Wiltshire Health Overview & Scrutiny Committee

Wiltshire COUNTY COUNCIL
website: www.wiltshire.gov.uk

MINUTES of a MEETING held at WILTSHIRE COUNTY COUNCIL 1 MARCH 2007

PRESENT: County Councillors; Dr J English, Mr J Osborn, Mrs P Rugg, Mrs J Seager, Mr R While (Chair), Mrs M White. District Councillors; Mrs P Winchcombe (Kennet District Council), Mr M Hewitt (Salisbury District Council), Mr E Manasseh (West Wiltshire District Council), Mr D Evans (North Wiltshire District Council).

STAKEHOLDERS: Dr P Biggs, Mr M Griffiths, T White (Wiltshire Patient's Forum), Mrs J Cole (User & Carers' Network).

CABINET MEMBERS: Mr J Thomson, Mrs M Douglas

OTHERS: Jeanette Longhurst, Jo Howes, Ceri Williams (Wiltshire County Council), Tony Baron, Jeff James, Paul Jakeman, Nicholas Gillard, Jenny Edwards (Wiltshire Primary Care Trust)

Members of the public present:

1. Apologies

2. Minutes of the Previous Meeting

The minutes were agreed as a true record of the meeting held on 13 December 2006.

3. Chairman's Announcements

4. Member's Interests

Jeff Osborn, Chair, Trowbridge Hospital League of Friends
Eli Manasseh, Westbury Campaign Group
Paula Winchcombe, DASH
Margaret White, Director, Health Advocacy Partnership
David Evans, Calne Local Strategic Partnership, Age Concern
John Thomson, Malmesbury Hospital Board

5. Public Participation

The Chairman outlined the rules for public participation and indicated that he would give a single response at the end of the representations from the public.

Duncan Hames, West Wiltshire District Council – presented a petition with signatures collected at the time of the PCT's consultation between April and June 2006, and a further number gathered since the PCT Board met on 30 January 2007.

Points covered in the statement included:
Task Group paper underestimate the powers of the Committee and all the evidence suggests the Committee should act.

Erica Watson, Westbury Campaign Group – echoed the previous statement, but thanked the Task Group and the Committee for its work over the last 18 months. Fears the new system will leave carers with a bigger burden and that the voluntary sector will be expected to provide more services.

Angela Milroy, Trowbridge Town Council - Appalled at the recommendation because Trowbridge will be the biggest town in the South West not to have a hospital. Maternity is a major concern, birthing rooms should not have been ruled out and continuity of care will be lost.

Andrew Murrison, Member of Parliament – the Secretary of State will take a lack of referral as acquiescence and she should be making the decision, not the Committee. It is clear what the constituents think. There is significant disquiet locally to refer.

Vic Oakman, West Wiltshire District Council – the PCT has claimed to listen, but it doesn't understand. GP's services will be replaced by Neighbourhood Teams but they will be swamped. The OSC has already let down West Wiltshire and dental services will not be satisfactory.

Gordon Cox, West Wiltshire District Council – people who took part in the Pathways for Change engagement process queried the validity of the consultation and the PCT should not proceed on that basis. What happened to the new generation community hospital?

The Chairman reported the resolution of West Wiltshire District Council, which welcomed the approach of the PCT, but called for a referral to the Secretary of State for Health, and thanked all those who had spoken, had taken the time to write to the Committee or who had contributed to the work of the Task Group over the last eighteen months.

6. Health Service Reconfiguration in Wiltshire

The Chairman introduced the main item and outlined how he intended to proceed.

The Chief Executive of the PCT, Jeff James (JJ), gave a short presentation which outlined what the changes are intended to achieve. JJ reminded members that the PCT is making judgements for the whole of the county and that it must live within its means.

Neighbourhood teams will extend district nursing services and will be expected to make a positive contribution towards promoting good health and improving end of life care.

Clarity was added on locations for various services, including the neighbourhood teams.

Primary care centres are intended to replace some of the services currently provided in community hospitals.

Remaining community hospitals will ensure a level of local access for rehab and recuperation after serious illness. It is the PCTs ambition to work more closely with social care.

The decision to retain inpatient beds in Warminster came after the consultation reflected that there would otherwise have been an imbalance in distribution of inpatient beds to the North of the county.

The PCT is re-looking at mental health proposals and the preferred option for beds is Melksham.

Maternity is a significant service and the proposals safeguard the range of services recognised by the government in terms of best practice. The PCT is still offering a wider range of services than most, but it has to centralise its midwife-led birthing arrangements in order to continue to do so.

The minor injury units are currently dealing with a too diverse range of complaints and the service is not well understood by the public. There is a need to make the range of services much clearer and a public communication exercise will be necessary.

