

At a meeting of the HEALTH AND WELL-BEING REVIEW COMMITTEE held in the CIVIC CENTRE on WEDNESDAY, 13TH SEPTEMBER, 2006 at 5.30 p.m.

Present:-

Councillor R. Bainbridge in the Chair

Councillors Paul Maddison, Richardson, M. Smith, W. Stephenson, S. Watson and A. Wilson

Also Present:-

Councillor F. Anderson (observing)

Welcome and Introduction

The Chairman welcomed everyone to the meeting and invited all those present to introduce themselves.

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Councillors Blyth, Dixon, J. Heron and Leadbitter.

Minutes of the Last Meeting of the Committee Held on 12th July, 2006

In relation to page 1 of the minutes, Mr. Paul Staines, Review Co-ordinator, was still pursuing the STPCT regarding information on male ill health and unemployment.

With regard to page 2 of the minutes, Ms. Jane Hedley, Legal Adviser, informed the Committee that the diabetes sufferer who had been identified as a possible witness for evidence gathering within the Committee's Policy Development and Review suffered from type 1 diabetes and therefore might not be suitable.

In relation to page 4 of the minutes, Members were reminded that they had received a memorandum from the Review Co-ordinator detailing the outcome of a 2004/05 clinical audit of diabetes in the City.

With regard to page 5 of the minutes it was agreed that wording in relation to Procaine Treatment be changed to read "Mr. Brent Kilmurray.....inform[ed] them that the treatment *was unlikely to continue* being prescribed after Dr. Terry Daymond.....retired in February 2007".

1. RESOLVED that subject to the above amendment, the minutes of the last meeting held on 12th July, 2006 be confirmed and signed as a correct record.

Declarations of interest (Including Whipping Declarations)

Item 5 – Inpatient Provision – Cherry Knowle Hospital

Councillor N. Wright declared a personal interest in the item as an employee of MIND who have premises at Cherry Knowle.

Item 7 – Observing NHS Board Meetings

Councillor S. Watson declared a personal interest in the item as a family member was employed by Sunderland TPCT.

Branch Surgery Closure – High Street, Easington

The Acting Director of Primary Care and Clinical Governance submitted a report (copy circulated), which asked Members for consideration and comment, as the Council's health OSC, on an application to Easington PCT to close a branch surgery at 14b High Street, Easington Lane, Sunderland from 31st December, 2006.

(For copy report – see original minutes).

The Chairman introduced Mrs. Sue Grogan, Acting Director of Primary Care and Clinical Governance, and Ms. Allen, Easington PCT, to the meeting who gave a brief overview of the reasons behind the closure.

Councillor Wright expressed concern over the distance some patients would have to travel to the new surgery. Mrs. Grogan informed the Committee that patients had raised concerns regarding transport links and the PCT were examining the possibility of the extension of availability of U-Call, the Nexus ran demand responsive transport bus service.

In response to questions from Councillor Smith regarding patient feedback, Members were informed that two major concerns had been highlighted; Primarily, people felt they were losing a service and secondly the problems of transport.

The Committee was advised that a letter had been sent to all patients who were affected by the closure informing them of the decision and inviting them to either a day or evening meeting to discuss the issue. Mrs. Grogan would be meeting with Sunderland TPCT on Monday, 18th September to discuss practical contingencies including transport.

Councillor F. Anderson, who was attending the meeting as an observer, commented that the lack of transport would have a massive impact on the elderly population and their ability to travel. Easington had lost valuable bus services; high volume corridors were being served at the expense of less accessible, but highly socially necessary destinations. Moreover for those patients wishing to stay with a familiar practice it was important that U-Call or an appropriate service is able to cross the boundary into County Durham.

The Chairman expressed concern that a lot of elderly people or their families had not responded to the consultation offers. Mrs. Grogan agreed that a further letter be sent to residents affected by the closure, with a revision of the wording, inviting them to get in touch with any concerns they wanted to discuss.

2. RESOLVED that:-

- (i) the Review Co-ordinator write a letter to Nexus questioning the possibility of extending community based transport services for patients into County Durham;
- (ii) an update report be brought back to the Committee;
- (iii) the report be received and noted.

Inpatient Provision – Cherry Knowle Hospital

The Locality Director, Northumberland Tyne and Wear Trust, submitted a report (copy circulated) which invited Members to receive a presentation on the progress in re-providing in-patient services for the Sunderland locality. Mr. Clarke was joined by Tony Railton Project Director of PFI.

(For copy report – see original minutes).

