

## **DURHAM COUNTY COUNCIL**

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2 - County Hall, Durham on **Friday 6 September 2019 at 9.30 am**

### **Present**

**Councillor R Crute (Chair)**

### **Members of the Committee**

Councillors A Batey, R Bell, L Brown, P Crathorne, J Grant, T Henderson, E Huntington, P Jopling, C Kay, K Liddell, M Simmons, H Smith and O Temple

### **Co-opted Members**

Mrs R Hassoon

### **Also Present**

Councillors I Jewell, L Kennedy, J Maitland, J Allen, L Hovvels, J Shuttleworth, S Zair and A Watson

## **1 Apologies for Absence**

Apologies for absence were received from Councillors A Reed, A Savory, J Stephenson and C Wilson

## **2 Substitute Members**

Councillors J Maitland for J Robinson, I Jewell for J Chaplow and L Kennedy for S Quinn.

## **3 Minutes**

The minutes of the meeting held on 4 July 2019 and of the special meeting held on 30 July 2019 were agreed as a correct record and signed by the Chair.

The Principal Overview and Scrutiny Officer referring to the minutes of 4 July 2019, advised that a special meeting had been arranged on Tuesday 17 December 2019 at 1 p.m. to consider proposals in respect of oral health. In relation to Councillor Temple's request regarding STI statistics, a response was being chased up with the service.

## **4 Declarations of Interest**

There were no declarations of interest.

## **5 Media Issues**

The Principal Overview and Scrutiny Officer provided the Committee with a presentation of the following press articles relating to the remit of the Adults Wellbeing and Health Overview and Scrutiny Committee;

- 20 NHS building projects given green light – BBC Website 5 August 2019 - Boris Johnson has given the green light to 20 new building and infrastructure projects in the NHS in England. The £850m package will pay for new wards, intensive care units and diagnostic centres as well as refurbishing some existing facilities over the next five years. Mr Johnson also said there would be an extra £1bn this year to improve and maintain existing buildings. The Newcastle upon Tyne Hospitals - £41.7m to improve paediatric cardiac services in the North East.
- Review of mental health services under scrutiny by Darlington councillors – Northern Echo 26 August 2019 - Plans to make changes to crisis mental health services are due to be scrutinised by councillors next week. Tees, Esk and Wear Valleys NHS Foundation Trust is looking to create a single crisis service across its area and close a house specifically used for people whose mental health needs urgent treatment.
- Why Durham health chiefs have been asked to join 'Path to Excellence' efforts for Sunderland and South Tyneside hospitals – Sunderland Echo 2 August 2019 - Representatives from County Durham could join efforts to scrutinise a major overhaul of NHS services in Sunderland and South Tyneside. Sunderland City Council and South Tyneside Council formed a Joint Health Scrutiny Committee in 2017 to examine the controversial Path to Excellence scheme. The first phase of this covered changes to stroke, maternity and paediatric care at South Tyneside Hospital and Sunderland Royal Hospital. Since last year (2018) care chiefs have been carrying out 'pre consultation' work on the second phase, covering areas such as surgery, scans and blood tests.
- Major health projects are at risk despite spending pledge – Northern Echo 7 August 2019 - Concerns have been raised over funding for existing plans to upgrade two community hospitals, despite promises of a £1.8 billion cash injection for health services. A spending review may jeopardise plans to replace the accident and emergency unit at University Hospital North Durham, in Durham City, as well as the replacement of Shotley Bridge Hospital, near Consett, with a new purpose-built facility.

Laura Pidcock, MP was concerned that this would have a cumulative effect and cause significant worry for her constituents. In terms of Shotley Bridge Hospital

she asked what representations had been made to the Secretary of State regarding the capital spend. She went on to say that there was a conflict between the announcement and suspension and asked what contingency plans were in place for Shotley Bridge Hospital. She said that people were aware that the hospital was not fit for purpose and asked what services would be delivered from the site. She was concerned as to how the money would be found if capital was no longer available from central government. She added that the local people deserved a new health facility especially as no upgrade to the University Hospital of Durham (UHND) was expected and the closure of urgent care at Stanhope was also a concern, especially in terms of transport. There were significant concerns in the Dales as the out of hours hub was not accessible for anyone. She concluded that all recent significant changes to health services had been negative and she asked that damaging decisions such as this one be put on hold.

