

COUNCILLOR JEFFREY CHEETHAM MAYOR

**MINUTES OF: SPECIAL MEETING OF THE COUNCIL OF THE
BOROUGH OF ROSSENDALE**

Date of Meeting: 19th January 2005

**PRESENT: The Deputy Mayor Councillor P Steen (in the
Chair)
Councillors Alcroft, Atkinson, A Barnes,
Challinor, Crosta, Disley, Driver, Graham,
Hancock, Huntbach, Lamb, McShea, Neal, J
Pawson, S Pawson, Pilling, Robertson,
Ruddick, Sandiford, Starkey, H Steen, Swain,
Thorne, Unsworth.**

**IN ATTENDANCE: Carolyn Wilkins, Deputy Chief Executive
Linda Fisher, Head of Legal and Democratic
Services
Julian Joinson, Democratic Services Manager
Elaine Newsome, Committee Services
Manager
Heather Moore, Executive Office Manager**

**ALSO PRESENT: David Peat, Chief Executive BPR PCT
Cath Sissons, Public Involvement Manager
BPR PCT
Dr Ann Hoskin, Cumbria & Lancashire SHA
Janice Horrocks, Director of Mental Health
Service Development for Lancashire, BPR PCT
Dr Ellis Friedman, Director of Public Health
BPR PCT
Mrs Val Carmen, Director of Nursing and
Professional Development BPR PCT
Dorothy Mitchell, Rossendale Community
Network**

**APOLOGIES: Councillors D and L Barnes, Cheetham, Eaton,
Entwistle, Farquharson, Nicholass and Young.**

1. WELCOME AND PURPOSE OF THE MEETING

The Deputy Mayor welcomed everybody to the Special Council Meeting on Health Issues. The Leader of the Council welcomed, in particular, representatives of the various health organisations who had kindly agree to attend the meeting. He explained that there were a number of consultations underway within the health sector, which might

impact upon Rossendale. Accordingly, the Council had called a special meeting on health matters in the light of its role as community leader. Health issues were a matter of great concern to people within the Borough and this meeting provided an opportunity for Members to hear about the issues first hand and for councilors, interested groups and members of the public to have their say.

The Leader expressed a hope that the debate would take place in an open and non-political fashion and reminded those present to treat the views of all persons present with respect.

BUSINESS MATTERS

2. DECLARATIONS OF INTEREST

Councillor Graham declared an prejudicial interest the consultation on Ambulance Service Trusts, in the light of her employment as an ambulance driver.

Councillor Huntbach declared a personal interest the review of Primary Care Trusts in Cumbria and Lancashire, in the light of his appointment as an Executive Director of the Burnley, Pendle and Rossendale Primary Care Trust.

3. INTRODUCTION

The Deputy Chief Executive gave a presentation which set the scene in respect of health in Rossendale. In general, the health of people in Lancashire was less good than in other parts of England. Moreover there were pockets of deprivation within Rossendale. Accordingly, a key theme of the Local Strategic Partnership (LSP) was health. In order to bring about change, a challenging agenda of improvement had been set which would tackle issues such as diet, lifestyle, homes, the environment, major killer diseases and access to services. Key partners would need to act jointly to achieve success.

The presentation also included statistics in relation to the infant mortality rate, people with limiting long term illness, life expectancy, admissions to hospital, incidence of heart disease and incidence of cancer. An outline of the main health consultations was also provided.

4. BURNLEY, PENDLE AND ROSSENDALE PCT PRESENTATION

David Peat gave a presentation on behalf of the Burnley, Pendle and Rossendale Primary Care Trust. He provided a brief overview of developments within the Health Service. He explained the background to the various proposals, based upon the NHS Plan 2000, which aimed to improve health issues by 2010. It also recognised that factors such as genetics, climate and the environment had a bearing on overall health. Some key issues for the health service were creating a patient

led NHS, commissioning patient led services and health reform.

In practice, the modernisation agenda meant improvements to the commissioning bodies, supplier bodies, the independent sector and community based or primary care, together with improvements in quality and safety and the provision of information.

The presentation included an outline of the various NHS proposals for redesign which might affect the PCT area. There were eight proposals as follows:-

- **Ensuring a Patient Led NHS - Primary Care Trusts** - a formal consultation from 14th December 2005 to 22nd March 2006 proposing options for the reconfiguration of the 13 PCTs in Cumbria and Lancashire.
- **Ensuring a Patient Led NHS - Strategic Health Authorities** - a local consultation from 14th December 2005 to 22nd March 2006 proposing to reduce the number of Strategic Health Authorities (SHAs) in the NW England from three to one.
- **Ensuring a Patient Led NHS - Lancashire Ambulance Trust** - a consultation from 14th December 2005 to 22nd March 2006 on proposals to merge a number of NW England Ambulance Services into one Trust.
- **Healthy Futures** - a formal public consultation from 12th January 2006 to 13th April 2006 on proposals for the redesign and reconfiguration of services provided by the Pennine Acute Trust.
- **Making it Better** - a formal public consultation from 12th January 2006 to 13th April 2006 on proposals for the redesign and reconfiguration of paediatric services, obstetrics and neonatal care.
- **Calderdale** - a formal public consultation to 30th January 2006 on changes to surgery, orthopaedics, paediatrics, obstetrics and gynaecology provision.
- **Clinical Services Review - East Lancashire Hospitals Trust** - a formal public consultation due to start in March 2006 on proposals for the review and reconfiguration of health services provided by the East Lancashire Hospitals Trust.
- **Mental Health Reconfiguration - Lancashire Care Trust** - a formal public consultation due to start in March 2006 on changes to mental health services including acute inpatient and community provision.

