



## *County Durham and Darlington*

**Durham Health and Wellbeing Overview and Scrutiny Committee  
21<sup>st</sup> Thursday October 2010**

### **DURHAM HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE**

#### **Provision Of Mental Health Inpatient Beds For Adults And Older People Who Live In North Easington**

##### **1. Introduction**

The purpose of this paper is to inform the Durham Health and Well Being Overview and Scrutiny Committee of the outcomes of the public consultation relating to the proposal to move mental health inpatient services for adults and older people from Northumberland Tyne and Wear NHS Foundation Trust (NTWNHSFT) to Tees Esk and Wear Valleys NHS Foundation Trust (TEWVNHSFT). Key themes to emerge from the consultation were choice, transport, care closer to home and care pathways. Appendix 1 sets out the main comments respondents have made and the response to those comments from NHS County Durham & Darlington (NHSCD&D).

NHS County Durham & Darlington undertook a consultation process with residents of North Easington regarding the future provision of mental health services for adults and older people. Concerns were expressed by residents of North Easington and other key stakeholders that the initial consultation had taken place alongside a different consultation carried out by Northumberland Tyne and Wear NHS Foundation Trust (NTWNHSFT) regarding future provision of service at Cherry Knowle but that they had not been involved in this process. A decision was made by NHS County Durham & Darlington to extend the consultation period to enable North Easington residents to consider the proposals from NTWNHSFT

Appendix 2 details work that has been undertaken following the consultation process to develop proposals for the way forward.

As a consequence of the consultation, NHS County Durham & Darlington has considered all of the received responses and proposes to support mental health patients in having a choice as to where they receive inpatient mental health care at the point of admission.

- Service users will benefit from choice of admission unit

- Beds will be funded on block contract both organisations
- Care pathways will be reviewed

A retrospective consideration of the four tests as detailed in the NHS Operating Framework, indicates that the consultation met all four tests and this is detailed in Appendix 3.

## **2. Key Implications and Risks**

The consultation closed on 25th March 2010, but was immediately impacted by the pre-election purdah. Since then, the North East Mental Health and Learning Disabilities Commissioning Unit (NEMHLDCU) have undertaken further work to understand current activity and fully understand the current position. What has emerged is that activity appears to have been hidden and therefore underestimated. (Appendix 2) However reported admissions and associated length of stay would appear to be in line with what we would expect from service of these types.

As a consequence of the consultation and the additional analysis of activity, NEMHLDCU recommends the commissioning of inpatient beds from both mental health providers on a block basis. This will support patient choice as to where they receive inpatient mental health care at the point of admission.

### **Proposal**

NHSCD & D to serve notice on NTWNHSFT for 13 beds (out of the current 20 contracted beds), and use the saving to provide the recurring funding required for the current level of activity (from North Easington) provided by TEWVNHSFT.

The contract with NTWNHSFT for the remaining 7 beds would stay on a block basis for 2011/12, during which time Commissioners would review the activity and initiate a review of care pathways. Commissioners would then look to revisit the contract arrangements with a view to moving to a cost and volume basis for these services in 2012/13.

### **Risks**

NTWNHSFT may not be prepared to accept the risk of a change in the contracting arrangements and could insist on a period of notice. NTWNHSFT may decide they may not be prepared to provide these services for the population of North Easington. There is a potential that the proposal to reduce the number of contracted beds by NHSCD & D from NTWNHSFT puts their current business case for the re-provision of inpatient services in Sunderland at risk. The figures presented are based on pre – rebased figures and there is a risk that the identified saving will not be available once NTWNHSFT rebasing exercise is completed.

TEWVNHSFT may not be able/want to provide the current level of activity at the proposed level of funding.

## Next Steps

The proposals will be presented to NHS County Durham & Darlington's Integrated Business Board for approval. They will then need to be considered by the North East Mental Health and Learning Disability Commissioning Board for approval.

## 3. Recommendations

The Durham Health and Well Being Overview and Scrutiny Committee is asked to:

- Consider the report in the context of the extended consultation period
- Note the reported activity and acknowledge the current position (App 2)
- Note the recommendations outlined in this paper which have been developed in response to the reported consultation outcomes and the further analysis of inpatient provision and support the actions
- Note the proposal to enable north Easington residents to choose their in-patient facility subject to further negotiation with both trusts.

