SCRUTINY COMMITTEE

Minutes of the Meeting held on 12 December 2011 at 4.30 pm

Present:

Councillor K J Ross……Chairman
Councillor R P Lillis ……..Vice Chairman

Councillor M O A Dewdney
Councillor J Freeman
Councillor D D Ross
Councillor G S Dowding
Councillor P N Grierson

Members in Attendance:

Councillor H J W Davies
Councillor E May
Councillor M A Smith
Councillor K H Turner
Councillor A F Knight
Councillor D J Sanders
Councillor T Taylor
Councillor D J Westcott

Officers in Attendance:

Corporate Director (B Lang)
Scrutiny and Performance Officer (S Rawle)
Administrative Support (H Dobson)

Also in Attendance:

Jan Hull, Deputy Chief Executive/Director of Commissioning Development, NHS Somerset
Judith Brown, Director of Community Health Services/Deputy Chief Executive, Somerset Partnership HNS Foundation Trust
Dr Andrew Dayani, GP, Williton Surgery

Prior to the start of the meeting the Notes of Key Cabinet Decisions/Action Points, relating to Item 6, was circulated.

SC61 Apologies for Absence

Apologies for absence were received from Councillors A M Chick and M J Chilcott.

SC62 Minutes of the Meeting held on 21 November 2011

(Minutes of the Meeting of the Scrutiny Committee held on 21 November 2011 – circulated with the Agenda).

RESOLVED that the Minutes of the Scrutiny Committee held on 21 November 2011 be confirmed as a correct record.

SC63 Declarations of Interest

Members present at the meeting declared the following personal interests in their capacity as a Member of a County, Parish or Town Council:

Name	Minute No	Description of Interest	Personal or Prejudicial	Action Taken
Cllr P Grierson	All Items	Minehead	Personal	Spoke and voted
Cllr K J Ross	All Items	Dulverton	Personal	Spoke and voted
Cllr K H Turner	All Items	Brompton Ralph	Personal	Spoke
Cllr D J Westcott	All Items	Watchet	Personal	Spoke

In addition the following Councillors declared a personal interest in Item 4, Williton Hospital – Bed Review:

- Councillor H J W Davies had a small contract with the hospital providing a newspaper – he spoke.
- Councillor K J Ross knew Jan Hull – he spoke.
- Councillor D D Ross had worked with Judith Brown – he spoke.
- Councillor T Taylor was a member of West Somerset Patient Group – he spoke.

SC64 Public Participation

Members of the public, Mr Ray Tew, Mr John Bryant, Mrs Shirely Dee and Mrs Barbara Heywood, had expressed a wish to participate on the Williton Hospital – Bed Review item and were invited to speak during that item. All four speakers articulated their concerns to the Williton Hospital Bed review and its potential implications for the future of the hospital.

SC65 Williton Hospital – Bed Review

The Chairman introduced the representatives from NHS Somerset, local GPs and Somerset Partnership NHS Foundation Trust who were in attendance to explain the process and answer questions regarding the Williton Hospital bed review. The Chairman asked that the representatives address the Committee.

The Deputy Chief Executive/Director of Commissioning Development, NHS Somerset welcomed the opportunity to explain the press release and was pleased to see so many members of the public in attendance. She explained that Commissioning Development, NHS Somerset were the organisation that commissioned services and planned and bought all the services for the population of Somerset. She was aware that some people in the room might be concerned that this re-direction was only the first step and reassured them that there were no plans to make further bed reductions and close the hospital. They did not anticipate any job loses and redundancies. There were no planned reductions in the out-patient service and she envisaged discussions at this meeting to centre around the in-patient service.

She informed that there were important factors that led to the press release. Within the health and other public sector services the model had changed over time due, in particular, to health care advances and technology. Key threats to changes in the model of care had been towards providing more care out of

acute hospitals and into people's homes. The longer a person was in hospital the longer their mobility took to return. Within the new national strategy for stroke care, there was an indication of a new service, 'early supported discharge': for certain groups of patients it was better for them to go home and receive care rather than stay in hospital. It was a national strategy and every PCT in the country was required to introduce it. The hospital facility would continue and not be changed for those patients fromWilliton, Watchet and the surrounding area who would need rehabilitation in a Community Hospital.

