:

R. Archer (Allesley Park Residents' Association)  
I. Shannon (Holyhead Road Resident)  
D. Spurgeon (Brooklands Residents' Association)  
D. Thornhill (Coventry Older Peoples Forum)  
R. Thornhill (Coventry Older Peoples Forum)  
R. Wood (Allesley Park Resident)  
S. Woodfield (Shornccliffe Road Resident)

Employees Present:-

T. Ditta (City Services Directorate)  
P. Dunn (Head of Area Co-ordination North West)  
A. French (Finance and ICT Directorate)  
C. Morris (Neighbourhood Management)  
J. Payne (Neighbourhood Management)  
J. Russell (City Development Directorate)  
M. Salmon (Legal and Democratic Services Directorate)  
N. Whitehead (City Services Directorate)

Others Present:-

S. Buss (Coventry Teaching Primary Care Trust)  
S. Jones (Coventry Teaching Primary Care Trust)  
P. Mason (Jacobs Babbie)

Apologies:

Councillor Arrowsmith  
Councillor Mrs Griffin  
Councillor Ms. Hunter  
Councillor Kelsey  
Councillor Ridley  
Councillor Williams  
C. Hinde (Director of Legal and Democratic Services)  
R. Snow (Acting Director of Education and Libraries)  
D. Hackford (North West 50+ Group)  
T. Iqbal (IQRA Learning Centre)  
P. Jones (Canal Basin Community Group)  
C. Walker (Chapelfields Resident)

## 12. **Coventry Teaching Primary Care Trust – New City Centre Health Facility**

The Forum received a presentation by Stephen Jones, of the Coventry Teaching Primary Care Trust (CTPCT), on the process for the City Centre Health Services Public Consultation, which was running from 5<sup>th</sup> September to 27<sup>th</sup> November, 2005.

Copies of the consultation documents were available at the meeting and Members of the Forum were encouraged to complete the questionnaire included in the documentation and return it to the Coventry Teaching Primary Care Trust by the end of the consultation period.

The Presentation detailed the options proposed in the consultation for the health services that were being considered for inclusion in the new City health building that was being planned for Coventry. These included: -

### **Section 1 – Services that would definitely be included in the new building: -**

- NHS Walk-in Centre
- GP Out Of Hours Service
- Dental Hospital Training Facilities
- Genito-Urinary Medicine (GUM) Services
- Primary Care Services – Currently at Hillfields Health Centre
- Possibly the new Headquarters and Call Centre for the Coventry and Warwickshire Ambulance Service
- GP Services currently at Hillfields Health Centre
- Other GP Services

### **Section 2 – Linked Services that it would be beneficial to include in the new building: -**

- Community Dental Service
- Women's Health and Information Service
- Sexual Health and Reproductive Medicine Services
- Orthodontics

### **Section 3 – Some Services currently based at Gulson Hospital: -**

- Physiotherapy
- Psychology
- Foot Health

### **Section 4 – Other Services which could be located in the new building: -**

- Community Mental Health Teams
- Eating Disorders Service
- Social Services Accommodation
- Voluntary Sector Accommodation
- Retail Accommodation e.g. Pharmacy, Café and Shops
- A wide range of outpatient and diagnostic services for University Hospitals Coventry and Warwickshire NHS Trust.

The options proposed in the consultation were combinations of the services listed and the Forum were being asked to decide on what range of services should be included, ranging from the basic essential services through to a comprehensive mix of services. The options were: -

- Option 1 – Include only the services listed in section one.

- Option 2 – Include the services in section one and two.
- Option 3 – Include the services in sections one, two and three.
- Option 4 - Include the services in sections one, two and three and four.
- Option 5 – Do Nothing.

A new City Centre site would provide a "hub" of health services and "spokes", located around the City and linking into the "hub", would ensure that facilities not provided within the main site could be made available in the localities.

The Chair, Councillor Ridge, thanked Stephen for his presentation. He informed the Forum that it was not possible to consider the provision of an accident and emergency facility in the City Centre and confirmed that this would be located at the Walsgrave site. The "hub" and "spoke" system would provide a combination of health facilities in the City Centre and in the community. He confirmed that the CTPCT were committed to bringing primary care into the community.

Members of the Forum and those in attendance made the following comments:

Olga Miller, SEERA – expressed concerns relating to the accessibility of public transport to the Walsgrave site. At present as bus stops are not situated in one location members of the public using public transport to travel into the City Centre and then out again to the Walsgrave Hospital site are required to walk a distance between bus stops. This is a real problem for many people especially the elderly and the disabled.

James Russell, the Head of Planning and Transportation - the public transport provision from the City Centre to the Walsgrave Hospital site has greatly improved and that a very good bus service, which runs at 10 minute intervals, is now in operation. Acknowledged the inconvenience and difficulties associated with distance between bus stops.

Councillor Ridge - confirmed that transport links would be considered. Acknowledged that accessible transport is essential, preferably through the Pool Meadow Bus Station, to minimise walking distances.

Irene Shannon, a Holyhead Road Resident - asked whether the Paybody Eye Clinic would be disbanded and Councillor Ridge informed her that the Eye Clinic would be located at the Walsgrave site from June 2006. Irene also asked whether the Caludon Centre would also be relocated and whether there would be any appliance provision in the City Centre. The CTPCT agreed to write to Irene Shannon with the informing her of the situation with these two issues.

Roger Archer - commented that the Caludon Centre is up and running at Walsgrave, for people needing a stay in hospital. He further commented that all four sections outlined in the presentation are important and asked whether sufficient funding would be available for Option 4 of the proposals.

Stephen Jones - confirmed that all services outlined in sections 1- 4 are existing services which can be accommodated/provided in the new buildings. A financial appraisal is currently being carried out by the CTPCT and the NHS and while this is taking place the CTPCT felt it important to move on with the proposals/consultation.

James Russell – asked what would happen to facilities, if not all are able to be included or accommodated in the City Centre buildings, hub and spokes.

Stephen Jones – indicated that a Health Strategy for Coventry is proposed and that all Coventry Citizens will be consulted on this. Further training of GPs may enable most community needs and services to be accommodated. He suggested that those hospital services not included in the City Centre buildings would be accommodated at the Walsgrave Hospital site.

Councillor Gazey – commented that services provided in the community "spokes" would be very limited.

Stephen Jones – the distribution of services around the city needs to be right and highly specialised services need to be considered appropriately.

Councillor Charley – concerned about asking the public to decide on what and where facilities and services should go as the public are not qualified to make these decisions, particularly without more detailed information. Documents circulated for consultation not sufficiently detailed to make a good judgement or give a balanced view.

Olga Miller – asked for confirmation of who the consultation document is being circulated to i.e. all citizens of Coventry or a selection of the public.

Simon Buss, CTPCT – confirmed that details of the consultation have been advertised or made available through the following methods:

Coventry Evening Telegraph

Radio Stations

Primary Care Trust Website

GP Surgeries

Libraries

Area Forums and approximately 10 other Forums

130,000 copies of the free Coventry Citizen Newspaper

Councillor Ridge – Scrutiny Board have taken advice on the best way to consult and have advised the PCT accordingly.

Olga Miller – need a good response to obtain a full and balanced view of the needs of the Coventry population.

Robert Wood, Allesley Park Resident – would like all 18 services outlined in all four sections. Outlined concerns relating to the possible use of Russell Street Clinic Area for the location of the new City Centre buildings. The Clinic site would not be able to accommodate all of these services due its limited size. The spreading out of services across the City would result in dissipated facilities.

Stephen Jones – A private finance initiative is currently being negotiated, the outcome of which will provide details of the budget available. Didn't want to delay process waiting for the results of these negotiations. Cannot confirm the location the City Centre buildings at this stage however, assurance given that the buildings would be of an adequate size to accommodate the services the City requires.

Councillor Ridge – confirmed that the land and finance will be available.

Robert Wood – recalled that in 1999 the public were informed that all hospital facilities would be relocating to the Walsgrave Hospital site.

Councillor Ridge – confirmed that in 1999 a commitment was given that a health facility would be built on the Coventry and Warwickshire Hospital site. As there has already been a 2 year slippage on this project we now need to keep the proposals moving.

Councillor Mulhall – suggested that giving/taking blood samples could be a service offered by GPs. Acknowledged that this service is already available at some GPs surgeries. Need to encourage surgeries to provide this service and members of the public to use it rather than the hospital.