## 4. Author and sponsor director

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<b>Purpose of paper</b>	Information sharing ✓ Development/discussion ✓ Decision/action ✓
<b>How does the paper support / have implications for:</b>	
<b>NHS County Durham's 4 Strategic Aims</b>	1. Improve health. 2. Reduce health inequalities. 3. Increase access to safe patient centred services. 4. Ensure value for money in commissioning services
<b>Our Vision Our Future workstreams</b>	Mental Health
<b>World class commissioning competencies</b>	Competencies 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11
<b>Standards for better health</b>	C1, C2, C3, C4, C5, C6, C7, C8, C9, C10, C11, C13, C14, C15, C16, C17, C18, C19, C20, C21,
<b>Use of resources</b>	Proposed changes will ensure effective use of available resource.
<b>Targets and Vital signs</b>	
<b>NHS Constitution</b>	The paper has been developed in line with the principles laid out in the NHS constitution and includes equity of access, effective use of resources, provision of high quality needs led services in line with NICE guidance, evidence of partnership working, good value for money and accountable to NHS County Durham.
<b>Darzi Principles</b>	
<b>Impact on / Involvement of partners</b>	The proposed outcome may impact on the proposed business plan for the reprovision of services at Cherry Knowle Hospital, Ryhope
<b>Equality &amp; Diversity</b>	The service design is such that all ages will have access to them based on clinical need
<b>Other policies / Issues</b>	Patient choice. Operating Framework 2010-2011, 4 Tests.

## **Report on the Extension to North Easington Consultation**

### **Context**

A consultation was undertaken by NHS County Durham and Darlington (NHSCD&D) to gather views from as many people, staff and organisations as possible on the proposed changes to inpatient beds for adults and inpatient beds and day services for older people, commissioned by NHS County Durham and Darlington for North Easington.

The proposals were to transfer adult inpatient and older persons inpatient and day patient care from Northumberland Tyne and Wear NHS Foundation Trust (NTWNHSFT) to Tees Esk and Wear Valleys NHS Foundation Trust (TEWVNHST) which would mean that all mental health services in North Easington would be provided by one provider trust.

The initial consultation period was from 26<sup>th</sup> October 2009– 31<sup>st</sup> January 2010.

At the same time a parallel public consultation was being undertaken by NHS South of Tyne and Wear and NTWNHSFT known as PRIDE which was seeking views on Providing Improved Mental Health and Learning Disability Environments in Sunderland and South Tyneside. Concerns were expressed by residents of North Easington and other key stakeholders that the initial consultation had taken place alongside the parallel consultation (PRIDE) regarding future provision of service at Cherry Knowle Hospital Site, Ryhope yet those people had not been involved in that process. They used those services and they felt they should have been consulted on the proposals.

A decision was reached to extend the NHS County Durham and Darlington consultation period to allow people from North Easington, the opportunity to be consulted on the PRIDE proposals. The extended consultation period was from 22<sup>nd</sup> February 2010 to 25<sup>th</sup> March 2010.

NHS County Durham and Darlington undertook a consultation process with residents of North Easington regarding the future provision of mental health services for adults and older people. A decision was made by NHS County Durham and Darlington to extend the consultation period to enable North Easington residents to consider the proposals from NTWNHSFT and NHS South of Tyne and Wear alongside the proposals from NHS County Durham and Darlington

### **Process**

A plan was developed and presented to Durham Overview and Scrutiny Committee (Appendix 2). The plan was developed in consultation with NTWNHSFT and the PCPE Manager, NHSCD&D. It was agreed that the

extension period would be used to target service user groups, carers, service users, staff and any other interested parties.

172 letters containing both consultation documents were sent to all service users inviting them to planned sessions in Seaham and Murton. Key service user and carer organisations were also contacted to advise them of the extended consultation period as well as to invite them to the planned events. All stakeholders were encouraged to make comments verbally, in writing or in person. Both organisations and individuals were advised that if they wished to have a meeting outside of the planned events then this would be accommodated too. A meeting was held at Cherry Knowle Hospital for staff and staff side representatives.