There were new hospitals in Minehead and South Petherton, which was a further stroke centre of excellence. South Petherton have 16 new beds which has influenced the number of beds needed in Williton. A lot of work was undertaken to reduce the length of stay across the Community Hospitals so that patients go home as soon as it was safe to do so. All these factors have meant that the number of beds needed in Williton Hospital had reduced.

Finally, the NHS must make sure that all of their resources were used as wisely as possible. The county's demography shows that there is a high number of elderly people and therefore the Trust have to look at every service to see how to use its funds effectively.

Dr Dayani advised that the doctors' practice were at first very concerned with the proposals. They were invited to consult with the PCT and the provider. The discussions were about the actual usage of the hospital over the past few years. The Stroke Unit was very successful, however, with the building of new hospitals producing extra capacity, the progress in technology and getting people home sooner, if possible, has meant the number of patients going into stroke beds had declined. At no point in the last two years, including the refurbishment of the hospital, had there been a shortage in capacity and of beds. The reduction in the number of beds involved will affect staff, however, the practice was assured that expertise will not be lost but utilised elsewhere and manning would be maintained.

The Director of Community Health Services/Deputy Chief Executive, Somerset Partnership HNS Foundation Trust advised that it was key to deliver effective services and the Trust were working very hard to make sure that communities were involved. There was evidence regarding early supported discharge that showed, wherever possible, when people were looked after at home they would recover better. The rehabilitation service was mindful of the geography and have strict criteria. On consideration of a patient's condition and home circumstances if the criteria cannot be met then the Community Hospital was an option. There will be 12 beds on standby and they will be available should there be a bad winter. It was the Trust's job to try to support it's staff through the change process; the organisation had robust change processes, which worked with individuals, looked at local community services and if staff would like to move to different hospitals that too could be considered. Now the review was concluded they were looking at how to better utilise staff skills and look after them. The changes have made space available and it was possible, therefore, to consider what other services could be provided; the 12 beds would be protected as a back up.

The Chairman invited the members of the public, who had requested to speak, to address the Committee.

Mr Ray Tew spoke and advised to the effect that although he was not a health professional he had experience of the excellent level of care that staff in the hospital provided for his wife before she died in 2007. The high level of care contributed to his wife living longer than the average expected. Further, he felt very close to the staff due to the care shown to him by the hospital staff He was concerned about the speed in which the changes to the hospital had come about; suspicious about the way the changes were mapped out, and concerned for the future provision of the hospital and staff.

Mr John Byrant, Williton Hospital League of Friends, spoke and expressed his thanks at being given the opportunity to address the Committee. He advised to the effect that some of his general questions had been answered. However, the ageing population in general was getting greater, had these forecasts been taken into account when making plans for the future? We were still being told that patients couldn't be discharged from Musgrove Park Hospital due to lack of capacity at the Community Hospitals. Although assurance had been given that the hospital would not close down, that could change, what would happen then?

Mrs Shirley Dee, Williton Hospital League of Friends, spoke and advised to the effect that the palliative care provided at Williton Hospital was undertaken by specially trained staff who also provided support for the relatives. She expressed concern about the closure of Grace's Room and maintaining the hospital's reputation as a centre of excellence.

Mrs Barbara Heywood, Williton Hospital League of Friends, spoke and advised to the effect that she was concerned about how quickly it would be possible to bring the 12 beds back into use in the event of an increased need, especially with the winter months coming, and the time taken to conduct a deep clean and take on extra staff.

In response to the questions posed by the public the Deputy Chief Executive/ Director of Commissioning Development, NHS Somerset advised that the ageing population in West Somerset had been taken into account within the review. In general the occupancy levels at Williton Hospital were low and there was almost always some free beds for patients on discharge from Musgrove Park Hospital and there were very few times when there was no capacity. It was difficult to predict the future, but she could give as clear assurance as possible that should bed availability change it would be looked at it again.

