DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Thursday 5 March 2020 at 9.30 am**

Present

Councillor J Robinson (Chair)

Members of the Committee
Councillors J Chaplow, A Batey, R Bell, L Brown, P Crathorne, R Crute, T Henderson, E Huntington, P Jopling, S Quinn, H Smith, J Stephenson and O Temple

Co-opted Members
Mrs R Hassoon

Also Present
Councillor L Hovvels

1 Apologies

Apologies for absence were received from Councillors A Reed, M Simmons and T Tucker.

2 Substitute Members

There were no substitute members.

3 Minutes of the meeting held on 17 January 2020

The minutes of the meeting held on 17 January 2020 were agreed as a correct record and signed by the Chair.

The Principal Overview and Scrutiny Officer informed the Committee that a letter had been sent to the Cabinet Member for Adult and Health Services, Councillor Hovvels containing the views of the Committee on the draft Joint Health and Wellbeing Strategy 2020-2025 that would be considered at the Health and Wellbeing Board. The Children and Young People's Overview and Scrutiny Committee had also submitted comments on the draft strategy.

4 Declarations of Interest, if any

There were no declarations of interest.

5 Any Items from Co-opted Members or Interested Parties

There were no items from Co-opted Members or Interested Parties.

6 Media Issues

The Principal Overview and Scrutiny Officer referred members to the recent prominent articles and news stories relating to the remit of the Adults, Wellbeing and Health Overview and Scrutiny Committee.

'Coronavirus: Health Chiefs issue advice as guidance on disease continues to change' (Sunderland Echo – 30 January 2020) related to the continued changes in advice offered by Health Chiefs in relation to the Coronavirus. This related to the Health Protection Assurance report on the agenda and to be presented by the Director of Public Health.

'Paramedic recruitment targets to be hit' (Northern Echo – 27 January 2020) related to ambulance chiefs being on track to exceed their targets for new paramedic recruits for the year. The move came as part of plans to have 38 extra ambulances, but 20 fewer rapid response cars and 9 fewer intermediate-tier vehicles. This related to the NEAS Audit of National Ambulance Response Standards report on the agenda and would be presented by the Associate Director for Marketing and Communications.

'Ward 6 and stroke unit at Bishop Auckland Hospital saved' (Northern Echo – 31 January 2020) related to health officials withdrawing proposals to close two hospital wards due to unprecedented demand for inpatient beds. This item would be presented by the Head of Integrated Commissioning, DCC/Durham CCGs.

Future of Shotley Bridge Hospital remains uncertain, as plans to move it to Consett steelworks emerge' (Evening Chronicle – 11 February 2020) related to NHS chiefs reviewing the future of Shotley Bridge Hospital with the option of services being moved to the former site of Consett's steelworks. This related to item would be presented by the Head of Integrated Commissioning, DCC/Durham CCGs.

Councillor Temple wanted to know what the role of the Adult, Wellbeing and Health Overview and Scrutiny Committee was in relation to the Coronavirus.

Councillor Robinson explained that the Director of Public Health would provide an update on the coronavirus from the County Councils perspective within agenda item 7.

The Principal Overview and Scrutiny Officer noted that an update would be given in agenda item 7 on the Health Protection Assurance Report 2018/19 followed by an update from the Director of Public Health on Coronavirus as this fell under the remit of Health Protection Issues. He added that the same concerns had been raised at the recent Health and Wellbeing Board and this meeting was an opportunity to gain a response from the Director of Public Health.
He noted that the committee would periodically review the situation as developments arose with verbal updates from the Public of Health at future meetings.

Resolved

That the verbal presentation be noted.

7 Health Protection Assurance Report 2018/19:

The Committee considered a report of the Director of Public Health County Durham that updated Members on health protection assurance arrangements in County Durham.