People first thought the entire exercise was about addressing the financial situation, but then they saw how much of the savings was being reinvested so they queried why the PCT was bothering. The underlying overspend at the end of the year will be £8m.

The PCT has sought clarity on the risks for implementation and is putting contingency plans in place, especially to minimise delays. There is an implementation team and director in place and the PCT is confident it can manage the risks. There is active management of staff and they are looking at alternatives for existing staff.

The PCT will be able to run a double service for three months as new services bed in.

The PCT has not been good at communication and the public find it more helpful to hear from clinicians. Relationships with the community leaders, elected or otherwise need to be repaired. This has been begun, but will take time.

Old services won't be withdrawn until new ones are in place. The earliest date for completion is July 2009 and the latest is January 2011.

The Chairman of the PCT, Tony Barron (TB), spoke briefly to confirm that the he has come in at the end of a long saga and has taken time to understand all the issues and work that has gone on.

The system is broken, financially and in terms of clinical development, which has not moved on. There is a need to re-dress inequity across the county and if the PCT didn't do this savings would have to be found elsewhere which may not be clinically safe.

The PCT Board knew this would be difficult and TB commended the Task Group on its diligence in reviewing the process thus far.

TB did not believe the decision should be referred to the Secretary of State for Health because it is better to deal with these matters locally.

The Chairman thanked the PCT for the presentation and introduced Dr Peter Biggs (PB), Chairman of the Task Group and invited him to introduce the report.

PB reminded members of the background to the Task Group and stressed that it had met over 40 times, as well as carrying out various visits. Discussions had been detailed and often heated as members had worked through all the issues the reconfiguration presented. The Task Group interviewed many people and met regularly with the PCT, asking many questions and expressing concerns. It had reviewed all the comments to the PCT from the public, as well as all the comments to the OSC and the independent analysis of the consultation responses.

The Task Group had worked with facts and evidence, not opinion or hearsay. It considered the situation across the whole of the county and had assessed what services are currently on offer and whether they would still be on offer following the changes. It met to discuss outcomes following the consultation and the report it made to the Committee in the summer of 2006 mirrored the responses made by some members of the public.

The Task Group has attended a great many public meetings across the county and has spoken to members of the public and received their comments independently of the PCT.

The themes raised by the OSC as a result and submitted to the PCT were treated as significant by the PCT and questions were answered in their Board papers of 30 January.

The Task Group had agreed that the original consultation document did not offer enough detail, but that there is a fine line between what is too much and what is insufficient.

The Task Group found that the final decisions taken by the PCT did cohere with national guidelines for what services to provide and how, but there are still a number of concerns and more information is required that is not yet available, but the Task Group will continue to seek answers and to pursue its investigations as implementation moves on.

It will be important to make sure the three month overlap period is kept in place and doesn't slip.

The largest section of the report covers maternity. The Task Group noted that the PCT is overspending by £2m per year on that service and bed occupancy is mostly below 50% with 80% of births happening in a district general hospital. The Task Group has asked where ante and post-natal care will take place and how it will promote the services to hard to reach groups.

Minor injuries services caused a degree of confusion throughout the Task Group review and concerns remain which the Task Group will attempt to address with the PCT.

The Task Group was concerned to hear that the Avon & Wiltshire Mental Health Trust had not been involved in discussions about mental health inpatient beds and reflected the view of the Mental Health Task Group that this must be rectified.

The Task Group also felt it was essential for health and social care to work together again to plan and deliver services and it was pleased to learn that a significant amount of work had gone on in this area over the last few months.

Transport and access was another area the Task Group had looked at, and although 80% of the journeys are made by private car members were concerned about those within the other 20% who would find it difficult to use public transport as a result of the change. The Task Group sought the views of the County Council's transport planning department and is aware they have expressed some concerns and offered to work with the PCT, which the Task Group supports.

PB thanked the Task Group for the amount of work it had undertaken so far, and thanked the officer for support in putting the report together.

At this point John English (JE) moved a motion that the Task Group recommendations be accepted by the Committee. The motion was seconded by Margaret White.

RW moved four additional recommendations, which were seconded by JE.

RW then asked the cabinet portfolio holders for Community Services, which covers social care, whether they would like to add anything at this point.

John Thomson (JT) reflected on health scrutiny's relationship with the PCTs over the years and also commented on the difficulty in applying government policy, which is largely suited to urban areas, to a rural community.

JT echoed PB's sentiments that the relationship between health and social care is much repaired, but that there is still work to do to get back to the position of providing joint services. Both parties are committed to finding ways to work together.

The staff requirements for both services are similar and pay structures should be looked at jointly to ensure both services can retain staff.

Lots of people go into hospital in Wiltshire who don't need to be there and hospitals are dangerous places these days, so WCC supports care in the community.

