

DURHAM COUNTY COUNCIL

At a Meeting of the Adults, Well Being and Health Overview and Scrutiny Committee held at the County Hall, Durham on **Friday 25 September 2009** at **10.00 a.m.**

COUNCILLOR R BURNIP in the Chair.

Members of the Committee

Councillors J Armstrong, J Chaplow, A Cox, R Crute, A Shield and A Wright

Co-opted Members

Councillor D Bates

Apologies for absence were received from Councillors J Bailey, R Bell, A Laing and Mrs H Gibbon and Mr D Haw.

A1 Welcome from the Chairman

The Chairman welcomed everyone to the meeting of the Adults, Well Being and Health Committee.

A2 Minutes

The Minutes of the meeting held on 27 August 2009 were agreed as a correct record and signed by the Chairman.

A3 Declarations of Interest

There were no declarations of interest.

A4 Items from Co-opted Members

There were no items from Co-opted Members.

A5 Mental Health Service Provision in County Durham

The Committee considered a report prepared by the North East Mental Health Learning Disabilities Commissioning Unit which provided an update on progress with the model of care for mental health services in County Durham where formal consultation has already taken place, indicating areas of service development where NHS County Durham have identified that consultation is required and future areas of development (for copy see file of Minutes).

The Committee also received presentations from Brian Key, Acting North East Director of Commissioning Mental Health and Learning Disabilities and from Les

Morgan, Chief Operating Officer, Tees, Esk and Wear Valleys NHS Foundation Trust.

Brian Key informed the Committee that the original consultation on the Lanchester Road proposals was the first step in implementing the National Service Framework (NSF). This set out a clear new direction to shift the emphasis away from inpatient facilities into very strong and robust community services which supported patients in the least restrictive environment whilst maintaining safety. Safety is paramount for the patient and those in the community who are around the patient. It was stressed that it is important to retain sufficient acute beds to accommodate patients who are in crisis. It was explained that the range of community services now available includes crisis intervention teams, assertive outreach workers, early intervention psychosis provision, integrated home treatment teams, gateway and link workers, GP counsellors and Increased Access to Psychological Therapies (IAPT). None of these services were available before the implementation of the NSF.

It was explained that whilst the Lindisfarne Ward has been maintained, it is in need of replacement. In terms of safety, it is not acceptable to have an isolated psychiatric unit because clinicians need peer review. Clinicians need to be in an environment where others can observe their practice and assist in their development and this is critical for patient safety. Best practice now encompasses ensuring that there are high quality standards in acute facilities but that there is a range of services in the community.

Brian Key advised that steps have been taken to strengthen the relationship with users and carers and officers will be attending the Countywide Forum on a quarterly basis.

Les Morgan provided the Committee with an explanation of the model of care in the North Durham area. The community services are provided in psychosis and affective disorder teams. The assertive outreach service is provided from within the psychosis team. There are two teams which operate from four bases. Psychosis team 1 operates out of Durham and Chester le Street and Psychosis team 2 operates from the Derwent clinic and from Easington. Affective disorder teams 1 and 2 operate out of the same bases. It was explained that with these teams in place the requirement for acute beds has changed over time. Originally when the consultation for Lanchester Road commenced it was expected there would be 60 acute beds but the Trust are operating with less than 40 beds. The crisis beds in Easington are provided by a partner organisation in Seaham. The crisis team currently working out of the County Hospital will transfer to the Lanchester Road site when the beds transfer.

In relation to the Lindisfarne Ward Les Morgan explained that the Trust had been requested to urgently develop a service for men with learning difficulties and challenging behaviour. This was provided but not in a purpose built facility. The Trust has been looking to move this into a modern facility. With a reduction in demand for the adult beds the proposal is to move the patients from Lindisfarne Ward into a brand new ward. This will provide single bedrooms with en-suite facilities, living accommodation and walled gardens.

Les Morgan also provided clarification on the use of the Holmdale Ward.

Margaret Williams, service user from the Countywide Forum asked why the Trust has changed the model of care for people in relation to acute services. She said that people are not being admitted to hospital because they don't meet the criteria. Les Morgan explained that rather than have generic community teams these were divided into sub specialities and would have the skills to deal with people with different issues. Les Morgan said that he is not aware of any patient who has not been able to be admitted to hospital who needed to be admitted. The Community Home Treatment team decide who goes in and out of hospital. They will assess a patient and decide whether they should be treated at home with a community package or be admitted to hospital. It was explained that respite care should not be provided in an acute admission ward. Patients who are in a short term crisis should be provided with additional support at home or with a very short term (1-3 days) admission to a crisis bed to allow a package of support to be provided.

