



## **Wiltshire Health Overview & Scrutiny Committee**

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MINUTES of a MEETING held at WILTSHIRE COUNTY COUNCIL 14 DECEMBER 2005

**PRESENT:** County Councillors; Dr J English (Vice Chair), Mrs M Groom, Mr J Noeken, Mr J Osborn, Mrs J Rooke, Mrs P Rugg, Mrs B Wayman, Mr R While (Chair), Mrs M White. District Councillors; Mrs P Winchcombe (Kennet District Council), Mr M Hewitt (Salisbury District Council), Mr E Manasseh (West Wiltshire District Council).

**STAKEHOLDERS:** Dr P Biggs (West Wilts PCT Patient's Forum), Mr M Griffiths (Kennet & North Wiltshire Patient's Forum), Mr T White (South Wilts Patient's Forum), Mrs J Cole (User & Carers' Network).

**OTHERS:** Mr J Taylor (Salisbury Healthcare Patient's Forum), Mrs J Seager, Mrs B Chettleburgh, Mr P Coleman, Mr B Moss & Mr Ian West (Wiltshire County Councillors), Sally Banister, Sally Sandcraft & Tim Skelton (South Wiltshire PCT), Malcolm Sinclair (AWP Mental Health Trust), Marie Laws (West Wiltshire District Council), Nicholas Gillard & Jenny Edwards (Kennet, North & West Wiltshire PCTs), Roger Pedley, Ray Jones & Jo Howes (Wiltshire County Council)

Members of the public present: 1

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### **58. Apologies**

Apologies were received from June Wood, Miranda Gilmour, Mandy Bradley and Terry White for the morning session.

### **59. Chairman's Announcements**

The Chairman welcomed Cllr Manasseh as the new co-opted member from West Wiltshire District Council.

The Chairman announced that he had received a reply from the Department of Health to the joint letter sent from the Health Overview & Scrutiny Committee (OSC) and the West Wiltshire Patient & Public Involvement Forum (PPIF) on 15 October, which he perceived to be wholly inadequate. West Wiltshire PPIF has already responded and it was agreed the Health OSC would respond also.

The Chairman gave a brief verbal update on the recent work of the Pathways for Change Task Group, which is ongoing. It was confirmed that the Task Group will continue until the conclusion of Pathways for Change.

**60. Member's Interests**

Eli Manasseh (EM) declared a personal interest.

Jeff Osborn (JO) declared an interest as a member of Trowbridge Hospital League of Friends.

Paula Winchcombe (PW) declared an interest as a member of Devizes Action to Save our Hospital (DASH).

Bobbie Chettlebrugh (BC) declared an interest as a trustee of the Greencroft Alliance.

**61. Public Participation**

A letter from Cyril Page was read out regarding the position of Kennet & North Wiltshire PCT. The Chairman agreed to reply in writing.

**62. Kennet & North and West Wilts PCTs – Temporary Closures and Pathways for Change**

The Chairman introduced Nicholas Gillard (NG) of Kennet & North (KNW) and West Wiltshire (WW) PCTs, and invited him to talk through the relevant issues.

NG explained why KNW PCT had recently taken the decision to change minor injury services and was meeting that day to discuss changes to inpatient bed services. All decisions are being taken on a temporary basis. Long term decisions for all these services will be made through Pathways for Change.

Members asked a number of questions and it was stated that temporary closures will be reviewed before the end of the financial year, although the Strategic Health Authority (SHA) will have a role to play because they are reviewing the financial situation on a monthly basis. A leaflet outlining the changes and the alternative services to be used will be issued. There has been discussion with the Ambulance Trust about the possible effect on its services and the situation will be monitored. GPs are still picking up some minor injury work, for which they are recompensed.

There was also some discussion about the difficulty of maintaining the right skill mix in small units and the need for small minor injury units to maintain good clinical links to larger emergency centres.

However, NG stated that the PCTs have to reach a balanced position and this is a primary focus for the NHS as a whole. In answer to a question about the statutory duty to provide services, as well as the statutory duty to achieve financial balance, NG stated that there is a statutory duty to provide clinically safe services.

NG outlined the rationale behind the options that were being put to the PCT Board that afternoon, stating that an average of 15 beds in Kennet & North Wiltshire that are empty at any one time, so the PCT either needed to rationalise bed numbers or unfreeze some posts. There are currently 35 vacancies in inpatient posts within the PCT.