Stephen Jones – need to consider whether, although there are local blood taking/giving services available locally, we need a City Centre facility for this service.

Irene Shannon – understand that the South Warwickshire Hospital is under threat of closure due to lack of funding, concerned that the City Centre facility will suffer the same fate. The current Physiotherapy Department is an essential facility that should not be lost. Suggested that a good Sports Centre facility could assist with this provision.

Stephen Jones – the financial analysis is essential to ensuring that everything required is affordable. Looking at what people need on a pathway to provide appropriate care.

Councillor Gazey – a better City Centre Hospital with local services too and also specialist services located at Walsgrave, should ensure that a better health service is provide in the City.

Stephen Jones – confirmed that a good relationship has been established between the CTPCT and Coventry City Council's Health Scrutiny Board and that they are working together to provide the best options. He indicated that a Community Drugs Team and Community Alcohol Team already exist and that he would like to see a drugs/use of substances support facility at the City Centre site.

David Spurgeon, Brooklands Residents' Association – commented that much enthusiasm has been shown for this very important new health facility and this is the chance for everyone to have their say. He encouraged members of the Forum to take the consultation forms to their local Community Groups, Associations and Forums and to ensure that forms are completed and handed in. Need to be positive about this opportunity and provide the CTPCT with as many forms/suggestions as possible. He confirmed that finance is always an issue but that this was being pursued.

Stephen Jones – confirmed that the five options available covers all services, regardless as to where they are currently located.

Councillor Charely – the response may not be a good result/true judgement of what is needed as people aren't qualified to make decisions based on the information provided. Need a lead on issues. Not enough information or detail about items listed.

David Spurgeon – the Questionnaire is very good and not complicated. The design and information provided is the best job that could be done in the circumstances and is easily understandable to maximise response.

Councillor Ridge – everyone's views are important no matter what their knowledge of the services. Encouraged the Forum to complete forms and to tick everything they would like to see in the new health facility.

**Note of a meeting of the South Central Area Forum, Thursday 27 October 2005, Hope Centre, Sparkbrook Street, 6.30pm**

*Membership: Councillors Bhyat, Foster, McKay, Nellist (Chair), H. Noonan (Cabinet Member) and Reece*

*Community Representatives by invitation: Ralph Butcher, Irene Campbell, Mark Cook, Dave Griffiths, Ray Hunt, Andy McGeechen, Peter Skerrett, John Smith and Graham Williamson*

*Copies of the Agenda and Documents to Sophie Drabik (Sky Blue Residents), Bill Beveridge (Singer Residents) Lawrence Fellick (Cheylsmore Community Representative) and Mrs J. Cooper*

**Future of Coventry and Warwickshire Hospital Site**

The Area Forum received a presentation by Stephen Jones, Joint Chief Executive of the Coventry Teaching Primary Care Trust (PCT), in respect of a consultation process being undertaken by the PCT, inviting the community to have their say as to what health services they would like to see included in the new City Centre health building to be developed on the existing Coventry and Warwickshire Hospital site. Stephen Jones outlined the elements of the consultation process, which was running for 12 weeks from 5<sup>th</sup> September to the 27<sup>th</sup> November 2005.

Copies of the consultation summary issued by the PCT had been circulated with the agenda. This detailed possible services that could be provided from the new health facility, ranging from just the basic essential services through to a comprehensive mix of services. These were as follows:-

**Section 1 – Services that would definitely be included in the new building: -**

- NHS Walk-in Centre
- GP Out Of Hours Service
- Dental Hospital Training Facilities
- Genito-Urinary Medicine (GUM) Services
- Primary Care Services – Currently at Hillfields Health Centre
- Possibly the new Headquarters and Call Centre for the Coventry and Warwickshire Ambulance Service
- GP Services currently at Hillfields Health Centre
- Other GP Services

**Section 2 – Linked Services that it would be beneficial to include in the new building: -**

- Community Dental Service
- Women's Health and Information Service
- Sexual Health and Reproductive Medicine Services
- Orthodontics

**Section 3 – Some Services currently based at Gulson Hospital: -**

- Physiotherapy
- Psychology
- Foot Health

#### **Section 4 – Other Services which could be located in the new building:**

- Community Mental Health Teams
- Eating Disorders Service
- Social Services Accommodation
- Voluntary Sector Accommodation
- Retail Accommodation e.g. Pharmacy, Café and Shops
- A wide range of outpatient and diagnostic services for University Hospitals Coventry and Warwickshire NHS Trust.

The consultation summary also set out options, which the public were invited to choose between, in relation to the level of service to be provided. These were as follows:-

- Option 1 – Include only the services listed in section one.
- Option 2 – Include the services in section one and two.
- Option 3 – Include the services in sections one, two and three.
- Option 4 - Include the services in sections one, two and three and four.
- Option 5 – Do Nothing.

The consultation document also included a questionnaire inviting responses in respect of these, which needed to be returned to the PCT by the end of the consultation period.

During the ensuing discussions, Councillor Nellist referred to the continuing concern expressed by most people in Coventry in respect of the loss of a centrally located hospital facility and the move of A and E and the majority of Outpatient services to Walsgrave Hospital. He drew attention to the nature of the City's public transport system, requiring passengers travelling across the City to travel into the City Centre and out again, which did not lend itself to the main hospital facility being located on the eastern outskirts of the City. He considered it essential therefore for a centrally located health facility to be provided offering as many health services as possible.

Councillor H. Noonan asked whether the proposed site would be large enough to accommodate all the services if Option 4 was selected and whether car parking facilities would be adequate to meet the demand. Stephen Jones responded that the land space available would be used in the most cost effective way to the NHS. The consultation process had been designed to ascertain what services people consider to be the most important, as it would not be possible for absolutely everything to be provided. The car parking issue would be part of the consultation process.

John Shannon (Watch Ltd.) suggested that the PCT should give some indication as what services could be provided from within the resources available, as it was unfair to raise peoples' expectations beyond what is considered to be feasible. He asked therefore whether any costings had been prepared. Stephen Jones indicated that the PCT had recognised the need to undertake the public consultation exercise as soon as possible, and therefore, this had been undertaken in advance of the financial planning stage to avoid delay.



Other questions were raised at the meeting regarding respite care and residential homes for the elderly. Stephen Jones confirmed that it was not intended for the new facility to offer residential or inpatient facilities, but the PCT would continue to provide health links to support facilities provided by Social Services.

Peter Skerrett (Sky Blue Residents' Association) expressed fears that people in need of Outpatient or A and E services would be reluctant to travel to Walsgrave Hospital. Stephen Jones confirmed that the 'Walk in Services' to be provided at the new facility would continue to work collaboratively with emergency care services provided at Walsgrave Hospital.

John McGuigan indicated that, in the wider context of planning the provision of health facilities as part of the Swanswell Redevelopment Initiative, it was important for the PCT to declare as soon as possible exactly what services are to be provided from the new facility on the Coventry and Warwickshire Hospital site.

Arising from the discussions, the Area Forum agreed that Option 4 should be supported, but acknowledged that funding would be fundamental to the level of facilities finally provided from the new facility. There was therefore a need for more dialogue with the PCT on this issue.

The debate was concluded by Councillor Nellist drawing attention to that fact that there were four weeks remaining to respond to the consultation exercise.

## **CABINET**

**29<sup>th</sup> November 2005**

Cabinet Members  
Present:-  
Councillor Arrowsmith  
Councillor Blundell  
Councillor Foster  
Councillor Matchet  
Councillor H Noonan  
Councillor O'Neill (Chair)  
Councillor Ridley

Non-Voting Opposition  
Representatives present:-  
Councillor Benefield  
Councillor Duggins  
Councillor Mutton

Other Members  
Present:-  
Councillor Mrs Stone

Employees Present:-  
J. Bolton (Director of Community Services)  
B. Butterworth (City Development Directorate)  
A. French (Finance and ICT Directorate)  
C. Hinde (Director of Legal and Democratic Services)  
L. Knight (Legal and Democratic Services Directorate)  
S. Manzie (Chief Executive)  
S. Pickering (Director of City Services)  
A. Ridgwell (Director of Finance and ICT)  
A. Walster (City Services Directorate)  
S. Young (City Services Directorate)

Apologies:-  
Councillor Kelsey  
Councillor Nellist  
Councillor Taylor

## **RECOMMENDATION**

### **Public business**

#### **154. Waste Strategy – Expansion of Kerbside Recycling**

The Cabinet considered a report of the Director of City Services, which sought approval for the extension of the existing paper kerbside recycling rounds city wide, and to extend the existing garden waste kerbside recycling rounds to all practical areas of the city. The report also outlined the Council's recycling/composting performance and progress towards Government targets

The implementation of the current kerbside recycling service for paper and cardboard collections and garden waste collections were approved by Cabinet on 15th October 2002 and the 18th February 2003 respectively.

