DURHAM COUNTY COUNCIL

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Council Chamber - County Hall, Durham on **Thursday 15 November 2018 at 9.30 am**

Present:

Councillor J Robinson (Chairman)

Members of the Committee:
Councillors R Bell, P Crathorne, R Crute, G Darkes, J Grant, T Henderson, A Hopgood, P Jopling, C Kay, A Patterson, S Quinn, A Savory, M Simmons, H Smith, O Temple and C Wilson

Co-opted Members:
Mrs R Hassoon and Mr D J Taylor Gooby

Also Present:

J Allen, P Brookes, O Gunn, L Hovvels, R Manchester, A Reed, J Shuttleworth, M Wilkes, S Zair, L Maddison and K Thompson

1 Apologies

Apologies for absence were received from Councillors J Chaplow, E Huntington, K Liddell and L Taylor

2 Substitute Members

There were no substitute members.

3 Minutes

The minutes of the meeting held on 1 October 2018 were agreed and signed by the Chairman as a correct record.

The Principal Overview and Scrutiny Officer advised that in relation to minute no. 7, the review report into suicides had been submitted and approved by Cabinet on 14 November 2018. The report would be referred to the Health and Wellbeing Board and the Safe Durham Partnership for consideration.

4 Declarations of Interest

Councillors Brookes, Hovvels and Robinson and Mrs Hassoon declared an interest in Item 5 as patients of Skerene Medical Group.

Councillor Quinn declared an interest in Item 7.

5 Media Issues

- **Surgeries to close due to GP shortage – Northern Echo 22 October 2018**

A county Durham medical group is planning to close two surgeries because it does not have enough GPs. Skerne medical group which has four surgeries in Sedgefield, Fishburn, Trimdon Colliery and Trimdon Village says it is reviewing its operations with a view to keeping a maximum of two sites

- **Fears for Bishop Auckland Hospital amid 24-bed ward closure plans – Northern Echo 3 October 2018**

Fears have been raised about the future of a County Durham hospital after it emerged a 24-bed ward could close. Last night County Durham and Darlington NHS Foundation Trust confirmed it was consulting on the closure of Bishop Auckland Hospital's ward six. The nurse-led 'step down' ward is for patients who no longer require doctor care but are not ready to go home.

- **Public meeting over closure of Bishop Auckland Hospital ward to be held tonight – Northern Echo 18 October 2018**

Campaigners fighting to keep Ward 6 at Bishop Auckland Hospital open will air their views at the meeting, hosted by the town's MP Helen Goodman.

The Chairman introduced Dr Hearmon from the Skerne Medical Group.

Dr Hearmon gave a detailed update on the current situation facing the Skerne Medical Group. She advised the committee that the practice was facing a crisis and was unable to fill current vacancies. She advised that the group would be closing one of the branches and reducing the services across the other three sites so that the remaining partners could continue to deliver safe quality medical care. The group look after 15,000 patients in Trimdon Colliery, Trimdon Village, Fishburn and Sedgefield. The group were struggling to recruit and retain GPs. New housing developments in the area had led to an increase in patient number and no-one had asked if the group had the capacity to take on extra patients. The group had suffered significant losses and were unable to continue to provide services that patients would expect. The partnership model for the group was eight GP partners supported by a small number of salaried GPs. There were 8.62 full time equivalent GPs in October 2016 however this could reduce to 5.1 in February 2019 and therefore the group would be able to offer 41 sessions, reducing from 69. The group had been trying to attract new GPs with a permanent advert on the NHS jobs site however no suitable response had been received. The operation from four sites was causing the existing GPs to leave and stopping potential new recruits from joining. Engagement meetings were being held to gain an understanding from patients on how to deliver a safe service. In the short term the group do not have the capacity to staff the existing four sites and in the medium to longer term there would need to be a reduction in surgery site. The Committee were assured that the remaining staff jobs were safe and the group would continue to try to recruit and retain staff but felt that this offer would be strengthened by operating from fewer sites. The group appreciated that patients required easy access and there was no intention to disadvantage those patients with poor health or those with

economic reasons. Transport had and would always be an issue with accessing health care. Buses run hourly between the villages and there was the use of a volunteer driver scheme. The offer of home visits would not change and the group had taken on extra clinical practitioners and a paramedic to help maintain the service in the absence of GPs. The group want the model of care to be fir for the future and if they did not make any changes they ran the risk of losing further staff due to stress and sickness. If this was the case an alternative provider would need to be sought.