Mr Peat referred to the 'Have your Say' public meetings on Making it Better and Healthy Futures due to be held on 2nd February 2006 at Bacup Leisure Hall and 2nd March 2006 at Haslingden Community Link at 6.30pm. In addition, a public meeting on Mental Health Services was scheduled to take place at 6.30pm on 13th February 2006 at Alder Grange High School.

Members asked a number of questions or expressed concerns, including the following:-

- How was it envisaged that the changes would impact upon health inequalities, in order to 'Make It Better' in Rossendale?
- In the light of the removal of services from Rosendale General Hospital such as Wards 5 and 11, what future use would be made of these buildings?
- Was there any medical staff involvement in the decision making process following the consultations?
- Concerns were raised about the plans for the Mental Health Resource Centre at Balladen House.
- What is a Crisis Team and if the Team works from 9 am to 5 pm, what happens out of hours?
- Concerns were raised that ward closures had taken place before alternative services were in place.

Mr Peat replied to a number of the points raised and undertook to refer those outside of his responsibility to the relevant health bodies. In respect of the Make It Better and Healthy Futures consultations, the focus was on future-proofing services, which would include safety improvements, raising standards, and recruitment and retention issues. The high number of sites and condition of the building stock was an area of concern. The review of PCTs should help to redirect resources from management into cancer and screening services. The decision process would involve users, carers, experts, nurses, finance, management and lay people and was under the auspices of a Steering Committee. A number of leaflets were available in the foyer area.

5. PRESENTATIONS BY OTHER HEALTH BODIES/PROVIDERS

Dr Ann Hoskin gave a presentation on Commissioning a Patient Led NHS. She referred to the three structural consultations contained within the proposals, namely:- the PCTs consultation; SHAs consultation; and the Ambulance Trust consultation. Dr Hoskin explained in more detail the background to and the three options proposed in the consultation on PCT boundaries within Cumbria and Lancashire. She outlined the implications for the PCTs and explained how people could make their views known.

No other health representatives were present who wished to make a presentation.

6. COMMUNITY NETWORK COMMENTS

Mrs Mitchell provided a presentation on the Rossendale Community Network's response to the consultation issues. She outlined the importance of public feelings, expectations and anxieties, which would have to be balanced against the realities of service provision. Some initial concerns were that the Healthy Futures proposals would lead to Acute Services moving away from Rossendale; that Making It Better would reduce children's services available; that the Clinical Services

Review would leave no provision other than in Blackburn and Burnley; that the Mental Health Review had led to the closure of Ward 11 before alternative provision had been finalised; and the Ensuring a Patient Led NHS proposals might lead to job losses and poorer standards.

The Network believed that Rossendale's main needs were improved transport links, a local hospital and quality services within easy reach.

The Network applauded the consultation process, but asked that proposals be communicated in a way which was easily understandable. They also urged local people to get involved and to respond to the consultations.

It was hoped that an appropriate balance could be found between the need for centres of quality provision and travelling distances. It was accepted that, given the constraints on resources, needs rather than wants must be satisfied.

Mrs Mitchell indicated that contact details for the Network had been circulated at the meeting.

7. PUBLIC SPEAKING ON HEALTH ISSUES

The public were invited to comment on or ask questions in relation to the various health proposals. The following concerns/issues were raised:-

- When would replacement services be brought into effect for those services being cut? Mr Peat agreed to pass on this query on to the relevant body.
- What provision for mental health would be available following the changes? Mr Peat agreed to forward this question to the appropriate body.
- Given that services for Rossendale residents were provided by a number of different health bodies, was it be possible to identify a single person with overall responsibility? Mr Peat responded that there were 9 PCTs involved in the Mental Health Services review, However the Burnley, Pendle and Rossendale PCT would help to co-ordinate the East Lancashire response. It was essential that individual members of the public filled in a response to the consultation in order for their views to be considered.
- A member of the Patient and Community Forum expressed disappointment that no Rossendale Council representative had yet participated in the group covering NE Manchester.
- A member of staff at Rossendale General Hospital indicated that the closure of Ward 1 had been introduced as a temporary measure, but had in fact become permanent. She argued for the retention of services at that hospital.
- A member of the public asked whether the Pennine Acute Trust had been invited to the meeting.

