DURHAM COUNTY COUNCIL

At a Meeting of the **Health Scrutiny Committee** held at the County Hall, Durham on **Monday 29 September 2008** at **10.00 a.m.**

COUNCILLOR R BURNIP in the Chair.

Durham County Council
Councillors J Armstrong, A Bell, J Lee, W Stelling, P Stradling and O Temple

Chester le Street District Council
Councillors G Armstrong and R Harrison

Derwentside District Council
Councillor I Agnew and D Lavin

Durham City Council
Councillor M Smith

Sedgefield Borough Council
Councillors P Crathorne

Teesdale District Council
Councillors A Cooke and M English

Co-opted Members
Councillor D Bates

Other Members
Councillor G Bleasdale, E Huntington, M Nicholls, E Paylor, A Shield R Todd and J Wilkinson

Apologies for absence were received from Councillors R Bell, J Chaplow and A Gray

A1 Minutes

That, with the addition of Councillor Temple's apologies to the minutes of the meeting held on 14 July, the Minutes of the meetings held on 14 July and 11 September 2008 were agreed as a correct record and signed by the Chairman.

A2 Declarations of Interest

There were no declarations of interest.

A3 Matters Arising

With reference to Minute No A2, Ambulance Services in Rural Areas of the meeting held on 11 September 2008, the Health Scrutiny Liaison Manager informed the Committee that a letter had been sent to the Primary Care Trust detailing the Committees recommendations (for copy see file).

A4 County Durham Local Involvement Network (LINk)

The Committee received a presentation from Jane Hartley, Chief Executive of Pioneering Care Partnership (Host Organisation for the County Durham LINk) about the progress made in establishing the LINk in County Durham (for copy of slides see file).

LINk's arose from "A Stronger Local Voice" in 2006 which said that there should be a new way for people who use health and social care services to have a say in how services are planned and run. A decision was made to replace PPI forums with LINks and this was included in the Local Government and Public Involvement in Health Act 2007 with LINks being established from 2008.

Each local authority was allocated Department of Health funding to set up a local LINk. The local authority was responsible for commissioning a host organisation who would be responsible for setting up the LINk and giving practical support to keep it going. The host organisation will also be accountable to the LINk and the local authority.

The LINk is a network of individuals, groups and organisations working or operating in each LA area with a remit covering all publicly funded health and social care services (it excludes children's social services) and is independent from the local authority. Each LINk is responsible for deciding how they want to get the work done.

The role of the LINK is to find out what people think, get ideas for improving care services, monitor and review local care services and tell those who commission and run services what the community wants. The LINk has specific powers to help hold services to account. Under legislation LINks have powers to enter specific services and view the care provided. They can ask commissioners for information about services and expect a response within a specific timeframe, make recommendations and expect a response from commissioners. They are able to refer matters to the local Overview and Scrutiny Committee.

It is important to note that LINks is a single system to involve communities.
Its role is to include influencing health and social care commissioning, support contract management and help managers know if services meet local need.
The LINk supports the NHS in its duty to involve and gives providers ongoing feedback. LINks help regulators access local information and build community views into the LSP and Local Area Agreement process. Importantly, it will also allow Overview and Scrutiny Committees to base reviews on actual feedback.

Prior to legislation, there were eleven early adopter projects around England, including County Durham trying out how LINks might work. The County Durham early adopter project identified that the LINk should build on existing networks and structures and not to replace them. It should also support local developments and volunteers and understand that different areas may want different things. In addition it should work closely with council and health services, be independent of them but also be accountable to the community.

From April 2008 the County Council appointed an independent 'host' organisation to support the LINk. Pioneering Care Partnership (PCP), a registered charity, was appointed in April 2008. They were also given the remit to set up an 'interim' arrangement until the LINk could be formally set up. An Interim Steering Group was set up in April 2008 and is made up of people from the voluntary sector, ex PPI forum members and local community representatives.

