

## **HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE**

Thursday, 29 August 2019

**PRESENT** – Councillors Bell (Chair), Clarke, Donoghue, Heslop, Layton, Lee, McEwan and Newall

**APOLOGIES** – Councillors Dr. Chou and K Nicholson

**ALSO IN ATTENDANCE** – Michael Houghton (NHS Darlington Clinical Commissioning Group), Sarah Burns (NHS Durham Dales, Easington and Sedgefield and North Durham Clinical Commissioning Group), Paula Swindale (NHS Darlington Clinical Commissioning Group), Levi Buckley (Tees Esk and Wear Valleys Foundation Trust), Michelle Thompson (Healthwatch Darlington), Gillian Curry (County Durham and Darlington Foundation Trust), David Bruce, Emma Burke (Tees, Esk and Wear Valley NHS Foundation Trust) and Lisa Cole (County Durham and Darlington NHS Foundation Trust)

**OFFICERS IN ATTENDANCE** – Miriam Davidson (Director of Public Health) and Hannah Fay (Democratic Officer)

### **HP11 DECLARATIONS OF INTEREST**

Councillor Heslop declared an interest in Minute HP13 below as a previous employee of Tees, Esk and Wear Valley NHS Foundation Trust, prior to 2014.

### **HP12 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY COMMITTEE HELD ON :-**

#### **(1) 3 JULY 2019**

Submitted – The Minutes (previously circulated) of the meetings of this Scrutiny Committee held on 3 July 2019.

**RESOLVED** – That the Minutes of the meeting of this Scrutiny Committee held on 3 July 2019 be approved as a correct record.

#### **(2) 23 JULY 2019**

Submitted – The Minutes (previously circulated) of the meetings of this Scrutiny Committee held on 23 July 2019.

**RESOLVED** – That the Minutes of the meeting of this Scrutiny Committee held on 23 July 2019 be approved as a correct record.

### **HP13 DEVELOPMENT OF A SINGLE CRISIS SERVICE ACROSS DURHAM AND DARLINGTON AND CLOSURE OF THE CRISIS AND RECOVERY HOUSE**

The Director of Operations, Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust submitted a report (previously circulated) updating Members on the proposal to

reconfigure and streamline adult crisis services across Durham and Darlington and to close the Crisis and Recovery House, in order to improve patient experience and allow more efficient use of flexible resource.

The submitted report outlined the current crisis service provision, which consisted of two separate teams covering North Durham and South Durham and Darlington, working on a 24/7 basis; a Street Triage Team, working in partnership with Durham Constabulary with core working hours of 14.00 to midnight, seven days a week; and a nine bedded Crisis and Recovery House in Shildon.

It was confirmed that the utilisation of the Crisis and Recovery House was consistently lower than 50 per cent due to limitations of use; there were only 88 admissions in 2017; there were no admissions between December 2017 and May 2018; since May 2018, the average occupancy had been 8.45 per cent; and due to low demand was temporarily closed.

Members were advised of the engagement and consultation undertaken in respect of future options for the crisis service, including pre-engagement work in the summer of 2018 with service users, their families, the public and stakeholders. The pre-engagement work identified the need for patient choice with a range of options; the need for consistent access to support out of normal working hours; support for carers and peer support; the need for ease of access, a quick response and early support; and the need for a safe haven providing support and signposting.

A three-day Improvement Event in September 2018 with staff, patients and stakeholders proposed that the crisis service be reconfigured to create a single team; this proposal was supported by the local Crisis Concordat, Mental Health and Learning Disability Partnership, Commissioners and TEWV Trust; and a hub and spoke model would be implemented before the end of 2019.

It was stated that decommissioning the Crisis and Recovery House was felt to be the only viable option; this would create an annual saving of £265,000 which would be reinvested into the integrated crisis service, with an additional seven members of staff and new phone triage system; and would enhance the offer of Intensive Home Treatment.

Members were advised that funding had also been secured to develop local safe havens.

Discussion ensued in respect of the safeguards in place for the Healthcare Assistants responsible for triaging calls from patients; and were reassured that there would be support from Band 5 and Band 6 (registered nurses), along with Band 7 (Advanced Practitioner) staff members.

Concern was raised in respect of the response to incidents involving members of the public having a mental health crisis; and the lack of empathy and compassion displayed by staff members from the crisis services. Members were assured that the street triage team work closely with the crisis team and police when responding to any mental health crises. It was confirmed that the review had been initiated following recognition of feedback received, which included concerns in respect of empathy and compassion; that these concerns were being addressed; and Harm Minimisation, a recovery-orientated approach to clinical risk assessment and management, had been

introduced with training for staff ongoing.

