Adults, Wellbeing and Health Overview and Scrutiny Committee

Date	**Thursday 9 November 2017**
Time	**9.30 am**
Venue	**Committee Room 2, County Hall, Durham**

Business

Part A

Items during which the Press and Public are welcome to attend. Members of the Public can ask questions with the Chairman's agreement.

1. Apologies
2. Substitute Members
3. Minutes of the meeting held on 2 October 2017 (Pages 3 - 14)
4. Declarations of Interest, if any
5. Media Issues
6. Any Items from Co-opted Members or Interested Parties
7. Reconfiguration of Organic Inpatient (Dementia) Wards serving County Durham and Darlington - Report of the Director of Transformation and Partnerships and a presentation by representatives of Tees, Esk and Wear Valleys NHS Foundation Trust (Pages 15 - 36)
8. Durham Dales, Easington and Sedgefield CCG Review of Urgent Care Services - Post Implementation Update - Report of the Director of Transformation and Partnerships and a presentation by representatives of Durham Dales, Easington and Sedgefield CCG (Pages 37 - 40)
9. Community Contract Procurement Update - Joint Report of the Director of Integration, North Durham CCG, DDES CCG and Durham County Council and the Director of Commissioning DDES CCG (Pages 41 - 52)

10. Tees Esk and Wear Valleys NHS Foundation Trust - Service developments - Reports of the Director of Operations, Durham and Darlington, Tees Esk and Wear Valleys NHS FT (Pages 53 - 66)

    (a) Tees Esk and Wear Valleys NHS FT - Service developments update.

    (b) Improving mental health rehabilitation services for adults – merger of Earlston House and Willow Ward, Darlington.

11. Regional Health Scrutiny Update - Report of the Director of Transformation and Partnerships (Pages 67 - 74)

12. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

Helen Lynch
Head of Legal and Democratic Services

County Hall
Durham
1 November 2017

To: **The Members of the Adults, Wellbeing and Health Overview and Scrutiny Committee**

Councillor J Robinson (Chairman)
Councillor J Chaplow (Vice-Chairman)

Councillors A Bainbridge, R Bell, P Crathorne, R Crute, G Darkes, M Davinson, J Grant, E Huntington, C Kay, K Liddell, L Mavin, A Patterson, S Quinn, A Reed, A Savory, M Simmons, H Smith, L Taylor and O Temple

Co-opted Members: Mrs B Carr and Mrs R Hassoon

Contact: Jackie Graham **Email: 03000 269704**

DURHAM COUNTY COUNCIL

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Monday 2 October 2017 at 9.30 am**

Present:

Councillor J Robinson (Chairman)

Members of the Committee:
Councillors A Bainbridge, R Bell, P Crathorne, R Crute, G Darkes, M Davinson, K Liddell, A Patterson, S Quinn, M Simmons and O Temple

Co-opted Members:
Mrs R Hassoon

1 Apologies

Apologies for absence were received from Councillors J Chaplow, E Huntington, C Kay, A Reed, A Savory, H Smith and Mrs B Carr.

2 Substitute Members

There were no substitute members.

3 Minutes

The Minutes of the meeting held on 6 September 2017 were agreed and signed by the Chairman as a correct record.

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 which related to the remit of the Adults, Wellbeing and Health Overview and Scrutiny Committee;

- NHS bosses in County Durham defend vetting scheme to streamline GP referrals – Northern Echo 14/09/17

  Health chiefs have defended a controversial policy of private companies vetting GP referrals for hospital appointments after a health trust member revealed his hernia consultation had been delayed by ten weeks.

Concerns over the scheme which requires GPs to go through third parties before patients can be referred to specialists include: the undermining of the doctor-patient relationship, decisions taken without full medical histories and the potential for operations to be restricted.

Delays in receiving care, rising workloads and bureaucracy for GPs were also raised at yesterday's County Durham and Darlington NHS Foundation Trust's annual general meeting.

- Fear after firefighter stop medical emergency cover – Hartlepool Mail 18/09/17

  AN 18-Month pilot scheme which saw fire crews called to medical emergencies stopped yesterday after pay negotiations collapsed.

  Now a senior councillor is seeking reassurances from the North East Ambulance Service (NEAS) that services to the public won't suffer after the Fire Brigade Union (FBU) decided to cease trials of the scheme, called the Emergency Medical Response.

  Councillor Ray Martin-Wells, chair of the North East Joint Health Scrutiny Committee and a Hartlepool councillor, has written to NEAS Chief Executive Yvonne Ormston after the Fire Brides Union said it would cease the trials.

- Almost a quarter of North-East ambulance workers off sick due to stress – Northern Echo 20/09/17

  Almost a quarter of ambulance staff in the North-East took time off work last year due to stress, new figures have revealed.

  Research from the GMB Union shows that 22 per cent of North East Ambulance Service (NEAS) staff, including paramedics, were absent from work due to "stress, anxiety and related conditions" during the last financial year.

  The figure is the second highest in the country, behind the East Midlands, and compares to just nine per cent of workers in Yorkshire.

- Nine in 10 GPs rated good or outstanding – BBC Website 22/09/17

  Nine in 10 GP surgeries in England have been rated as good and outstanding by inspectors.

  It means general practice is the highest performing sector in the NHS, according to the Care Quality Commission ratings, above hospitals, mental health and social care.

  Patients across the North East region are more likely to see a good GP practice than anywhere else in the country according to a report on the quality of GP practices.

In the first performance review of its kind, The Care Quality Commission (CQC) scored more than 7,000 GP surgeries between 2014 and May this year against a series of indicators including whether they were effective, caring, safe and well-led.

The North East fared best, with seven per cent rated outstanding and 91 per cent good and one per cent both inadequate and requiring improvement.

- Partnership between Durham Police and mental health trust 'could free up' officers to attend other incidents – Northern Echo 15/09/17

  Police officers attending incidents will be backed up by an on-call mental health team in a first for one force.

  A new partnership between Durham Police and the Tees Esk and Wear Valleys NHS Foundation Trust will see a mental health practitioner based in the force control room and two others providing a mobile resource.

  The seven day a week street triage service being provided aims to provide a better outcome for people with mental health difficulties who come into contact with police officers.

Councillor R Bell sought clarification if there was any further information on firefighter stopping medical emergency cover. The Assistant Director Communications and Engagement (North East Ambulance Service) advised Members that the scheme nationally came to an end on the 25 September 2017, with the exception of a small area within Cleveland for which local agreement was in operation.

Resolved:
That the presentation be noted.

6 Any Items from Co-opted Members or Interested Parties

Roberta Blackman-Woods, MP had asked to address the Committee in respect of the GP Specialist referral service implemented within North Durham CCG and indicated that the scheme was a referral system to a specialist via a private company which were based in the North West of the country. The company would agree the referral or offer another form of treatment. She had been advised of the new system 4 days before the commencement of the new contract. Her office had submitted Freedom of Information requests into every CCG in the Country. They had received a 92% response rate from CCGs using an SRO system and less than 5% were operating a similar scheme and 25% had an in house NHS scheme.

She stated that she had been contacted anonymously by local GPs stating their concerns that the scheme was compulsory. She then went on to talk about her own experience with the new referral service and stated that she was going to be reported to the CCG because she refused to give permission for her information to be shared. She attended a meeting in August but no representative from the CCG was in attendance. She advised members that she wanted the CCG to come up with a revised scheme where her data was shared within the NHS and not involve a private company. The South of Durham were not adopting the scheme.

The Chairman indicated that a local member had brought a briefing letter to the attention of the Committee which had been discussed.

Dr Neil O'Brien, Chief Clinical Officer for North Durham CCG responded that the Rapid Specialist Opinion (RSP) was a process whereby GPs were encouraged to seek an SRO where alternative treatments might be more appropriate rather than an immediate referral to a consultant. Dr O'Brien stated that the scheme was not mandated. The CCG did monitor the number of practices that had taken up the new scheme and engaged with those who hadn't to find out if they had any concerns. The web based guidelines were developed over two and half years ago which is best national practice but in addition GPs sat in a room with local Durham consultants to go through a step by step guide. Dr O'Brien gave an example of acne treatment where the RSO might suggest that the patients GP try antibiotics before referral to a specialist. The system is coordinated by a private company but NHS consultants look at the data and they looked at primary treatments before a referral. The system does allow diversion of a referral to advanced primary care, it is a voluntary scheme but excludes all urgent referrals.

Dr O'Brien indicated that the CCG did not undertake a formal consultation but they had informed the Adults Wellbeing and Health Overview and Scrutiny by way of a briefing paper. The CCG had engaged with practices and talked to GPs, although Dr O'Brien conceded that the scheme was implemented quickly but they had not had any adverse incidents. They had undertaken a serious of clinical audits to evaluate the SRO process which would be available at the end of November and they were happy to brief scrutiny on the outcome of the audit.

He also advised Members that there had been a 200% increase in accessing guidelines and there had been no adverse reports made back to the CCG from GPs regarding the RSO system. Dr O'Brien then explained the circumstances which had prevented either himself or the Chair of North Durham CCG from attending the meeting called by the MP.

Councillor Crathorne referred to the general public not being consulted as practise groups do not talk to members the public.

The Chief Clinical Officer for North Durham CCG indicated that they had taken advice and as it was not a service change they did not need to do a formal consultation. GPs could opt out of the system and some GPs had. If a patient was referred for secondary care and if acceptable to the patient they would be contacted and offered a range of acceptable appointments with different locations and waiting times.

Mrs Hassoon asked if the data was shared.

The Chief Clinical Officer for North Durham CCG responded that the information was safe and was only shared when an appointment had been booked.

Mrs Hassoon referred to some patients who would not understand the process and would just give consent without realising the consequences. In reply, Dr O'Brien stressed that if a GP feels that their patient is not fully aware of what is proposed under an SRO, then this should automatically flag that patient as being unsuitable for SRO. He again emphasised that the SRO process is not mandated.

Roberta Blackman-Woods, MP indicated that she had talked to every GP practice in her constituency and they had told her that they had to introduce the new SRO scheme. She remained concerned that the SRO system being used involved the sharing of data to a third party private company and that there were alternative processes available to the CCG for this service.

The Chief Clinical Officer for North Durham CCG responded that GPs all specialised in an area and he could call on a colleague in his practice but some surgeries were small and didn't have this facility.

Councillor Temple suggested that the Committee take up the offer of a review report from the CCG and that the introduction of the new SRO system had been badly handled by the CCG.

Councillor Bell indicated that the system sounded like it was compulsory and second check with GP referrals was a good idea but he didn't know why a private company was being used.

The MP indicated that she wanted no change to be introduced without consultation. A more open relationship was needed but at the meeting that she had called for, no CCG representative was present and all she had met was defensiveness.

The Director of Primary Care and Engagement for DDES CCG indicated that the membership of CCG was made up of GP practices and that CCG decisions were based upon the views of their practice members. He suggested that they ask GPs what they wanted to do and if they wanted specialist advice before a referral to a consultant.

The MP asked that a member from scrutiny be involved in a round table event to be held in November.

The Chairman responded that he would be in attendance at the round table event.

Resolved:
That the Adults, Wellbeing and Health Overview and Scrutiny Committee receive a report from the CCG on the audit of the Specialist referral service.

7 Durham Dales, Easington and Sedgefield CCG Accident and Emergency Ambulance Service Review - Post Implementation update

The Committee received a report of the Director of Partnership and Transformation that provided Members with a further update in respect of the implementation of the revised Accident and Emergency Ambulance Service by Durham Dales, Easington and Sedgefield CCG which commenced on 1 April 2016 (for copy of report, see file of minutes).

The Assistant Director gave a presentation that highlighted the following:-

- Staff who would recommend NEAS as a place to work
- Workforce – closing the vacancy gap

- Staff turnover and vacancies
- Transportation to A&E
- Sickness absence rates
- Handover delay
- Context – Reference costs and quality
- Income – National Audit office report – 2017
- Cost improvement plan
- Address the gap – progress to CQC Outstanding
- Red Response Performance
- Green and urgent response performance
- Conveyance to emergency department
- Positive direction of travel
- Current response time standards
- Ambulance performance standards
- Ambulance call volumes
- Performance
- Ambulance standards
- Arrival at a specialist heart or stroke centre

The Chairman thanked the Assistant Director for a very informative presentation and asked him to pass on the committee's thanks for all the work the ambulance service nationally had done during the terrorist attacks.

Councillor Bell referred to the funding discrepancies between NEAS and other ambulance services and asked what representations had been made, he also referred to the performance and was concerned that 25% of responses were not counted. Rural areas had longer wait times but the graph did not provide the responses in the Dales as the data included Crook, which was not a rural area.

The Assistant Director responded that a study of rural areas found that the response rates were seven minutes longer for rural areas but an ambulance on its way to a rural area would not get deflected elsewhere as was sometimes the case in urban areas.

Paul Liversidge, NEAS referred to national funding being an issue and as a service they were monitored trust wide on local point of view. Challenges in urban areas were different to rural areas. They needed to make sure they worked together with health professionals to manage patients in rural areas, in particular the Durham Dales.

Councillor Patterson asked for further information on incidents across County Durham particular figures rather than percentages.

