DURHAM COUNTY COUNCIL

At a Meeting of the **Health Scrutiny Sub-Committee** held at the County Hall, Durham on **Monday 7 January 2008** at **10.00 a.m.**

COUNCILLOR N WADE in the Chair.

Durham County Council
Councillors J Armstrong, Bell, Chaplow, Davies, Priestley and Stradling

Chester le Street District Council
Councillor Harrison

Sedgefield Borough Council
Councillor A Gray

Teesdale District Council
Councillor Cooke

Wear Valley District Council
Councillor Todd

Other Members
Councillor Barker, C Carr, R Carr, G Gray, Mason, Nicholls and Shuttleworth

Apologies for absence were received from Councillors G Armstrong, Crathorne, E Foster, Lavin and J Clark

A1 Minutes

The Minutes of the meeting held on 1 October 2007 were agreed as a correct record and signed by the Chairman.

A2 Declarations of Interest

There were no declarations of interest.

A3 Service Direction of Tees Esk and Wear Valleys NHS Trust

The Sub Committee received a presentation from Harry Cronin, Director of Nursing and Sharon Pickett Director of Planning and Performance of the Tees Esk and Wear Valley NHS Trust on the key issues facing the Trust (for copy see file).

The service strategy is part of the 5 year integrated business plan and sets out the impacts on the workforce and on how the Trust's estates are used. To inform the plan environmental analysis was undertaken and this looked at the policy context, the demographic context and the market context. The purpose of the analysis was to identify where the Trust as a provider of specialist mental

health services could best use its skills and where the Trust could work with other specialist providers such as the voluntary sector. It is important to note the intentions of the PCT as they commission the services. In terms of demographics, it is known that that in the ten years to 2003 the UK population has risen by 3.5%. In the north east region the population fell by 2.2% and in Durham the population fell by 2.8%. In terms of the services provided by the Trust there will be a significant change in the number of older people in the region. In County Durham in 2004 7.68% of the population were over the age of 65. This is expected to rise to 12.5% by 2029. The number of those over the age of 75 will also increase significantly. Another issue for consideration is the increase in the number adults affected by learning disabilities. This has occurred following an increase in the survival rate of premature babies and the fact adults with learning disabilities are living longer.

In terms of national policy a number of issues are impacting on the Trust. This includes an increase in the number of providers in the market. This is part of putting the patient at the centre by providing more choice and improved quality of care. This is currently being addressed by the PCT.

The local commissioning framework/strategy is being developed by a specialist group. There are two phases in the development of the model:

- Phase 1 – the review of primary care mental health services, the review of CAMHS tier 4 services (specialist inpatient children and adolescent beds) and the review of the commissioning of day care services learning disability campus facilities. A set of priorities will be identified and this will help develop the direction of travel.
- Phase 2 – services for older people's personality disorder and perinatal services

Each service has developed what they see as the key direction of travel for the next five years. There are common themes to each of the plans. The plans are about how the Trust will use its expertise and skills for users and carers. It is also about how the drive continues to ensure that as many of the services as possible are provided in the community. Therefore when a patient goes into hospital it will be when they are very ill. Services will be based as locally as possible.

Within the plans there are proposals for expansion, these include eating disorders, children's learning disability forensic services and older people's forensics etc. There are also areas identified where the Trust intends to withdraw from when there are other providers to fill the gap. The Trust recognises that it is not always the best provider of some services and this has started in areas such substance misuse. Also within the plans are proposals about how to use the workforce and the estate to ensure that there is best value.

In the longer term the PCT are likely to want other providers, though the Trust will continue to have a role until such time as other providers are identified.

There is a significant growth in community services and this will see the development of new teams. The Trust will be able to expand into alcohol and prison if required by commissioners.

In terms of day services the Trust needs to shift provision to more intensive day services so that they provide an alternative to inpatient care. The Trust also wants to look at other areas of inpatient care such as the length of stay and to reduce reliance on inpatient beds.

Rehabilitation is similar to day services in that commissioners will want other providers in the market to allow the Trust to use their capacity on more specialist services.

Overall there will be improvements in the quality of care and services and improved environment in hospitals with improvements to services in the community with better local provision.

In response to a question about withdrawal from some areas, it was explained that any changes to services will be subject to consultation with the commissioners of services.

