Pathways for Change Task Group – Response to Consultation

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Foreword by the Chairman of the Task Group

The major changes in local healthcare, particularly in Kennet, North and West Wiltshire that are being suggested both by government and the local PCTs, to provide a more efficient and effective service fit for the 21st Century have caused considerable disquiet amongst the population.

The closure of Bradford on Avon and partial closure of Westbury hospitals before any meaningful discursive debate about the whole of health care provision within Wiltshire could take place was a morale sapping blow to those communities.

This Task Group was set up initially to consider the implication of these actions on the services being currently provided. Then its remit was extended to review the whole of the Pathways for Change engagement process and consultation.

The Group has met on numerous occasions and received evidence from and interviewed a large number of people – professionals, other stakeholders and members of the public and we thank them for their useful and informative input. I would like to thank all members of the group for the time and effort they have put in and the often impassioned debate about particular aspects of healthcare. The group would particularly like to thank our scrutiny officer, Jo Howes, for the helpful and systematic way that she has handled, what has been at times, an onerous task.

Finally, I would like to urge that the recommendations within this Task Group report are implemented, in the hope that all the statutory providers of health and social care will continue to give due consideration to the concerns raised by all those people who have contributed to the wider Pathways for Change process.

Peter Biggs
Chairman, Pathways for Change Task Group
June 2006

Membership of the Task Group

This report provides a summary of the work of the Pathways for Change Task Group between September 2005 and July 2006.

The Task Group comprised the following members (drawn from the County Council's Health Overview and Scrutiny Committee):

Dr Peter Biggs (Chairman)
West Wiltshire Patient & Public Involvement Forum

Councillor Roy While
Conservative Member for Melksham

Councillor Mrs Pat Rugg
Conservative Member for Devizes

Councillor John English
Liberal Democrat Member for Salisbury

Councillor Mrs Mollie Groom
Conservative Member for Wootton Bassett

Councillor Mrs Margaret White
Labour Member for Melksham

Mike Griffiths
Kennet & North Wiltshire Patient & Public Involvement Forum

Jean Cole
Wiltshire & Swindon User's Network

N.B. The original membership included Councillor Gordon Cox of West Wiltshire District Council, who also initially chaired the Task Group. Following a change in the administration at West Wiltshire District Council, Councillor Cox was no longer co-opted onto the Health Overview & Scrutiny Committee and his place on the Task Group was taken by Councillor Mrs Margaret White.

Background to the Review

1 Kennet & North Wilts and West Wilts Primary Care Trusts (KNW & WW PCTs) informed the Health Overview & Scrutiny Committee that they were intending to carry out a wholesale review of all their services at the beginning of 2005. The Committee agreed early on that, given the high public profile of the review and the complexity of the subject, a Task Group would be needed to work on a full response at the time of the PCTs public consultation on proposals.

2. The PCTs duly embarked on an ambitious engagement process, called Pathways for Change and held large assembly meetings which aimed to promote wider understanding of the challenges facing the PCTs and to gather input from a wide range of stakeholders that would inform a set of proposals for future services and which had the backing and commitment of the assembly delegates.

3. However, midway through the engagement process West Wiltshire PCT received a letter from the Audit Commission (Appendix 1) which expressed doubt about the PCT's financial recovery plans and ability to break even within the financial year of 2006/07 unless further savings were made.

4. To make these further, required, savings in the short term, the PCT Board met at the end of August 2005 to consider a series of proposals which affected the future of the community hospitals in West Wiltshire. The outcome of this meeting was the closure of Bradford on Avon hospital and part of Westbury outside of the Pathways for Change engagement process and without formal public consultation.

5. Residents of Westbury and Bradford on Avon were understandably distressed and angry about the closure of their local hospitals, and were critical of the decision not to carry out formal public consultation prior to the decision to close them.

6. This decision was debated at length by the Health Overview and Scrutiny Committee at its September 2005 meeting. The Committee had, up until this point, supported the Pathways for Change engagement process and the inclusive way in which the PCT had approached it, with several members regularly attending the assemblies.

7. Committee members expressed their extreme concern about the nature of the closures, which were presented as part of a longer term financial solution, and the effect of them on both the communities involved and on the Pathways for Change process itself. The PCT implied that failure to incorporate these additional savings into the financial recovery plan at this stage could jeopardise the eventual outcomes of the planned consultation on Pathways for Change. The PCT gave assurance to the Committee that all of the services affected at the two hospitals would be moved to other sites, mostly Warminster and Trowbridge and stated that it did not therefore consider these changes to constitute a substantial variation in service as outlined in Section 11 of the Health & Social Care Act, 2001.

8. Given the seriousness of the PCT's financial situation and the assurance that services could be provided within the existing capacity of the PCTs, the Overview & Scrutiny Committee decided not to (formally) object to the closures at that time, but it did decide set up the Pathways for Change Task Group with immediate effect to provide a mechanism for immediate scrutiny of any further decisions by the PCTs and to closely monitor the process of change.

9. The Task Group was set up with the terms of reference to:

Report back in the first instance within 6 weeks on the implementation of the current proposals and then as a secondary activity to review the details of the Pathways for Change initiative to ensure this is in the best interests of the health community of Wiltshire.

Include, within its investigation, an assessment of any impact from these closures on the services provided through social care and the voluntary sector.