The Assistant Director responded that he had an excel spreadsheet that contained all the figures and that he was happy to share with Members of the Committee. He also advised members that no ambulance service was measured on the new standards. With regard to staffing they worked with universities and in the last 12 months they had recruited paramedics from Poland and other parts of the country.

Councillor Patterson sought clarification if it was 17,000 or 30,000 incidents a month. The Chief Operating Officer confirmed that it was 30,000 incidents in total as it was not just red incidents.

The Rural Ambulance Monitoring Group were in attendance and indicated that they hoped the standard would help improve response times in rural areas. The last figures for the Dales and Bishop Auckland was 64% and 44% which was a 20% difference. There were several rural areas around the County and they would like to see a further breakdown of the figures. The group was set up by the PCT to monitor rural performance which they had done for the last 12 years and the rural service was failing. They worked closely with the PCT but they had not been able to obtain the figures for Weardale and Teesdale localities and if they don't have the figures to see what is going wrong they can't put it right.

Councillor Bell referred to previous discussions held at this Committee when NEAS had indicated that the data for ambulance response performance could not be broken down to a more localised level as this would contravene data protection rules and possibly lead to the identification of individual incidents. He stated that he did not agree with this assertion and called for the figures to be broken down to a more localised level.

The Chairman indicated that he and Councillor Temple regularly attended meetings to talk about the ambulance performance across the Durham Dales and the rest of the County. If the Committee were so minded, the Chairman suggested that he again write to NEAS requesting that the ambulance performance data be broken down to a more localised level.

Resolved:
That the information contained in the report be noted and a request for the Ambulance performance information to be broken down into a more local level be made to NEAS.

8 Health and Wellbeing Board Annual Report 2016/17

The Committee considered the report of the Director of Transformation and Partnerships that presented the Annual Report 2016/17, a copy of which had been circulated to Members prior to the meeting (for copy of report, see file of minutes).

The Strategic Manager, Policy, Planning and Partnerships was in attendance to present the report.

In referring to the achievements of the Board during 2016/17, the Chairman congratulated the team on the Health and Wellbeing Board being shortlisted for the 2016 Local Government Chronicle's "Effective Health and Wellbeing Board" award.

Councillor Temple referred to the oral health strategy for County Durham and sought clarification if the proposed extension of water fluoridation across County Durham was to be moved forward. The Strategic Manager, Policy, Planning and Partnerships responded that this was in the Board's work programme but was not at the point of consultation as yet.

Resolved:

(i) That the work undertaken in 2016/17 be noted.

(ii) That the Annual Report 2016/17 be received for information.

9 Durham Local Safeguarding Adults Board Annual Report 2016-17

The Committee considered the report of the Independent Chair Durham Local Safeguarding Adults Board that presented the Local Safeguarding Adults Board Annual Report 2016-2017 and to provide information on the current position of the County Durham Safeguarding Adults Board and outline achievements during 2016/17 and plans for 2017/18. The Safeguarding Adults Board Business Manager was in attendance to present the report (for copy of report, see file of minutes).

Resolved:
That the annual report and achievements made in 2016/17 be noted.

10 Adult and Health Services Update

The Committee considered the report of the Corporate Director of Adult and Health Services that provided an update on developments across Adult and Health Services (for copy of report, see file of minutes).

The Interim Head of Adult Care was in attendance to present the report which highlighted several key issues including:-

- Work being undertaken to develop new integrated models of care as part of an accountable care network involving Durham County Council, North Durham and DDES CCGs, County Durham and Darlington NHS Foundation Trust and Tees, Esk and Wear Valleys NHS FT;

- The primary Care Home programme which focused on healthcare teams from primary, secondary and social care working together as a multi-disciplinary team;

- The development of 13 Teams around Patients covering 69 GP practices across County Durham;

- A more proactive approach across the County Durham Partnership to prevention;

- The North East and Cumbria Learning Disability Transformation programme;

- Commissioning developments including the Improved Better Care Fund plan, and

- The review of the County Council's Social Services Information Database (SSID).

During consideration of the report, Councillor Temple requested that further information be brought back to a future meeting of the Committee in respect of the Local Government Association Prevention at Scale offer and what this would be used for. He also referenced the establishment of a Task and Finish Group by the Joint Commissioning Group for County Durham to examine the rise in the rate of emergency admissions in both falls and hip fractures in the over 65s during 2015/16. This was higher than the national average

and the Task and Finish group would investigate this and report back to the Health and Wellbeing Board in March 2018. Councillor Temple suggested that this report should come to the Adults, Wellbeing and Health Overview and Scrutiny Committee also.

Reference was also made to the development of Teams around patients and the importance that the Community Health service would play in this integration. The role of mental health services within the TAP approach was also referenced and, given that the Community Health contract was currently being reviewed, members suggested that more information around this issue be brought back to a future meeting.

Resolved:

(i) That the report be noted.

(ii) That further information be brought back to a future meeting of the Committee regarding the LGA Prevention at Scale project; the Joint Commissioning Group Task and Finish work into the rate of emergency admissions in both falls and hip fractures in the over 65s and the TAP/Community Health service contract proposals.

(iii) That the Adults, Wellbeing and Health Overview and Scrutiny Committee received further updates in relation to Adult and Health Service development on a six monthly basis.

11 Quarter One 2017/18 Performance Management Report

The Committee considered a report of the Director of Transformation and Partnerships that presented progress against the Council's corporate performance framework for the Altogether Healthier priority theme for the first quarter of the 2017/18 financial year (for copy of report, see file of minutes).

The Corporate Scrutiny and Performance Manager presented the report.

Councillor Crathorne referred to smoking cessation and asked if people had just switched to e cigarettes rather than stopped smoking. The Corporate Scrutiny and Performance Manager advised that e-cigarettes are a new phenomenon and so the long-term effects of vaping may not fully understood. He advised that he would talk to Public Health colleagues to get a definitive answer on whether e-cigarettes are now seen as a legitimate part of an approach to smoking cessation and find out whether there is any research about the health effects of vaping.

Councillor Darkes referred to paragraph 16 of the report and the mortality rate for deaths related to drug misuse and the significant reduction in healthy life expectancy for the period 2014 to 2016 and if any action plans had been put into place. The Corporate Scrutiny and Performance Manager responded that the figures had just been released but he would speak to Public Health and report back.

Councillor Temple referred to Durham County Council's performance always been worse than the rest of England but better than the North East and asked if there was a trend. The Corporate Scrutiny and Performance Manager responded that the indicators were chosen by the authority but they could look at trends to see if there are any significant trends regarding comparison between Durham and the North East region.

Councillor Davinson sought clarification if suicides could be broken down into areas to see if there were links with deprivation and if they need to target areas. A question was also asked as to whether there was any early evidence to suggest that suicides have increased as a result of the government's roll out of Universal Credit.

The Corporate Scrutiny and Performance Manager would look at the suicide figures to see if they could be broken down into areas.

Resolved:
That the report be noted.

12 Adults and Health Services - Revenue and Capital Outturn 2016/17 and Quarter 1: Forecast of Revenue and Capital Outturn 2017/18

AHS – Revenue and Capital Outturn 2016/17

The Committee considered the report of the Head of Finance (Financial Services) that provided details of the actual outturn budget position for the Adult and Health Services service grouping, highlighting major variances in comparison with the (revised) budget for the year, based on the final position at the yearend (31 March 2017) as reported to Cabinet in July 2017. The Finance Manager delivered a presentation on the Revenue and Capital Outturn 2016/17 (for copy of report, see file of minutes).

Resolved:
That the revenue and capital outturn included in the report be noted.

Quarter 1: Forecast of Revenue and Capital Outturn 2017/18

The Committee considered the report of the Head of Finance and Transactional Services that provided details of the forecast outturn budget position for the Adult and Health Services service grouping, highlighting major variances in comparison with the budget for the year, based on the position to the end of June 2017 as reported to Cabinet in September 2017. The Finance Manager delivered a presentation on the Forecast of Revenue and Capital Outturn 2017/18 (for copy of report, see file of minutes).

Resolved:
That the financial forecasts be noted.

13 South Tyneside and Sunderland NHS Partnership - Path to Excellence Consultation - Proposed response by the Adults Wellbeing and Health OSC

The Committee considered a report of the Director of Transformation and Partnership that invited Members of the Adults Wellbeing and Health Overview and Scrutiny Committee to consider and agree the proposed draft response to the Path to Excellence consultation currently being undertaken by South Tyneside and Sunderland NHS Partnership (for copy of report, see file of minutes).

Resolved:

(i) That the report be noted.

(ii) That the proposed response to the Path to Excellence Consultation attached as Appendix 2 be approved.

(iii) That the Adults Wellbeing and Health Overview and Scrutiny Committee receive a further report detailing the feedback from the communication and engagement activity prior to a final decision being made by the CCGs in respect of the proposals.

This page is intentionally left blank

Adults Wellbeing and Health Overview and Scrutiny Committee

9 November 2017

Reconfiguration of Organic Inpatient (Dementia) Wards serving County Durham and Darlington

Report of Lorraine O'Donnell, Director of Transformation and Partnerships

Purpose of the Report

1 To provide members of the Adults Wellbeing and Health Overview and Scrutiny Committee with a further post-implementation update in respect of North Durham CCG; Durham Dales, Easington and Sedgefield CCG and Darlington CCG and Tees, Esk and Wear Valleys NHS Foundation Trust's reconfiguration of Organic Inpatient (Dementia) wards serving County Durham and Darlington.

Background

2 Members of the Adults Wellbeing and Health Overview and Scrutiny Committee have previously considered reports and presentations from North Durham CCG; Durham Dales, Easington and Sedgefield CCG and Darlington CCG and Tees, Esk and Wear Valleys NHS Foundation Trust in respect of the reconfiguration of Organic Inpatient (Dementia) wards serving County Durham and Darlington.

3 At a meeting of the Adults Wellbeing and Health Overview and Scrutiny Committee held on 3 March 2017, members considered a post-implementation update report by Tees Esk and Wear Valleys NHS Foundation Trust and:-

Resolved:

(i) That the report be received.
(ii) That the comments of the Committee in respect of the impact of the reconfiguration of Organic Impatient (Dementia) wards serving County Durham and Darlington post-implementation be noted;
(iii) That a further update report be brought back to the Committee in respect of the take up of mitigation in October/November 2017.

Reconfiguration of Organic Inpatient (Dementia) wards serving County Durham and Darlington

4 Following the consultation process the CCGs supported by the Foundation Trust decided 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. As part of this process the Foundation Trust agreed a mitigation plan

which recognised the representations made by the Adults Wellbeing and Health OSC regarding the potential impact upon service users, their families and carers of the proposals with particular reference to the increase in travel times and costs for residents of North Durham.

5 The reconfigured service was implemented from 1 August 2016.

Service Reconfiguration Mitigation Plan

6 The Committee have previously expressed concerns in respect of the mitigation plan, in particular, the provision of information and advice on reimbursement of travel costs not being routinely offered to service users. These concerns were addressed by the Trust at the meeting held on 3 March 2017 when an offer was made to bring a further update to members in respect of the take up of mitigation.

Post – implementation update

7 A post implementation evaluation report has been produced and is attached (Appendix 2). Representatives of Tees, Esk and Wear Valleys NHS Foundation Trust will be in attendance to update members on the impact of the reconfiguration of Organic Inpatient (Dementia) wards serving County Durham and Darlington post-implementation.

Recommendation

8 The Adults Wellbeing and Health Overview and Scrutiny Committee is recommended to:-

1. receive this report;

2. note and comment on the information provided by Tees, Esk and Wear Valleys NHS Foundation Trust in respect of the impact of the reconfiguration of Organic Inpatient (Dementia) wards serving County Durham and Darlington post-implementation.

Background papers

Reports to Special Adults Wellbeing and Health OSC meeting held on 9 May 2016 and the Adults Wellbeing and Health OSC meetings held on 14 November 2016, 20 January 2017 and 3 March 2017

Contact: Stephen Gwillym, Principal Overview and Scrutiny Officer
E-Mail: stephen.gwillym@durham.gov.uk Tel: 03000 268140

Appendix 1: Implications

Finance - None

Staffing - None

Risk - None

Equality and Diversity / Public Sector Equality Duty – None

Accommodation - None

Crime and Disorder - None

Human Rights - None

Consultation – None

Procurement - None

Disability Issues - None

Legal Implications – None

This page is intentionally left blank

COUNTY DURHAM AND DARLINGTON ORGANIC BED EVALUATION – OCTOBER 2017

1. PURPOSE OF REPORT

The purpose of the report is to present to the County Durham Overview and Scrutiny Committee the evaluation of the organic bed changes which were implemented in August 2016. A report covering the initial evaluation period of August 2016 to December 2016 was presented to the OSC in March 2017. The Committee requested a further update be received by them In November 2017 and this report provides an update on the evaluation for the period 1st January 2017 to 30th September 2017.