The remit of the Interim Steering Group was to put the governance framework in place so that the LINk could begin to move forward. This work has included the following:

- Draft Governance Framework Developed
- Draft Constitution & Terms of Reference Developed
- Draft Code of Conduct & Initial Policies developed
- Membership recruitment drive – circa 200 members to date
- Management Committee recruitment underway
- Launch Event planned

The purpose of the County Durham LINk is "To promote, influence and improve the physical and mental well-being of people of all ages residing permanently or temporarily in County Durham".

Full membership of County Durham LINk is open to any individual (aged 14 years or over) living or working in County Durham, any organisations or groups within the voluntary and community sector, or "not for profit" sector operating within County Durham. Associate Membership is open to statutory sector agencies, private sector and commercial companies, District and County Councillors.

In terms of the governance framework to be proposed to the membership at the launch event, it is recognised that the LINk needs to be accountable to the local population and needs to represent local communities. It is being suggested that the Management Committee is made up of representatives from each District area and from each of the interest or user groups giving a total of fourteen members.

In terms of the Operational Framework a Standards Committee will be established to monitor the work of the LINk. There will be an Enter and View Group and it will be authorised to undertake visits and make recommendations. There will also time limited task groups and all members will be able to express an interest in serving on them. LINk representatives will be appointed to stakeholder forums/networks and to regional and national networks.

At the launch event on 30 September members will be asked to agree the proposed governance structure and constitution and to identify the initial work plan issues. A Key Stakeholder event is planned for 20 October involving Commissioners, Providers and Members of the Health Scrutiny Committee. It is hoped to develop a strong positive working relationship with the Health Scrutiny Committee and the LINk hopes to be able to contribute to the work plan of the Committee.

Resolved:
That the presentation be noted.

A5 Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust – Consultation on Mental Health Services for Older People

The Committee considered a report of the Health Scrutiny Liaison Manager which highlighted areas of support and concern in response to the Tees, Esk and Wear Valleys NHS Foundation Trust consultation on proposals for developing mental health services for older people in County Durham and Darlington (for copy see file).

Councillor Burnip explained that he and Cllr Chaplow had visited all four wards. He expressed the view that the Hardwyke Ward at Sedgefield was an excellent facility. The wards at Earls House, Durham had open space, gardens and a basketball court. He felt that the provision of open space is very important for patients. Councillors Burnip and Chaplow were least impressed by the Binchester Ward at Bishop Auckland Hospital, and whilst it was a new facility, it was on the first floor, had no therapy facilities and patients had only limited access to open space in the roof garden.

In response to the issues raised in the report David Brown, Service Director for TEWV explained that the issues raised in the scrutiny response are attached to the report to be considered by the Board. In relation to bed numbers it was explained that it is proposed to reduce the number of beds to 24 a reduction of 22 beds. The ten people currently occupying the beds no longer need specialist mental health beds. The proposed development of community services will enable some of the people who have previously had to come into hospital from nursing homes, not to have to do so in future.

David Brown also explained that the provision of resources to redevelop the facility at Earls House has not been ruled out and is a matter for the Board to consider when it makes its decision. The capital and revenue costs of providing a new facility will need to be considered carefully as this will impact on the revenue costs of the proposed community services. The option of refurbishing the wards had been considered but it was felt that they will need to be rebuilt rather than refurbished.

Councillor Temple asked what is likely to happen to the facilities currently provided at Shotley Bridge Hospital. David Brown explained that discussions have been taking place about the future of Shotley Bridge but that there are no plans for consultation at the present time. The Allensford Ward will be moving to the Lanchester Road development in due course. This will make it difficult to maintain an in patient facility for older people on this site in isolation. It was

confirmed that work is ongoing with the PCT on future services but there are no plans at the present time.

Councillor Lavin expressed concern about the loss of services in north Durham and felt that mental health provision in the north of the County was poor. Councillor A Bell said that the Trust should be maintaining provision in both the north and the south of the County. People in the north of the County will be faced with a long journey to visit their family and friends.