The Chairman thanked Dr Hearmon and the practice manager for attending the meeting and asked if they could come back to the special meeting on 4 December to report back on the findings of their consultation exercise. He referred to a request from the Chairman of the Health and Wellbeing Board, Councillor Hovvels, and requested that the Trimdon surgery be added to the review, even if this meant a three year review into services. The Chairman further asked what role the CCGs had played in this decision, as he was increasingly concerned that this would have a domino effect across the County. He suggested that a cross party working group be established to review GP services in the County.

The Chief Clinical Officer, DDES CCG said that this was a very difficult situation and one of many facing GP surgeries in DDES and North Durham areas. A lot of GPs were being lost to retirement and new GPs preferred to work in cities and therefore were difficult to recruit. The average number of patients in the North East per GP was 2142 however this increased to 2372 in DDES and 2250 in North Durham making it even more difficult to recruit. The CCGs had been working very closely with Skerne and a lot of work had been undertaken with a national recruitment drive. In addition to that a career start scheme had been introduced with 41 additional GPs being recruited. However over the next 10 years 21% of GPs were due to retire. Older GPs were being encouraged to stay on and more nurses had been recruited. He added that the Skerne Medical Group were a very popular practice and the CCG fully supported them with their current line of engagement.

Councillor Grant expressed serious concerns about the closure of the Trimdon Village surgery as this would leave 3000 patients without health care in their village, making them travel to another area for treatment. A lot of people had already been encouraged to attend the Fishburn site. She also had concerns that the group wanted a four year review, that this was too long and that Trimdon Village should also be included in that review. She felt that decision had already been made despite the engagement process. She did sympathise that there was a shortage of GPs but asked how this had crept up and who was to be held accountable. She said that the people of her community deserved safe care and half of her ward were faced with this permanent closure and the other half having to attend a practice that had been marked as inadequate. She believed that moving the practice onto one site would fall nicely with rooms at Sedgefield hospital having to be filled.

Councillor Hopgood fully supported the establishment of a cross party working group. She was disappointed at the news but not at all surprised that no-one at the practice had been consulted on new homes having been built. She strongly urged that this was looked at in terms of planning as this should form a big part of the consultation.

Councillor Kay said that this was driven by logistics and not patient care. He commented that as this was a verbal report he had not been able to fully scrutinise it before the

meeting. He asked how it was so difficult to recruit GPs to rural areas as this was once a sought after job. He concurred with Councillor Grant's point that this was a primary driver to fill up Sedgefield Community Hospital.

Dr Hearmon said that they had focused on the Trimdon site as this was the smallest with only one room for a doctor and one nurses room and no availability for any other staff members. Most patients attended the Fishburn or Trimdon Colliery sites from the Trimdon Village area. She added that to continue to staff this site was a drain on the available resources and overall care for patients. The four year plan would encompass three sites as come February 2019 there would not be enough doctors to staff the Trimdon Village site. There was a significant timescale to require or improve what meets the needs of the medical group and there was a need to ensure the medical care was met for the future.