The 2003 Household Waste Recycling Act requires local authorities to provide two forms of kerbside recycling to all households by 2010. The accompanying guidelines to the Act were released earlier this year, and advise that the co-mingled collection of paper/cardboard is only considered as one form of kerbside recycling.

The expansion of kerbside recycling is an integral part of the City Council's developing Waste Strategy. The Cabinet were advised that further work with partners and stakeholders is on-going to develop a waste strategy for the next 25–30 years and a further report will be brought to Cabinet before the end of the current municipal year.

Both of the current kerbside recycling services have been well received by residents and demand for the service in other areas of the city has grown dramatically in the last two years. This is evidenced by requests from members of the public, customer satisfaction surveys, Area Forums, residents meetings and petitions to elected members.

The implementation of the existing kerbside recycling was funded by a one-off grant from the Department of the Environment, Food, and Rural Affairs (DEFRA) for £1.3m. On-going revenue costs of providing the kerbside recycling facilities have been met through a combination of PPR funding, internal recycling credits, and existing budgets.

As part of the government paper "Waste Strategy 2000" a number of national and local recycling/composting targets were set. The Council's recycling/composting performance against these targets was summarised in the report submitted.

Prior to the implementation of the kerbside collection scheme in 2002/03 the city had a recycling/composting rate of less than 8%. The introduction of the scheme enabled the Council to meet its 2003/04 recycling/composting target of 12% (extended to 13.2% by PSA), the outturn figure being 14.4%.

The estimated performance for the second quarter of 2005/06 shows the Council performing at approximately 0.5% under the national target of 18%. Measures have been put in place to recover this position before the end of the financial year. Schemes include the introduction of a garden waste shredding service, increasing the number of bring recycling sites in December 2005/January 2006 and one off textile collections in January 2006.

2005/06 has seen the introduction of a new Best Value Performance Indicator (BVPI) measurement for the percentage of the population served by a collection of two recyclable materials. The impacts on future targets and service provision were detailed in the graphs attached at Appendix 3 of the report submitted.

The Audit Commission has recently published final details on the indicators to be used for assessment of local authority service performance under the environment block. These include performance against the Best Value Performance Indicator for collection of one kerbside recyclable (91a). Each indicator's contribution to the

overall score will be made on the basis of its performance against thresholds set out by the Audit Commission. For 2005/06, collection from 100% households will achieve the top threshold while collection from less than 80% of households will achieve bottom threshold.

As part of the recent domestic waste round review, the employees have also carried out an efficiency review of paper kerbside collections. Four rounds carry out the current paper kerbside collections, each round collects from approximately 2000 properties and then travels to Birmingham to tip. As part of this year's use of recycling resources the Council has constructed a paper/cardboard bulking facility in the tipping apron of the London Road Waste to Energy Plant. The paper/cardboard will now be bulked up and delivered to the council's waste paper processor in Birmingham. This will free-up resources and allow the Council to increase capacity to service an additional 44,000 properties or 30% at no additional labour cost.

The implementation of the recent domestic waste round review and the introduction of a paper bulking facility will considerably increase the effective use of resources. This has a positive impact on the Council's performance when set against the Gershon agenda and the ongoing levels of resource required to operate the expanded scheme.

The proposed extension to the kerbside recycling scheme will be implemented in three stages, the first being the expansion of paper recycling rounds (excluding high-rise and multi-occupancy properties) in February/March 2006; the second being the expansion of paper recycling rounds to multi-occupancy properties by September 2006; and the third being the expansion of the garden waste kerbside recycling service with bins being delivered in January/February 2006 and collections starting in March 2006.

**RESOLVED that the Council be requested to:-**

- (1) Approve the expansion of the paper kerbside recycling rounds from the current 52% of the city to 100%, as detailed in section 4 of the report submitted.**
- (2) Approve the expansion of the garden waste kerbside rounds from the current 26% of the city to all practical areas of the city (approximately 85%), as detailed in section 4 of the report.**
- (3) Approve net additional costs of £130,000 in 2005/06, £1,329,000 in 2006/07, and £514,000 in 2008/09 noting that in 2007/08, the proposed expansion will return £146,000 to corporate reserves.**
- (4) Approve on-going net costs of £514,000 per year to be built in to the Council's base budget from 2008/09 if no further Waste Performance Grant is received, as detailed in paragraph 5.7 of the report.**
- (5) Note that the expansion of the service will increase the number of recycling rounds from six to twelve and create eighteen additional**

**posts within Waste Services.**

- (6) Note the proposed implementation plan detailed on the chart attached as appendix 1 and the areas covered by the expanded recycling service as detailed on the map attached as appendix 2 to the report.**

**Report to**

Cabinet  
Scrutiny Board 3  
Council

**Date**

29<sup>th</sup> November 2005  
30<sup>th</sup> November 2005  
13<sup>th</sup> December 2005

**Report of**

Director of City Services

**Title**

Waste Strategy – Expansion of Kerbside Recycling

### 1 Purpose of the Report

- 1.1 To seek Cabinet approval for the extension of the existing paper kerbside recycling rounds city wide, and to extend the existing garden waste kerbside recycling rounds to all practical areas of the city.
- 1.2 To inform Cabinet of the Authority's recycling/composting performance and progress towards Government targets.

### 2 Recommendations

2.1 Cabinet is asked to recommend to Council at its meeting on 13 December 2005 to:

- i) Approve the expansion of the paper kerbside recycling rounds from the current 52% of the city to 100%, as detailed in section 4.
- ii) Approve the expansion of the garden waste kerbside rounds from the current 26% of the city to all practical areas of the city (approximately 85%), as detailed in section 4.
- iii) Approve net additional costs of £130,000 in 2005/06, £1,329,000 in 2006/07, and £514,000 in 2008/09. In 2007/08 the proposed expansion will return £146,000 to corporate reserves.
- iv) Approve on-going net costs of £514,000 per year to be built in to the Council's base budget from 2008/09 if no further Waste Performance Grant is received, see section 5.7.
- v) Note that the expansion of the service will increase the number of recycling rounds from six to twelve and create eighteen additional posts within Waste Services.
- vi) Note the proposed implementation plan detailed on the attached chart (appendix 1) and the areas covered by the expanded recycling service as detailed on the attached map (appendix 2).

### **3 Information/Background**

- 3.1 Cabinet approved the implementation of the current kerbside recycling service at two meetings; kerbside paper/cardboard collections on 15<sup>th</sup> October 2002, garden waste collections on 18<sup>th</sup> February 2003.
- 3.2 The 2003 Household Waste Recycling Act requires local authorities to provide two forms of kerbside recycling to all households by 2010. The accompanying guidelines to the Act were released earlier this year, and advise that the co-mingled collection of paper/cardboard is only considered as one form of kerbside recycling.
- 3.3 The expansion of kerbside recycling is an integral part of the City Council's developing Waste Strategy. Further work with partners and stakeholders is on-going to develop a waste strategy for the next 25 – 30 years. A further report will be brought to Cabinet before the end of the current municipal year.
- 3.4 Both of the current kerbside recycling services have been well received by residents and demand for the service in other areas of the city has grown dramatically in the last two years. This is evidenced by requests from members of the public, customer satisfaction surveys, Area Forums, residents meetings and petitions to elected members.
- 3.5 The implementation of the existing kerbside recycling was funded by a one-off grant from the Department of the Environment, Food, and Rural Affairs (DEFRA) for £1.3m. On-going revenue costs of providing the kerbside recycling facilities have been met through a combination of; PPR funding, internal recycling credits, and existing budgets.
- 3.6 Recycling/Composting Performance:
  - 3.6.1 As part of the government paper "Waste Strategy" 2000 a number national and local recycling/composting targets were set. The Authority's recycling/composting performance against these targets is summarised in the tables below.
  - 3.6.2 Prior to the implementation of the kerbside collection scheme in 2002/03 the city had a recycling/composting rate of less than 8%. The introduction of the scheme enabled the Authority to meet its 2003/04 recycling/composting target of 12% (extended to 13.2% by PSA), the outturn figure being 14.4%.
  - 3.6.3 The estimated performance for the second quarter of 2005/06 shows the Authority performing at approximately 0.5% under the national target of 18%. Measures have been put in place to recover this position before the year end. Schemes include the introduction of a garden waste shredding service, increasing the number of bring recycling sites in December/January and one off textile collections in January.



