

SEDGEFIELD BOROUGH COUNCIL

HEALTHY BOROUGH WITH STRONG COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE

Council Chamber,
Council Offices,
Spennymoor

Tuesday,
1 July 2008

Time: 10.30 a.m.

Present: Councillor J.E. Higgin (Chairman) and
Councillors W.M. Blenkinsopp, Mrs. S. Haigh, Mrs. H.J. Hutchinson,
Ms. I. Jackson, A. Warburton and Mrs E. M. Wood

In Attendance V. Chapman, Mrs. L. M.G. Cuthbertson, P. Gittins J.P., A. Gray,
B. Haigh, J.G. Huntington, Mrs. E.M. Paylor and A. Smith

Invited to Attend Councillor Mrs. K. Conroy

Apologies: Councillors Mrs. D. Bowman, J. Burton, Mrs. P. Crathorne,
K. Thompson and T. Ward

H&S.6/08 **DECLARATIONS OF INTEREST**
No declarations of interests were received.

H&S.7/08 **NHS CONSULTATIONS**
Representatives from the County Durham Primary Care Trust and County Durham and Darlington NHS Foundation Trust were present at the meeting to give a presentation on the current consultation exercises 'A Big Conversation' and 'Seizing the Future'.

David Gallagher, Director of Corporate Strategies and Services and Relations County Durham PCT gave a presentation regarding the PCT's development of a five year strategy for improving health and healthcare for the people of County Durham and Darlington. The presentation set out the PCT's mission statement, health challenges and the priorities for improvement health and inequalities whilst taking into account the needs of local people.

Members were also informed how the PCT planned to commission services in order to achieve better health and wellbeing, better care and better value for all.

The PCT recognised that there were opportunities for change which included the development of integrated networks of care. This would reduce the reliance on hospitals and emergency admissions, map services to needs, provide care closer to home and make better use of community hospitals. The proposed development of a GP led Health Centre in Easington was also referred to.

The PCT would work in partnership with other agencies in order to reduce health inequalities and improve access to services.

Dianne Murphy, Project Manager County Durham and Darlington NHS Foundation Trust gave a presentation on 'Seizing the Future'.

It was explained that 'Seizing the Future' was the development of the Trust's strategic direction for the next five years. This included an examination of current services, a review of achievement of national standards across all services and the development of service configuration options.

There were 3 phases of 'Seizing the Future'. Phase 1 – Scoping Study - commenced in January 2008 and Phase 2 – Development of Future Service Options - which commenced in May 2008. It was anticipated that Phase 3 – Formal Consultation – would commence in October 2008.

It was noted that the process to develop future service options would be clinically led in four key areas – Medicine, Surgery, Women and Children and Diagnostics and Clinical Support. Stakeholder engagement would also take place.

Through the development of future service options, the Foundation Trust aimed to increase positive patient experiences, provide accessible services, meet national and local performance standards, show ongoing improvement, provide support care closer to home and make efficient use of resources.

Members were informed that there was a two stage process to assess future service options. The first stage was to ensure clinical safety, affordability and 'do-ability'. The second stage related to the weighted criteria of integrated models of care and patient focus, access, workforce staffing and sustainability.

Reference was also made to cluster options. It was explained that although there had been five options only one was to be developed further. This was to develop two sites leading on acute hospital care, plus proposals for a third site that included elective surgery, midwife led community care, specialist rehabilitation, selective inpatients and a 24 hour emergency care provision.

In conclusion it was explained that further analysis and modelling which included a feasibility study, travel and transport implications and the role of each site was required. Further engagement with GP's, social care and the ambulance service together with an option appraisal with clinical staff, governors and stakeholders was also required before going to formal consultation in October 2008.

With regard to Patient Choice, Members queried how much choice patients had. In response it was explained that a patient could choose

which hospital to attend. This enabled a patient to opt for treatment in an independent hospital of their choice rather than an NHS hospital. If an NHS patient was referred to an independent hospital the PCT would commission and pay for all treatment, which would be free to the patient at the point of delivery.

The Committee queried the proposed development of a GP-led Health Centre in Easington. It was explained that this was a national initiative intended to address inequalities and improve access to health care services in the area with the most need. Although the Health Care Centre would be located in Easington it would be open to all members of the public. Patients would not have to be registered.

The Health Centre would be open 8.00 a.m. to 8.00 p.m. seven days a week and would be easily accessible for those patients who found it difficult to access their own GP.

Although the Health Centre would be managed by the PCT, services would be commissioned by them and delivered by an external provider.

Members queried whether the proposed development of the GP-led Health Centre would affect the development of other health centres in Sedgefield Borough. It was explained that the PCT would receive specific funding for the development of the GP-led Health Centre. The development of other Health Centres would therefore not be affected.

