

DURHAM COUNTY COUNCIL

At a Meeting of the **Health Scrutiny Committee** held at the County Hall, Durham on **Thursday 12 March 2009** at **2.00 p.m.**

COUNCILLOR J CHAPLOW in the Chair.

Durham County Council

Councillors J Armstrong, R Burnip, P Gittins, J Lee, and O Temple

Chester le Street District Council

Councillors R Harrison

Derwentside District Council

Councillor I Agnew and D Lavin

Durham City Council

Councillor S Pitts

Easington District Council

Councillors D Taylor-Gooby

Teesdale District Council

Councillors A Cooke and M English

Co-opted Member

Councillor D Bates

Apologies for absence were received from Councillors A Bell, P Crathorne, and S Iveson.

A1 Minutes

The Minutes of the meetings held on 5 January 2009 were agreed as a correct record and signed by the Chairman.

With reference to Minute No A1, Tees, Esk and Wear Valleys NHS Foundation Trust Consultation on Mental Health Services for Older People of the meeting held on 29 September 2008 the Committee were informed that a reply is still awaited from NHS County Durham.

With reference to Minute No A4, NHS County Durham Annual Operating Plan 2009-2010 Commissioning Intentions the Committee were informed that its comments were forwarded to NHS County Durham.

With reference to Minute No A5, Tees Esk and Wear Valley NHS Foundation Trust Integrated Business Plan the Committee were informed that information is awaited from NHS County Durham about when the consultation will begin.

With reference to Minute No A6, Healthy Communities Collaborative, the Committee were informed that the programme of events has been postponed until the autumn.

A2 Declarations of Interest

There were no declarations of interest.

A3 Report from NHS County Durham on Proposals for Implementing 'Seizing the Future' the County Durham and Darlington Foundation Trust's Proposals for Service Reconfiguration

The Committee considered a report (for copy see file of Minutes) of the Assistant Chief Executive and received presentations from Vaughan Lonsdale of Proportion Marketing, Diane Murphy of County Durham and Darlington Foundation Trust and David Gallagher of NHS County Durham on the formal public consultation on 'Seizing the Future' and the proposals for implementing 'Seizing the Future'

Vaughan Lonsdale gave a presentation on the independent assessment of the 'Seizing the Future' formal public consultation. The purpose of the consultation was to give equal and adequate awareness to the people of County Durham and Darlington to enable them to feed back into the consultation.

Information was provided on the activities undertaken to raise the public awareness of the proposals which included public, council and interest group meetings. In addition local and regional press and the radio were used. Roadshows were held at four shopping centres over two days.

The public were invited to take part in the consultation by one or more means including completing a questionnaire, emailing comments, writing to a freepost address or attending a roadshow or one of the public meetings.

In terms of distribution of printed material, 168,000 copies of a summary of the document were delivered as a wraparound of the free press and 93,000 copies were delivered as leaflet to those not receiving a free newspaper.

It is felt this was a robust consultation awareness process. In total 1384 respondents completed a questionnaire either postal or online, 224 people telephoned, wrote or emailed their comments together with 20 responses from organisations. The main themes were around transport, services and the consultation process. Comments about transport included travelling distance for patients and visitors, lack of public transport and hospital car parking.

In conclusion it is felt that there was broad representation from County Durham and Darlington and a high response rate. There is countywide support for the principles behind Seizing the Future with 71% of respondents supporting the proposals (either option A or B). Opposition to the proposals (29%) were mainly from the Bishop Auckland area.

Councillor Lavin commented that the numbers responding is disappointing in comparison to the number of people consulted. V Lonsdale explained that the numbers responding is not uncommon for this type of consultation.

Rosemary Hassoon questioned whether the respondents fully understood what they were responding to. V Lonsdale explained that analysis of the responses leads them to believe that it is a balanced informed view of the people of County Durham and Darlington.

Diane Murphy gave a presentation explaining the key issues raised during the consultation and County Durham and Darlington Foundation Trusts response to them.

It was explained that many of the comments received were about capacity. The Trust should be able to cope on the two acute sites because modelling assumes 85% capacity. At present the beds are being used at over 100% capacity and this will provide additional beds in the specialities which usually see a surge in the winter period. Moving elective surgery to Bishop Auckland will free up capacity on the acute sites. Additional consultants will be provided at the acute sites in enabling people to be seen much quicker and care pathway will be initiated earlier.

In terms of finance it was explained that the financial model followed the clinical analysis. The implementation of option B will see a 19% increase in patient numbers at Bishop Auckland.

In relation to transport work is being undertaken with NHS County Durham on an integrated solution and work has commenced to explore solutions on the Darlington site which includes additional spaces and park and ride for staff.

The Committee was informed that forty nine options were explored and these were filtered down to two options after benefit criteria analysis and this didn't include the status quo because it couldn't provide safe services in the future.

The Trust have committed to exploring some additional services at Bishop Auckland subject to modelling and analysis. This will include elective day case paediatric surgery, a countywide sleep assessment centre, a state of the art clinical education facility, a GP led ward and a centre for the management of long term conditions.

In relation to the themes raised by the Committee:

- Whole systems approach – The Trust have representation from primary care social services and NEAS in the implementation groups. Clinical Overview group and Steering groups also have representatives from key stakeholder organisations. Senior representatives from social services of both Durham and Darlington are invited to be a member of the Clinical Overview group.
- Transport – The Trust are working with NEAS who are mapping the implications for emergency transport.
- Evidence - What is happening is based on good practice and is evidence based.