**Table 1 – Recycling Performance and Performance Against Other Authorities**

Year	Nationally set Target %	Recycling %	Composting %	Waste % sent for recycling and composting	Top Met Quartile Threshold %	Top Met Quartile Achieved
2002/03	No Target	9.46	2.12	11.58	10.80	Yes
2003/04	Original 12 PSA 13.2	10.47	3.93	14.40	14.00	Yes
2004/05	No Target	10.04	6.55	16.59	Target not available	Target not available.
2005/06	18%	9.66% 2 <sup>nd</sup> Quarter Estimate	7.86% 2 <sup>nd</sup> Quarter Estimate	17.52% 2 <sup>nd</sup> Quarter Estimate	Target not available	Target not available
2006/07	Not set	To be measured	To be measured	To be measured	Target not available	Target not available

**Notes:**

- National recycling targets are set on alternate years.
- Met quartile data is received approximately 18 months after the year-end.

**Table 2 – Kerbside Coverage**

Year	% of population served by a kerbside collection of one recyclable material.	Top Met Quartile %	% of population served by a kerbside collection of two recyclable material.	Top Met Quartile %
2002/03	26	91	0	New BVPI
2003/04	52	96	26	New BVPI
2004/05	52	Quartile data not available	26	Quartile data not available
2005/06	52	Quartile data not available	26	Quartile data not available

**Notes:**

- 2005/06 has seen the introduction of a new BVPI measurement for the % of population served by a collection of two recyclable materials. Hence the lack of quartile data.

The impacts on future targets and service provision are detailed in the graphs attached at appendix 3.

- 3.7 The Audit Commission has recently published final details on the indicators to be used for assessment of Local Authority service performance under the environment block. These

include performance against the Best Value Performance Indicator for collection of one kerbside recyclable (91a). Each indicator's contribution to the overall score will be made on the basis of its performance against thresholds set out by the Audit Commission. For 2005/06, collection from 100% households will achieve the top threshold while collection from less than 80% of households will achieve bottom threshold.

### 3.8 Domestic refuse round review and paper bulking facilities:

As part of the recent domestic waste round review, your officers have also carried out an efficiency review of paper kerbside collections. Four rounds carry out the current paper kerbside collections, each round collects from approximately 2000 properties and then travels to Birmingham to tip. As part of this year's use of recycling resources the Authority has constructed a paper/cardboard bulking facility in the tipping apron of the London Road Waste to Energy Plant. The paper/cardboard will now be bulked up and delivered to the council's waste paper processor in Birmingham. This will free-up resources and allow us to increase capacity to service an additional 44,000 properties or 30% at no additional labour cost.

3.9 The implementation of the recent domestic waste round review and the introduction of a paper bulking facility will considerably increase the effective use of resources. This has a positive impact on the Authority's performance when set against the Gershon agenda and the ongoing levels of resource required to operate the expanded scheme.

## 4 Proposal and Other Option(s) to be Considered

4.1 The proposed extension to the kerbside recycling scheme will be implemented in three stages:

### 4.2. Stage One – Expansion of paper recycling rounds:

4.2.1 Existing paper recycling rounds (excluding high-rise and multi occupancy properties) will be extended in February/March 2006.

4.2.2 Households will receive a plastic 40 litre box with an elasticated net as provided to properties already receiving a kerbside collection. This box will then be collected fortnightly utilising the spare capacity generated from within the current paper/cardboard collections from the use of a local paper bulking facility and the new round structure.

### 4.3 Stage Two – Expansion of paper recycling rounds to multi-occupancy properties:

4.3.1 Work is on-going to gather best practice information from other authorities, and national organisations to assist the Authority in expansion of the paper recycling rounds to multi-occupancy properties.

4.3.2 The nature and diversity of high-rise and multi occupancy properties in the city will require a different approach to a 'one-size-fits-all' scheme that is currently operating across the city.

4.3.3 It is expected that all multi-occupancy properties will receive a kerbside collection of paper by September 2006.

4.3.4 The expansion of the paper kerbside collections will require a further 49,000 kerbside boxes. The full costs of both kerbside expansions are outlined in section 5.7 of this report.

#### **4.4. Stage Three - Garden Waste :**

- 4.4.1 The expansion of the garden waste kerbside recycling service will commence with bin deliveries in January/February 2006, with collections starting in March 2006. This has been timed to be implemented at the beginning of the main growing season thereby maximising tonnage collected in year.
- 4.4.2 An assessment of the city has been made in respect of the areas that will be able to take a second wheeled bin. Within these areas, residents will have the option to request a smaller size container for their garden waste or to opt out of the scheme. If the resident offers no response, a standard size 240-litre brown topped wheeled bin will be delivered.
- 4.4.3 In areas of the city with limited garden area or mixed dwelling type, residents will be offered the scheme on an opt-in basis, with a greater variety of collection containers such as reusable bags, boxes etc.
- 4.4.4 Areas of the city that may benefit from the variety of collection containers and an opt-in system of garden waste collection are detailed on the attached map attached at appendix 2.
- 4.4.5 A robust communication strategy is in the process of being developed by officers from the waste & recycling and corporate communications teams.
- 4.4.6 The communication strategy will include:
- Initial leaflet to houses explaining how and when the resident will receive the new service
  - Press coverage
  - Adverts on the sides of refuse vehicles
  - Regular visits to community groups, shopping centres and area forums
  - The website will receive regular updates of information including maps
  - A phone number to call for further information.
- 4.4.7 The waste recycling team has recently purchased from reserves an exhibition trailer that will be used with schools and community groups to promote the expanded service. The trailer includes an interactive display unit, computer access and has been specifically designed for use with community groups and area forums. Users of the trailer will be able to obtain the latest recycling and waste minimisation information and view training/information videos.
- 4.4.8 The collected garden waste will be taken to the Authority's composting facility at Brinklow Quarry. This facility is currently licensed to process 25,000 tonnes of garden waste in an open windrow system. A contract for volumes of waste to this level is already in place with Brinklow Quarry and the sites operators have confirmed available capacity. In the unlikely event of Brinklow Quarry being unable to accept deliveries from Coventry City Council alternative facilities are available.

## 5 Other specific implications

### 5.1

	Implications (See below)	No Implications
Best Value	✓	
Children and Young People	✓	
Comparable Benchmark Data	✓	
Corporate Parenting		✓
Coventry Community Plan	✓	
Crime and Disorder		✓
Equal Opportunities	✓	
Finance	✓	
Health and Safety		✓
Human Resources	✓	
Human Rights Act		✓
Impact on Partner Organisations	✓	
Information and Communications Technology		✓
Legal Implications		✓
Neighbourhood Management		✓
Property Implications		✓
Race Equality Scheme		✓
Risk Management		✓
Sustainable Development	✓	
Trade Union Consultation	✓	
Voluntary Sector – The Coventry Compact		✓

### 5.2 Best Value

The expansion of paper and garden waste kerbside collection will improve Coventry's performance in respect of Best Value Performance Indicators (BVPI's). In respect of the number of households served by a kerbside collection recyclables the Authority would move from below the bottom metropolitan quartile to the top metropolitan quartile.

### 5.3 Children and Young People

5.3.1 Experience from work carried with local schools and campaigns nationally have demonstrated the importance of starting the recycling habit at an early age. It is also recognised that children and young people are the main driving force behind a recycling family.

5.3.2 Work within schools and community groups will continue and will focus on the expansion of the paper and garden waste kerbside rounds. The recycling links already made with schools through the use of home composting bins and inclusion on existing kerbside paper rounds will be built upon and developed.

5.3.3 The inclusion of schools within the extended paper kerbside collection scheme will assist schools in achieving Eco-Schools status, and in long-term the work will help to educate and influence the waste producers of the future to minimise and recycle their waste.

#### 5.4. Comparable Benchmarking Data

As part of the government's national waste policy local authorities were set recycling/composting targets for every other year (as detailed in table 1). Coventry achieved its PSA stretched target for 2003/04 by recycling/composting 14.4% of its household waste. The Authority is currently working towards its 2005/06 target of 18%. Government are currently consulting on future recycling/composting targets for local authorities.