The Chief Clinical Officer DDES CCG also welcomed the cross party working group and would be pleased to work with colleagues on this. He advised that a retirement scheme was in place for GPs and that the CCGs supported part-time working for GPs. The problem with recruitment was multi-factorial as the number of recruits to medical school had increased however most chose to practice in cities or to work part-time. A further problem was that 9% of doctors were from the EU and it had been difficult to recruit them over the last couple of years due to Brexit. With regards to Sedgefield Community Hospital he advised that it was full and there was no financial reason to move a practice to this facility. He advised that there was land suitable in Trimdon Village but that all options must be explored first. Referring to the inadequate practice he advised that the CQC look at systems and not the quality of the clinicians working in a practice. So, in this instance it was a systems risk rather than a clinical risk.

Councillor Hovvels, as a local member, found that this was a difficult position to be in and that the potential branch closures could be the first of a domino effect. She also welcomed the cross party working group and would like to see this extend into the dentistry and care sector. With regards to Planning she advised that there was a named person in the NHS who received details of any planning applications and she had been working with them on improving this. She asked that the proposed Skerne Group review included all four branches and support the voice of the local people.

Councillor Brookes did understand the shortage of GPs and the issues around recruitment and retention however he did not see this way forward as a fair one for the people of Trimdon Village. He referred to a letter sent to all residents from the Skerne Medical Group about the difficulties that it was facing for all four sites, but then went on to say that Trimdon Village could not stay open from February 2019. He added that three public meetings had been arranged but were not included within the letter and people had to find out by viewing the website. He was frustrated about this as not everyone had access to a computer. With regards to the Trimdon site he reported that there had been many opportunities to extend the site. The area had high deprivation, medical needs with many single parents, elderly and vulnerable patients and felt that this decision was being made for financial reasons. He understood that there were plans for a new surgery at Wynyard and asked if the Skerne Medical Group had been asked to provide this. He asked that Trimdon Village remain open and be included in the full review.

Councillor Wilkes asked if the practice had calculated how many more home visits they would have to carry out in Trimdon Village if people could not get to the nearest surgery as this was likely to impact further on GPs time and costs.

The Chairman asked Skerne Medical Group to consider including all sites including Trimdon Village.

Dr Hearmon said that all GPs want to provide safe medical care and the position of being able to do this due to a diminished pool across the area had led to an engagement process. They needed to make a decision on the best way to do this with the team available. She assured Members that there was no truth in the move to Wynyard and that they would absolutely not be providing a service there. They had already made provisions for the costs of home visits and had added clinical practitioners and a paramedic to help provide that service.

Resolved:

(i) That the information provided by Dr Hearmon be noted and a further update from the Skerne Medical Group in respect of the preliminary patient and stakeholder engagement be provided to the Committee at its meeting scheduled for 4 December 2018.

(ii) That the establishment of a cross party working group to review GP services across County Durham be agreed.

6 Any Items from Co-opted Members or Interested Parties

There were no items.

7 Future of ward six, Bishop Auckland Hospital

The Committee received a report from the Director of Transformation and Partnerships and a report from the Deputy Chief Executive of the County Durham and Darlington NHS Foundation Trust (CDDFT) that provided information following recent press articles concerning the future of ward six at Bishop Auckland Hospital (for copy see file of Minutes).

The Principal Overview and Scrutiny Officer appraised Members of the background to this report and reminded them of the meeting on 7 September 2018 whereby they considered a report from the Director of Integration about the community hospital offer and bed compliment at each facility. As Members were aware there had been media coverage around ward six at Bishop Auckland Hospital and further to a letter from the Chairman the consultation had been halted.

The Deputy Chief Executive of CDDFT extended an apology on behalf of the Trust to the Chairman and committee members. She said that it had been right to talk to staff first but did recognise that Bishop Auckland Hospital was close to everyone's heart and she recognised that discussions should have been had with the Adults, Wellbeing and Health Overview and Scrutiny Committee.

She went on to assure the committee that the Trust's overarching commitment was to deliver safe and effective care for all patients. There had been a change in demand for

ward six, in particular, the need to look at the service model going forward. She wanted to assure members about the dialogue with staff on the model of care for the patients using ward six and would bring back any future proposals here and to any other stakeholders when discussions had been finalised. She went on to say that Bishop Auckland Hospital had a vibrant future with improved facilities providing a wide range of services with a great level of investment in radiology equipment. There were five inpatient wards.

