DURHAM COUNTY COUNCIL

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2 - County Hall, Durham on **Thursday 21 February 2019 at 9.30 am**

Present:

Councillor J Chaplow (Chairman)

Members of the Committee:
Councillors P Crathorne, G Darkes, A Hopgood, P Jopling, A Patterson, S Quinn, M Simmons and O Temple

Co-opted Members:
Mrs R Hassoon and Mr D J Taylor Gooby

Also Present:
Councillors M Clarke, L Hovvels, I Jewell, B Kellett, A Shield and A Watson

1 Apologies for Absence

Apologies for absence were received from Councillors J Robinson, R Bell, R Crute, J Grant, T Henderson, E Huntington, C Kay, K Liddell, A Savory, H Smith, C Wilson and Mr C Cunnington Shore (Healthwatch County Durham)

2 Substitute Members

There were no substitute members.

3 Declarations of Interest

There were no declarations of interest.

4 Any Items from Co-opted Members or Interested Parties

Mrs Hassoon raised concerns about the lack of medical cover at Fishburn Medical Practice. She was aware that due to planned leave Skerne Medical Group had indicated that there would be no cover this week however, she reported that there was no cover available last week either. She was also aware from local residents that this has happened on numerous occasions. She asked that the cross party review group take this on board and monitor the situation.

The Principal Overview and Scrutiny Officer advised that the Chairman had raised concerns with the practice and that the Practice Manager had informed him of the pre-planned holidays for this week. He advised that the CCG were working closely with the practice to monitor the issues raised. With reference to the review group he informed Mrs

Hassoon that it was not within the remit of the group to look at individual practices. However, this would be raised as part of the deliberations from the group.

5 Shotley Bridge Community Hospital

The Committee received a report of North Durham Clinical Commissioning Group that provided an update on the communications and engagement plan (for copy see file of Minutes).

The Commissioning and Development Manager referred the Committee to the papers circulated for the meeting that included an outline communications and engagement plan; engagement narrative and a supporting data pack. She assured members that no decisions had been made and there was an opportunity to engage with all stakeholders and relevant key people. She thanked the Scrutiny members for providing feedback at the last meeting which gave the CCG some reflective points to pick up on including looking at the options that would not be feasible moving forward. She referred to the range of data included with the papers that covered the population of DH7, 8 & 9 and NE16 & 17. Members were advised that the scope of the review covered the services currently delivered from Shotley Bridge Hospital including:-

- Range of outpatients
- Rehabilitation bed provision
- Urgent care
- Diagnostics
- Chemotherapy
- Theatre
- Endoscopy

The Commissioning and Development Manager confirmed that the only two services that were being proposed to be delivered from main hospital sites would be 'Theatre' and 'Endoscopy'. It was noted that Endoscopy services had not been carried out at Shotley Bridge for the last 12 months as there was an issue with equipment and due to the lack of sufficient workforce. The same reasoning applied for Theatre and the need to review the equipment in line with best value principles. The data available shows that the facility would not be fully utilised to justify the costs required to provide a suitable facility. One of the areas that the CCG were keen to have conversations about was the rehabilitation bed provision. There were currently 8 beds and 7 intermediate care beds and the proposals were to continue with this, or to have 16 beds within the health facility or to have all beds available within the independent sector.

Members were informed that the language used in the engagement document were around scenarios rather than options as it was important for people to be able to give feedback. Following the engagement exercise information would be consolidated and used to form the consultation business case. It was likely that the consultation would run from June for a period of 12 weeks. Following this decisions would be made in September/October 2019.

The Commissioning and Development Manager reported that there had been some recent changes within the NHS and the CCG were keen to progress this as soon as possible.

Councillor Jopling asked that if services would no longer be provided at Shotley Bridge, had the hospitals in Durham, Darlington and Bishop Auckland been made aware that they would have to take up the slack and what provisions had been made for this. The Medical Director and Endoscopy, Colorectal and General Surgeon at Shotley Bridge Hospital explained that this was multi-factorial in that they would have different ways of working and different patterns of working. As endoscopy services had not been carried out at Shotley Bridge for the last 12 months, this new way of working had already been built in to the main hospital sites.