The Director of Public Health gave an overview of the Health Protection Assurance report 2018/19 that included updates from the implementation of the health protection action plan that was overseen by the Health Protection Assurance and Development Group (HPADG). She informed the Committee that the HPADG met quarterly and sought assurance on five main strands of health protection:

- Screening programmes
- Immunisation programmes
- Outbreaks and communicable diseases
- Strategic regulation interventions
- Preparedness and response to incidence and emergencies

The Director of Public Health updated the committee that a good local response had been achieved to the screening programme with the number screened for cervical cancer being higher than the national figures for England. A campaign was to be launched to encourage a higher number of people to attend the free screening sessions. The immunisation programme had received a higher rate of staff within the Aycliffe Secure centre being vaccinated and there was a higher percentage in Durham for childhood immunisations due to the outbreak of measles and mumps. There had been a flu campaign launched to target people at risk to encourage people to have their flu jabs. An update on the flu programme would be given at a future committee meeting. The Infection control nurses worked with care homes and prisons which were particularly challenging with the management of Tuberculosis (TB). She added that sexual infection rates were lower than the national average.

Councillor Bell referred members to paragraph six within the report regarding a working group that had been established to raise awareness and increase the uptake in vaccinations. He queried if there was a good handle of vulnerable groups and knowledge of who to target with regards vaccinations and if the group had success in increasing the uptake on vaccinations.

The Director of Public Health affirmed that the Flu Prevention Board had been tasked to identify vulnerable at-risk groups to offer vaccinations that included those over 65 year olds and pregnant woman. The group had identified a supply shortage in October within the childhood vaccination programme but data collected would help to plan for next winter. The full evaluation for the vaccination programme for the year was not available yet but the intelligence gained would feed into the coronavirus action plans. The Chair suggested that the full evaluation report for the vaccination programme be brought back to this Committee when available.

Councillor Chaplow was concerned that TB was evident in the prison service as she thought the disease had been eliminated.

The Director of Public Health noted that although TB was evident in the prison service it was at low levels and the spread of the bacterial infection was connected to people living in close proximity to each other.

Councillor Chaplow was worried that children were immunised against the disease at the age of 12 but this had now stopped.

The Director of Public Health confirmed that the disease was not at a level that required immunisations and that was why children no longer received it.

Councillor Temple congratulated the Director of Public Health on the good figures that were shown within the report.

Councillor Robinson felt that the coronavirus should be discussed at future committee meetings along with screening figures. He thought the screening results were excellent for Durham with 70% being screened for breast cancer and 80% for cervical cancer which were both above the national average but he was anxious that there were still people who were not being screened at all.

The Director of Public Health advised the committee that NHS England were reviewing the screening process to look at the inequalities and fair access to the programme as there had been a change in life expectancies. She felt that it would be helpful to update the Committee at a future meeting.

Councillor Jopling felt that if people did not want to be screened, they would not go. She believed that there was not enough information on what screening programmes or vaccinations were available to people. She referred members to the report that stated there were vaccinations available against shingles which she was not aware of nor had she seen any information on bowel screening. She deemed the biggest issue was around raising awareness to screening and GP surgeries should illustrate how important screening was.

Councillor Huntington reiterated Councillor Jopling's comments on the lack of information to show what screening was available to people. She felt that it was down to the efficiency of the GP surgeries to get the message across.

Councillor Quinn felt that different GP surgeries promoted different things as she was aware that the shingle vaccination was available and posters illustrating this were displayed in her GP surgery.

Councillor Crathorne was concerned that breast screening for women over the age of 70 was not available and they should be. She had enquired about them as she still wished to take part but was told to ring up and make an appointment when the van was in her area but she was not aware of when it was in her area to make an appointment. She thought it was unfair women of a certain age were taken out of the equation for screening.

Councillor Bell referred members to paragraphs 26-27 within the report that highlighted contingency plans that were already in existence and in place that under normal circumstances would not be realised that would deal with the coronavirus. He felt reassured and commended all the hard work that had already taken place. He was happy that an update on the coronavirus was to be presented at future committee meeting which he would find most helpful.

The Director of Public Health made the Committee aware that the national situation had seen over 16,000 members of the public being tested negative for the virus and it had not been classed as a pandemic but an outbreak. She reported that 85 people had been tested positive in the UK with one case being confirmed in Newcastle. Public Health, England and the Director of NHS, England had been contact tracing to see who they had been in contact with as a measure to contain the virus. She informed the committee that the virus had emerged last year which attacked the respiratory system with flu like symptoms that included a cough, fever and runny nose.

