Wiltshire County Council **Item No 6**

Health Overview & Scrutiny Committee

1 March 2007

Pathways for Change Task Group – Analysis of Wiltshire PCT Board Decisions Regarding Reconfiguration of Community Services

Purpose of Report

1. To present to the Health Overview & Scrutiny Committee the Task Group's analysis of the decisions taken by the Wiltshire Primary Care Trust (PCT) Board on 30 January 2007 regarding reconfiguration of services across Wiltshire.

Background to the Plans for Reconfiguration

2. The Committee is well versed in the history of what was initially known as the Pathways for Change (PfC) engagement process, which began in 2005 and culminated in public consultation on a set of proposals in April 2006. Since the merger of PCTs in October 2006 this has come to be known as service reconfiguration for Wiltshire since it now includes development plans for South Wiltshire.

3. The PfC engagement process set out to involve a wide range of stakeholders, partners and other interested groups who had been brought together on the basis that they represented large cross sections of the community. The process was intended to be as inclusive as possible, whilst recognising that not everyone could be involved and the Task Group observes that the best efforts were made by the PCT to draw on the knowledge, experience and interests of people living, working and providing services to local communities in Kennet, North and West Wiltshire.

4. However, despite good intentions, the engagement process was beset with problems, mainly due to the precarious financial situation of the two PCTs of Kennet and North Wilts and West Wilts, who initiated the work. The financial position of West Wiltshire PCT was of such concern to the Audit Commission that it was compelled to issue a letter in the public interest in July 2005 that required the PCT to take immediate action. This came in the form of early closure of one and the partial closure of another community hospital.

5. Much has been said, in the press, at public meetings and by the Health Overview & Scrutiny Committee itself about the nature of the Audit Commission's intervention and the effects it had. The Task Group feels that the actions taken as a result by the PCT led to a degree of disillusionment with the engagement process which hampered its effectiveness and gave rise to a level of public cynicism from which the new Wiltshire PCT has struggled to recover. In short, many people believe the reconfiguration of services in Wiltshire is due solely to the need to save money.

Background to the Task Group

6. The Pathways for Change Task Group was set up by the Health Overview & Scrutiny Committee (HOSC) following the closure by West Wiltshire PCT of Bradford on Avon hospital and partial closure of Westbury Hospital in September 2005. The Task Group was given the remit of investigating the impact of those closures and to review the implications of the Pathways for Change process as it developed, to inform the Committee of developments and to bring forward conclusions and recommendations for the Committee's consideration at each major stage of the process.

7. The Task Group has sat for eighteen months and has considered a wide range of evidence relating to community services, primary care and the needs of local communities. It has also enabled the members of the Task Group to develop a high level of knowledge about existing and proposed services which it hopes will assist the Committee in its considerations.

The Work of the Task Group

8. Over the last eighteen months the Task Group has met over 40 times and has visited each of the community hospitals in Wiltshire, open or closed. Members have also visited a modern health care facility in Herefordshire and have met with health and social care professionals, patients, stakeholders and commissioners.

9. The Task Group has also been able to meet regularly with officers of the PCT responsible for developing the proposals, to understand all the implications and to ask detailed questions about how the new services would work in practice. This has been a process of relationship building between the Task Group and the PCT which has enabled the Task Group to ask numerous questions and seek clarity on many issues. However, the Task Group has remained impartial and has maintained the stance that meetings with the Task Group do not constitute consultation with the Committee itself.

10. A sample list of the types of questions asked by the Task Group is included at Appendix 1, and where appropriate the PCT's answers have also been included, although it must be noted that some questions have been answered orally at meetings.

11. Task Group members attended all of the Pathways for Change engagement assemblies, many of the public meetings held by the PCT during the formal consultation period and a number of other public meetings across the Kennet, North and West Wilts areas, including those held at the district councils.

12. The Task Group has seen all the feedback sent to the PCT during and after the consultation period and has received a number of comments directly from members of the public and interested parties. A short analysis of the comments made is attached at Appendix 2. A full set of all the comments received by the Committee is available to members prior to the meeting in the Members Room at County Hall and at the time of the meeting in the Committee Room.

13. The Task Group would like to thank all those who have provided it with information and comments, or who have attended its meetings during the course of the review. Many of the comments made by the public have been used to shape the Task Group's lines of enquiry during the course of the review.

14. The Task Group has, during the course of its work, given consideration to a number of national guidance and policy documents which make reference to, or outline how, community services should be commissioned and delivered. A list of these documents is included at Appendix 3. National policy has, by necessity, also helped to shape the Task Group's lines of enquiry.

15. Early on in the engagement process Task Group members attended a seminar session where they heard from two teams who were working in communities to avoid admissions to hospitals, one in South Wiltshire and one in South Petherton in Somerset. Details of the South Petherton service are attached here at Appendix 4 for information. This session gave members an indication of how schemes for admissions avoidance might work in Wiltshire.