Councillor Patterson referred to a previous recommendation from the Committee asking for projected demand based on needs base, and she was disappointed that this information was still not available. The Commissioning and Development Manager said that demand had been taken into account including public health information on the growing population, younger and ageing populations. With regards to future demand it had been recognised that with advances in medicine, there was a move away from always needing to be on a hospital site. She advised that Health Care Planners were aware of the increase in population.

Councillor Patterson asked that the recommendation from the meeting on 4 December be read out. The Principal Overview and Scrutiny Officer confirmed that the recommendations were as follows:-

(i) The previously requested health care needs analysis data and information on a postcode basis and based upon healthcare demands on the local population be shared with the Adults Wellbeing and Health Overview and Scrutiny Committee as a matter of urgency and;

(ii) Further work on the development of a full range of future service model options be undertaken prior to the commencement of any pre-consultation engagement to ensure that the engagement process is not prejudiced by an inadequate range of options put to key stakeholders and the population of the county.

The Commissioning and Development Manager said that it would depend on what was meant by demand as the data had been looked at for the post code areas. The number of people who attended UHND, Darlington and Bishop Auckland were known together with the number of people attending Shotley Bridge from other areas. She advised that the standard percentage built in was used by the Health Care Planners as this is what they based their work on.

Further to a question from Mr Taylor Gooby regarding funding for the new facility, the Commissioning and Development Manager confirmed that £16.9m of funding had already been agreed to develop a new health care facility. It should be noted however, that as this was agreed two years previous costs of new buildings will have increased hence the need to move swiftly on this.

Referring to page 6 of the papers, Councillor Darkes pointed out that the CCG would have to demonstrate that alternative provision, such as increased GP or community services, was in place ahead of any bed closures. He asked if this could be guaranteed due to the

national problem with the shortage of GPs and the difficulties in recruitment and retention. The Commissioning and Development Manager confirmed that there would be no issues with cover as the only areas requiring GP services was at urgent care and the nurse led bed provision. She assured the Committee that she was happy that they had sufficient provision.

Councillor Temple welcomed the report which he believed was honest about the real choices. He said that it was important for the people of the area to have a first class community hospital. However, he believed that the three options around bed provision should not be offered as it had already been reported at previous meetings that 8 beds were not viable. Therefore, he said that the choices should be 16 beds or to be provided entirely independently as should the 8 beds remain as a choice people would opt for that. As with the medical reasons why endoscopy services would not be delivered the same reasons for the bed provision were needed for the engagement document. With reference to the September meeting minutes, Councillor Temple said that an analysis by postcode was requested and that it was important to receive an indication of the clinics that people were travelling elsewhere to for treatment. He added that it was important to know what services could be provided at a new facility rather than engaging on the current services that may not be viable in the new facility.

The Director of Operations confirmed that although a costly way of doing things, the 8 bed option was still viable. The Medical Director added that it was not the intention to re-create a main hospital site such as UHND or Darlington but to create as many general services as they could. He said that 5% of outpatients were from the surrounding postcodes of Shotley Bridge Hospital.

Councillor Temple re-iterated his point that no details had been received as to what services they were and so the lack of information requested last year was still causing problems of not fully understanding the situation.

The Commissioning and Development Manager advised that the level of details could be provided and she would arrange for a narrative around the figures to be circulated.

The Director of Integration commented that the issue around bed provision in community hospitals was about cost-effectiveness and that the smaller the number of beds, the more difficult it was for the trust to provide. Councillor Temple said that the report last year stated that 16 beds was the minimum number to achieve efficiency. The Commissioning and Development Manager reported that the current provision was included in the engagement plan as these were the early stages of thinking and the 8 bed option was not being ruled out at this stage.

Moving on, Mrs Hassoon referred to the NHS 10 year plan and asked how this development fit in with it. The Commissioning and Development Manager confirmed that it did support and align to the 10 year plan and that the local NHS were already adapting how services were delivered. Referring back to bed provision, Mrs Hassoon asked which was the most cost effective method; in house or community care. She was advised that information on this issue was being collated as part of the engagement process with key stakeholders. All information including costs would be appraised following the engagement process.

Councillor Jopling also referred to the report where it stated that 8 beds were not viable, and she referred to the recent issue at Bishop Auckland Hospital's ward 6 which caused concerns about the future of in house bed provision. She commented that care in the community setting was not as good as that provided in a hospital setting.