Moving on to ward six, the Deputy Chief Executive reported that this provided nurse led care and was step down care provided around 24 beds by Advanced Nurse Practitioners. It did not have rehabilitation support. Work had been ongoing to look at the patients transferred to ward six to ensure that this was the right place for them for receive the right care. She highlighted the evidence drawn up from these conclusions, the quality improvements carried out on the ward, implementation of discharge to assess and Teams Around the Patients (TAPs). The Deputy Chief Executive reported that the average length of stay had reduced from 28.41 days in 2016/17 to 13.10 days at the end of October 2018/19.

Members were informed that ward six had also recently been used to help support the deep cleanse de-cant programme from the University of North Durham site due to work already carried out on ward six. This prompted the consideration of different models of care with the engagement of staff and this had been used as part of the dialogue with staff as part of the HR process.

The Deputy Chief Executive acknowledged on behalf of the Trust that this had not been managed as well as it could have been and language used had been loose which was not good content to have for staff dialogue and had caused a level of concern. She assured the committee that lessons had been learnt and actions put into practice to remedy that. The issues had been addressed directly with those staff affected in one to one sessions and the period of dialogue had been extended. The formal HR process had ended but the Trust would continue the dialogue. It was also acknowledged that documentation was not as it should have been and feedback sessions had been held with union representatives and staff.

With regards to the staff consultation, lots of ideas and suggestions had been put forward and assurances had been given to staff to set up a series of mini short rapid improvement workshops whereby scenarios would be used for staff and patients on ward six and how those needs could be met. Work would be ongoing with staff to pull proposals together and early in the New Year the conclusions and options would be presented to scrutiny and other stakeholders in terms of wider engagement.

The Chairman accepted the assurance from the Trust that there would be no closure until all options had been considered and presented. He thanked the Trust for the report and invited questions from committee members, other members and members of the public.

Councillor Patterson thanked the Chairman for halting the proposal to close and thanked the Trust for coming along to the meeting today. She made reference to the 24 beds being reported at the meeting on 7 September 2018 when plans had already been made for the closure. She said that the proposal had caused unnecessary stress to staff and patients. She appreciated that patients mattered but asked what about the staff, and did they not matter too. She welcomed the apology and defended the power of scrutiny to

call this decision in to the Secretary of State. Councillor Patterson felt that the report did not set out the public consultation options and did not contain any future proposals about what would happen to staff and patients. She asked for an explanation on the rationale used behind the decision making process. She would like to see that the public consultation was meaningful and would like to see a full report to scrutiny showing the rationale behind any options put forward.

Councillor Smith believed this to be a damaged limitation exercise and that engagement should have been carried out with staff before an announcement was made. She understood from speaking to staff in the ward that this had de-stabilised the team on ward six that was a fully staffed ward, with some staff members looking for employment elsewhere. The patients looked after on this ward often had complex needs, could be homeless or awaiting a place in a care home or some whose families were not willing to take them home. She re-iterated the point that this was a step down nurse led ward and putting patients in acute care would be bed blocking. She found the timing of this announcement strange due to winter pressures being around the corner and the fact that the ward was heavily used. She felt that this was an opportunity for the Trust to use this ward to plug gaps elsewhere and reported that this was how staff also felt. Councillor Smith commented that it was strange to choose this ward for closure when it had no clinicians or consultants to stand up for it. In her opinion it was an easy target but she was glad that the ward had a reprieve. She said that the staff on this ward, including student nurses did a very good and valuable job.

Mrs Hassoon commented that there was no anecdotal evidence about the people discharged to home or the additional cost to send them home. With regard to winter pressures she asked how many people would be bed blocking in acute care as a result of the closure of the ward.