#### 5.5. Impact on the Coventry Community Plan

Protecting and improving the environment to create a cleaner, greener city is one of the eight priorities of the Coventry Community Plan. Implementation of the proposals in this report will make a significant contribution to the Plan's outcome of making more sustainable use of resources and improving performance against the Plan's target for increasing the amount of the city's waste that is recycled or composted.

#### 5.6. Equal opportunities

5.6.1 The further expansion of kerbside recycling/composting collections will greatly increase resident's ease of access to recycling facilities.

5.6.2 Local demand for kerbside recycling has been demonstrated in the responses received to the last three Christmas Refuse/Street Services surveys. The response to the 2004 survey had over 200 detailed comments requesting the extension of the current kerbside recycling service.

#### 5.7. Finance

5.7.1 The table below summarises the financial implications of extending the paper and garden waste recycling service across the city, as described in this report.

5.7.2 It is proposed to purchase the wheeled bins outright, as previously leasing bins has resulted in practical problems (e.g. keeping track of bins and the return conditions to the leasing company). The most economical option for procuring the vehicles is through operating lease, as leasing costs will take account of the residual value of the vehicles.

5.7.3 The figures below assume that the Authority will not receive any income for the paper delivered to the paper reprocessing facility.

5.7.4 The table below includes the allocation of a Waste Performance Grant in 2006/07 and 2007/08. It is not yet known if any grant will be forthcoming for 2008/09, hence no Grant has been assumed in 2008/09.

5.7.5 In the financial year 2007/08, the Waste Performance Grant will partly offset the on-going costs of operating the expanded kerbside recycling service. The total net cost from 2005/06 to 2007/08 is £1,313,000 and it is proposed that this is funded from corporate reserves. With no indication as yet of the likelihood of receiving Waste Performance Grant from 2008/09 onwards it is likely that the full on-going cost of the scheme will need to be met by the City Council. This on-going cost based on the expanding kerbside recycling scheme as described above is £514,000 and it is proposed that the on-going funding should be addressed through the PPR process.

5.7.6 The Waste Performance Grant is a mix of capital and revenue grant and the capital element of this can only be used to fund capital expenditure. The Director of Finance and ICT will manage the spend and resources within this proposed package in a way that achieves the optimum outcome for the City Council. This may involve switching resources between our revenue and capital programmes in a way that has a neutral impact on the overall level of resources available to the City Council in line with normal practice.

5.7.7 The recycling credits and difference in gate fee detailed below are paid to the recycling account from the Authority's joint waste disposal account.

<b>Summary – Revenue Costs &amp; Resources Available</b>	<b>Year 1 2005/06 £000s</b>	<b>Year 2 2006/07 £000s</b>	<b>Year 3 2007/08 £000s</b>	<b>Year 4 2008/09 £000s</b>
<b>Revenue</b>				
Staff cost (6 additional rounds)	16	376	376	376
Fleet Charges	4	85	85	85
Fuel	2	53	53	53
Vehicle leasing cost (6 vehicles)		142	155	155
Vehicle Hire Costs	13	30		
Additional Wheeled bins (75,000)		1430		
Replacement boxes			2	2
Additional seasonal resource		36	36	36
Operating of paper bulking facility	5	20	20	20
Additional kerbside boxes (49,000)	107			
Loss of paper income	13	50	50	50
<b>Total Revenue Costs</b>	<b>160</b>	<b>2222</b>	<b>777</b>	<b>777</b>
<b>Resources Available</b>				
Recycling Credit (Paper)	(15)	(150)	(150)	(150)
Difference in gate fee (Garden)	(15)	(113)	(113)	(113)
Waste Performance Grant		(630)*	(660)*	(-)*
<b>Total Resources Available</b>	<b>(30)</b>	<b>(893)</b>	<b>(923)</b>	<b>(263)</b>
<b>Revenue Resources Required</b>	<b>130</b>	<b>1329</b>	<b>(146)</b>	<b>514</b>

\* = Best Available data obtained by FICT from DEFRA.

## 5.8 Human Resources

When the two schemes are fully operational there will be a requirement for an additional workforce of 18. Additional resource has also been included in the refuse/recycling spare pool to cover holidays, and other absence. The ongoing costs are accounted for in 5.7.6 above.

## 5.9 Impact on Partner Organisations

When fully operational the proposed schemes will remove some 13,000 tonnes from the city's waste stream going to the Waste to Energy Plant (WEP). This capacity will then be available to Coventry and Solihull Waste Disposal Company (CSWDC) to sell on the open market. CSWDC already have contracts in place with options placed to enable them to market any additional capacity generated.

It is beneficial to the Authority that garden waste is removed from the WEP's feedstock. Garden waste does not have a particularly high calorific value and is one of the biggest contributors to elevated emissions.

## 5.10 Sustainable Development

The extension of kerbside collection of recyclable materials in the city will enable significant progress to be made towards a more sustainable city. Apart from the obvious reduction in the city's negative environmental impacts, there are educational and awareness benefits for the people of Coventry.

## 5.11 Trade Union Consultation

Trade unions have been consulted as part of the recent domestic waste round review. Further consultation will take place with trade unions and employees before and during implementation of the expanded kerbside recycling service.

## **6 Monitoring**

- 6.1 As with the current kerbside recycling schemes participation rates will be monitored along with tonnages collected. This information will be used monitor the recycling performance of the city, enabling officers to more effectively target resources. The continued monitoring of the expanded kerbside collection rounds will be fed into local and national bench marking data.

## **7 Timescale and Expected Outcomes**

- 7.1 It is proposed to expand the kerbside paper collections in February/March 2006 and to phase the expansion of the kerbside garden bin deliveries from January 2006 over a period of eight weeks. Collections of garden waste will then commence in March 2006.
- 7.2 A more detailed timescale is shown on the chart attached at Appendix 1.

	Yes	No
<b>Key Decision</b>	√	
<b>Scrutiny Consideration (if yes, which Scrutiny meeting and date)</b>	√ <b>Scrutiny Board 3 30<sup>th</sup> November 2005</b>	
<b>Council Consideration (if yes, date of Council meeting)</b>	√ <b>13<sup>th</sup> December 2005</b>	

List of background papers

Proper officer: Stephen Pickering - Director of City Services

Author: Telephone 024 7683 2619  
 Andrew Walster, Waste Disposal Manager, City Services  
 (Any enquiries should be directed to the above)