Karen Thompson explained that her father is currently an in patient in the Appletree Ward at Earls House. Karen was of the opinion that the consultation exercise had not been adequately publicised. She pointed that there was no breakdown of costings for the refurbishment of the wards at Earls House in the report. The need for en-suite facilities was being used to justify the need to rebuild the wards. She explained that she was a nurse who had nursed people with challenging behaviour and was of the opinion that en-suite facilities can be a hindrance and a danger for staff. She advised that the 'gold standard' of facilities for patients with dementia is the provision of outside areas with a wandering path and this facility had been a therapeutic help to her father. It was pointed out that there may well be a greater need for beds for dementia patients in the future with the growth of the elderly population. Karen also pointed out that admissions to Earls House had been capped to improve patient and staff ratio. The lower admission level is being used to justify the closure of the wards. She explained that while the cost of visiting will not be an issue for her family, the move to Sedgefield will make it much more difficult for herself and her sister to be able to regularly visit their father because of the travelling time involved and in particular, travelling to Sedgefield or Bishop Auckland would be significantly further, particularly if she was called to visit her father in an emergency.

Councillor Burnip asked whether Sedgefield Hospital or the facilities at Bishop Auckland were funded from PFI and whether this had any bearing on the recommendations to the Board. David Brown explained that Sedgefield Hospital was funded through PFI but that the Auckland Park Hospital was not PFI funded.

David Brown informed the Committee that transport was a major issue and the Trust had made a commitment to help families with transport. He explained that services in north Durham had been compromised because of the absence of community services and a greater provision of beds. This was one of the reasons for the consultation process. This will enable a greater number of people to be helped and help prevent future admissions. Where there is a risk posed by en-suite facilities they can be locked. The Trust believes however that the provision of en-suite facilities is important in the provision of services.

In reply Karen Thompson said that she would prefer her father not to have en-suite facilities and was of the opinion that the staff did not like them either. She asked that the costing for the en-suite facilities to be taken out of the costs of refurbishing or rebuilding the wards at Earls House. She stressed that the Trust should be striving to provide a garden and a wandering path at its other wards.

The Head of Overview and Scrutiny informed the Committee that the Authority and NHS County Durham supported the direction of travel in relation to

community based services with extra investment going into community services. He explained that transport is always a major issue but that the Trust is planning for those people who need to visit their families. The model used for psychiatric intensive care unit involved providing a taxi for those families who visited their relatives and the Trust are proposing to use a similar model for the families of any patients moved to wards at Sedgefield or Bishop Auckland. It was suggested that the Trust should link up with the County Council's Integrated Transport Unit to provide alternative options of provision. The Head of Overview and Scrutiny also suggested that the TEWV Trust and NHS County Durham consider the possibility of investing in the provision of facilities in both the North and the South of the County. This will involve a feasibility study on whether they could provide a facility on the Lanchester Road site for 12 patients with dementia and/or challenging behaviour before a decision is made. The Health Scrutiny Liaison Manager suggested that this should also include the feasibility of refurbishing the existing facilities.

David Brown confirmed that he would inform the Board of the Committees view at tomorrows Board meeting.

Resolved:

1. That the response to the Tees Esk and Wear Valleys NHS Foundation Trust consultation be supported.

2. That the TEWV Trust and NHS County Durham consider the possibility of investing in the provision of facilities in both the North and the South of the County and before a decision is made consider a feasibility study on whether they could provide a facility on the Lanchester Road site for 12 patients with dementia and/or challenging behaviour either by rebuilding or refurbishing the existing facility.

A5 NHS Constitution

The Committee considered a report of the Head of Overview and Scrutiny advising of the Governments consultation on the NHS constitution (for copy see file of Minutes).

The Committee also received a presentation from David Gallagher, Director of Corporate Strategies, Services and Relations at NHS County Durham explaining the constitution and consultation process (for copy of slides see file of minutes).

It was explained that the constitution has arisen from the report produced by Lord Darzi entitled 'Our NHS, Our Future'. Lord Darzi's interim report in October 2007 gave an outline of what a Constitution might include: it would enshrine the values of the NHS and increase local accountability.

The Department of Health launched the draft Constitution on 30 June 2008, alongside Lord Darzi's final report, and to coincide with the 60th anniversary celebrations for the NHS.