The Deputy Chief Executive re-iterated her point that the option would be worked up and reported back to committee when the engagement exercise had concluded. She agreed that nothing would change until the way forward was agreed. She had already acknowledged that the engagement would be followed by HR consultation and would be the right way forward in future. With regards to the destabilisation of staff she confirmed that the Trust were aware of this and were aware that some staff had secured job offers elsewhere. The Trust were in discussions with staff about their willingness to stay and that their contribution would help to shape the future of the service. She agreed that the point made about winter pressures was well made. She advised that beds were flexed across all hospital sites on a continual basis and that this was based on demand and would continue. Referring to patients with complex needs the Deputy Chief Executive explained that the level of care was about ensuring that people were in the right place to receive it. Acute beds were not always the right place and step down beds were in a hospital setting.

Councillor Bell concurred with Councillor Smith's comments in that the ward provided a great service. He found that the announcement of the closure was an effective use of mismanagement as this caused destabilisation of staff who would then leave and the ward would not be able to take on as many patients. This in turn would show that the numbers on the ward were declining, deliberately running it down. He had found nothing in the report to justify a closure.

Councillor Darkes commented that he had heard nothing from the report today that demonstrated the standardised working practice.

Referring to the statistics around complex discharges Councillor Savory was concerned about homeless people being released and the increased role for the already overstretched District Nurses. She was also concerned that people living in a rural community would not get the same 24/7 level of care. She urged the Trust to retain ward six.

Councillor Crathorne appreciated the fact that it was better for patients to be in their own homes but asked how the Trust could guarantee the care would be available with people on the ground to deliver it in the community. She added that the community nurses were already stretched. She also asked that ward six be retained.

Responding to these comments, the Deputy Chief Executive said that she noted the comments about her report and had explained that she would be working up a proposal with options to bring back to committee. In respect to the comment made about deliberately running the ward down, she confirmed that the ward was very well used with high occupancy and that there was no intention not use the facility when it was still available. Referring to the decant issue, she advised that the Trust would like to have this facility and that it was linked to being able to use bed stop on a flexible basis. This would be drawn together as part of the proposals. She had already acknowledged that the Trust did not handle the staff consultation very well and that they were addressing those points. With regards to supported discharge she confirmed that this would not happen unless the patient was ready to leave. Discussions would always take place to ensure that the right care was available at the right place. In practice the Trust did not want people staying in hospital beds for longer than was necessary and that this would be supported through community services and Teams Around the Patients.

The Director of Integration referred to her report to this committee on 7 September 2019 where she highlighted the compliment of community beds across the county but that the main focus of the report was about DDES hospitals. She reported on activity in those settings and that beds would continue to be utilised, being fit for future use and providing a valuable community resource. The Trust would continue to monitor take up and patients would be assessed effectively with the correct assessment and discharge arrangements in place.

Councillor Henderson asked what the Trust were trying to do, as all he had heard was that they were trying to close a ward of 24 beds. He expressed concern as it had already been addressed about the shortage of GPs in the County and that if people were not in hospital this would impact and increase their workload further.

Councillor Temple commented page 2 of the report provided to the Committee by County Durham and Darlington Foundation Trust and to the evidence showing that “longer stays in hospital can lead to worse health outcomes and can increase long-term care needs. Research has identified that 10 days in a hospital bed leads to 10 years’ worth of lost muscle mass in people over the age of 80 and reconditioning takes twice as long as this deconditioning. Councillor Temple commented that J Gerontol in this research had used 12 subjects and none of them were over the age of 80. He therefore queried the use of

these statements as facts and said that he would like to see genuine evidence being used to reassure us.

Councillor Kay referred to the public meeting held on 18 October 2018 whereby the Trust were informed that this closure would lead to dire and severe consequences for patients. He added that the transition of services to social care was already broken and could not take any more. There was a recognition that the Council needed further funding for social care. He said that the matter would be referred to the Secretary of State should the final proposal be to close the ward.

The Chairman invited questions from the other councillors in attendance.

