MINUTES

COUNCIL
THURSDAY, 20 JULY 2006
4.00 PM

PRESENT
Councillor Gerald Taylor Chairman

Councillor Ray Auger
Councillor David Brailsford
Councillor Terl Bryant
Councillor Paul Carpenter
Councillor Mrs Frances Cartwright
Councillor George Chivers
Councillor Robert Conboy
Councillor Nick Craft
Councillor Dorrien Dexter
Councillor Mike Exton
Councillor Mrs Joyce Gaffigan
Councillor Yvonne Gibbins
Councillor Stephen Hewerdine
Councillor Reginald Howard
Councillor Fereshteh Hurst
Councillor John Hurst
Councillor Mrs Maureen Jalili
Councillor Kenneth Joynson
Councillor Mrs Rosemary Kaberry-Brown
Councillor Albert Victor Kerr
Councillor John Kirkman
Councillor Reg Lovelock M.B.E.
Councillor Peter Martin-Mayhew
Councillor Andrew Roy Moore
Councillor Mrs. Linda Neal
Councillor Alan Parkin
Councillor Mrs Angeline Percival
Councillor Mrs Margery Radley
Councillor Bob Sandall
Councillor Ian Selby
Councillor Robert Murray Shorrock
Councillor John Smith
Councillor Mrs Judy Smith
Councillor Lee Steptoe
Councillor Ian Stokes
Councillor Michael Taylor (Vice-Chairman)
Councillor Jeffrey Thompson
Councillor Frank Turner
Councillor Thomas John Webster
Councillor Graham Wheat
Councillor Mrs Mary Wheat
Councillor John Wilks
Councillor Mike Williams
Councillor Avril Williams
Councillor Mrs Azar Woods

OFFICERS

Chief Executive
Strategic Director
Strategic Director□Solicitor to the CouncilScrutiny Support Officer

115 members of the public in the meeting
100 members of the public outside the meeting who wished to be recorded as present.

The Chairman welcomed everyone to the meeting and explained that because this was an extraordinary meeting of the council, there was no opportunity for members of the public to speak.

53. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Fines and Radley.

54. DECLARATIONS OF INTEREST

No interests were declared.

55. MOTION SUBMITTED BY COUNCILLORS BRYANT, CARPENTER, MRS CARTWRIGHT, CHIVERS, AND JOHN SMITH

DECISION:

That in order to re-store public trust and confidence in our hospital service, any proposals to reduce the services currently provided at Grantham Hospital be deferred to allow for a thorough, independent review of hospital services that are required for a town the size and location of Grantham, a town which has been prioritised for development as a 'Sub-Regional Centre'. Furthermore that the results of this review be the subject of open and honest consultation with all the people served by Grantham Hospital before any decision is made.

Councillor Carpenter, on behalf of those members who submitted the motion, proposed:

That in order to re-store public trust and confidence in our hospital service, any proposals to reduce the services currently provided at Grantham Hospital be deferred to allow for a thorough, independent review of hospital services that are required for a town the size and location of Grantham, a town which has been prioritised for development as a 'Sub-Regional Centre'. Furthermore that the results of this review be the subject of open and honest consultation with all the people served by Grantham Hospital before any decision is made.

In proposing the motion, he explained that the key words in this were: independent, open, honest and confidence. The people of Grantham had had the sword of Damocles hanging over them for too long. Many letters from residents had shown a greatest concern over possible reduction of A&E services and this was especially pertinent given that Grantham was on a number of major roads. More people were moving into the area and by 2020, it was estimated that a further 12,000 residents would be living in the area, causing a further increase in cases of accidents and illnesses. The hospital should therefore be looking to expand, not reduce, its services. The first hour of an illness or accident was most critical and often determined whether a patient lived or died. A patient was therefore at great risk if their first hour was spent in transit to a hospital. The call for the review was because the public needed to know what decisions were being taken about the future of Grantham Hospital.

The motion was seconded by Councillor Bryant who reserved his right to speak on the matter later in the meeting.

