

DURHAM COUNTY COUNCIL

At a Meeting of the **Health Scrutiny Sub-Committee** held at the County Hall, Durham on **Tuesday 11 March 2008** at **10.00 a.m.**

COUNCILLOR N WADE in the Chair.

Durham County Council

Councillors Bell, Davies, E Foster, Priestley, Simmons and Stradling

Chester le Street District Council

Councillor Harrison

Durham City Council

Councillor Smith

Derwentside District Council

Councillor Agnew

Sedgefield Borough Council

Councillors Crathorne and Gray

Teesdale District Council

Councillor Cooke

Wear Valley District Council

Councillors Lee and Todd

Other Members

Councillors Chapman, Iveson and Shuttleworth

Apologies for absence were received from Councillors Chaplow and Lavin.

A1 Declarations of Interest

There were no declarations of interest.

A2 Ambulance Service in Rural Areas

The Sub Committee considered a report of the Head of Overview and Scrutiny together with reports and presentations of the County Durham Primary Care Trust and the County Durham Primary Care Trust Patient and Public Involvement Forum (for copies see file).

The Head of Overview and Scrutiny informed the Sub Committee that a number of documents had been received and these had been deposited in the Members Resource Centre and were available for inspection. These included:

- Letter from Mrs L Clarke
- Attendance list of a meeting held at St Johns Chapel Town Hall on 19 February 2008

- Feedback forms in relation to Weardale Ambulance Service
- Letter from Sharon Smith, Assistant Director of Acute Services, County Durham Primary Care Trust
- Letter from Cllr R Betton, Leader Teesdale District Council

Berenice Molloy, Senior Acute Care Pathways Development Manager, County Durham Primary Care Trust explained that in addition to the recommendations made in their report, a meeting had taken place with PPI representatives last week. A meeting has also taken place with NEAS and a draft action plan is being worked on and will be shared with the monitoring group. It was explained that the PCT will need to see much improved performance before they agree to the closure of the ambulance stations.

Following last weeks meeting with PPI representatives the PCT will work in partnership to address the response time issue across the Dales. It is the PCT's understanding that the response times have improved in the last year but that much more work needs to be done. Proposals to improve the response time will be made in the next 2/3 weeks. The PCT are working with NEAS to achieve this. A meeting between the PCT, NEAS and the PPI representatives will be arranged to discuss the proposals in order to take this forward together. A public meeting will be arranged to update the residents on the proposals. The proposals will be monitored with all information being made available over a 6 month period. If there is no improvement, the PCT will have to come up with alternative proposals. Consideration will also be given to a sensible 8 minute target. At the moment this is 75% for rural areas but this will need to be reviewed.

The Sub Committee also received a presentation from Jean Hetherington, of the County Durham PCT Patient and Public Involvement Forum (for copy see file).

The background to the proposed closure of the St John's Chapel and Middleton in Teesdale ambulance stations was explained. In September 2006 the former Durham Dales Primary Care Trust agreed that both stations would remain in use to provide a twelve month monitoring period with the aim of evaluating whether any relocation of the ambulance base would have a detrimental effect upon the upper dales. The PPI have examined the evidence and are of the view that it demonstrates that the relocation of the ambulance has had a detrimental effect on the upper dales.

It was pointed out that Lanehead is 11 miles from Stanhope and 31 miles from the nearest hospital at Bishop Auckland. The electoral roll figures reveal a population of 1848 live west of Stanhope. Upper Teesdale has a population of 2,444. It was stressed that a population of over 4,000 people needs an effective service if lives are not to be put at risk.

The PPI explained that NEAS contend that by locating the ambulances in areas with greater population the target figures will increase but that this would give a poorer service to the upper dales. Relocation of the existing two ambulances will exacerbate the disadvantage and increase waiting times for the upper dales.

It was stated that NEAS had failed to differentiate response times for the upper dales. Performance figures were averaged out and this hides the peaks and troughs in performance across the dales. An improvement in performance should be expected because of the change in working. Careful analysis of the

data is crucial to understanding what is happening. Referring to the presentation it was explained that there was a breakdown in the service when the ambulance is out of the area. An average response time of 20 minutes is given but the actual time on how long it took to respond for two incidents. is not known.

In relation to the Teesdale ambulance it was explained that when it was out of the area it was in Darlington on 33 occasions and in Bishop Auckland on 26 occasions. The vehicle has also been to Newcastle RVI, Durham and Middleton St George. It is assumed that the vehicle was at these locations because they were out of the area and became the nearest ambulance. While the Teesdale vehicle was out of area it was explained that all of the Teesdale calls were answered by out of area ambulances. 130 calls out of 149 were answered by vehicles more than 12 miles from Barnard Castle. The Teesdale ambulance was asked to attend a category A call at St Johns Chapel but was unable to as it was already at Bishop Auckland. Therefore there was no ambulance in either dale. Both dales ambulances are being drawn out of area to provide cover for other areas but no reciprocal cover is being provided.

In Weardale the ambulance is still operating from two locations. The Teesdale ambulance has been relocated to Barnard Castle. As a result the performance figures for Upper Teesdale have fallen from 40.9% to 5.7%. This means that a third of the population of Teesdale has suffered deterioration in service.

