Wiltshire County Council **Appendix 6**

Health Overview & Scrutiny Committee

March 8th 2006

The Impact of Bradford on Avon and Westbury Community Hospital Closures on Wiltshire County Council Services – Final Report

Purpose of Report

1. To inform members of the findings and recommendations of the Task Group looking into the implications on Wiltshire County Council following the proposed hospital closures in Bradford on Avon and Westbury.

Background

2. In 2004 the Healthcare Commission's Clinical governance review of the West Wiltshire Primary Care Trust (PCT) noted that the Trust was 'paralysed by financial constraints'.

3. The financial reality facing the West Wiltshire PCT was detailed in their document 'Business Case Supporting Proposals for Permanent Closure of Community Hospital Sites in West Wiltshire PCT'. This paper, released in August 2005, noted that to achieve financial balance the PCT was required to make savings of £13.8 million in 2005-06.

4. Running simultaneously to these financial challenges is the 'Pathways for Change' review, an engagement process being undertaken through 2005-06, where local people are being consulted on how services should change to deliver modern healthcare. The current financial imbalance has forced the PCT to react before the completion of this review, with the closure of Bradford on Avon and partial closure of Westbury hospitals the immediate solutions proposed.

5. At the same time financial difficulties have also been experienced by the Department of Adult and Community Services (DACS) - social care provider for Wiltshire. Significantly, in their 16th September paper to the Wiltshire County Council Cabinet it was estimated that the department for 2005-06 would have a £4.010 million end of year overspend. The justification for which is in part placed on the cost pressures arising from the actions of the Primary Care Trusts, including West Wiltshire PCT.

6. In response to these statements and a request from Wiltshire County Council's Cabinet on the 15th July 2005 to discuss the impact of decisions by PCTs on Council services, at the Meeting of the Health Overview and Scrutiny Committee on 14th September 2005, the Committee agreed as part of its wider 'Pathways for Change' Service Review, to investigate the impact of planned Community Hospital closures on Wiltshire's social care and voluntary services.

7. A Task Group was formed with the following terms of reference:

'To investigate the impact of the community hospital closures on the services provided through social care and the voluntary sector'

The membership of the group consisted of:

Mr Peter Biggs – Chairman/West Wilts Patient and Public Involvement Forum
Mrs Jean Cole – Wiltshire and Swindon Users Network
` **Dr John English** – Wiltshire County Councillor
Mr Mike Griffiths – Kennet and North Wilts Patient and Public Involvement Forum
Mrs Mollie Groom - Wiltshire County Councillor
Mrs Pat Rugg - Wiltshire County Councillor
Mrs Margaret White - Wiltshire County Councillor (replacement for Mr Gordon Cox)
Mr Roy While – Wiltshire County Councillor

Evidence

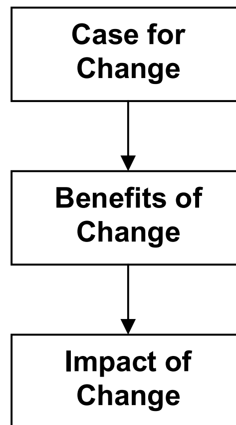
8. To ensure the review was well balanced in its evidence gathering, the Task Group agreed to undertake a series of interviews of key individuals integral to this process of change.

9. The majority of the evidence was captured on the 10th October, 2005. The Task Group initially interviewed Sandy Major – Assistant Director of Services Wiltshire County Council/NHS, who was accompanied by staff representatives from the West Wiltshire PCT:

Pat Hill – intermediate care at Westbury and Bradford on Avon hospitals
Debbie Jones – Rapid Response team co-ordinator
Debbie Dobson – inpatient nurse – formerly Bradford on Avon hospital
Maddy Ferrari – Client created integrated services – occupational therapist

10. The main focus for questioning centred on establishing the 'case for change', the 'benefits for change' and the 'impacts of change'. In addition, the Task Group interviewed Jenny Barker – Director of Operations – West Wilts PCT, on the 2nd November, 2005; with questioning again focussed on the three components of change.

Figure 1 – Classification of Evidence Received By Task Group



11. To represent DACS – the Task Group invited Wiltshire County Council's Cabinet Holder for Adult and Community Services – Mrs Judith Seager, to answer questions on the impact of the PCT actions on the department. Mrs Seager, who was accompanied by the departmental Director – Dr Ray Jones, was asked to outline the impact on DACS following the PCT decision to close the community hospitals. The Task Group through their questioning also attempted to develop an understanding of the linkage between the actions of the PCT and the financial overspend predicted by DACS.