16. Task Group members have also been this year to see a Primary Care Centre in Solihull and a community team working currently in South Wiltshire which provided valuable insight into how community services work in practice.

17. Visits are also planned to Southampton and Torbay to see community teams working in a similar way to those planned for Wiltshire, and to see how maternity services are delivered at Great Western and Salisbury District Hospitals to give an insight into how women in the east and south of the county are currently receiving these services.

The Task Group Report

18. The Task Group has compiled this report based on eighteen months of research and involvement in the Pathways for Change process, which has given them access to a wide range of health and social care professionals and has allowed them to develop an in-depth understanding of how the changed services would operate.

19. The Task Group has approached their analysis of the reconfiguration proposals by looking the models of service outlined by the PCT and comparing them to the guidance presented in the National Service Frameworks, the principles set out in the White Paper "Our Health, Our Care, Our Say" and other named documents produced by the Department of Health and referenced in the report.

20. The Task Group notes that it is the job of the PCT to decide where it situates its services in order to serve the population covered. However, it has made some comments about transport and access later in this paper.

21. The Task Group has tried to avoid discussion of individual communities, acknowledging again that it is the job of the PCT to establish which services each community area needs. Instead the Task Group has looked at the proposals in terms of how they will serve the county as a whole.

22. The Task Group has tried to consider all the implications of the decisions, including the impact on local communities, the wider community of Wiltshire, social care services and emergency services. The Task Group has also given consideration to how the PCTs plans for Wiltshire fit into the Government's aspirations for health and social care nationally.

The PCT Board Decisions

23. On 30 January 2007 the PCT Board met and agreed a number of key changes which are intended to re-shape the provision of community services across much of the county.

24. Essentially these changes involve the closure of community hospitals and the provision of 24 hour community nursing teams which would work out of new primary care centres, GP surgeries or other appropriate sites.

25. The decisions taken by the PCT Board were:

Summary of Reconfiguration Proposals
New primary care centres (PCCs) in: • Devizes • Malmesbury (agreed) • Salisbury – Avon Approach & Fountains Way (agreed subject to clarification of capital funding route) • Trowbridge • Westbury GPs will be supported to develop a new primary care facility to provide enhanced GP and voluntary sector services
Eleven neighbourhood teams to cover all community areas, providing 7 day, 24 hour care: • 2 in Kennet • 3 in North Wiltshire • 3 in South Wiltshire • 3 in West Wiltshire
Four improved community hospitals: • Chippenham (10 general medical inpatient beds, 20 stroke beds and 14 maternity beds) • Savernake (24 general medical inpatient beds) • Warminster (20 general medical inpatient beds) • Melksham (preferred site for 20-25 mental health beds)
Two Minor Injury Units (MIUs): • Chippenham 7am – 1am – located at the improved community hospital • Trowbridge 24/7 – to be relocated at the primary care centre
Concentrate community maternity beds in a single 14 bed unit at Chippenham Community Hospital
General medical inpatient beds no longer provided in Melksham, Trowbridge and Devizes Community Hospitals

26. The PCT's aim, as stated in the summary document that prefaced it's Board paper, is to provide "greater support to help people live healthier lives, to deliver care much closer to people's homes, give people greater choice over where and how they receive NHS care when needed, and that when people do need hospital services they can expect them in modern facilities". It is against this stated aim that the Task Group has assessed the proposals.

27. If implemented, the PCT hopes the new system will aim to minimise the need for admissions to, and inpatient stays in, community hospitals by enabling people to be cared for by a range of professionals in their own homes, or in nursing or residential homes with step up/step down models of care. The system would have to work hand in hand with social services to ensure that all the needs of the individual are met.

28. The Task Group has been made aware by the PCT that the current configuration of services is unsustainable for financial and clinical reasons; therefore if no action was taken services would be withdrawn in an ad hoc fashion either because they could not be afforded or staffed or both. The Task Group accepts that the PCT has to take action to address this fundamental issue before further services are lost without adequate replacements being developed and put in place. The position of the Task Group is that further ad hoc cuts would be unacceptable.

Community Hospitals

29. It is widely known that across the old Kennet & North Wilts and West Wilts PCT areas there were historically nine community hospitals built at various times in the last hundred or so years and that in South Wiltshire there are none.

30. For a number of years there have been local discussions as to whether these hospitals were sustainable in a financial and clinical sense for a number of reasons and some of the facilities have been subject to rumour and conjecture for decades. This is the first time a whole systems review of community hospital services across the county has been undertaken.

31. It is important to acknowledge that the financial position of the PCTs, since their inception in 2001 and 2002, has contributed significantly to the need to rethink how traditional community hospital services are provided, put quite simply, the existing community hospitals cost more to run than the PCT can budget for, given that it also has to provide a full range of primary and secondary health services which are delivered through GPs surgeries, the district hospitals and other providers.