The Director of Public Health stressed that the World Health Service were looking at the virus on a global scale but each Country were looking at it from both a national and local level. The Government were overseeing the virus on a national level with COBRA having met to respond to it and communicate key actions that would be upscaled all the time.

She added that the Government had produced national guidance for the public, colleagues within the NHS, Health and social care workers along with school and transport workers. The links were on the Governments website that was updated on a regular basis with new information.

On a local level within the North East, the Director of Public Health made the committee aware that the North East Influenza framework that was established in 2009 for a potential respiratory new virus was being implemented. The framework would be used collectively as a plan to respond to the virus. Work was being carried out with Colleagues by testing patients, providing advice for people who had recently returned from travelling abroad and self-isolation. At a local level, relations with Public Health England were helping to carry out contact tracing to identify people who had been in contact with the virus to contain it as the transmission of the disease was thought to be from person to person. The localised planning framework also worked across the board with business contingency plans being implemented.

The Director of Public Health informed the committee that within Durham County Council regular updates were being provided for elected members and the local community through communications sent through Public Health, England. The Council had business contingency plans through the Corporate Management Team. She added that the public could protect themselves by good hand hygiene and social distances. She added that work was ongoing to look at the figures that came out of China in relation to the virus. It was thought that it was likely that 80% of the population would become infected but not all would show symptoms or only mild ones. The virus was still being detected in places and anyone experiencing symptoms should contact the 111 service for advice with the potential of self-isolating. She noted that if the virus continued then plans would be moved to cancel big events and close school to promote social distancing.

The Head of Integrated Commissioning informed the Committee that the Durham CCGs' Director of Nursing was coordinating a response across County Durham and the CCGs to support organisations to ensure they all had business contingency plans that were to be constantly refreshed to be able to respond to the virus.

The Deputy Chief Executive, NEAS confirmed that work had already been carried out and the same plans put in place that had dealt with the flu pandemic. It was felt they were robust, tried and tested and well-rehearsed to respond to the coronavirus. He added that business contingency plans, command and control centres were in place as a regional cell with each area having a local co-ordination that was governed by the National Response Team. He noted that communications were key with a huge press release regarding the 111 service being launched.

The Head of Communications and Charity, CDDFT reiterated comments made by the Head of Integrated Commissioning and the Director of Public Health. She felt that services were well prepared with business contingency plans in place. She was amazed at the resilience at how services were managing and how they responded day to day. She stressed that everything was in place in accordance to national guidance with signage to support and symptoms being tested. She emphasized that residents should contact the 111 service for any advice which was managing well.

Councillor Crute was reassured with the update on the coronavirus that corporate communications were getting the message across. He had been initially concerned as a section of the community were panicking and not realising that things were going on behind the scenes with several organisations involved and how they drew together for the public's health.

Councillor Crute was comforted that the Director of Public Health was at the heart of operations to feed regular updates back to the committee and how far the work had evolved to keep the public updated.

Councillor Batey informed the committee that she had been involved with the hand foot and mouth crisis and knew that all the protocols were already in existence to be used when an emergency arose to serve with assurance. She noted that there had been continued updates on hand foot and mouth to ensure there was not a mass panic in the community. She felt that Members had a role to play to help with the coronavirus to promote the one point of information and the 111 service.

The Director of Public Health stressed that good communication was important to dispel any myths. She advised that joint working was underway with the community and voluntary sectors to support and protect them to ensure that their business contingency plans were in place as they were important to the Council. She added that work was ongoing with the Corporate Director of Adults and Health Services team as the key contact for services and care providers who dealt with the elderly who were at risk with the coronavirus. The team were working closely with the infectious control team to develop guidance for the care sector and planning for the next phase. She advised that the Corporate Director of Adults and Health Services was part of the local planning interface with the NHS, care homes and housing solutions that carried out wellbeing visits as part of the plans to get the message out to the elderly.

Councillor Quinn stated that she was an employee of a nursing home where staff in their day to day duties were diligent in their hygiene especially with barrier nursing. She felt that the day to day policies within these environments would be spot on.

