



## Wiltshire Health Overview & Scrutiny Committee

MINUTES of a MEETING held at WILTSHIRE COUNTY COUNCIL 15 FEBRUARY 2007

PRESENT: County Councillors; Mr Jeff Osborn, Mr Bill Moss, Mrs Pat Rugg, Mrs Judy Seager, Mr Roy While, Mrs White, Mr Hewson. District Councillors: Mr Mike Hewitt (Salisbury District Council), Mr Brian Mudge (West Wiltshire District Council), Mrs Paula Winchcombe (Kennet District Council)

OTHER COUNCILLORS: Mr Peter Davis, Brigadier Hall

STAKEHOLDERS: Dr Peter Biggs, Terry White, (Wiltshire Patient's Forum)

OTHERS: Alison Knowles, Sally Sandcraft, Wiltshire Primary Care Trust; Miranda Gilmour, North Wilts District Council

Members of the public present: 2

### 1. Apologies

Molly Groom  
John English  
Jean Cole

### 2. Minutes of the Previous Meeting

It was agreed that the minutes of the previous meeting would be taken at the next scheduled meeting of the Committee in March.

### 3. Chairman's Announcements

The Chairman made three announcements:

The Health Scrutiny Officer is leaving to go on a secondment as part of the One Council for Wiltshire project.

Following the meeting of the County Council on Tuesday 12 February when one member voted against the proposal to waive political proportionality for the Joint Scrutiny Committee to focus on the ambulance trust, it is possible that there may be a delay now in starting the process. The other Councils involved will have to refer the matter back to their own Committees and any changes in their appointments will have to be made at full Council meetings.

Members expressed deep disappointment and frustration that the proposal to waive political proportionality had not been adopted as this is a serious and pressing issue for Wiltshire. All members felt the principles of cross-party working, so well established in health scrutiny, had been compromised.

Alison Knowles, Wiltshire PCT, would be giving an update on maternity services at the end of the meeting following circulation of a briefing note.

#### **4. Member's Interests**

Jeff Osborn, Chair, Trowbridge Hospital League of Friends  
Pat Rugg, DASH  
Margaret White, Health Advocacy Partnership

#### **5. Public Participation**

There were no members of the public wishing to speak.

#### **6. Wiltshire PCT – Strategic Framework – 2008 - 2011**

Alison Knowles, Director Communications and Corporate Affairs, Wiltshire PCT, introduced gave a presentation which outlined the purpose of the Strategic Framework, a brief history of the situation the PCT inherited and an update on the current financial position.

The PCT will be in financial balance from 1 April and by April 2009 all of the historical debt will be paid back. However, it is still the case that there is a finite budget, an increasing ageing population and the PCT will continue to face challenges.

The stakeholder event in November asked people to look at their priorities for health in Wiltshire and it emerged that prevention was seen as being of greater importance than the national average.

Lord Darzi is reviewing NHS priorities nationally and so the Strategic Framework covers the six programme areas that make up the "cradle to grave" service.

The Joint Strategic Needs Assessment, which is being carried out by the Director of Public Health, will determine future local priorities. However, the PCT is already planning a 10% increase in NHS dental provision targeted at the parts of the county with the greatest need.

The PCT has also given notice that it intends to tender for a new provider for children and adolescent mental health services in order to improve the service, which is currently commissioned from three separate providers.

Other areas of known concern are falls services across the county, but in particular Kennet and North Wiltshire, where more people fall. The PCT is also aiming for zero tolerance of hospital acquired infections by 2011.

All of these aims are underpinned by increased investment in public health.

Other areas for development include carer's services, and there will be a carer's strategy to move this forward, improvements in primary mental health care, further reductions in A & E waiting times because patients still say they are waiting too long, and waiting times for cancer treatment which the PCT is intending to drive from 18 weeks to 8 weeks. Bowel screening services will be introduced and end of life care has to become a greater priority as 70% of people say they want to die at home, whereas statistics show that 70% actually die in hospital.

The Framework will be updated in the Autumn to ensure it is in line with the Joint Strategic Needs Assessment.

The Chairman then threw the discussion open to members for a prolonged question and answer session. Points raised included:

The need to continue to work with the hospice care movement in planning developments to end of life services and it was reported that a range of statutory and voluntary services would have to be funded.

The improving financial position received favourable comment and it was suggested that the PCT's Director of Finance attend a future meeting to explain the situation.

It was confirmed that by next year the PCT is on track to achieve a small surplus, which will grow to £8m the following year, allowing for contingency such as the cost of new NICE approved drugs. The Director of Finance has focussed his efforts on the commissioning patterns across acute trusts and now the PCT is only paying for the services it receives.

The Strategic Health Authority has given £22m to the PCT in recognition of its efforts to resolve the financial situation, and the PCT, in future years, will be expected to contribute to the strategic investment fund across the South West region.

The PCT is in a discussion with the DH about development money for Chippenham Hospital. The PCT is hoping to receive £17m of the cost of the planned redevelopment, but there is a contingency plan for if this does not materialise.

There was further discussion about hospital acquired infections, urgent care, development of Primary Care Centres, wheelchair services, reduction in government grant, the York formula which is being reviewed, dentistry, the deprivation index in Wiltshire, and improvements in emergency care.

The Committee agreed that, although the Framework is ambitious, it is to be welcomed and that the PCT is in a better position to achieve its aims than it has previously been.

The main areas the Committee wanted to see progressed were:

- Support for carers, including child carers
- Improvements to ambulance services
- Delivery of Primary Care Centres and other RCS initiatives
- Robust financial planning
- Reducing delayed transfers of care and supporting people more effectively at home
- OOH services, particularly in the South (PCT is looking to retender for this contract)

The Committee also heard, at the end of the item as an extra update from AK, that the PCT has decided to progress the recommendation from the OSC in March 2007 to look into the possibility of having Domino birthing rooms at Primary Care and other centres where appropriate.

The PCT is now in a position to begin to assess this possibility following the development and implementation of the Neighbourhood Teams.

The Director of Public Health will lead this focussed review through a process of community engagement and will look at the model of care for the future.

The setting for delivery will have to be balanced against clinical governance needs.

The review will not revisit the decision to close the units at Devizes and Trowbridge, but will consider Domino bases for the future.

**It was resolved to:**

**Submit the minutes as a record of the Committee's views to the PCT.**

**7. Date of Next Meeting**

20 March 2008 - 10:30

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)