Councillor Manchester referred to the duty on the Trust to consult with the local authority over any substantial changes. He appreciated the apology given however commented that it if had not been for the letter from the Chairman the ward would now be closed. He asked the Trust to ensure that a full consultation was carried out and concerns addressed.

Councillor Allen felt that the plans had been ill judged and poorly implemented. Staff had been informed that ward six was closing and had it not been for the intervention of the scrutiny it would have already closed. She was extremely grateful for the actions from the Chairman. She was concerned for the staff on the ward as morale was low and she hoped that they would not leave. The ward was fully staffed and she said that we needed to do everything to keep them there. She was concerned that the nurse practitioners who supported the staff had not been part of the consultation. With regards to the length of stay she commented that this was sometimes caused by other delays in the system. She appreciated that the Trust were experiencing financial problems but she asked that the staff of ward six be supported and that the ward be retained.

Councillor Zair thanked the Chair for his swift action and said that everyone was passionate about the hospital and the health service in general. He asked that if the closure of ward six and its 24 beds took place were the Trust confident that this would not lead to pressures in acute services, leadings to delays in treatment and community resources. He was also concerned about people being discharged too early and then having to be re-admitted for the same procedure. He added that social workers and care agencies were also concerned as they had reported insufficient resources available within the community. He said that it was important to take on their views as care in the community was a vital service. Councillor Zair commented that people were living longer but still needed the health care that they deserved and a bed reduction programme would not guarantee that. He reported that ward six was full to capacity which evidenced the need to retain it. He asked the Trust to listen to the public, the staff and to take the consultation seriously. He asked who knew about the plans for closure and were these discussions had taken place.

The Deputy Chief Executive said that she had already given her assurance that an options report would be brought back to committee. With regards to beds being used, she advised that there were pressures elsewhere in the system and that they need to ensure that there was flexibility. There was less demand on beds during the summer months however during the winter period these beds could be opened up to alleviate the pressure. She reassured the committee that discharged planning for based on each individual and re-admissions occurred for a whole range of other issues. She confirmed

that the ward was full at present and as she had given an undertaking to the chair that nothing would change until a full consultation had been carried out, she took comfort that the ward was being fully utilised.

In response to a question from Councillor Zair who made the decision, it was confirmed that this was linked to the bed reduction programme and was discussed at the Foundation Trust executive meeting.

Councillor Quinn having declared an interest in this item, said that as she worked in a nursing home with six dedicated beds and the home had been told the week before this announcements that they had been commissioned for another three years. She added that these beds were dedicated as step down beds with physio treatment offered.

Councillor Thompson said that this had been an excellent scrutiny meeting and expressed his concerns that this type of care would only increase as people lived longer, and therefore the bed provision would need to increase not decrease.

Referring to the consultation Councillor Shuttleworth asked if the Trust would listen to what people were saying as there was a lot of passion about this ward and the hospital itself.

Councillor Wilkes asked for confirmation of who knew what and when about this issue.

Councillor Hovvels said that this meeting had demonstrated the role of scrutiny and said that this was the correct way to deal with this issue.

Referring to a personal issue in relation to early discharge of patients Councillor Maddison asked if the Committee could look at acute medical conditions for the discharge process at some point.

The Deputy Chief Executive assured members that she did not know about the IC plus beds and therefore there was no conspiracy. She did not have the details of who, what, why but that the details were discussed with the clinical leadership and executive leadership within the Trust. She could not answer today if the ward would stay open but she confirmed that they would make a decision on what they had heard. With regards to the discharge process she confirmed that the Trust were working with staff on a number of different scenarios.

In relation to the IC beds, the Director of Integration advised the committee that the beds were commissioned by the County Council as they hold the contracts for these beds. The contracts vary in length however most were for a period of three years. She confirmed that in this instance there was no other reason other than that the contracts were due for renewal.

The Healthwatch representative, Mr Shore, was dismayed at the way in which they had found out about the closely however he wanted to assure the committee that they were working very closely with the Trust. They were grateful for the discussions held so far but had not received full disclosure.

