

## HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

12 May, 2016

**PRESENT** - Councillor Newall (in the Chair); Councillors Crichlow, Donoghue, EA Richmond, S Richmond, H Scott, J Taylor and Tostevin. (8)

**APOLOGIES** – Councillors Nutt and Regan. (2)

**ABSENT** – Councillor Haszeldine. (1)

**ALSO IN ATTENDANCE** – Jackie Kay, Assistant Chief Officer, Darlington Clinical Commissioning Group; Sharon Pickering, Director of Planning, Performance and Communications, Carl Bashford, Head of Service, Mental Health Services for Older People, Durham and Darlington and Sarah McGeorge, Clinical Director/Nurse Consultant, Mental Health Services for Older People, Tees, Esk and Wear Valley NHS Foundation Trust.

**OFFICERS IN ATTENDANCE** - Karen Graves, Democratic Officer.

**HP74. DECLARATIONS OF INTEREST** – There were no declarations of interest reported at the meeting.

**HP75. PUBLIC CONSULTATION ON FUTURE LOCATION AND CONFIGURATION OF INPATIENT ASSESSMENT AND TREATMENT BEDS FOR PEOPLE WITH DEMENTIA IN COUNTY DURHAM AND DARLINGTON** - The Assistant Chief Officer, Darlington Clinical Commissioning Group (CCG) introduced a Joint Report of the Darlington CCG, Durham Dales, Easington and Sedgefield CCG, North Durham CCG and Tees Esk and Wear Valleys (TEWV) NHS Foundation Trust which provided information on the public consultation undertaken by the CCG's on the future location and configuration of assessment and treatment beds for people with dementia in County Durham and Darlington.

The submitted report outlined the communication and engagement activity undertaken by the three CCG's and TEWV and also included the feedback received during the consultation period.

It was also stated that a report was to be submitted to the CCG Executive Committee on 17 May 2016 with recommendations from Scrutiny Committee forming part of that report.

The Director of Planning, Performance and Communications, Tees, Esk and Wear Valleys Foundation Trust provided details of the options available for the future configuration and location of organic inpatient wards that serve Durham and Darlington developed by the Mental Health Services for Older People (MHSOP) service in Tees Esk and Wear Valleys Foundation Trust (TEWV) together with the consultation process undertaken to identify the preferred option. She highlighted that none of the options would reduce the amount of beds available.

It was stated that the inpatient services for older people with organic mental health problems were currently provided from one ten bed mixed sex Ward based at Lanchester Road Hospital and two ten bedded single sex wards based at Auckland Park Hospital.

The three options identified for the location of organic beds were :

- two 15 bed wards (one male and one female) at Auckland Park;
- two 15 bed wards on split sites (one male and one female), one at Auckland Park, the other at Lanchester Road Hospital; and
- a mixed-sex 15 bed Ward on each site, one at Auckland Road and one at Lanchester Road Hospital.

Members were informed that due to development of community services there had been a reduction in admission and occupancy levels since 2013 resulting in the number of beds being reduced from 45 to 30 in December 2014.

Details were supplied of the public consultation methods which included, e-mail and postal distribution of consultation document to stakeholders/groups, websites, news releases, social media, paid advertising, posters/leaflets in inpatient public areas, internal staff communications and specific targeting of heard to reach groups via know community links. In addition there were also four public meetings; nine open meetings for service users, their carers and families; four open meetings for staff at TEWV; and attendance at three other meetings by request.

As well as feedback at the public events 66 written responses were received. The main issues that were flagged in all the responses being the benefits of single sex accommodation and the importance of locally based services.

Scrutiny was informed that the Board of Directors of TEWV considered the consultation report at its public meeting on 26 April and noted that there was no clear mandate from the public. Following robust discussion and debate relating to the impact and benefits of each of the options, the Board agreed to recommend Option 1 to the three CCGs with the stipulation that TEWV take a proactive approach with families and carers from the North and East Durham areas to mitigate the impact of any additional travel required.

The next stage is for the Governing Bodies of the three CCGs to formally consider the feedback received and the recommendation from TEWV in order to decide which option to implement.

Discussion ensued on the Option which Scrutiny believed was best for residents and the dilemma faced by TEWV in re-siting of specialised services, which could not be provided at every location, as beds were normally required by service users with extremely challenging circumstances

Following a question relating to Option 2 Members were advised that travel issues would still be present and there were concerns from Clinicians about having an isolated

ward at the Auckland Park site as that there would be no other mental health services present at that site out of hours (including weekend and Bank Holidays), and that whilst the wards are next to the Acute Hospital they do not receive support from the Acute Trust. In relation to financial assistance for travel Committee was advised that this had not been undertaken as the preferred Option was not yet known.

Particular references were made to the need to ensure continued communication, either by phone call or visits, with service users families; treatment within the community; discharge arrangements; reasons for admission to a Care Home; and the small amount of re-admissions that occur.

**RESOLVED** – (a) That this Scrutiny Committee agrees that a robust consultation has been undertaken in accordance with Section 244 of the NHS Act 2006.

(b) That this Scrutiny Committee supports Option 1 as the preferred Option.

(c) That this Scrutiny Committee receives an update six months following implementation of the preferred Option.