

DURHAM COUNTY COUNCIL

Minutes of the Meeting of the Adults, Wellbeing and Health Overview and Scrutiny Committee held at County Hall, Durham on **Thursday 21 October 2010 at 10.00am**

Councillor R Todd in the Chair

Members of the Committee

Councillors J Bailey, A Barker, D Burn, J Chaplow, R Crute, P Gittins, A Savory, A Shield, P Stradling, T Taylor, O Temple and A Wright.

Co-opted Members

Mr V Crosby, Mrs K J M Currie, Mrs R Hassoon, Mr D Haw and D J Taylor Gooby

Other Members

Councillor M Nicholls

Also Present

S Eames – Chief Executive, County Durham and Darlington Foundation Trust
Dr P Moncur – County Durham and Darlington Foundation Trust
C Langrick – Deputy Chief Executive/Director of Strategic Development, North Tees and Hartlepool Foundation Trust
B Key – Director of Commissioning, NHS County Durham and Darlington
C Vardy – NHS County Durham and Darlington
L Rose – Joint Commissioning Manager, NHS County Durham and Darlington
L Morgan – Tees, Esk and Wear Valley NHS Foundation Trust

Apologies for absence were received from Councillor R Bell and Mrs H Gibbon

A1 MINUTES

The Minutes of the meeting held on 9 September 2010 were agreed as a correct record, subject to the following amendment, and signed by the Chair:-

Minute A4 – Progress by In-House Provider of Day Services (Mental Health)

Recommendation No (iii) be amended to read as follows:-

the Adults, Wellbeing and Health Overview and Scrutiny Committee receive a further progress report only by way of exception.

Matters Arising

Matters Arising - Minute A7 – Proposal for a Review into Action to Tackle Health Inequalities in County Durham

J Brock, Health Scrutiny Liaison Manager advised that a meeting of the Adults, Wellbeing and Health Overview and Scrutiny – Health Inequalities in County Durham Task and Finish Group was held on 11 October 2010.

Members were advised that attendance at the meeting had been poor with only one third of the membership present. The Chair asked that Members make every effort to attend meetings where they had volunteered to be part of the Working Group, especially as guests had devoted their time in presenting to the Group.

The Task and Finish Group had agreed that officers would draw up a list of proposals, which could form the focus of the review, for Members consideration at the next meeting.

Minute A5 – “Equity and Excellence: Liberating the NHS” Department of Health White Paper

J Brock, Health Scrutiny Liaison Manager reported that the County Council’s corporate response to Equity and Excellence: Liberating the NHS White Paper was circulated to all Members of the Adults, Wellbeing and Health Overview and Scrutiny Committee.

A2 DECLARATIONS OF INTEREST

Mr V Crosby in respect of item number A12 in his capacity as a Governor on the Tees, Esk and Wear Valley NHS Foundation Trust.

A3 ITEMS FROM CO-OPTED MEMBERS

K J M Currie raised the following issues in relation to the University Hospital of North Durham:-

- (i) A member of the public had made a complaint about the number of people who stood at the entrance to the hospital smoking.
- (ii) Mrs Currie had been made aware of a situation at the hospital where an inpatient had been advised that he needed a CT scan. The patient had subsequently had a long wait before he eventually received the scan and was advised that a breakdown in the internal communications system had led to the delay.

The Chair advised that the issues would be raised in the appropriate place.

A4 CHANGES AT CHESTER-LE-STREET COMMUNITY HOSPITAL

Consideration was given to a briefing paper from S Eames, Chief Executive and Dr P Moncur, County Durham and Darlington Foundation Trust which gave an update on changes at Chester-le-Street Community Hospital (for copy see file of Minutes).

The Committee also received a presentation from S Eames, Chief Executive, County Durham and Darlington Foundation Trust.

Members were advised that the County Durham and Darlington Foundation Trust were planning changes at Chester-le-Street Community Hospital to expand the use of the day hospital and outpatient clinics to prevent admissions and reduce reliance on beds and treat more patients closer to home.

