

**BARNARD CASTLE TOWN COUNCIL
SPECIAL COUNCIL MEETING**

24 JULY 2017

PRESENT: Councillor Mrs Moorhouse (Town Mayor)(in the Chair); Councillors Peat, Blissett, Miss Blissett, Chatterjee, Child, Hallimond, Harrison, Sutherland, Mrs Thompson and Wilkes.

Also in attendance: Noel Scanlon, Executive Director of Nursing – County Durham and Darlington NHS Foundation Trust (CDDNHSFT), Sarah Burns, Director of Commissioning – Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDESCCG); Durham County Council (DCC) Councillors Henderson, Bell and Rowlandson; Lesley Jeavons, Director of Integration DDESCCG; Christine Kelly, Integrated Adult Care Management and Jill Foggin, Communications Officer CDDNHSFT; Anne Jones – Chairman of Friends of Richardson Hospital (FoRH), Marie Yarker – Vice Chairman FoRH and Iris Hillery – Honorary Secretary FoRH; two members of the public and; two members of the press.

Officers: Mr King (Town Clerk), Mrs Woodward (Deputy Clerk).

47. ACCEPTANCE, OR OTHERWISE OF APOLOGIES

Apologies were received from Councillor Kirkbride.

Resolved – That the apologies be noted.

48. DECLARATIONS OF INTEREST

In accordance with this Council's adopted Code of Conduct (Minute 12/May/17 refers), Members were asked whether they had any personal, pecuniary or prejudicial interests in any matter on the agenda and, if so, to declare those interests at that point of the meeting. Members were reminded that a declaration could be given later in the meeting if a need had arisen during discussion. None were declared at this juncture.

49. RICHARDSON HOSPITAL

Received –a report outlining the background to the proposed reduction of inpatient capacity of the Richardson Hospital, to enable the town council to resolve its position on behalf of the town.

Councillor Blissett gave a statement regarding the meeting held with staff at Richardson Hospital on 6 July.

Anne Jones, Chairman of FoRH circulated a statement expressing FoRH concerns at the proposed reduction in commissioned beds on Starling Ward and the continued closure of Lawson Ward rendering a considerable part of the hospital building unused. FoRH main concern was for the continuation of community services including sufficient commissioned in-patient beds to meet local community needs. They were also concerned that the hospital was not being fully utilised.

Durham County Councillor Bell deplored the lack of consultation and stated that it would be pursued at next Adults, Wellbeing and Health Scrutiny Committee meeting in September.

Noel Scanlon responded that the consultation with staff at Richardson Hospital would end in August. The reduction of in-patient beds on Starling Ward would reduce from 24 to 16 in September. The reasoning was based on current and proposed demand and a reduction in use. Current patients were in single figures and community intervention was preventing hospital admissions, alongside improved provision of intermediate care. There were also vacancies for registered nurses. He stressed that Richardson Hospital was important for step down care and rehabilitation.

Sarah Burns reiterated that occupancy had decreased, with a quarter of patients from Darlington and Sedgefield areas. More patients were being discharged from hospital direct to home. Although in-patient services were affected, community services at Richardson Hospital would not be altered.

Councillor Sutherland asked whether Richardson Hospital was more expensive for services to be commissioned. Sarah Burns responded that it was, due to 'being a PFI'¹ and rent was determined by NHS property services. Iris Hillery stated that FoRH had been told that cost was not an issue.

Councillor Sutherland queried whether patients from Teesdale were being placed in other hospitals. Councillor Child elaborated and asked whether patients from Teesdale were being given the choice to go to Richardson Hospital. Noel Scanlon responded that NHS staff were familiar with Richardson Hospital and that he was not aware of any patients not being given a choice. There were individual cases of negative experiences given in the meeting that needed further investigation. It was also apparent that there was acute bed blocking based on patients waiting for their choice of community hospital bed.

Councillor Blissett queried why there was secrecy surrounding the meeting with Richardson Hospital staff on 6 July. Noel Scanlon responded that this consultation with staff was private and it was following good employment practice. It was not a public consultation.

Councillor Blissett also aired concerns about GP cover. Sarah Burns stated that DDESCCG had looked at the appropriate medical cover for occupancy of beds and there were no plans to change the contracted GP cover. Richardson Hospital would never be without GP cover. Iris Hillery added that there had been GP cover issues at the weekend. Marie Yarker elaborated that there had been at least five years of GP cover issues at Richardson Hospital.

Councillor Wilkes asked whether there was any intention of public consultation. Sarah Burns explained that this would only happen if a significant change was proposed. Services were not being changed; just reduction of bed spaces. There would be engagement with stakeholders as part of the strategic review of six community hospitals carried out by DDESCCG. Lesley Jeavons explained that as part of this review GP cover would be looked at. Reference groups would be established for engagement and additional consultation.

¹ It was confirmed that funding for the Richardson Hospital rebuilding was secured through a bid to LIFT (Local Investment Finance Trust), a scheme constructed in terms other than PFI (Public Finance Initiative), to attract private finance into the procurement of public assets in 2004.

Councillor Sutherland enquired whether it was okay to lie to the community regarding closure of the Lawson Ward. Sarah Burns replied that recruitment of staff was an ongoing issue. Councillor Sutherland then queried whether every effort had been made to employ staff. Noel Scanlon stated that there was a national shortage of registered nurses. He stressed that there would be no risk to jobs and no redundancies at Richardson Hospital. Redeployment elsewhere was a possibility.

A member of the public, Chris Adams, asked whether the NHS had taken any bed audits and if so, could data be published. Noel Scanlon responded that patients were in hospital based on clinical need and that staff endeavoured to place patients as close as possible to their home. There was no desire to reduce demand on community hospitals.

Mr Adams then queried whether the CCG had spoken to the Consultation Institute. It was clear that the public wanted a discussion and there was fear about Richardson Hospital closing. Sarah Burns answered that CCG was guided by Health Scrutiny and that there was no major change planned to Richardson Hospital. She agreed to share information about the large number of community services delivered at Richardson Hospital.

In summary, the following data were agreed to be provided -

On behalf of CDDNHSFT:

1. Number of nursing vacancies affecting the Richardson Hospital advertised by the trust since the public meeting held on March 2016, which are a) filled and b) unfilled;
2. Aggregate figures relating to the intermediate care placement of patients ordinarily resident in Teesdale on discharge from the trust's acute units;
3. Aggregate figures relating to bed occupancy at the Richardson, the acute hospital from which patients were referred, and the (district of) origin of the patients.

On behalf of DDESCG:

4. Range of clinical services provided at the Richardson, graded by commissioner and by provider;
5. Scope of (weekend) urgent care provision at the Richardson.

Resolved – (a) That the town council, on behalf of its residents and the local community, strongly objects to the proposals to reduce the Richardson Hospital's capacity to 16 in-patient beds, with the loss of care and jobs this will cause. The town council also objects to the plans being put in place with no public consultation and requests public participation take place as a matter of urgency.