12. To supplement the evidence received from DACS, the Chairman of the Task Group, Mr Roy While, met with Mr Keith Hillman - Department Head of Finance. This meeting took place on the 12th January, 2006 and allowed the Chair and supporting scrutiny officers to improve their understanding of the specific financial interrelationships between the PCT and their partner - DACS.

Results

The Case for Change

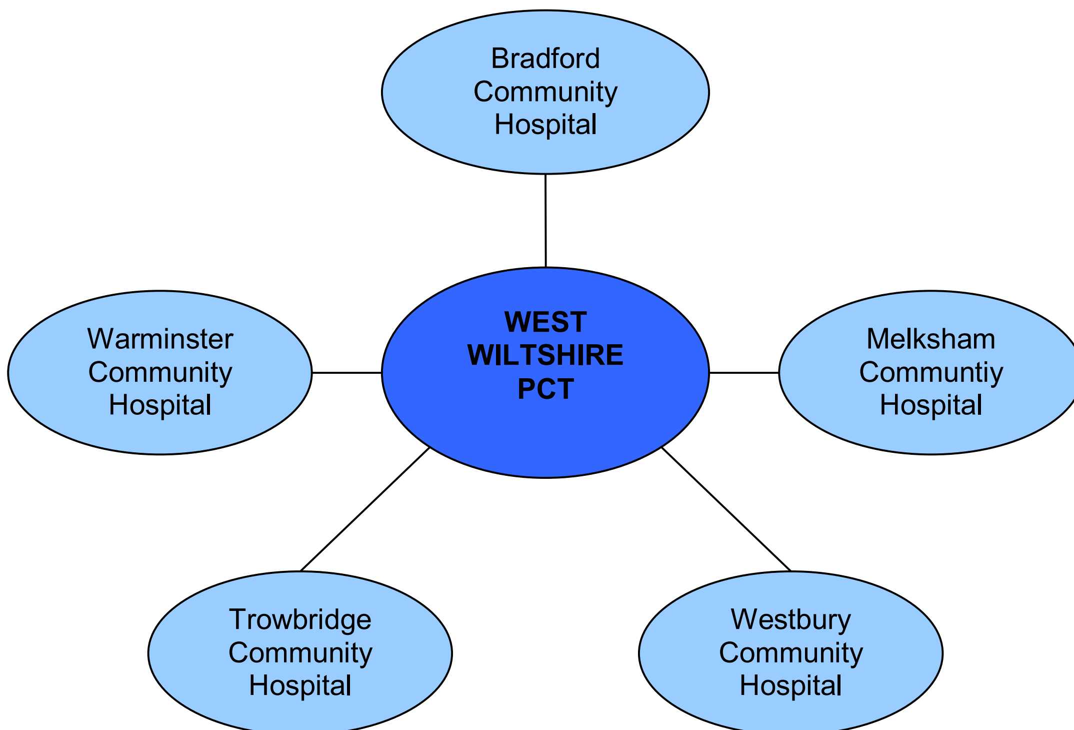
13. The financial difficulties challenging the West Wiltshire PCT has demanded the implementation of an immediate strategic recovery plan. The initial pending action taken has been the closure of Bradford on Avon Hospital and partial closing of the Westbury community hospital

14. The evidence captured from PCT staff in the interview process focussed on the need for change within the organisation. The required change was not necessitated purely by monetary factors, but was also called for because of the

restrictions placed on healthcare staff attempting to deliver modern care within ageing infrastructure and limited resources.

15. Structurally the West Wiltshire PCT has historically been configured over five sites, as illustrated in figure 2.

Figure 2 – Historic Organisation of the West Wiltshire PCT



Delivering healthcare services over five sites has thrown forward a number of operational difficulties:

- Keeping five sites open has meant that staff and resources are thinly spread

- When pressures arise at any of the units, gaps in the system quickly appear and it becomes almost impossible to keep the right skill mix across the five hospitals.

- There are difficulties in releasing staff to do anything other than mandatory training, which in turn halts personal development leading to feelings of dissatisfaction among staff. This also makes recruitment more difficult, with the service forced to temporarily close because of the staffing difficulties this causes.

- The lack of training and opportunity to specialise limits career pathways, which dissuades people from joining the workforce as they can't see any potential for future development. This has previously led to temporary closures across the service as a whole.

- The lack of other types of services, such as 24 hour district nursing, can lead to people being admitted to hospital when they could otherwise be treated safely at home. In older patients this can also lead to a loss of independence, described by the professionals as "de-skilling", as nurses in the hospitals attend to all the patient's needs and patients are less likely to perform simple tasks themselves.