2. BACKGROUND

Tees Esk and Wear Valleys NHS FT (TEWV) submitted a proposal to Commissioners and OSCs in Q4 2015/16 to reconfigure organic inpatient wards in County Durham and to reduce from 3 wards (of 10 beds each) to 2 wards (of 15 beds each). The proposal included 3 options for the location of the two wards. Following public consultation which ended on 28 March 2016 the OSC and CCGs confirmed in June 2016 the option to site both wards at Auckland Park Hospital (AP) in Bishop Auckland and close Picktree ward at Lanchester Road Hospital, Durham. This was the clinically preferred option as it meant that separate wards for men and women could be provided in the better physical environment in terms of the ward size and made the most efficient use of clinical time and provides a concentration of clinical expertise and resources based on one site. The preferred option recognised the impact on patients from North Durham and Easington and the further travel for them and their family/carers. The Trust was requested by Durham OSC to develop a mitigation plan to address the following specific issues:

- The option of choice for each admission to be discussed with patients and carers to include Northumberland, Tyne and Wear NHS Foundation Trust (NTW NHS FT) and Gateshead NHS Foundation Trust (Gateshead NHS FT) as well as TEWV
- TEWV to mitigate the impact of excess travel for family/carers in North and North East Durham
- To agree to evaluate the change after 6 months and 12 months and report to the CCGs and OSCs.
- CCGs requested an update on existing community services available for patients in North Durham and this was provided at that time (as embedded documents within the implementation plan).

3. EVALUATION

The move to 2 wards was implemented from 1 August 2016. An initial evaluation of the period August – end December 2016 was presented to the OSC in March 2017. This further evaluation covers the period January 2017 – end September 2017. The following indicators and qualitative information were used to inform the evaluation:

- Choice
- Travel
- Number of Admissions
- Mean and Median Length of Stay
- Readmissions within 30 days
- Staffing – use of additional flexible staffing
- Feedback from families, carers and members of staff

The table below provides the further detail of the evaluation:

CRITERIA AND INFORMATION	IMPACT
Choice	Information in respect of Choice is provided for patient/family/carers at admission and the document is embedded below. The CCGs and OSCs will be aware that the mitigation plan highlighted that the majority of admissions are unplanned and subject to the MH Act and the plan outlined the processes to be followed for planned and unplanned admissions. The mitigation plan explained that choice will be dependent upon bed availability at the time of admission within Northumberland Tyne Wear NHS FT or Gateshead NHS FT if this is their choice. Since then Gateshead NHS FT advised that they were unable to support the offer of choice to their wards. All patients admitted in the period from 4th January 2017 to 30th September 2017 from North and North East Durham were detained under the MHA and discussion took place with their family members after admission. During August and September, due to a very high level of patient acuity at AP and the associated increased level of observations required, a small number of patients were unable to be admitted to AP and were admitted to wards in other parts of the Trust (Oak Ward, West Park Darlington and Meadowfield Ward York). NB: this was not due to lack of availability of beds but was due to patient acuity and the requirement to maintain safety for all patients. Total number not offered choice **9,** of these, reasons as follows: • Two patients were admitted directly to Meadowfield Ward in York and then transferred to AP, so it was not appropriate to offer a further move

	• Six patients had no family members to offer choice to • One patient was only admitted into AP for one day One patient wished to move and Monkwearmouth were approached but were unable to accommodate the patient. All other patients declined and wished to remain at Auckland Park. L956 v1 - Auckland Park - Choice on admi
Travel	Travel claims from 1st January 2017 to 30th January 2017: Total number family members claiming **31:** Taxis **15**, Mileage claims **16,** Hotel Stay **1** (NB: There are cases when more than one family member per patient has submitted a travel expense claim) The claim for overnight hotel stay in York was made by the family of one of the two patients who were admitted to Meadowfield before transfer to AP; the other patient admitted to Meadowfield had no family to offer travel to. Total number of families declining: **12** The families of **2** patients lived closer to Auckland Park than Lanchester Road and so were not entitled to submit travel claims No Claims have been refused A total of 110 return taxi journeys were provided by the Trust's taxi provider at a cost of £6,408. The provision of taxi journeys was entirely according to the needs of the individual carers and the admission of the patient and ranged from 1 to 20 return journeys. Expenses for the use of private cars to travel to hospital visits totalled £3,295 cost. Total number not offered travel assistance **9,** of these, reasons as follows: • **Six** patients had no visits as either no contact with family or no local family or visitors • **One** patient was admitted to AP for one day only • **Two** North Durham patients were admitted to Oak Ward; they have now been discharged into 24 hour placements. The families were not offered travel support as the ward were unaware of the procedure and AP staff have since contacted the family to advise that costs can be claimed. One family has been contacted and are in the process of submitting a retrospective mileage claim. Attempts are being made to contact the family of the other patient to discuss their travel claims.

	The leaflet for patient and carers is shown below: L957 v1 Auckland Park Hospital - Excess The ward continues to offer maximum flexibility in visiting times which will enable carers' flexibility to visit their relative without time constraints often placed by other wards. The visiting times are from 10am – 8pm and if visitors need to visit outside these times this can be discussed with the ward manager. Within each ward visitors have the use of a computer to be able to use services such as Skype to maintain contact. Carers are also able to use conference call facilities to dial in to meetings relating to their relative's care plan, etc.
NUMBER OF ADMISSIONS	Although the reconfiguration did not alter the number of organic beds we have included activity information to evaluate the level of admissions and to ensure we are able to meet demand. During the period from 1st January 2017 to 30th September 2017 there were 121 admissions from the County Durham and Darlington area. 117 were admitted to Auckland Park Hospital. During the January to September evaluation period, 4 patients who would normally have been admitted to APH were admitted to Oak Ward at West Park Hospital. This is due to high numbers of existing patients on the wards at AP requiring additional observations making it difficult to maintain safety on the ward for all patients if the number of patients increased. Within the Consultation document the analysis of admissions for 12 months ending August 2015 showed 149 admissions. The 12 month forecast outturn for 2017/2018 is 161 admissions, which demonstrates a relatively stable position. The level of admissions and average length of stay (details below) demonstrate that bed numbers are sufficient to meet demand. Shown below is further detail of the patients admitted from specific local areas of County Durham: Darlington CCG: 10 DDES CCG: 78 North Durham: 33
AVERAGE AND MEDIAN LENGTH OF STAY	We have included this in the evaluation to see if there has been any change in the average or median (middle) length of stay, in particular for patients in North Durham who have had to travel further when admitted. Although we have

put in place arrangements to ensure that patients' family/carers can visit them regularly as we know this is an important factor in patients' improvement, therefore we wanted to evaluate to ensure that there has been no significant adverse impact in terms of their length of stay.

Although there has been a slight increase in the average and median length of stay for both Ceddesfeld and Hamsterley wards from 16/17 to 17/18 YTD, the average length of stay has decreased for DDES and North Durham CCG patients over the same period.

AVERAGE AND MEDIAN LENGTH OF STAY - SHOWN SEPARATELY BY WARD AND CCG

*Mean Data for Darlington CCG and Hamsterley Ward 16/17 excludes one patient with a total length of stay of 1,496 days

	AVERAGE LENGTH OF STAY				MEDIAN LENGTH OF STAY			
	14/15	15/16	16/17	17/18 YTD	14/15	15/16	16/17	17/18 YTD
DARLINGTON CCG	70	58	39*	74 ^	45	48	29	118 ^
DDES CCG	59	66	49	48	31	56	33	38
NORTH DURHAM CCG	61	52	52	48	59	51	31	57
HAMSTERLEY	59	60	54*	55	34	51	45	51
CEDDESFELD	68	60	42	47	40	48	26	27
PICKTREE	62	59	Ward closed 1 August	N/A	61	56	Ward closed 1 August	N/A

NB: ^ Data relating to length of stay for Darlington CCG 17/18 YTD relates to 2 patient discharges only

This data shows that there has been no adverse impact on length of stay due to the changes; patients are in fact staying for shorter durations, which demonstrate the benefits of single-sex wards, improvements to staffing, family visiting, etc.

Readmissions Page 24	In this period there were two readmissions of patients who had been discharged from either Hamsterley or Ceddesfeld wards in the previous 30 days. Both of these readmissions were due to deterioration in patient's mental health which subsequently led to failed placements. The patient's GPs were within the Sedgefield and Durham Dales area respectively. During the initial evaluation period of August 2016 – December 2016 there were no readmissions within 30 days.
Staffing	The evaluation looked at whether the requirement for flexible staffing (e.g. staff to meet the need for patients on enhanced observations) has changed since the move to 2 single gender wards. The information on flexible staffing for organic inpatient wards in years prior to 2016/17 when there were 3 wards including 1 mixed sex ward showed that the expenditure for additional observations was higher for Picktree (the mixed sex ward) than the total for Hamsterley and Ceddesfeld wards. Prior to the reconfiguration of the organic wards in the financial year 2016/17 the additional flexible staffing for observations for Picktree was £66k and was £35k in total for Hamsterley and Ceddesfeld at that point. At 31 December 2016 the additional cost of flexible staffing to cover observations was £80k in total for Hamsterley and Ceddesfeld which was reasonably in line with the two previous years. For the period 1 January 2017 to 30 September 2017 the additional cost of flexible staffing to cover observations was £177k in total for Hamsterley (£114k) and Ceddesfeld (£63k). The annual cost prorated to an annual value in £236k in total for both wards. This compares with the previous annual value for Picktree only prorated for a year of £198k. it is however not possible to make a direct comparison as the 9-month period to 30 September 2017 has not been typical of previous years in terms of the level of patient acuity meaning higher numbers of patients requiring observations at any time and for longer periods of time. The provision of organic wards on one site has reduced travel time between sites for staff and allows further time to provide input to the wards. This has a positive impact on the additional direct clinical time that the physical health advanced practitioner can spend on the wards up to the equivalent of an additional 12 working days per year. This level of additional clinical time is available to other posts supporting organic wards such as the activities coordinator who no longer has to travel between sites. The section below also includes further feedback on staff experience.
Feedback from patient, family, carer(s)	The Friends and Family Test (FFT) scores 6 months ending September 2017 for both wards show that 92% of respondees rated their care as excellent. The lowest rating was in respect of things to do on the ward with responses ranging from 50% to 100% saying there were enough things to do. The established programme of activities is displayed prominently on each ward and the ward staff will ensure visitors are aware of this to encourage their involvement if they wish. Carers: 94% of carers rated as excellent their 'involvement in decisions about care & treatment of the person you care for'. The ward staff have also used the FFT feedback to identify team objectives.

During this period there have been no informal or formal complaints from D&D families.

Carer Feedback

A number of positive comments are shown below:

Hamsterley

"Thank you on behalf of the family for looking after our Mam, and all your support. Your help and understanding is much appreciated"

"Thank you for your caring concern and making us feel settled about our Mam and her condition. We shall be forever grateful for everything you have done. You have restored our faith in elderly care. Your service will be hard to follow"

"To all the lovely staff on Hamsterley, I would like to thank you from the bottom of my heart. You all do a fantastic job"

Ceddesfeld

"Ward team so helpful we cannot thank you enough for all the support and care you have given my dad"

"Staff always available to update on my husband's wellbeing and treatment he is receiving we are happy with the ward"

"Staff made us part of care which made us feel better about managing our Dad you could do nothing better staff good and helpful"

"A great big thank you to all your staff for taking care of my partner during his stay on your ward. Thanks for the kindness you have shown to him and all the support to me"

"I was offered a taxi to bring me to an admission meeting which I am so grateful for as I support my Aunt who was too distressed to attend and if I had to use public transport it would have been difficult to attend"

Staff Feedback

Having supported staff through the transition and being mindful of the original anxieties in regards to travel time and inpatient services being local to patients, staff now seem to be settled into the ward environment and have raised no significant concerns. Positive comments from staff highlighted by the two ward managers at Auckland Park include

the following:

Hamsterley

“Patient ensuites in every bedroom allows personal care interventions to take place in their own rooms, making the intervention much more dignified”

“The space on Hamsterley is much better suited to the patient group and their needs. Ongoing work means these spaces are much more meaningful also. The salon will be a big hit for our ladies and the separate dining room area is a familiar space”

“The travel was an issue for me at first, but once I moved on to the ward and saw what the environment had to offer, I knew the move made sense”

Ceddesfeld

“I was worried about the move but I now feel we can give better care to our patients as Ceddesfeld ward is so spacious, light and garden access is good”

“I feel that moving to Ceddesfeld and having single sex wards is so much better for our patients. I don’t actually mind travelling further to work as it’s a nice ward”

“We have teleconference call facilities to enable meetings to go ahead without staff and family having to travel”

“Having both Organic wards on one site has supported team working as we have Physio, OT and Psychology in our daily report out meetings. We have been able to implement initiatives across both wards e.g. Safewards, Challenging Behaviour Clip and Meaningful Engagement”

Both wards on Auckland Park share a passion in delivering best care for patients with organic illness, and are often chosen, or promote themselves, to be part of service changes that will improve care:

- Ceddesfeld have rolled out interventions to support the Safewards approach to care, with interventions in place including the calm down box and butterfly moments mural
- Both wards work with the Behaviours that Challenge pathway, with support from the psychology team to implement behaviour plans and support, as well as supporting the team with Challenging Behaviours Huddle to educate, understand and supervise staff in this area
- Hamsterley Ward are currently working towards the Safewards framework, recognising the needs of our female patients are different to the males, and implementing achievements of the day, allowing staff a few minutes each day to get together and recognise what they or the team have achieved that day

	• Hamsterley Ward has been the pilot ward for new innovations to improve inpatient experiences, including managing physical health needs and frailty • Ward Manager from Hamsterley has attended quarterly manager meetings with the County Council and SS Managers to share service changes and improve the understanding of both services that are vital to patient care and recovery in this area. An example of an immediate improvement following this liaison is the implementation of a conference call facility, to allow care home managers, care coordinators, and sometimes families, to phone into meetings that can be difficult for them to attend. This allows all involved parties to contribute to CPA meetings throughout the inpatient stay.

