
Mr G Elderfield
Chief Executive – Isle of Wight Healthcare NHS Trust and Primary Care Trust
St Mary's Hospital
Parkhurst Road
Newport
Isle of Wight
PO30 5TG

2 September 2005

Dear Mr Elderfield,

Re: Financial Recovery Plan

On behalf of the Policy Commission for Care Trust Delivery and Health Scrutiny, I would like to thank you and your colleagues for your attendance at the meeting held on 16 August 2005. The frank way in which you and your team answered questions was much appreciated by all who attended.

The commission have reviewed the evidence gathered from your presentation and subsequent question and answer session and, after further discussion, would be grateful for some clarification and confirmation on the following points:

1. Finance

- 1.1. That the net growth money for the next financial year (beginning April 2006) will be £15 million and that this funding will all be put into health services on the Island.
- 1.2. That there will be a balanced budget in the next financial year, and that thereafter there will be a balanced budget without the need for major cuts.

2. Patient Travel

- 2.1. Whether the Isle of Wight Primary Care Trust was acting ultra vires in reimbursing some patient travel costs and the legal reason to consider it ultra vires.
- 2.2. Please will you give us the number of Solent crossings for the last year and the previous year undertaken by:

- a) Patients
- b) Health Staff

Please will you also give us the amount of total health expenditure on cross Solent travel for the last two years.

3. Jobs

- 3.1. The commission would welcome confirmation that other than the jobs already announced, there will be no further job losses in the next two financial years.
- 3.2. Have the savings from the redundant posts been included within the Cash Releasing Efficiency Savings within the recovery plan or have these been counted separately?
- 3.3. Are there currently any skills shortages within the two trusts? If so, how will you address this in the context of the reduced posts and are you finding it more difficult for the two trusts to recruit and retain staff?

4. Estate rationalization

- 4.1 Please could the commission be assured that none of the buildings to be sold under the estate rationalisation plans will be are disposed of before suitable alternative accommodation is available.
- 4.2 The commission would also be grateful to know the estimated net income to be received from selling the Kestrels and whether it is anticipated that any replacement would continue to be a community based resource.
- 4.3 The commission were pleased to note the changes to your plans regarding Shackleton House and Halberry Lodge. You detailed the modifications to the original proposals confirming that client groups requiring different levels of care would not be mixed under the new arrangements and that the services currently provided at Halberry Lodge would be moved to St Catherine's ward on the St Mary's site. Please confirm our understanding of this situation.
- 4.4 We also understood that an increase to the community mental health service would assist in reducing the need for acute mental health services. Please give us more detail as to how these changes will be implemented.
- 4.5 The commission was pleased to hear that there were positive changes to the plans for users of adult and older persons mental health services and would be grateful if you could confirm the details of the revised proposals and their impact on the recovery plan.

5. Manor House

- 5.1. Please can you confirm whether or not Guernsey and Jersey health authorities are planning to continue using The Manor House.
- 5.2. Are you able to confirm that any alternative provision will be able to meet both the care and accommodation needs of the patients.

6. Also, We understand that bed occupancy within St Mary's is running at around 98%. Are there plans in place to reduce this figure to a more efficient level? If so, what are the details of these plans?

In addition to the above points, the commission also makes the following recommendations:

7. The policy commission wishes to see stronger engagement and consultation with the public and patients (including the policy commission and Patient Public Involvement Forums). It therefore recommends that these two bodies are consulted prior to plans being formally presented for approval, in public, at Joint Trust Board meetings. This will ensure improved democratic engagement within the healthcare planning process on the Isle of Wight as intended by the creation of both patient forums and health scrutiny. It will also assist the Council and the public in understanding the financial pressures experienced by our health partners.
8. The policy commission also recognises the need for a whole systems approach to planning both health and social care. Therefore, the Policy Commission recommends that full impact assessments are carried out on proposals to change health and social care services. These should be shared with the policy commission in addition to both Members and Officers involved in social care. The Commission will ensure that the Council's Adult Services Directorate will reciprocate in supplying to you the details of any impact assessments that it carries out in relation to council services. This approach will also assist in the planning of solutions in partnership, which is of particular importance in relation to the plans for integrating health and social care.

The commission intends that these recommendations are constructive ones, and believes that they have the potential to improve working between the NHS and Council and that most importantly, work to improve the quality of life for people on the Isle of Wight.

In addition to our role as scrutineers, there is great potential for the commission to assist in the resolution of complex issues, crossing both the Council and NHS. We feel in a strong position to take on this role through an open and transparent process involving both key stakeholders and the public. Good communication between organisations will be a key determinant of how well the commission can perform this role; the commission believes that the recommendations set out above will support this. The commission also welcomes the appointment of Mrs. Wilshaw as the new Patient and Public Involvement representative at a senior level, and looks forward to closer working with both trusts in the future.

Once again thank you for your open and positive approach to the meeting on 16th, I look forward to your response.

Yours sincerely

Cllr Erica Oulton
Commissioner – Policy Commission for Care Trust Delivery and Health Scrutiny

Cc: All Members of the Policy Commission for Care Trust Delivery and Health Scrutiny
Sir I Carruthers
Cllr D Cousins, Cabinet Member for Care, Health and Housing
Cllr A Sutton, Leader of the Council
Mr A Turner, MP for the Isle of Wight
Mr P Pugh – PPIF

Mrs N Ellicott - PPIF