

**Darlington Clinical Commissioning Group
Durham Dales, Easington and Sedgefield Clinical Commissioning Group
North Durham Clinical Commissioning Group
Tees, Esk and Wear Valleys NHS Foundation Trust**

MEETING OF:	Adults Wellbeing and Health Overview and Scrutiny Committee
DATE:	9 May 2016
TITLE:	Report on public consultation on future location and configuration of inpatient assessment and treatment beds for people with dementia in County Durham and Darlington

1. INTRODUCTION & PURPOSE:

- 1.1 This report provides information on the public consultation, which was carried out by the above mentioned organisations on the future location and configuration of assessment and treatment beds for people with dementia in County Durham and Darlington.
- 1.2 The report outlines the communication and engagement activity carried out by the three CCGs and Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and includes the feedback received during the consultation period.
- 1.3 It aims to provide the committee with assurance that a full and robust consultation has been carried out, in line with Section 244 of the NHS Act 2006.

2. BACKGROUND INFORMATION AND CONTEXT:

- 2.1 In December 2015 we shared our proposals for the public consultation, along with the draft consultation document, with the Adults Wellbeing and Health Overview and Scrutiny Committee at Durham County Council, the Health and Partnership Scrutiny Committee at Darlington Borough Council, Healthwatch Darlington and Healthwatch County Durham. In response to the feedback we received we made a number of changes to our proposed consultation document including revising some of the formatting and including additional information (eg expected savings for each option). We also arranged an additional public meeting in the Easington area.
- 2.2 Following approval of the public consultation process with the two OSCs, we launched a public consultation on 4 January 2016, which closed on 28 March 2016.
- 2.3 We consulted on three options which are outlined in the report (Option 1 to consolidate 30 beds at Auckland Park Hospital, Bishop Auckland in separate sex wards; option 2 to have two single sex wards, one at Auckland Park Hospital and one at the Bowes Lyon Unit in Durham; option 3 to have two mixed sex wards, one at Auckland Park Hospital and one at the Bowes Lyon

Unit). The consultation document stated that Option 1 was the preferred option of mental health professionals at TEWV.

3. KEY ISSUES:

3.1 Raising awareness / providing information about the consultation

We used a range of mechanisms to raise awareness of the public consultation and advise people how they could have their say. Full details are contained in the consultation report and include

- Email and postal distribution of consultation document to a wide range of stakeholders/groups with an offer to meet them to discuss options
- Information posted on the four organisations' websites
- Offers to attend pre-existing or specifically arranged meetings
- News release
- Paid advertising
- Social media
- Posters/leaflets in inpatient public areas
- Specific targeting of hard to reach groups via known community links
- Internal (staff) communication mechanisms

3.2 Meetings

During the consultation we held a number of meetings and open events. Full details are contained in the consultation report and include:

- Four public meetings
- Nine open meetings for service users, their carers and families
- Four open meetings for staff at TEWV
- Attendance at three other meetings (by request)

3.3 Responses and feedback

We received 66 written responses to the consultation. People also gave us their feedback during public and staff meetings. Full details are included in the consultation report.

There were two main issues that people raised during the consultation:

- the benefits of single sex accommodation
- the importance of having locally based services

The majority accepted that single sex accommodation for people with dementia would be ideal. However, people also thought that having locally

based services was important and there was a difference of opinion between which of these two factors was **more** important.

There was strong feeling on both sides (for option 1 and option 3) with no clear mandate from local people on a preferred option.

3.4 Mitigation of issues raised

Three main issues were raised as part of the consultation (further detail contained within the report) and the Board of Directors at TEWV has given its commitment to reducing the potential impact of these issues on service users, their family and carers as follows:

Travel – It was recognised during the consultation that options 1 and 2 (and to a lesser degree option 3) would have an impact on service users, their families and carers, and, as part of the consultation, TEWV gave a commitment that they would do all they could to support them. This would include

- flexible visiting times
- support with travel arrangements including developing a pool of volunteer drivers and using taxis if appropriate (support would be agreed on an individual basis)
- maintaining good communications with families (TEWV already have carer link workers on the wards who work closely with families and they would also investigate how technology can be used more to help families keep in touch).

Mixed sex accommodation (option 3) – A number of people fed back that they thought it was important to have single sex wards and that privacy and dignity would be compromised in mixed sex accommodation. TEWV already have male and female zones at Picktree and other areas of the Trust (as required by the Care Quality Commission) and would do the same at Auckland Park under option 3. Currently there is a greater use of flexible additional staffing on older people mixed sex wards in the Trust when compared to wards that are single sex.

Isolated ward - A number of people were concerned that if option 2 or 3 is chosen then there would be an isolated ward at Bishop Auckland, without support from other wards for emergency and short term staffing. To compensate for this TEWV would increase staffing levels on the ward and this is reflected in the estimated annual savings which are greater for option 1 than for options 2 and 3.

3.5 Recommendation of Board of Directors at TEWV

The Board of Directors at TEWV discussed the consultation report at its public meeting on 26 April 2016. There was a robust discussion by the Board, who noted that there was no clear mandate from the public. Following a lengthy debate about the impact and benefits of each of the options, they agreed to recommend option 1 to the CCGs. However, they also recognised the impact on travel this would have and the importance of providing support for families and carers. They therefore stipulated that if this option was agreed by the CCGs that TEWV would take a proactive approach with families and carers to ensure their transport needs were met.

In addition the Board also agreed to implement all relevant mitigation actions outlined in 3.4 to address the concerns raised during the consultation in terms of impact on service users, their families and carers. (Actions will depend on which option is approved by the CCGs).

4.1 Next steps

The Governing Bodies of the three CCGS will formally consider the feedback received via the consultation process as outlined in the consultation report, along with the recommendation from TEWV and decide which option to implement (this is dependent on receiving assurance from the two OSCs that they are satisfied that a robust consultation has been carried out).

5.1 Recommendations

- 1.4 Members of committee are asked to review the consultation report and agree that a robust consultation has been carried out, as agreed at the committee meeting on 14 December 2015, in accordance with Section 244 of the NHS Act 2006.