The Chairman introduced Derek Bray, Chief Executive of South West Lincolnshire Primary Care Trust (PCT) to the meeting. He in turn introduced his colleagues: Helen Scott-South, Interim Chief Executive of United Lincolnshire

NHS Hospital Trust (ULH); Toby Saunders, Director of Performance at Trent Strategic Health Authority/NHS East Midlands; Melanie Hawes, Chair of South West Lincolnshire PCT; Sue Hitchenor, Director of Finance, Commissioning and Information at South West Lincolnshire PCT; Dr John Elder, General Practitioner, Corby Glen, South West Lincolnshire PCT; and Dr David Baker, General Practitioner, Grantham, South West Lincolnshire PCT. Mr Bray then expressed his apologies for the handling of communication with the general public and council on the proposals for Grantham Hospital, as it has not been of the highest order. He hoped that the meeting would provide a new start. He then gave a joint presentation with Ms Scott-South on shaping the future direction of acute hospital services, which made the following points.

- There were two processes ongoing at the hospital led by the PCT but with external elements: the turnaround process looking to make the hospital internal arrangements more efficient; and the exploration of strategic options for providing hospital services across Lincolnshire. This provided a medium term focus of 3-5 years which would give greater confidence in the services.
- There were currently no plans or decisions taken on the strategic options, which included accident and emergency (A&E).
- It was important that members of the public and the council understood the work being done within the organisation. The turnaround team were looking at a number of workstreams from which to make efficiency savings.
- Savings in nurse pay was not about redundancies but involved better scheduling and looking to provide services within the community closer to people's homes.
- A&E had become one of the strategic options, as the trust understood how important this service was to the people of the area. There would be no changes to this service unless the proper process was undertaken.
- Savings were estimated on consultants pay as the trust intended to implement the nationally agreed contract. Savings would be achieved from outpatients by looking at ways to reduce missed appointments. Further savings were outlined including procurement through the East Midlands Procurement Hub, payment by results and a management restructure.
- The Strategic Health Authority had approved the workstreams, ensuring that none would have a negative impact. An external turnaround director had been appointed to the Trust by the Department of Health. Two further internal appointments had also been made. Project managers were in place. Previously, change management had been incorporated into day-to-day management but was now properly resourced.
- No implications or impact on the quality of patient care was envisaged and in many cases, improvements in quality and access were anticipated. The Trust was committed to not removing hospital beds unless it was satisfied that appropriate alternative services were in place.
- There had been significant clinical involvement in the turnaround work. A Clinical involvement group and medical advisory groups had been established and a consensus conference held.
- Potential key areas for future locality focus included: A&E services, acute surgery, women and children's services in Grantham and planned surgery, unplanned medical services and diagnostic services in Louth. The Trust understood the consistent message of the importance of A&E services and

that a sustainable solution was required.

- The development of the strategic options (long term conditions, emergency services, elective services, women's and children's services) should see implementation of a sustainable solution in April 2007. This would be clinically-led with effective local engagement.
- Patient, public and stakeholder views, including county and district councils, would be fully incorporated into the process for developing the strategic options and district and county councils.

The Chairman thanked Mr Bray and Ms Scott-South for their presentation. A number of members reiterated this and hoped that the intentions expressed were sincere and implemented, because there was currently considerable scepticism within the community.

Speaking for the motion, members expressed their concerns and questioned the health service representatives on several issues: the inclusion of A&E in the strategic options was welcomed, especially as hundreds of thousands of people passed through the area every day on the A1, it was unforgivable to consider any reduction in this service; general management should be subordinate to clinical service management; it is important to find out where the decision-making influence lies; whereas it was vital that A&E remain open, sufficient back-up services were also required; the honesty of the current representatives and admittance that Lincolnshire was under funded was new and welcomed; an alliance with other rural areas was required to ensure that funding needs were not overlooked and that the communities remained sustainable; there was a failure for the trusts to appreciate the difference between a business and a public service; minutes of a Trust meeting discussing the acceptable number of deaths in transit was unfathomable and unacceptable; the possibility of Grantham being cut-off should be considered because it had happened historically; the assumption should not be made that people have cars; and the council must show its support to the clinicians.

One member expressed his concern that the presentation had stated that the decision had been taken for Lincolnshire to have one PCT and yet a current consultation document referred to the three current Trusts. It was suggested that as this document was still open for consultation, the proposed public engagement by the health representatives could not be trusted. In response, Mr Bray clarified that a specific consultation exercise was carried out and the one Trust was the county council's preferred choice.