Councillor Quinn disagreed with the comment about care from independent community carers as she knew first hand that the level of care provided was excellent. She suggested that throughout the engagement process the CCG consult with patients who would be able to comment about the level of care received.

Referring to the earlier point about moving theatre provision to main hospital sites, Councillor Crathorne asked if waiting lists would increase at these facilities and she asked if the CCG had thought about how patients from the Shotley Bridge area would travel to these other locations. The Medical Director reported that Shotley Bridge did not have enough nursing staff in order for the theatres to be used safely and it was therefore not being used currently. He added that there were a number of criteria that would have to be met in order for surgery to be performed at Shotley Bridge and at present there were not enough of those patients to make it a viable option. He advised that waiting lists would be better managed and he guaranteed that they would not increase as a result of the proposed changes. The Commissioning and Development Manager confirmed that transport issues would be part of the discussions and questions of the engagement process.

Councillor Crathorne picked up on Councillor Jopling's earlier comment about Bishop Auckland, and asked how long the operating theatres would remain at this facility. The Medical Director confirmed that £600,000 had been invested in the theatre provision at Bishop Auckland and that there were no plans to make any changes.

Councillor Hopgood referred to the bed provision issue and said that the previous report was either true or not true, and that 8 beds was either viable or not viable. She felt that the option to include 8 beds in the process if not viable was wrong. If included people would chose it and then she believed the CCG would come back on that option and say that it was not deliverable. She asked if the transfer of funding had been explored should the provision move from in house to community led, and therefore moving from the NHS to the Council's responsibility of picking up the cost.

The Director of Integration explained that the September report was about general community hospitals and the review of community beds. She also referred to a separate Shotley Bridge report which made reference to the financial effectiveness of bed provision and a reference in the Carter Review which stated that it was more cost effective to provide for over 8 beds.

Councillor Hopgood asked if the majority of people preferred the 8 bed option would the CCG proceed with it. She asked again about the transfer of funding responsibility and the Director of Integration confirmed that there would be an expectation that the funding would be provided from the CCG.

Mr Taylor Gooby asked that the engagement plan made reference to the 8 beds being used as step down beds if the demand was there for them.

The Chairman asked the Shotley Bridge Reference Group for any questions on the report.

Councillor Hovvels thanked the working group for their contribution to this process and believed that they had achieved a more transparent and open way forward. She added that as we were living in a complex world which was changing at such a fast pace, it was important to provide quality facilities. She commented that she was delighted that the people from the Derwentside area had been offered the facilities they deserved as they were very passionate about Shotley Bridge Hospital. She asked that the committee agree that the engagement process commences as there could be a risk with the funding available to build a new facility, but that conversations still continue about what people want and to make sure that voices were heard. She referred to the current state of the building and the problems on site with ongoing maintenance. In conclusion, Councillor Hovvels welcomed the proposals and asked that engagement was wide with no hidden agenda as we were all in this together to ensure that a fit for purpose facility was developed.

The Commissioning and Development Manager thanked Councillor Hovvels and the reference group for helping to support and shape the document, and that it had been a very useful process. She confirmed that it was very much still a draft document and that all comments from the group and from the Committee had been listened to and would be reflected upon. With regards to funding, she added that the nature of the NHS had changed and was still changing and although there had been no mention of the funding being at risk she wanted to ensure that there was progression as the funding had been agreed two years previous, and in that two years building costs had increased. The CCG wanted to provide value for money with a new state of the art facility that was fit for purpose. The Director of Operations reported that there were significant costs associated with essential maintenance works in the tower block, which were crucial to keep the building safe. This is not something that the hospital would chose to do with this money but that it had to be done to keep the building safe.

Councillor Jewell said that many of the questions asked today had been well rehearsed via the reference group and he understood the concerns raised about the lack of progress, however the barriers to enable progress needed to be moved. He said that everyone wanted a quality service but like the Council, the NHS were also working to constraints. He commented that the people of Derwentside deserved a better facility and that the time to commit to the £16.9 million should be progressed whilst continuing to have those discussions.