The full Terms of Reference can be found at Appendix 2

Process of the Review

10. The Task Group met on 22 separate occasions.

11. A full list of Task Group meetings and details of the people who attended and gave evidence can be found at Appendix 3.

12. Two initial reports regarding the closure of the hospitals at Bradford on Avon and Westbury were presented to the Committee on 9 November 2005 and 16 February 2006, and are attached here at Appendix 4 and 5. A further interim report concerning the short term effect on social services provided by the County Council's Department of Adult & Community Services (DACS) is also attached at Appendix 6.

13. The Task Group carried out familiarisation visits to each of the community hospitals in Kennet, North and West Wiltshire to gain an insight into the environment and facilities available at each site. The Task Group did not carry out inspections, and nor did it aim to view every service on every site.

14. Task Group members have also attended a range of public consultation meetings at which the proposals contained within the Pathways for Change document have been discussed.

15. This report represents a comprehensive summary of the work of the Task Group and the outcomes of the review. Jo Howes, Wiltshire County Council Health Scrutiny Officer, prepared the report.

The National Context

16. Since 1997 the government has sought to improve the performance of the NHS through additional funding, reform and modernisation. These improvements have been measured by a set of targets. Initially these targets focussed on waiting times for diagnosis and treatment, but the most recent White Papers, "Choosing Health: Making Healthy Choices Easier", Dept of Health, July 2004 and "Our health, our care, our say", Dept of Health, January 2006, have also attempted to address the more complex issues of public health, disease prevention and well-being, areas in which the NHS and local authorities are expected to work together to bring about improvements.

17. In addition to this, the NHS has been, for the last few years, in a period of unprecedented change. Initially 373 PCTs were formed, but a decision was taken by the Department of Health in 2005 to reduce that number, to cut running costs, and consultation was carried out regarding this reduction and the future of Strategic Health Authorities (SHAs) at the end of 2005 and start of 2006. The NHS is now in the process of putting these new PCTs and SHAs in place.

18. A number of other key documents published by the Department of Health have outlined the government's intentions for the delivery of care, and in particular primary care. "Creating a Patient-led NHS", March 2005, "Practice Based Commissioning: achieving universal coverage" and "The NHS in England: the operating framework for 2006/7", both January 2006, outline the government's vision for putting patients at the heart of planning and decision making for health services.

19. Finally, despite the fact that there has been a significant increase in NHS investment and funding, a growing number of trusts have found it impossible to balance their books; one of their statutory duties. However, in previous years trusts have been able to allow debts to accrue by rolling them over into the next financial year which, in turn, has led to significant deficits. Many trusts have been able to achieve recurring financial balance and have moved into surplus positions, for example the trusts in the Greater Manchester SHS region, but trusts in the South of the country have been taking longer and finding it more difficult to do so.

20. This year the overspend within the NHS has doubled and ministers are clear that this cannot be allowed to continue unabated. To resolve this situation the Department of Health has put "turnaround" directors into the trusts with the greatest financial problems in an effort to find out why they are continuing to overspend and to assist managers with financial recovery, including KNW and WW PCTs.

The Local Context – Background to Pathways for Change

21. Within Wiltshire there has been a history of overspending on healthcare, according to the national funding formula, which has gone on for many years. Over time pressures have occurred within the acute and the primary care sectors. By the time PCTs were set up in Wiltshire, the cycle of overspending, subsequent debt and financial recovery was well established and, although not all of the PCTs were formed with underlying overspends, before long each began to experience varying degrees of financial pressure.

22. The greatest financial problems have been felt in Kennet & North and West Wiltshire. Early on KNW PCT announced a comprehensive public consultation process aimed at saving money and reshaping the services offered. As it became clear that this consultation was looking at the future of the four community hospitals in KNW, the process became more controversial. Eventually, the then Chief Executive of the PCT resigned, leaving the process in limbo as a caretaker team from another area took over.

23. Meanwhile, WW PCT was beginning to experience its own severe financial problems, although the Trust had not by any means reached the stage of being able to consult on proposals that might begin to address its problems when its Chief Executive also resigned. WW PCT was then run on an acting basis by the same team that was in charge of KNW PCT.

24. Finally, in the autumn of 2004, after a prolonged period when neither trust had a substantive Chief Executive or full management team, a new joint Chief Executive, Carol Clarke, was appointed and swiftly took steps to put a comprehensive team of strategic directors in place.

25. At the beginning of 2005 the PCTs announced their intention to look jointly at all the services they provided with the aim of being able to reshape them to deliver modern healthcare within their budget, in accordance with the clinical and financial guidance that NHS bodies work under.

26 Across the joint PCT area there have been nine community hospitals, although in recent years there have been full or partial closures at a number of sites and bed numbers have been steadily reduced. The PCT and Avon, Gloucestershire & Wiltshire Strategic Health Authority (AGW SHA) have pointed out on a number of occasions that this number of community hospitals is unusually high for the population served (about 320,000 people across both trusts). This pattern of service delivery is not echoed in the south of the county, which does not have a single community hospital.

27. The Chief Executive of the PCTs has stated that, currently there are discrepancies between the services offered to those local communities with a hospital and those which do not have a hospital, and Calne has been given as one example of a town with significant social and economic problems, but with a relatively poor level of health care compared to other towns within the PCT area. The Chief Executive has spoken publicly about the need to address this inequity and to improve services for those communities who have not historically been able to benefit from close proximity to a community hospital.

