

DURHAM COUNTY COUNCIL

At a Meeting of the **Health Scrutiny Sub-Committee** held at the County Hall, Durham on **Monday 8 January 2007** at **9.30 a.m.**

COUNCILLOR J PRIESTLEY in the Chair.

Durham County Council

Councillors R Carr, Carroll, Chaplow, Hunter, Mason, Porter, Simmons, Trippett and Wade

Chester le Street District Council

Councillor Armstrong and Harrison

Sedgefield Borough Council

Councillors Crosby and Gray

Teesdale District Council

Councillors Hamilton and Stansfield

Wear Valley District Council

Councillor Lee

Other Members

Councillor C Carr, Douthwaite, G Gray, S Iveson, Lethbridge, Magee, Myers and Williams

Apologies for absence were received from Councillors Agnew, Bell and Smith

A1 Minutes

The Minutes of the meeting held on 2 October 2006 were agreed as a correct record and signed by the Chairman.

A2 Declarations of Interest

There were no declarations of interest.

A3 Consultation on the Future of Psychiatric Intensive Care Services In County Durham and Darlington

The Sub Committee considered a report of the Head of Overview and Scrutiny together with a presentation from Harry Cronin, Director of Nursing, Psychology and Allied Health Professions of the Tees, Esk and Wear Valleys NHS Trust about the consultation on the future provision of psychiatric intensive care services for County Durham and Darlington (for copy see file of Minutes).

Harry Cronin explained that when the services were transferred there were concerns and the Trust had agreed to:

- Monitor the ongoing use of PICU beds in County Durham and Darlington.
- Monitor complaints or problems experienced by users or their carers.
- Provide a free taxi service for those carers who have difficulty travelling from north Durham to Darlington.
- Increase staffing levels on the acute wards at the County Hospital.
- Create a safe room at the County Hospital for the assessment of new admissions.
- Put a protocol in place to support the safe transportation of patients from the north of Durham to West Park Hospital.

Since April 2005 the Trust has continued to monitor psychiatric intensive care services and in July 2006 they commissioned a review of PICU beds. The review covered the period from April 2005 to end of May 2006. During the 14 month period 33 patients from Durham and Chester-le-Street and 6 patients from Derwentside were admitted to the West Park psychiatric intensive care unit. This is 7% of the total acute admissions for the north of County Durham. No patients needing intensive care had to travel outside of County Durham and Darlington. There have been no formal complaints from service users (or their carers) that had been transferred from the north of County Durham to West Park Hospital. It was also confirmed that the Trust have provided, and will continue to provide, a free taxi service for carers who find it difficult travelling from north Durham to West Park Hospital.

Five public meetings have been held as part of the consultation. Most of the issues raised at the meetings related to operational issues.

Members referred to the previous consultation in 2004 when the previous Chief Executive of the Priority Trust had given an assurance that the move to West Park would only be temporary and asked why the change was to become permanent. Harry Cronin explained that significant investment in mental health services together with advances in care and earlier interventions had reduced the need for admission. Circumstances have changed since the original decision was made and care needs can be better met in West Park.

It was explained that staff concerns are mainly related to operational issues. These include transport of patients, staffing levels and relatives. An additional £125,000 has been invested at the County Hospital and there have been no incidents since the change. In relation to relatives there have been no formal complaints from carers and a free taxi service is available for relatives in North Durham or if there is no close family this is available for close friends. Concern has been raised about publicity in relation to the transport provision. The Trust has undertaken to address this.

The average length of stay for patients does not exceed 30 days. If they are well enough they will be transferred to an acute bed nearer home at either the Allensford Ward or the County Hospital.

Resolved:

1. That Members note the report and the information received on the consultation proposals for psychiatric intensive care services.
2. That information on the outcome of public meetings and responses to the consultation process is shared, at the earliest opportunity, with Members of the Health Scrutiny Committee.
3. That a response to the consultation proposals be drafted and informed by the outcome of the debate of today's meeting

A4 County Durham Primary Care Trust

The Sub Committee considered a report of the Head of Overview and Scrutiny together with a presentation from Cameron Ward Director of Commissioning and Development, County Durham Primary Care Trust about the role and function of the Primary Care Trust and its interim strategic objectives for the next three to five years and potential priorities for 2007/08 (for copy see file of Minutes).