The Director of Commissioning Strategy and Delivery, North Durham and DDES CCGs explained that on 7 May 2019 a letter was sent to all NHS provider trusts to ask them to make a 20% reduction in capital spend and to prioritise schemes. An announcement was made in relation to capital investments and on 2 July 2019 a further letter was sent asking for that the reduction to be made was 3% and for trusts to work collaboratively to achieve the 20%. Funding for Shotley Bridge Hospital had been earmarked for 2021 as funding would need to be in place to proceed. Last month a letter to NHS trusts reversed the reduction in capital spending and this would have no impact on UHND or Shotley Bridge Hospital issues. With regards to UHND no business case had been approved as they did not have enough of their own capital to proceed and therefore there would be no changes. For Shotley Bridge clarity around funding would be required before proceeding with a business case. The plan was to look at the options and report back to Scrutiny in January 2020.

Councillor Alex Watson was concerned as the money for Shotley Bridge Hospital was reported to be secured in March 2019, this was then changed to earmarked. The engagement process had been conducted and independent analysis was carried out to look at all of the data and come up with proposals. He said that it was important for a new community hospital to be built for the residents of Consett and across the region.

The Director of Commissioning and Delivery explained that a report was scheduled to come back to this committee in October detailing the key findings from the pre-consultation stakeholder engagement activity undertaken earlier in the year following discussions with the reference group. She assured members that there were no changes to the services at Shotley Bridge Hospital and she was aware of the structural issues with the building. She added that the CCG were grateful for any representations that the committee and local councillors wanted to make on their behalf.

Councillor Temple asked for some clarity as the A&E department at UHND where the project was restored to where it was before the 20% cuts were required and Shotley Bridge Hospital being in a different position as it was subject to a different funding mechanism. The Director of Commissioning and Delivery confirmed that they were two separate issues and Shotley Bridge depended upon receiving capital funding. The capital for the project was covered under the NHS Property Services. Councillor Temple went on to say that it had been publicly stated that funding for Shotley Bridge Hospital was secured when in fact it should have been reported that that it was merely intended, and he felt cheated by that. He hoped that the CCG would ensure funding became available and secured moving forward.

- Middlesbrough: West Lane Hospital rated 'Inadequate' by CQC – Northern Echo 21 August 2019 - A north-east mental health hospital has been rated 'Inadequate' following the deaths of two young patients in the last several weeks. In its most recent inspection, the Care Quality Commission (CQC) rated West Lane Hospital in Middlesbrough as Inadequate overall.

Councillor Grant suggested that TEWV come back to a future meeting to explain what was happening in terms of support and placements for those young people affected as the hospital closed. The Director of Operations Durham and Darlington, Tees, Esk and Wear Valley NHS Trust said that further calls were taking place with NHS England as the hospital site was not completely closed as they were still finding suitable placements. He added that the home treatment and crisis service had been extended so that further support in the community would be available when the hospital did close. Options would be discussed at a later date as to whether the hospital could re-open with a new service model and staffing structure. The Medical Director had recently attended a scrutiny meeting at Hartlepool and it was suggested that he also attend a future meeting in Durham. He added that the service would continue to liaise with Children's Services in Durham to ensure safeguarding for the young people at West Lane Hospital.

## **6 Any Items from Co-opted Members or Interested Parties**

There were no items from co-opted members or interested parties.

## **7 Future of Ward Six, Bishop Auckland Hospital**

The Committee received a report of the Director of Transformation and Partnerships and report and presentation by representatives of County Durham and Darlington NHS Foundation Trust that provided an update on the proposals for consultation/engagement on the future of ward 6 at Bishop Auckland Hospital (for copy see file of Minutes).