End of life care needs great attention, there are times when it's just not suitable to care for someone at home towards the end. There is a lot of pressure put on families.
There needs to be more dialogue between WCC, the PCT and the mental health trust.

The high cost of providing services in rural areas is not recognised by the government and the MP's should be taking this message back to Whitehall.

Mary Douglas (MD) gave credit to the report and the clear way it had addressed the issues, as this is difficult to do. The report highlights the direction of travel for health and social care, which is largely the same and it is good that the NHS is trying to get people out of acute sector beds too.

MD has quizzed the under secretary for health on their commitment to joint working and agreed that WCC is committed to it.

It is right that the OSC will continue to challenge the delivery to ensure that promises made by the NHS are kept.

RW then invited JE, as Vice Chairman of the Committee to make a number of points:

JE thanked the officer and stated that the Task Group had been faced with tough decisions that not everyone had liked.

However, the NHS nationally and locally is heavily in debt, especially locally, and this can't be allowed to continue. The PCT must cut costs, but not services. Change is inevitable and the PCT needs to provide more diagnosis and treatment at home to try to prevent some admissions. It is not always best to be in hospital.

There are still questions to be asked by the Task Group about the neighbourhood teams, but it does follow that more community workers plus expanded GP functions in primary care centres would equate to fewer inpatient beds.

There are further questions about maternity and minor injury services.

JE had given great consideration to whether or not the Committee should refer to the Secretary of State, especially about over the maternity unit at Trowbridge. However, if the Committee takes this course of action it will hold up all the good things that have been delayed already for nearly two years, and there would be further cost implications for this. The maternity units are half full and overspent and, although people may say that they want them, we also have to give consideration to what they need.

The work will go on for scrutiny and it particularly needs to continue to consider minor injuries, maternity, neighbourhood teams and mental health. If we find new services are not adequate we would expect the PCT to do something about it.

We need the PCT and WCC to work together, it was always a mistake to split them.

The last thing the Task Group has done for eighteen months has been rubber stamping.

Wiltshire must achieve financial stability as this will enable us all to be more creative and to leave people with a better future.

RW then opened the discussion up to the wider membership of the Committee and also allowed a number of councillors who are not members to speak.

Bill Moss – coming from the South of the county can take a more dispassionate view. Salisbury hospital has been the focus for the south for many years and a section of the west Wiltshire population regularly travels there for treatment. At Salisbury a huge number of people are treated as day cases, 85%, and this is the type of thing that can be expanded.

Elderly people need care on a personal level, not in hospitals, so community care will be right for a large number of them.

You can't ignore the question of money and we all have views about whether the PCT is funded correctly. However, we should not leave this decision to the Secretary of State, but we should continue to negotiate with the PCT for good services.

Mike Hewitt – representing Salisbury District Council. All the providers need to work together and communicate for improvements to be made. The breakdown of health and social care must not happen again. Vulnerable people are always affected most. The Mental Health Task Group recommendations must be acted upon, but if Wiltshire can't work together it won't get any help from the government.

Eli Manasseh – representing West Wiltshire District Council. Can not support the resolution, but glad that the arguments are no longer about personalities. West Wiltshire is concerned about maternity and that there will not be enough birthing beds. The Trowbridge unit is a model of good practice and Chippenham is virtually inaccessible. West Ham (EM's ward) is a poor ward with a high level of people on benefit.

There are concerns about home births, teenage pregnancy, use of voluntary sector services, pressure on the Chippenham unit and how to access midwives. This is a reduction of a valuable service.

There are further concerns about minor injuries, and the urgent care strategy. West Wiltshire towns are getting larger and there is not enough information about neighbourhood teams.

Public transport is an issue, buses and taxis are problematical for a number of reasons. This is a big step in the dark and EM urged the Committee to refer to the Secretary of State.

Judy Rooke (non-committee member) – expressed concern over proposed bed numbers for Chippenham and stated the proposals are not in the interests of the health community.

Jeff Osborn (JO) – not convinced by the Task Group report. There are too many assumptions and not enough challenges. The discussion about what is a hospital is irrelevant and the committee should vote against it and refer to the Secretary of State.
Proposals for maternity are nonsense. There are no guarantees that neighbourhood teams will work. PCCs are not in the gift of the PCT, they rely of GPs to build and run them. There is no clarity over mental health beds.

JO drew the attention to the comments of people who had voiced their objection to the proposals and felt the Task Group could have engaged more with the public.

Trowbridge is a town of 40,000 people and will be the biggest town in the south west without a hospital. The Committee represents these people. The only right minded conclusion is to refer.

Malcolm Hewson – the NHS is clearly struggling with the dilemma of outdated facilities and methods and underfunding. The proposals are least positive for the north and west of the county. Distances to maternity units are growing and this affects peoples ability to use a service.