This page is intentionally left blank

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Auckland Park Hospital
Choice on admission

Leaflet reference: L956
Version: V1
Date last updated: 24 / 08 / 2016
Archive date: 24 / 08 / 2019

Information for service users, families, carers and supporters

Ward/service name	Hamsterley and Ceddesfeld wards, Auckland Park Hospital
Address	Auckland Park Hospital, Westfield Road, Bishop Auckland, County Durham DL14 6AE
Telephone	01388 645300

From August 2016 the Trust will provide all inpatient provision for dementia related needs across Durham and Darlington at Auckland Park Hospital, Bishop Auckland.

The decision comes following an in-depth public consultation process with people across the County Durham and Darlington area, as well as our service users and their families and carers.

How does this affect me?

We understand that this means some people will have to travel further than they have previously had to when the services were located at Lanchester Road Hospital, Durham, and that inpatient services run by other organisations may be closer for some of our service users.

If you need to be admitted you may have the option to be admitted to Monkwearmouth Hospital in Sunderland. If you want to consider this alternative location, and your admission is planned, we will discuss your options with you and speak to other organisations to see what provisions are available. If you are admitted urgently, this discussion will happen within 24 hours of you being on the ward.

However, as alternative services are run by other organisations outside of the Trust area, transfer may not always be possible, as a suitable bed may not be available.

We know this might be a big decision for you so we have listed below some important factors that may help you decide:

Admission to hospital

If you are admitted to Auckland Park Hospital the process will be quick as it will be easier to identify if a bed is available. The service has always been able to meet admission requests in this area.

Admissions to Monkwearmouth Hospital could take longer and be delayed, as there may be no beds available for you to be admitted to.

Involvement of community services and discharge planning

If you are admitted to Auckland Park Hospital, the North Durham and Easington community mental health teams will continue to be involved in your care. They have regular contact with patients on the ward and input into and involvement with discharge plans. This minimises delays and the need for any unnecessary lengthy stay in hospital. It also means you will see a familiar face.

If you are receiving care outside of your usual area, the North Durham and Easington community mental health teams and social workers won't be as involved in your care and our clinicians won't be able to easily access your health records. This could mean a longer stay in hospital and less familiar faces caring for you

Travel

In some cases it is quicker for families and carers living in North / North East Durham to travel to Sunderland.

The below table shows the difference in travel distance and times between the hospitals you may be able to choose from and key towns in North / North East Durham.

	Auckland Park Hospital, Bishop Auckland	Monkwearmouth Hospital, Sunderland
Consett	21 miles (36 minutes)	26.2 miles (46 minutes)
Seaham	26 miles (29 minutes)	8 miles (20 minutes)
Burnopfield	24 miles (41 minutes)	18 miles (25 minutes)

Auckland Park Hospital may be further to travel for some families and carers living in North and North East Durham, however we can provide support for travel costs to help family/carers to visit once each day, throughout your admission. An information leaflet is available to advise you further on this.

If after reading this information leaflet you have any further questions or concerns please discuss these with a member of your health care team, who will be happy to assist you further.

Feedback
We'd like to know if you think this information is useful, if there is anything missing that you wanted to know, or anything you didn't understand. Please email tewv.communications@nhs.net with your thoughts or phone 01325 552223.

We're updating our patient and carer information all the time and while we won't always be able to make every change people suggest, ideas will all be considered.

Do you have concerns or complaints?
If you have concerns or complaints about a service, please tell a member of staff. You can also call our patient advice and liaison service (PALS) on Freephone 0800 052 0219 or email tewv.pals@nhs.net.

Information in other languages and formats
If you would like this leaflet in another language, large print, audio or Braille, please ask a member of staff.

 www.tewv.nhs.uk  /TEWV.FT  @TEWV

This page is intentionally left blank

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Auckland Park Hospital
Excess travel support for carers

Leaflet reference: L957
Version: V1
Date last updated: 03 / 08 / 2016
Archive date: 04 / 05 / 2019

Information for service users, families, carers and supporters

Following the closure of Picktree ward at Lanchester Road Hospital, Durham, we understand that some families and carers will have to travel further to visit their loved ones at Auckland Park Hospital, Bishop Auckland.

To support families and carers the Trust will meet any excess travel costs for those who live in the County Durham area.

What is covered?

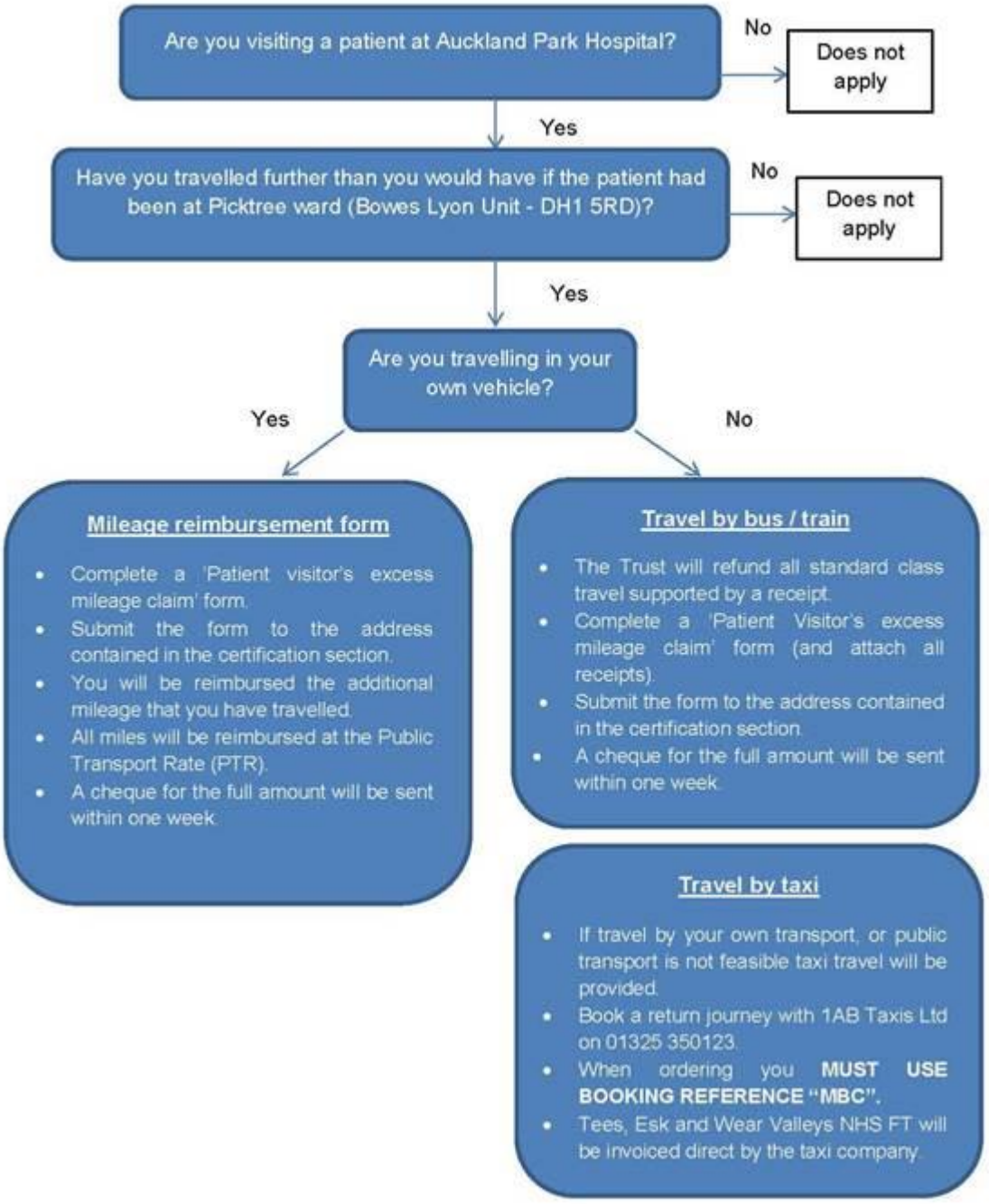
Excess miles will be based on miles travelled from Picktree ward at Lanchester Road Hospital, Durham to Auckland Park Hospital, Bishop Auckland. Support will be provided for one trip per patient, per day, for each day of admission. We know on occasions people can have multiple visitors however only one journey a day can be supported financially

How do I claim?

If you travel by private car or public transport, you will need to complete a 'Visitors excess mileage claim' form at each visit and you will be reimbursed by cheque for any excess mileage within one week. Public transport requests will need to be supported by copies of relevant receipts / tickets.

If you travel by taxi you will need to book your travel with the Trust contracted provider at full taxi cost in advance. The Trust contracted provider is 1AB Taxis LTD and they can be contacted by calling 01325 350 123.

The diagram below outlines simply, the process for refunding visitor excess travel expenses to Auckland Park Hospital, Bishop Auckland.



Should you have any further questions or wish to obtain a copy of the 'Visitors excess mileage claim' form, please contact a member of your care team or ward staff.

Feedback
We'd like to know if you think this information is useful, if there is anything missing that you wanted to know, or anything you didn't understand. Please email tewv.communications@nhs.net with your thoughts or phone 01325 552223.

We're updating our patient and carer information all the time and while we won't always be able to make every change people suggest, ideas will all be considered.

Do you have concerns or complaints?
If you have concerns or complaints about a service, please tell a member of staff. You can also call our patient advice and liaison service (PALS) on Freephone 0800 052 0219 or email tewv.pals@nhs.net.

Information in other languages and formats
If you would like this leaflet in another language, large print, audio or Braille, please ask a member of staff.

www.tewv.nhs.uk /TEWV.FT @TEWV

This page is intentionally left blank

Adults Wellbeing and Health Overview & Scrutiny Committee

9 November 2017

Durham Dales, Easington and Sedgefield CCG Review of Urgent Care Services – Post Implementation update

Report of Lorraine O'Donnell, Director of Partnerships and Transformation

Purpose

1. To provide the Adults Wellbeing and Health Overview and Scrutiny Committee with an update in respect of the implementation of the revised Urgent Care services by Durham Dales, Easington and Sedgefield CCG which commenced on 1 April 2017.

Background

2. At a special meeting of the Adults Wellbeing and Health OSC held on 1 September 2016, the Committee received a detailed report and presentations updating members regarding the results of the consultation feedback in respect of proposals by DDES CCG to review urgent care services in its locality.

3. Members of the Adults Wellbeing and Health Overview and Scrutiny Committee had previously considered reports and presentations from DDES CCG setting out the consultation and engagement plans and the proposed options for future urgent care service provision being consulted upon.

4. Following consideration of the report and presentations, the Adults Wellbeing and Health Overview and Scrutiny Committee in supporting option 3 the Committee remained of the view that:-

   (i) the CCG must take steps to ensure that GP capacity is available to provide assurance that the new model of Urgent Care services provision can be delivered;

   (ii) the preferred new Urgent Care service model will place a continued reliance on the NHS 111 service. In view of this, the CCG needs to ensure that current concerns of members and their constituents in respect of their experiences with the 111 service concerning the patient assessment process; the use of the default triage algorithm and the need for clinical expertise to be available during the assessment process are addressed.

(iii) the CCG should consider how it will market and publicise the new Urgent Care service, ensuring that the public know exactly which part of the Health service to access in which circumstances.

(iv) given the increase in usage of GP practices for Urgent Care under the new model, GP practices must take all reasonable steps to ensure that their reception areas allow for patient privacy and confidentiality.

Latest Position

5. The new Urgent Care service model was introduced on 1 April 2017.

6. Representatives of Durham Dales, Easington and Sedgefield CCG will give a presentation to members detailing post implementation monitoring of the new services and also how the Committee's concerns outlined on paragraph 4 above have been addressed.

Recommendation

7. Members of the Adults Wellbeing and Health Overview and Scrutiny Committee are requested to receive this report and consider and comment on the presentation and the information contained therein.

Background Papers

Report and Minutes of the Adults Wellbeing and Health Overview and Scrutiny Committee on 9 October 2015, 1 March 2016, 24 May 2016 and 1 September 2016.

Contact and Author: Stephen Gwillym, Principal Overview and Scrutiny Officer Tel: 03000 268140

Appendix 1: Implications

Finance – None

Staffing - None

Risk - None

Equality and Diversity / Public Sector Equality Duty – None

Accommodation - None

Crime and Disorder – None

Human Rights - None

Consultation – None

Procurement - None

Disability Issues – None

Legal Implications – None

This page is intentionally left blank

Adults Wellbeing and Health Overview and Scrutiny Committee

9 November 2017

Community Contract Procurement Update

Report of Lesley Jeavons - Director of Integration, North Durham Clinical Commissioning Group, Durham Dales, Easington and Sedgefield Clinical Commissioning Group and Durham County Council and

Sarah Burns, Director of Commissioning Durham Dales, Easington and Sedgefield Clinical Commissioning Group.