The Director of Commissioning and Delivery gave a detailed presentation that highlighted:-

- Background
- Vision
- Scope of Review
- Current Service
- Patient and Carer Feedback
- Patient and Carer Themes
- Case for Change
- Options Appraisal
- Preferred Option
- What this means for patients in County Durham
- Next Steps – ratify decision at executive and governing body, consultation planned 7 October for 10 weeks.

The Director of Commissioning and Delivery would welcome any suggestions to meet with groups in the community in addition to those already planned and would welcome any comments on the consultation.

The Chair reminded people to take part in the consultation process. He invited questions from members of the committee, other members and those members of the public who had requested to speak prior to the meeting.

Referring to the report Councillor Bell picked up that the majority of patients did not receive therapy, however pointed out that 43% of patients did. He went on to say that there was an implication that it was a waste of time being on the ward if it could not offer rehab or therapy, but he challenged that assumption. Councillor Bell also said that with the vision of offering care closer to home should not exclude the Richardson Hospital. He had not seen any evidence to show that community services were working and therefore could not support the proposal.

The Director of Commissioning and Delivery confirmed that there was access to therapy at the Richardson Hospital. She added that significant investment had been made to redesign and increase staffing levels in order to change the ways of working, together with the voluntary sector to maintain people's health. She agreed that there were really good services offered and that the proposal was to reduce the number of beds but to still have capacity at Bishop Auckland Hospital.

Dr Smith added that the majority of patients were at the older age of the spectrum and that they often required specialist therapy input.

Further to a question from Councillor Jopling about the length of time a patient could stay in ward 6 the Director of Commissioning said that all patients were treated as individual cases and the CCG were not saying that a patient could only stay on the ward a certain length of time.

Councillor Kay commented that the report was stating that ward 6 was not closing, and that the length of stay had reduced from 22 to 12 days. He pointed out that the merger of two wards would affect the number of beds and therefore the overall time of stay would reduce.

With regards to the campaign by local people and members Councillor Smith said that this had had a positive effect on stopping the closure of ward 6 and she welcomed the prospect of better therapy input for patients on the ward. She however was concerned that community services could only be effective if those services were in place and effective. Councillor Smith referred to the stroke rehabilitation report whereby a clinician had said that one of the major causes for concern was in the provision of community services. The Commissioning and Development Manager confirmed that this quote was not specifically about stroke rehabilitation but about the proposed changes and ensuring community provision. The Director of Commissioning and Delivery added that it was important to get people to the right place and getting processes right.

Mrs Hassoon was also concerned about community services and that there seemed to be no continuity of care. She was also concerned about the prescribing of medication and asked that care plans be looked and fit for purpose, especially as this was a lot of money coming from the County Council's budget. The Chair agreed that there was a potential impact on County Council services and the budget.

Councillor Allen welcomed the plans for the consultation and thanked those people who had signed the petition to keep the ward open. She said that she would continue to fight for more beds and was disappointed to see that the proposals were looking at removing 8 beds and redeploying nursing staff. She supported care closer to home but did have concerns about the ability to cover holidays, sickness and training.

Referring to the consultation Councillor Lethbridge asked how many people in Bishop Auckland knew about the proposals and the reduction in the number of beds. He added that there were genuine fears within the community about the overall plans for reduction of services.

The Director of Commissioning and Delivery commented that the proposals had been formed on evidence of data and talking to staff and patients and that the point of the consultation was to consider everything before making a final decision. She confirmed that the staffing ratios would be maintained and were always compliant with headroom to cover sickness and training. She added that the guidance was changing and that the services also needed to evolve and change and that this was about ensuring a better service on the ward, using the money available in the best way to get the best outcomes for the patient.

Mrs Evans was concerned about the actions of the CCG cutting services from the hospital and was baffled by the scrutiny process. She found the documents produced impenetrable. With regards to ward 6 she believed that the CCG were planning to close it and that despite the consultation it was a done deal. She added that members of the public felt that the plan was to close ward 6 and open other wards as therapy wards. She said that the lack of trust was increasing by the day with regards to the CCG as there were cuts to services in Bishop Auckland and the Dales.

The Chair reminded all that the consultation started in October and confirmed that Scrutiny would hold the CCG to account. He encouraged people to respond to the public consultation and that the results would come back to this committee.