- Plans for Bishop Auckland Hospital – Stroke rehabilitation in the centre for rehabilitation and recovery. Haematology day case service will continue. There is commitment to a high quality urgent care service, and rapid assessment service for medical patients. Will examine the feasibility of basing at least part of the Trust HQ at Bishop Auckland but not at the expense of clinical services.
- Informing and engaging communities – Foundation Trust governors have been involved from the beginning of the project. The Trust will want to build closer links with special interest groups.
- Overview and Scrutiny systematic review process – The Trust would welcome the opportunity to continue dialogue and involvement with the Committee.

Bob Aitken, Trust Medical Director informed the Committee that since the consultation closed on 12 January, the pressure on some services has increased. In paediatrics a local consultant has decided to leave and there are difficulties in recruiting junior doctors. It is increasingly difficult to deliver on call rotas. One possible solution is to suspend elective paediatric clinics in order to deliver an emergency service. In relation to A & E services it was explained that six junior doctors are needed to provide a 24/7 service. Only four doctors were recruited and one has since resigned which leaves three staff to provide the service and it may be unsustainable to provide an on call rota. Other options are being considered to maintain an emergency service pending the implementation of proposals. One option is to divert emergency ambulances between midnight and 8 am. The Committee will be kept informed of any proposed changes.

In response to a question about A & E service at Bishop Auckland, Bob Aitken explained that the service provided at Bishop Auckland does not meet the definition of a full A & E service. Trauma patients and emergency surgery have not been provided for a number of years. Emergency medicine and limited hours of emergency paediatric services have been provided. A doctor led service has been provided but it is not a full A & E service. Under the proposals for Bishop Auckland an urgent care service will be provided by nurse practitioners 24/7 with doctor support and two thirds of the existing numbers of patients will still be treated at Bishop Auckland. Information will be provided to residents on which services will be provided at each site.

In response to a question about recruiting clinical staff it was explained that the proposals will enable the Trust to get training recognition for junior doctors, will make the on call rotas more robust and there is confidence that this will assist recruitment.

David Gallagher gave a presentation about the 'Seizing the Future' decision process. The Committee were reminded of NHS County Durham's strategic aims, the five year strategic plan and the Darzi pledges. It was confirmed that existing services will not be withdrawn until new and better services are in place. There may be a need to deliver some of the proposals urgently if there is an indication that current services are no longer safe.

The Committee were informed that any consideration of proposals for service change, as well as being acceptable to patients, staff and the public, also need to be affordable and be clinically safe and effective. It was stressed that no one factor has more importance than the other.

A number of themes arose from the consultation and these were considered by NHS County Durham in deciding whether to support the proposals. NHS County Durham decided to support option B following a lengthy public meeting. Clarification has been sought on non recurring finance issues. There is a requirement for on going involvement and engagement. The Foundation Trust will produce a detailed delivery plan that sets out the synchronisation of changes and which will address the issues raised by the Committee and the public.

Resolved:

That the recommendations and the role for health scrutiny in monitoring the future implementation of *Seizing the Future* be noted.

A4 NHS County Durham's Strategy for Community Hospitals in County Durham and Darlington

The Committee considered a report (for copy see file of Minutes) of the Assistant Chief Executive and received a presentation from Debbie Edwards, NHS County Durham providing information about the NHS County Durham's Community Hospitals Strategy.

It was explained that the community hospital strategy is linked to the care closer to home agenda and is linked to other PCT strategies. It sets out the long term vision on what services in the community will look like in the future. There are currently three community hospitals at Stanhope, Barnard Castle, and Sedgefield. It is expected that two further community hospitals at Peterlee and Shotley Bridge will be transferred to NHS County Durham in April. This will help create a platform to deliver new services and enhance existing services. A new facility will be opened this summer in Stanley and further facilities are underway at Seaham and proposed at Thornley.

The following areas of care have been identified as being appropriate for a community hospital:

- Lengthy, complex, interventions for patients who require assessment and stabilisation
- Long term care
- Health improvement – cardiac rehabilitation and rehabilitation from acute phases of illness
- Screening
- Day case surgery

The Community Hospitals Strategy is based upon national and local policy drivers and relies on 'enablers' for delivery such as the workforce, facilities and estates, technology and practice based commissioning.

To take forward the Community Hospitals Strategy it is essential that a detailed delivery plan be developed and that the strategy and the delivery plan be shared across the organisation and integrated into other related strategies. The strategy and the delivery plan will be shared with practice based commissioning cluster and commissioning teams which will support and inform commissioning intentions.

Councillor Taylor-Gooby expressed concern that the acquisition of Peterlee Hospital will divert funding for other facilities away from the Easington area. David Gallagher explained that there has already been investment in services in the Easington area and other are being planned. The funding for Peterlee Hospital is an internal NHS funding issue and if the transfer is not effected by the 31 March the funding will be lost.

Councillor Temple sought clarification on the provision of urgent care services at community hospitals and asked what changes the strategy will lead to. Debbie Edwards explained that not all community hospitals provide an urgent care service at the present time. Practice based commissioning is the real driver for change and future provision will be dependent on what services are needed, current provision and whether there are gaps that require new services. There will be an implementation plan and the Committee will be able to see from this where the changes are being made.

Resolved:

That the strategy and the approach to implementation be noted.