These changes were part of a wider transformation of services to improve the patient experience and reduce length of stay. It followed changes made at the University Hospital of North Durham (UHND) and Darlington Memorial Hospital to streamline care and increase the range of services provided as an alternative to hospital admission.

The Trust would continue to see and treat the same number of patients, but more would be treated without hospital admission, and the aim was to treat all patients more quickly and more effectively.

The Trust had a longer than average length of stay, which cost around £8 million a year. There were patients in hospital beds who either did not need to be admitted, were awaiting discharge, or who could be discharged earlier if the processes were improved.

Recent changes had helped the Trust avoid around 20 unnecessary hospital admissions a day and were streamlining and reducing delays in emergency pathways. The Trust now needed to realise the benefits of these improvements for patients by ensuring timely discharge from the acute and community hospital system.

The changes at Chester-le-Street would therefore;-

- reduce the average length of stay for patients and ensure a timely discharge
- maintain an appropriate level of capacity for patients requiring step down care
- develop the day hospital as a service which facilitated early discharge and maintained patients in the community, avoiding unnecessary acute admissions
- increase the number of outpatients seen at Chester-le-Street
- options being explored included a new renal dialysis unit and pain management unit.

Benefits for patients included; streamlining the pathway with less reliance on beds; 20 fewer unnecessary admissions every day; shorter length of stay; the same number of patients would be seen; other services would be developed and the best use would be made of facilities.

The changes took effect in September 2010. Discussions would be held with staff who were affected to identify suitable alternative roles at Chester-le-Street, Shotley Bridge and UHND and no staff would be made redundant.

The Chair made reference to the effect this would have on the Council's budgets over the next few years. P Appleton, Head of Policy Planning and Performance advised that discussions were underway with the Trust and robust planning arrangements were in place to ensure a smooth transition.

S Eames, Chief Executive, County Durham and Darlington Foundation Trust stated that this was a good example of the shift from delivering services in hospitals into the community.

Councillor Chaplow made reference to patients who were assessed by their local GP and sent home. Councillor Chaplow was concerned that the care offered to patients in their home was only provided during the day and the patient was left unattended during the night. It was explained that this would only apply to a small selective group of patients who could be assessed quickly by their GP and allowed to start on their treatment as soon as possible.

D J Taylor Gooby stated that the aim over the next 18 months was to reduce the number of beds at Chester-le-Street and provide more integrated care services in the community, moving away from traditional hospital care.

K J M Currie made reference to the problem of bed blocking, which had always been a problem in the NHS. The Head of Policy Planning and Performance stated that the average length of stay was one of the highest in the country. However, performance was very good in avoiding unnecessary delays in discharging patients.

R Hassoon stated that the average length of stay in hospital was 4 days and this was not long enough to make a full assessment of a patients needs and send them home with a care plan.

The Head of Policy Planning and Performance explained that this was not only about elderly patients. Across the 1,200 beds there was a high proportion of overnight stays. The aim was to provide 24/7 access to a senior officer and streamline the process which would put a stop to patients sitting around waiting.

R Hassoon emphasised that patients should not be discharged prematurely without an appropriate care plan in place.

Councillor Shield asked if employees would be forced to re-locate or if there would be redundancies. It was explained that the number of staff affected would be small and there was jobs available for them to relocate and every effort would be made to locate staff where they wanted to be.

The Chair emphasised that notification of plans for service change should be made to the Scrutiny Committee as early as possible in the process.

RESOLVED that the information given, be noted.

A5 MOMENTUM : PATHWAYS TO HEALTHCARE UPDATE

Consideration was given to a briefing paper from C Langrick, Deputy Chief Executive/Director of Strategic Development which gave an update on the progress of the Momentum: Pathways to Healthcare programme focussing in particular on the service transformation element of the programme set in the context of the two capital projects developing community facilities and the new hospital (for copy see file of Minutes).