Unless we refer to the Secretary of State we will never know what she would do. Transport problems will increase with bed losses.

Bobbie Chettleburgh (non-Committee member) – alarm bells are ringing when the phrase “live within our means” is quoted. People pay tax in good faith. What makes the PCT think we want their new services?

David Evans – representing North Wiltshire District Council as a substitute member for this meeting. Attended the Pathways for Change meetings and understands the need for change. Welcome improvements in places like Calne where 24 hour nursing care will provide much better health provision for people.

Steve Oldrieve (non-Committee member) – this is the only body in Wiltshire with a recourse. West Wiltshire has been bundled with debts from other PCTs. Focus is on maternity services and end of life care.

Paula Winchcombe (PW) – representing Kennet District Council. This is a very difficult issue, there has been a threat to services in Kennet for more than 30 years. Over the last 5 or 6 years the axe has hovered near. There is a lot of sympathy for the views expressed here today, but sense must prevail. There have been lots of services lost over the years, every time we argue more are lost by stealth so what is left? All the maternity units are under utilised. PW has always supported midwives and has voted for a referral previously, but that delay didn’t help Malmesbury or Devizes. The model of care is supported, but Chippenham may be the wrong place for the unit.

Having Chaired the Mental Health Task Group there are still decisions to be taken about those services and greater commitment is needed.

Loss of beds is appalling, but a line has to be drawn in the sand now. If a referral is made all the good community services that have been promised will not be delivered.

Judy Seager – endorsed the view expressed by PW and is worried that if the PCT is delayed it will not be able to maintain the status quo. It is clear something has to change and the bullet must be bitten. Nothing has happened for years and we deserve a modernised service, which we are not getting at the moment

There is a need to look at what is best for all, not just for our own patch. The programme can be altered with negotiation over the period of implementation, just as the proposals have changed over the course of this process. We must move now and not delay any further.

Pat Rugg (PR) – members have been too parochial and it must stop. The previous referral did no good at all and a decision has to be taken here. The Task Group work should be supported and it has spoken to a lot of people and the parishes have expressed their views. If we do not take a decision then where is the democracy, it is the easy thing to do to refer to the Secretary of State, because we can't gather our courage and take decisions in our own debating chambers.

More people visit their GPs than ever set foot in a hospital and beds in hospitals are full of people who would be more comfortable elsewhere. If more nursing beds are needed in the future, then that is how the service will go.

The Task Group brought forward many different points of view. We need to get on with this now, we don't have the choice of spending more time on this issue.

Mollie Groom – few people like change, but it is being brought about by necessity. There has been lots of consultation and the PCT must live within its budget whether people like it or not. We are looking forward to the neighbourhood teams in the far north and we are beginning to have good experiences of community care. We will be the first to complain if it all goes wrong.

RW asked PB if he would like to sum up.

PB – we have heard strong views for and against. There are many unanswered questions that we continue to put to the PCT and the PCT is already working on some of these issues.

We can't turn down proposals based on speculation.

When the PCT is carrying out changes they will consult with people locally about what they are doing and stakeholders will be given an opportunity to influence delivery.

The Task Group has listened and gathered evidence and the report is based on all of that work. It has found it is not necessary to refer to the Secretary of State for Health.

RW then called for a vote.

Ten members voted in favour of accepted the Task Group's recommendations and three voted against.

It was resolved to:

(1) To endorse the conclusions and recommendations in the Task Group's report and to forward these as necessary to the bodies for consideration and response.

(2) To approve the recommendations made to this Committee in the report.

(3) To thank the Chairman and members who served on the Task Group, and the officers of the Council and PCT who supported it, for their hard work during the course of the review and for an excellent final report, as well as those who contributed as witnesses and made submissions.

(4) To request that in continuing its work (see ii of Task Group recommendations), the Task Group holds the PCT to account for the delivery of its implementation timetable, and makes challenge to ensure that the new model of health provision is in place before any closure/withdrawal of current services.

(5) To write to the Secretary of State and Strategic Health Authority setting out the work undertaken by this Committee on Health Service Reconfiguration in Wiltshire stressing the importance that sufficient resources are made available to the PCT in order for these changes to be successfully delivered, especially bearing in mind the rural nature of the County.

(6) To add the following to the end of recommendation viii ",and gives further consideration to the provision of "domino" rooms at primary care centres."

Mr Osborn asked for his vote against to be recorded.

RW formally closed the meeting.

7. Date of next meeting

The next meeting will be held on 15 March 2007.

(Duration of the meeting 10:30 – 12:45)

The officer who has produced these notes is Jo Howes, Health Scrutiny Officer within Democratic and Members' Services, direct line (01225) 713004; Email johowes@wiltshire.gov.uk