Members highlighted that the proposal to close the Crisis and Recovery House would mean the loss of a service, utilised by a small number of individuals; it was confirmed that the house had not been used in this financial year; those patients that used the service in the past were being case managed; and that service users recognised the benefits of the safe havens.

Members felt that given the ongoing work on the Crisis Service that this should be considered as an item for the work programme; and felt that Members would benefit from Mental Health awareness training.

**RESOLVED** (a) That the outcome of the work undertaken and the proposed integration of crisis services across Durham and Darlington be noted.

(b) That the single service approach and the implementation of the revised model be supported by Members.

(c) That the decommissioning of the Crisis and Recovery House, to enable resource to be more effectively reinvested in an enhanced crisis and home treatment service, be supported.

(d) That the planned development of a safe haven approach to supplement the specialist crisis service provision be noted.

(e) That Crisis Services be considered as an item for this Scrutiny Committee's work programme.

(f) That Members be provided with Mental Health Awareness training with support from Public Health and Healthwatch Darlington.

## **HP14 RIGHT CARE, RIGHT PLACE**

The Director of Operations, Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust gave a PowerPoint presentation to Members outlining the Right Care, Right Place Programme.

Members were informed that the programme was initiated in response to the NHS Long Term Plan, to deliver a better experience and outcomes for service users, staff and partners; focussed on three main work streams, Acute Care, Urgent Care and Community Services; a project group for Darlington would be set up, involving Primary Care Networks (PCN) third sector, public health, patients, families and other stakeholders and would be co-ordinated by a senior reference group; and a framework was being developed to support the programme which would include national performance measures, CQC and other regulatory requirements.

A number of engagement activities had been undertaken to develop the plans and further engagement with PCN's, users, carers, families, stakeholders and staff would be undertaken over the next three to four months to identify what would make the biggest difference; and consultation events were scheduled for 7<sup>th</sup> and 9<sup>th</sup> October.

Members highlighted concern in respect of rural communities and their awareness of services. It was stated that support could and should be tailored to suit the needs of an area; the difficulties in engaging residents in rural communities was acknowledged; and it was agreed that further clarification was required from the Primary Care Network in respect of the role of GP's in tackling isolation.

**RESOLVED** – That the thanks of the Scrutiny Committee be conveyed to the Director of Operations, Tees, Esk and Wear Valley NHS Foundation Trust for his informative update.

## **HP15 HEALTHWATCH DARLINGTON ANNUAL REPORT 2018/19**

The Chief Executive Officer, Healthwatch gave a PowerPoint Presentation to update Members on Healthwatch Darlington Annual Report 2018/19.

The presentation outlined the vision, purpose and approach of Healthwatch Darlington and detailed the Healthwatch Darlington structure for 2018/19.

Particular reference was made to the key highlights from 2018/19; key pieces of work undertaken; and the work of the Health Connector Programme.

Detailed information was given on the funding and expenditure for 2018/19; and the work plan for 2019/20 which had been informed by the 'What's Important to You' survey and from information gathered from community outreach and included children and young people's mental health; Learning disabilities; Primary care access; Hospital discharge services; and seldom heard groups.

**RESOLVED** – That the thanks of this Scrutiny Committee be extended to the Chief Executive Officer of Healthwatch Darlington for her informative presentation.

## **HP16 HEALTH AND WELL BEING BOARD**

Members were advised that the Health and Well Being Board held on 4 July 2019 focussed on 'Starting Well: Giving Every Child the Best Start in Life', with a presentation given on 'Healthy Lifestyle Survey' and updates provided on the Darlington Child Health Profile and the Children and Young People's Plan 2017/2022.

It was confirmed that the next meeting of the Health and Well Being Board was scheduled for 28 November 2019 and would focus on Living and Ageing Well.

Members proposed that consideration be given to host the Health and Well Being Board meetings in the community.

**RESOLVED** – (a) That Members look forward to receiving an update on the work of the Health and Well Being Board at a future meeting of this Scrutiny Committee.

(b) That the proposal to host the Health and Well Being Board meetings in the community be shared with the Chair of the Board for consideration.

## **HP17 WORK PROGRAMME**

The Managing Director submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's work programme for the remainder of the Municipal Year 2019/20.