28. In addition to this, the Pathways for Change assembly meetings were told that, although the care given by staff in the community hospitals is of the highest standard, in many cases the buildings are no longer suitable for modern purposes and that the financial commitment to maintaining these older buildings is making it impossible for the PCTs to develop different types of services that could be made available to greater numbers of people to fulfil government intentions as set out in "Our health, our care, our say".

29. At the start of the Pathways for Change engagement process the message from the PCTs was clear – although there was an urgent financial problem that had to be addressed, there was also a clear need to change the model of service delivery to make it suitable for all communities in the 21st century.

Key Themes from the Task Group Review

30. During the course of the Task Group's review, investigations have revealed a number of key themes, which have been raised on several occasions. Some of these themes are addressed in the Pathways for Change document, but others are not. The Task Group, however, views all these themes as crucial to the successful development and delivery of modern healthcare for Wiltshire and has outlined them below.

31. Although the Task Group accepts that the PCTs are consulting on a strategic outline for service provision which has not yet been subject to what could be termed a business case level of planning, the lack of information in some areas has made it difficult for people to make an informed judgement about the proposals. The Task Group still has a great many questions regarding the proposals and the shape of future services, which it has listed at the bottom of each section. These questions are intended to act as a guide to the PCTs in the planning and development of services following the consultation and the Task Group intends to monitor the process in order to ensure that its key questions are answered.

Equity

32. As stated above much has been made of the need for equitable services across all of Kennet, North and West Wiltshire – "the services we provide should be equally available to all 320,000 people living in this part of Wiltshire", p.5 "Taking the next step: modern and affordable healthcare for all".

33. However, a crucial part of equity is access to services, and the Task Group is concerned that there is little in the document that explains how the communities that have previously been the "have-nots", in other words those without a community hospital, will experience improvements in their services in the future. The Task Group does not wish the proposed closure of most of the community hospitals to result in a "dumbing down" of services for all, but would support the Chief Executive of the PCT's desire that savings in some areas of the service can result in improvements to others.

34. The Task Group accepts that the introduction of Practice Based Commissioning nationally could do as much to encourage development of better and different services for Wiltshire as the consultation on Pathways for Change. The aim is for Practice Based Commissioning to become the mechanism to enable the NHS to deliver the choice agenda that has been widely promoted over the last couple of years. The strong relationships between patients and their GPs will be used to give "practices and professionals the freedom to develop innovative, high quality services for patients," Practice Based Commissioning: achieving universal coverage, P.4. Clearly there are opportunities within this framework for GPs to continue to increase the level of care they deliver locally by working together strategically.

35. However, the Task Group has heard from a number of GPs at Pathways for Change assembly and consultation meetings, and also at Overview & Scrutiny meetings, and it is clear that there is a varying level of engagement with Practice Based Commissioning across the area. As Wiltshire is largely rural, there is a great deal that single GP practices can offer to small communities and the Task Group has heard fears that, as Practice Based Commissioning develops, these smaller practices will become less and less viable, and will gradually be lost as GPs congregate in larger centres.

36. There are proposals within the consultation document that relate to minor injury services and maternity. The Task Group has expressed concerns about both these proposals and has a number of questions relating to them which are documented at the end of this section.

37. There is one proposal relating to maternity, to site a single midwife led birthing unit in Chippenham. Currently there are midwife led units in Trowbridge and Devizes as well.

38. At the beginning of 2005 the PCTs set up the Maternity Reference Group (MRG) to work under the Pathways for Change public engagement process, looking at the finer details regarding maternity services. The group was made up of PCT representatives and other stakeholders, including campaign groups who had previously fought to retain maternity units in Devizes and Malmesbury. The MRG produced a report for the PCT Boards which it hoped would inform the proposals to be put forward as part of the public consultation.

39. The MRG report ended with a number of considerations for the commissioners (the PCTs), which included:

- The MRGs opinion that the maternity units in both Trowbridge and Chippenham are viable, with Chippenham averaging around 322 per year and Trowbridge 440, and could be retained.

- A joint venture with Swindon PCT could provide midwife led services to both the northern-eastern part of the PCT area and to Swindon, which currently does not provide a midwife led service within its area.

- The higher level of caesarean births in the eastern part of Kennet could be linked to the lack of a community maternity unit other than that in Devizes which is now earmarked for closure. There is evidence that community maternity services delivered primarily by midwives offer better long term health outcomes for both mothers and babies and the MRG has urged the PCT to look more closely into providing viable community facilities to the people in this area.

The full list of the MRG's considerations can be found at Appendix 7.

40. The Task Group is therefore concerned that in publishing only one proposal for community maternity services, to site a unit in Chippenham, the PCTs have failed to a). give due consideration to the report of the MRG, which the PCTs themselves commissioned, b). have failed to illustrate how this proposal is expected to improve equity for the people in the east of the area who have already been identified as being disadvantaged and c). have failed to explain how this proposal does anything to benefit service users as a whole. The Task Group is concerned that this proposal has been made on purely financial grounds, a concern that has been echoed by the Chairman of the MRG itself.

41. There is no explanation within the document about where or how ante and post natal classes will be delivered under this proposal, or where midwives will be based.

42. The Task Group is also concerned about the lack of information in the document regarding the access to minor injuries services. Minor injuries services have been subject to a great deal of change over the last two or three years, with opening times at minor injury units (MIUs) being steadily decreased. This has led to confusion within the communities affected.