16. Recognising these financial and organisational difficulties the PCT has recognised the need changes to the way it proposes to deliver healthcare in West Wiltshire.

Benefits of Change

17. The change, both proposed and implemented, consists of firstly closure of the two community hospitals and secondly changing the way nurses deliver care, moving towards delivery of healthcare in the community rather than the hospital.

18. A combination of Task Group site visits in early February 2006 and documentary evidence outlined the reasons why Westbury and Bradford Hospitals were identified for closure.

Bradford on Avon Hospital

The hospital is a converted manor house which as a consequence is not ideal for delivery of modern health care. The hospital fails to meet many of the standards expected of the modern NHS, including privacy and dignity. It also is too small, costly to maintain and delivered low levels of activity at a high cost.

Westbury Community Hospital

The Hospital buildings are a mixture of 1930's, 70's and 80's buildings which again fail to meet the minimal acceptable standards for privacy and dignity.

19. By closing the hospitals the Task Group heard that the PCT would firstly reduce its infrastructure costs, whilst also being able to concentrate resources in the delivery of health care. The patients who would previously have been admitted to the hospitals would be directed to the remaining community hospitals, utilising their spare capacity.

20. The nursing staff representatives presented evidence arguing that in the future they could work more efficiently and effectively within the community. They reinforced this by noting that the middle management team has put forward a plan to the PCT to form a comprehensive multidisciplinary team for exactly that purpose.

21. This multidisciplinary team would encompass rapid response assessment, intermediate care and rehabilitation. If this service was adequately funded and resourced, the staff felt it would be possible to allow more people to stay in their own homes instead of having to admit them to hospital.

22. The staff who had worked on the plan displayed a great deal of enthusiasm for this model of care and were convinced that, as long as the funding and the staff were in place, this would represent a better service for patients and a more structured and rewarding career path for staff.

23. The benefits of this organisational change were clearly emphasised through positive the impacts on finance, staffing and healthcare delivery. The beds lost in this process would be absorbed in the wider network of community hospitals.

Impact of change

24. The impact of the PCT actions on its partner organisation in DACS was also explored by the Task Group during their evidence gathering. The impacts were seen firstly in the context of the isolated direct effects on DACS from the closures of the two community hospitals, and secondly the Task Group investigated how this localised decision sat in the wider strategic 'cost reducing' changes instigated by the PCT.

Co-location

25. The hospitals buildings have a wider function in that they act as office facilities as well as centres for healthcare. Members of staff employed by DACS have worked side by side with their colleagues from the PCT, via an integrated service approach.

26. The benefits of this integrated approach to working are both clinical and financial. For instance the value of having social and health care staff working in the same environment allows the user to receive a holistic care package. Communication can flow between staff such as nurses and occupational therapists, with the net result being the patient reaping the benefits from a more comprehensive service.

27. The financial implications of relocating staff to new offices was also discussed, with a figure of £30,000 provided as a cost for relocating the office infrastructure for a team like the one in Bradford on Avon. It is hoped that the staff will be able

to move to the space just taken at 1st floor in Newbury House, Trowbridge. If this is possible, the costs have already been identified in the wider accommodation budget agreed earlier in the year.

28. The West Wilts PCT Director of Operations Jenny Barker informed the Task Group that in the short term savings in Westbury Hospital are being made from staffing, not from the closure of the buildings. Consequently, at the point of scrutinising the benefits of co-location of staffing can still be materialised. However, if this arrangement was to stop the same issues observed in Bradford on Avon would come into effect.

At the point of the review it was not impressed to the Task Group what the PCT planned to do with the buildings following closure.

Reduction in Community Hospital Beds

29. The decision of the PCT to close the hospitals will see a loss of 26 community beds within West Wiltshire. The individual breakdown of the activity between 2004/05 can be seen in the table below:

Figure 3 – 2004/5 Occupancy Levels in West Wiltshire Hospitals

Hospital	Bed No's	Admission	Length of Stay (average)	Occupancy
Bradford on Avon	10	129	24.7	91%
Westbury	16	188	29.7	95%
Warminster	18	157	37.4	94%
Melksham	24	209	31.8	92%
Trowbridge	34	462	24	90%

30. The evidence presented by the PCT argues that the loss of beds in the two hospitals will be counteracted by increasing the efficiency of remaining community hospitals, utilising all available capacity across West Wiltshire and Kennet and North Wiltshire, expansion of one of the remaining community hospitals and expanding the number of community rehabilitation and rapid response service plans.