PW expressed disappointment that the timing of the PCT Board meeting clashed with the Health OSC meeting and asked that the Task Group which had looked at West Wiltshire closures also look at those for Kennet & North Wiltshire. RW confirmed that the Task Group would look at any issues arising out of the temporary closures in West Wiltshire. NG agreed that the timing of the PCT Board was unfortunate, but stressed the PCT's need to react in the most responsible way possible to its financial predicament and agreed that delayed transfers of care from the district general hospitals was again becoming an issue for Wiltshire.

Judy Rooke (JR) asked how the PCT had received the Task Group's initial recommendations and whether the committee had received a formal response. RW confirmed that a response had not yet been received. NG confirmed that the PCT is working on a number of the recommendations and that a response would be forthcoming.

Ray Jones (RJ) commented that the NHS locally is in an impossible position, but that there is an impact on social care and in Wiltshire we seem to be feeling the brunt of national imperatives. The SHA is applying great pressure and all three PCTs in Wiltshire have deficits, as do some of the acute trusts and the mental health trust. Within WCC the social care overspend is growing and there are fears about the speed at which the NHS needs to make changes and the implications of this for social care. WCC has to rationalise the services it provides. The issue of delayed transfers of care is also a huge problem for WCC and if it continues the county council will be fined for not being able to provide adequate care packages.

Judy Seager (JS), as the cabinet portfolio holder for social services, supported everything that RJ had said and commented that WCC has no option but to balance its books and that council tax is capped and government funding is not in line with inflation.

NG accepted the executive position of the council and felt that the sooner the NHS could save money, the better it would be for all, but that the only way to really resolve the issues is to do it jointly. Closure of community hospitals or radically changing how they are run is the only way the NHS locally can identify more money to reinvest in better services.

NG then went on to update the committee on Pathways for Change. The PCT feels that, if it is to deliver changes to services in a planned manner it needs to do so over a three year period, provided the Strategic Health Authority agrees to allow repayment of historic debt over this period too. If this is to happen the PCT and the Health OSC will have to find alternatives to the existing 12 week formal consultation period in order to allow changes to take place in a timely manner. This approach is supported by the Independent Reconfiguration Panel.

There is a pressing need for all stakeholders and partners to agree plans before the PCTs are reconfigured to try and ensure that plans will be taken forward by the new organisation. If there was a framework for change that the OSC had signed up to, it could reserve the right to withdraw if it felt the new organisation wasn't committed to it.

Both PCTs have been visited by "turnaround teams" appointed by the Secretary of State for Health to assess the financial situation of all the 56 "challenged" trusts. The outcome of this visit will affect the way the Strategic

Health Authority views the PCT's financial recovery plans, and consequently the plans for reinvestment in services.

*It was resolved that:*

*The Chairman would write to the Strategic Health Authority supporting a three year phased strategy for delivery of new health services.*

*Members concerns regarding the financial position of the PCTs are included in the Chairman's letter to the Secretary of State for Health.*

*The Task Group will work with the PCTs while a framework for planned delivery of changed services is produced.*

**63. Avon & Wiltshire Mental Health Partnership – Temporary Closures and Mainstreaming Mental Health**

Malcolm Sinclair (MS) gave an update on the Mainstreaming Mental Health process and the temporary closure of Cameron Ward in Chippenham.

Avon & Wiltshire Partnership (AWP) is in a financial deficit position and the closure of Cameron Ward on a temporary basis is designed to save money before the end of the financial year. Patients will be moved to either Savernake or Charterhouse in Trowbridge, a closed ward of which will be reopened. Staff will also move to these two units. Mainstreaming Mental Health will determine the long term future of all these units.

MS was aware that one of the options open to the KNW PCT Board in the short term was to utilise the closed beds in Cameron Ward following the closure of Abbey Ward in Malmesbury, but stressed that if this does happen the PCT will have to have an exit strategy in case Mainstreaming Mental Health identifies Cameron as a future site for development of mental health services. NG recognised that this would have to be a consideration and MS felt confident that the PCT was allowing for this following a conversation with Jenny Barker.

Roger Pedley gave the commissioning perspective of Mainstreaming Mental Health. He felt that in the future inpatient services would have to focus on assessment and treatment for people in crisis and that greater investment must go into primary care. It is hoped that proposals can be made available by January or February

There was then a general discussion about the current challenges facing AWP. MS confirmed that the trust has not had a visit from the turnaround teams. Concern was expressed about capacity for employing more staff working in the community and MS stated that in fact mental health staff like working in the community and so problems in this area are not anticipated. The need to look after the most vulnerable in society and there was some discussion about the future of existing units.