## **Evidence**

The following comments were collated from groups, meetings and individuals. Although not many people turned up, of those that did, their comments were valuable and useful and supported those views expressed in the initial consultation period

### **The Glebe Centre, Murton Wednesday 17<sup>th</sup> March 2010 Group 1**

#### **Comments about the presentations**

- A bit confusing
- Long winded – there was too much to take in at one time

#### **Comments about handout**

- The blue colour wasn't too good, didn't make it easy to read
- The print was too small

#### **Main comments around the proposals**

- Preferences would be for care at home but otherwise Ryhope as Durham is too far to travel. Ryhope is more central
- Transport is an issue particularly if you are not feeling well. Very few of the buses are suitable for disabled people, you need the ones which lower when they stop so there is no big step up. They need to be wheelchair friendly
- Anxiety is a problem when catching the bus. The length of the bus journey to Lanchester Road would be far too long. In some cases it can be up to two hours.
- There was discussion around the using a taxi service for people who had no other way of getting to Lanchester Road however the cost of such a service was a worry and one of the group also highlighted the problem of where to draw the line as to who would be entitled to a taxi and who wouldn't
- The group also discussed using a kind of carer transport system whereby paid carers could perhaps drive people to Lanchester Road. This would prevent the days of anxiety some people go through prior to hospital appointment because of the travelling involved. It would also reduce the time spent travelling and ensure that the service user did not feel they had to get to the hospital completely on their own

### **Overall thoughts on the process**

- It is a good idea if you have your own car or transport is laid on. It is a good idea to have one organisation because then everyone should know what they are doing- communication should be better.
- No preference as to which organisation it is as long as treatment is good. If all under one roof people should know what to do and where to go.
- Would prefer treatment at home with adequate support (crisis team support) that going into hospital therefore developing a community service is essential.
- A quick response and the right sort of response is vital.

### **Points raised during Question time**

- Transport rears its head at every consultation. Public transport doesn't run east to west and car ownership is low in Easington. This is a major issue.
- PRIDE – if option 4 is NOT chosen then Easington residents will have to travel regardless.
- How can we vote when the option chosen for the NHS document could be cancelled out depending on what the PRIDE option is chosen, we are voting for an unknown

### **Group 2**

#### **Feedback from Group work**

- In all other aspects of healthcare, services cross over trusts. Why is it a problem for mental health services?
- Why is the choice agenda not provided for mental health services?
- Service users may choose differently based on current circumstances i.e. Lanchester Road and Cherry Knowle or proposed new services Ryhope Site or Lanchester Road
- Travel problems – distance from Easington is the main issue. In some cases service users and carers would have to get four buses to get to Lanchester road.
- Will there still be provision of 7 beds at Lanchester Road?
- It was felt that there will be travel problems for Easington service users and carers if the new site is Monkwearmouth.
- Hard to make a decision when we don't know the outcome of PRIDE consultation. There was a feeling that people are opting for the unknown.
- People want to have a choice of where they wish to go.
- Felt it is a poor argument –why is it a problem to receive services from TEWVNHSFT and NTWNHSFT. For e.g. a heart patient can be seen by both trusts and the flow of communications between trust is fine.
- Don't feel there is a safety issue to access services from two trusts

#### **Main points raised were**

- Provision of seven beds at Ryhope, will there be the same amount of beds at Lanchester Road?
- Transport – how will people access services at Lanchester road?

- Why is it a problem to receive services from TEWVNHSFT and NTWNHSFT. For e.g. a heart patient can be seen by both trusts and the flow of communication between trusts is fine

## **East Lea Community Centre, Seaham**

### **Monday 22<sup>nd</sup> March 2010**

- Service users and carers confirmed that all of the presentations were clear and they understood all of the proposals raised.
- The options were not simple but they were explained and understood
- Service users and carers expressed concern that access to Lanchester Road Hospital would be very difficult for carers, especially those who have to rely on public transport. This would mean taking four separate buses, the travel time and the cost of travel would have an impact on how regular carers came to visit patients.
- Service users expressed that visits from carers and relatives was paramount to a speedy recovery. They said the days were long when waiting for visiting hours and if visitors are unable to make the journey every day then the stay in hospital becomes stressful
- It doesn't matter how pleasant the hospital and the rooms are if it is inaccessible for visitors you are not going to recover as quickly. One service user pointed out that although Sandwell Park has single room occupancy and sinks in the room, it is difficult to get to
- Also it was recognized that a lot of people do not own cars and therefore would need to rely on public transport or taxi's, and the cost of a taxi from the Seaham area to Lanchester Road Hospital would be too expensive to enable frequent visits from relatives and carers.
- It was felt that Sandwell Park was too far away from the Seaham area for patients from the Seaham area to be admitted, with the cost of a taxi being around £15 compared to around £6 to Cherry Knowle Hospital.
- One service user pointed out that to get from Seaham to Lanchester Road you would have to get four buses and have long waits between buses making it almost impossible for carers, friends and family to visit on a daily basis
- It was recognized that the Cherry Knowle Hospital site at present is not as accessible as it used to be, as buses no longer go into the hospital site itself.
- There was a discussion around whether the new unit would be built on the Ryhope site. Kate Harrington outlined all of the options for Ryhope and advised that some services would be built on the Ryhope site but at present it was a question of what, and the question was asked if South Tyneside would take admissions from Sunderland.
- A carer expressed concern as he had successfully negotiated with The Chief Executive from County Durham and Darlington to receive in patient and community services from NTW and he was concerned what the outcome would be if the services were all transferred to TEWV. He commented that he felt that using 2 different providers has worked well in his experience.
- The group asked if NTW would be happy to take service users from North Easington. One service user described how they had fought hard



