



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

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MINUTES of a MEETING held at WILTSHIRE COUNTY COUNCIL  
18<sup>th</sup> September 2008

PRESENT:

County Councillors; Mr Roy While (Chair), Dr John English (Vice Chair), Mrs Mollie Groom, Mr Bill Moss, Mr Jeff Osborn, Mrs Pat Rugg, Mrs Judy Seager, Mrs Margaret White.

District Councillors: Mr Mike Hewitt (Salisbury District Council), Mrs Paula Winchcombe (Kennet District Council)

OTHER COUNCILLORS: Mr Peter Davis

STAKEHOLDERS:

Mary Wilson, Jetta Found (Wiltshire Interim Local Involvement Network), Jean Cole (Wiltshire & Swindon Users Network)

OTHERS:

Wiltshire Primary Care Trust: Jenny Edwards, Emma Jones, Maggie Rae  
Swindon & Marlborough NHS Trust: Kunle Thomas  
Wiltshire CC: Chris Graves.

Avon Wiltshire Mental Health Partnership NHS Trust: Mike Relph, Martin Connor.  
Wiltshire & Swindon Users Network: Martin Fortune

Members of the public present: 0

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### **42. Apologies**

Dr Peter Biggs, (Chair Wiltshire Interim Local Involvement Network),  
Mr Brian Mudge (West Wiltshire District Council),  
Mrs Sheila Parker (North Wilts District Council).

### **43. Minutes of the Previous Meeting**

The minutes from the meetings held on 17<sup>th</sup> July 2008 were accepted and signed as a true record.

### **44. Chairman's Announcements**

(See also papers circulated with the agenda).

- Wiltshire Involvement Network: (WIN).  
There is a launch meeting of the Network at 10.00 am on Monday 22<sup>nd</sup> September at Devizes Sports Club. An announcement on

which provider won the Host contract is expected within the next week.

- **Chippenham Hospital Beds:**  
Wiltshire Primary Care Trust (PCT) board has agreed to having 20 General Medical beds at the hospital.
- **Great Western Ambulance Service:**  
Tim Lynch, Chief Executive, is leaving at the end of September. Anthony Marsh will be taking over as the new Interim Chief Executive. We are now receiving monthly performance statistics from the Trust and Wiltshire's position is improving, but still below target. A summary report will be circulated to members.

#### **45. Member's Interests**

Jeff Osborn, Chair of Trowbridge Hospital League of Friends.  
Margaret White, Health Advocacy Partnership.

#### **46. Public Participation**

There were no questions from the public.

#### **47. Avon and Wiltshire Mental Health Partnership NHS Trust (AWP):**

47.1 Foundation Trust Bid: (see also circulated papers Item No. 06)  
Mike Relph, Assistant Chief Executive AWP, informed the Committee that on 10 August 2008 the Trust decided to postpone its bid for Foundation Status by 3 to 6 months. This was triggered by the disappointing results of the Healthcare Commission Acute Inpatient Review (AIR), and the decision was taken with the full support of the PCT and Strategic Health Authority (SHA). Improvements have since been implemented, and the Trust wants to demonstrate these before consulting with the HOSC. A new external review is planned for November 2008 and this will drive the timetable for the Bid.

47.2 Acute In-patient Review (AIR) in context: (see also circulated papers Item No. 06)  
The Healthcare Commission's AIR looked at all 16 adult in-patient sites, which represents 15% of the Trusts total activity. It was based on services during 2005 to 2007, so is already 18 months old. Early indications of the results in November 07, showed AWP as being in the bottom 16% of the country. The Trust took this seriously and it led to discussions (including PCT, Users and Carers, Clinicians) resulting in a 12 month development plan and the aim of being in the top 20% in the country.  
In November 2008, an independent team will re-run the Acute In-patient Review and a report is expected for the December Board. The findings will be shared with the HOSC.

In answer to questions raised by members, MR explained that:

The Trust expects to have cleared its £5m deficit and to be in financial balance by 1 April 2009 so does not anticipate any danger of being taken over.

SOAD, in the agenda papers, stands for 'Second Opinion Approved Doctor'.

The review did not look at the 16 sites individually, but the Trust is wishing to standardise across them all.

The Chairman thanked Mike Relph and Kevin Connor for their contribution.

**It was resolved that:**

**The Mainstreaming Mental Health Task Group should be re-established to produce an interim report, to receive updates from AWP on progress towards the Foundation Trust bid, and to review the findings of the independent Acute In-patient Review.**

**48. Children & Adolescent Mental Health Strategy (CAMHS)**

Emma Jones (EJ), Project Lead CAMHS Wiltshire PCT, gave a PowerPoint presentation which is available at <http://194.72.162.210/documents/dscgi/ds.py/View/Collection-1534> and should be read in conjunction with the notes below.

One aim of the Project is to move from three providers to one for the Tier 3 and 4 specialist CAMHS services to establish a single model of care. (i.e. a resident will receive the same service wherever they live).