Members also relayed to the health service representatives incidences reported to them by their constituents (including accidents on the A1, deaths in transit, unavailability of ambulances, relocation to areas with better hospitals) which highlighted the need for continued comprehensive emergency services at Grantham.

A list of 560 signatures collected from members of the public in Grantham concerned about the future of the hospital was presented to Mr Bray.

It was suggested to the health representatives that a public meeting be

organised so that members of the public could express their views and that a flag day for fundraising be arranged.

Mr Bray commented that it was very important that the public worked with the Trusts on the process. This would provide an appropriate solution for healthcare and ownership for the public. He added that he thought some excellent services were provided in the area. Transport issues would be considered within the strategic options. Ms Scott-South responded to some of the incidents reported to her, giving her assurance that they would not come up with anything to effect patients or plan for them to die, and reiterated the need for a clinically-led open and public process for discussion about the future of local health services. She agreed that a public meeting and a flag day could be arranged. She understood the importance of women's and children's services and this had been included as a strategic option, although she was quite certain that to reopen maternity services would not be sustainable. Dr Elder reported on his involvement with the team and the variety of issues discussed, which were predominantly A&E and the sustainability of a wide range of other hospital services. General Practitioners had been sceptical but as a group, they were happy to continue working with the hospital trust board to ensure the continued provision of safe services. The outcome of discussions was not a foregone conclusion. Dr Baker added that, speaking with some independence, he did not support any loss of A&E, acute surgery, acute medicine or anaesthetics. The initial response from ULH was unsatisfactory but this had improved significantly and he was confident that there was sufficient external scrutiny. Mr Saunders spoke on the issues raised on funding. He explained that the NHS in Lincolnshire had received 11% more funding this year than last year. Next year, a further additional 11-12% would also be received.

Councillor Steptoe moved an amendment to the motion that the following be added to the original motion: *Furthermore, as United Lincolnshire Health NHS Trust has demonstrated its financial and moral bankruptcy, we urge the Secretary of State to directly intervene by dismissing the entire current Trust Board, and to do all in her power to prevent further cuts.*

In proposing the motion, the member wanted to inject some 'righteous anger' into the debate. He spoke about recent historical NHS funding trends and gross incompetence and negligence of the current and previous trust board members. This was supported by a recent letter published in local press calling for a vote of no confidence in the trust board. A clean start was required. This was seconded.

Members spoke against the amendment, as it would not be a positive move, it was an inappropriate time to make such a suggestion and the current trust board had been appointed and were doing their utmost best to put the interests of local people first.

Mr Saunders commented that himself and his colleagues were present because they recognised the importance of the process to be worked through. The Trusts had a responsibility to operate within its means, it cannot continue to overspend as this was not sustainable. This was reinforced by Mr Bray, who

explained that there had already been significant changes at the hospital in the appointment of a new board, new interim Chief Executive and a new turnaround team.

A vote on the amendment was lost.

Members continued to debate the substantive motion.

In response to issues raised, Sue Hitchenor explained that the NHS had finite resources and therefore decisions had to be taken on how to allocate. She suggested that the council should think about how its views could be expressed through a consultation process. Melanie Hawes added that she was passionate about the NHS and patient care. It was the first time in her 41-year NHS career that changes and service development were being considered in this way.

One member, having scrutinised the trust's accounts at a Development & Scrutiny Panel meeting, asked what the impact had been on the Chancellor's change to NHS pension contributions. An estimated figure of a rise in employer's contribution from 7% to 14% was given. In addition to these financial implications, the agenda for change project and consultant's contract were also having a significant effect.

Councillor Carpenter, in summing up, thanked everyone for attending. He was pleased that the same words used in the motion had been used throughout the meeting. He wanted to wait and see whether the intentions expressed by the trusts would be implemented at this stage of a new beginning. The council and public would welcome change but only change for the better. His confidence had not yet been restored but he hoped that this would change in the near future.

On being put to the vote, the motion was carried unanimously.

56. CLOSE OF MEETING

The meeting closed at 6.05p.m.