There was discussion on the current status of a number of topics on the work programme and Members were advised that a report is being drafted following the work undertaken in 2017, 2018 and 2019 on the End of Life and Palliative Care and that this would be brought to a future meeting of this committee. In relation to the Childhood Healthy Weight Plan, the Chair of the Children and Young People Scrutiny Committee met with the Public Health Principal and there would be a discussion between Chairs as this was a joint piece of work.

Members requested an update from the Adults and Housing Scrutiny Committee on the item on Community Equipment Loan Service.

**RESOLVED** – That the current status of the Work Programme be noted.

## **HP18 SUPPLEMENTARY ITEM(S) (IF ANY) WHICH IN THE OPINION OF THE CHAIR OF THIS COMMITTEE ARE OF AN URGENT NATURE AND CAN BE DISCUSSED AT THIS MEETING**

### **(3) IMPROVING STROKE REHABILITATION FOR THE PEOPLE OF DARLINGTON**

The Director of Commissioning, Strategy and Delivery gave a PowerPoint presentation to Members on the review of stroke rehabilitation services in County Durham and Darlington and in doing so outlined the vision and scope of the review, which focussed on the rehabilitation element of the stroke pathway following discharge from acute care.

Members were informed that the current service, a single site based at the University Hospital North Durham (UHND) came about following a consultation process in 2011; that the quality and performance of the stroke pathway at the point of emergency had improved significantly but that the outcome of patients in respect of the rehabilitation element was under performing; and that the current model for acute stroke rehabilitation was spread across two sites, UHND and Bishop Auckland Hospital (BAH), creating workforce pressures.

It was stated that there were two phases of consultation with patients and carers to gather experience and feedback, undertaken by the Clinical Commissioning Group and Stroke Association; the national team from the Getting It Right First Time programme identified a number of recommendations relating to therapy and consultation cover; and an options appraisal was undertaken to identify a future model for the service.

Members were advised that the proposed future model was based on four key areas, those being effective screening and prevention, appropriate and timely hospital care, seamless care delivered closer to home and integrated long term care; and that the preferred option was to consolidate acute rehabilitation onto the Specialist Stroke Unit

at UHND with a robust and effective community based rehabilitation in place.

Members were advised that a consultation exercise would be undertaken from 7 October for 12 weeks and the outcome of the consultation would be considered by Clinical Commissioning Groups and the Trust in the new year.

Discussion ensued on the 'golden hour' following a stroke and how residents in rural areas were managed. It was confirmed that for an acute stroke, a patient would need to be seen within 4.5 hours in order to receive clot busting drugs, and the best outcome for a patient would be when seen within a 90 minute window. The Trust worked closely with North East Ambulance Service to ensure patients were transported promptly to UHND, and in some cases patients had been transferred to Newcastle in time for a thrombectomy.

Members queried the sustainability of a therapist in the community and were assured that due to consolidation of teams, resources would be available to be reinvested in the employment of additional therapists.

**RESOLVED** – That the Director of Commissioning, Strategy and Delivery be thanked for the presentation and the content be noted.

#### **(4) REVIEW OF INPATIENT REHABILITATION IN COUNTY DURHAM AND DARLINGTON**

The Director of Commissioning, Strategy and Delivery gave a presentation on the Review of Inpatient Rehabilitation in County Durham and Darlington.

It was reported that inpatient rehabilitation was delivered across a number of sites; that a review of the models of care was being undertaken to ensure inpatient facilities were being used effectively; and that Ward 6 at Bishop Auckland Hospital was identified for review, with a focus on the current utilisation against best practice and clinical standards.

Members were advised that ward 6 was a nurse led ward with 24 beds, providing step down care; the ward had been initially set up for stranded patients aged 18 and over and had evolved to include non-weight bearing patients, homeless people, patients with complex needs and those waiting for packages of care or social work assessment; that there was no dedicated rehabilitation support available for the ward; and that patients appeared to be inappropriately transferred to ward 6 due to acute bed pressures.

Members were advised that engagement had been undertaken with patients and carers on their experience of the ward; the current model of inpatient rehabilitation care was not standardised; and an options appraisal had been undertaken. The options appraisal determined that the preferred option was for the functionality of the ward to be changed to an inpatient rehabilitation unit, with a reduction in beds by eight.

Members were advised of the next steps; that public consultation would take place from 7 October for a period of ten weeks; and the outcomes of the consultation would

be considered by the Clinical Commissioning Groups and Trust in the new year.

**RESOLVED** – That the Director of Commissioning, Strategy and Delivery be thanked for the presentation and the content be noted.