Purpose of the Report

1 To provide the Adults Wellbeing and Health Overview and Scrutiny Committee with an update on progress relating to NHS community contract procurement.

Background

2 It is now widely acknowledged that a new approach is needed to work towards greater levels of integration to bring positive benefits in terms of improving people's health, wellbeing and experience of care, particularly in wrapping services around people's needs and shifting the focus to keeping people well and happy at home, with reduced demand for hospital and other health and care services. North Durham CCG and Durham Dales, Easington and Sedgefield (DDES) CCG (the CCGs) are working with Durham County Council and other partners on the development of an Accountable Care Network (ACN).

3 The main partners in the ACN are:

- County Durham and Darlington NHS Foundation Trust (CDDFT)
- Durham County Council (DCC)
- Durham Dales, Easington and Sedgefield (DDES) CCG
- North Durham CCG
- Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)

4 The aim of the ACN is "to bring together health and social care and voluntary organisations to achieve improved health and wellbeing for the people of County Durham.

5 The commitment of the ACN to the people of County Durham is to:

- Deliver the right care to you by teams working together
- Help you and those in your community lead a healthy life
- Build on existing teams already working together to help you stay well and
- remain independent
- Provide improved services closer to your home
- Offer a range of services working alongside GP practices which meet your needs

6 Work is ongoing to develop an Accountable Care Partnership (ACP) for Mental Health Services with TEWV. Initially this will focus on learning disabilities, with a planned expansion to mental health services in future. The aim of this is to ensure that all NHS spend is quantified in one place and the risk is managed jointly with the ACP. The ring-fence budget will be protected, benefitting from an agreed level of growth and will ensure that any efficiencies or savings will remain within the budget for reinvestment in services. This builds on existing contracting arrangements in place with TEWV.

Contract History

7 In 2008 the Transforming Community Services programme was launched by the Department of Health. The programme was mainly concerned with structural changes, with community services with re-procured by commissioners or transferred to local acute or mental health providers. In County Durham and Darlington services were transferred to CDDFT in 2010.

8 In addition to the main contract with CDDFT there remain a number of contracts in place for community based physical health services. These contracts are fragmented and not well understood. Many of these services support the Easington area.

9 Work has been ongoing with CDDFT to develop Teams Around Patients (TAPs). As part of this process work has been completed to allocate staff to groups of practices working together (known as Primary Care Homes (PCHs) in DDES and TAPs in North Durham). This process has been complicated by the historical arrangements whereby additional services have been commissioned, largely to support the Easington area.

10 Current contracts are set up to count interactions and activity as opposed to improve patient outcomes and the provision of streamlined care for patients. A major cultural shift needs to take place to start to look at service delivery in a different way.

11 The current contract does not reflect the model of integrated delivery across health and social care that the CCGs would like to commission. The number of providers currently involved in delivery and fragmentation of services has meant that renegotiation of contracts is not a viable solution to implement a new model. The only option that would achieve the outcome that CCGs would like to achieve is to re-specify the services and re-procurement of a new service model with contract arrangements that are designed to support integrated service delivery.

Proposed Procurement Exercise

12 GE Finnamore Healthcare (an independent healthcare consultancy) was engaged by the CCGs in 2016 to carry out a benchmark exercise of community service costs in County Durham. They were also asked to develop a draft specification for integrated community service delivery.

13 The report produced by GE Finnamore suggested that community services were more expensive in County Durham than in other areas. This is linked in some ways to the large number of private finance initiative (PFI) buildings and high estate costs in County Durham. There were also examples where unit costs for activity were significantly higher than other locally commissioned services.

14 Building on the work previously undertaken, the re-procurement of community services will enable a re-set of service delivery which would be in line with the principles of the developing ACN.

Market Engagement

15 A meeting of the executive committees of North Durham CCG, DDES CCG and Darlington CCG took place in early May 2017. At this meeting it was agreed that all three CCGs were interested in understanding better the options for re-procuring services and undertaking market engagement to understand the potential market.

16 A market engagement exercise event took place on 7 September 2017. The event was attended by over 80 people from 23 organisations. It was clear from this event that there are a number of providers that are interested in delivering the new service model. Feedback was sought at this stage on the proposed model and this has been used to develop the final service specification.

Clinical Engagement

17 Discussions have been ongoing with member practices over several years in relation to the issues experienced with community services and the fragmentation seen over the last 10 years and more. The need for a different model is supported by member practices.

18 A clinical engagement event took place on 14 September 2017. The draft service specification was shared and a facilitated discussion took place about how services could be delivered differently.

19 Better communication and integration between teams was a key theme emerging from the survey. Again, this feedback has informed the development of the final service specification.

20 A survey was issued to practice nurses and GPs and the staff delivering existing community services. Respondents were asked to feedback on the aspects of current service delivery that were good and those that needed improvement. This has ensured that the views of local clinicians have been taken into account in the final service design.

Patient Engagement

21 The CCGs and Durham County Council have been engaging with stakeholders for some time on the delivery of community services and the development of TAPs. This has been via various routes including:

- Joint health and social care engagement events
- Via practice meetings
- Via Patient Reference Groups
- Via commissioning engagement events

22 In addition to this a survey was issued to community service users to seek their views on current service delivery. The survey found that patients highly valued the services that were delivered. The key area for improvement was continuity of care.

23 The summary at **Appendix 1** sets out the key feedback received via the various engagement activities and how this was then been incorporated in the final specification.

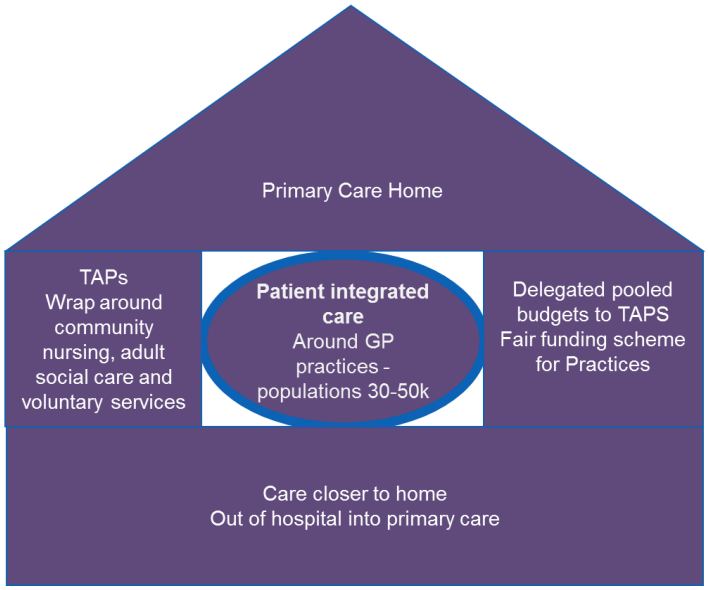
The Proposed Model

24 The aim of the new model of delivery for community services is to provide better outcomes for frail, older patients whilst alleviating the pressure on the system through smarter, more cohesive working arrangements across health and social care within our communities. A virtual budget exists for PCH activity and work is almost complete on aligning staffing budgets for TAPs.

25 Principle expected outcomes of both the PCH and TAPs are:

- Managing demand and activity
- Improved primary care access
- Reduced hospital admissions
- Enhanced preventative offer
- Enhanced independence and wellbeing through risk stratification
- Less presentation at A&E
- Reduction in bed days
- Less people in residential and nursing care

26 This is illustrated in the diagram below:



27 Budgets will be delegated to the TAPs or localities, as relevant, for all services so that joint decisions can be taken on service configuration and staffing budget allocation. This will be required for both service implementation and on an ongoing basis. This will ensure that services are always delivered in line with local needs and that there is transparency on utilisation of the service budgets. This process will be overseen by the governance arrangements and the joint management structure.

28 In County Durham there is a shared intent to have a combined and Integrated Management Board (IMB) (for a range of health and social care services including those included in this procurement, together with social care) with service delivery being overseen by a Chief Officer on behalf of all partners. The board will be comprised of representation of the organisations within the ACN and will oversee all operational activity across both NHS community services and adult social care.

29 The Chief Officer will lead and manage these services on behalf of all organisations and by doing so will ensure that service delivery and development is truly integrated. There will be an integrated senior management team with senior officers responsible for community and adult social care services reporting to the Chief Officer who is employed on behalf of the whole system and not one single organisation. The Chief Officer will in turn report to respective organisational governing bodies and ensure that service delivery is in line with relevant regulatory standards.

30 It is envisaged that following the award of the contract the existing organisational management structures will need to be reviewed in all organisations to ensure a robust governance structure, which has collaboration and integration at the centre of its activity.

31 There is an overarching aim to ensure that spending on clinical staffing and clinical service delivery is increased over time and spend on indirect costs and overheads is reduced.

32 It is important to say at this stage that the development of TAPs has been an iterative process that has brought a wide range of organisations together to provide truly holistic preventative care for the population of each TAP. Whilst the following provides details of the TAP as of year one, it is recognised that this has been the first stage of a longer journey to transform community care delivery at a much larger scale.

Services Included in the Procurement Exercise

33 The services that are included in the procurement and will be part of the new service model are shown in the table below. The table also outlines whether the services will be delivered within TAPs or delivered at a locality level.

Service Line	Model of delivery
Community Nursing	TAPs level
Community Matron / Vulnerable Adults Wrap Around Services	TAPS level
Respiratory Services including Pulmonary Rehabilitation and spirometry	Locality level
Coronary Heart Disease	Locality level
Community Inpatient Beds (Sedgefield, Weardale, Richardson Community Hospitals)	Locality level
Day Hospital Therapy Services	Locality Level
Falls and Osteoporosis Services	Locality level
Palliative/End of Life Care	Locality Level
Epilepsy Specialist Nursing (North Durham only)	Locality Level
Continence Services	Locality Level
Community Rehabilitation Services	Locality Level
Intermediate Care Services (including Single Point of Access and therapies)	Locality Level
Stroke Rehabilitation Services (Easington only)	Locality Services
Dietetics	Locality Services
Physiotherapy	TAPs level
Musculoskeletal (MSK)	TAPs level
Speech and language therapy (SALT)	Locality Level
Occupational Therapy	Locality Level
Podiatry	Locality Level
Tissue Viability Services	Locality Level
Chronic Fatigue Syndrome (CFS)/Myalgic Encephalomyelitis (ME) Services	Locality Level
Lymphedema Services	Locality Level

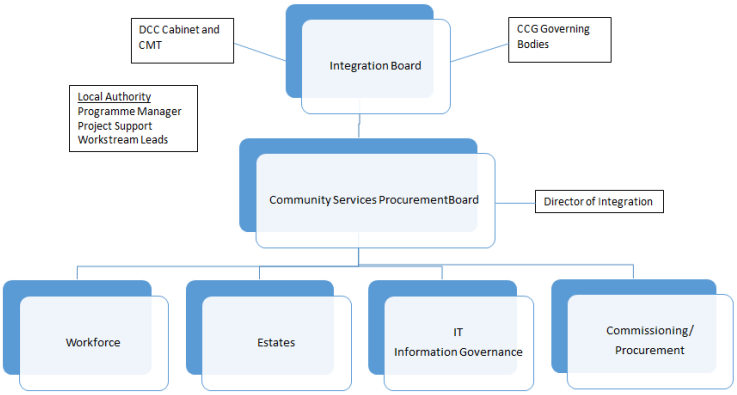
34 Notice has been given to the existing providers of these services which include:

- County Durham and Darlington NHS Foundation Trust
- BMI Woodlands
- City Hospitals Sunderland NHS Foundation Trust – Acute
- North Tees and Hartlepool NHS Foundation Trust – Acute and Community
- DDES Primary Care Federations

35 Most of the services are commissioned together with Darlington CCG. Darlington CCG is also undertaking the procurement of services alongside North Durham and DDES CCGs. There will be separate integrated governance arrangements developed for health and social care in Darlington.

Governance

36 A bespoke governance structure has been developed to manage the process of re-procurement. This set out in the diagram below with each workgroup bring led by a senior CCG officer.



37 There are inherent conflicts of interest for primary care in the procurement of these services. Appropriate arrangements have been put in place to ensure confidentiality of commercial information so that it is not shared with anybody who has, or could be perceived to have, a conflict of interest. This is in line with the principles developed previously where commissioning activities have necessitated bespoke arrangements to guard against conflicts of interest.

38 Significant work has been undertaken to inform the development of the financial envelope for procurement. Joint working has been underway with CDDFT for some time to understand the true cost of service delivery for all community services. Detailed information from every service has been used to understand the split between clinical staffing, non-clinical staffing, non-pay, indirect, overheads and estates costs. In addition to this benchmarking has been carried out to see how costs of services differ amongst CCGs in the North East. A budget envelope has been formed on the basis of this information.

39 The value of services being procured is in the region of £44m across County Durham with approximately 66% of the service value designated for clinical

staffing. Providers will be required to demonstrate how spend on clinical service delivery increases and spend on overheads and indirect costs decreases throughout the duration of the contract.