The Weardale ambulance has answered 133 call outs from St Johns Chapel and 155 from Stanhope. When the ambulance is based at St Johns Chapel only 11% of the calls are out of the area. When the ambulance is based in Stanhope 30% of its calls are out of the area. When the vehicle is based in Wolsingham the vehicle is drawn eastwards 57% of the time. Therefore when the vehicle is based in St Johns Chapel it anchors the vehicle in the dale and will answer more of the local calls. Once the Weardale ambulance is out of the area it is called as the nearest ambulance and this has happened for 25% or 105 calls answered by the Weardale ambulance. 38% of these calls were east of the A68. Whilst this is happening there is no cover west of the A68. The PPI made reference to an incident at Bellingham in Northumberland which eventually required the involvement of the air ambulance.

The PPI recommend that when the Teesdale or Weardale ambulance leaves its area another vehicle should provide cover and should be positioned to ensure a reasonable response time to the upper dales. The PCT must demonstrate that it is taking rural equity seriously, are making a commitment to the residents of the upper dales and are listening and responding to their views. These recommendations should form part of a wider debate around health care provision and that the both ambulance stations should remain open and in use. It was pointed out that rural areas will not accept a second class service. The PPI Forum asked the Sub Committee to adopt their recommendations.

Councillor Bell informed the Sub Committee that the Middleton in Teesdale station had in effect been mothballed and had not been used since December 2006 and he felt that this was a breach of trust. Berenice Molloy stated that clarification is needed on what is meant by "in use" as it is the PCT's view that the Middleton in Teesdale station is still open.

Les Matthias, North East Ambulance Service explained that they have to provide cover when a vehicle leaves the dales. In addition the Service has to meet response targets over the whole of the area not just in the dales.

Resolved:

1. That the Joint Health Overview and Scrutiny Committee notes both reports;
2. That Joint Health Overview and Scrutiny Committee recommends that the County Durham Primary Care Trust enters into dialogue with key stakeholders to ensure that they (the stakeholders) fully understand the outcome of the evaluation of rural ambulance services in order to improve performance, address concerns and consider the recommendations expressed by the Public and Patient Involvement Forum.

A3 Urgent Care Services

The Sub Committee considered a report of the County Durham Primary Care Trust about the outline strategy for the provision of urgent care services (for copy see file).

Berenice Molloy, Senior Acute Care Pathways Development Manager, County Durham Primary Care Trust explained that they are working to develop improved urgent care services. This will include:

- A single point of access and single telephone number for all urgent care needs;
- Transport provision across the whole of the County, not just for out of hours service but also for in hours urgent care needs;
- The type of roles and responsibilities i.e. the co-location of urgent care centres with A & E where appropriate, an appointment system for urgent care services.

A stakeholder event had revealed that the public were confused on who to contact and often had to ring two or three numbers before reaching the correct point of contact. Better information needs to be provided to the public so that they know which service to access in their area. In addition they often had to communicate their condition a number of times. This will be dealt with by better IT provision that will link up different systems. There are issues with transport provision which need to be addressed. Often patients and their family/friends will be brought into hospital by emergency transport but have no way getting home to enable discharge to take place. There are also issues about patients from the Dales and from parts of Easington accessing transport and being able to access services.

A final stakeholder event will take place on Friday 14th March between 1.30 p.m. and 3.30 p.m. at Collingwood College to receive final feedback. Following this the PCT will produce the final document which will be circulated to all who have been involved after the Joint Board seminar on 3rd April. After this the PCT will go to procurement for transport provision and then the single point of access.

The specifications for social care provision, intermediate care, nursing home admission, emergency admission and dental services will be examined in due course.

Concern about mental health services in the Easington area was expressed. It was felt that services had deteriorated since the establishment of the Tees, Esk and Wear Valleys NHS Trust in the Easington area.

Attention was drawn to the difficulty in people accessing services when new facilities are commissioned. It was suggested that health services need to undertake environmental and health impact assessments.

The Head of Overview and Scrutiny summarised the main issues arising from the report and from discussion which included:

- Transport;
- Access to services via transport and accessibility planning including how patients and relatives/carers get to and from health services;
- Communication with the public and the provision of better public information so that the public are clear how they access services i.e. pathway of care model;
- Access to urgent mental health services;
- Need to undertake environmental and health impact assessments as part of the process of providing new facilities/services.

Resolved:

That the above comments set out above be submitted to the Primary Care Trust as the Sub Committees response to the consultation on Urgent Care Services.

A4 Looking at the Future of Residential Care in County Durham

The Sub Committee considered a report of the Head of Overview and Scrutiny about the report of the working group looking at the future of residential care in County Durham (for copy see file).

The Head of Overview and Scrutiny informed the Sub Committee that the report will be presented to Cabinet on Tuesday 20 March.

Resolved:

1. That the report be noted and that the recommendations set out in the report be agreed.
2. That an update on progress be submitted to the Sub Committee as part of the review of overview and scrutiny recommendations.

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