Concern was expressed about moving vulnerable people out of hospitals into the community with the possibility that there could be high turnover of support staff leading to distress for the people concerned. It was explained that community services will be enhanced to ensure that there is a more comprehensive community service. In addition as part of the Lanchester Road project, a crisis team will be established to support people with learning disabilities outside of normal working hours.

Information was sought on the effect that the proposed changes would have on staff. It was explained that the workforce was one of the key components of the business plan. Dedicated resources will need to be provided to ensure that staff is trained as they move away from traditional roles.

Resolved:
That the presentation be noted.

A4 Matters Arising

The Head of Overview and Scrutiny informed the Sub Committee that the Department of Health had sent a national team to County Durham in relation to action on health inequalities. The Chairman and the Head of Overview and Scrutiny had met with the inspection team on two separate occasions. A report has been produced which is being considered by the PCT. Some of the issues identified were about leadership and engagement. In relation to the Sub Committee the inspection team have said there are excellent Overview and Scrutiny committee arrangements with member involvement at all levels and that the committee is proactive in involvement and in following up issues. The report will be more fully shared with the Sub Committee when the PCT have had the opportunity to fully consider the report.

With reference to item A2 Your Health, Your Choice Our Commitment, David Gallagher Assistant Director Planning and Health Improvement County Durham PCT informed the Sub Committee that in relation to the 'Big Conversation' five events have been held and a further three events will take place in January. A separate event for learning disabilities is expected to take place by the end of January. The next series of events will commence in March.

With reference to item A6 Shotley Bridge Community Hospital: Update, David Gallagher Assistant Director Planning and Health Improvement County Durham PCT informed the Sub Committee that discussions are ongoing between County Durham PCT and County Durham and Darlington Foundation Trust about the transfer of the ownership of the hospital. Transfer of the ownership will help progress work on the use of the hospital facilities. It was confirmed that that County Council are represented on the Steering Group. It was also confirmed that Members will be invited to stakeholder events.

With reference to item A9 Joint Appointment of a Health Scrutiny Liaison Post, David Gallagher Assistant Director Planning and Health Improvement County Durham PCT informed the Sub Committee that the post is being advertised next week with the closing date for applications being at the end of the month.

A5 Overview of the Planned/Elective Care Project

The Sub Committee received a presentation from Carole Langrick, Director of Strategic Service Development, North Tees and Hartlepool NHS Foundation Trust and Programme Director for 'Momentum Pathways to Healthcare' (for copy see file).

It was explained that following thirteen years of service reviews on the configuration of hospital services, the Reconfiguration Panel had recommended that the existing hospitals be replaced with a new hospital which is accessible to the people of Hartlepool, Stockton, Easington and Sedgefield. The project is likely to last seven years. Formal consultation will take place during June to September of this year including the establishment of a Joint Overview and Scrutiny Committee. This will also include the location and the facilities to be included in the hospital. The project is expected to be concluded by 2014.

Initial site identification has been completed and assessment and evaluation particularly on the planning and transport implications of the sites is to be undertaken. Discussions are taking place with local authorities on the transport implications.

The building blocks of the broad configuration of the health system will be based around:

- Home
- Health Centres/Surgeries
- Diagnostic & Treatment Centres
- Acute Hospital

The aim of this configuration is to avoid attendance at hospital where possible.

The highlights of the philosophy for elective care are as follows:

- Better communication
- No wasted journeys
- Individualised care
- Common assessments and protocols
- Hospital stay only as long as necessary
- Follow up aftercare in the community

- Increased awareness of care pathways
- Good access

In terms of the evaluation of possible locations for the new hospital the following emerging findings have been identified:

- The majority of patients who need to use the hospital should have the shortest possible distance to travel
- There should be sufficient land available to accommodate any future expansion in services or need for car parking
- There should be the potential to provide adequate transport links and infrastructure to surrounding communities, particularly for patients and staff using public transport
- That the impact upon local residents in both the development and operation of the site is minimised
- Overall value for money

In addition to the formal consultation and the evaluation of sites the outline business case need to be developed.

Members sought clarification on the future use of the existing hospital sites. It was explained that it is intended to vacate both sites but no final decision has yet been taken.

Resolved:
1. That the presentation be noted.

2. That the County Council be represented on the Joint Overview and Scrutiny Committee examining the proposals for a new hospital on Teesside.