40 There is a County Durham and Darlington wide Estates Group that is looking at how the combined health and social care estate can be utilised most efficiently. The estates costs for the procurement will be treated as a 'pass-through' cost for the service provider, to balance the risk and benefits for both commissioners and providers. This will be reflected in the procurement documentation.

41 The budget for estates is c£5m and will be treated as a pass through cost. This means that commissioners retain the budget for estates and any efficiencies made as a result of the joint estates working group will be available to commissioners to invest in services.

42 CCGs have recognised that in order for a new provider to mobilise, they may need some financial assistance / security, to cover non-recurrent costs such as equipment and IT purchases, plus any non-recurrent workforce costs such as redundancy and pay protection (should the provider feel a different skill mix is required).

43 In that respect, the 3 CCGs have created a one off contingency fund to contribute towards these costs. Funds will not be released unless evidence is provided that actual, justifiable expenditure has occurred.

44 The impact of procurement decisions on providers is very important and has been considered, particularly for the current main provider of services (CDDFT). The value of services commissioned from CDDFT equates to 8% of their total income. A chief officer led Financial Recovery Group is in place with CDDFT with a supporting director led group which considers the system wide impact of any changes to service delivery. Regular chief officer discussions also take place with City Hospitals Sunderland NHS Foundation Trust (CHS) and North Tees and Hartlepool NHS Foundation Trust (NT&H) and these groups have discussed the planned procurement and ACN development in County Durham.

Risks and Associated Mitigation

45 A risk log has been developed as part of the project governance. All identified risks are captured with mitigating actions developed. All risks are reviewed by the Community Services Procurement Board. There are dedicated workgroups for finance and workforce to address the issues listed below:

Current Risks	Mitigation
Managing the complexities of any potential TUPE process given the number of providers currently involved in service delivery.	- A dedicated workforce group has been set up including specialist HR advice and provoker representatives to review TUPE data as it is provided - Creation of a mobilisation fund to ensure that any HR costs are not a barrier to providers
Ensuring that current staff do not become disengaged throughout the procurement process.	- A communications strategy has been developed with key points identified for staff communications. - Senior staff in existing providers have been identified to ensure that comms are provided regularly to staff - A web page is being set up to provide a point of access for information
Ensuring that the procurement process does not result in destabilisation of current providers.	- Regular meetings with chief officers to discuss the impact of commissioning and provider changes - Joint plans to address specific areas where services costs are higher than income
Ensuring that any new provider has effective working relationships with all local acute providers to ensure that seamless pathways are developed.	- Requirement for joint working set out in the service specification - Acute providers will be part of the ACN and will be required to sign up to a MoU that supports collaboration - The Integration Board is a strategic meeting designed to discuss and resolve issues that are preventing health and social care integration - Involvement of NHSE acting as a critical friend throughout the procurement process

46 All risks are reviewed by the community Services Procurement Board. There are dedicated workgroups for finance and workforce to address the issues listed above together with a communications and engagement plan. The executive committees are updates regularly on progress.

Communications

47 A communications and engagement plan has been developed to ensure that key stakeholders and in particular staff are kept updated and have access to timely and accurate information throughout the project.

Timelines

48 The timelines for the procurement process are set out below:

Executives sign off procurement strategy	late October 2017
Publication of tender	Early November 2017
Dialog sessions	December 17- January 2018
Publication of final tender documentation	January-February 2018
Evaluation and contract award	April 2018
Mobilisation	May 2018 – September 2018
Service Commences	October 2018

Recommendations and reasons

49 The Adults Wellbeing and Health Overview and Scrutiny Committee is recommended to:

a. Note the rationale for the planned procurement of adult community services.
b. Note the engagement and development work carried out to date to inform the new service model.
c. Note the intended governance structure for health and social care services.

d. Note the specific governance arrangements that have been put in place to oversee this project including risk management.

e. Note the timelines for the project and to agree to receive regular updates on the procurement process.

Contact: Sarah Burns – Director of Commissioning, DDES Clinical Commissioning Group – tel: 0191 3713234 sarahburns3@nhs.net

APPENDIX 1 – Feedback Summary

Engagement Route	Comments	Action Taken
Market Engagement	Intention to delegate budgets to TAPs not sufficiently clear	This has been reinforced in the specification
	Need to be clear what the ask is from primary care	The specification highlights the services that need to be delivered in collaboration with primary care Development session planned with primary care GP federations
	Significant provider interest in service delivery model	None required
Practice Engagement	Need for greater integration between practices and community services	Reinforced in the service specification
	Need for greater influence on workload and priorities of services, particularly district nursing	Key services such as community nursing designated as requiring collaboration with primary care
	Accessibility of social workers was an issue	Social work staff to be aligned to TAPs
	Accessibility of specialist nurses was an issue	Development of locality based teams for specialist nursing has been made a requirement
Clinical Engagement	Need for involvement of social worker in TAPs	Social work staff to be aligned to TAPs
	Outcome measures too process focussed	Measures split between outcomes and process. Input from quality leads and public health teams to ensure they reflect the key priorities
	Need to ensure that primary care is central to service delivery model and is on an equal footing with bigger providers	Key services such as community nursing designated as requiring collaboration with primary care
Staff Engagement	Communications between services could be improved	Requirement for services to work as teams with identified/named staff for each TAP or locality
	Community nursing staff	The model sets out the

	felt that communications with primary care are good	alignment of community nursing to practices so they will have named staff
	Communications with vulnerable adults wrap around services (VAWAS) service and other community services could be improved (DDES only)	The model sets out the alignment of community nursing to practices so they will have named staff
	Difficulties for staff attending multi-disciplinary teams (MDTs)	Set as a priority on the model of delivery. Working practices may need to change to accommodate MDTs which are felt to be critical to the service model
	Investment in staffing is required	Proportion of the budget is ring fenced for clinical staffing with budgets delegated to TAPs to ensure that budgets are fully utilised
	Common systems are required to enable integrated working	SystmOne identified in the specification as the system required with interoperability with social care and other primary care systems
Patient Engagement	Strongly supportive of the staff that deliver services	No action required
	Preference for greater continuity of care	Set as a requirement in the specification
	Request for staff to have longer to spend with patients	Interventions to be delivered as clinically appropriate. Specification requires collaboration with community and voluntary sector that may also be able to provide support for patients.
	Getting care delivered at home was important	Services currently delivered in the homes of patients will continue to be so. It is the intention in the longer term that more services will be delivered in the community to improve accessibility

Tees, Esk and Wear Valleys
NHS Foundation Trust

BRIEFING TO COUNTY DURHAM OVERVIEW & SCRUTINY COMMITTEE, NOVEMBER 9TH 2017

UPDATE ON TEWV SERVICE DEVELOPMENTS

The purpose of the briefing is to provide details of a number of developments within County Durham, highlighting opportunities and issues and allows OSC members to consider and identify if they require a more detailed update on particular developments to be brought to future meetings.

- **Roseberry Park, Middlesbrough**

We've been working with Three Valleys Healthcare (the company responsible for the buildings at Roseberry Park) for some time to try and rectify a significant number of construction defects at the hospital. In addition, in June 2016 we were notified of a number of serious defects to the fire safety systems at the hospital. We took immediate action to mitigate the risks and to address the safety of service users, staff and visitors while they're at Roseberry Park. This included making changes to our fire evacuation procedures, basing fire wardens on site and providing additional fire training.

We have also been working closely with the fire and rescue service, who have increased their level of response to incidents at Roseberry Park. However, these measures are not long term solutions. Significant work is required to address the fire safety issues and the other construction defects. We have therefore been working with fire safety and other construction experts to establish what is needed to resolve the problems and the most effective way of doing it.

The safety of our patients, staff and visitors is our greatest concern. We also want to make sure all works are completed as efficiently as possible with the least disruption to service users, their families and staff. We've reviewed a number of options and have a plan for decanting wards in the hospital on a staged basis so that the necessary works can be carried out.

Unfortunately, we are unable to do this without moving some of our services temporarily but we will do everything we can to minimise the impact on service users, their families and staff.

This is important work that will need careful planning and we hope that the work at Roseberry Park will start late in 2017 or early in 2018.

We will need to do remedial work on each of the blocks (excluding the admin block) in Roseberry Park, including Ridgeway (forensic services). Unfortunately, at this stage we are not able to confirm how long this work will take. However, once work to rectify the defects in one of the 'blocks' has been undertaken we should be able to provide a more detailed timetable.

This work will not impact on the consultation about adult and older people's services in Hambleton and Richmondshire although, depending on the outcome of the consultation, we may need to review implementation timescales.

Outline of planned work at Roseberry Park

Adult and older people's services

❖ Phase one

We need to vacate one of the 'blocks' at Roseberry Park so that further investigation and rectification works can be carried out.

We have agreed that services in Westerdale North and South (the two wards for older people) will move to Sandwell Park in Hartlepool temporarily.

Sandwell Park has two inpatient wards – one for adults (Lincoln) and one for older people (Wingfield). While the rectification work is taking place at Roseberry Park adults from Hartlepool and Easington will be admitted to their next nearest hospital (either Roseberry Park or Lanchester Road Hospital).

We need to make some changes to Lincoln Ward so that it is suitable for older people's services and this work will start in October.

Eventually every ward at Roseberry Park will be involved in some way, but in phase one we expect around 40-50 patients to be affected.

We will give support to patients, families and staff who need to travel further distances to receive care, visit loved ones or work.

❖ Phase two

Rectification works on Westerdale will be undertaken and once this has been completed we'll have a better understanding of the impact and timings on the rest of the programme of work.

Once this work has been completed we will start to move services from other wards into this block so that remedial work can be carried out across the site.

A more detailed programme of works will be set and details of this will be provided in due course.

<u>Summary of Implications for County Durham</u>

Whilst the remedial work required at Roseberry Park will be significant it is hoped that the impact on the residents of County Durham will be relatively minor. We have confidence that for those patients who live in the southern part of the former Easington district council area who will require inpatient care at Lanchester Road, we

have sufficient capacity to accommodate them and will work with each individual and their families to ensure visiting arrangements accommodate all of their needs.

We can assure the Committee that residents of County Durham who require a specialist forensic inpatient environment will continue to receive their care within a specialist environment during the works at Roseberry Park.

- **Hambleton & Richmondshire – public consultation on inpatient mental health bed provision**

The Hambleton, Richmondshire & Whitby (HRW) CCG have completed a public consultation regarding the provision of adult and older adult MH inpatient beds for people in Hambleton and Richmondshire. These are currently provided at the Friarage Hospital in Northallerton. Subject to formal approval it is expected that the preferred option will be to provide adult and older adult inpatient services at West Park Hospital (Darlington) and Roseberry Park Hospital. Patients with an organic illness will be admitted to Auckland Park Hospital (Bishop Auckland).

This provides further assurance of sustainable acute mental health provision in modern, purpose built TEWV sites in Darlington and County Durham.

The managers of TEWV's County Durham and Darlington services and North Yorkshire services are working closely to ensure that these changes do not adversely affect the provision of care to residents of either locality.

- **MOD retender**

TEWV is part of a national consortium to provide inpatient services for serving military personnel (and has done so since 2009). The service was re-tendered by the Ministry of Defence during the summer and we have been successful in retaining the contract for a further 5 year period. Separately we have continued to enhance our advice signposting and treatment services for veterans and were successful, following a procurement process earlier this year, to continue to provide this for a further 3 years.

- **Accountable Care Partnership**

NHS North Durham CCG, NHS Durham Dales Easington and Sedgefield CCG, NHS Darlington CCG and NHS Hartlepool and Stockton on Tees CCG (the CCGs) are developing a partnership arrangement with TEWV within the development of an Accountable Care Partnership. As of 1st April 2017, TEWV further enhanced their current work alongside the CCGs in regard to the commissioning of learning disability services; initially this was around the case management and supporting the commissioning of individual placements, including those patients who are in a range of beds, in the form of a strengthened care co-ordinator role. We do however envisage that the role of TEWV as lead partner will grow as we develop the arrangement to the extent that TEWV will take on a larger role within an accountable care system for learning disability and mental health services as they take more responsibility for the management of the commissioning budget on behalf of the

CCGs over the next 12 months. Durham County Council officers have been involved in the ACP development process and are ensuring that local government context and requirements are understood.

The CCG has to date already worked in this style of arrangement in relation to some Mental Health services, and it is expected through an ACP approach we will be able to deliver quality improvement goals, maximize our workforce and reduce costs by bringing a greater focus to population health management and collaboration across both Providers and Commissioners. CCGs will remain the Strategic Commissioner of services in the future although will commission services through a partnership.

Improving mental health rehabilitation services for adults – merger of Earlston House and Willow Ward, Darlington

1. Purpose

The paper sets out the Trust's proposal to permanently close Earlston House, Darlington. The unit, which was closed on a temporary basis in April 2016, provides rehabilitation inpatient support to patients with complex needs. The Trust continues to provide 15 rehabilitation inpatient beds in Willow Ward, West Park, Darlington, for patients with complex needs. The Trust also provides a 15 bed rehabilitation unit (Primrose Lodge in Chester-le-Street, County Durham) for people whose needs are not as complex.