Members also questioned how 'Seizing the Future' and 'a Big Conversation' linked with the consultation exercise Momentum - Pathways to Healthcare. It was explained that there were two parts to Momentum Pathways to Healthcare – the development of a new hospital in Stockton and Customer Care. All consultation exercises would link together.

In response to a question raised by Members in relation to travel it was explained that the PCT balanced travel time with the potential to deliver the best care. It was considered better to increase travel time to ensure the patient received the best possible treatment and care. Members highlighted that the PCT must also take into consideration the travel time for visitors.

Members enquired about the reduction of services provided by Bishop Auckland General Hospital and whether the move towards hospitals specialising in particular clinical areas would lead to further reductions. In response it was explained that hospitals needed to develop centres of excellence in certain treatments order to attract top quality specialist consultants, doctors etc to ensure the best levels of treatment for patients. The Foundation Trust needed to ensure that resources were maximised across all hospitals in the area, taking into account what was available in the region.

The NHS officers and Cabinet Member then left the meeting to enable the Committee to formulate conclusions and recommendations.

Members welcomed 'Seizing the Future', 'A Big Conversation' and 'Momentum – pathways to healthcare' as they sought to improve healthcare in the locality. Health inequalities and health deprivation within the Borough were of major concern to the Council and therefore Members were grateful for the opportunity to contribute directly to these debates.

After detailed deliberation the Committee wished the following comments to be forwarded to Durham PCT and County Durham and Darlington Foundation Trust. A copy was also to be forwarded to Durham County Council's Health Scrutiny Committee for them to consider within their deliberations on the issues:-

Patient Choice

Increased choice for patients, including treatment in independent hospitals, could be seen as a means of minimising delays in patients receiving treatment and possibly raising standards of care. However, concerns were expressed about creeping privatisation and potential drift towards further fragmentation of the NHS. Members felt strongly that the NHS ethos of 'treatment free at the point of delivery' should remain a fundamental principle. Patients should not feel pressurised into making financial contributions for their healthcare.

Development of Specialised Services

In recent years Bishop Auckland General Hospital has lost a number of services, such as general surgery, fracture clinic, consultant led maternity services, 24 hour paediatric services, general medicine, gynaecological services.

Members appreciated that the Foundation Trust needed to view services provided by hospitals within County Durham and Darlington as a combined resource, to look at specialist treatment offered within in the region and develop services accordingly. Members were however concerned about potential accessibility issues related to the distance and time taken for patients to receive treatments, particularly in emergency situations, e.g. related to heart attacks and strokes which had a high prevalence in the Borough.

Concern was also expressed regarding transport issues for the relatives of patients receiving treatment, particularly those on low incomes. Shuttle bus services between hospitals had been proposed as a possible means of assisting non-urgent patients and visitors with transportation, however there had been no further developments on this issue. In addition there were similar concerns about accessibility of Out of Hours Urgent Care Centres at times when public transport was unavailable.

GP Led Health Centres

A GP Led Health Centre was to be established within County Durham to address inequalities and improve access to health care. Durham PCT had proposed that this Health Centre be located in Easington. Whilst Members appreciated that there were health inequalities in Easington that needed to be addressed, there were also similar health issues within Sedgefield Borough. Members had concerns that a single additional Health Centre located in Easington would not address health issues across County Durham and particularly within Sedgefield Borough. There were major accessibility issues, particularly for lower income groups, which tended to suffer most from health inequalities.

A programme of LIFT funded health centres had been agreed for the area, however these had yet to be delivered. Members were concerned about the apparent lack of clarity on the delivery of this programme.

In addition the introduction of evening and weekend appointments at GP Surgeries had not yet materialised.

NHS Consultations

A number of consultations were being undertaken concurrently by various parts of the NHS. Durham PCT was conducting 'A Big Conversation' with a view to developing a 5 year strategy for improving health and healthcare. Durham and Darlington Foundation Trust was developing its own 5 year strategic plan under the banner of 'Seizing the Future'. In addition Hartlepool PCT, North Tees PCT and North Tees & Hartlepool NHS Foundation Trust were undertaking a review of healthcare within Hartlepool and Stockton, which would also impact on parts of Easington District and Sedgefield Borough. Members were keen to encourage those involved in these reviews to consult with each other on the outcomes of their consultations and proposals in order to ensure that maximum benefits could be gained from collaboration and the development of an integrated NHS service within the locality.

RECOMMENDED:

- 1. That a response setting out the Committee's views and concerns be forwarded to Durham PCT and County Durham and Darlington Foundation Trust.*
- 2. That a copy also be forwarded to Durham County Council's Health Scrutiny Sub-Committee for them to consider within their deliberations on these issues.*

ACCESS TO INFORMATION

Any person wishing to exercise the right of inspection, etc., in relation to these Minutes and associated papers should contact Mrs. L. Walker, Tel 01388 816166 Ext 4240, lwalker@sedgefield.gov.uk