The PCT also want to keep people closer to home and to ensure the service is good value for money. Wiltshire PCT, together with B&NES PCT, has decided to undertake a competitive tendering process, which will incorporate a 'competitive dialogue' that allows for refinement of the specification with providers. The specification was originally developed through Staff Workshops, e-mail facility and website, user involvement and clinical groups. Slide 7 has a comprehensive list of the 'Emerging Issues'. By January 2009 the number of bidders will be down to two or three, the specification will be refined, and the contract then awarded.

In response to concerns from members about the concept of Competitive Tendering, funding, improved emergency and weekend cover, hubs, range of tenderers, complexity of delivering a highly specialised range of services including preventative measures, plus the ability to work closely with Social Care and Education, EJ explained that:

- It is felt inpatient beds are not used as well as they could be and, anecdotally, children stay too long as inpatients. They may also re-enter the system. The aim is to keep Children at home when possible and safe.

- The service covers children and adolescents up to the age of 18 who have developed mental health problems over a period of time. (as opposed to conditions from birth).
- A single provider would allow for a single specification, with clear commissioning arrangements and economies of scale.
- Although a traditional method of tendering is not being used, the PCT have the expertise to manage the process.
- The project is about reducing the number of children going into hospital from home, not about reducing the number of children in Care Homes.
- Competitive tendering is not about money, it is about getting the best providers who can prove they are the best. Keeping children in the community is not necessarily cheaper, but is best option for children to be supported at home. Tiers 3 and 4 will not function well if work is not moved down to Tiers 1 and 2.
- Funding will be from the NHS, Education, and Social Care. It is acknowledged that previously funding and service has been patchy, but the provider will now be tested by staff and users, and the contract will show what will happen for non delivery. Money will not be taken from schools.
- The new specification must cover emergency cover, e.g. Out of Hours and support. It will also detail what, where, when, and how a service is to be delivered. Standards will be set.
- 18 expressions of interest have been received so far, 13 of which are serious. 80% of these are from NHS providers. We have some excellent providers on our borders.
- Hubs for service delivery will be reviewed as current ones are based on historical sites, not necessarily where needed.
- Safety is very important, as is ensuring the correct treatment and pathway for return to the home environment.
- The service (for which the Project is not the commissioner) is seeing an increase in numbers due to alcohol, drugs and self harm.

**It was resolved that:**

- **Members should note the Presentation and use the following website link if they wished to provide individual views.**  
<http://www.wiltshirepct.nhs.uk/procurement/camhs.htm> .
- **The verbal feedback provided by Members today (following the presentation), be taken back to the PCT by Emma Jones.**

**49. Great Western NHS Trust - Head of Patient Experience.**

Three months ago, Kunle Thomas was appointed as Head of Patient Experience at The Great Western Hospital. He was attending the Committee today to introduce himself to Members.

His duties include management of the Patient Advice and Liaison service (PALS) department in the Trust. They cover support for patients, families and carers, compliments and complaints, and patient and public involvement. The latter was formerly covered by Patient and Public Involvement (PPI) Forums and now Local Involvement Networks (LINKs). In a previous job Kunle was involved in setting up PPI forums across England and is looking forward to developing close working relationships with the new Wiltshire Involvement Network (WIN). He is also the Trust's key contact for Wiltshire and Swindon HOSCS.

The role is also responsible for conducting surveys. These can be Trust wide, Departmental, patient or individual Surveys. Most Trusts use PICA to conduct the surveys. Survey results are placed alongside Compliments and Complaints to gather the 'Big Picture'.

The Chairman reinforced the importance of PALS, adding that although publicity was available, it needed better dissemination as the public still seemed unaware of the service.

Kunle concluded his presentation by saying he was happy to attend LINKs and to have input into their work.

**50. Wiltshire Primary Care Trust**

Jenny Edwards, Assistant Director Community Engagement, Wiltshire PCT, was reporting to the Committee today in place of Alison Knowles (AK). AK was working on outputs from the recent Stakeholder Assembly which considered the Strategic Framework for the PCT. As Commissioners, the PCT works co-operatively through Public and

Community engagement. The strategy is a five year plan and it will be posted on the PCT website.

50.1. Goldney Avenue Clinic – update:

The Children and Adolescent Mental Health Community Services, serving North and West Wilts, has been operating out of Goldney Avenue Clinic. This along with services from The Halve will be moving to Melksham Hospital in the next month.

50.2 Trowbridge Primary Care Centre:

A meeting was held with Councillors in early September. Outline Planning permission has now been submitted and results awaited.

50.3 Devizes and Salisbury PCCs.

These will be discussed at the 23<sup>rd</sup> September PCT Board meeting in Salisbury.

50.4 Equitable Access

All but two GPs have indicated that they are willing to extend their opening hours. Details will be made available to the public in November.

50.5 Blackberry Hill Hospital South Gloucester.

There is to be a change of use of the 6 bedded female only unit at Blackberry Hill. The PCT have decided it is not a substantial variation.