43. The proposal in the consultation document is to "integrate this service with the GP out of hours service provided by Wiltshire Medical Services, to concentrate our dispersed expertise into two purpose-built units", Taking the next step, P.7.

44. The Task Group is concerned that there is little information about how services outside of these two purpose built units will be delivered and that again nothing has been proposed that will improve access to services for people in the east of the area, the very people who were cited at the beginning of the Pathways for Change process as being underprovided for.

<u>Further Questions</u>

- What improvements could the communities without hospitals expect to receive as a result of each of these options?

- How does the proposal for one midwife led maternity unit in Chippenham benefit the community or offer realistic choice of a community birth other than in the home?

- What consideration did the PCTs give to the report of the Maternity Reference Group prior to publishing its only proposal for maternity services?

- If most of the existing community maternity units close, where will ante and post natal classes be delivered?

- What is the rationale behind situating the two 24 hour minor injury units to the far west of the PCT area?

- The maps shown on page 11 of the consultation document do not illustrate that any more services will be provided in the disadvantaged east of the area. Can the PCTs demonstrate what service improvements will be delivered for these communities and how these proposals tie in with their stated aim of improving equity across the whole of the PCT area?

Recommendations

- That the PCT oversees the development of Practice Based Commissioning to ensure that small or single GP practices in rural communities are not lost.

- That the PCT reconsiders its proposals for maternity services to include further consideration of opportunities for birthing centres in other parts of the area.

- That the PCT provides further information about how minor injury services will be accessed.

- That the PCT demonstrates clearly for the Health Overview & Scrutiny Committee, how its proposals contribute to the improvement of equity across the PCT area, and in particular for those communities previously identified as being disadvantaged.

Timeframe for Change

45. In each of the options a number of the community hospitals would close. However, one of the concerns expressed by the public at meetings, and also by staff working in the service is that there is no timetable for the closures or the re-provision of services. The Task Group would like the PCT to be explicit, at the earliest opportunity, about closures, interim services and future services in order to minimise anxiety in the communities affected.

46. The Task Group is aware that several organisations and individuals are calling for there to be no reduction of services until new services are in place. This would be the most desirable situation. However, the Task Group does accept that realistically it may be necessary to move some services while new ones are being put in place.

47. The Task Group would prefer changes to take place over a phased period of time with the Trust making full use of its existing assets where possible. There would need to be widespread communication of any temporary and permanent changes to ensure that people know how to access services albeit possibly in different locations.

48. Previous experience has shown that poor communication has led to confusion and bad feeling in some communities who have not felt that their health providers have been as honest and open as they should have been and this situation is to be avoided at all costs.

Further Questions

- What is the timeframe for change for each of the options?
- If a phased approach is to be taken, what will be included in each phase?
- How would the neighbourhood teams and other community workers be introduced?

Recommendations

- That the Health Overview & Scrutiny Committee asks the Pathways for Change Task Group to remain in place to monitor the phased delivery process following the conclusion of the consultation.
- That the PCTs publish information about the order, and the timeframe in which they intend to remodel their services.

Transport

49. The issue of transport and access has been a major concern for stakeholders and the public throughout the engagement and consultation period. The Task Group does feel, at the time of writing, that this has been adequately addressed by the PCTs, although members are aware that a belated impact assessment may be underway.

50. Clearly the County Council is the highways authority with the statutory duty for the strategic planning and funding of the public transport system. However, a range of national guidance and briefing documents (including the Countryside Agency's Rural Proofing Checklist, the Social Inclusion Unit's "Making the Connections" and the National Institute for Clinical Excellence's (NICE) "Accessibility planning and the NHS") make it clear that policy makers must consider the impact on transport and access when making decisions which relocate services.

51. However, the most recent key document, produced by NICE, "The NHS and local transport planning: a briefing", and was issued in May 2006, outlines the aims of local transport plans, the role of the planning authority and priority areas for the NHS to consider.

52. "The NHS and local transport planning" clearly points to the NHS's responsibility to "work with local authorities in drawing up plans to improve access to health services" including "contributing to development of specific accessibility maps for health services; option appraisal to identify possible changes to health or transport services to improve access". Other targets include cooperating with local authorities to improve road safety, congestion, air quality, promotion of walking/cycling and other areas within the wider public health remit.

53. The Task Group has heard from the transport planning managers at the County Council who have expressed their deep concern that no impact assessment was carried out on the options prior to public consultation. The transport department strongly felt that this work should form part of the information on which the public would base their response to the consultation and that failure to provide that information has prevented responders from being able make informed decisions about the future of health services.

54. The Task Group is aware that the County Council made a number of attempts to engage the PCTs in accessibility planning for health services as part of the development of the Local Transport Plan, and that failure of the PCTs to fully engage fully at a number of stages in the process represents a series of missed opportunities and disregard of the principles of joint working that local strategic partnerships and the Wiltshire Strategic Board have worked hard to foster in Wiltshire.

55. Wiltshire is a largely rural county and the Task Group does not feel it would be acceptable for the PCT Boards to reach decisions about future location of health services without the benefit of a detailed impact assessment of the transport implications for each option. It is not satisfactory for the PCTs to make their decisions and expect their strategic partners to be able to reconfigure their own services accordingly without a deeper understanding of the Local Transport Plan which is set to run from 2006/07 until 2010/11.

<u>Further Questions</u>

- Are the PCTs carrying out an impact assessment on the transport implications of their proposals?