31. The Task Group attempted to substantiate this statement by asking if DACS had felt an impact on their resources from the loss of these beds. The response noted that at this time individual tracking exercises have not been performed on users who would have been directed to these community hospitals. However, the Task Group were given detailed evidence on how these closures have been implemented at a time when the PCT are introducing a series of strategic

changes that are changing the historic financial/structural working relationship between the two partners, through such mediums as Continuing Health Care, Funded Nursing Care and Joint Funded Placements.

32. **Continuing Health Care (CHC)**

The criteria used to establish entitlement to Continuing Health Care changed in April 2004. The national government set new legislation where patients must meet one of five criteria to be entitled to further health care. If the patient fails to meet any of the criteria the responsibility falls on the County Council or patient if they are a self-funder.

33. It was emphasised that in Wiltshire the criteria is being more strictly implemented than in other parts of the country, with people who no longer require the support of health staff not likely to be eligible. The example sited to illustrate this issue was when a patient who received significant brain trauma following a car accident is ready to leave the specialist trauma unit, they still may be dependant on total living support, but are no longer eligible for continuing health care.

To add further context to this a study of the Continuing Health Care funding panels for Kennet and North Wiltshire and West Wiltshire PCT areas between 20th November 2003 and 4th August 2004 showed that out of 25 cases 19 were not eligible for Continuing Health Care funding, 4 were eligible and 2 were funded jointly between PCT and County Council.

34. To facilitate appropriate budget management DACS have encouraged the PCT to introduce a notice period for implementing CHC decisions. At the stage of the review this is still open to negotiation.

Funded Nursing Care

35. Following changes to local authority grant allocations in April 2003 the resources for nursing care were transferred to the PCT's.

36. Since 2003 the costs for residential nursing have risen significantly. At the same time, the contribution of nursing care, which is determined by nurse assessment as low, medium or high; has generally been assessed at the lower end of nursing requirements. The net result being, that DACS have to contribute a greater percentage of the total residential care. This was quantified at £300,000 per year in Sep, 2005.

37. The impact of Funded Nursing Care on the social care provider is reinforced when considering that two of the PCT's are under spending their budgets by £0.6 million a year.

39. Two potential ways of addressing this issue were discussed:
    - DACS discussed the potential of terminating the agreement with the PCT by 31st January, 2006. This would result form the 1st April, 2006 that the County Council would only pay for the social care element of the care.

This would then require the nursing home to claim the nursing cost elements from the PCT.

- At this stage nursing homes don't publish fees and how this is split between the various elements of care. This potentially could be challenged in the office for fair trading, with increased transparency allowing improved efficiency.

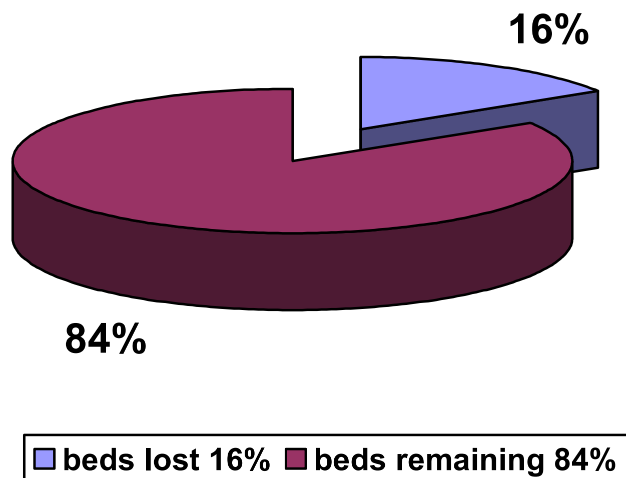
Joint Funded Placements

40. Currently there are between 20-30 patients who receive joint funding arrangements. In practice the Task Group heard that the PCT is reducing its level of contribution for some users, with patients likely to be subject to the same panels as used in the Continuing Health Care decision making.

Community Hospital & Mental Health Closures

41. The closures of Bradford and Westbury hospitals are not taking place in isolation. Since 03-04 the PCTs in West Wiltshire, Kennet and North Wiltshire have reduced the number of beds available in community hospitals by 43 beds. The PCT recognise the value of community nursing, but at this time have not channelled any extra funds into provision of extra staff to counter the hospital capacity reductions.