The Chairman thanked the members for their questions and asked the members of the public in attendance for any questions.

Mr Neilson informed the committee that he had been campaigning for Bishop Auckland Hospital for many years and had worked with the current Chairman of the Trust and a number of local members on highlighting issues of concern. He reminded the members of their right to call in this decision. With regards to ward six and the 24 step down beds he said that there could not be a compromise and with people now living longer they needed further care, not less. He believed that community care was overstretched and in chaos and that bed blocking prevented people from receiving treatment and care. He went on to say that this decision would not only affect Bishop Auckland, but Durham and Darlington.

The Deputy Chief Executive said that these were points well made in terms of bed blocking and life expectancy and she would be demonstrating the care that the Trust could provide.

The Chairman thanked everyone for attending and taking part in the discussion. He asked that the Trust come back to the committee at the meeting arranged on 18 January 2019 with the results of the consultation exercise, providing a full options proposal.

Resolved:

(i) That the reports be noted:
(ii) That the data, actions taken and progress to date be noted; and
(iii) That comments on the actions taken to date be noted.
(iv) That a further detailed report on the options be reported back to the Adults, Wellbeing and Health OSC on 18 January 2019.

8 Review of Stroke Rehabilitation Services in County Durham

The Committee received a report of the Director of Transformation and Partnerships and presentation from representatives of the County Durham Clinical Commissioning Groups (CCGs) and County Durham and Darlington NHS Foundation Trust (CDDFT) that provided an update in respect of the Review of Stroke Rehabilitation Services in County Durham (for copy see file of Minutes).

The Principal Overview and Scrutiny Officer highlighted background details from the report.

The Director of Commissioning, DDES CCG gave a detailed presentation that highlighted the following:-

- Scope of Improvement
- Vision and commitment
- Patient, public and carer engagement
  - methodology
  - emerging themes
- What does it look like
  - Best practice
  - Patient engagement feedback
- Gaps with the current provision

- The way forward

The Chairman thanked the Director of Commissioning for her presentation and commended the service provided at Easington and suggested that this was rolled out across the County. In relation to the bed reduction at Bishop Auckland he asked if this report had an effect on ward six. The Director of Commissioning explained that Stroke Rehabilitation was delivered on ward three at Bishop Auckland Hospital and was independent of ward six. She confirmed that the two issues were separate and that Bishop Auckland Hospital was an important part of health care and structure and that this report was not questioning the viability of the hospital.

In response to a question from Councillor Darkes about the 'magic hour' in relation to strokes he was advised that the one hour was the golden hour to scan the patient and carry our diagnostics. The timeframe for clot busting therapy if required was within four hours.

Referring to the presentation to Committee in July with the attendance of Dr Py stating that the therapies were diluted and that there were longer intensities in Bishop Auckland Hospital, Councillor Smith was concerned that there was an underlying agenda. She went on to recall that staff at Bishop Auckland were to be freed up and available to work in the community as it had been identified that there was a lack of community services. She asked for re-assurance about the future of Bishop Auckland Hospital. The Director of Commissioning said that the views of clinicians was that therapies were diluted across the two sites and therefore the options were to move therapists into the community or to employ more therapists. She confirmed that patients did stay longer in Bishop Auckland Hospital and the service would want to see patients discharged as soon as was appropriate for them. She assured Members that there was not a plot to close the hospital but that they had to ensure that they commissioned the right services by gathering evidence and feedback.

Councillor Zair was also concerned that there was a bigger agenda for Bishop Auckland Hospital. He said that the fear was exacerbated by the ward six announcement.

Councillor Allen also believed that there was a correlation between the two issues of the implications for ward six and the acute beds at UHND.

The Director of Commissioning informed the Committee that there was further work to be undertaken with regards to ward six and a lot of factors would be taken into account, one being having services closer to home and that the national guidelines must be taken into account. She added that recovery was better outside of the acute setting and that the service would be aspiring to that. She added that this did not mean that beds would not be required for stroke rehabilitation in Bishop Auckland Hospital. They would deliver the best care with the staff available to them.