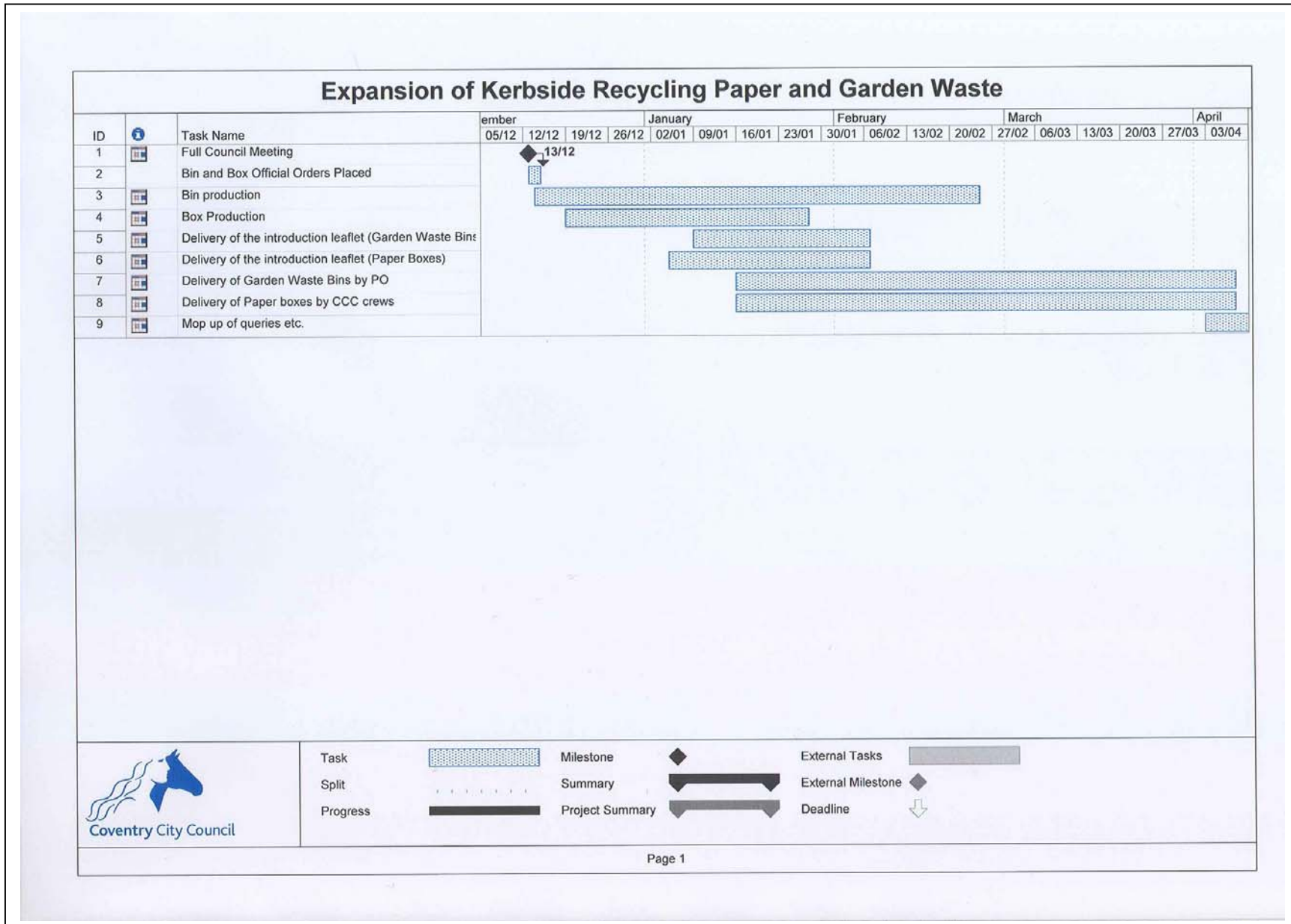
Other contributors:  
 Shirley Young – Head of Street Services  
 Adrian West – Policy & Business Development Manager  
 Chris Thomas – Sustainability Team  
 Vicki Buckley – Legal and Democratic Services  
 Zulf Darr – Finance and ICT  
 Vince Quinn – Finance and ICT  
 Marion O'Brien – Human Resources

Papers open to Public Inspection

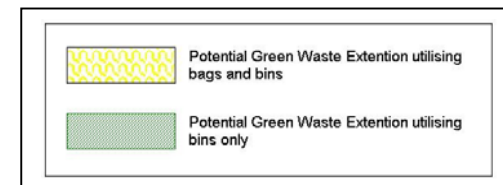
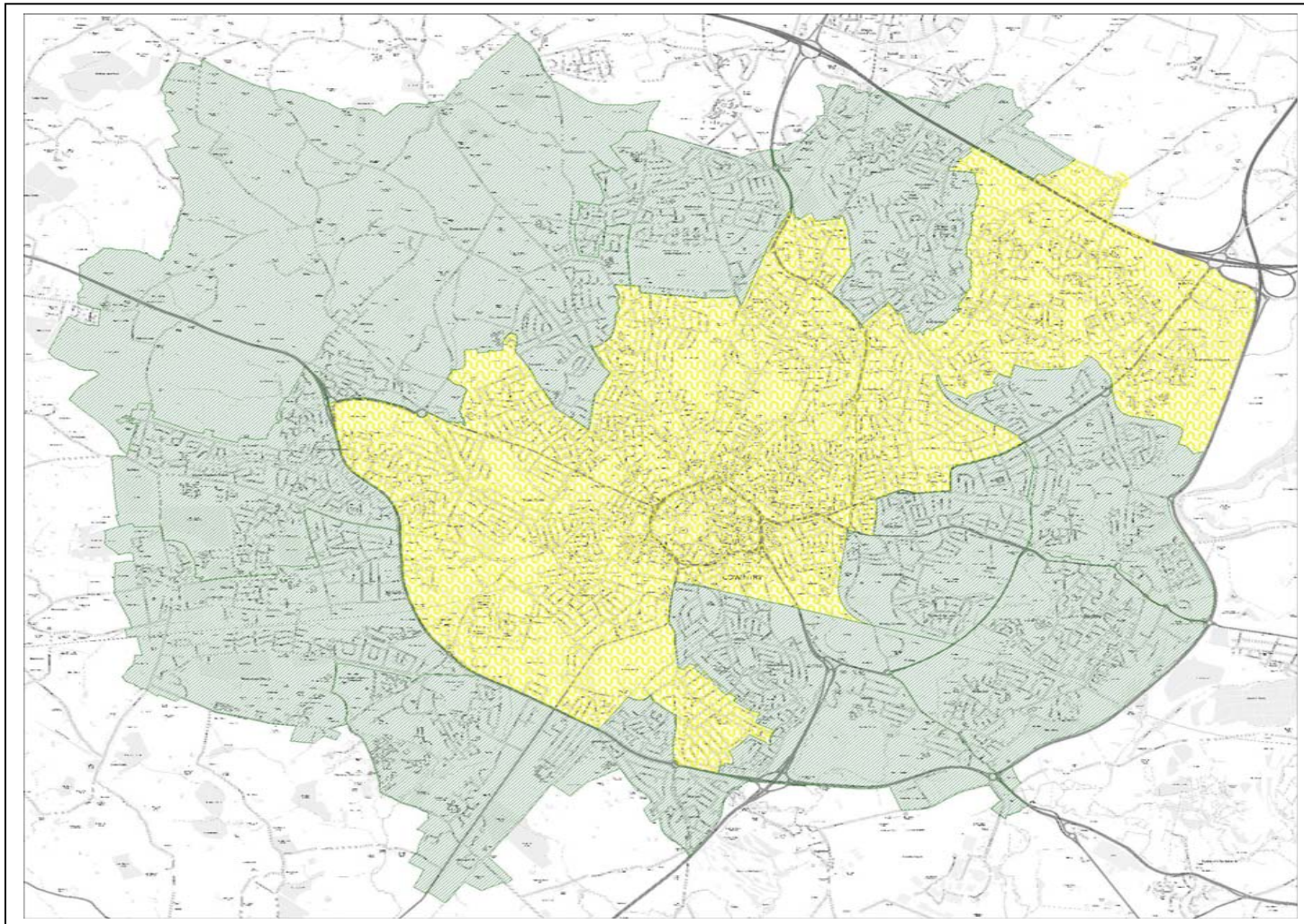
<b>Description of paper</b>	<b>Location</b>
Original kerbside implementation report.	Whitley Depot