Cameron explained that the three main roles of the PCT were to:

- Engage with the population to ensure that we are improving their health and well being;
- Anyone in County Durham is able to access services wherever they live;
- Provide a wide range of services

The PCT provides services via

- 300 GP's within 74 practices with a registered population of just over 500,000,
- 225 optometrists,
- 104 Pharmacies
- Employs 2500 staff

Overall the PCT has an annual budget of just over £700M.

Within the Local development Plan there are three main aims. These are

- The production of an Interim Strategic Direction to ensure that the key issues are picked up over the next few years.
- To agree a range of contracts with providers.
- Improve the health of County Durham residents.

The PCT will be working to provide a wide range of local community services which may well reduce the need for beds. The PCT is committed to providing a range of choice if patients choose to go elsewhere to receive their treatment. It is also working towards achieving excellence to ensure that the PCT compares well with other bodies.

In order to achieve this, the PCT will need a range of supporting arrangements. This will include:

- Practice based commissioning i.e. GP's and nurses will decide how to provide services.

- Achieve a balanced financial position.
- Make sure that they are meeting public health needs which. This means being fully engaged with the local population and staff.

Initially the PCT is setting a range of priorities which are based on national guidelines and local discussion with the staff of the previous PCT's. These include:

- Financial balance
- Meeting national targets by reducing waiting times
- Addressing health inequalities
- Development of primary and community care. This will include reducing the number of emergency admissions and carrying out minor procedures and assessments with community facilities.

The PCT is currently in discussion with a range of organisations about their priorities and how money is spent next year. It is hoped to come to a conclusion by end of February or early March.

In relation to the use of the PCT budget it was explained that the commitments made during the consultation process will be adhered to and that the PCT will try to ensure that no area loses out. There would be a 'levelling up' of services that are provided. Effecting health improvement is a long term process with the County having some of the most deprived wards in the country. The PCT will be seeking to effectively monitor and record progress.

Regarding transport issues, Cameron explained that he is the lead officer for transport and is fully aware of the problems and that work will be continuing to improve access to services for patients and their family/friends.

In relation to the geographical base it was explained that at this moment whilst commissioning is based in 5 localities, the PCT is trying to treat the patients and staff as a single entity and is developing a single view on a range of topics. They are trying to identify priorities and how they will meet needs. There is a need to ensure that services are being provided equally across the County.

With regard to mental health services it was explained that the Strategic Health Authority (SHA) wants to highlight a number of difficult care issues and is wondering whether it is necessary to commission services on an SHA basis, but working closely with localities to ensure that they are delivering primary care based mental health services.

Resolved:

That the report and presentation be noted.

A5 Transport for Health Partnerships and the Integrated Transport Unit

The Sub Committee received a presentation from Richard Startup about the Transport for Health Partnership and the Integrated Transport Unit. The Transport for Health Partnership came about following work by the Rural Transport Group. During community meetings the problem of transport arose as a regular issue. In addition the Darzi Report on health provision identified

transport issues. The Working Group meets every 2 months whilst the Strategic Management Group (SMG) meets every 6 months. The SMG is supported by JMP Consulting who provides secretariat support and have experience in similar partnerships in other parts of the country.

The Partnership has initiated a number of pilots including:

- Service 70 from the Dales to Darlington Memorial Hospital
- Evening access service to University Hospital Durham
- GP access service in the Tow Law, Lanchester and Burnhope areas

Four theme groups have been developed which have included:

- One Stop Shop for Health
- Accessibility – developed a checklist when looking at where and how health facilities should be situated.
- Choose and Book - looking at transport implications if patients choose alternative providers.
- Dales Integration - Work is ongoing looking at how transport is commissioned in the Dales.

An annual stakeholder event is normally held but has been postponed this year because of organisational changes. An accessibility checklist is currently being rolled out. A health impact assessment of the LTP2 was incorporated into the main document which resulted in a funding stream for transport capital projects.

The Partnership faces a number of challenges and these include:

- The establishment of County Durham PCT
- The establishment of DCC Integrated Transport Unit
- The review of the terms of references
- Commitment to continue.