- If so, when will this work be finished, how has the County Council, as planning authority for transport been involved?

- Will the PCT Boards have the benefit of any analysis before being asked to make decisions about the future of services at the end of the consultation?

<u>Recommendations</u>

- That the Health Overview & Scrutiny Committee satisfies itself that the PCTs have given due consideration to transport issues.

- That the PCT ensures that the Boards have adequate information regarding the impact on transport and access before making their decisions at the end of the consultation process.

Finance

56. The latest financial position, as reported at the PCT Board meeting on 31 May, was that the projected overspend for both PCTs this year will be £28m.

57. There is insufficient financial information in the consultation document, although there are some basic figures for the investment required and savings that could be realised for each option.

58. The Task Group is not fully convinced by some of the levels of savings presented in the document, in particular those relating to the acute sector, where differing levels of reductions in activity at district general hospitals would surely lead to differing levels of savings, although for each option the savings are put at £1.4m.

59. Similarly, it is likely that by the time new services are being planned and developed there will be variations in the levels of investment needed. In either case, it is the responsibility of the PCTs to manage their financial affairs and balance their books.

60. The Task Group has chosen to give greater consideration to the potential implications for health, social care and voluntary services as a result of the consultation and has worked on the assumption that the PCTs would not have gone to consultation on a series of options that it could not afford to implement. However, the Task Group would not wish to see the PCT Boards make decisions based on financial considerations alone without there being service improvements attached.

Further Questions

- Are each of the options fully affordable and does the growing financial overspend affect the affordability of any of the proposals?

Recommendations

- That the Health Overview & Scrutiny Committee satisfies itself at the end of the process that the PCT Boards have not made decisions based on financial considerations alone, but have chosen options that contribute to both service improvements and financial savings.

Social Services

61. The overspend within the County Council's Department of Adult & Community Services (DACS) at the county council has been well documented and continues to be addressed by the County Council as part of its corporate recovery process.

62. However, to deliver services within budget it is likely that a number of policy changes will have to be made which will, in turn, result in some changes to the level of service delivered to clients. These proposed changes are still being developed, but are likely to affect domiciliary care, day services, transport, meals services and residential/nursing home placements. Full details of these proposals will be made available to the Corporate Recovery Scrutiny Task Group prior to decisions being made by the cabinet. The Health OSC will also be kept abreast of developments.

63. While carrying out this review the Pathways for Change Task Group has been aware of the ongoing pressures within social care. Members have also witnessed and been saddened by the dissolution of the integrated health and social care management system following decisions made by the county council and the PCTs during 2005.

64. The decision to end the pooled budgetary and joint management arrangements between Health and Social Care concerned member of the Health Overview & Scrutiny Committee who feared patients and their carers would suffer a lessening of the services and that more people would be judged to be neither the responsibility of health nor social care. However, members did understand that the financial predicaments facing first the NHS and later social care in Wiltshire made the joint management arrangements, at least in the short term, untenable.

65. It is clear from talking to representatives from both health and social care that both organisations remain committed to the principle of joint delivery of care. In other words, people receiving services from both the NHS and the county council should continue to receive a seamless service.

66. However, with both organisations now involved in complex financial recovery programs, the Task Group is concerned that the failure to plan the financial recovery of Health and Social Care jointly could result in a continuation of a situation whereby each organisation represents a risk to the other's financial stability. If the NHS was to achieve financial balance in a short timespan, it would probably have a destabilising affect on DACS which would in turn put greater pressure on the NHS in the form of delayed transfers of care. This ever decreasing circle would quickly have a detrimental effect on services, and patients, and would in all likelihood result in legal challenges on both sides, a waste of money.

67. The Task Group believes that stable, long term financial recovery for both services is dependant on their working together in the long term to provide complimentary and sustainable services that meet all their statutory duties.

68. The Department of Adult and Community Services has provided a report to the Cabinet of Wiltshire County Council regarding the potential impact on services of Pathways for Change. A copy of the report is attached at Appendix 8

Further Questions

- How are the PCTs and DACS working together to ensure that their plans for financial recovery do not jeopardise those of the other?

Recommendations

- That the PCTs and DACS provide regular updates to the Health Overview & Scrutiny Committee about their joint planning of services, which relate to each organisation's financial recovery.

- That the PCTs work with DACS to ensure that the timeframe for their proposed changes is planned with social care providers in order that changes are sustainable and carried out in a planned and manageable manner.

Children's Centres

69. Children's Centres are the government's vision for integrating children's services locally to ensure that professionals, parents and children can benefit from the advantages inherent in shared space and a single point of contact/delivery.

70. Further details about what could be included at a children's centre can be found at Appendix 9 of this report.

71. In Wiltshire there are plans for the first set of children's centres to be developed in Warminster, Corsham, Melksham, Trowbridge and Chippenham. Further centres will be developed in Salisbury, Devizes, Westbury, Amesbury, Tidworth, Calne, Wootton Bassett, Marlborough, Bradford on Avon, Downton and Malmesbury.

72. The Task Group is anxious that the PCTs should not miss opportunities to co-locate health visitors and other children's specialists on these sites and members have urged the PCTs to work with the County Council as their own plans are developed to ensure that they can be accommodated on children's centre sites.

Further Questions

- What planning work has been done with the County Council regarding the inclusion of health services in children's centres?