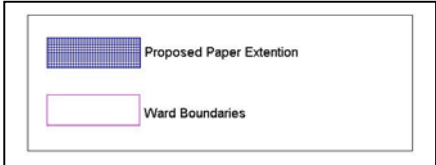
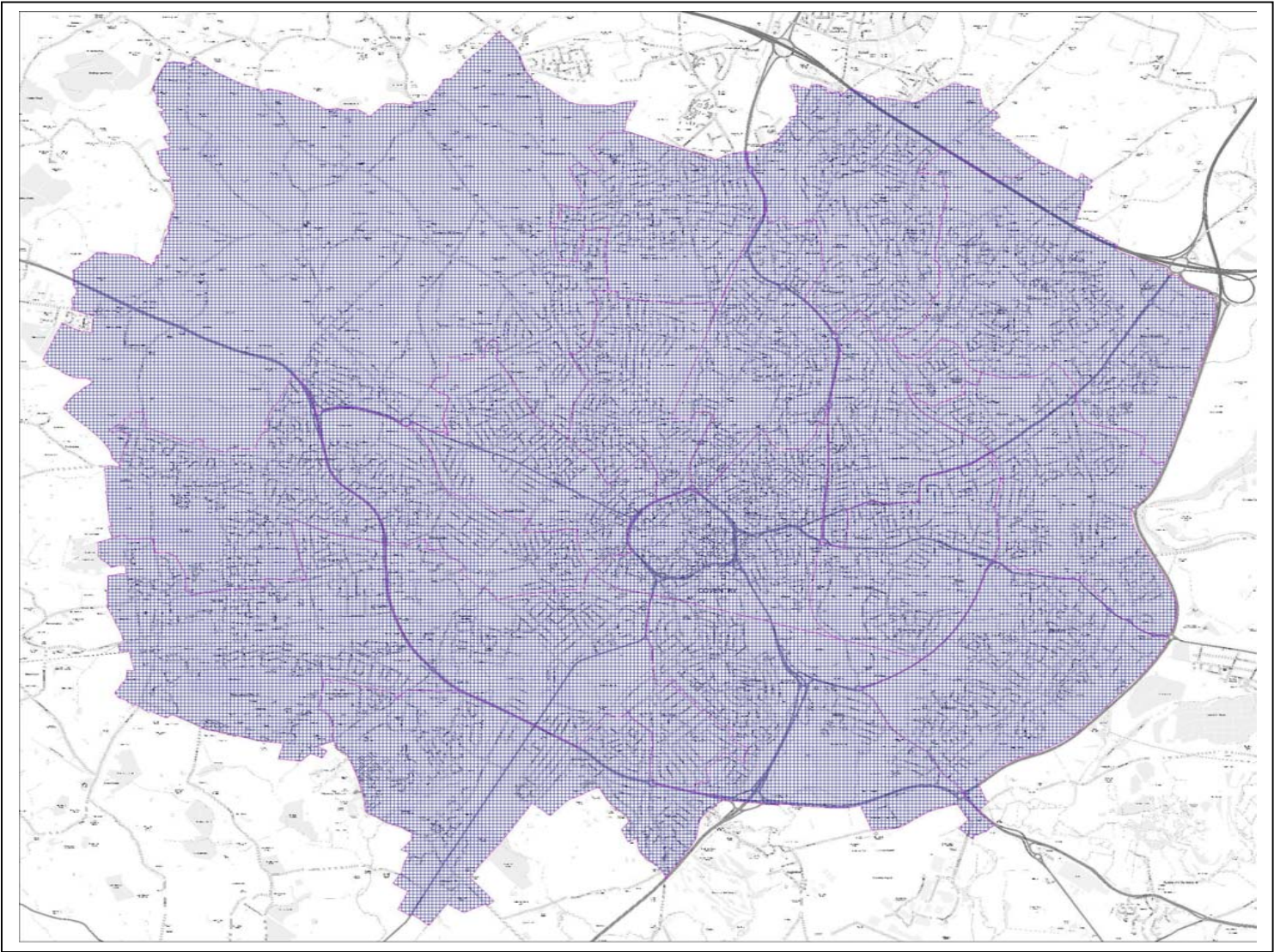


Appendix 1



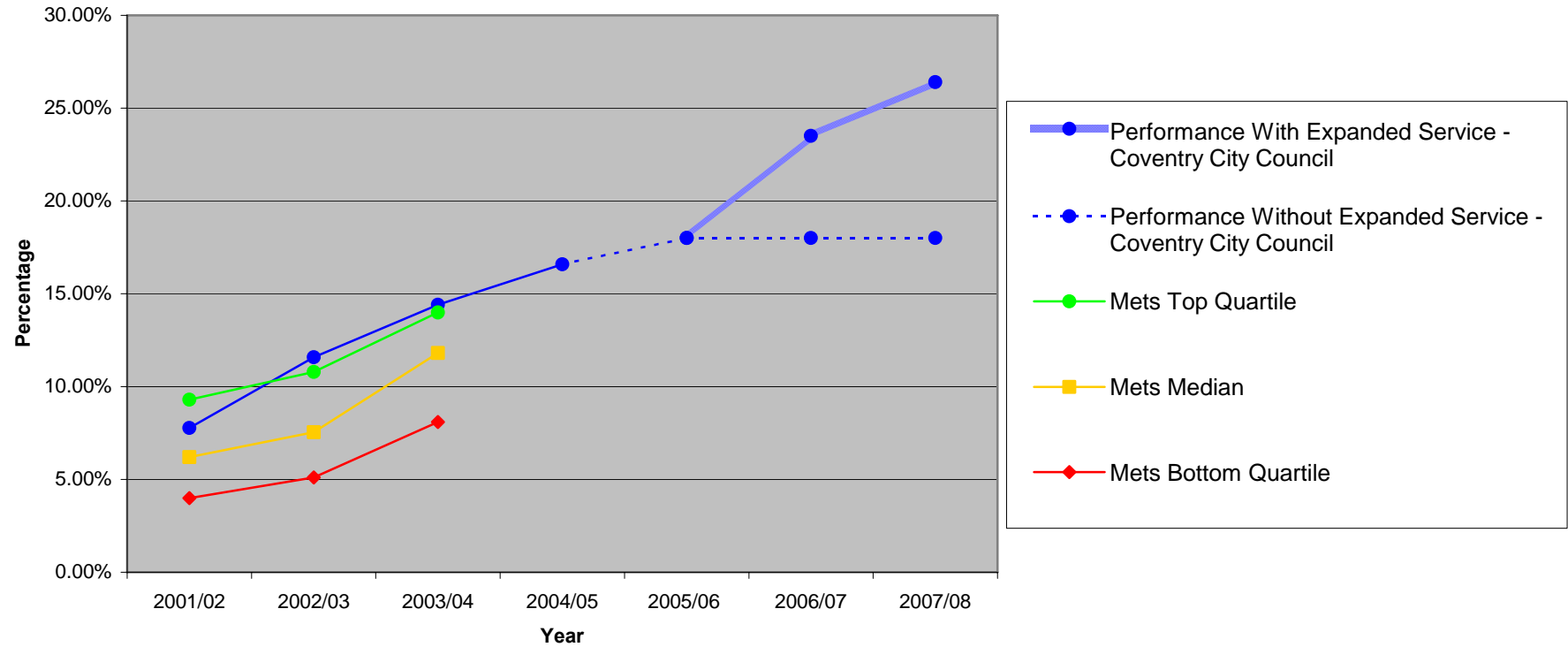
## Appendix 2





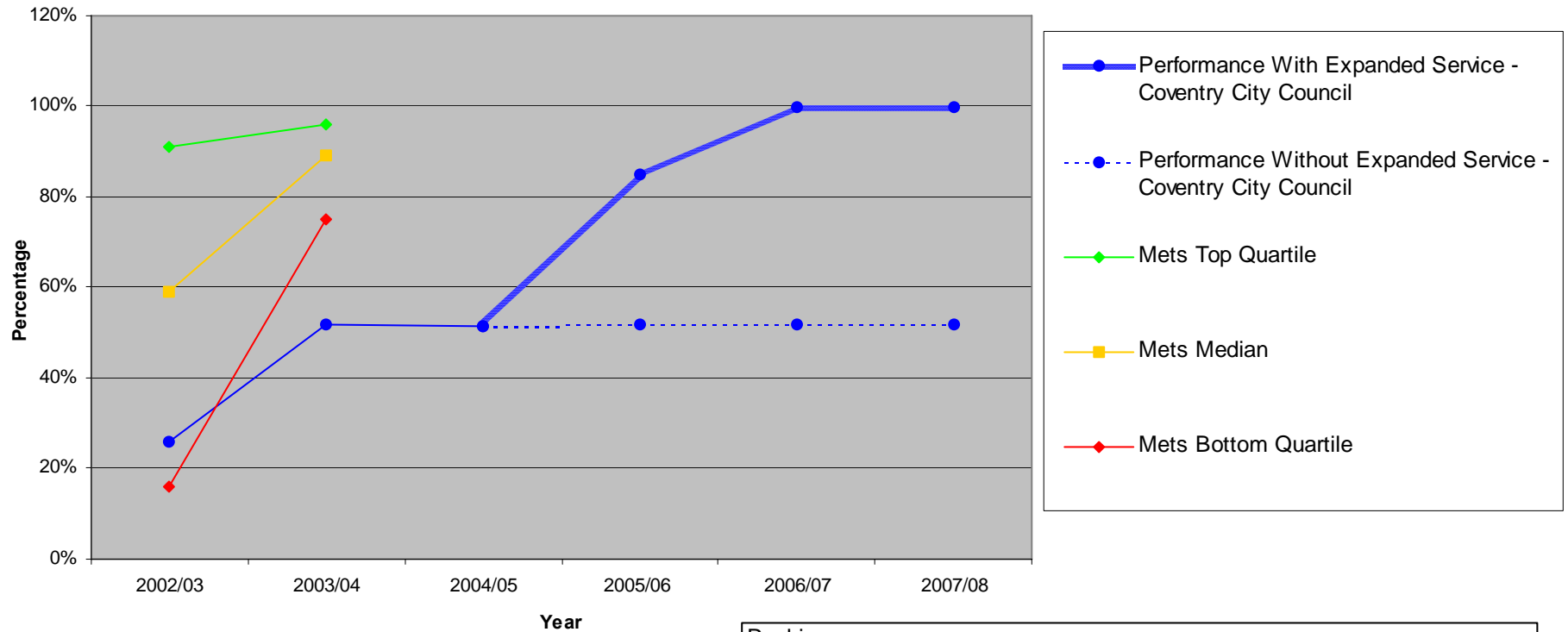
Appendix 3

Performance Information 4/2001 - 3/2005 and Targets from 4/2005 - 3/2008 for BVPI 82a & b  
(Household Waste - Percentage Recycled and Sent for Composting)