Members were advised that the Momentum: Pathways to Healthcare Programme was established in 2007 and would lead to the transformation of the local healthcare system, including the redesign of healthcare across primary, community and secondary care, the development of new community facilities and the building of a new hospital.

The programme was a partnership of local stakeholders, including North Tees and Hartlepool NHS Foundation Trust, Stockton Teaching Primary Care Trust and Hartlepool Primary Care Trust, closely aligned with County Durham Primary Care Trust and the North East Strategic Health Authority.

The programme was made up of the following three projects:

- Service Transformation
- Primary and Community Care Capital Planning Project
- Hospital Capital Planning Project

The Momentum: Pathways to Healthcare Programme ensured alignment of the emerging service models and development of facilities between the three projects.

Members were provided with an update on the three projects that made up the Momentum: Pathways to Healthcare Programme, details of which were outlined in the report.

A significant development was the award of Public Dividend Capital in March 2010 for the new hospital, however this decision was overturned by the new coalition government as part of its review of financial commitments. The Trust was now working with the Strategic Health Authority, Department of Health and other local stakeholders to work through the implications of this decision and identify alternative ways of funding the new hospital. Service transformation and the development of care closer to home continued to be progressed as planned.

With regard to the Hospital Capital Planning Project the Governments decision to withdraw public funding had meant a revisit of the scheme financing and affordability. Indications from Ministers and the Department of Health were that the scheme could be reconsidered as a privately funded development, subject to Monitor approval, and as such work had now commenced to assess affordability. This review had included a reassessment of the capacity plan and size of the new hospital to ensure it was the right size and the best value possible. The requirement to have a revised Outline Business Case approved would mean a delay to the previously reported timescales.

The New Hospital Project Team was assessing the viability of delivering a new hospital build solution and approved Outline Business Case by 2011. It was necessary to ensure alignment of the options and timescales with the broader programme timescales and the ability of existing estate to realise the required benefits of service transformation.

Whilst the decision to withdraw Public Dividend Capital from the programme was disappointing, Momentum: Pathways to Healthcare would continue and details of the major next steps for the programme were outlined to Members.

With regard to the revised proposals the Chair asked if the hospital development would be the same.

The Deputy Chief Executive/Director of Strategic Development advised that in terms of beds and services to be provided from the hospital it would be the same. With reference to the funding package the overall design would need to be reviewed in an attempt to make savings.

Councillor R Crute asked if there was a Plan B in the event that the finance was withdrawn and would the capacity plan be reassessed to match the funding package available. The Deputy Chief Executive/Director of Strategic Development advised that there was no Plan B in place as the Trust believed that its proposal was the only realistic option. With regard to the reassessment of the capacity plan, when the funding was withdrawn consideration was given to downsizing the hospital but after consideration it was concluded that the size was correct in the first instance.

Councillor Crute queried the Terms of Reference for the review of A and E services at Hartlepool Hospital. It was explained that this was a joint review between the Strategic Health Authority and Hartlepool Scrutiny Committee and not the Trust and the PCT.

D J Taylor Gooby asked if the Section 106 agreement to provide transport as part of the package would still go ahead. The Deputy Chief Executive/Director of Strategic Development confirmed that this agreement was still in place. In addition he asked if Community Health Centres would be affected. The Deputy Chief Executive/Director of Strategic Development advised that they were funded differently and were not affected.

RESOLVED that the information given, be noted.

A6 PROVISION OF MENTAL HEALTH INPATIENT BEDS FOR ADULTS AND OLDER PEOPLE WHO LIVE IN NORTH EASINGTON

Consideration was given to a briefing paper from B Key, Director of Commissioning and C Vardy, NHS County Durham and Darlington. The purpose of the paper was to advise of the outcomes of the public consultation related 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) (for copy see of Minutes).