Mrs Burton referring to figure 4, page 11 said that there was a higher rate of admissions for 2018/19 and 81% of admissions were emergencies hence the need for escalation beds however page 10 stated that escalation beds were already included in the figures. She asked how many escalation beds were being included and how much did that inflate the figures of bed occupancy. She went on to comment that this proposal stated that patients would be referred to other community hospitals such as Shotley Bridge Hospital where current admissions stand at 2,471 and asked if it was under threat of bed closures or beds being moved to community care provider and if so how could this proposal work if that happens. Mrs Burton continued and referred to page 19 of the document which stated preferred use of "home first" philosophy and Teams around Patients and stated "now they are supported by the local authorities and partner agencies". She asked if professionals were travelling to see individuals was this not more expensive than if they were on a ward, transferring the responsibility of cost from the NHS to the Local Authority.

Mrs Hackworth-Young commented that with an ageing population there was a need to increase the number of beds and she felt that the CCG were concerned with the financial implications rather than caring for the public. She commented that the wards on the Richardson Hospital had been closed and that people had been told that they had been closed when trying to access services there. She said that people living in and around Barnard Castle could not get to Bishop Auckland and that this issue has not been given consideration.

The Director of Commissioning and Delivery said that she had responded to these comments previously throughout the engagement process. She assured the committee that significant changes had been made to the hubs and that the transport criteria had recently changed which also included an option for taxis. With regard to the funding she added that this did not get in the way of being able to make the best decisions for patients and that it was managed in the best way.

The Head of Commissioning, Durham County Council explained that if a patient had been discharged funding would be provided from the local authority. Should

the patient need acute care they would be admitted to a hospital ward if that was the right place for them to be. The Director of Commissioning and Delivery added that both the CCG and local authority were responsible for domiciliary care.

Councillor Zair referring to the length of stay on ward 6 being reduced from 22 days to 12 days and asked how many would be re-admitted within a couple of weeks of discharge. He was concerned about the pressure being placed on A&E. The Director of Commissioning and Delivery explained that they do look at re-admissions to hospital and learn from that. She would make those figures available to the committee and Councillor Zair.

The Chair thanked everyone for the comments and reminded all to raise their concerns through the consultation.

**Resolved:**

That the report and presentation be received and the issues highlighted by the Committee be communicated back to the CCG.

## **8 Review of Stroke Rehabilitation Services in County Durham**

The Committee received a report from the Director of Transformation and Partnerships and presentation from representatives of County Durham Clinical Commissioning Groups and County Durham and Darlington NHS Foundation Trust that provided a range of service model options in respect of stroke rehabilitation services for public consultation and the associated communications and engagement plan (for copy see file of Minutes).

The Director of Commissioning and Delivery gave a detailed presentation that highlighted:-

- Background
- Vision
- Scope of Review
- Current Pathway
- Quality and Performance
- Patient and Carer Feedback
- Clinical Case for Change
- GIRFT – Getting it Right First Time
- Options Appraisal
- Proposed Future Model
- Proposed Pathway
- What this would mean for patients in County Durham
- Next Steps

The Chair encouraged everyone to take part in the consultation, taking the opportunity to feed in any concerns and comments that they had.

Councillor Bell expressed concerns about transport and accessibility not just for the patient but for the visitor. He said that there were not enough staff for both UHND and Bishop Auckland Hospital and the proposal was to move everything to Durham and have community based provision. He asked if there was adequate staffing to do this and that this should be in place and working well before decisions were made.

Dr Smith, Consultant for Stroke and Elderly at Ward 6, Bishop Auckland Hospital explained that the acute services available at UHND offered stroke patients 45 minutes of therapy per day. Therapists would all be on the same site and this would allow rehabilitation to commence as soon as the patient was ready.

Councillor Smith said that these changes were going against the principle of promoting care closer to home, if the patient had to travel to Durham. She added that transport had not been referred to and was concerned that this was very difficult from some areas in the County, such as Weardale. The parking was also an issue at UHND with very few spaces and Councillor Smith was concerned that these changes would also add to the already overstretched resources at UHND. She added that this seemed to be more about staff convenience than the care of patients. Councillor Smith suggested that a third option should also be considered so that services could be retained at Bishop Auckland Hospital.

