

DURHAM COUNTY COUNCIL

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Council Chamber, County Hall, Durham on **Monday 9 May 2016 at 9.30 am**

Present:

Councillor J Robinson (Chairman)

Members of the Committee:

Councillors P Brookes, M Davinson, S Forster, K Hopper, E Huntington, H Liddle, J Lindsay, M Nicholls, L Pounder and O Temple

Co-opted Members:

Mrs B Carr, Mrs R Hassoon and Dr L Murthy

1 Apologies

Apologies for absence were received from Councillors J Armstrong, R Bell, J Chaplow, P Crathorne, P Lawton, O Milburn, A Savory, W Stelling and P Stradling

2 Substitute Members

There were no substitute members in attendance.

3 Declarations of Interest, if any

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

The Committee considered a report of the Assistant Chief Executive and Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and North Durham CCG/Durham Dales, Easington and Sedgefield CCG (DDES CCG) and Darlington CCG that provided the results of the statutory consultation exercise undertaken in respect of proposals by Tees, Esk and Wear Valleys NHS Foundation Trust and the three CCGs in County Durham and Darlington to reconfigure Organic Inpatient (Dementia) wards serving County Durham and Darlington (for copy see file of Minutes).

The Principal Overview and Scrutiny Officer advised that a consultation exercise had taken place following a special meeting of the Committee held on 14 December 2015.

The Committee had made a number of suggestions at this meeting that were reflected upon by CCGs and TEWV and changes to the consultation process agreed.

The Director of Nursing, DDES CCG reported that the consultation had been positive with a lot of engagement taking place. She congratulated the team at TEWV in setting up the consultation and advised that the feedback and proposed option would be taken to the CCG governing body in the next couple of weeks.

She reminded Members that there was a long list of options but only 3 options were appropriate to take forward:-

Option 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.

Option 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.

Option 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.

She went on to advise that a number of public meetings had taken place with good debate and that had provided useful and excellent suggestions. For example, looking at café opening hours especially for families travelling a long distance. Plus the use of Skype that would give more interaction for families and carers. 66 written responses had been received. Members were informed that the majority of issues raised were around travel. Mixed sex wards had also been raised as an issue of concern when trying to maintain dignity.

Further to a point from the Chairman about some GPs preferring option 2, the Director of Nursing advised that some GPs had not been aware of the layout of the Durham ward and the problems with staff safety if in one area. A locality meeting had been held since the report had been published and GPs felt happier with the recommendation when fully aware of the layout. Further meetings had been arranged to give GPs the opportunity to discuss. No issues had been raised at the Executive meeting.

Members were informed that TEWV had recommended option 1 to the CCGs. The next step would be for the CCG governing body to consider this. The CCG Executive Committee had received the papers and agreed with option 1. Darlington CCG would also be agreeing with option 1.

The Director of Operations, TEWV explained that the board had considered all of the information gathered and had robust discussions with significant amounts of challenge received from the non-executive directors. There had been no clear mandate from the public and the board had been keen to explore the rationale behind the preferred option of the clinicians. Travel had been a very important factor and concerns about people having to travel to Bishop Auckland for those living to the North and East of the County had been expressed. The board took account of the clinicians view that single sex wards were important to maintain the dignity of patients. The Medical Director also emphasised the importance of this. The board also took into account that option 1 created the greatest financial savings. Options 2 and 3 would deliver similar savings but would require

additional staffing on an ad-hoc basis and one to one nursing would be required for some individuals.

She went on to advise that the board were aware of mitigating actions taken in the past when transferring services from one location to another. The closure of Bootham Park in York had allowed protocols to be put in place as families travelled to Roseberry Park in Teesside. The board were therefore keen to ensure that the trust was pro-active in asking people if they needed extra support. The suggestions put forward about extended café opening times and technology were to be explored. She assured Members that discussions had been robust and that the board were keen that everything was in place.

Mrs R Hassoon asked if the one to one nursing was based on clinical need rather than the environment. Ms Sarah McGeorge, Clinical Director, MHSOP, D&D, TEWV advised that the Picktree ward had bedrooms on one corridor that are not suitable for people with dementia as they cannot easily identify their own room.

Councillor O Temple expressed concerns for the people in the North and East of the County as they would suffer in terms of transport. He had attended the consultation meeting in Consett and had expressed the same concerns. He had recently been asked by a local resident if people would have the right to choose where to receive their care. 6 years ago, when mental health provision was reconfigured in North Easington, people had the choice to go to Sunderland. As it could take two hours in a bus from his area to Bishop Auckland, he asked TEWV if the same choice would be afforded to the people of North Durham. The Director of Operations explained that a choice was given to residents in Easington and that choice still remains. The Director of Nursing added that this was a really useful point and advised that all patients have a choice. This would continue for patients seeking care in Northumberland and Tyne & Wear. Councillor Temple asked for confirmation that the choice currently exists for those people in Easington and that it would exist for residents in North Durham. He was advised by the Director of Nursing that all patients had a choice where there was a provider. She said that they could look at which beds were most available in other areas and Councillor Temple said that this would be helpful.

The Director of Operations said that receiving care from a different provider could bring additional challenges for an individual if they require additional support from the local authority – such as social workers.

Councillor M Davinson said that he lives 5 miles away from Gateshead but that it would be at least a 40 minute trip to Bishop Auckland. He added that he would rather sort out any problems with access to a social worker than travel the additional miles.