A6 Ambulance Contact Centre Review

The Sub Committee received a presentation from Mark Cotton, Head of Communications, North East Ambulance Service NHS Trust about the review of Ambulance Contact Centres (for copy see file).

The North East Ambulance Service (NEAS) provides a service from the Scottish Borders to North Yorkshire. At present the main contact centre is based at the headquarters in Newcastle. In the event of a failure, a back up service is provided from the NHS call centre in Longbenton.

In 2006 there was a merger of Ambulance Trusts and the Teesside area of the former Tees and North Yorkshire Trust was merged with NEAS who took over responsibility for a control centre. At present 40% of calls for the Teesside area are dealt with by the Newcastle contact centre.

At the beginning of 2007 the Department of Health commissioned a report looking at the emergency resilience of Ambulance Trusts. One of the recommendations was that each Trust should have two independent contact centres but which are capable of working together. Arising from this NEAS commissioned a report to examine the implications of the Department of Health

report. The key issue is resilience and continuity and in terms of civil contingencies NEAS felt that that present arrangements are not acceptable.

During 2007 NEAS began consultations with stakeholders which included NHS organisations, PPI Forums and Overview and Scrutiny Committees. Arising from the consultation was a requirement for effective call handling. There was concern in the south of the area over the perceived lack of local knowledge. It was recognised however that contact centres do not have to be located in a particular area.

A number of different options were considered and these included:

- Single contact centre – High Risk
- Single contact centre and a standby
- Single contact centre plus a standby plus a stop gap facility (current option)
- Two independent contact centres
- Three or more independent contact centres

The preferred option of NEAS is for two independent contact centres which would ensure that the secondary centre was up and running immediately should the primary centre fail.

The primary centre will be located in Newcastle and therefore the issue is to decide where the secondary centre should be located. Fourteen different locations were examined taking into account the following criteria:

- Business continuity
- Distance from Newcastle
- Redeploying staff
- Logistical ease
- Recruitment & retention
- Value for money

The first choice location for the secondary contact centre was in Hebburn which was arrived at after evaluating all fourteen sites against the above criteria. All 999 calls for the NEAS area will be dealt with at the Newcastle centre. The Hebburn centre will deal with urgent and GP calls together with an overlap of 999 calls. This will help the service meet the new Department of Health target of answering all 999 calls within 5 seconds. It will also enable staff to be introduced to the environment of answering 999 calls in a more structured way.

Concerns were expressed about the loss of local knowledge in the Teesside area together with concerns about the future of the Teesside staff. Recent statistics have demonstrated that following the centralisation of call handling by NEAS has improved response times and there has been a significant increase in the number of patients arriving at hospital alive during the period 2001 to 2007. Cleveland Police Authority also raised concerns about the loss of co-located control room. The Home Office have issued a report advising that the co-location of emergency services call handling is not desirable because of the different types of calls that are received.

NEAS believe that their proposals will improve resilience, provide an uninterrupted 999 service, improve passenger transport service provision and reduce risk.

A series of consultation meetings have taken place from October 2007 to the present date and any comments can be made until 11 January. An approach has been made by Cleveland Police to expand the Teesside ambulance control room facilities at the Police headquarters. The proposal will be fully considered. The Trust Board will be making a decision during 2008.

Assurance was sought that the closure of the Teesside control room would not marginalise the local population. The Sub Committee were advised that the centralisation of several control rooms had lead to improved response times. Sites on Teesside were considered as possible locations but none matched the criteria as well as the Hebburn site.

Resolved:
That the Sub Committee supports the NEAS preferred choice of one contact centre in Newcastle and the other based at Hebburn, South Tyneside.

A7 Rural Ambulance Services - Update

The Sub Committee received an update on the current position of ambulance services in Weardale and Teesdale from Mark Cotton Head of Communications of North East Ambulance Service.

It was explained that the evaluation and assessment of the first year's service is ongoing. The Community Monitoring Group which is chaired by County Durham PCT and comprises representatives of NEAS, the Durham Dales locality group and the NEAS PPI Forum has met on a quarterly basis. Representatives of the locality group have been invited to NEAS headquarters to visit the control room to see how calls are handled. The data from the first year's operation has not yet been analysed. When this work has been completed it will be reported to the Monitoring Group and following this meeting will be reported to the Joint Health Scrutiny Sub Committee as soon as possible.