Members were advised that key themes to emerge from the consultation were choice, transport, care closer to home and care pathways. The main comments respondents had made and the response to those comments from NHS County Durham & Darlington (NHSCD&D) were outlined in Appendix 1 to the report.

Members were advised that NHSCD&D undertook a consultation 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 services at Cherry Knowle but that they had not been involved in this process. A decision was made by NHSCD&D to extend the consultation period to enable North Easington residents to consider the proposals from NTWNHSFT.

Details of the work undertaken following the consultation to develop proposals for the way forward were outlined in Appendix 2 to the report.

As a consequence of the consultation, NHSCD&D had considered all of the responses received and proposed to support mental health patients in having a choice as to where they received inpatient mental health care at the point of admission.

Since the consultation closed the North East Mental Health and Learning Disabilities Commissioning Unit (NEMHLDCU) had undertaken work to understand current activity and the current position. As a consequence of the consultation and the additional analysis of activity, NEMHLDCU recommended the commissioning of inpatient beds from both mental health providers on a block basis. This would support patient choice as to where they received inpatient mental health care at the point of admission.

The proposals were approved by NHSCD&D's Integrated Business Board. They would then be considered by the North East Mental Health and Learning Disability Commissioning Board for approval.

The Chair commented that it had been a long consultation process but progress had been made. The Director of Commissioning advised that agreement had been reached with TEWV and discussions were ongoing with NTW. The Adults, Wellbeing and Health Overview and Scrutiny Committee would be kept advised of any changes.

RESOLVED that;-

- (i) the information given in relation to the reported activity and current position, be noted,
- (ii) the recommendations outlined in the paper, which had been developed in response to the consultation outcomes and the further analysis of inpatient provision, be noted,

- (iii) the proposal to enable North Easington residents to choose their in-patient facility, subject to further negotiation with both trusts, be noted.

A7 Seizing the Future – Final Report

Consideration was given to the report of the Assistant Chief Executive which gave details of the Final Report of County Durham and Darlington Foundation Trust on Seizing the Future - the Trust programme for delivery of a new clinical model for its hospital services of providing acute care at its main sites in Durham & Darlington and developing Bishop Auckland Hospital as a centre for planned care and rehabilitation (for copy see file of Minutes).

In presenting the Final Report on Seizing the Future, the process and elements of implementation had been robustly monitored and the report marked the conclusion and successful implementation of the Seizing the Future programme.

S Eames, Chief Executive, County Durham and Darlington Foundation Trust emphasised the positive working relationship with scrutiny that had provided robust challenge to the programme and that there were also lessons learned in relation to stakeholder engagement that the Trust had acted upon.

RESOLVED that the information given regarding the successful conclusion of the process of implementing Seizing the Future, be noted.

A8 SHORT BREAKS REPROVISION, HEATHWAY, SEAHAM

Consideration was given to a briefing paper from the Joint Commissioning Manager, NHS County Durham and Darlington (for copy see file of Minutes).

Members were advised that NHS County Durham & Darlington (CD&D) had commissioned and resourced short-breaks provision at Heathway, Seaham for children and young people with complex needs and challenging behaviours from the Tees, Esk & Wear Valley NHS Foundation Trust (TEWV). Heathway currently operated as a 4 bed unit serving approx 20 young people across County Durham for 4 days/nights per week.

The current facilities were not fit for purpose, and as the owners wished to dispose of the estate, CD&D were working with TEWV to develop an appropriate interim solution. Heathway was a facility that did not meet the health, safety and welfare of the young people or its staff.

The immediacy of the need to vacate Heathway and the fixed financial envelope had been at the forefront of decisions to reprovide and relocate short breaks provision to the Holly Unit, West Park, Darlington as the interim solution. This would allow 18 months plus to discuss long-term solutions with service users, carers/parents, staff and stakeholders.

Details of the benefits of re-locating as well as the risks involved were outlined in the report.