32. However, clinical policy has also crystallised over the same period to provide a much clearer definition of how local NHS bodies are expected to commission and provide community services for their populations and this was captured by the most recent health White Paper, “Our health, our care, our say”, published in June 2006.

33. It is reasonable to comment though, that the White Paper caused some confusion locally, mainly due to the fact that the Department of Health is advocating the provision of community hospitals, although its definition of what a community hospital should do has changed significantly from the idea of the old cottage hospital format that is prevalent in Wiltshire.

34. The Task Group has found that the definition of a community hospital is, in essence, a focus for a wide range of GP activity across a population of roughly 100,000 people, but that it does not necessarily have to be a continuation of the older style community hospitals as found in Wiltshire. In fact, it is not prerequisite that a community hospital should have beds or a maternity or minor injury unit and in other parts of the country it is possible to find community hospitals with a mix of services, some with as many as 100 beds where appropriate, and some with none, but which still provide x-ray, outpatients, physiotherapy, diagnostics and treatments and other valuable services.

35. Therefore, the Task Group notes that acknowledgement must be given to the fact that the role of community hospitals is changing and that the make up of those facilities must change accordingly.

36. Many of the comments and consultation responses received by the PCT refer to the fact that people perceive the loss of general medical inpatient beds from community hospitals to be of primary importance - the key factor in what is seen as a downgrading of services for a particular community, and that this will contribute to an overall loss of service.

37. The Task Group notes that, while the PCT is intending to reduce its number of beds, it is also intending to provide more care in people’s homes. Given that a wide range of skilled professionals will have to be working in the community rather than in a hospital, it could be argued that services will not be lost, just delivered differently.

38. It is important to say that many people feel that inclusion of beds is what makes a hospital, and therefore that the loss of the beds in some places is the catalyst for the view that whole swathes of services are being lost. It may be that the language used is partly responsible for a lack of understanding about how and where the services currently being delivered in community hospitals will be delivered under the new arrangements, but this should not detract from the fact that new style services will take a lot of getting used to and in the meantime many people will miss their hospitals, to which they are profoundly attached.

39. However, the phrase “community hospital” sums up images of a particular kind of facility, which in Wiltshire equates mainly to the older style nursing wards accommodating people with a range of needs and providing a number of outpatient services. Whereas the phrase “primary care centre” seems to summon images of buildings which have been referred to as “glorified GP surgeries” and which are perceived as housing lesser services than community hospitals, when in fact it may be the case that the only difference is that a primary care centre does not have inpatient beds.

40. Within this context it must acknowledge that the number of people who actually need to access inpatient facilities at community hospitals is fewer than 10% of the population of Wiltshire, whereas the numbers of people who use the associated outpatient services is much greater. This is not to belittle the needs of the people who do need to access inpatient care or their families, but a balance needs to be struck which enables the PCT to continue to provide this care with a revised number of beds that takes into account the establishment of neighbourhood teams providing alternative care.

41. Finally, the Task Group has given consideration to the Department of Health paper “Our health, our care, our community: investing in the future of community hospitals and services”, which was intended to be read in conjunction with the White Paper, “Our health, our care, our say” which provides greater clarity about how investment into community hospitals should be made, what services they will provide and how they will cater for the changing needs of different populations. This paper is available to members with other guidance documents in the Member’s Room at County Hall prior to the meeting and in the Committee Room on the day of the meeting.

Primary Care Centres

42. In several of the towns where the PCT has decided community hospitals will close it is planned to re-provide services in primary care centres (PCCs). It has been stated that these centres will provide a range of different services commissioned to meet the needs of local communities in terms of diagnosis and treatments. However they will not include beds.

43. PCCs will require the commitment of GPs in order to be staffed and operated. It is envisaged that a PCC will be owned by a group of GPs who are prepared to provide a wide range of services on site, which could include outpatients clinics, physiotherapy, ante and post-natal care and a range of specialist treatments that individual GPs might be interested in providing for a larger section of the population.

44. A PCC might be the base for a neighbourhood team, therefore giving local GPs good access to the teams, allowing information to be easily passed to all the relevant professionals involved in caring for a patient.

45. The Task Group expects that, as health and social care providers return to a more integrated way of working, co-location of health and social care professionals on PCC and other hub-type sites should be implemented.

46. The Task Group is aware that in some parts of the county there are already groups of GPs who have been putting together plans to build and run PCCs. As GPs are, and will continue to be the cornerstone of primary care services, the Task Group welcomes the ambition of GPs to get more involved in the commissioning of services for their local communities under Practice Based Commissioning and the development of GP conglomerates which will eventually commission services for quite large community areas.

47. It is understood by the Task Group that GPs hold a great deal of information about the health needs of their communities and that by working more closely together as commissioning bodies they may be able to offer services locally that have hitherto only been available at larger general hospitals.