The Community Paramedics have been working with local GP's and Community Hospitals. Integration has been much faster in the Weardale area where there is only one GP practice. Services are continuing to develop with the paramedics carrying out home visits with GP's, assisting with administering flu jabs at GP practices. They have also been working with respiratory and community nurses and undergoing chronic obstructive pulmonary disease training in order carry out welfare checks on patients with that condition.

Concern was expressed that the local ambulance for the Weardale area was attending calls outside of the dales area. It was explained that NEAS will direct the nearest ambulance to respond to a request for help.

Resolved:
1. That the report be noted.

2. That the Sub Committee receives a report on the evaluation and assessment of the first year of operation of the revised ambulance services in Weardale and Teesdale.

A8 'Seizing the Future' – County Durham and Darlington Foundation Trust Review

The Sub Committee received a presentation from Stephen Eames, Chief Executive, County Durham and Darlington NHS Foundation Trust about the Trust's programme of change.

'Seizing the Future' is a programme of change aimed at developing the Trust's strategic direction for the next five years. It will be supported by a major clinical service review which will include:

- An examination of current services
- An assessment of how these services adhere to best practice in clinical outcomes
- A review of achievement of national standards across all services
- The development of future service options

At the end of the review it is expected it will deliver:

- A five-year strategic plan
- A compelling clinical vision
- Agreed high quality clinical standards and outcomes for the future
- A decision on the way forward for our hospitals over the next five years

The Trust is undertaking this review as it is five years since the service review carried out by Professor Darzi. The Trust needs to look forward to the next five years and consider where the Trust needs to be in 2012, considering:

- What will services look like?
- How do we get there?

There are a number of key national policies which impact on the Trust's hospitals. These are:

- Patient choice - patients now have a choice of where they have their treatment. This can be their local hospital, or it could be another trust outside County Durham and Darlington, or in the independent sector

- Payment by Results - hospitals are now only paid for the patients they see. So if patients choose to go elsewhere, then hospitals in County Durham and Darlington do not receive income

- Increased competition from private hospitals - under choice, a patient must have the option of using an independent sector hospital, as well as options in the NHS

- Practice Based Commissioning - GPs now have a much stronger role in deciding where patients are treated. Many GPs are keen to develop services in their own practices, or across a number of practices.

- Shift of some of Trust's activity to Primary Care settings – in the future, more services will be delivered in primary care and community settings, and where possible, in a patient's own home – avoiding admission to hospital altogether

- 18 week patient journey - by the end of 2008, all patients must have their outpatient appointment, and tests, and have been admitted, or begun their treatment within 18 weeks of referral by their GP.

- Reduction in time spent in hospital by patients - primary care trusts have targets to reduce the number of days that patients stay in hospital. National data shows that patients have a longer length of stay in County Durham and Darlington, compared with similar hospitals.

It is expected that these policies will mean a fall in the numbers of patients needing treatment in district general hospitals and therefore a reduction in the Trust's income.

Seizing the Future will be in three main phases, with a challenging timescale.
The first phase will be the Scoping study - The review timescale demands for the initial scoping study phase to be completed by January 2008. This phase will include:

- Defining the scope of the review – which will include assessing the key issues involved, understanding the views and opinions of staff, deciding the lead roles for the review process and developing the review project plan.
- Discussions with key stakeholders – stakeholder mapping to ensure maximum coverage and determining ways in which they can be engaged.
- Developing a stakeholder engagement website
- Initial analysis of the impact of providing more care as close to homes as possible

The national review led by Lord Darzi will set a framework for the NHS in the future and the Trust review will carry out an initial assessment of its implications for the Trust. The Trust will try to create a joined approach in the process taking account of the Darzi review, the DCC Health Improvement Strategy and the PCT Big Conversation.

Members of the Sub Committee requested that the views of users of local hospitals are taken into account when undertaking the review. In addition it was felt that communication with local communities was not effective and local people were not always sure about what was being proposed.

The Head of Overview and Scrutiny informed the Sub Committee that the key issues for scrutiny were early engagement and the provision of safe, accessible and quality services which are value for money.

Resolved;
That the presentation be noted.

