

Pathways for Change Task Group – 2nd Interim Report

1. Purpose of Report

- 1.1 To update the Wiltshire Health Overview & Scrutiny Committee (HOSC) on the work undertaken by the Pathways for Change Task Group.
- 1.2 To outline the current position of the Pathways for Change project and to inform the committee of further work to be carried out by the Task Group and of the need to alter its terms of reference in order that it may carry out that work.

2. Background

- 2.1 The task group was formed in September 2005 following West Wiltshire PCT's (WW PCT) decision to close two community hospitals, and to put in place at an early point a mechanism for the HOSC to engage, monitor and respond to the Pathways for Change process, which is seeking to determine the future configuration of primary care services Kennet, North and West Wiltshire. The task group was also subsequently asked to consider any related closures or changes to services in Kennet & North Wiltshire PCT (KNW PCT) prior to the launch of the formal consultation process.
- 2.2 As reported in November 2005, the Task Group's initial investigation centred around the closure of Bradford on Avon and part of Westbury hospitals, which WW PCT Board agreed to at an extraordinary meeting on 31 August 2005. The Task Group in particular focussed on the effects on patients and staff and the views of the local community, balanced against the stated urgent need for the PCTs to embark on financial recovery.
- 2.3 The Task Group has expressed concern about the redistribution of the services offered at Westbury and Bradford on Avon across the three remaining hospitals in West Wiltshire, and has held discussions with the Director of Operations to ascertain how this process has been, and will continue to be managed.

- 2.4 However, the PCT has been required to carry out a statutory staff consultation process which ran until the end of January. Until it was known which staff would be redeployed across the service and which would either leave, choose voluntary redundancy or retirement, it has not been possible for WW PCT to publish a detailed plan outlining where all the services will go. A further meeting to establish the final outcomes of all the planning around this issue will be held on 24 March 2006.
- 2.5 Following the March meeting the Task Group will be in a position to comment on the acceptability of these changes for the service users affected. The Task Group has requested and received from the PCTs a number of additional pieces of information which will assist it in its deliberations.

3. Kennet & North Wiltshire PCT Temporary Closures

- 3.1 The Task Group is aware of a decision by KNW PCT Board to make temporary changes to services delivered at the Malmesbury and Devizes community hospital units.
- 3.2 The changes at Malmesbury, which involve closing the remaining Abbey ward and moving patients to Chippenham, as well as moving minor injury and outpatients services, have already taken place. This is in advance of the previously agreed project to replace the hospital at Malmesbury with a new health and social care facility. However, the PCT has assured the Task Group that it remains committed to the redevelopment and that it will be delivered as part of the first phase of the Pathways for Change development process.
- 3.3 Although the PCT had decided to close the remaining beds in the Elizabeth South ward at Devizes, it is understood that this has not yet taken place, and that changes will not be made during the immediate winter period. However, there has been a reduction in the opening hours of the minor injury unit at Devizes on a temporary basis.
- 3.4 The Task Group expects to see the future of services in Devizes resolved through the Pathways for Change consultation and, if necessary, will request the HOSC to use all powers available to it to ensure that this is the case.
- 3.5 The Task Group will continue to monitor this situation.

4 The Ongoing Work of the Task Group

- 4.1 Since the November HOSC meeting, the Task Group has shifted its attention to the impending Pathways for Change consultation, while continuing to investigate and monitor the implications of closures.

- 4.2 The Task Group has interviewed the Cabinet Portfolio Holder for Social Services, the Director and Assistant Director for Finance for the Department of Adult and Community Services (DACs), the Director of Operations, the Director of Finance, the Director for Planning & Partnerships and the Project Manager for Pathways for Change for both PCTs, and the Assistant Director for Planning & Development for Wiltshire County Council (WCC). The conclusions drawn by the Task Group following these interviews will be encompassed in the Task Group's report to the HOSC following the consultation on Pathways for Change.
- 4.3 The Task Group has begun a programme of visits, starting with a good practice model for a community hospital facility in Ledbury, built and operated by a not-for-profit organisation, from which the local NHS leases a number of services, including beds and minor injury facilities. The Task Group intends to contact the commissioning PCT to ensure that it receives their perspective on the benefits and constraints of such a model.
- 4.4 Visits are now planned to each of the community hospitals in Kennet, North and West Wiltshire, both open and closed, where Task Group members will receive guided tours of all the units, to view the facilities and to develop an understanding of the patient experience in each of the existing local units.
- 4.5 The Task Group intends to publish a full report of all its findings and recommendations at the end of the Pathways for Change consultation period.