48. The vision for primary care and community services, set out in the White Paper, supports the development of centres for GPs to offer a comprehensive range of services for local communities, and the Task Group accepts that this is in line with national policy.

Neighbourhood Teams

49. During the engagement and consultation processes it was repeatedly stated by the PCT that Wiltshire, unlike many other parts of the country, does not have a 24 hour district nursing service, and that this often leads to people being admitted to hospital during the night with routine complaints when they could be cared for at home if the appropriate staff were employed round the clock.

50. The success of all the PCT's plans hinge, essentially, on their ability to run multi-disciplinary neighbourhood teams across community areas which provide the right range of skills and services for the population of that area. However, it is also crucial that social care teams are in place if the system is to operate effectively.

51. The Task Group has learned from the PCT that arrangements are in place to run a duel service during the implementation stage as the neighbourhood teams are brought on stream, so that for three months both the old and new systems are in place. This will ensure that any problems can be identified and rectified within a safe framework of care services and will provide a fall back as the new services bed in.

52. Given the central role the neighbourhood teams are to play in the reconfigured services the Task Group has naturally been keen to find out as much as possible about the people who will make up a team, how it will operate and how patients will gain access to it. The PCT has responded that the make up of a team will depend on the needs of the community it is to serve, but all will contain a mix of skilled nurses, therapists and support staff working alongside GPs, social care and mental health staff to delivers a whole system of care in people's homes.

53. The Task Group understands that the neighbourhood teams would be configured to reflect GP consortia wherever possible and would be co-terminus with social care localities, supporting populations of similar sizes and make-up and allowing for co-location and joined up services.

54. The Task Group will continue to receive information about how decisions have been reached regarding the final make up of the eleven teams as they come into being and would urge the PCT to review the effectiveness of the teams regularly by asking people who have received care to comment on their own experiences. The Task Group would suggest that the Committee may wish to receive updates on the work of the Neighbourhood teams on a bi-monthly basis in the first instance.

55. The HOSC has previously agreed that the Task Group should continue to meet to monitor the development of the neighbourhood teams as they are established in each community area.

Maternity

56. Maternity services provided in the community by midwives have long been a subject of great interest and emotion in Wiltshire. The midwife-led services run by the PCT are held in the highest regard by the public and the service has been recognised by the National Childbirth Trust as a gold standard service in breast feeding support.

57. The National Service Framework for Maternity Services and the recent document, "Making It Better: For Mother and Baby" outline the requirement for PCTs to be able to offer a range of choices for maternity services as part of their standard maternity care. These choices are:

- Consultant-led maternity units linked to neo-natal units with 24 hour obstetric care
- Midwife-led maternity units either in hospitals or community settings, offering a “home-like” environment and swift access to consultant-led services if needed
- Home births

Both the above mentioned documents are available to members of the Committee in the Members Room at County Hall prior to the meeting and in the Committee Room on the day of the meeting.

58. It is prerequisite that within this framework a PCT should be able to offer safer services, ante and post natal care close to people’s homes and that normality should be promoted as a matter of course with pregnancy and birth not being unnecessarily treated as a medical condition. It is within this context that the Task Group has considered the proposals for maternity services in Wiltshire.

59. The PCT has stated that the current service costs approximately £2m more to run than the national tariff allows for, meaning that the extra £2m has to be found somewhere within the PCTs budget to make up the cost. Analysis of the usage of the three community birthing units currently open shows that Devizes is operating at an average of 35% occupancy, Trowbridge at 44% and Chippenham at 51%.

60. In an average year the PCTs statistics show that 20% of births happen in one of the community units, with a small number taking place at home and the vast majority, nearly 80%, happening in the RUH, the GWH or Salisbury DGH.

61. In order to reduce costs, but to continue to provide the full range of choices, the PCTs decision is to close the units at Devizes and Trowbridge and to continue to operate a midwife-led birthing unit at Chippenham (no changes were proposed for the services at the RUH, which are run by the PCT). The PCT has also said that, as birthing rates in each of the three community units within the county have been either at or below 50%, consolidating midwives into one, busier, unit will enable them to keep up their competencies more effectively than working in a quieter unit because they will be delivering more babies.

62. The Task Group accepts that, under these proposals the PCT will continue to be able to fulfil its obligations to the community in terms of choice, clinical safety and support to mothers. Therefore, technically the Task Group has to accept that the proposal for reconfigured services is in line with the relevant national guidelines for maternity services. However, the proposal has generated a high level of public interest and concern and the Task Group is aware that many people in the two communities that will lose their maternity units will see this as an unforgivable loss.

63. Of the comments made to the PCT during the consultation, in the press and to the HOSC directly, a number of key themes about maternity have emerged and the Task Group has explored these as far as possible.

