

HEALTH AND WELLBEING SCRUTINY COMMITTEE

Wednesday, 26th October, 2016
Time of Commencement: 7.00 pm

Present:- Councillor Dave Jones – in the Chair

Councillors Bailey, Gardner, L Hailstones, Loades, Northcott, Spence, Walklate and Wright
Councillors S Hambleton, T Hambleton Owen and Councillor J Williams were also present at the meeting to observe.

Officers Jayne Briscoe (Scrutiny Officer)

Also in Attendance Representing the CCG – Dr Andrew Bartlam, Accountable Officer for Stoke CCG), Cheryl Hardistry (Director of Commissioning), Dr Steve Fawcett.

Representing SSOTP – Rose Goodwin, Director of Nursing and Quality.

Together with 5 members of the public.

1. DECLARATIONS OF INTEREST

Councillor Loades declared an interest as a Cabinet Support Member for Social Care and Wellbeing.

Councillor L. Hailstones declared an interest as a District Nurse employed by SSOTP.

2. PROPOSED BED CLOSURES AT BRADWELL HOSPITAL - CHAIR TO REPORT

The Chair explained that the meeting had been called to scrutinise the issues around the proposed decision to close beds at Bradwell Hospital and set out how the meeting would be conducted.

Opening with scrutiny questions about the timeline and openness around the decision to close the community beds at hospital, members had sight of correspondence from the Accountable Officer which stated that the proposals would be considered at a public meeting of the Governing Body on 4 October. It was noted that this decision was subsequently taken in a closed session.

Continuing, Sharon Emery as a member of the public who had submitted questions in advance of the meeting, addressed these to the representatives of the CCG and the SSOTP :-

1. Will the CCGs guarantee that no harm will come to patients as a result of closing these community beds?

- 2.
3. What is the plan for coping with the winter pressures, especially with the loss of such a significant number of community beds?

4. What is the breakdown of how monies saved from bed closures have been used to improve quality of care for patients in the community?

Representatives from the CCG explained that no harm would come to the patients. Some community beds would be retained at the Haywood Hospital and that other support in nursing homes in the community would be provided.

There were a number of plans in terms of extra nursing home capacity. From the savings achieved by closing the beds £5m could be invested into community services, primary care and dementia care liaison; there would be an increase in the number of beds commissioned within nursing homes and there would be increased therapy cover to sit within the nursing homes.

Members returned to question the representatives from the CCG and SSOTP regarding:-

Concerns around the patient experience following discharge from Bradwell, which may result in readmission to UHNM, and to a subsequently worsening bed situation at the UHNM.

It was explained by the CCG that the point prevalence study had shown that the majority of people occupying beds were waiting for other services and that rehabilitation did not necessarily need to occur in a hospital. However re admittance to hospital may not always be avoided, around 13% return to hospital, as this was dependent on an individual's condition.

It was stated that 20 beds had closed at the Haywood Hospital and that 130 beds had been commissioned in the community. Pressed on the point around the provision of adequate care package provision within the home it was admitted that there were difficulties around the Council procuring services, although investment had been made to help with this area of work.

Councillor Loades added that the CCGs were committed to ensuring that care packages were provided and that this had rendered very positive results with the opportunity to deliver safe care at home.

Further concerns were expressed at the number of people waiting for a care package revealed by the point prevalence study which was felt to be particularly acute in rural areas. The location of the care within the Newcastle area was a matter of importance to members. Care packages were considered to be somewhat of a postcode lottery and concern was expressed that not all of the training and equipment would be in place by the end of Dec within the Newcastle area. This concern was acknowledged and shared by representatives of the CCG and SSOTP.

The representative from the SSOTP endorsed the view that bed based services were not the best way for care to be provided for the majority but acknowledged that people may require additional support within the care home setting, for example end of life services which would require appropriately trained staff.

The recruitment of Health visitors was scrutinised and the SSOTP representative explained that the skills mix was continually being examined.

Members addressed the consultation process that had been undertaken by the CCG. It was pointed out that there had been no focus group within Newcastle that the reporting of the number of signatures on a petition was inaccurate and that closure of beds had not been addressed in the consultation. It was alleged that the statutory duty to consult had not been carried out adequately and that views from members of the public had not sought.

Representatives from the CCG stated that consultations would be reported to the governing body on 1 November and if there were significant changes to go out to public consultation in the New Year.

Members considered the timescale of 1 November to be too short.

The Chair asked if NHS England had directed the CCG not to make the decision public.

A member asked for quality assurance regarding the inspection of the residential care homes commissioned. It was stated that all the homes had been inspected and that this role would be continued by the Community Matron.

In summing up the Chair felt that it would have been better to have consulted in September at which time the concerns could have been addressed in a more constructive way.

The Chair stated that the healthcare system was approaching crises point and at an early point in the year. The wards at UHNM were full and that there may be a need to recommission these beds at Bradwell Hospital in January 2017.

Representatives from the CCG confirmed that provision needed to be made for around 200 people who were medically fit for discharge and that as Commissioners and providers this was their responsibility.

The effect on the morale and stress of the staff at Bradwell Hospital was acknowledged by the CCG and it was stated that following discussions the hospital beds would remain open until December; patients who met the criteria would be admitted.

The Chair thanked the representatives from the CCG and the SSOTP for their attendance at the meeting.

The Chair considered that the subsequent decisions would benefit from public scrutiny and he urged the representatives to take this message back to the Board.

3. URGENT BUSINESS

There was no urgent business.

4. DATE OF NEXT MEETING -16 NOVEMBER 2016

**COUNCILLOR DAVE JONES
CHAIR**

Meeting concluded at 8.20 pm