to keep the community services from NTW and was worried they would have to do it all again for inpatient care.

- The members of the public confirmed that they felt services needed to be close to hand, and for that reason they preferred to receive their services from the Ryhope site due to it being easily accessible for local people, and neither of the other facilities were feasible from that perspective.
- Caris Vardy asked group members if services were not located on the Ryhope site, how could the PCT make things easier for service users and carers, to which the response was that the services should be on the next nearest site which would be Monkwearmouth.
- The group suggested transport patterns would need to be altered between hospitals
  - A pick up mini bus would be helpful
  - Accessibility was the biggest criteria and therefore ensuring carers would be able to travel on a regular basis would be paramount.
- Discussions were also held around possible hospital pick-up services in the Sunderland area.
- Kate Harrington advised that reassurances had been given that outpatient appointments would be in the service users own locality. However there had been reports that these had slipped. Service users commented that it is beneficial for CPN's to visit patients in their own homes in the early stages of recovery, as this helps build confidence and does not put undue pressure on the patient to feel they need to go out at such an early stage in their recovery.
- The group felt that making a decision on something that might be, is difficult. They felt they were only able to comment on services close to hand e.g. Cherry Knowle. They felt it was difficult to make a decision based on dreams - "this is what we would like to do".
- The group queried the timing between Cherry Knowle Hospital closing and Ryhope Hospital opening, i.e. could it be confirmed that there would be no gap in services. Tony Railton confirmed that there would be continuity, the service at Cherry Knowle would run until the services were transferred to the new site, which would be in 1 single phase, over a period of around 7-8 days to minimise disruption.
- The group expressed the view that they wanted choice. They want to be able to choose the best services available for the individual.
- The group acknowledged that people on the other side of the county probably wouldn't want to travel to Cherry Knowle and that the placement of services was not going to please everyone. They felt there should be cooperation between the two trusts
- The group agreed that having the services managed by one organisation would be better for recording systems because when records are split, information is not always handled well and this results in delays and anomalies. Medical test results take an eternity to cross borders to get to GP's.
- Concern was expressed at the number of times services users would have to travel for hospital appointments. The group were told that there had been reassurances that out patents would be held locally.

- The group stressed that good home treatments by the CPN and Crisis Teams were much better nowadays and that treatment at home would be the preferred option by far.

### **Comments from General Practitioners**

- We have a wonderful mental health team for the care of elderly in Seaham and Murton. I feel that it would be extreme injustice for the patients to transfer to a new service when something is working perfectly well  
(Marlborough Surgery)
- My answers to both questions would be yes. This would be for the same reason for both questions which surrounds transport to Durham for both patient and the families/carers. Cherry Knowle is much closer to where the patients live than either Durham or Hartlepool and not all for these patients or their families/carers have access to transport. There would need to be much clearer planning surrounding this for the transfer to be successful although I can see the benefits of the transfer.  
(Blackhall and Peterlee Practice)
- The GP described the difficulties of a case he had for someone who was being treated for an acute physical illness at Sunderland Royal and was then transferred to Sandwell Park for psychiatric care. The GP expressed concern regarding transfer of services especially when the provider is further away. We are asked to consider two points:-
  - All physical emergencies from North Easington travel to Sunderland being the nearest hospital
  - Relatives may find it more difficult to visit Durham or Hartlepool as opposed to visiting Ryhope.
 (New Seaham Medical Group)

### **Comments from County Durham Fire and Rescue Service**

County Durham and Darlington Fire and Rescue Services support option 2 enabling Mental Health day and community services to be delivered by one provider and should enable the 'commissioning' and 'provider' aspects of the NHS system within Durham and Darlington to be sourced and delivered in a choice of locations. This would improve the ability of the fire and rescue service to develop interagency links between the identified NHS provider, the NHS commissioner. Overall this option would provide benefits, savings and improved customer care as there would be a single consistent patient care pathway; most importantly reducing the identified risks to patients.