Post meeting clarification has been sought from the PCT on this item, and the following information obtained (in italics):

*Avon and Wiltshire Partnership NHS Trust (AWP) has put forward a proposal to transfer the location of two of its existing services:*

- 1. A six bedded drug detoxification unit (serving Bristol and South Gloucestershire) currently based at the Acer Unit at Callington Road, Bristol – proposed to move to the Blackberry Hill Hospital site*
- 2. A six bedded female only PICU (serving Bristol, South Gloucestershire, B&NES, North Somerset, Swindon and Wiltshire) currently based at Elizabeth Casson House on the Blackberry Hill Hospital site – proposed to move to the Acer Unit at Callington Road, Bristol*

*Only the 2<sup>nd</sup> scheme (relocation of PICU) affects Wiltshire residents as the NHS in Wiltshire does not commission beds in the drug detoxification unit.*

*The PCT is informing the HOSC of the service change as a routine matter and does not believe that the relocation of PICU is a substantial variation since:*

- (a) *Wiltshire residents already travel to Bristol for this service. The service is relocating in Bristol (6.5miles) and patients access the service via ambulance (under section) so there is no travel impact for our residents or their families.*
- (b) *The service specification is not changing as a result of this relocation*
- (c) *The service is tertiary-level care and the activity is consequently very low. I do not have exact figures but there will be less than 10 Wiltshire residents admitted per annum.*

*Alison Knowles will be available at the HOSC meeting in November to answer any questions on this from Committee Members.*

Members then asked various questions:

- Chippenham Hospital beds: Is there any intention to have Post-operative beds for patients in Acute Hospitals?  
*Answer*: The PCT is currently supporting the GPs in building up a specification for the beds.
- Melksham Minor Injury Unit (MIU). A Local GP had received an e-mail asking views on providing MIU services, and said that he had not been asked before. The Committee had been informed previously that this question had already been asked and that the response was that no GPs were interested in providing services.

The Chairman said that letters had been sent to the PCT and the three Melksham GP Surgeries on this subject (see *Minutes of 17<sup>th</sup> July HOSC- item 34*). A holding letter from the PCT and two replies from the GPs have been received. When the outstanding replies are received, this issue will be reconsidered.

- Westbury PCC- have plans for the Westbury PPC slipped due to the loss of the garage site? *Answer*: The program is currently on track. The site for the Westbury Primary Care Development will be purchased by GPs, and the PCT will provide the services.
- Transport to MIUs: Availability of transport to Green Lane in Devizes if this was the chosen site for Devizes PCC. *Answer*: If the PCT Board decide on Green Lane as the preferred site, it is on a bus route. JE mentioned that Kennet Council had transport, and PW added that the 'Transport Plan group' were on the case.

For information- Community Engagement teams are working on Practice based commissioning consortia, with Jo Howes leading on getting the message out.

- John English had further questions/ topics, including requests for information on Neighbourhood teams, Social Care and Night Service. The Chairman suggested these should be taken to the Reforming

Community Services Task Group.

**It was resolved that:**

- **The change of units at Blackberry Hill be picked up by the RCS task group at their next meeting. *(Following the clarification received from the PCT, the Chair has confirmed this issue will be referred to the Mental Health Task Group, instead of the RCS Task Group)***
- **Wait for all responses to be received re Melksham MIU before considering the issue further.**
- **The list of topics from JE would be referred to the Reforming Community Services Task Group.**

**51. NHS Constitution.**

JE distributed a template for individuals to feed back on the NHS Constitution. Comments can be given to the Scrutiny Officer.

The PCT Annual report was going to the AGM. Full details are available on request, but a synopsis (including a CD) was handed out at the Meeting

**52. SW Health scrutiny Network**

At the last HOSC the committee were asked to respond to proposals for varying or developing specialised services that it considers to be substantial.

Following the last HOSC we decided that Option 2 (a Joint committee that met as required) was our preferred option. Out of the 15 Local Authorities in the South West, only 9 responded, and amongst those, there was no consensus. The only way forward was therefore to form committees as they were required. The South West Councils offered to assist in coordinating joint working across the region.

A workshop is being planned for week beginning 13/10 to inform HOSCs and LINKs about the issues surrounding Specialised Commissioning and Joint Working.

**53. Water Fluoridation**

Maggie Rae verbally explained that the PCT does not wish to introduce water fluoridation. Toothpastes contain fluoride, and the PCT is happy with fluoride levels currently found in Wiltshire's water supplies. The Joint Strategic Needs Assessment (JSNA) was also successful in getting money into dentistry.

**It was resolved that:**

**The Committee note the verbal update.**



**54. Date of Next Meeting**

**Thursday 20<sup>th</sup> November 2008 10:30.**

The officer who has produced these notes is Caroline Pickford, Health Scrutiny Officer within Democratic and Members' Services, direct line (01225) 713058. Email: [carolinepickford@wiltshire.gov.uk](mailto:carolinepickford@wiltshire.gov.uk)