- A member of the Rossendale Chartists commented that it was difficult for the public to respond to the consultations because people usually did not know what their future health care requirements might be.
- A member of the public commented that a fully functioning hospital was required in Rossendale.
- Could representatives explain what is meant by Patient Led Care? Dr Hoskin indicated that the Department of Health had given that name to the initiative. In summary, whatever structures emerged from the review process, those bodies would have to ensure that appropriate arrangements were in place to listen to the views of patients.
- A member of the public asked about the functions of the PCT. Mr Peat indicated that there were around 300 PCTs in the country. Those organisations were responsible for establishing the health needs of the population; identifying and commissioning the health care required; and working with Councils and other bodies on partnership issues.
- A member of the public asked about the percentage of administrators employed within the various health bodies. Mr Peat responded that the administrative and management costs were minimal.

8. COUNCIL DEBATE

The Council agreed to suspend its Standing Orders to enable an open debate to take place in respect of health issues. The following concerns/issues were raised:-

The Deputy Mayor asked how it would be possible to deliver more choice of health services if the General Hospital was closed. He indicated that in his view services should be provided locally. He also commented he had visited the Hospital in an official capacity and had been pleased to see dedicated and enthusiastic staff. The patients had also been full of praise for the staff. The Hospital served a wide catchment area. The visit had included the Respite Facility, Mental Health Unit and Day Surgery Facilities. Financial pressures imposed by Government departments were acknowledged, but the local population had paid for and deserved local services.

Councillor Neal commented that those people with mental illness were often not able to cope within the general population. He also indicated that those people who were reliant on public transport were often badly affected by any changes to health provision. He commented that the quality of service available was more important the condition of the hospital buildings.

Councillor Disley indicated that hospital visits were difficult for those people without private cars. Regionalisation might lead to vulnerable patients not receiving visits at all. She also asked whether the

introduction of nurses qualified to degree level had led to a shortage of staff able to perform practical nursing skills. Mrs Carmen indicated that Assistant Practitioners were being recruited to cover this function.

Councillor Driver asked how the changes would make a difference. She enquired if money would be diverted from management into staff training; whether services would be more joined up; and whether waiting lists would fall. She also asked where Accident and Emergency patients would be treated in the future and where crisis beds would be situated. She indicated that Rossendale General Hospital could provide those services well and had done so previously.

Councillor Starkey commented that the structure of the health bodies did not concern most members of the public, but the levels of and location of services did.

Councillor Crosta expressed the view that the replacement of hospital buildings was not a priority, but that the money should be focussed on services.

Councillor Sandiford reminded members that Rossendale was actively involved in discussions about health. She was a member of the Lancashire Overview and Scrutiny Committee on Health. That body had established a joint working group with the Greater Manchester authorities to look at cross-boundary issues, including those facing Rossendale. She had attended every meeting of that body and the next meeting was due to be held in Rawtenstall on 31st January 2006 to enable its members to gain an understanding of the difficulties facing Rossendale. She expressed concern that with the review of services in Manchester and East Lancashire, Rossendale might be affected disproportionately. She expressed particular concern that obstetric services needed to be close by.

Councillor Hancock indicated that Rossendale residents should state clearly what they want. He commented that there should be appropriate services within the Borough, supported by specialist services from elsewhere. He referred to the depth of concern about Wards 1, 5 and 11. He also indicated that residents should say which services needed to be based in Rossendale, particularly as Rossendale residents had poor health compared to other parts of Lancashire. He expressed a view that mental health services needed to be provided in the valley.

Councillor A Barnes enquired about how much control the PCT had over services commissioned from the Acute Trust. She stated that Members were not against modernisation, but were conscious that Rossendale did not appear to receive its fair share. The key aim was to provide appropriate services to improve life chances within the Borough.

The Leader expressed concern that the various health bodies might each make a decision causing a small change, which cumulatively might have a more serious impact upon the Borough. It was crucial that each health body communicated with its peers. In general, some of the changes were inevitable, as specialisation often resulted in more regionalisation. However, issues such as Ward 11 might require a more local solution. It was felt that the timing of the closure of Ward 11 and the Drop-in Centre two weeks before Christmas was particularly insensitive.

Councillor Swain expressed his support for the work of the General Hospital.

Mr Peat responded that it was very important for the Council, LSP and interested groups to respond to the consultations. Views on the Making It Better and Healthy Futures consultations could be submitted by telephone. In addition, a roadshow bus would be sited on the Tesco car park on 28th January 2006 from 10 am to 12 noon. It was noted that there would be additional opportunities to comment on the health proposals through the Overview and Scrutiny process.

Councillor Hancock urged health representatives to listen to and act upon the views expressed by members of the public during the consultations. The Leader thanked the health representatives for their valuable input and the public for their comments.

Resolved:

- 1) That the Council, in its community leadership role, presents all the concerns and issues raised during this meeting to the relevant organisations, including Lancashire County Council (as the statutory consultee on health issues), neighbouring councils and the service providers.
- 2) That the Council, in partnership with Rossendale's Community Network, ensures the views of Rossendale people about what is needed are fed into all the consultations which impact on the Borough.

The Deputy Mayor thanked everyone for their attendance.

(The meeting started at 7.00 pm and concluded at 9.30 pm)