

DURHAM COUNTY COUNCIL

ADULTS, WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

At a Special Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in **Council Chamber, County Hall, Durham** on **Monday 14 December 2015** at **9.30 am**

Present:

Councillor S Forster (Vice-Chairman in the Chair)

Members of the Committee:

Councillors J Armstrong, P Crathorne, M Davinson, S Forster, K Hopper, H Liddle, J Lindsay, L Pounder, P Stradling and O Temple

Co-opted Members:

Mrs B Carr and Mrs R Hassoon and Ms J Mashiter (substitute for Dr L Murthy)

Also Present:

Councillor L Hovvels

1 Apologies

Apologies for absence were received from Councillors R Bell, P Brookes, J Chaplow, E Huntington, O Milburn, J Robinson and A Savory and Dr L Murthy.

2 Substitute Members

Ms J Mashiter (Healthwatch) substituted for Dr L Murthy (Healthwatch).

3 Declarations of Interest

There were no Declarations of Interest.

4 Any Items from Co-opted Members or Interested Parties

There were no items from Co-opted Members or Interested Parties.

5 Proposed reconfiguration of Organic Inpatient Wards serving County Durham and Darlington - Reports of the Assistant Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust and North Durham CCG/Durham Dales, Easington and Sedgefield CCG and Darlington CCG

The Chairman introduced several Officers who were in attendance to speak to Members in respect of the proposed reconfiguration of Organic Inpatient Wards serving County Durham and Darlington (for copy see file of minutes).

- Nicola Bailey, Chief Operating Officer, Durham Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group (CCG)
- Carl Bashford, Head of Service, Mental Health Services for Older People (MHSOP) Durham and Darlington (D&D), Tees, Esk and Wear Valley (TEWV)
- Jo Dawson, Director of Operations, D&D, TEWV
- Michael Houghton, Director of Commissioning, North Durham CCG
- Dr Sarah McGeorge, Clinical Director, MHSOP, D&D, TEWV
- Sharon Pickering, Director of Planning, Business Development and Performance, TEWV

The Director of Commissioning, North Durham CCG thanked Members for the opportunity to consult on the proposed reconfiguration and reminded Members that CCGs were the leads for the consultation, with their Governing Boards having decided to go ahead with the consultation process.

The Director of Operations, D&D, TEWV explained that it was intended to go out to consultation with the Committee being asked for comments on the consultation, the CCGs and Darlington Borough Council's Adult and Housing Scrutiny Committee having previously been consulted. It was added that it was in trying to make the best use of resources that a reconfiguration of the Organic Inpatient Wards was necessary and, while acknowledging that providing care for patients with dementia in their own home provided many benefits, there were a number of patients with challenging behaviours that required to be cared for as in-patients. Members were reminded that the current provision was 3 wards, one mixed-sex ward, Picktree, Lanchester Road Hospital and 2 single-sex wards, Hamsterley and Ceddesfeld at Auckland Park Hospital. Councillors noted that the challenge was to be able to provide high quality, specialist care for those patients that were acutely unwell with 3 options being proposed for future arrangements. The Director of Operations, D&D, TEWV stressed it was not proposed to have a reduction in the number of beds provided, to remain at 30, and that the reconfiguration would be to be able to address the issues and challenges being faced, to provide quality care for those patients.

The Committee noted that the options being proposed were:

1. To retain the two single-sex wards at Auckland Park Hospital, with a capacity of 15 for each sex, and to close the ward at Lanchester Road Hospital.
2. To provide two single-sex wards, one at Auckland Park Hospital and one at Lanchester Road, and to close a ward at Auckland Park Hospital.
3. To provide one mixed-sex ward at each of the sites, one at Auckland Park Hospital and one at Lanchester Road, and to close a ward at Auckland Park Hospital.

The Director of Operations, D&D, TEWV explained that there would be a lot of work with service users and their families within the consultation and that the process would run from January 2016 and end in March 2016, with a preferred option being put forward after that.

The Chairman thanked Officers and asked Members for their questions on the report.

Councillor J Armstrong asked whether Area Action Partnerships (AAPs) would be included within the consultation process. The Director of Operations, D&D, TEWV noted they could be incorporated into the process, and the Director of Planning, Business Development and Performance, TEWV added that there would be 3 public events, with a letter and consultation paper being shared with a number of stakeholders, including the AAPs. It was added that within the letter there would be the invitation for stakeholders to attend one of the consultation events and that the CCGs were represented on the AAPs in addition. Councillor J Armstrong asked where the consultation events would be held. It was explained that there was one event in each of the CCG areas: Darlington; Durham Dales, Easington and Sedgefield; and North Durham. Councillor P Stradling suggested a fourth consultation event be held to serve East and South East Durham.

Councillor J Armstrong asked what savings would be made as a consequence of the proposed reconfiguration. The Director of Operations, D&D, TEWV explained that it depended upon the option, with options 2 and 3 requiring more staffing, however, there was a potential saving of approximately £450,000.

Mrs R Hassoon asked whether additional travel time for families to visit had been taken into account when developing the proposals. The Director of Planning, Business Development and Performance, TEWV noted visiting times and taxi costs had been looked at where appropriate and the Director of Operations, D&D, TEWV added that it had been a balancing act looking at locality based provision versus being able to provide specialist care in order to try and minimise the length of any hospital stay for a patient.

Ms J Mashiter, Chair of Healthwatch reminded the Committee that Healthwatch was a statutory body and that there was still time for Healthwatch to feed-in to the development of the consultation, to make the document more user-friendly and provide an independent role in terms of getting views from stakeholders. The Director of Planning, Business Development and Performance, TEWV noted the document was not the element being considered, rather the approach to the consultation, however, it was noted that Communications Staff had spoken to the 2 relevant Healthwatch groups and would work with them to cross-check in terms of stakeholders and public events.