Following evaluation of the impact of the temporary closure of Earlston House the Trust believes that it can meet the needs of individuals with complex needs who require rehabilitation within the 15 beds at West Park. The Trust wishes to engage with stakeholders to seek their views on the proposal during September and October, prior to final decision, which we would expect to make in November 2017.

2. Introduction

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) provide specialist mental health rehabilitation services across County Durham and Darlington. Their focus is on the treatment and care of people with severe and complex mental health problems whose needs cannot be met by acute assessment and treatment inpatient services. Current service provision is:

Unit	Location	Number of Beds	Type of service
Primrose Lodge	Chester le Street	15 beds	Active rehabilitation unit Target length of stay: up to 9 months
Earlston House	Darlington	15 beds (temporarily closed April 2016)	Bespoke and specialist, slower stream rehabilitation for complex/challenging patients Target length of stay: 1-2 years
Willow Ward	West Park, Darlington	15 beds	Bespoke and specialist, slower stream rehabilitation for very complex/challenging patients Target length of stay: 1-3 years
Specialist Community Rehabilitation	County Durham wide	N/A	Bespoke and individualised 7 day community based intensive support for individuals with complex needs,

Team	(operational since May 2014)		significant levels of risks and significant reduced ability to function in their own home/community. Average duration of contact: 70 days

There are also two beds for County Durham and Darlington patients in TEWV's non-forensic low secure male unit in Middlesbrough.

Over the past decade the Trust has continued to develop and modernise its rehabilitation services in line with national guidance and best practice, including Royal College of Psychiatry guidelines, working with individual service users to maximize their quality of life. This makes sure people get the care they need in the most appropriate environment. This includes (when appropriate) supporting people to live as independently as possible in a community setting, away from NHS based care. In particular, the focus has been on providing the appropriate community support so that patients can move from being in hospital to living in the community and being able to access a range of community services.

Work to date has included:

- much greater focus on rehabilitation goals, outcomes, individual needs and recovery
- more effective discharge planning with patients, family and carers
- working with providers of nursing care, residential care and supported living accommodation to help them support patients with complex mental health needs (this means patients have more choice about where they live)
- working to maximise the independence of patients so that they can live as independently as possible
- being clear about the aims and purpose of admission to the rehabilitation service so that the right patients receive intensive rehabilitation support to maximise their independence
- a community rehabilitation and recovery (intensive support) service to provide an alternative to bed based care or support transition into the community. The service was introduced in 2014 and we have in the last few weeks received confirmation of recurrent funding of this service.

These developments mean that we have much more streamlined service from assessment and treatment wards into our rehabilitation wards. As people get the type of support when and where they need it this has resulted in less time spent in hospital. The community rehabilitation and recovery service team now responds to over 50% of referrals to the rehabilitation service and has been effective in reducing lengths of stay and admissions. As a result of these developments there is less reliance on inpatient beds.
During the period of the evaluation, the Trust separately undertook a Trustwide review of rehabilitation services to look at the type of provision we provide and its effectiveness. This highlighted that other areas within the Trust have similarly benefitted from community based services in reducing reliance on inpatient based rehabilitation.

Evaluation

The Trust made the decision to temporarily close Earlston House in April 2016. At that time most patients were working towards a planned discharge. The temporary closure gave the Trust the opportunity to assess whether the improvements made would, as expected, reduce

the need for inpatient beds The service completed an evaluation (June 2017) which considered a range of information using the following indicators and qualitative information:

Quantitative:

- The number of admissions and bed occupancy across the rehabilitation pathway
- Number of readmissions – linked to placement outcome (those patients who were transferred to a placement in line with their care plan before end March 16)
- Referrals and activity undertaken by the community rehabilitation and recovery team (County Durham only due to commissioning arrangements)

Qualitative:

- Feedback from care coordinators of patients who are in a placement on the effectiveness/suitability of this
- Comments from patients and their families on how the placement is working for them
- Staff comments – indirectly via team away day events and with clinical and management leaders, along with feedback from staff via supervision.
- Feedback from regulators (CQC) and accreditation bodies (AIMS)

The table below provides details of the evaluation.

Criteria	How have we measured the impact	Comments on the impact of the change
Maintenance of placements	Readmissions to mental health inpatient service	Of the 14 people who were discharged from inpatient rehabilitation services either to their family home or to a community placement in the lead up to the temporary closure of Earlston House in April 2016, three have been re-admitted to TEWV inpatient services: • One patient who had been living with a family member had deteriorated and was unable to remain safely with family (readmitted to West Park Hospital). A placement suitable to the patient's needs was identified and transfer completed. • The second readmission was a patient who was in a supported housing placement, Due to deterioration in the individual's mental health this individual was readmitted and remains in Primrose Lodge. Work is ongoing to identify a placement which allows own tenancy with more supervision. • The third patient was readmitted to an acute ward at West Park Hospital from a care home and remains there. Work continues to identify a placement that meets the required level of support. Two people were admitted to acute hospital for physical symptoms (which had also occurred when they were at Earlston House). Sadly one person has died (linked to physical issues). The second patient is now back in their placement.
Quality of individual placement	Feedback from care coordinator, family and/or patient to determine if the placement is meeting their needs	Examples of feedback about three individuals indicates that they are settled in their placement and examples are given of established trips to the leisure centre for football, regular contact with siblings, and one individual who is attending college. There are a number of people who had been in hospital beds for many years with no realistic discharge plan, or only discharge options being 24 hour care, who are now living enjoyable, productive lives. For example, some older former patients with more chronic needs continue to receive appropriate packages of care in their new homes, and recent reviews have found them to be doing well and satisfied with the care they are receiving.
Fit for purpose rehabilitation service	Number of referrals to the rehab service, Number of admissions, Number managed by	A streamlined referral process has been introduced to ensure that all referrals are assessed by experienced clinicians within a week. This enables us to accurately match an individual's needs to the appropriate service. In 2016/17 there were 85 accepted referrals to the rehab service with 46 managed via the community rehabilitation and recovery team, 36 patients

	the community rehab and recovery service (County Durham only)	were admitted to a rehab bed (3 assessments pending at year end). 54% of people referred were able to be supported by the community rehab and recovery team in a community setting who may previously have had either a longer length of stay in acute wards or been admitted to a rehab bed. Following the introduction of the community rehabilitation and recovery team an evaluation of its impact and effectiveness was completed in January 2016. This outlined a range of benefits that this team provides using intensive community input to maximise service user independence. The evaluation included comments from staff who commented positively on the service impact, for example:
	Staff comments on the Impact of the community rehab and recovery service	"*The introduction of the community rehabilitation team has allowed the essential levels of additional support for complex patients after discharge from acute admission wards and avoided the need for referrals to inpatient rehabilitation services and the associated lengthy waiting times. This has positively reduced stay in acute admission wards and freed up availability of beds for those in essential need. Furthermore this has promoted patient choice and allowed recovery within the home environment".* *"The community rehabilitation and recovery team have filled a gap of transition where community teams are unable to provide intensive home care for patients but require support after leaving hospital working effectively with a patient post discharge. They have been effective in assessing level of needs and initiating community activity the patient would otherwise have struggled to access."*
	Bed occupancy : Willow & Primrose Lodge	We continue to monitor bed occupancy to ensure that we can meet need for admission. Following the temporary closure of Earlston House in April 2016 the occupancy level in Willow ward was 95% and in Primrose Lodge was 83%, for the 12 months ending March 2017. This compared to 84% at Willow and 77% at Primrose Lodge in 2015/16. Even with the slight increase in occupancy, bed capacity has remained manageable, assessments are completed within required timescales and the service has been able to facilitate new admissions in a timely way. The service has identified that there remains a small number of complex high risk individuals who are on Willow ward and do not meet the rehab profile, will not achieve independent living and will continue to need long term intensive support. We are currently working with identified agencies e.g.: housing, nursing care to ensure each individual's ongoing care

		needs can be met. Once each individual's transfer has been successfully completed this will increase the capacity within Willow Ward.
Greater multi-disciplinary working and recovery focus	Via feedback from staff, regulators (CQC), other accreditation bodies	The benefits from the introduction of improved ways of working within the service, along with innovative developments such as the non-medical approved clinician (AC) role are now being seen. The psychologist (AC role) is able to support five patients at each unit (Willow ward and Primrose Lodge) and the consultant psychiatrist supports 10 patients at each. This means patients receive more intensive input particularly those who benefit from having a psychologist lead their care. With fewer units there is increased input from consultant, occupational therapy and psychology staff. All staff report that this improves multidisciplinary team working. There is a training programme in place for staff which includes positive behaviour support (PBS), harm minimisation and observation and engagement training, along with sessions on intervention planning. Staff report that the PBS and harm minimisation training have had a positive impact across the team. Staff from the PBS team have attended formulation meetings when intervention plans are being developed. Staff report feeling more confident in the team's approach to support patients with challenging behaviours and complex needs (articulated via supervision). Students have reported that they have found the ward a useful learning experience and receive good mentoring. The CQC inspection from earlier in 2017 confirmed an overall rating of Good and the report recognised the improvement methodologies used by the ward and highlighted the example of improvements to the ward layout The ward has also retained its AIMS accreditation in 2017.
Impact of new service models	Patient feedback	Specific feedback from patients and their families on the range of services currently available, and the impact on their mental health and recovery, has been sought. Some examples are included below: *"Before the valuable on going assistance given to both my wife and myself by the Rehab and Recovery team we had been left to fend for ourselves with sporadic support and guidance*

		from the community health teams. I can only say that their dedication and experience have enabled my wife to begin to see a life beyond her illness and I dread to think what progress could have been made without their assistance" **Carer** *"The services the mental rehab team provided for me were second to none and went way over what I expected of them- they were excellent in boosting my self-confidence and self-esteem and motivating to do things to get me out of myself- get me better"* **Patient** "*The rehab team were on board with my sister for a 12 week period and throughout this time they gave her a lot of support, time and help to encourage her to be independent and motivated her to partake in various social events and activities. This extra input was very valuable both to her and myself as I could have a small break and see her improve and therefore she was able to attend the recovery college too and gain confidence in herself*" **Carer** *"The rehab team have been very helpful in supporting me while on leave and getting me ready for discharge. They are great, friendly and very professional at their job. The team are making it a lot easier for me to do the next step from hospital to the community and have been very understanding when I need more help too. If it wasn't for the team I think I would find the transition much harder"* **Patient** *"Just a note to say I find it useful that the team visits me, helping socially and hope the service can continue"* **Patient** *"My family wish to express our heartfelt appreciation for your kindness and excellent support you give to our mother. Your daily input let us feel reassured knowing mum is not on her own. This also gives me some free time which has been difficult over the last year, I feel support and I think this service is invaluable to service users and their carer's. Thank you very much"* **Carer** *"I would like to thank you all, I know this is a long process, and some days feel better than*

		others, but knowing I have you calling and giving me support really does help, you take me to coffee afternoons, and support groups which I do appreciate, you are a team which I know are there to help me and support me. Thank you" **Patient** *"With the support of the rehab and recovery team, who have worked with my son intensively and assertively in addressing his motivation whilst improving his social inclusion by supporting him attending the gym twice weekly and hobbies of interest such as fishing activities, thus building his confidence and self-esteem which in turn promotes independence and reduce the burden and stress on ourselves as carers. The team have been excellent in liaising with ourselves as carers/family, keeping us involved and well informed in his care and recovery goals, recognising and highlighting the role we play in his recovery and the ongoing stress associated with same. Staff involved have been most professional and understanding and have demonstrated the utmost compassion throughout. They evidently understand the importance of developing a therapeutic relationship with both patient and families! I cannot thank the team enough, and I hope this service continues to be commissioned and funded, keep up the good work guys".* **Carer** *"The community staff team have been fantastic. They have explained everything to tenants in plain English, they had done a rota for one tenant, the community team would support tenants any time of the day, one tenant is now accessing the community independently." how marvellous is that" without the community team it would have taken us much longer to develop her skills in the community, they are very approachable and friendly and gave good advice. Thank you so much for their support."* **Manager of Supported Living Scheme**

Conclusion

The information demonstrates that:

- The development of the community rehabilitation service has had a positive impact on the ability to offer an alternative to admission or reduce the length of time individuals remain as inpatients and has significantly increased the number of people who are supported in the community. Recent agreement of recurrent funding secures its future and provides a key element of the community infrastructure toi support the proposal re Earlston House
- Current throughput and occupancy levels confirm that 15 beds is sufficient to meet the demand for rehab beds for people needing inpatient care for up to 2 years with complex and challenging needs. Occupancy levels at Primrose Lodge demonstrate that the service has the ability to transfer people once they are ready for this element of the pathway.
- There have been 3 readmissions to mental health inpatient services of those people who were discharged from Earlston prior to its temporary closure. The readmissions were as a result of a relapse in their mental health, which would not be unexpected given the chronicity of their problems.
- We recognise that we have lost a community based facility through the temporary closure of Earlston. Neither Earlston House nor Willow ward are purpose built rehabilitation environments. The environment at West Park has a number of benefits however for patients in Willow ward, such as access to PICU and some local amenities.
- There are a number of patients whose needs cannot be met within the current Willow ward. These include patients who need to be managed within a single sex rehabilitation environment, and those individuals who remain in the unit beyond the agreed rehabilitation timescale, need intensive support and will be unable to live independently. However, staff across rehabilitation and community services have been working proactively with local authority and other agencies to identify appropriate homes for them with positive results in that some of these individuals are now moving towards discharge. (some discharge dates now confirmed).