A member of the public was in attendance who voiced his concerns with regards to the coronavirus. He felt that health officials should not be complacent as the issue was not going to go away.

He believed that the situation would not ease with summertime approaching as the virus had originated from hot countries. He thought that health officials should be ensuring that there was enough extracorporeal membrane oxygenation (ECMO) machines and beds in ICT units to cope as the virus took hold as he was concerned that the service was already under pressure.

Councillor Smith explained that an ECMO machine was a machine that kept a patient alive until their heart and lungs had repaired themselves enough that the patient could breathe on their own. She advised the group that the Freeman Hospital in Newcastle had one.

The Head of Communications and Charity, CDDFT reassured the committee that health officials were not being complacent and were constantly reviewing and monitoring the situation to ensure that there were enough beds and contingency plans were being followed to deal with any emergencies.

Councillor Robinson noted that the situation would be a good story for the public on how well partners were planning for every eventuality with the coronavirus.

The Director for Public Health stressed that the message that was being portrayed was that partners were working collectively and pulling together to take the coronavirus seriously.

Resolved

i. That the report be noted;
ii. The Flu vaccination evaluation report be brought back to the Committee for consideration when available;
iii. Regular updates in respect of the Council's response to the Coronavirus outbreak be brought to the Committee.

8 North East Ambulance Service - Post Implementation Audit of National Ambulance Response Standards:

The Chair introduced the Assistant Director of Communications and the Deputy Chief Executive from the North East Ambulance Service (NEAS) who were in attendance to provide a presentation to members regarding the post implementation of the audit of national ambulance response standards in County Durham.

The Associate Director for Marketing and Communications informed the committee that there had been an audit of the ambulance services response standards over the last 12-18 months to see if the service was achieving its response targets. He noted that within the audit, the new targets differed from old one with the new aiming to better prioritise the patient who needed an ambulance response.

A new model of working had been introduced to help reach targets that included a new 12 house shift pattern, the reduction of rapid response vehicles, the recruitment of more staff, the reduction of night shift crew and the increase in double crewed ambulances.

The Associate Director for Marketing and Communications notified the committee that on some elements the response targets were not being met but certain factors influenced response times like the increase in patients requiring ambulance services during the winter, the hand over with hospitals accepting patients and whether the call was for a category one that was life threatening or a category two that was serious. The ambulance service had relied on the St Johns Ambulance service to help deliver patients to hospital in times of need.

The Associate Director for Marketing and Communications referred members to several charts within the presentation that showed response times compared to the targets set and the forecasted demand. In most cases the demand was even greater than the forecasted demand. He noted that even after the investment and recruitment of staff there were still issues with long waits. On a positive note, the Associate Director for Marketing and Communications told the committee that when bench marked against other ambulance services it was the most successful, cheapest and fastest ambulance service in category one response times.

Councillor Bell was concerned that the statistics only showed a regional and North East picture of the response times and that they did not reflect rural area response times. He welcomed the increase in resources for the additional ambulances to increase links from urban areas to Durham but was worried on the handover times.

The Deputy Chief Executive, NEAS stated that the statistics were for CCG level of communication. He advised that the rural provision for ambulances was different to that of urban provisions. He added that systems in rural Durham took a Community Paramedic approach that worked well. He noted that over the last two years the NHS had placed health care around the patient to help treat patients in rural communities rather than having them endure long journey times to get to hospitals.

The Deputy Chief Executive, NEAS stressed that the increased resources in Durham had gone into Durham as they were the worst hospital for delays. The integrated care systems (ICS) had raised issues but they had influence and greater traction to ensure that hospital delays and the impact they had were alleviated. The ICS were requesting the Winter Plan for this year by Easter which would be a huge undertaking.

Councillor Robinson noted that following the winter of 2018/19 the Chief Executive, County Durham and Darlington NHS Foundation Trust had attended the committee to provide an update on the pressures winter had brought to the service and the resources that would be deployed to improve things.

The Head of Communications and Charity, CDDFT advised that measures had been set in motion in Durham and though it did remain a challenge comparatively broken down the situation was not as bad as people thought regarding delays.