There is a real opportunity to factor into this commissioning process, in support of option 2, a system whereby vulnerable patients who are in the process of being discharged from any identified NHS services back into the community to receive holistic safety measures and specialist advice that should enable the community member to remain safer in their own home, thereby reducing further treatment costs to the NHS system and ensuring from the FRS perspective that the community member is safer in their own home environment. This should be considered and factored in at the start of

the “commissioning” phase of the process and would underpin the ethos of World Class Commissioning.

### **Comments from Staff**

Staff group from NTWNHSFT were invited to attend a consultation event on the Cherry Knowle site at their request. Concerns raised related to the quality of care that they provided and they wanted to know if the proposed changes were an implied criticism of the services. Reassurances were given that the proposed changes were about easing access to care pathways, reducing risks associated with multiple organisational input and communication issues. Questions were also raised about potential TUPE arrangements for staff as well as transitional arrangements for service users. There was some surprise expressed regarding the use of older people’s inpatient services in TEWV.

## **Emerging Themes**

### **Transport**

The main concerns relating to transport included cost, length of time it takes to travel and the number of buses and changes of bus with waits in between. The view was expressed that people using inpatient services may well be vulnerable and frail and the long bus journey may make home visits and leave periods difficult. Equally carers may be elderly or frail and may find the journey too difficult to make. Comments were received indicating that the role of the carer was vital to the recovery of the individual and that admission to hospital were often accompanied by very long days in which the only welcome interruption was a visit from a friend or relative. For these reasons, Cherry Knowle was considered to be the favoured option.

### **Care close to home**

Of those who attended the public consultation events, many commented on the benefits they had experienced in the recent past number of years by receiving care closer to home including community nursing and support and day care. The Seaham Crisis Service received much praise for its locally provided service.

Almost unanimously, people who attended the events or responded expressed their desire for inpatient care to be provided closer to home and without exception this meant Cherry Knowle. However there was some concern what this would mean for older peoples service users and their carers if they were to move to Monkwearmouth Hospital.

Other health service providers referred to the example of physical health care which is provided from Sunderland Hospitals and further afield for specialist care.

### **Choice**

Concern was expressed as to why mental health service users were excluded from the choice agenda. This was explained as a national position however the question remains.

## **Care pathways**

Concern was expressed at the suggestion of potential risk when more than one organisation was involved in providing care. Many respondents made the point that organisational differences should not be the concern of the service user and carers and should in fact be resolved by the respective organisations. Many felt that this was a poor rationale to support a proposal that would place the burden of access to services on the service user and carers.

## **Conclusion**

NHS County Durham and Darlington has consider all the comments and opinions people have expressed. The consultation raised further issues that required clarification prior to a final decision being made. Activity figures for adult and older peoples services have been analysed and a way forward has been suggested based on the outcome of this work which has considered the themes that emerged from the consultation. A decision regarding future provision of adult beds will be made and communicated to all interested parties.

## Activity Analysis

Activity of mental health in patient beds for adults and older people services is higher than previously thought. The table below shows bed use in Northumberland Tyne and Wear NHS Foundation Trust (NTWNHSFT) and in Tees Esk and Wear Valleys NHS Foundation Trust (TEWVNHSFT).

	Actual Activity OBD's	Actual Activity OBD's
<b>Adult Services</b>	<b>NTW</b>	<b>TEWV</b>
2008/2009	958 (2.2 beds)	6526 (based on 7 months data) (17 beds)
2009/2010	935 (2.2 beds)	6323 (16.5 beds)
<b>Older People Services</b>	<b>NTW</b>	<b>TEWV</b>
2008/2009	1872 (5 beds)	3651 (based on 8 months data) (9.5 beds)
2009/2010	2387 (5.6 beds)	2406* (6 beds)

\* The reduced bed numbers for 2009/2010 are due to the LEAN methods utilised by TEWVNHSFT to reduce length of stay in older people services.