The Chair advised that the Chair and Vice Chair of the Adults, Wellbeing and Health Overview and Scrutiny Committee together with officers would be

visiting the new premises and a report on the issues raised would be fed back to NHS County Durham and Darlington on behalf of the Adults, Wellbeing and Health Overview and Scrutiny Committee.

RESOLVED that;-

- (i) the consultation period outlined in the Communications and Engagement Action Plan be approved,
- (ii) the move to relocate and reprovide short-break provision from Heathway, Seaham to The Holly Unit, West Park, Darlington as an interim solution with a view to a longer-term planned solution be agreed.

A9 JOINT COMMISSIONING STRATEGY FOR OLDER PEOPLE 2010-2013

Consideration was given to the report of the Strategic Commissioning Manager which gave details of progress made in relation to the Joint Commissioning Strategy for Older People 2010-2013 since April 2010 (for copy see file of Minutes).

The Committee also received a presentation from A Porter, Commissioning Policy and Planning Officer and C Scott, NHS County Durham and Darlington.

Members were advised that the draft strategy was considered at a meeting of the Adults, Wellbeing and Health Overview and Scrutiny Committee held on 26 April 2010. The final strategy was approved by the Adults, Wellbeing and Health Senior Management Team on 24 June 2010 and considered by Cabinet on 15 September 2010. NHS County Durham and Darlington approved the final strategy at their Programme Delivery Board on 13 July 2010.

Both organisations had arranged for the full suite of documents to be available on their websites, and articles would also be published in the Durham County News and the Carers Echo.

The consultation had included 3 countywide public consultation events and a total of 380 people were specifically consulted or provided written feedback. In general the feedback received was positive and it was felt that the strategy covered the main issues for older people. Comments asking for the document to be user friendly had been taken on board and work was currently underway to produce a large user friendly version. In addition some new actions had been added and some had been changed as a direct result of the feedback.

New actions added included; Home Improvement Agencies, Home Equipment Loans Service, Home Independent Service, research specific health and social care needs of older lesbian, gay and bi-sexual older people and monitoring of medication and nutritional reviews.

Areas to be strengthened included; income maximization, advice and information, debt and financial advice, links to other commissioning strategies and links to the housing strategy.

Key priorities for the next three years would include;-

- Information, Involvement and Engagement
- Live at Home for Longer
- Maximising Independence
- Joined up Care Pathways
- Partnership
- Fair Access to Local Services
- Personalisation
- Joint Commissioning

Other key current priorities included;-

- Development of a whole systems approach to short-term rehabilitation and services for people with long-term conditions
- Day Services Review
- Development of in-house Re-ablement Service
- Progression of Domiciliary Care Tender
- Roma, Gypsy and Travelling community research
- Input into Older Carers Research project

Councillor Barker stated that this was an excellent report and queried how it would be monitored. He also asked if the standard of homes were suitable and how many older people were living in sub standard conditions. The Commissioning Policy and Planning Officer advised that the document was linked to decent homes. Work in this area was being strengthened through working with colleagues in strategic housing and work was also underway with private landlords to ensure that standards in homes were maintained.

The Chair commented that a high level of resources would be required to maintain standards of inspection and monitoring.

K J M Currie made reference to the process for obtaining a personalised budget and explained that the forms could be as long as 48 pages which could cause problems for people to complete. The Commissioning Policy and Planning Officer advised that this was an action in the strategy and the documentation would be reviewed.

The Commissioning Policy and Planning Officer reported that the integrated assessment of social care teams should reduce the number of people a patient would need to see to be assessed.

RESOLVED that the information given, be noted and periodic updates be provided to the Adults, Wellbeing and Health Overview and Scrutiny Committee.

A10 QUARTER 1 2010/2011 PERFORMANCE MANAGEMENT REPORT

Consideration was given to the report of the Assistant Chief Executive which gave details of overall progress against key performance indicators and explored areas of underperformance in respect of the Altogether Healthier priority theme (for copy see file of Minutes).

RESOLVED that the performance and remedial actions for key performance indicators, outlined in the report, be noted.