Rankings			
	2001//02	2002/03	2003/04
Metropolitan Authorities	<b>Upper Middle</b>	<b>Top</b>	<b>Top</b>
West Midlands	<b>6 out of 7</b>	<b>1 out of 7</b>	<b>1 out of 7</b>

**Performance Information 4/2001 - 3/2005 and Targets from 4/2005 - 3/2008 for BVPI 91a  
(Percentage of Population Served by a Kerbside Collection of Recyclables)**



Rankings	2002/03	2003/04
Metropolitan Authorities	Lower Middle	Bottom
West Midlands	4 out of 7	5 out of 7

## **STANDARDS COMMITTEE**

**30th November, 2005**

Members Present:- City Council Members

Councillor Mulhall  
Councillor Williams

Independent Members

Alice Casey  
His Honour Judge Brian Farrer (Chair)  
Professor Brian Ray

Parish Councillor

Bill Shakespeare

Employees Present:- S. Bennett (Legal and Democratic Services Directorate)  
C. Hinde (Director of Legal and Democratic Services)

Apologies:- Jayne Willetts

### **RECOMMENDATION**

#### **12. Amendments to the Constitution**

The Committee considered a report of the Director of Legal and Democratic Services which proposed changes to the City Council's Constitution that had arisen since the Committee considered amendments to the Constitution at their meeting on 14th April 2005 (Minute 32/04 refers). The Constitution Working Group had met to examine the Constitution and, as a result, had recommended that two amendments be made.

Currently all Council meetings, except for the Annual Meeting and Extraordinary Meetings allow for Question Time. Councillors are able to submit written questions in advance of the meeting or to ask oral questions at the meeting itself. Question Time had recently been moved to the start of the agenda and was lasting up to an hour and a half. At the Council Tax/Budget Setting Meeting, excepting exceptional circumstances for reasons of urgency, no other items of business are considered. This meeting usually lasts for over six hours, with all Councillors having the opportunity to discuss any issue relating to the proposed budget for the forthcoming year. In light of this, the Constitution Working Group have recommended that there be no Question Time at the Council Tax/Budget Setting meeting.

The Constitution requires that approval for Councillors to attend any "conference" (which includes seminars, working parties, fact-finding visits and inspections) must be gained from the Cabinet prior to the date of the event. This includes all visits abroad, including those by the Lord Mayor/Deputy Lord Mayor and Civic delegations. The Councillor who attends the "conference" must report back on their attendance to a

subsequent meeting of the relevant Scrutiny Board within two months of her/his attendance. The Cabinet had asked the Constitution Working Group to consider whether the rules regarding obtaining approval to travel abroad should also apply to the Lord Mayor/Deputy Lord Mayor, bearing in mind the discretion of the Lord Mayor to undertake foreign trips in accordance with the objectives of the Mayoralty.

The Constitution Working Group gave consideration to this issue and, noting the non-political nature and objectives of the Mayoralty, have recommended that only those visits by the Lord Mayor/Deputy Lord Mayor which were outside the European Union should require formal Cabinet approval. Reports back on attendance would still be required for all visits.

**RESOLVED that the Council be recommended to make the two amendments to the Constitution as outlined above in relation to the deletion of Question Time at Council Tax/Budget Setting meetings and only visits by the Lord Mayor/Deputy Lord Mayor that are outside the European Union requiring formal Cabinet approval.**



**Report to**

Standards Committee – 30<sup>th</sup> November, 2005  
Council – 13<sup>th</sup> December, 2005

**Report of**

Director of Legal and Democratic Services

**Title**

Amendments to the Constitution

---

**1 Purpose of the Report**

- 1.1 This report outlines proposed changes to the Constitution that have arisen since your Committee considered amendments to the Constitution at your meeting on 14<sup>th</sup> April, 2005.

**2 Recommendations**

- 2.1 To recommend that the City Council at its meeting on 13<sup>th</sup> December, 2005 makes the amendments to the Council's Constitution as detailed in this report.

**3 Information/Background**

- 3.1 Since your meeting on 14<sup>th</sup> April, when a number of amendments were made to the Constitution, the Constitution Working Group have met to examine the Constitution and as a result, have made the recommendations detailed below.

**4 Proposal and Other Option(s) to be Considered**

**4.1 Question Time at Council Tax/Budget Setting Meetings**

Currently, all Council Meetings, except for the Annual Meeting and Extraordinary Meetings, allow for Question Time. Councillors are able to submit written questions in advance of the meeting or to ask oral questions at the meeting itself. Question Time has recently been moved to the start of the agenda and has been lasting up to an hour and a half.

At the Council Tax/Budget Setting Meeting, except in exceptional circumstances for reasons of urgency, no other items of business are considered. This Meeting usually lasts over 6 hours, with all Councillors having the opportunity to discuss any issue relating to the proposed Budget for the forthcoming year.

In light of this, the Constitution Working Group have recommended that there be no Question Time at the Council Tax/Budget Setting Meeting.



## 4.2 "Conference" Approvals for the Lord Mayor/Deputy Lord Mayor

The Constitution requires that approval for Councillors to attend any "conference" (which includes seminars, working parties, fact-finding visits and inspections) must be gained from the Cabinet prior to the date of the event. This includes all visits abroad, including those by the Lord Mayor/Deputy Lord Mayor and civic delegations. The Councillor who attends the "conference" must report back on their attendance to a subsequent meeting of the relevant Scrutiny Board within two months of her/his attendance.

The Cabinet asked the Constitution Working Group to consider whether the rules regarding obtaining approval to travel abroad should apply to the Lord Mayor/Deputy Lord Mayor, bearing in mind the discretion of the Lord Mayor to undertake foreign trips in accordance with the objectives of the mayoralty.

The Constitution Working Group gave consideration to this issue and, noting the non-political nature and objectives of the mayoralty, recommended that only those visits by the Lord Mayor/Deputy Lord Mayor that are outside the European Union should require formal Cabinet approval. (Reports back on attendance would still be required on all visits.)

## 5 Other specific implications

### 5.1

	<b>Implications (See below)</b>	<b>No Implications</b>
Area Co-ordination		✓
Best Value		✓
Children and Young People		✓
Comparable Benchmark Data		✓
Corporate Parenting		✓
Coventry Community Plan		✓
Crime and Disorder		✓
Equal Opportunities		✓
Finance		✓
Health and Safety		✓
Human Resources		✓
Human Rights Act		✓
Impact on Partner Organisations		✓
Information and Communications Technology		✓
Legal Implications	✓	
Property Implications		✓
Race Equality Scheme		✓
Risk Management		✓

	<b>Implications (See below)</b>	<b>No Implications</b>
Sustainable Development		✓
Trade Union Consultation		✓
Voluntary Sector – The Coventry Compact		✓

## 5.2 Legal Implications

The City Council's Constitution is written in accordance with the provisions of the Local Government Act 2000. It is clearly in the Council's interest to ensure that the Constitution complies with the law and is not subject to challenge.

## 6 Monitoring

- 6.1 The Constitution is continuously monitored through its regular use and through the Constitution Working Group.

## 7 Timescale and Expected Outcomes

- 7.1 If the Standards Committee agree the changes to the Constitution, it is proposed that they are submitted to the City Council at its meeting on 13<sup>th</sup> December, 2005 for approval.

	<b>Yes</b>	<b>No</b>
<b>Key Decision</b>		✓
<b>Scrutiny Consideration (if yes, which Scrutiny meeting and date)</b>		✓
<b>Council Consideration (if yes, date of Council meeting)</b>	✓ <b>13<sup>th</sup> December, 2005</b>	

### List of background papers

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Chris Hinde, Director of Legal and Democratic Services

Papers open to Public Inspection

<b>Description of paper</b>	<b>Location</b>
Scrutiny Co-ordination Committee Minutes	CH 61