Referring to national guidelines around population Councillor Shield reported that 10% increase in the Derwentside area from 2001-2017 would continue to increase. This increase would also affect the two most vulnerable age group of the over 65's and the under 14's by 5%. He pointed out that on page 9 of the pack of papers statistics showed that 34% of the population was aged 50+ and that this would increase to around 40% by 2020, and that 8% of the population was aged 75 which would rise to 10% by 2020. He asked that the engagement process could commence so that the public could have their voices heard and that progress be brought to a future meeting.

Councillor Watson also asked that the engagement process was progressed as he was concerned about any further delays in terms of the risk to funding. He was pleased that

there had been a constructive debate at this meeting but that the time was right to allow the public to have their say.

The Chairman invited questions from members of the public who had indicated they wished to speak on the item.

Sandra Burton was pleased to see that the document had changed and now made no reference to the current Shotley Bridge hospital being used. She felt that what was now been offered was a downgrade and more of a health facility than a community hospital when the statistics clearly showed a growing population. She asked how this could be justified. The Commissioning and Development Manager disagreed that this was a downgrade and confirmed that the main usage would be around outpatients and the urgent care centre. As the hospital had a limited workforce the CCG were being open and honest about the situation. There were no issues around waiting lists due to endoscopy services being delivered from main hospital sites over the last 12 months. A new local facility was wanted providing local services from a community hospital setting. The Medical Director added that it was not just a workforce issue but also a quality issue. A much more therapeutic service was offered from the main hospital sites in relation to endoscopy that could not be offered from Shotley Bridge.

Ms Burton also asked why certain services had not been included in the list of outpatients services. The Commissioning and Development Manager explained that a lot of conditions were met by community services and the CCG were looking to enhance the therapeutic services in the community. However, she confirmed that therapy staff would still be available at Shotley Bridge. She added that where they could they would deliver outpatient services.

Councillor Patterson pointed out that delivery from Shotley Bridge was not included and she was informed that the data would be looked at.

Kevin Earley asked for a vision that the community could get behind and become involved with. He reminded everyone that the NHS was about people and the people needed something that they could relate to. The Commissioning and Development Manager explained that the focus of the document was around the current CCG service provision. She added that conversations had started with social colleagues to see if there was an appetite to further develop and that those key people would be part of the engagement process.

Paul Lamb asked that services that would remain at the new facility be included in the document. He also expressed concerns about transport, especially for the elderly and for those who had to rely on public transport. As in effect this could mean two or three buses each way. The Commissioning and Development Manager agreed that transport was important and questions would be asked about accessibility and the opportunities for future service provision.

Keith Little asked that the CCG keep in mind the importance of transport issues and the people who had to use it.

Emma Rogan asked that a lot more detail was included in the engagement document. For example, with regards to bed provision she asked that more details and financial

implications were included to allow more open discussions. With regards to the planning process and the comments from the Carter review in relation to outpatients it would be helpful to include community activity clinics. She asked that the full range of services currently delivered from Shotley Bridge were included including community services, that more information be given from the Accountable Care Networks on Teams Around the Patients data. She asked that a definition on the Derwentside area be stated and what was meant by non-integrated care beds. The Commissioning and Development Manager thanked Ms Rogan for her points and would ensure that this information was included in the final document.

Emma Heenan from Laura Pidcock MP's office asked for a guarantee that the statistics on future demand would be shared as she was aware that the County Durham Plan made reference to more people moving into that area.

Councillor Hopgood asked that during the engagement process families and carers of patients were also asked for feedback as often the patients themselves just wanted to return home, even if it wasn't in their best interests. The Commissioning and Development Manager confirmed that they would be included.

Councillor Temple asked that the Newcastle Hospital Trust also be included and asked for feedback.

Councillor Patterson thanked everyone for attending the meeting and providing valuable comments. She asked that the CCG report back to Committee with the findings from the engagement process and before any consultation process commenced.

Resolved:

(i) That the timescales for engagement and consultation together with the outlined process be agreed.

(ii) That the engagement narrative document be used to inform the engagement process be reviewed in the light of comments made at today's meeting and shared with the AHWOSC membership.

(iii) That the Committee would receive and review data associated with the local population in scope.

(iv) That the Committee would receive regular updates on progress throughout the engagement and consultation.