Messrs. Clarke and Railton advised that the Board of South of Tyne and Wearside NHS Trust had recently reviewed the financial implication of the Outline Business Case for the re-provision of Cherry Knowle Hospital and had highlighted an affordability gap between the cost of the current hospital configuration and the revenue and capital available to fund configuration. A Project Board has been reformed to direct and manage this process of review in collaboration with the SHA and other partners. It is anticipated that the final report arising from the Review will be available at the end of October, 2006.

The Chairman expressed his immense disappointment and frustration regarding the changed configuration and queried why the Committee as the Health OSC had not been made aware of the financial shortfall.

Mr. Clarke confirmed that the South of Tyne and Wearside Mental Health Trust had made this decision before the disestablishment and there was no implication that the new Trust was changing direction. It was important to identify the most efficient use of resources in which the new model would look to placing a greater emphasis on Crisis Resolution Home Treatment as the 'gatekeeper' to services, rapidly assessing individuals with acute mental health problems and referring them to the most appropriate service.

Regarding the estate itself, Mr. Clarke confirmed that the Department of Health is the current landowner and, in collaboration with English Partnerships, has agreed to close down NHS residual estates transfer issues by December 2006. This will resolve issues over land allocation to Cherry Knowle and it is envisaged that in light of these outcomes the Outline Business case will be reworked by the end of January 2007.

Councillor Wright echoed the sentiments of the Chairman and expressed alarm at the suddenness of the decision. Mr. Railton stated that everyone within the Trust was extremely disappointed that a lot of money and hard work had gone into the commitment but stated that the new organisation can give a greater breadth of affordability.

Councillor W. Stephenson queried how the handover between trusts on 1st April, 2006 had been managed and whether there had been a shadowing between the two. Mr. Clarke informed the Committee that no shadowing had taken place as it was acknowledged that there was a coming together of familiar areas. Neither Trusts had influence to bear on the other.

Councillor Wright sought legal clarification as to whether the identified affordability gap would be considered a substantial development and variation within the Health Services Scrutiny Protocol.

The legal advisor informed the Committee that Cherry Knowle re-provision was included for consideration as part of the business already on the Committee's own Work Programme and as such update reports automatically come to the Committee.

Councillor Richardson enquired how the new service models differed to the previous ones. Martin Clarke explained that the development would be constantly reviewed in order to fit the new envelope of money. The models of care remain the same. It is anticipated that through the PFI procurement process the date of completion will be approximately 2011.

The Chairman asked for reassurance that service provision and hospital buildings will not be allowed to deteriorate while configuration occurs. It was confirmed that a funding avenue to maintain priority areas would exist.

Councillor Wilson requested that any significant changes in provision be brought to the Committee.

The Chairman thanked Mr. Clarke and Mr. Railton for attending the meeting and for answering Members' questions openly and effectively.

3. RESOLVED that:-

- (i) the presentation be received and noted;
- (ii) Mr. Paul Staines, Review Co-ordinator, be provided with the minutes of the monthly Project Board Meetings to summarise and circulate to members in the form of an update memorandum.
- (iii) A future progress report be brought back to the Committee if deemed necessary.

Council Comments : Patient and Public Involvement in Health

The City Solicitor submitted a report (copy circulated) to consider and if possible endorse comments made by officers in lieu of an opportunity for detailed consideration at this Committee.

Ms. Jane Hedley, Legal Adviser, informed the Committee that a letter had been sent to the DOH expressing concerns about the way in which health commissioning arrangements were being reviewed and the ineffectiveness of publishing a consultation document during the summer recess.

Councillor Stephenson queried what different powers Local Involvement Networks (LINKs) would have to PPI forums.

Ms. Debbie Burnicle, Sunderland teaching Primary Care Trust, commented that it was her understanding that the Local Involvement Networks might not be allowed to inspect NHS premises.

Ms. Jane Hedley agreed to examine the documentation and report back. Ms. Maureen Dale, Sunderland Teaching Primary Care Trust, and Carole Harries, City Hospitals, both emphasised the need to view the consultation in context, whereupon more information will follow after consultation. It is envisaged that power will shift from forums into the community thereby engaging hard to reach groups.

4. RESOLVED that the Committee endorse comments made by the Executive Management Team to Department of Health Consultation.

Observing NHS Board Meetings

The City Solicitor submitted a report (copy circulated) to receive an oral report from Councillor Leadbitter on issues discussed at a recent NHS Board Meeting.

(For copy report – see original minutes)

Councillor Leadbitter having submitted her apologies, the Committee agreed to cancel the item.

The Chairman thanked everyone for their attendance and closed the meeting.

(Signed) R. BAINBRIDGE,
Chairman.