- Which health care professionals would the PCT consider as being appropriately based in children's centres?

Recommendations

- That the PCT and the County Council work jointly to ensure that children's centres are set up to provide the full range of services outlined in the guidance set out by the government.

- That the Health Overview & Scrutiny Committee asks the Children's Services Scrutiny Committee to monitor this joint working and to highlight any concerns as necessary.

Voluntary Sector

73. The voluntary sector has long been a key component of health and social care in that voluntary groups are able to offer much needed support to patients, families and carers that falls outside of the statutory duties of health and social care. In Wiltshire there are networks of well organised voluntary groups providing a range of services, including transport, day services, activity groups, gardening and maintenance work.

74. In addition to this the community hospitals all have active Leagues of Friends who are committed to improving the experience of patients and their families when inpatient treatment becomes necessary. In particular, the Leagues of Friends have traditionally helped to improve the environment by raising funds for furniture for day rooms or gardens, to provide pleasant spaces in which patients can recuperate and relax away from the ward.

75. Charities such as MIND, the MS Society, the Alzheimer's Society and others make up a crucial support network that enables GPs and other primary care workers to deliver rounded and effective packages of care, and to manage long term conditions in the community.

76. However, financial pressures within health and social care are having a detrimental effect on the funding streams for many of these voluntary groups who depend on small grants to be able to continue delivering worthwhile and much needed services.

77. The Task Group is concerned that the closure of community hospitals may, unless carefully managed, fracture these already fragile support groups, causing people who have worked on a voluntary basis for many years to become disillusioned and to stop giving so freely of their time.

Further Questions

- Is there a comprehensive list of all the voluntary groups providing services in the community hospitals or other primary care settings?

- What consultation has been carried out with these groups to look at how they can continue with their valuable work in the future?

Recommendations

- That the PCTs and the County Council work closely together to ensure that they continue to provide funding grants for voluntary organisations that complement the statutory services they provide through the ongoing period of change.

- That the Health Overview & Scrutiny Committee, at a later date, gives consideration to how voluntary services integrate with health and social care services.

Carers

78. Carers are another key component in the delivery of health and social care. Carers are, in many cases, family members who provide care and support to loved ones as a matter of course and whose role often goes largely unrecognised. There are 39,886 registered carers in Wiltshire, and evidence suggests that around 3 in 5 people will be carers at some point in their lives.

79. Members of the Task Group have attended public consultation meetings in towns where the debate has been very lively, in particular in the towns where the community hospital is under threat of closure. While it has been of utmost importance that the residents of these towns air their views and ask questions of the PCTs, feedback from carers present has revealed that many have found the situation intimidating and have not felt confident in being able to give their views.

80. The Task Group feels it is crucial that the PCTs actively seeks the views of carers, particularly as the suggestion of more treatment delivered at home has direct implications for carers.

81. The Task Group is concerned that an increase of treatment in the home or in the community may also increase the need for respite care, a service that has always been overstretched and under funded. While respite care is, in the main, considered to be a Social Services function, there needs to be a joint strategic approach taken by the PCTs and DACS here to ensure that the County Council, which is experiencing its own financial pressures, has capacity to offer more respite care should that become necessary.

82. The Task Group does not wish to see a situation arise whereby carers are having to shoulder greater responsibility as a result of funding pressures within health and social care, but with less opportunity for respite for those they are caring for.

Further Questions

- What work have the PCTs done with carers to ensure that their views on the consultation have been sought and that they have received information regarding the consultation in an environment in which they feel able to contribute?

- What analysis has been done on the level of respite care needed in the future under each of the options for change?

Recommendations

- That the County Council and the NHS works closely together to ensure that carers are given the support they need.

- That the Health Overview & Scrutiny Committee, at a later date, gives consideration to how carers integrate with health and social care services, and how they are supported and consulted by those organisations with the statutory duty to provide care.

Pathways for Change

The Pathways for Change Engagement Process

83. The PCT was keen to seek views from patients, staff, stakeholders, other service providers and representative groups about how services could be reshaped to meet the financial and clinical needs of the organisation. This was done through a series of assembly meetings, which brought together a cross section of each of the above mentioned groups and presented a series of situations, ideas, problems and scenarios to work through. The members of the Health Overview & Scrutiny Committee were invited to the assembly meetings and several attended.

84. The assemblies were regularly attended by 150 people who all agreed to pursue the process through four planned assemblies with the aim of contributing to a series of options which the PCTs could then take to formal consultation at the end of 2005.

85. The people involved in the assemblies agreed to participate in this process despite the fact that many of them represented communities where individual community hospitals may have been under threat. The PCT was clear from the beginning that the purpose of the assemblies was not to work out strategies for retaining the existing configuration of services at the community hospitals, but to work towards more effective and efficient solutions for delivering care. Thereby, there was an understanding within the assembly participants that the community hospitals would not all be retained in their current form.

86. As mentioned previously, the Pathways for Change engagement process was in some respects overtaken by the intervention of the Audit Commission, which in fact wrote to both trusts in July 2005, and expressed grave concern over the financial recovery plans for West Wiltshire PCT, precipitating the actions listed in paragraph 4.

87. The Task Group has taken the view that, although the financial position of the PCT was indeed serious and the statutory duty for all PCTs and NHS Trusts is to break even in each financial year, the closure of these two hospitals mid-way through what had been a well regarded process did much to damage the integrity and credibility of Pathways for Change, particularly within the two communities affected.