Peter Irving, of the Countywide Forum asked how the nine beds at Lindisfarne Ward will be incorporated into the Lanchester Road redevelopment. Les Morgan explained that the beds will be moved into the ward next door to the existing learning disability facility which comprises ten single bed rooms with en suite facilities and will have access to the atrium. The ward also has a kitchen, therapeutic space and sitting rooms.

Peter Irving, of the Countywide Forum outlined a report providing feedback from Forum members (for copy see file of Minutes). He particularly highlighted the issues with communication and involvement and the taxi service for patients and carers and how they are informed of the service. He also highlighted concerns about the quality of the Community Home Treatment Teams.

Councillor Shield referred to transport issues in the Derwentside area and asked what provision has been made to link the outlying areas of the County to the new hospital at Lanchester Road. Richard Startup explained that the transport networks that operate will require people to change bus in order to reach the new facility. He advised that there had been a communication problem with the Tees Esk and Wear Valleys Trust regarding the Lanchester Road site and that it is only in the last few months that the Integrated Transport Unit (ITU) have become involved in the process. Analysis of the travel plan has shown that the people using the Lanchester Road site come from widespread locations and it was suggested that a demand responsive system should be designed to cater for people's travel needs.

In response to a question about the communication and dissemination of information on transport services, Richard Startup explained that in relation to the East Durham Hospital Link patients are provided with a leaflet by GP practices providing information on how to access the service.

In conclusion Jeremy Brock, Health Scrutiny Liaison Manager said that the Committee will be seeking assurance that the model of care is being undertaken in a way that meets the needs of communities in the County. The Committee will also seek to monitor the implementation of the model against the principles set out in the report and will be considering the specific issues noted around communications and transport. Specifically, the interim solution on the taxi services being offered and the communication of this service, which has been

raised by users and carers. In addition the Committee will seek assurance on the quality of community based services.

Grace Bennett, NHS County Durham referred the Committee to the proposed consultation framework document on the future provision of inpatient adult and older persons mental health beds for North Easington (for copy see file of Minutes). She advised that she had been planning to discuss the consultation with South of Tyne PCT this morning but had prioritised attendance at this meeting instead.

She informed the Committee that there is a need to link in with the consultation by Sunderland PCT and Northumberland, Tyne and Wear NHS Trust (NTW) on the re-provision of services provided from the Cherry Knowle Hospital. It has been agreed that the NHS County Durham proposals for North Easington will not be included in the NTW consultation although it will acknowledge those proposals.

The NTW consultation document includes as an option that they may not be looking to re-provide the current services. One of the options in the Cherry Knowle consultation is that services may be re-provided on an alternative site and as a result services may be provided much further north.

Grace Bennett informed the Committee that a commitment had been given that during the consultation process service user representation will be involved in the gathering and interpretation of information that is received.

Councillor Crute asked a question about the monitoring of proposals and the consultation process and how this would be approached by the Committee. Feisal Jassat commented that we would monitor against the principles outlined in the paper from NHS County Durham, and seek reports at future meetings. In relation to consultations, once we have been notified when they were to start we would plan to participate in the process. He further commented that the Overview and Scrutiny Committee would have 'two bites of the cherry' as we would comment on both the NHS County Durham consultation and the NTW/South of Tyne consultation and we would seek to engage in a process with Sunderland City Council as had been done in the past. Jeremy Brock advised that we would seek to involve users and carers in the process that would take a Working Group approach.

Resolved:

1. That the content of the North East Mental Health Learning Disabilities Commissioning Unit report, the feedback from the County Durham and Darlington Mental Health Forum and the Consultation Framework document be noted.
2. That communication with users, carers and the local public should take place to explain the changes and this should be underpinned by a communication plan.
3. That transport issues should be addressed and communicated to patients and their families as soon as possible and that transport solutions should be generally applicable to those who now have to travel further to visit family members.

4. That the concerns raised by the County Durham and Darlington Mental Health Forum over the quality of the Community Home Treatment Teams be noted and that assurance and evidence of improvement be sought.

The Chairman of the meeting was of the opinion that the following item of business was of sufficient urgency to warrant consideration because of the timescale involved.

A6 NHS County Durham and NHS Darlington

Jeremy Brock, Health Scrutiny Liaison Manager informed the Committee that a joint letter had been received from NHS County Durham and NHS Darlington advising that their Boards had agreed to establish an integrated business board to commission health services jointly. A copy of the letter will be circulated to all Members of the Committee.

Resolved:

That the letter be noted.