The Integrated Transport Unit (ITU) was formed following the amalgamation of the transport teams from:

- Adult and Community Services
- Children and Young Peoples Services
- Environment (Public Transport Group)

The ITU will deliver policies and strategies of the three services. Its headline functions includes working to service level agreements of the stakeholders to ensure the quality of delivery is the same or better than what is currently provided. It will have 80 staff including approximately 45 drivers and have a fleet of 35 accessible vehicles and 3 school buses. The ITU will be responsible for commissioning 1200 contracts using 300 contractors and will control a budget of £25M.

The benefits of setting up the ITU will be efficiency gains through integrated planning, combined procurement, a reduction in duplication and standardised IT systems. It will allow consistent monitoring arrangements and contract conditions and will also simplify communication, authorisation and the reporting process.

The ITU has been established within the Environment Service and will be led by Richard. Existing staff will be transferred to the Unit and it is expected that it will be operating by the end of January 2007.

Members raised various concerns about the loss of local services and Richard explained that commercial operators are able to do what they want provided that they give statutory notice and this is unlikely to change. Given the budgetary position there is a finite limit to the bus services that the County Council can secure. A White Paper might be published in the future and this will provide opportunities to work with operators under the Quality Partnership aspect. There will be an accessibility team within the Unit and the mapping system enables the identification of journey times and potential problem areas.

The Head of Overview and Scrutiny advised that transport and health have been long standing concerns and it would be helpful to focus on a particular issue such as accessibility from rural areas and ask Richard and Cameron to bring back work to a future meeting.

Resolved:

That the presentation be noted and that the Sub Committee consider an appropriate issue at a future meeting.

A6 Update on the development of Local Involvement Networks (“LINKs”)

The Sub Committee considered a report of the Head of Community Support providing information on the Governments plans to change the system for involving patients and the public in influencing local health services and the establishment of LINKs in County Durham (for copy see file of Minutes).

Resolved:

That the report be noted and that further reports be submitted as the early adopter scheme progresses.

A7 Future Role of Shotley Bridge Hospital

The Sub Committee received an update from the Head of Service, Strategic Planning and Health Improvement on the future of Shotley Bridge Hospital.

The Acute Trust put forward a proposal to temporarily close the day surgery theatres at Shotley Bridge and this caused concern in the local community. Derwentside District Council and the PCT found additional funds to support the retention of day surgery for a period of 6 months. Subsequently Derwentside LSP identified funding from Neighbourhood Renewal Funds to carry out a study which covers the long term viability of day surgery and the wider future of Shotley Bridge Hospital.

External consultants have been commissioned to carry out this work and they expect to issue the first report on day surgery within the next few weeks with a further report on the future of Shotley Bridge Hospital being available after that. It was stressed that that no decision has yet been taken on the future of the hospital or to terminate any of the services currently provided there.

Edmund Lovell of the Acute Trust confirmed that there are no plans to close the Imagery (X Ray) Department and that any changes will be subject to consultation.

Resolved:

That the report be noted.

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 need to keep Members informed.

A8 Bishop Auckland Hospital Ward 3

The Sub Committee was informed that meetings have taken place with the Chief Executive of the Acute Trust to discuss the future of County Durham hospital services.

The Head of Overview and Scrutiny advised that a meeting is to take place tomorrow with the Acute Trust to discuss its plan for the year ahead (for copy see file). The proposed closure of Ward 3 is an example of the changes occurring in the health service and there is a need to look strategically at all proposals for hospitals.

Local members expressed their concern about the proposed changes as Bishop Auckland hospital was only recently completed. It was suggested that a special meeting of the Sub Committee be arranged to examine hospital services in County Durham.

Edmund Lovell explained that with the introduction of choose and book, patients have the option to go elsewhere for their treatment and this was reducing the funding coming into the Acute Trust. The Trust therefore needs flexibility to meet demand and to avoid going into debt. He emphasised that Bishop Auckland Hospital is not under threat of closure. Services have been moved as a result of the Darzi Report. Some services have been moved into Bishop Auckland as a result of the changes. The PCT and the Acute Trust were developing policies on different community services to avoid emergency admissions and this was also reducing demand for beds.

Resolved:

That a special meeting of the Sub Committee be arranged to receive information on the direction of travel for the County Durham Primary Care Trust and the year ahead from the County Durham and Darlington Acute Hospital Trust.