The draft NHS Constitution records in one place what the NHS does, what it stands for and what it should live up to. The Constitution sets out the principles

and the values that underpin the NHS, in particular that NHS services should be based on clinical need not ability to pay. It collects together important legal rights for both patients and staff and it sets out a number of pledges that reflect where the NHS should go further than the legal minimum. The Constitution also includes responsibilities and how we can all play our part to make the best use of NHS resources.

There are a number of aims for the Constitution.

- To secure the NHS for the future by reaffirming the principles of the health service.
- To empower patients and the public. People already have considerable legal rights in relation to the NHS but these are scattered around in different places. This is the first time they have been brought together in one place.
- To help the public play their part in the NHS – for example by attending appointments, treating staff with respect, and giving feedback about the treatment and care they receive.

- To empower and value staff. The NHS is a service provided by over 1.3 million staff. For an NHS Constitution to be an enduring settlement, it needs to reflect what we are offering to the workforce: a commitment to provide all staff with high quality jobs, along with the training and support that they need.

The draft Constitution was developed by the Department of Health. But it is the result of many months' work with patients, members of the public, staff and with representative groups. There were some clear messages from all the research and consultation that was carried out. People said that the Constitution should be a short, high-level document that would endure for at least 10 years. It should be flexible and not hold back the NHS from future change. It should also be meaningful and enforceable – not just words. There was no appetite for a "lawyers charter" that might encourage litigation.

The principles of the NHS are intended to be the enduring high-level "rules" that govern the way that the NHS operates. These are what define the NHS as a healthcare system. The principles are underpinned by a set of proposed NHS-wide values. These values were developed after extensive research with several thousand staff, patients and members of the public. There are two reasons why the Constitution includes a section describing values:

- Outlining the values makes it easier to be clear about the behaviours that are expected from patients, the public and staff.
- As more organisations from the third and independent sector become involved in providing NHS care to patients, it becomes more important to be clear about the behaviours and values expected across the wider NHS system.

Individual organisations are likely to have their own, locally-determined values. Those values are there to inspire behaviour within the organisation. The NHS wide values are there to inspire behaviour across the NHS as a whole.

The Constitution itself will not be written into law. It is meant to be a document, which brings together existing legal rights in one place but not something that replaces the existing law. The Government is planning to legislate to put a duty on the NHS to take account of the Constitution. This would require all NHS organisations to take account of the Constitution when performing their functions. All independent sector providers of NHS services would be required to take account of the Constitution by their contracts, which are legally-binding. The Government also proposes to place a duty on the Secretary of State for Health to renew and update the Constitution.

Stafford Scholes was of the view that age discrimination is not dealt with sufficiently in the document and there were concerns on whether NHS services are truly free. It was felt that an Independent Board should be set up, to implement and monitor the constitution which should include patient representation.

Councillor J Armstrong expressed the view that the constitution needs to be stronger on equality and diversity, accountable, say more on health inequalities and include patient and staff responsibilities.

Councillor D Lavin asked that 'strive' should be removed and that renewal should be changed to review.

Resolved:

1. That consultation be welcomed and that the report and presentation be noted.

2. That the above comments be included in the response of the Health Scrutiny Committee.

A7 Seizing the Future

The Committee considered a report of the Head of Overview and Scrutiny advising of the background and the purpose of the 'Seizing the Future' proposals being proposed by County Durham and Darlington Foundation Trust (for copy see file of Minutes)

The Committee also received a presentation from David Gallagher, Director of Corporate Strategies, Services and Relations at NHS County Durham about the public consultation process for 'Seizing the Future' (for copy of slides see file of minutes).

He explained that the Board of NHS County Durham had met with the Foundation Trust on two occasions. The Board of NHS County Durham felt that a case for change had been made and agreed to support and take the consultation process forward.

It was explained that the consultation process is a formal statutory process of 12 weeks which will be extended to 14 weeks to take account of the Christmas holiday period. There are four key partner organisations involved in the process. These are:

- NHS County Durham
- County Durham and Darlington Foundation Trust (CDDFT)

Consultancies:
- Proportion
- M & M

NHS County Durham as commissioners will lead the process and one of their roles is to ensure that the process is robust and fair and that it gives people the opportunity to have their say. Proportion has been appointed to manage the consultation process and the handling of responses. This will provide some objectivity to the process and bring in capacity and expertise. M & M are developing the consultation document and will be responsible for communications and awareness raising. They will also help to manage the issues that arise during the process.