5. The Pathways for Change Consultation

- 5.1 Initial expectation was for the formal public consultation on Pathways for Change to begin in early January 2006 however, for a number of reasons outlined below, this timeframe has slipped and it is now expected that consultation will begin around the end of February.
- 5.2 Firstly, late last year the Secretary of State for Health announced that the 60 most financially challenged NHS trusts and PCTs, two of which are WW and KNW PCTs, would be visited by groups known as "turnaround teams", who would be reviewing existing financial recovery plans and assessing the prospects for successfully achieving financial balance in 2006/07.
- 5.3 KNW and WW PCTs were visited by the turnaround team in late December 2005. The turnaround team reported that the PCTs were in need of urgent attention and greater capacity and they applied a list of controls to assess whether the financial recovery plans were robust enough. However they were not able to produce any clear actions for the PCTs. In other words, the turnaround team did not identify any potential savings that the PCTs had not already put in place. The PCTs will now receive extra support to manage financial recovery in the form of a turnaround director who will be attached to the trust for up to eighteen months.

- 5.4 Secondly, the PCTs have been in negotiation with Avon, Gloucestershire & Wiltshire Strategic Health Authority (AGW SHA) with regard to the length of time needed to pay back the accumulated debt of both trusts. The Department of Health had stated that all financial recovery must be completed by the end of 2006/07. However, following the initial reports of the turnaround teams, there is some indication that trusts in a “turnaround situation” such as KNW and WW could be given longer to pay back their accumulated debt.
- 5.5 Until the PCTs know what time frame they have been given for complete financial recovery they will not be able to provide the detail needed to complete their consultation document, or to begin to plan how and when to deliver new or changed services.

6. The Timeframe for the Task Group

- 6.1 As previously stated, the Task Group intends to deliver its detailed report and recommendations at the end of the Pathways for Change consultation which, at this point in time, would seem likely to be the end of May 2006 at the earliest.
- 6.2 Throughout the Pathways for Change engagement process the Task Group has been aware that people in the community are anxious about the possibility of changes to their health services, and have urged the PCT to make clear in its consultation document what its timescale for change is and, if possible, the order this is likely to take.
- 6.3 Despite the ongoing discussion about time needed to achieve financial recovery, the PCT has been working on the assumption that a three year joint financial recovery and service reconfiguration period would be the most realistic timeframe for achieving both. The Task Group has agreed in principle with this timeframe and has been working with the PCT to draw up a framework to outline how engagement and consultation with local communities will be carried out during the three year period.
- 6.4 This framework will describe a mechanism that utilises existing community planning structures, community groups, stakeholders, partners and any other identified groups or organisations whose input may be seen as crucial or desirable at any given point in the process. For example, if it was agreed that at a particular point in the three year process it was appropriate to begin development of services in Calne, the framework would identify which groups and individuals needed to be closely involved in the planning of that work.
- 6.5 The framework is intended to identify which elements of the wider Pathways for Change project would require formal public consultation under Section 11 of the Health and Social Care Act, 2001 and which elements could be developed and delivered using a more flexible and inclusive approach.

- 6.6 As the bodies with a recognised responsibility to ensure that both Section 11 and Section 7 of the Health & Social Care Act are adhered to, the HOSC and the Patient & Public Involvement Forums would have to be in clear agreement that the method described by the framework was acceptable in terms of how it intended to engage and involve people in the development of health services. Therefore, the Task Group is proposing to remain in place following the initial formal consultation period, in order to monitor both the progress of the changes and the process by which the PCTs are working with the communities affected during that process.
- 6.7 It is proposed that the Task Group would meet periodically during this period to monitor progress, review how developments had been planned and executed, and to ensure that formal public consultation in accordance with Section 11 of the Health & Social Care Act is carried out where necessary. The Task Group would report back to the HOSC at regular intervals.
- 6.8 The Centre for Public Scrutiny has advised that a flexible approach to public involvement in this instance would not only be acceptable, but probably desirable in order to ensure that developments agreed following the initial formal public consultation can be delivered in a timely manner.

7. Recommendations

- 7.1 That the terms of reference for the Task Group be amended to allow it to exist as a monitoring and advisory body for the duration of the Pathways for Change delivery process.
- 7.2 To request the Task Group to develop a set of principles that it will use throughout this process to gauge the reaction of the public, stakeholders and other previously identified groups in order to ensure that the level of engagement and consultation has been adequate.

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