With regards to the survey Councillor Temple asked for clarification about acute services as it only referred to UHND. It was confirmed that this was a typographical error and did in fact relate to both sites.

The Chairman asked if the east of the county had been considered. The Commissioning and Development Manager confirmed that the period of engagement had been extended and would focus on the population of Easington.

Resolved:

(i) That the report be received and information within the presentation be noted;

(ii) That a further report be brought back to the Adults Wellbeing and Health OSC on 18 January 2019.

9 Director of Public Health Annual Report

The Committee received a report of the Director of Public Health for County Durham that presented the Annual Report for 2018 (for copy see file of Minutes).

The Director of Public Health gave a detailed presentation on the Annual Report that focused on the new vision for the public's health in County Durham. The presentation highlighted the following:-

- Health and wellbeing across County Durham
  - Our county
  - Our children
  - Our adults
  - Our older people
  - Our assets
- Where we are now?
  - Reduction of nearly 22,000 smoker with a pledge to further reduce this by another 5% by 2025
  - Now lower than the national average
  - Need to support another 53,000 smokers and lift people of poverty

The Director of Public Health informed the Committee that the report had focused on a fictional family 'the Taylors' and the challenges they faced.

The presentation then highlighted:-

- The seven strategic priorities
- Our actions
- What this meant for the Taylor family

The Director of Public Health agreed to come back to a future meeting to update on progress.

Councillor Crathorne was concerned about young people smoking e-cigarettes and was informed that evidence so far had shown that these were 95% safer than cigarettes and had become the major support for people giving up smoking. There were 95% less harmful chemicals in e-cigarettes but it was recognised that this would have to be continually monitored. For young people evidence had shown that they were trying this out and not necessarily moving from smoking cigarettes.

Councillor Crute said that the report was interesting and it was good to identify with the vision of the family. He asked how we would monitor progress against the seven priorities and use information in reports and the work programme. The Director of Public Health explained that the review team in Public Health implement the priorities and that the JSNA Strategic Group had been reintroduced, which was the responsibility of the Health and Wellbeing Board. Scrutiny could look further into reports or ask for a deep dive on specific issues.

Councillor Smith congratulated the Director on a lovely report that was nice to read. She asked if the key recommendations and action plan were deliverable with the stringent cuts coming to public health funding. The Director of Public Health confirmed that there was a risk to County Durham beyond 2020 with a £19 million cut however the service were lobbying really strongly to central government with the support of key stakeholders and partners. Planning exercises were being carried out around reduced funding and prioritisation. With regards to this action plan it was hoped that the actions would be deliverable through others involved.

Referring to the drug and alcohol service, Councillor Kay asked how outcomes were managed. He was advised that for drugs this could be people coming back through the service and how many people were using. In terms of alcohol it was about de-normalising alcohol use. The Principal Overview and Scrutiny Officer advised that the Drug and Alcohol service were monitored by the Safer and Stronger Overview and Scrutiny Committee and that the new commissioners would be attending a meeting in January.

The Chairman thanked the Director of Public Health for an excellent report and he asked for the Committee's support in writing a letter to the Secretary of State to oppose cuts to the County Council's Public Health Grant allocation.

Resolved:
That the Annual Report for 2018 be received and a letter to the Secretary of States for both Health and Social Care and Housing, Communities and Local Government be sent expressing the Committee's opposition to the potential reduction in the County Council's Public Health Grant allocation.

The Principal Overview and Scrutiny Officer reminded Members about the special meeting on 4 December 2018 whereby the representatives from the Skerne Medical Practice would come back with an update. The Committee would also receive an update on the latest position for Shotley Bridge Hospital, inviting the Members Reference Group. There would also be brief updates on the Quality accounts and the CCGs two year operational plans.