The Head of Integrated Commissioning supported the comments made by the Head of Communications and Charity, CDDFT as the service was not looked upon as an individual problem but as Durham as a whole. She stressed that working collectively was a good opportunity to present that.

Councillor Batey was concerned with the system that monitored the use of the defibrillators. She gave her division as an example of a defibrillator that had been deployed at a weekend which was not asked to be signed for and the community centre did not realise it had been taken. She wanted to know who checked the host organisation to ensure equipment was returned and pads replaced after use. She thought that additional resources should be put in place so the central system was manned over the weekends.

The Deputy Chief Executive, NEAS stated that staff should be available 24/7 as part of the first responder team. There was an expectation that once a defibrillator was deployed that the machine would be returned in a state that it was ready to be used again if required. He agreed to investigate this further.

Cllr Batey informed the Deputy Chief Executive, NEAS that the incident happened at Ousten Community Centre.

Councillor Temple mentioned that he had been present on the Committee for the past 12 years and was disappointed that hand over delays in hospitals had doubled with knock on effects for the ambulance service. He questioned what the function of the Committee was and what difference the Committee made. He wanted to know what the committee could do considering capital investment, who they could lobby and who within the press could take these items up.

Councillor Robinson requested a definitive answer on whether University Hospital North Durham (UHND) had been given approval to extend their A&E service. The Chief Executive, County Durham and Darlington NHS Foundation Trust had given an update at a previous meeting but no further information had been forthcoming.

The Head of Communications and Charity, CDDFT could not give a definitive answer regarding UHND's plans for an extended A&E. She noted that there was a commitment to the A&E being at Dryburn Hospital and that it required a business case in order to take it forward. She added that there was a lack of resources at present for the project and was waiting for a national response to funding.

Councillor Temple wanted to know if he or the committee as a whole could write to the MP for support to pressure the government to respond regarding 100% investment.

The Head of Integrated Commissioning reassured the committee that the hand over delays had improved in Durham.

Councillor Robinson felt that a case study could be carried out to show how ambulances came into hospitals and how they went back out. He supported the suggestion to write to MPs to ask for support for investment.

Councillor Jopling agreed with Councillor Temple's comments and noted that people did not just go to hospital for emergencies. She thought that the triage service should be stepped up to wheedle out the non-emergency cases so those who really needed help received it.

Councillor Robinson notified the committee that everyone who self-presented to casualty had to be seen irrespective of whether they were non-emergency.

The Head of Integrated Commissioning emphasized that the NHS 111 service acted as the first point of triage treatment and if appointments were required could be booked through the service to reduce the impact on people self-presenting in casualty. She informed the committee that she had been part of an audit on the A&E service that had taken place between the hours of 8am and 10pm that involved talking to patients asking them why they had come in. She added that this was to identify streaming at the front desk to see if patients could be seen in primary care rather than A&E. It was hoped that the culture could be changed to lessen the burden on the A&E services.

Councillor Quinn explained that she had recently had a bad experience at A&E where she had to wait 8 hours with an elderly client from her care home because of the hand over from ambulances as it was grid locked.

Councillor Robinson noted that it was not just in Durham but other hospitals like the University Hospital of North Tees were just the same.

Councillor Crathorne felt that the walk-in service at Bishop Auckland should just be for people to walk in to relieve the impact on A&E. The services at Bishop Auckland should also be pushed more.

The Head of Integrated Commissioning advised that there were services not just in Bishop Auckland but also in Peterlee. The NHS were trying to advertise the message that it was better to talk than walk so they should talk to the 111 service before walking to the A&E department or minor injuries units. She felt that members could help promote this message to residents.

Councillor Crute responded to Councillor Temple's points regarding the purpose of the committee as it was set up to amplify the voice of the public in matters that were important and to drive improvement forward in public services. He agreed that MP's should be contacted and lobbied but it was important that an outcome could be seen. He believed that there was no quick solution for the ambulance service but felt that MP's should be lobbied for improvement but lobbying needed to be followed through on behalf of the public.

Councillor Robinson agreed with Councillor Crute.