The Pathways for Change Consultation Process

Public Meetings

88. The PCT planned a series of nineteen public meetings in community areas across Kennet, North and West Wiltshire in places which did and did not have community hospitals.

89. The PCTs also agreed to allow time for discussion of the Mainstreaming Mental Health proposals and so the meetings were split into two distinct parts.

90. Overview & Scrutiny Committee members attended each of the public meetings to listen to the discussions and fed back their views of the meetings to the Task Group. However, the Overview & Scrutiny representative at each meeting was not the local member for that meeting. In cases where there was a local member, the Committee ensured that another member from another community attended in an official scrutiny capacity, thus allowing the local member to speak for their community and ensuring a degree of impartiality in the feedback given to the Task Group. For example, although Councillors Paula Winchcombe and Pat Rugg are the local members for Devizes, Councillor John Noeken who is from Amesbury actually attended that meeting as the Overview & Scrutiny representative.

91. Members of the Health Overview & Scrutiny Committee have attended as many of the PCT's public meetings as possible and have provided general feedback to the Task Group. Comments have included:

- Difficulty seeing the slides in certain venues
- Different presenters, different delivery and sometimes giving different answers
- 45 minutes for questions on Pathways for Change has in several cases not been long enough
- The public have been rude on occasion and there is a lot of repetition in the concerns raised
- The public often seem to want to make statements, rather than ask questions
- Many people do not listen
- Most people look at the options in parochial way and do not understand that many of the services, particularly those to be provided in new generation community hospitals, will serve a much wider geographical area than the location they are situated in

92. The Task Group does accept that, in some areas the public meetings were bound to be difficult, with many people upset by the proposals and feeling the need to express their anger and concern. The Task Group is aware that, where it was felt necessary, the PCTs have organised further public meetings to look at the options in more detail and commends this approach.

93. With hindsight the Task Group felt it may have been easier to convey a consistent message if professional presenters had given the presentation and professionals from the PCT had responded to questions.

94. The views given by local GPs at the public meetings have varied. Some are supportive, but others have openly expressed doubt that the options are viable. This report has already made mention of the implications inherent in the introduction of Practice Based Commissioning (PCB). However the Task Group is not clear how many GPs in KNW & WW are signed up to, or prepared for PCB.

95. As stated, the meetings held in towns with a community hospital have tended to be heated, with local people turning out to fight for their local hospital and its services. At these meetings there has been a tendency for the public to focus on the future of their local hospital rather than the options presented in the consultation document.

96. However, in towns which do not have a community hospital there has been much more emphasis on the options contained within the document and people have been keen to hear about how their local services may be improved in the future.

97. This situation does present certain issues for the PCT to consider. In towns where the focus of the meeting has been the local hospital rather than the options for consultation, it is difficult to confirm with any certainty that those options and their implications have been aired and discussed publicly. This is not necessarily the fault of the PCT who, despite having a duty to inform and consult upon their options, would nevertheless incite criticism if they did not allow the members of the public who attended their meetings to air their views about their local services.

98. In conclusion, the Task Group accepts that the nature of this consultation, which has to be applied to a large number of different communities with different current services, does make it extremely difficult for the PCTs to achieve the level of engagement about the options that they might hope to achieve.

99. The Task Group notes that public meetings are only one aspect of a consultation process and awaits with interest the analysis of the feedback which is being carried out by an independent organisation.

The Consultation Document

100. The Task Group has found the consultation document limited in the information regarding some of the services proposed for the future, the financial savings and investments and the timeframe for change, hence the number of further questions contained within this report.

101. For instance, from the document it is not possible to gain an insight into what primary care centres will do, what community matrons will do or what the benefits of some of these proposals will be. As people are being asked to accept that services and buildings they have long held dear will either disappear or radically change, the Task Group would have preferred to see a greater level of clarity about some of these proposals to allow people to make more informed responses.

The Options

102. The Task Group has given consideration to some of the proposals, outlined in the options, earlier in this report. However, there are still a number of areas where further questions are necessary and greater clarity needs to be given.

103. In each of the options a number of the proposals are the same, which has led to comments about the lack of choice between the options in the consultation. It does seem that people are being asked to comment on locations rather than a model of service, although it must be recognised that the current configuration of community hospital based services has proved to be unaffordable and therefore it has been incumbent on the PCTs to develop a model of care which they can afford to provide on a recurrent basis and which gives more a effective and efficient service.

104. However, it must also be noted that the direction of travel for care, as set out in "Our health, our care, our say" and other documents, is for community based care with as much as possible being delivered in the home, and in that sense the model presented here by the PCTs is in line with national policy. Therefore, it would seem reasonable to focus on the deliverability of this model in Wiltshire, a county whose health services have a long history of incurring debt.

105. The questionnaire at the end of the consultation document contains four rather vague and one very specific question. The Task Group will be interested to see the resulting feedback and the analysis of the responses. The Task Group has not sought to respond to the questions per se, partly because it wished to make fuller comment about a number of relating factors to the consultation and partly because it does not view the job of the Overview & Scrutiny Committee as being to decide between the options, but rather to ensure that the PCTs make their decision based upon an unbiased analysis of the feedback and the clinical need of the population served.

106. However, the Task Group would prefer to see the new services planned around the geographical configuration outlined in options 2 & 3. The Task Group does not consider the proposals in option 1 to be acceptable in terms of equity, accessibility or service improvements.