Dr A Dayani responded, there had been initial feelings of trepidation, however, it was demonstrated how use of the hospital could be maximised. The changes provided an opportunity for additional use for the hospital outside of its existing ones. He agreed that the palliative care had always been second to none. Further, much work on improving care nationally for heart disease had been invested with good results and it was hoped that similar work for stroke, which was a major killer, would in time also produce good results.

The Director of Community Health Services/Deputy Chief Executive, Somerset Partnership HNS Foundation Trust responded. The Trust were committed to palliative care and there was no intention to take it away from the hospital. It was believed important that the empathy and culture of the hospital should continue. The Trust had a target length of stay and aimed to hit an average length of stay, if there was a clinical need for a longer stay that was built in. There was no reason why someone could not choose to die at the hospital, if it was clinically appropriate and the choice of the family. The Trust worked closely with Musgrove Park Hospital matrons and nurses who worked to pull patients through the system, but there were always times when there were decisions around the timing.

The Trust had experience of opening beds quickly at Chard, and had plans in place, which set out the process. The process would take about five days, which included deep cleaning and getting staff together. Also, they worked closely with the Ambulance Service to help predict when there might be an increase in demand.

The Chairman opened up the debate to the members.

During the course of the debate members raised the following main concerns:

- Members had received various reports of bed blocking.
- How had the new build been funded?
- The local community had worked hard to raise funds for the hospital.
- It was much cheaper to look after someone in their own home rather than in a hospital.
- Strong concern that the building of South Petherton hospital had resulted in extra/over capacity and therefore built when it was not needed. The decision to reduce the number of beds available in Williton was a cost cutting exercise. NHS money had therefore been wasted.
- Poor communication with Williton Hospital's League of Friends.
- The impact on the population regarding the predicted 20% fuel increases.
- How many people in need of beds must there be before the additional beds were available?
- 20 beds in use was quite low and so what factors were taken into consideration to reach the figure?
- Concern regarding how the changes would impact staff.

Members main concerns were addressed as follows:

- With regard to bed blocking, when the Musgrove Park Hospital got very busy and there was no other choice patients would sometimes be put into a private unit, it was the hospital's choice and the public purse did not get billed for it. The level of blocked beds compared to other counties was extremely low.
- Neither Minehead nor South Petherton Hospitals had been built under the Private Finance Initiative scheme. National public capital had been secured for the benefit of the people. Securing a Stroke Unit in South Petherton had enabled a closer facility for those living in that part of the county, which had changed the patient flow and it did not take away a local service in Williton. The county must be considered as a whole. Some patients would now go straight home, which would save some money. However, the model was

evidence based; at home the patient would get a better level of recovery and the return of mobilisation was improved. If the NHS had not spent the money to build South Petherton Hospital it would not have been able to retain the money within the county as it was not part of the NHS allocation.

- The Trust recognised that communication with the hospital's League of Friends had not been as good as it should have and would be happy to meet and have a detailed discussion with them.
- Now the South Petherton Hospital had opened the assumption in the review model showed that in a year there would be 59 patients who would have gone to Williton from South Petherton, Chard and Taunton Deane areas, another reason why the reduction in beds could be made. The review took three months in which two years of data has been looked at in a huge amount of detail. Evidence had shown that when patients were hospitalised they become acclimatised to that. On going welfare meant people didn't then get sent to residential homes. The factor of fuel poverty had not been included in the review, however, it did include the last two years when there had been some extreme spells of weather. There was only one point when Swine Flu was an issue when it was thought that the number of available beds might have to increase.
- They would monitor very closely the demand for beds and would make a quick decision should extra beds be needed. They would look at the data in a greater amount of detail on a monthly basis which would show who went into Williton, how many and were there some who could not go there. They have put in winter beds because it does tend to be the worse time. However, they could not ensure about what point to open the beds. They would have to consider using funds wisely, how much pressure there was, look at discharging, were there beds in Minehead, and reach a decision as and when it was needed; it would always be looked at in the round.
- The Stroke Unit started with 12 beds and they were going back to that original model. The staff at Williton Hospital would have jobs, a commitment had been made although it would involve change. There were posts that have been protected for the staff and some will be involved in providing community services. The number of staff for the Stroke Unit would be meeting strict standards, which were higher than general use. The Trust would be working with staff individually to find those who were interested in providing community services and it was not anticipated that there would be any job losses. The Williton Stroke Unit was not closing and it would remain as a centre for excellence. The 20 beds would work flexibly as 10 Stroke Unit beds and 10 general use beds. Stroke patients from Watchet, Williton and Bridgwater and this area would continue to go into Williton Hospital if they needed rehabilitation.