The Chair agreed that transport was a recurring theme, including difficulties for relatives.

In response, the Director of Commissioning and Delivery said that she would ensure that any proposals would take into account transport requirements. Dr Smith added that the changes for ward 6 and the stroke rehabilitation were separate issues, as specialist services were in place for stroke patients and these patients could not be relocated easily. The vulnerable patients would benefit from having acute care on the same site as the therapy services. She explained that care closer to home was the preferred option however for those patients that required rehabilitation, this should be specialist service led. She assured members that clinical staff did not feel that it was an inconvenience travelling however the time could be better spent on delivering patient care.

Councillor Henderson agreed with the points made about parking at UHND and asked that all venues be used that are available, such as the Richardson Hospital.

Councillor Temple could recollect when stroke services were centralised in 2010 when a strong case was put forward for improving results. However, he was not convinced of the arguments in this case and felt that the target to reduce the length of stay could result in re-admissions. He added that a much stronger evidence

base would need to be put forward for the capacity at UHND to be able to cope with the increase in services, and that details of what the space at Bishop Auckland would be used for. He accepted that it was right to treat people in one setting but would require further evidence to support this. He was informed that the Trust were reviewing bed capacity in Durham and Darlington for all services and the best way to utilise all beds.

Councillor Jewell commented that this report was contradictory to the previous ward 6 report, in respect to treating people in one central location to the other that was all about more locally delivered services. He asked that better communication and understanding was given on these issues so that people were not confused with the proposed changes. He added that it was understandable for clinicians time to be more effective treating patients rather than travelling but he asked what about the visitors when they had to travel further.

The Chair reminded members that the committee would monitor any changes.

Councillor Allen commented that all of the proposed changes had disillusioned staff members with some choosing to leave and find alternative employment. She felt that therefore the proposals were trying to address the staff shortages rather than addressing the patients needs. She agreed with Councillor Smith's earlier point about having a third option and continuing to offer services from Bishop Auckland Hospital. Councillor Allen added that Bishop Auckland Hospital was a Centre for Excellence specialising in older people's care. She further asked about the bed reduction and what would happen to patients during inclement weather should they not be able to travel to Durham. She was also concerned about staff having to travel to patients.

Referring to NICE (National Institute for Health and Care Excellence) guidelines for stroke patients, Councillor Zair commented that they must have 45 minutes of rehabilitation per day and he was concerned that staff would not have all of the necessary equipment to treat at someone's home or out in the community. To enable a patient the best outcome he suggested that they needed to stay at Bishop Auckland Hospital and was also concerned that there would not be sufficient beds at UHND. He was advised that in terms of therapy, the service were trying to make improvements for the patient. Therapy would also be offered across the board whether it was in a hospital or community setting and by centralising the existing services would ensure time was used more effectively to have better outcomes.

A member of the public, Mrs Taylor spoke about her and her husband's experiences following a stroke and the admission to UHND and Bishop Auckland Hospital. She praised the staff at Bishop Auckland for offering a palpable service which she found to be peaceful and have a different energy from UHND. She commented that if it wasn't broke then you shouldn't fix it.

Further to a question from the Chair, the Director of Commissioning and Delivery advised that separate meetings, events and presentations were in place to ensure that whilst both the Stroke Rehabilitation and Ward 6 consultations were taking place there would be no confusion between the two.

Councillor Grant thanked the Director of Operations and Delivery for explaining these difficult issues in a way that was understandable.

**Resolved:**

- (i) That the report be received.
- (ii) That comments on the range of service model options in respect of stroke rehabilitation services for public consultation and the associated communications and engagement plan be communicated back to the CCG.

## **9 Crisis Service Improvements**

The Committee considered a report of the Director of Operations, Durham and Darlington, Tees Esk and Wear Valleys NHS Foundation Trust that outlined the next stages of the crisis service (for copy see file of Minutes).