64. It is clear that one of the things new mothers value most about the community units is the advice and support they receive from the midwives immediately after the birth. The experiences of the mothers who gave birth or spent time in the community units after giving birth in the obstetric units seems to be that the midwives have more time to spend with them and that this helped to build their confidence.

65. It is probably the case that the midwives in the community units have more time to help new mothers with breast feeding and other issues because the bed occupancy is generally lower than in the acute centres, that these good experiences for mothers are a by product of the units not being used to anything like their full capacity. However, what is important here is the perception of the mothers that they received better care because of the time the midwives were able to spend with them, and that many of their fears for the reconfigured service centre on the possibility that this level of one to one support from the midwives may be lost.

66. The Task Group is aware that it is generally accepted by the medical community that the sooner new mothers go home after the birth of the child the better they will cope and the easier they will bond with their babies. Therefore, the Task Group cannot disagree with the PCTs aim to reduce inpatient stays after birth. However, the Task Group does want the PCT to be explicit about where midwives will be based in communities so that fears about ante and post natal care may be addressed and so that people will know how and where they can expect to see their midwives.

67. The Task Group is also mindful that national guidance stresses the need for maternity services to seek out actively mothers from hard to reach groups who typically do not access maternity services until later in their pregnancies. Given that Wiltshire, though not deprived overall, does have recognised pockets of deprivation, and that further hidden pockets exist in the most rural areas, along with a growing immigrant population, the Task Group would like the PCT to demonstrate how it intends to improve access to maternity services through its reconfigured services by explaining how midwives will work in the community and how their services will be advertised.

68. Following the end of the PCT's consultation in June 2006 the Task Group met with officers of the trust a number of times and heard that one of the possibilities being considered for maternity services was "domino" rooms in primary care centres and community hospitals which would not be staffed on a full time basis, but would provide a safe, clean environment for mothers to give birth with midwives in attendance before returning home with their babies, provided the pregnancy and birth were normal. The Task Group indicated that it would support this sort of service.

69. However, it now seems this suggestion was considered and discarded by the PCT, although it would presumably have cost very little after the initial set-up costs. The Task Group queries this decision as it would have provided a birthing space in local communities away from home, and would have enabled mothers to return home quickly following the birth.

70. The Task Group is aware that mothers in Wiltshire are able to make use of birthing units outside of the county if it is more convenient for them to do so. The principles of Patient Choice would presumably support this. The Task Group understands that mothers could, if they wished, use units on the periphery of the county and that there is to be a midwife-led unit at the new hospital in Frome. The Task Group therefore would like to see a full list of all the birthing choices available to mothers living in Wiltshire and would request that the PCT is explicit about these choices in the literature and information it provides to expectant mothers.

71. Finally, the provision of a midwife-led unit at the Great Western Hospital has long been mooted and members who served on the Committee at the time of the Kennet & North Wilts PCT maternity review in 2004 will remember the idea was used by that PCT as a softener to the people in the far north of the county who were faced with the prospect of losing their unit at Malmesbury.

72. However, investigation by the Task Group that responded to that review discovered that a midwife-led unit was not a high priority for the main commissioner, Swindon PCT, and so it could not be held up as a viable alternative. Two and a half years later and there still seems to be no plans to develop this service at GWH, although it may now be a higher priority for Swindon PCT.

73. The Task Group would obviously support the development of such a service at GWH, and also at Salisbury DGH should there be a will to do so. The Task Group would urge the PCT, in its role as commissioner of services for the population of Wiltshire, to use what influence it has with all trusts concerned to explore the possibility of developing midwife-led care on both sites.

74. The Task Group notes that it is highly unusual for a PCT to be the provider, as well as the commissioner of maternity services and accepts that the PCT is seeking alternative arrangements for the management of the service in accordance with the requirement that PCTs act as commissioners rather than providers. The Task Group therefore is focussing on what the PCT will commission for the population of Wiltshire.

Minor Injury Services

75. The Task Group, like many of those who responded to the consultation, has been confused by the future of minor injury services. This is in part because of the different terms used to refer to the various types of unplanned care that are delivered across communities at any one time; minor injuries services, out of hours services, urgent care, emergency care and so on.

76. It is difficult enough to differentiate between these services, let alone to fully understand what injuries or illness warrant a particular type of care or how to access them.

77. The Task Group has asked extensive questions about minor injuries services on numerous occasions in an attempt to understand the rationale behind the proposals in the Board paper and many of these are included in Appendix 1.

78. Task Group members have heard anecdotal evidence from GPs that they are unwilling, or unable to deliver further minor injuries services. However, the PCT will continue to have to commission minor injuries services from somewhere for communities where the minor injury unit is set to close.

79. It may be that a series of negotiations will take place between GPs and the PCT regarding the services that have to be delivered within the GP contract and that this will include minor injury services. The Task Group suspects that it may be easier to reach a satisfactory conclusion in communities where PCCs are planned as space for the delivery of services can be included in the building specification.