Councillor Bell felt that things had got carried away with the Purdah period and was worried that business would not be progressed because of it.

The Principal Overview and Scrutiny Officer notified the committee that guidance had been issued by the Monitoring Officer with regards to Purdah that would commence on 23 March 2020 but that did not mean that it was not business as usual.

Councillor Jopling believed there was a good service provided at Bishop Auckland but people were required to ring 111 to book an appointment. However, she felt that some of the public would not do this as they did not have any confidence in the 111 service. She understood that people had to work more effectively as walk in services would be busier at some points and that an equilibrium had to be found to ease the pressure on Durham.

Mrs Hasoon emphasised the message that if anyone was unwell not to contact doctor surgeries but the 111 service for advice.

The Head of Integrated Commissioning explained that the service at Bishop Auckland had not been a walk in for three years as people would rather have an appointment than wait at a walk-in service. She added that this had been a clinical risk but there was a requirement to get people to the right place which the 111 service could channel people as they provided a triage service to get people the right help.

Resolved

i. That the report be noted;
ii. A further more detailed report analysing ambulance response performance across County Durham and A&E handover/triage performance at UHND and Darlington Memorial Hospital be brought to a future meeting of the Committee;
iii. That County Durham MPs be lobbied to secure the required funding to enable plans for the extension of the A&E Department at UHND to be progressed.

9 Review of Stroke Rehabilitation Services and Inpatient Rehabilitation Services (Ward 6 Bishop Auckland Hospital) Update:

The Committee received a report of the Corporate Director of Resources that provided members with information in respect of the future of Stroke Rehabilitation Services in County Durham and Inpatient Rehabilitation Services at Bishop Auckland Hospital (Ward 6) following cessation of the statutory consultations for both reviews.

The Chair welcomed colleagues from the North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups who were in attendance to provide an update on the review of the stroke rehabilitation services and inpatient rehabilitation services - ward six - at Bishop Auckland Hospital.

The Chair noted that the committee had been actively involved in reviews of stroke services for County Durham since 2011, and in ongoing discussions with County Durham and Darlington NHS Foundation Trust over the future of ward six since initial reports it was to close in late 2018. Throughout the review of stroke services, the committee sought to ensure that County Durham residents had access to the best possible rehabilitation services, and that the time patients spent in hospital was minimised – allowing them to be rehabilitated in an environment in which they felt comfortable – at their home.

As for ward six, the committee had repeatedly asked both the Trust and the CCGs on why changes to inpatient rehabilitation services were necessary and stressed a continued need for care at Bishop Auckland Hospital.

As Chair of the Committee he welcomed the CCG's recent decision to stop the consultation on ward six, ensuring the continuation of this vital service for the community and in terms of the review of stroke rehabilitation was pleased for the residents in Bishop Auckland and the Durham Dales who had welcomed the decision to also cease the consultation on those services. As Chair he looked forward to continued dialogue with both the Trust and the CCGs on how they planned to address the issues which prompted the review.

The Head of Integrated Commissioning stated that the vision for the stroke service and ward 6 has not changed and there was still a keen drive to deliver a high level of service. There had been 23 additional therapy posts in place that specialised in stroke rehabilitation that had received positive feedback from both staff and patients. Ward 6 was to retain 24 led beds for therapy provision. She added that therapy was to be given as much close to the patient's home as possible.

The Stroke Consultant, CDDFT advised that acute services were to be looked at as part of the pathway with increased investment to make real progress to ensure there were positive outcomes for patients who had suffered a stroke.

Councillor Smith felt that the proposals for change should be discussed first to look for path referrals as the outcomes would not be successful if there were staff shortages where therapy could not be provided. She wanted to know how the situation could continue at Bishop Auckland considering staff shortages and what could be put in place to ensure services continued.

Councillor Quinn reiterated the comment from Councillor Smith.

The Head of Integrated Commissioning advised that staff had been consulted with along with specialists recruited to give the best outcome under the current reviews. The outcomes varied with each patient who had suffered a stroke with some experiencing lasting disabilities and with that work was underway to look at optimising the number of patients transferring to Bishop Auckland; carrying out work with the wider team from ward 3 and 4 so staff did not deteriorate; and ensuring that patients were not transferred to acute sites but looked for escalation in other wards like ward 6. She added that this would be a long piece of work to identify fewer inappropriate transfers to ward 6 and acute services.