A9 Local Involvement Networks - Update

The Sub Committee received an update on the progress being made in the development of the County Durham Local Involvement Network (LINk) from Gerald Tompkins, Head of Social Inclusion (for copy of newsletter see file).

The closing date for tenders for the Host organisation closes on 25th January and it is hoped to appoint a host from 1 March 2008. The County Council has been notified that it will receive an allocation of approximately £250,000 for the development of the LINk. The funding will be part of the area based grant and is not ring fenced. Therefore the LAA Board will need to agree the funding to commission the LINk.

Resolved:
That the report be noted.

A10 Urgent Care Review - Update

The Sub Committee received a presentation from Bernice Malloy, Senior Acute Care Pathways Development Manager, County Durham PCT about the review of all urgent care services.

The objectives of the project are to prepare a specification for the delivery of urgent care services across County Durham and Darlington that meets patient need, provides a seamless pathway via any approved provider and delivers value for money. The outline objectives include:

- A single definition for urgent care
- Identify and address high numbers of A&E attendees – why do they attend A&E
- Admission prevention strategies – is there care closer to home
- Single point of contact
- Provision of appropriate information
- Access to the right person, providing advice, consistent assessment and treatment as soon as possible

Urgent Care provision covers a wide range of provision including:

- Accident & Emergency Services
- GP Practice (86 across County Durham and Darlington)
- Out of Hours Services- Both NHS & commercial
- Urgent Care Centres/Walk in Centres
- Emergency Dentistry
- Pharmacies
- North East Ambulance Service
- NHS Direct
- Mental Health/Child & Adolescent Mental Health Services
- District Nursing/Palliative Care/Intermediate Care

- Social Care Direct

Data on unplanned activity is currently being examined and will include an analysis of hour by hour attendance and the patient pathway. There were 160,000 total unplanned attendances at A & E in County Durham and Darlington in 2006/07. Twenty percent of all attendances to A & E were to facilities outside of the County. An explanation of the current patient pathway was provided.

When the data is analysed it is likely that the following issues will be highlighted:

- Weekday mornings are the peak period
- Summer has higher numbers than the Winter
- Almost two thirds of attendances are self-referrals
- Around a 5th of patients are discharged without follow up
- Around 35% of attendances are when GP practices are open – why do they not access their GP practice?
- Patients are more likely to come from areas with lower socio-economic status
- Children attend at a disproportionate level
- Children are twice as likely to attend in hours than adults but, these may be older teenage children

Examination of unplanned admissions reveals that there are high rates of unplanned admissions which are similar to the north east in general. There were 2443 emergency admissions in a 3 month period i.e. 25/30 patients per days. These were made up as follows:

- Respiratory 20%
- Coronary Heart Disease 17%
- Ear Nose & Throat 14%
- Dehydration and Gastroenterology 13%
- Convulsions and Epilepsy (fits) 9%

Rates per 1,000 population vary considerably between localities and reasons for admission. It was pointed out that patients from Easington are 54% more likely to be admitted on an unplanned basis as patients from Derwentside. Further work is needed to determine why this occurs.

Following stakeholder event a definition was arrived at for urgent care which was 'an individual's need for care that is not predicted'.

The future model of care will be based on the principles that have come from national and local drivers as well as the outcomes of the two stakeholder events held in December. The principles are that the service shall be:

- Operated 24 hours a day, every day of the year.
- Seamless for patients and shall be simpler to access.
- Delivered primarily by determinations of clinical need and not by patient demand.
- Managed in partnership between organisations as a truly integrated whole system.

An outline strategy will be launched on 11th January and this will include all stakeholders previously involved. Feedback on the strategy is to be requested

and a revised outline strategy will be submitted to PCT meetings following. The third stakeholder event will be held on 28th January to finalise the strategy feedback. Following this there will be consultation with all stakeholder groups such as NEAS and practice based commissioning groups to allow them to understand the implications of the changes. The strategy and specifications for contracts will then be published. There will be one point of contact for patients to access services.

Reference was made to the streamlining of crisis resolution services and it was pointed out that this is likely to have an impact when patients with mental health or substance misuse problems present themselves at A& E or at urgent care centres where staff will probably not be trained to deal with them. It was explained that that this will need to be picked up in the key work streams and dealt with in the strategy.

Resolved:
That the presentation be noted.

Signed Councillor……
Chairman of the meeting held on 7 April 2008