80. The Task Group is concerned that, in the short term at least, changes to minor injury services will have an adverse impact on the Great Western Ambulance Trust in that more people may call for an ambulance because they don't know what else to do. The Task Group is aware that the Great Western Ambulance Trust is having to look at how it provides services to meet current and future need, although the HOSC has not received details of what this may entail. The Task Group suggests the HOSC seek information from the Ambulance Trust about the impact on its services as the PCTs plans are implemented.

81. The Task Group assumes that, until more is known about where minor injuries will be treated for each community, there will continue to be confusion and consternation. It is the view of the Task Group that the PCT must carry out urgent work to resolve this issue and to publish a comprehensive list of minor injury services at the earliest opportunity.

Mental Health

82. On 30 January the PCT outlined its preferred option for mental health inpatient beds for older people, which is to have a 20-25 bedded unit in Melksham, however decisions for this proposal were delayed until April to give the PCT more time to carry out modelling work to decide upon bed numbers.

83. In the meantime the Mainstreaming Mental Health (MMH) Task Group, which has been carrying out a similar role to that of the Pathways for Change Task Group for the sister consultation on mental health services, met with officers of the Avon & Wiltshire Mental Health Partnership (AWP) to discuss the implications of the proposal as set out in the PCT Board paper.

84. Officers of AWP stated that they had not been involved in discussions about operating a stand alone unit for mental health beds prior to the proposal being included in the PCT Board paper and raised a number of concerns which the MMH Task Group agreed to take forward. Consequently the MMH Task Group met with the Pathways for Change Task Group and it was agreed to include a number of points in this report so that the PCT could consider them prior to making further decisions about mental health inpatient services in April.

85. The MMH Task Group and AWP pointed out that the original intention of the consultation had been to integrate mental health into mainstream health services, hence the name. This has been partially achieved by phase 1 of the proposals for mental health services, which involves changes to community psychiatric teams.

86. However, it was originally the intention to situate mental health inpatient beds for older adults on the same site as general medical beds, so ensuring that the patients being cared for could have access to all the physical health services that they might also need. It was pointed out that there are particular risks associated with stand alone mental health units that AWP was attempting to minimise through co-location.

87. Because AWP was not involved in discussions with the PCT prior to the Board paper being published, officers from the Trust were not aware of the rationale behind the proposal for one stand alone unit instead of a co-located service and both scrutiny task groups maintain that it is of vital importance that these discussions take place between the PCT as commissioners of the service and AWP as providers without delay.

88. The MMH Task Group will want to satisfy itself that AWP has been fully involved in the development of proposals for older adult inpatient services before the PCT Board makes further decisions and before the Overview & Scrutiny Committee meets to consider any further decisions. The Pathways for Change Task Group is in agreement with this and will continue to work the MMH Task Group as these proposals are developed.

Social Care Services

89. The Task Group has actively sought the views of the County Council's Director of Community Services. It was felt of crucial importance to do so due to the likely implications for social care within the changes proposed by the PCT and the joint nature of many health and social care services.

90. It was also noted by the Task Group that, during the course of the previous eighteen months, increasing financial pressures for both the County Council and the NHS in Wiltshire had led to a major breakdown in communication between the two, which ultimately led to a withdrawal from joint working and commissioning. The OSC has commented on this state of affairs at previous meetings and expressed its concern that those who received services from both organisations would suffer as a result.

91. However, discussions with the Director have done much to reassure the Task Group that work has been ongoing to rebuild lines of communication with a long term aim of re-establishing joint working and commissioning practices between health and social care, provided the appropriate risk sharing agreements can be put in place. The Task Group is highly supportive of these moves to bring health and social care back together and commends the work done by the officers from both organisations in facilitating this. The Task Group is confident that there is sufficient will on both sides to ensure robust agreements are reached in order to minimise the risk for such dramatic and damaging breakdowns in communication to occur in the future.

92. There are a number of key points that the Task Group wishes to draw to the attention of the Committee:

- The Department for Community Services (DCS) welcomes the general direction of travel as presented in the PCTs Board paper of 30 January 2007. In particular the emphasis on development of more flexible services providing greater choice, greater opportunity to receive services at home and attention given to preventive services.

- It must be recognised that the PCT's Board paper was produced without direct involvement of the County Council and that an effective and meaningful dialogue must be established between the two organisations to clarify a number of issues and establish how DCS will actively participate in the realisation of the proposals, developing services which make best use of resources and provide quality services meeting the needs of the people of Wiltshire.

- Appropriate resources must be made available by the NHS during the transition from current provision to the proposed models of care.

- DCS supports the co-location of services where appropriate and is keen to work with the PCT to ensure that services are not duplicated.

- The greater range of services to be offered to people within their community is welcomed, but the implications for social care are recognised and DCS would like to work more closely with the PCT to aid understanding and to be able to participate actively in planning for implementation.