A11 FORECAST OF OUTTURN 2010/2011 – QUARTER 1

Consideration was given to the report of the Head of Finance, Adults, Wellbeing and Health which gave details of the revenue and capital outturn forecast for 2010/2011 based on information at the end of the first quarter of the financial year (for copy see file of Minutes).

Councillor Temple referred to slippage on the 2009/2010 capital budget of £8.5 million and asked if a large proportion of this was related to residential care homes. The Head of Finance advised that a further report in relation to the residential care homes and the capital allocated would be considered by Cabinet.

P Appleton, Head of Policy Planning and Performance advised that the capital budget would need to be reviewed as part of the Medium Term Financial Plan.

Councillor Temple suggested that future reports should include a breakdown of significant variances between the original budget and the forecast outturn. Councillor Barker agreed that Members should receive regular reports with regards to slippages and problems.

The Chair asked that in future all slippages should be clearly identified and reported to Members.

RESOLVED that the information given, be noted.

The Chair agreed that due to the urgent nature of the following item it could be considered as a matter of urgency.

A12 MENTAL HEALTH SERVICES FOR OLDER PEOPLE IN SOUTH DURHAM AND DARLINGTON

Consideration was given to the report of the Assistant Chief Executive which gave details of the proposals to reconfigure mental health services for older people provided in South Durham and Darlington, and to consult with stakeholders in relation to the proposals (for copy see file of Minutes).

The report setting out the proposals was attached at Appendix 2 and the draft consultation plan was attached at Appendix 3 to the report.

The proposals had been developed to reflect the need to provide services with dignity and respect, to provide for those with functional and organic illnesses separately and to have separate male and female ward areas.

A stakeholder consultation was proposed on the four options outlined in order to meet the changing needs of the older population and make the best use of available resources.

Local NHS bodies had a duty to consult local Overview and Scrutiny Committees on proposals for any substantial development of the health service or substantial variation in the provision in their areas. Scrutiny committees were also required to agree the extent of consultation undertaken and for significant proposals there could be a three month period required.

In order to scrutinise the proposals it was suggested that a Task and Finish Working Group be established to review the rationale for the proposals and produce a response for the Adults, Wellbeing and Health Overview and Scrutiny Committee.

The Chair commented that the Committee had to be happy with the proposed consultation process.

Councillor Temple pointed out that the report referred to 5 options but all of the options appeared to make the assumption that service provision at Sedgefield Community Hospital would cease. Councillor Temple was concerned that the consultation had pre judged the outcome of Sedgefield Community Hospital.

L Morgan, Tees, Esk and Wear Valley NHS Foundation Trust reported that the Sedgefield service covered the whole of the Durham area. There was no other option around these beds and those at Sedgefield already went to Auckland Park. Councillor Temple felt the consultation appeared to be based on a decision that had already been taken with regard to Sedgefield.

The Chair asked when the consultation would start. He was advised that it was anticipated to be November 2011 but the length of the consultation would be guided by the Adults, Wellbeing and Health Overview and Scrutiny Committee.

Councillor Stradling asked who would determine the range and extent of the consultation. L Morgan advised that they would work in consultation with the Task and Finish Group. A consultation plan would be published which would take into account the lessons learnt on previous consultations.

Councillor Stradling suggested that the AAP's be advised of the consultation and the Chair stressed the importance of publicising public meetings.

Councillor Nicholls commented that transport was an issue in the East area which would need to be considered as part of the consultation.

RESOLVED that;-

- (i) approval be granted for a consultation period of 12-14 weeks, with a start date to be confirmed,
- (ii) a Task and Finish Group be established to examine the proposals and volunteers be sought from the Adults, Wellbeing and Health Overview and Scrutiny Committee.

At the end of the meeting the Chair reported that J Brock was leaving the authority to take up a position elsewhere. The Chair thanked him for the work he had undertaken and wished him well in his new position.