<u>Further Questions</u>

- How many Primary Care Centres do the PCTs think are needed and where would they ideally be situated?

- Does the existence of a Primary Care Centre depend on the willingness of local GPs?

- On what basis are those responding to the consultation expected to choose between Warminster and Westbury for the location of a Primary Care Centre?

Recommendations

- That the PCTs do not choose option 1 and, in particular, do not centre all their community hospital facilities on one site in Chippenham.

- That the PCTs plan to deliver their new models of care based around the geographical configuration outlined in options 2 & 3.

- That the PCTs, at the end of their deliberations, publish an account of how they have reached their decisions based on the analysis of the feedback from the consultation and the clinical needs of the population of Wiltshire.

Further Questions in Full

Equity:

- What improvements could the communities without hospitals expect to receive as a result of each of these options?

- How does the proposal for one midwife led maternity unit in Chippenham benefit the community or offer realistic choice of a community birth other than in the home?

- What consideration did the PCTs give to the report of the Maternity Reference Group prior to publishing its only proposal for maternity services?
- If most of the existing community maternity units close, where will ante and post natal classes be delivered?
- What is the rationale behind siting the two 24 hour minor injury units to the far west of the PCT area?
- The maps shown on page 11 of the consultation document do not illustrate that any more services will be provided in the disadvantaged east of the area. Can the PCTs demonstrate what service improvements will be delivered for these communities and how these proposals tie in with their stated aim of improving equity across the whole of the PCT area?

Timeframe for Change:

- What is the timeframe for change for each of the options?

- If a phased approach is to be taken, what will be included in each phase?

- How would the neighbourhood teams and other community workers be introduced?

Transport:

- Are the PCTs carrying out an impact assessment on the transport implications of their proposals?

- If so, when will this work be finished, how has the County Council, as planning authority for transport been involved?

- Will the PCT Boards have the benefit of any analysis before being asked to make decisions about the future of services at the end of the consultation?

Finance:

- Are each of the options fully affordable and does the growing financial overspend affect the affordability of any of the proposals?

Social Services:

- How are the PCTs and DACS working together to ensure that their plans for financial recovery do not jeopardise those of the other?

Voluntary Sector:

- Is there a comprehensive list of all the voluntary groups providing services in the community hospitals or other primary care settings?

- What consultation has been carried out with these groups to look at how they can continue with their valuable work in the future?

Carers:

- What work have the PCTs done with carers to ensure that their views on the consultation have been sought and that they have received information regarding the consultation in an environment in which they feel able to contribute?

- What analysis has been done on the level of respite care needed in the future under each of the options for change?

The Options:

- How many Primary Care Centres do the PCTs think are needed and where would they ideally be situated?

- Does the existence of a Primary Care Centre depend on the willingness of local GPs?

- On what basis are those responding to the consultation expected to choose between Warminster and Westbury for the location of a Primary Care Centre?

Recommendations in Full

Equity:

- That the PCT oversees the development of Practice Based Commissioning to ensure that small or single GP practices in rural communities are not lost.

- That the PCT reconsiders its proposals for maternity services to include further consideration of opportunities for birthing centres in other parts of the area.

- That the PCT provides further information about how minor injury services will be accessed.

- That the PCT demonstrates clearly for the Health Overview & Scrutiny Committee, how its proposals contribute to the improvement of equity across the PCT area, and in particular for those communities previously identified as being disadvantaged.

Timeframe for Change:

- That the Health Overview & Scrutiny Committee asks the Pathways for Change Task Group to remain in place to monitor the phased delivery process following the conclusion of the consultation.

- That the PCTs publish information about the order, and the timeframe in which they intend to remodel their services.

Transport:

- That the Health Overview & Scrutiny Committee satisfies itself that the PCTs have given due consideration to transport issues.

- That the PCT ensures that the Boards have adequate information regarding the impact on transport and access before making their decisions at the end of the consultation process.

Finance:

- That the Health Overview & Scrutiny Committee satisfies itself at the end of the process that the PCT Boards have not made decisions based on financial considerations alone, but have chosen options that contribute to both service improvements and financial savings.

Social Services:

- That the PCTs and DACS provide regular updates to the Health Overview & Scrutiny Committee about their joint planning of services, which relate to each organisation's financial recovery.

- That the PCTs work with DACS to ensure that the timeframe for their proposed changes is planned with social care providers in order that changes are sustainable and carried out in a planned and manageable manner.

Voluntary Sector:

- That the PCTs and the County Council work closely together to ensure that they continue to provide funding grants for voluntary organisations that complement the statutory services they provide through the ongoing period of change.

- That the Health Overview & Scrutiny Committee, at a later date, gives consideration to how voluntary services integrate with health and social care services.

Carers:

- That the County Council and the NHS works closely together to ensure that carers are given the support they need.

- That the Health Overview & Scrutiny Committee, at a later date, gives consideration to how carers integrate with health and social care services, and how they are supported and consulted by those organisations with the statutory duty to provide care.

The Options:

- That the PCTs do not choose option 1 and, in particular, do not centre all their community hospital facilities on one site in Chippenham.

- That the PCTs plan to deliver their new models of care based around the geographical configuration outlined in options 2 & 3.

- That the PCTs, at the end of their deliberations, publish an account of how they have reached their decisions based on the analysis of the feedback from the consultation and the clinical needs of the population of Wiltshire.

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