The Director of Operations advised that face to face consultations would still take place at Lanchester Road but that a better triage telephone system would be in place which would allow follow up calls and free up clinical time. The crisis house in Shildon would close and the money would be re-invested into in house treatment staff. Seven additional support workers would be employed to provide community based provision.

Mrs Hassoon was concerned if people were not well enough to travel to either facility. She asked if the additional members of staff were qualified or healthcare assistants as she was also concerned about medication being prescribed by an appropriate person. The Director of Operations advised that there would be no changes to the face to face appointments at Lanchester Road or West Road. With regards to transport these concerns could be discussed with staff and if it was deemed not appropriate or safe for a patient to travel then a visit would be arranged. The additional staff would be healthcare assistants and would support the more stable patients, with the existing qualified staff treating those patients in crisis. A risk assessment tool was used.

Councillor Bell welcomed a report regarding West Lane Hospital and would support the proposals put forward today.

The Principal Overview and Scrutiny Officer clarified that the report was for the committee to note and comment upon and that the single service approach would be co-ordinated into a formal response to TEWV from the committee.

**Resolved:**

That the report be noted.

**10 Right Care, Right Place Programme**

The Committee received a report and presentation from the Right Care Right Place Delivery Lead (Durham and Darlington), Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) that provided information about the Right Care, Right Place Programme (for copy see file of Minutes).

The Director of Operations, Durham and Darlington, TEWV highlighted the key drivers for change and the next steps within the presentation. He advised of two events taking place in October and November to discuss proposals for community services.

In response to a question from Councillor Kay, the Director of Operations confirmed that there would be no direct impact on the Goodall Centre at Bishop Auckland.

**Resolved:**

That the presentation be noted.

**11 Peterlee Urgent Treatment Centre**

The Committee received a report from the Durham Dales, Easington and Sedgefield Clinical Commissioning Group that gave an update on the proposed changes to the overnight service delivery at Peterlee Urgent Treatment Centre (for copy see file of Minutes).

The Head of Commissioning explained that the CCG had taken on board requests from the committee for further information and she highlighted the work that had been carried out. Positive feedback had been received on the proposals and the majority of people spoken to would prefer a home visit in the future. Patient activity data had been re-checked including where patients had been directed to. The proposed changes would see a full clinical team available. The CCG governing would consider the proposed changes shortly.

In response to a question from Councillor Kennedy, the Head of Commissioning explained that the service would be centralised and that patients would be seen within the hour. Two GPs would be floating covering the UHND, Shotley Bridge Hospital and Peterlee area and they would be with a driver.

Councillor Maitland enquired about staffing and was advised that the staff would be directed to patients through the 111 triage service, a service that was already in place. The Head of Commissioning advised that the driver would act as a chaperone to the GP.

The Chair said that the important part for people to remember was to ring 111 first to ensure they were directed to the right place at the right time. He thanked the CCG for complying with the committees request for further information.

**Resolved:**

- (i) That the rationale for the proposed changes to service delivery be noted.
- (ii) That the extent of additional work carried out at the request of the committee be noted.
- (iii) That the report was pending the CCG governing body approval.
- (iv) The comments on the proposal be communicated back to the CCG and a post implementation update report be brought back to this Committee after 12 months.

## **12 Path to Excellence Phase 2**

The Committee received a report of the Director of Transformation and Partnerships that provided information in respect to the draft terms of reference and protocol for a Joint Health Overview and Scrutiny Committee to oversee Phase 2 of the Path to Excellence Programme (for copy see file of Minutes).

The Principal Overview and Scrutiny Officer advised that it had been agreed that three representatives from this committee would sit on the Joint Health Overview and Scrutiny Committee. The appropriate group leaders had been contacted and Councillors J Robinson H Smith and O Temple had been nominated.

**Resolved:**

- (i) That the report be received.
- (ii) That the proposed terms of reference and protocol for a Joint Health Overview and Scrutiny Committee between South Tyneside Borough Council, Sunderland City Council and Durham County Council to oversee Phase 2 of the Path to Excellence Programme be agreed.
- (iii) That the appointment of representatives from this committee be agreed.