As part of the process documents will be developed which will help people to understand the process. Mail shots will go out to all households and web links will also be provided. A series of public meetings will be arranged. It was stressed that careful consideration needs to be given on how they are arranged and to ensure that the right locations and participants are engaged to achieve a constructive dialogue and a two way communication process.

A series of drop in sessions will be arranged at local shopping centres which will allow people to have a one to one discussion and to register their comments. It is important that different media and different formats are used to try and reach all levels of the community.

It was explained that Proportion will be responsible for managing all information received during the consultation. It is important to understand where the issues and information have arisen in the community so that they can be addressed. It is planned to launch the consultation process on 6th October with a media awareness raising event. At the end of January/early February a report will be taken to the Foundation Trust Board containing proposals in the light of the comments made during the consulation. It will then go onto the NHS County Durham Board for a final decision.

Edmund Lovell informed the Committee that the County Durham and Darlington Foundation Trust had announced to the media the issues which they would be consulting upon. These are that they would concentrate acute care at University Hospital Durham and Darlington Memorial Hospital, to redevelop Bishop Auckland Hospital for planned care and providing a range of Trust wide services and complementing and supporting the services at the other hospitals. It will also provide local health services and 24 hour emergency care. Services at Shotley Bridge and Chester le Street community hospitals services will remain broadly the same but it is proposed to increase the number of day care surgery cases at Shotley Bridge.

Resolved:
That the Committee welcomes the approach being taken and agrees the establishment of the Scrutiny Working Group together with the scrutiny process.

A8 Momentum: Pathways to Healthcare

The Committee noted the Section 244 Health Scrutiny Joint Committee report on Momentum: Pathway to Healthcare (for copy of report see file of Minutes)

A9 Proposed Closure of Medomsley Branch Surgery

The Committee considered a report of the Head of Overview and Scrutiny about the proposed closure of Medomsley Branch surgery (for copy of report see file of Minutes)

Councillor A Shield expressed his disappointment about the proposed closure of the Medomsley surgery. He explained that the surgery is profitable but that the reason why the surgery was being closed was because of the under utilisation of doctors and nurses time. Medomsley is an area of multiple deprivation with a range of health issues. The opening times of the surgery are not helpful for all residents as it is only open three days a week from 11.00 a.m. to 12.00 pm which makes it difficult for people who work to use the surgery. Local Members had suggested that a trial period of early or late opening times for the surgery should be tried to try and improve utilisation time but this had been refused. Councillor Shield had reservations about the proposal to establish improved transport because of the cost and the time involved in getting to the alternative practices.

The Health Scrutiny Liaison Manager informed the Committee that Overview and Scrutiny had asked that an evaluation of the changes should be undertaken after six months particularly in relation to the transport arrangements.

Councillor W Stelling expressed concern about the transport arrangements as there are no direct bus links to the alternative surgeries at Hamsterley and Leadgate. He felt that these issues could be solved by discussion between the local Members and the bus companies.

Councillor O Temple expressed concern about the accuracy of the figures used in the report to be submitted to the PCT Board.

The Head of Overview and Scrutiny proposed that Scrutiny would talk to the author of the report about the inaccuracies and ensure that the views expressed at the meeting to do with caseload, utilisation and transport are passed to the PCT so that they can be considered by the PCT Board. Overview and Scrutiny will also facilitate a meeting via the scrutiny process with the Head of the Integrated Transport Unit, the local Members and the PCT so that the concerns about transport can be addressed.

Resolved:

1. That the proposals are noted.

2. That Overview and Scrutiny:
   (a) talks to the author of the report about the inaccuracies; and
   (b) ensures that the views expressed at the meeting to do with caseload, utilisation and transport are passed to the PCT so that they can be considered by the PCT Board;

(c) facilitates a meeting via the scrutiny process with the Head of the Integrated Transport Unit, the local Members and the PCT so that the concerns about transport can be addressed.