The Deputy Chief Executive/Director of Commissioning Development, NHS Somerset advised that although the changes were major, she wanted to assure that there would be a smooth transition and did not think that there would be any negative change. She expected to see service improvements in Somerset. Any additional services would not be particularly for the private sector, the detail had not been considered and she welcomed any suggestions. Further she confirmed that a support meeting with the League of Friends would be arranged and that she would enquire and clarify the threshold for opening the spare beds.

The Chairman thanked the NHS Somerset representatives for attending the meeting to be challenged and thanked the community for showing their concern and interest.

RESOLVED that the notes of this debate be made available to NHS Somerset to assist in addressing the concerns of the community and with any ongoing public consultation and discussions with interested parties.

Note: With the agreement of the Chairman this item was brought forward on the Agenda.

SC66 Notes of Key Cabinet Decisions/Action Points

(Copy of Key Cabinet Decisions/Action Points, circulated with the Agenda).

RESOLVED that the Key Cabinet Decisions/Action Points for 7 December 2011, be noted.

SC67 Cabinet Forward Plan

(Copy of Cabinet Forward Plan No. 7, January 2012 – January 2013, circulated with the Agenda).

RESOLVED that the Cabinet Forward Plan No. 7, January 2012 – January 2013 be noted.

SC68 Task and Finish Groups Progress Report

(Copy of Report No. WSC 153/11, circulated with the Agenda).

The purpose of the report was to report on progress made to date of the Street Cleansing Task & Finish Group and the Community Safety Task & Finish Group.

The Chairman thanked the Scrutiny and Performance Officer for her work and confirmed that the report set out the current position and work completed to date.

The Scrutiny and Performance Officer advised that the Community Task & Finish Group planned to meet again in January and produce a final report in February. The Street Cleansing Task & Finish Group were reliant upon the devolution discussions and would meet with the Group Manager for Environment and Services to look at the information and perhaps produce a final report in March.

RESOLVED that the Task & Finish Group Progress Report be noted.

SC69 Joint Waste Scrutiny Panel

Councillor R P Lillis provided a verbal update on the outcome of a recent meeting of the newly formed Joint Waste Scrutiny Panel. He reported that it

was important that West Somerset was represented and had a voice. A Member of the financial team from the partnership would be attending the next meeting in January. The partnership were currently three years into a seven year contract with May Gurney and were due to negotiate the next seven year contract. He believed that it was important to seek clarification that there was a break clause to help mitigate any potential increase in costs. The savings for this year were £400k. Next year there were concerns that the target of £671k savings may not be met. However, they were assured that further closures of Household Waste Recycling Centres or reduced operating hours would not be considered.

RESOLVED that the update be noted.

SC70 Scrutiny Committee Workplan

(Scrutiny Committee Workplan, circulated with the Agenda).

The Chairman asked that members consider if there was a need to set up further Task & Finish Groups.

Councillor P Grierson requested that the possibility of scrutinising the fraud service be considered.

Councillor D Ross proposed that a Task & Finish Group be set up to look at the local Health Service, and it was seconded by Councillor M Dewdney.

RESOLVED (1) that the workplan be noted.

RESOLVED (2) that a Task & Finish Group be set up to look at the local Health Service, especially the out of hours provision.

The meeting closed at 7.02 pm.