Figure 4 - Percentage of Beds Lost in Wiltshire Community Hospitals 03 – Feb 05



Hospital	Year 03/04	Feb-05	Number closed
Bradford on Avon	16	10	6
Melksham	24	24	0
Warminster	24	18	6
Westbury	24	16	8
Trowbridge	34	34	0
WW Sub total	**122**	**102**	**20**
Devizes	28	18	10
Chippenham	63	63	0
Malmesbury	18	10	8
Savernake	25	20	5
K&NW Sub total	**134**	**111**	**23**
Combined Total	**256**	**213**	**43**

42. Without this capacity and reinvestment the implication put to the Task Group is that the Social Care provider has to deliver care packages for longer periods, which are potentially more complex.

Partially in response to this it was highlighted to the Task Group that at the time of the scrutiny review there were approximately 60 Community Hospital patients who were being delayed in transferring to residential care provided by DACS, as there was no capacity to absorb them into the system.

Winter Pressures

43. There are historic agreements in place dating from 1999-2001 where the previous Wiltshire Health Authority created funds to be made available for WCC to purchase extra residential places. This then would allow beds to be freed to accommodate the increased demand normally associated with winter. The County Council still receive funding through one agreement for the funding of 50 people. The PCTs are potentially going to revoke this agreement, with the impact financially being as much as £700k.

Conclusions

44. The purpose of the scrutiny review was to evaluate the impact of the closures of Bradford on Avon and Westbury Hospitals on DACS. To address this – the conclusions produced by the Task Group review will be represented in a two tiered format that represents the complexity surrounding this topic. The hospital closures can be seen in two contexts, firstly in isolation where the impact of purely the closures of the two hospitals can be assessed against DACS. However, because the health and social care network in recent times has been managed in Wiltshire through a series of complex interrelationships, the closures can also be viewed against the background of other changes that have been implemented in this arena, which is changing the current mechanism for delivering care across the County and also the way it is funded.

1. Investment into community nursing - From the evidence received by the Task Group the PCT vision to deliver healthcare in the community is recognised and supported. The historic infrastructure of nursing care being delivered across 5 sites in West Wiltshire has resulted in resources being stretched beyond capacity. Also, without community based nursing, patients can be admitted to hospitals when access to basic nursing support would allow the individual to remain in their home. Patients can become de-skilled when in hospital, becoming reliant on nursing staff for support or tasks that they previously could complete by themselves or unassisted.

   For the vision to become a practical reality this requires appropriate investment from the PCT. Without this support the clear risk would be that patients would not receive the necessary nursing care forcing them to become reliant on partner organisations, or even worse slipping through the net.

2. The Task Group's conclusion to the key initial question is to note that when considering the closures of the two community hospitals in isolation, because of the lack of a cost-benefit exercise, it is difficult for any challenge to the PCT statement that the capacity would be absorbed in the remaining network. However, because of the numerous changes currently being instigated by the PCTs in Wiltshire, many of which have an impact on its partners in Wiltshire County Council, it is appropriate to see the closures in the wider context of this strategic reshaping.

   This report has considered a number of examples where the PCT has taken a decision on an element of healthcare provision where they have historically worked in partnership with Wiltshire County Council. If the costs of delivering social and health care is increasing and demand for

the service is gradually rising on account of the ageing population, then if the PCT are reducing its financial commitment this has to be felt elsewhere. DACS estimate that the figure could equate to approximately £1.5 million per annum.

3. Until recently the joint working relationship between West Wiltshire Primary Care Trust and Wiltshire County Council has facilitated a health and social care service that was able to deliver a joined-up approach to patient welfare. Now, because of the pressures felt by the PCT the relationship is becoming much more segregated with the real risk of a fragmented care being available for users. By adopting a series of quite sudden cost cutting measures it is forcing its partner in DACS to work as a reactionary service, having to respond to changes that have not been freely signposted. Partnership working allows the facilitation of a proactive pre-planned strategic health and social care network, benefiting all parts of Wiltshire.

46. Recommendations

1. The Task Group would encourage DACS to undertake further Investigatory work to establish the precise financial impact of PCT actions on its budget.

2. The Task Group would encourage a return to the joint partnership approach to delivery of care. The reactive segregated approach has developed in a climate of financial protectionism. This is unfortunate and does not encourage the positive integrated delivery of care that the evidence suggests is more appropriate.

3. The Task group would encourage the PCT to support their vision of community nursing with appropriate investment.

4. The Task Group recommends that further work is undertaken to investigate the transport implications of the Hospital closures. This area was not explored within the review but the Members' did voice concern that the removal of local community hospitals will have implications on the distances that users have to travel.

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The following unpublished documents have been relied on in the preparation of this Report
None