- The proposals to establish comprehensive and robust 24 hour neighbourhood teams are welcomed, especially as the lack of this service has been identified as being a major factor in the number of delayed transfers of care from acute hospitals.

- The proposals for neighbourhood teams may impact on the services provided by social care and clarification needs to be sought about:

    - The proposed level of non-qualified care making up part of the neighbourhood team

    - Implications for social care if average lengths of stay in hospital are reduced by 7 days

- Whether patients being cared for at home by the neighbourhood teams are classed as NHS inpatients and at what point social care takes over some responsibility for these patients

- Since June 2006 work has been ongoing by DCS, the PCT, the 3 Acute Trusts and the Mental Health Trust to reduce delayed transfers of care. This work has been facilitated by the Commission for Social Care Inspection and is being formalised through the development of a Risk Sharing Agreement between all parties. There has already been a significant reduction in delayed transfers of care as a result of this and DCS would not wish implementation of the PCT's strategic plans to divert attention from this ongoing work.

- DCS will have to be closely involved in the process for closure of the community hospitals to ensure that adequate support is available for transfer of people into the community.

- There will be a financial implication to the County Council in moving people from community hospitals into nursing or residential care as a result of the PCT Board decisions.

- In the short term the closure of some of the community hospitals may cause DCS to make more residential and nursing home placements and may affect the Department's performance assessment.

- Formal arrangements for DCS to meet with NHS partners must be re-established.

- The Department supports of the measures set out in the PCT's Board paper and welcomes the opportunity to work with the PCT to provide a greater range of services in people's homes. However, concerns about the transition arrangements need to be addressed.

94. The Task Group thanks the Director of Community Services for her frankness in confirming the Department for Community Service's support for the direction of travel outlined by the PCT in its Board paper.

95. The Task Group notes that the County Council has stated its intentions in previous Cabinet papers for delivering more services in people's homes and for changing the way it delivers some of its own services to make them more local and less institutionally based.

96. The Task Group views as significant the DCS's commitment to reduce delayed transfers of care in Wiltshire by 70% within the year and accepts this as an acknowledgement that a). the Council has a social care responsibility towards these individuals, b). the Council recognises that hospitals are not the right places for these identified individuals to be in the long term, and c). by reducing the numbers of delayed transfers of care in a planned and sustainable manner, it naturally follows that the PCT will be able to make a reduction in inpatient beds based on the reduction of delayed transfers and the establishment of the neighbourhood teams as long as the provisos stated in this section are met.

Transport and Access

97. The analysis of feedback from the consultation shows that transport and access to services is the biggest concern for people living in Wiltshire. When faced with the prospect of changes to services many people ask "how will we get there?"

98. Eventually the PCT began to engage with a range of partners to through a working group, and finally an impact assessment was undertaken that mapped patient journeys. The impact assessment looked at how patients and visitors travelled to services, availability of different modes of transport, distance travelled and time taken to travel.

99. The PCT's analysis found that almost 80% of people travelling to appointments went by car. The Task Group has therefore focussed its concern on the 20% who do not, although the fact that they do not travel by car does not necessarily mean they have problems with transport.

100. The Task Group is reassured that the PCT is intending to re-provide ambulatory care in the same localities as the current service centres, as this will help to minimise the increase in travelling costs to individuals. The Task Group presumes that the introduction of the neighbourhood teams will also help to keep costs down for families, friends and carers, as staff will be travelling to patients in their own homes and so visitors will not have to travel to hospitals.

101. The Task Group has sought the views of the County Council's transport planning department, who stated that the impact assessment work carried out by the PCT broadly supports the theory that the changes to services will have a limited impact on patient journeys. However, the Task Group wishes to reiterate several key points that have already been made to the PCT:

- Further analysis is needed on the journeys of staff and visitors. This will be crucial when development proposals come forward for as the County Council will be seeking greater use of sustainable modes of transport for patients, visitors and staff.

- Further analysis is needed to understand the impact on non-private vehicle journeys, especially in relation to public transport.

- Further analysis is needed to understand the impact on disadvantaged groups – older and younger people, ethnic groups, mobility impaired people and low income groups, especially from deprived areas.

- Future plans to move services out of district general hospitals could have a significant impact on patient journeys as currently the majority of outpatient and inpatient activity happens at these centres and so further detailed analysis of this impact is also needed.

102. The Task Group is aware that the County Council's transport planning team have expressed a willingness to work with the PCT to ensure that these associated investigations are carried out, and would urge the PCT to establish a framework for assessing the impact of their changes as they work through their implementation process.

103. The Task Group has given consideration to the practicalities of having fewer inpatient centres in the county, in terms of travelling to towns that may not be familiar to patients and visitors. The Task Group suggests that the PCT compiles a short leaflet that explains when events that might hinder travelling occur, such as market days and planned fairs, or community events. These leaflets could be given to families when a patient is admitted so that they can plan their visits to avoid peak pressure times and could also include information about public transport.