The Trust has been able to successfully manage demand since the temporary closure of Earlston House within the scope of the commissioned service on Willow Ward, West Park Darlington and support from the community rehabilitation and recovery team. We will however need to continue to monitor this to ensure that patients are receiving the care and support they need when and where they need it.

3. Recommendations

The paper outlines the continued development of the rehabilitation service to provide more responsive, needs led and recovery focused options for patients. This means that we have been able to reduce 15 beds with no adverse impact on the ability of the rehabilitation service to offer inpatient support when this is required.

The Trust recommends that Earlston House, Darlington is closed on a permanent basis in light of the changing needs of the service and patient group, and development of more recovery focused alternatives to specialist inpatient rehabilitation and recovery care.

We are seeking to engage with stakeholders during September and October 2017 to share this proposal and discuss any issues or concerns prior to making a final decision in November 2017.

Patrick Scott
Locality Director
County Durham and Darlington

Appendix 1

Proposed Engagement Process

ACTION	**BY WHEN**	**LEAD**
Initial discussion with Durham and Darlington OSCs to agree process	End June 2017	Director of Operations
To discuss at AMH QUAG	August 2017	Head of Service
Share focussed engagement paper with CCGs	September 2017	Director of Operations
Share paper with OSCs	October 2017	Director of Operations/ Head of Service
Respond to engagement with follow up meetings with stakeholders as required	1 October 2017 – 31 October 2017	Director of Operations/ Head of Service
Submit proposal to CCGs following engagement recommending preferred outcome for Earlston	November 2017	Director of Operations

Adults Wellbeing and Health Overview and Scrutiny Committee

9 November 2017

Regional Health Scrutiny Update

Report of Lorraine O'Donnell, Director of Transformation and Partnerships

Purpose of the Report

1 This report provides members with an update in respect of regional health scrutiny activity undertaken by the North East Regional Joint Health Scrutiny Committee and the Durham, Darlington, Teesside, Hambleton Richmondshire and Whitby STP Joint Health Scrutiny Committee (formerly the Better Health Programme Joint OSC).

2 The report also sets out the latest position in respect of the establishment of a Northumberland, Tyne and Wear and North Durham STP Joint Health Scrutiny Committee.

3 The report details ongoing discussions regarding the draft STP documents and further update reports will be brought back to this Committee in respect of detailed consultation and engagement plans that are developed for any service review/reconfiguration proposals arising from the STP process.

Background

4 The North East Regional Joint Health OSC was established in 2010 and its membership consists of a nominated lead health scrutiny councillor from each of the 12 North East regional local authorities. Durham County Council is represented by Councillor John Robinson, who is also vice chairman of the North East Regional Joint Health OSC.

5 The Durham, Darlington, Teesside, Hambleton Richmondshire and Whitby STP Joint Health Scrutiny Committee (formerly the Better Health Programme Joint OSC) was established in July 2016 and its membership consists of 3 health scrutiny councillor representatives from Darlington Borough Council, Durham County Council, Hartlepool Borough Council, Middlesbrough Borough Council, North Yorkshire County Council, Redcar and Cleveland Borough Council and Stockton-upon-Tees Borough Council.

6 At the Committee's meeting held on 6 September 2017, members agreed to support the establishment of a Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan Joint Health Scrutiny Committee. The Committee's membership will consist of 3 health scrutiny councillor representatives from Durham County Council, Gateshead Borough Council, Newcastle City Council, North Tyneside Borough Council,

Northumberland County Council, South Tyneside Borough Council and Sunderland City Council.

7 The Adults Wellbeing and Health OSC received detailed presentations from the lead officers for the Durham, Darlington, Teesside, Hambleton Richmondshire and Whitby STP and the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan at its meeting held on 3 March 2017. This report updates members of those issues that have been considered by the respective STP Joint Health OSCs since that time.

North East Regional Joint Health OSC

8 The North East Regional Joint Health Scrutiny Committee provides a mechanism for scrutiny oversight, and in-depth reviews on health and health inequality issues in the North East region, and feeds into statutory health scrutiny consultations which impact upon all North East local authorities.

9 The Committee is chaired by Councillor Ray Martin Wells, Hartlepool Borough Council and has met on two occasions during the 2017/18 municipal year.

10 At its meeting held on 28 June 2017 the Committee received an update in respect of the North East and Cumbria Learning and Disability Transformation Programme. The programme aims to bring an end to the institutionalisation of individuals as a model of care for people with learning disabilities (LD) by reducing the reliance and use of inpatient beds and moving to a more community based model of care.

11 Key issues across the North East region identified at the meeting included:-

- There were high levels of LD inpatient bed usage and the length of stay was frequently long and not consistent with their description of assessment and treatment;
- Individuals, and their families, struggled to get adequate care in the community and may spend years fighting for it;
- There is a significant cost issue associated with the care of people with learning disabilities - £177,000 a year for average inpatient placements and £140,000 a year for fully staffed average living costs in the community for those with higher needs;
- The actual numbers of people were low. As at 16 May 2017 there were 216 individuals in long stay hospital beds; 110 Non Secure, 106 Secure. Planned discharges for 2017/18 totalled 93, with 50 of those becoming the responsibility of their local CCG and 43 going into specialised community care models.
- New service models were being developed for people of all ages who have a range of complex needs including learning disability, autism spectrum conditions including Asperger's syndrome, plus people with additional mental health conditions, sensory impairments and physical disabilities.

- As of May 17 a local data snap shot had 84 in-patients with a length of stay of 5 years or more with 33 being CCG and 51 specialised commissioning patients. Data suggests that the length of stay regarding new admissions are reducing but there remains a significant number of inpatients approaching 5 years, and the number of 5 year plus inpatients is not reducing significantly per quarter.

- It was proposed that current inpatients would have a 'dowry' that would follow those discharged from long term hospital care into their new community setting. There were 70 such inpatients and it was proposed that around 40 of them to be 'released' from hospital care. Further work was taking place in respect of dowries and how they would be implemented with local authorities being engaged in this process. Work was ongoing with the local authorities on how this would be implemented. It was considered that Cumbria and the North East was in a much better place on this issue than other regions.

12 The Committee resolved to note the information presented in respect of the North East and Cumbria Learning and Disability Transformation Programme and agreed to nominate representatives to observe future meetings of the Programme Board.

13 At its meeting held on 27 September 2017, the Committee received a verbal update from Angela Frisby, Appeals and Overview and Scrutiny Co-ordinator, Gateshead Borough Council on the progress being made in respect of the establishment of a Northumberland, Tyne and Wear and North Durham STP Joint Health OSC.

14 The Committee also received a detailed presentation from Mark Cotton and Caroline Thirlbeck, North East Ambulance Service NHS FT which set out the latest performance information in respect of Ambulance response times as well as informing members of the proposed new Ambulance Response standards to be introduced from October 2017.

15 Members of the Adults Wellbeing and Health OSC received a similar presentation at its meeting held on 2 October 2017.

16 Key issues identified included:-

- A marked shift from conveyance to Emergency Departments to Hear/See and Treat;

- A steady reduction in the % of 111 calls referred to Emergency Departments;

- 90 of GPs across the NEAS Trust now permit direct appointments to be made via the 111 Service;

- Improvements in the friends and family test results which has seen the percentage of staff who would recommend NEAS as a place to work increase from 25% in October 2014 to over 80% in August 2017;

- Increases in funding which has enabled an additional 42 paramedics and 42 Emergency Care Technician posts to be established;

- NEAS remains the Ambulance Trust with the highest sickness absence rates in England at 6.9%;

- There is no correlation between reference costs of the service and how an Ambulance Trust performs – NEAS has the lowest reference costs in the Country but is rated as Good by the CQC;

- NEAS receives the lowest Urgent and Emergency Income per head of population by NHS Ambulance Trust in the country at £26.70;

- NEAS performance trustwide is consistently below the National Targets for Red 1 and Red 2 calls – Current 2017/18 performance for Red 1 is 73.48% against a target of 75% and for Red 2 is 58.21% against a target of 75%

17 The Committee resolved to write to the 10% of GP practices who were not currently allowing direct appointments to be made via the 111 services asking why this was the case and encouraging them to sign up to this service.

18 The next meeting of the North East Regional Joint Health OSC is scheduled for 23 November 2017.

Durham, Darlington, Teesside, Hambleton Richmondshire and Whitby (DDTHRW) STP Joint Health OSC

19 The Council's representatives on the Durham, Darlington and Teesside Hambleton Richmondshire and Whitby STP Joint OSC are Councillors John Robinson, Jean Chaplow and Owen Temple although Councillor Temple has given up his seat on the Joint OSC and has been replaced by Councillor Richard Bell with effect from 1 October 2017.

20 The DDTHRW Joint Health OSC met on 9 March 2017 to examine the local authority public health and social care considerations being undertaken within the Better Health Programme. At the meeting, members received detailed presentations setting out a number of health and social care initiatives and projects currently being undertaken as part of the Better Health Programme and which were being subsumed into the STP. These included:-

- South Tees System Integration Programme – a series of projects that were aimed at ill-health prevention and improving health promotion across Middlesbrough and Redcar and Cleveland Borough Councils;

- Social Care across the Better Health Programme/STP footprint – this established the key principles being considered in respect of health and social care integration; the discussions taking place between Directors of Social Care regarding STP documents and the views of the Directors on progress made to date and potential what happens next scenarios;

- New models of care: Integrated Community Hubs – this showcased work being undertaken across Darlington by Darlington Borough Council and the County Durham and Darlington NHS Foundation Trust to develop functionally integrated holistic teams made up of community services, allied health professionals, local authority social care; specialist nurses and the Community and voluntary sector all linked to GP practices;

- Discharge Management – this set out the work being undertaken across County Durham to improve the discharge management function from acute health to social care;

- Integrated Personalised Commissioning (IPC) – this highlighted the work being undertaken by the Stockton-on-Tees IPC partnership consisting of Catalyst (a Stockton-on-Tees CVS); Hartlepool and Stockton CCG; North Tees and Hartlepool NHS Foundation Trust and Stockton-on-Tees Borough Council to deliver an improved integrated health and social care planning framework which sat alongside new personal health budgets;

- Supporting the Frail Elderly – this showcased work being carried out across North Yorkshire involving health and social care which aimed to improve the lives of frail elderly across North Yorkshire.

21 Local authorities then entered a prolonged period of election purdah from mid-March until 8 June 2017 which preceded the local government and general elections.

22 At the Committee's meeting held on 10 July 2017 members approved proposals to re-designate and extend the remit of the Better Health Programme Joint Health OSC to incorporate the Durham, Darlington and Teesside Hambleton Richmondshire and Whitby STP.

23 At the meeting members also received an extensive presentation appraising the Committee of proposals for options appraisal evaluation criteria for future potential service changes that may be proposed as part of future STP planning as well as detailed evaluation reports for Phase 5 of the Better Health Programme engagement process covering maternity and paediatric services.

24 The next meeting of the Committee was held on 13 September 2017 and provided members with feedback in respect of a stakeholder engagement event held on 27 July 2017 in Newton Aycliffe in respect of the development of the option appraisal evaluation criteria reported to members at their previous meeting and referenced in paragraph 22 above.

25 Detailed presentations were also provided to the Joint OSC in respect of the development of plans and early deliverables in relation to the following STP workstreams:-

- Prevention
- Urgent Care

- Mental Health
- Learning Disabilities
- Cancer

26 The next meeting of the Committee is scheduled for 8 November 2017 at Middlesbrough Town Hall.

Northumberland, Tyne and Wear and North Durham STP Joint Health Scrutiny Committee

27 As referenced earlier in this report, the Committee has agreed to support the establishment of a Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan Joint Health Scrutiny Committee and Councillors John Robinson, Mark Davinson and Owen Temple have been appointed as the Council's representatives on the Committee.

28 The first meeting of the Committee is scheduled for Monday 13 November 2017 and regular reports from that Committee will be brought back to the Adults Wellbeing and Health OSC.

Recommendations and reasons

29 The Adults Wellbeing and Health Overview and Scrutiny Committee is recommended to receive and note the information detailed within this report and agree to further reports coming back to future meetings of this Committee.

Background papers

Agenda and reports to the Adults Wellbeing and Health OSC – 1 March 2017 and 6 September 2017

Agenda and Reports to the Durham, Darlington, Teesside, Hambleton Richmondshire and Whitby STP Joint Health Scrutiny Committee (formerly the Better Health Programme Joint OSC) – 9 March 2017, 10 July 2017 and 13 September 2017

Contact: Stephen Gwillym, Principal Overview and Scrutiny Officer
Tel: 03000 268140

Appendix 1: Implications

Finance - None

Staffing - None

Risk - None

Equality and Diversity / Public Sector Equality Duty - None

Accommodation - None

Crime and Disorder - None

Human Rights - None

Consultation – None

Procurement - None

Disability Issues - None

Legal Implications – None

This page is intentionally left blank