Councillor P Stradling reiterated that travel time for visitors was an important factor when considering the options, and could present a challenge for some people. The Director of Planning, Business Development and Performance, TEWV noted that there would be events held in each of the CCG areas and added that it may be possible to look at looking at other avenues, such as the AAPs, Patient Reference Groups or via another bespoke event.

Councillor O Temple noted that there appeared to be a striking difference in the size of two of the wards, with the Lanchester Road ward only being 6 years old and therefore asked whether it was indeed “fit for purpose” or was the original design incorrect and there would be a reduced number of beds. Councillor O Temple noted that Option 3 referred to “dealing with particularly challenging male patients” and asked if this could be explained and also whether such requirements could not be met or replicated at Lanchester Road. The Director of Planning, Business Development and Performance, TEWV explained that Lanchester Road was not a newly built facility and was not an ideal set-up in terms of the challenging male patients as described. It was added that the facility at Auckland Park had a large available floor space and this was helpful when dealing with dementia patients. It was added that there had always been an all-male option in terms of care, as this was usual in terms of dealing with patients that may have come from all-male care homes and following Care Quality Commission (CQC) mixed-sex guidance which was tightened in 2014. Members noted that recent inspections had commented on arrangements and it was explained that arrangements were such to ensure “not passing each other sexes’ bathrooms”, and that “zoning” arrangements at present were such that there was capacity for 6 separated male patients, though admissions to the wards remained at a 50/50 gender split. Accordingly, it was for clinical reasons that a male only ward would be useful and the phrasing within the document was in terms of being able to manage risk as regards behaviour and to ensure genuine safeguarding issues were being addressed.

Councillor O Temple noted the Officers’ comments and added that he felt there was some bias within the report in terms of a preferred option and recalled that a few years ago when the Lindisfarne Ward at Lanchester closed that there were reassurances made as regards support being made available to assist with changes. Councillor O Temple added that when considering travelling times for patients, where Lanchester may represent a 30-35 minute travel time, this could be perhaps increase to 2 hours in travelling to Bishop Auckland. Councillor O Temple reiterated that he felt the document was bias with only 2 options having a number of positives stacked up, and the negatives only having been mentioned minimally, especially in terms of travelling times and the effect this may have on patients and their families. Councillor O Temple also noted there was no “Option 4”, namely for no change to the current arrangements and the impact in terms of funds. The Director of Planning, Business Development and Performance, TEWV noted that there was a need for savings within the health economy and that the cost or savings made for each option differed. It was added that it depended upon the levels of staffing, however, the reconfiguration of the wards would represent savings of around £330,000 to £450,000 depending on which option was taken forward. Members were reminded that the benefits to health were always weighed up against savings when looking at options, and it was noted that the situation in terms of public sector finance was such that there was even more of a need to look at options that delivered quality and efficiency. The Committee suggested the financial implications for each option should be clearly identified within the consultation document.

Councillor M Davinson referred to page 10 of the agenda pack, further mileage for patients and families for people living within the County Durham and Darlington CCG areas. Councillor M Davinson noted an entry for “Derwentside” stated an additional mileage of 10.8 miles, and asked how this was defined as “Derwentside” could refer to a number of places with some being a lot further away than 10.8 miles.

The Director of Planning, Business Development and Performance, TEWV noted she would check as regards this.

Councillor M Davinson also asked as regards what support and assistance would be offered in terms of travel and how this would be monitored. The Director of Planning, Business Development and Performance, TEWV explained that issues would be looked at when people were admitted and taxi invoices were monitored as a matter of course. Councillor M Davinson noted that it could be beneficial to look at in advance of admission and asked at what stage the impact of travel was discussed with patients.

The Director of Planning, Business Development and Performance, TEWV noted that the process was not rushed and that there was always planning with the patient and their families in terms of care. The Clinical Director, MHSOP, D&D, TEWV added that in terms of crisis situation, a patient would be admitted sometimes within a day and therefore arrangements would then need to be made after the patient was safely in care on an appropriate ward.

Councillor M Davinson noted that the report had the advantages for Option 1 highlighted in bold and not the disadvantages, and for Options 2 and 3 there were disadvantages highlighted in bold and therefore he felt this was not consistent and perhaps an attempt to lead people towards a preferred option. The Director of Planning, Business Development and Performance, TEWV explained this formatting was within the report document, not within the consultation.

The Chairman asked whether all service users would be consulted, how this would be checked, and what facilities were in place to allow those people not able to complete forms and questionnaires to have their views recorded. The Clinical Director, MHSOP, D&D, TEWV explained that there would be public consultation as well as events with patient and carer groups, and those currently on a ward would be assisted as required by staff. The Director of Operations, D&D, TEWV added that consultation with older people would be managed with patients and families and there would be discussions in terms of what could be put in place to assist depending upon the option taken forward. Ms J Mashiter, Chair of Healthwatch reiterated the independence of Healthwatch in terms of assisting with consultations in contrast to consultation being carried out by the service provider themselves. The Committee supported the engagement of Durham Healthwatch in the engagement process to ensure it is inclusive open and transparent,

The Chairman thanked the Members and Officers for their time and for Members to consider the recommendations as set out within the report.

Resolved:

- (i) That the report be received.
- (ii) That the comments of the Committee in terms of the report of Tees, Esk, and Wear Valleys NHS Foundation Trust and the proposals for consultation and engagement be noted.
- (iii) That a further report be received by the Adults, Wellbeing and Health Overview and Scrutiny Committee in April 2016 detailing the feedback from the communication and engagement activity prior to a final decision being made by the Clinical Commissioning Groups in respect of the proposals.