104. Finally, the Task Group has given some consideration to the concept of access. Clearly, it is far easier to provide accessible services in urban areas where transport links are good and where people can find themselves situated within easy distance of a range of primary and secondary care services.

105. However, in a rural county such as Wiltshire the issue of access is not so easily addressed. Some parts of the county, particularly in the east, have always had fewer health centres and people have been expected to travel further for services that those in the west of the county have historically been much closer to. The eastern area is less densely populated than the west, but there are still a number of large villages and towns that have always had further to travel to services than other similar populations elsewhere in the county.

106. The financial situation of the PCT is such that, issues of equity cannot be addressed by building more facilities in every community area. This would only further exacerbate an already unsustainable situation. Therefore, the PCT is seeking to address some of its equity issues through the introduction of its neighbourhood teams which will provide the same service across the county regardless of whether people live near to a community hospital or PCC.

107. In the view of the Task Group a balance must be struck between the longer distances that some people will have to travel to get to community hospitals following reconfiguration, and the establishment of teams that will work much closer to, or in people's homes, and the benefits this will bring to people who have had no choice but to travel in the past.

Conclusions

108. The current health and social care system is unsustainable and is failing to meet a number of key needs, especially around admissions avoidance and delayed transfers of care. It is crucial that the service providers address this.

109. Ad hoc cuts to services are unacceptable.

110. The financial situation of the PCT must be addressed and resolved once and for all if the community of Wiltshire is to receive a balanced health care system that promotes health, wellbeing and independence.

111. The requirements to consult under Section 7 and Section 11 of the Health & Social Care Act, 2001 have been met.

112. The proposals to change services in Wiltshire meet the requirements outlined in the White Paper "Our health, our care, our say" and the National Service Frameworks for Older People, Long Term Conditions, Mental Health Services and Maternity, and therefore there is not a legal case to challenge the decisions.

113. There are a number of areas where the Task Group needs to carry out further work with the PCT to satisfy itself that future services will meet the requirements of the population, in particular minor injuries services and inpatient mental health services in conjunction with the Mainstreaming Mental Health Task Group.

114. Agreements for joint delivery of health and social care services are crucial to the success of these changes to services. It is in the public's interest that health and social care providers work together to deliver a whole system of care that is flexible, affordable and efficient.

115. The vision for future delivery of adult social care services is similar to that of the PCT in that it is the aim of the county council to deliver more care to people at home, to avoid unnecessary admissions to hospital and to work with partners to achieve this goal.

116. Sections of the community will remain angry that their services are being changed, but it must also be accepted that a great many people in all Wiltshire's community areas will benefit from being treated at, or closer to, home.

117. People in local communities affected by the changes are still unclear as to how the new services will work and the PCT must continue to carry out local engagement exercises as it moves into the implementation phase of its process to ensure local people are involved in the changes that directly affect them.

118. The PCT and the County Council must arrange to meet formally to discuss commissioning arrangements for services and agreements for key services, such as intermediate care, must be in place prior to the PCT implementing its plans.

119. The timetable for implementation should be made widely available and the PCT should publish its plans for stakeholder involvement during the implementation process.

120. The PCT must continue to work with a range of partners, including local authorities, voluntary sector organisations and other service providers to ensure that its reconfigured services work for Wiltshire.

Recommendations

The Task Group's recommendations to the Health Overview & Scrutiny Committee are:

i. To note that the decisions taken by the Wiltshire PCT Board on 30 January 2007 are in accordance with national policy and guidance published by the Department of Health for the commissioning and delivery of community services and that, despite any personal misgivings that members of the Committee may have, there is no legal reason for the Committee to formally object to the decisions under Section 7 of the Health & Social Care Act, 2001.

ii. That the Task Group continues to meet throughout the implementation stage to give particular consideration to how local people are involved in developments in their communities.

iii. That the Committee receives bi-monthly updates from the PCT about the implementation of its plans, and in particular the establishment of the neighbourhood teams.

iv. That, as plans for minor injury services are implemented, the Committee seeks information from the Great Western Ambulance Trust regarding any impact on the services it delivers to the people of Wiltshire.

And that the Committee makes the following recommendations to the Wiltshire Primary Care Trust:

v. That the PCT reviews the changes to its services by asking the views of people who have received care.

vi. That the PCT, at the earliest possible opportunity should be explicit about where services and staff will be based, and how they can be accessed, particularly with regard to minor injury services.

vii. That the PCT acts on the points made by the MMH Task Group and ensures that AWP is involved in all future discussions about inpatient mental health beds for older adults before further proposals are developed.

viii. That the PCT publishes a list of all the birthing facilities available to mothers in Wiltshire, whether situated within or outside the county.

Financial Implications

The financial implications for the Council are described in point 92.

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