Based on the figures above over two years, with an 95% occupancy rate, average bed use for the respective organisations are:-

	Actual	Contracted
<b>NTW</b>		
<b>Adults</b>	<b>2.2</b>	<b>12</b>
<b>Older People Services</b>	<b>5.6</b>	<b>8</b>
<b>TEWV</b>		
<b>Adults</b>	<b>20</b>	<b>0</b>
<b>Older People Services</b>	<b>9</b>	<b>8</b>
<b>Total</b>	<b>36.8</b>	<b>28</b>

This indicates that there is a differentiation of approximately 9 beds between what is contracted and what is actually used thus meaning that the cost of providing mental health inpatient services for adults and older people is higher than previously understood.

The shift of service use from NTWNHSFT to TEWVNHSFT has not been fully realised and there is evidence that service users are accessing beds from both organisations however the balance appears to be with TEWVNHSFT. There have been admissions to both services In NTWNHSFT and the average length of stay is 1.2 months for adults and 3.4 months for older people. Reported admissions and length of stay are in line with what could be expected for these types of services. Nevertheless further work needs to be undertaken to understand the differences in length of stay between organisations, mechanisms for exercising choice and care pathways.

## **Proposal**

NHSCD & D to serve notice on NTWNHSFT for 13 beds (out of the current 20 contracted beds), and use this saving to provide the recurring funding required for the current level of activity (from North Easington) provided by TEWVNHSFT.

The contract with NTWNHSFT for the remaining 7 beds will stay on a block basis for 2011/12, during which time Commissioners will review the activity and initiate a review of care pathways. Commissioners will then look to revisit the contract arrangements with a view to moving to a cost and volume basis for these services in 2012/13.

**30<sup>th</sup> September 2010**

## Consideration of the Consultation for the Future Provision of Mental Health Inpatient Beds for Adults and Older People in North Easington Against Criteria in the 2010/11 Operating Framework

The four tests outlined below have been considered in relation to the consultation process (Future Provision of Mental Health Inpatient Beds for Adults and Older people in North Easington) as shown in the following table:

Test	Approach used
<b>Support from GP commissioners</b>	<p>Practice Based Commissioning (PBC) Groups within Co Durham and Darlington fed into the consultation process.</p> <p>Individual GP practices in Easington invited to comment on proposals</p>
<b>Strengthened public and patient engagement</b>	<p>A substantial public consultation was undertaken by NHS County Durham &amp; Darlington and TEWVNHSFT in the first consultation. Both Foundation Trusts were involved in the extended consultation period in partnership. Consultation plans were developed in discussion with both FT's and the public involvement leads from the three organisations and presented to the Durham Overview and Scrutiny Committee.</p> <p>This involvement process included:</p> <ul style="list-style-type: none"> <li>Involvement of the NHS CD&amp;D, NTWNHSFT, public involvement leads</li> <li>involvement of the county wide forum officers</li> <li>174 booklets were sent to all service users and carers in North Easington. In the first phase of the consultation period and a further 174 booklets were sent out which included information relating to</li> </ul>

	<p>the PRIDE consultation</p> <p>information was distributed to partner organisations across both statutory and non-statutory sectors in North Easington,</p> <p>5 Public meetings across the Easington Area in the first phase and a further 3 public meetings were held in the second phase.</p> <p>meetings with Durham Health and Well Being Overview and Scrutiny Committee</p> <p>meetings with local strategic partnerships,</p> <p>information was sent to local councillors and the MP for Easington,</p> <p>a session with staff group at Cherry Knowle Hospital,</p> <p>information in local newspapers, including dates, times and venues for the public meetings</p> <p>information on NHSCD&amp;D website</p>
<p><b>Clarity of the clinical evidence base</b></p>	<ul style="list-style-type: none"> <li>• views from local GP practices</li> <li>• views from local practice based commissioning groups.</li> <li>• Views of staff members from provider organisations</li> </ul>
<p><b>Consistency with current and prospective patient choice.</b></p>	<p>The outcome of the consultation has influenced the proposed direction of travel. The proposals will provide patient choice while ensuring that services could continue to be delivered safely, taking into account the challenges of ensuring smooth transition of care across two organisations. Consideration has also been given to the transport difficulties,</p>



	and providing care closer to home.
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The consultation process regarding the future provision of mental health inpatient beds for adults and older people in North Easington has been considered against the four reconfiguration tests retrospectively. The table above demonstrates how this process met these tests.