*It was resolved that:*

*The committee would form a task group to monitor the consultation, provide a response on behalf of the committee and provide a*

*reference point for AWP while it is putting the details of the consultation in place.*

*The Task Group will consist of Paula Winchcombe, Jeff Osborn, Mike Hewitt and Terry White.*

*Following this item the committee adjourned for lunch at 13:00 and resumed at 14:00*

**64. South Wiltshire PCT – Modernising Mental Health Day Services and Scrutiny Task Group Response**

Mike Hewitt (MH) introduced the Task Group's response to the consultation, which had been submitted in November.

BC asked for permission to speak on this item and expressed concern that services are changed too often at great cost and it doesn't really benefit the service users. Patrick Coleman (PC) asked for clarity about the targets for placing people with mental health issues into the workplace.

Sally Banister (SB) explained a number of changes regarding services which had transferred from the County Council to the Shaw Trust in answer to PC's questions and then updated the committee about the recent consultation and subsequent PCT Board decisions as well as informing the group about how the consultation had been handled.

John Noeken raised a point of order, following a contribution from BC, pointing out that the committee was not being asked to reverse a previous decision, but to receive the Task Group response and hear the outcomes of the consultation.

SB continued by saying that the changes to mental health services in South Wiltshire are expected to be completed by the end of 2007 and that the PCT is satisfied that services will be much improved. PC thanked SB for her excellent replies to his questions.

SB gave a further update about all mental health services in South Wiltshire following the original consultation in the early part of 2005 and the committee agreed with the Task Group's recommendation that further updates are sought in the future.

RW thanked SB for her enthusiastic presentation.

**65. South Wiltshire PCT – Re-commissioning Intermediate Care Beds on Fovant Ward**

Sally Sandcraft (SS) introduced this item and explained the rationale behind the proposal to re-commission beds in Fovant ward in order to ensure that the right service is being offered and continuation of care is in place. The change will involved the recommissioning of twelve out of fifteen beds to community beds with step-up facilities. The current model of care is expensive and doesn't reflect the needs of the service users.

Terry White (TW) and MH stated that both the South Wilts PPIF and the Salisbury District Council health scrutiny panel have both reviewed the issue and feel it is a positive proposal for those using the services. The PCT has completed an impact assessment and the changes are not felt to be substantial.

RJ accepted that Fovant ward had not been used for the right purpose, but queried the future of the ward as part of Salisbury hospital. The Chairman agreed a letter requesting further information could be sent to Salisbury Healthcare NHS Trust.

*It was resolved that:*

*The proposed changes to Fovant ward do not represent a substantial variation in service.*

*The Chairman would write to the Chief Executive of Salisbury Healthcare NHS Trust requesting any information about the long-term intentions for Fovant ward.*

#### **66. South Wiltshire PCT – Lift Project**

The committee received a presentation from Tim Skelton (TS) about Lift (Local Improvement Finance Trust) and the pilot schemes arranged for Salisbury.

Following the presentation it was stated that the schemes had good support from the PPIFs in the area and from patient and GP groups and stakeholders.

There was a general discussion about how the scheme might in time be expanded to Amesbury and Tisbury, and how reconfiguration of PCTs might affect Lift.

TS confirmed that all key players are represented in Lift and this is seen as a guarantee that schemes will be carried through. Kennet, North and West Wiltshire will see similar schemes developed over the course of time.

JN expressed his enthusiasm for the scheme and praised the clarity of the explanation about Lift.

RJ gave a view from the County Council's perspective and confirmed that WCC is involved in Lift as both health and social care agree that co-location is important and Lift is the only way to achieve that at this time. However, WCC maintains the right to be an optional partner in any project.

The Chairman thanked TS for his presentation and the committee agreed that the direction of travel in South Wiltshire seemed eminently sensible.

#### **67. Health Scrutiny Development Day**

The committee received the report and approved the draft joint working agreements.

The Chairman explained that the proposals for the health scrutiny support programme days had been taken forward.

**68. Urgent Items**

Members agreed to hold an extra meeting in late January or early February to deal with PCT reconfiguration, Pathways for Change and Mainstreaming Mental Health.

(Duration of the meeting 10:30 – 13:00 & 14:00 – 16:00)

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