Referring to the transport issue, Councillor P Brookes asked if it had been explored in detail. In particular he wanted to know that if someone was admitted to hospital what would be the level of support offered with transport and for how long. He asked if the support would be sustainable and would it be means tested. He felt that people needed assurances that help and support would be available as the public transport system was often inadequate to get people across the County. The Chairman added that the Trust had carried this out previously when there was a transfer to Darlington.

The Director of Operations said that there were a number of examples of what they had done previously and they were currently talking with families of those patients that had been transferred from York. People would be reimbursed for fuel or public transport costs. There would be no means testing as everyone would be reimbursed. She added that for those people who could not travel on public transport or have their own vehicle then an appointed taxi firm would be used. Councillor Brookes asked if a taxi would be used for a number of weeks for a relative and the Director of Operations advised that discussions would take place with family members as part of the admissions process.

Councillor M Nicholls asked if this information could be relayed to everyone who needs to move to this hospital as some travel would often involve two buses. He was advised that the Trust were being pro-active in terms of looking at options available and when someone was admitted, transport would be discussed.

Following on from Councillor Temple's point, the Chairman said that it was important for the Trust to fully inform people before they chose to be cared for by another provider, or there would be a danger that they would lose them.

Mrs Hassoon said that choice was a good thing but that there should be a defined pathway of care for those with dementia that were at the end of capability of looking after themselves. She said that all information should be available of what was available locally, within the Trust and laid down in a specific pathway. She referred to reimbursements for travel and expressed concerns that some people would not have the funds up front on a daily basis to visit their family members.

Councillor S Forster said that a simple and easy to read sheet should be prepared asking people if they were aware of all of these issues. The Director of Nursing said that this was a valuable point and was something that they could use with all GPs and would provide a helpful solution.

With reference to the long list of options, Dr L Murthy asked how much input there had been from service users as 14 options were available but only 3 have been considered. The Director of Operations said that there had not been a great deal of input. Only those options that were realistic and could be implemented were recommended. Dr Murthy reiterated his point about input from service users and the public as there had been no demand for this to take place. He asked how the Trust could make a recommendation when no costs had been factored in. The Director of Operations advised that the people who need beds are very poorly and are often known to the service. She explained that there were very few people who were admitted and not known to one of the teams. There was usually an awareness of them and would be working with them. Dr Murthy asked how much information was made available to someone in a way that they understood in order to get the best out of the services available. The Clinical Director advised that a lot of information was given to patients and their families and a care plan was developed in conjunction with them. She confirmed that a lot of patients admitted were known to them. Dr Murthy said that this was assuring to hear but said that he would appreciate feedback from the service users.

The Chairman asked that the Trust provide the Committee with a copy of a full mitigation plan. The Principal Overview and Scrutiny Officer suggested that officers come back to Committee 6 months after the implementation of the agreed option to report on how many

patients and carers they have assisted with travel plans and to provide feedback from service users of their difficulties faced and what steps have been taken to address those.

Councillor Davinson added that he would be interested to know how many people had chosen to receive their care from another provider.

Councillor Temple asked that a full and costed plan be brought back to Committee.

Referring to transport costs, Councillor Nicholls asked for information on how much had been spent compared to the projected savings planned.

The Chairman asked what would remain at Bowes Lyon and was advised that there would be a 15 bed ward with a community led team offering patient clinics.

The Chairman thanked the Officers for their attendance and asked Members to consider the recommendations as set out within the report. He said that TEWV had carried out the consultation process and had kept us informed throughout. Members agreed that the consultation process had been fair.

The Principal Overview and Scrutiny Officer asked that full mitigation details were provided, details of how information was provided to service users/carers given and that feedback was given 6 months after implementation. He asked the Committee if they had a preference on the options recommended.

The Chairman asked Members to decide if they agreed with the recommendation of option 1 or they would prefer to submit the comments raised at the Committee to be submitted to the Foundation Trust and CCGs and for this to be treated as a holding decision.

Councillor Nicholls said that as this was new for everyone he would recommend that it was a holding decision and that the Committee continue to monitor after implementation.

The Director of Operations said that she was more than happy to come back to Committee with a progress report but advised that it would take several months to implement after the final decision had been made.

Resolved:

- (i) That the report be received.
- (ii) That the comments of the Committee in respect of the consultation and engagement responses be noted and submitted to the Foundation Trust and CCGs as a holding decision.
- (iii) That a further report be received by the Adults, Wellbeing and Health Overview and Scrutiny Committee 6 months after the implementation of the agreed option.

6 NHS Foundation Trust Quality Accounts 2015/16

The Committee noted a verbal report of the Principal Overview and Scrutiny Officer that gave an update on the draft formal responses of the 2015/16 Quality Accounts for County Durham and Darlington NHS Foundation Trust (CDDFT), Tees, Esk and Wear Valleys

NHS Foundation Trust (TEWV) and North East Ambulance Service NHS Foundation Trust (NEAS).

The Principal Overview and Scrutiny Officer circulated the draft responses for TEWV and NEAS and advised that the NEAS response had been submitted by their deadline of 8 May 2016, one typographical error had been noted in the last paragraph that should read 2016 and not 2017. This would be amended and NEAS notified. The deadline for TEWV was 15 May 2016.

It was proposed that the draft response for CDDFT be reported to the special meeting of the Committee be held on 24 May 2016.

Resolved:

- (i) That the response for NEAS be retrospectively be endorsed.
- (ii) That the response for TEWV be commented upon and agreed.
- (iii) That the response for CDDFT be brought to the special meeting of the Committee on 24 May 2016.