Councillor Henderson thanked the team for the hard work that had been carried out and was glad that officials had seen the light to withdraw the consultation.

Councillor Bell noted that this was the third improved therapy provision.

The Stroke Consultant, CDDFT advised that work was provided through therapy teams that used acute services. Posts were regularly added to it to firm up if a patient needed rehabilitation but work was not yet focused on how to utilise the site.

Councillor Robinson thanked the team for all the hard work.

The Principal Overview and Scrutiny Officer alluded that work was on going to explore responses to concerns to ensure that performance in stroke services was improved and that the community provision in County Durham was levelled up if there was an imbalance. He added that further updates and feedback would be provided to the committee on a regular basis on improvements to patient outcomes, issues on patient lengths of stay, delayed discharges and the Clinical Commissioning Group.

Councillor Hovvels commented that the power of the people should never be underestimated nor the scrutiny committee who asked questions to get positive results.

Resolved

That the report be noted.

10 Future of Services currently provided at Shotley Bridge Community Hospital Update:

The Chair welcomed colleagues from North Durham Clinical Commissioning Groups who were in attendance to give an update on the future of services currently provided at Shotley Bridge Community Hospital. The Chair felt that as a committee a close eye had to be kept on the situation at the hospital since the temporary closure of its inpatient rehabilitation beds in 2016.

The Committee had worked alongside a Councillor reference group that was set up by the County Council's Cabinet member for Adult and Health Services Councillor Lucy Hovvels to scrutinise work done by the Clinical Commissioning Groups and County Durham and Darlington NHS Foundation Trust, both on the future of the site and the services it provided. Along with this group, the Committee had ensured the voice of local councillors had been heard by the CCG and Trust and had supported the need for services to be retained in the locality and had lobbied for funding to be made available for a new healthcare facility in the area should that be the ultimate ambition of the CCG and Trust. The Chair felt that should that be what the partners chose to pursue, he was keen to hear what plans would be in place to ensure there was no gap in provision and that services would continue to be delivered from the existing site until such time as a new facility was opened.

Councillor Hovvels praised all the work that had been carried out by everyone involved to secure services that were currently provided at Shotley Bridge Community Hospital. She informed the Committee that the hospital was proposed to be closed and the services along with it. She added that work by partners had not been done in isolation but with local people getting involved that had brought a lot to the table within the engagement events that had been held.

The Head of Integrated Commissioning advised the Committee that there was a partnership approach to deliver plans for the hospital that would have no gaps in what was currently provided to what the future provision would be. The new future model of care would be developed to be fit for purpose to ensure that the facility kept the independence of patients. The Shotley Bridge Hospital Support Group involved people and kept them updated on progress made.

The Head of Integrated Commissioning informed the Committee that there was potential to deliver more services and they were not just looking at services that were already in existence but also on what could be delivered in the next 5-10 years. She notified the committee that the estate was not fit for purpose as it had deteriorated over the years and was three times larger than was required. She added that there were sites under consideration to relocate the services to that included land owned by Genesis who had already applied for planning permission.

She noted that the head of terms for conditions would be concluded on each site to produce a business case and a financial appraisal to look at the costs involved. The project was a legacy scheme that would only require internal approval and the NHS assurance still applicable in terms of the model of care before it could move forward.

Councillor Temple thanked Councillor Hovvels for making the work non-political where all parties worked together for a positive outcome. He thanked everyone involved in all the hard work including the people of Consett for acting responsibly to accept and support the work around the hospital by giving up their heritage in a place where their children were born. The key element in mind was to get what was best for the people and the future.

Councillor Robinson reminisced about the hospital remembering when it had been the regional heart centre and the regional burns unit. He commented that it held a lot of history for a lot of people. He felt that it was a good case study on how joint working on a difficult project could produce a positive outcome. He noted that the Committee would monitor progress.

Resolved

That the report be noted.