DURHAM COUNTY COUNCIL

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Council Chamber - County Hall, Durham on **Tuesday 4 December 2018 at 9.30 am**

Present:

Councillor J Robinson (Chairman)

Members of the Committee:
Councillors J Chaplow, R Bell, P Crathorne, R Crute, G Darkes, J Grant, T Henderson, P Jopling, K Liddell, A Patterson, S Quinn, M Simmons, H Smith and O Temple

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

Also Present:
Councillors J Carr, Clarke, Considine, Hovvels, Jewell, Shield, Tinsley and Watson.

1 Apologies

Apologies were received from Councillors Hopgood, Huntington, Kay, Taylor and Wilson.

2 Substitute Members

There were no substitute Members present.

3 Declarations of Interest

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

4 Any Items from Co-opted Members or Interested Parties

There were no items.

5 Skerne Medical Group

The Committee received a report of the Director of Transformation and Partnerships (for copy see file of Minutes) and verbal update by representatives of Skerne Medical Group further to the end of the engagement period regarding the future of the practice.

Dr Hearmon reported that the process started with a meeting with key stakeholders including the local MP, County Councillors and Town and Parish Council Representatives. During the six week period which ended on 3 December 2018, there were six separate public engagement events around the practice area were the dramatic shortage of GP's was outlined and the difficulties this was causing. By February 2019 there would be 40%

fewer doctors than 2 ½ years ago. It was therefore felt that the group were unable to safely man four separate sites. More than 400 people took the trouble to attend these events and asked many questions and offered opinions on how to should proceed. A variety of feedback via the practice website, as well as written feedback left at the meetings or handed in at the surgery was also received. Patients of all ages who attended the surgery over this time were spoken to, and local providers of mental and physical health care and our local pharmacies were visited to explain the situation.

Referring to the engagement process Dr Hearmon said that they were pleased with the turnout of more than 70 people per event. Over 70 comments were received via the practice website and further written comments were also received. Verbal feedback during consultancies also took place and many questions were raised at each event. In addition, although the practice did not use social media, there was considerable discussion on social media.

Dr Hearmon reported that feedback from patients had some common themes, as well as some specific issues from particular sites and that in general patients recognised the significant issues faced by Skerne Medical Group due to shortage of GP's and that changes were necessary. They expressed concern about appointment availability worsening, given the lack of GP's and also the current and future housebuilding. At all sites there was concern about accessing surgeries, both from a public transport availability angle and also the lack of adequate car parking. Particular groups of patients were mentioned, for example, those with limited mobility and also mums with small children.
There was significant interest expressed in looking towards relocating the practices given the situation. Sedgefield Community Hospital was favoured by many patients and a new build surgery on the old school site in Trimdon Village was clearly preferred by the people who lived there.
There were suggestions about financial inducements to attract GP's, for example, "Golden Hello's", provision of a vehicle, and removal expenses. It was explained, along with the CCG about such schemes elsewhere but that this would not attract GP's to a multiple site practice.
The subject of section 106 money was raised at all meetings both on what has happened with available funds from the numerous building sites currently being constructed and sites with planning permission where work had not as yet commenced.

Dr Hearmon summarised themes for each site:-
SEDGEFIELD

- Shortage of appointments
- The concern of an increased patient list due to house building
- Practice boundary change to limit new registrations
- Lack of significant car parking
- Interest in Sedgefield Community Hospital
- Concern over DNA's
- Transport

FISHBURN

- Would prefer to maintain Fishburn site, but felt preservation of whole practice was the greater need and would support this.

- Interest in Sedgefield Community Hospital
- Car Parking Issues – not sufficient parking facilities with no room to expand
- DNA's
- Impact on local pharmacy
- Transport – more centrally located and the challenges of transport links and travel for patients was less.

TRIMDON COLLIERY

- Transport concerns to alternative sites
- Cost of transport
- Appointment Availability
- GP to travel rather than patients

TRIMDON VILLAGE

- Strong feeling of lack of fairness in suggesting closing their site
- Concern over immediacy of changes verses four year implementation
- Access to other sites especially the elderly/young mums. Social demographics a big concern.
- Poorest facilities deserved development
- Recruitment issues note understood as nearby practice has full complement of GP's
- Social
- Smallest surgery offering only one GP consulting room and one treatment room. Inability to mentor trainees and other clinicians.
- Only1500 registered patients which represents approximately 10% of the practice list.
- A section of Trimdon Village patients have been accessing services at other branches for many years without any formal complaints and since September 2017 only morning appointments had been offered.

The existing rented premises are inadequate for modern general practice

With reference to the proposed changes, Dr Hearmon said that the practice would provide wider education about practice services, would anticipate increased use and use digital technology in the future. Keeping Trimdon Colliery open ensures that clinical services were being offered at both the south and north of the current boundary. With regards to the two major care homes in the area there were more natural links with Willowdene to Sedgefield and Craigarron to Trimdon Colliery.

Dr Hearmon added that at the start of the engagement process there had been five partners, one has since retired and another partner had confirmed their resignation and had commenced sick leave. This left the group with three partners, down from eight.

She added that the engagement exercise was a positive interaction with practice and patients to consider options to move forward, that patients recognised the need to change, and that as well as sharing challenges they had learnt clearly about those faced by our patients. She believed that some future technology based changes would help patients in the future and patients were interested in progressing these. She reiterated her point that the practice had limited options in the short term to provide safe primary care to all patients and that reduced sites would engage the small pool of experienced

GP's to provide support and supervision to more junior GP's, GP's in training and Nurse Practitioners who see patients, in order to maintain the service and ultimately would enable Skerne Medical Group to attract/retain staff both GP's and Nurse Practitioners in the future.

Dr Hearmon advised that in the short term the closure of two of our sites was needed at Fishburn and Trimdon Village leaving clinical services to be provided for patients from Sedgefield and Trimdon Colliery sites. This would have financial consequences to the practice who own the Fishburn site and the site would be utilised to accommodate those AHP's who provided services from the building for the whole area, for example, midwives, health visitors, counsellors, mental health workers and podiatrist, as the two clinical sites would be unable to accommodate these services. Also some practice admin functions would be Fishburn based.

In the longer term members were advised that the practice would continue to explore the options available to establish alternative sites for the practice, or development of existing premises. Medical services had not benefited to any significant degree from Section 106 monies resulting from the widespread development in our area to date and this would be vital for future developments. The practice would continue to work closely with DDES CCG to achieve a sustainable future once viable options had been fully investigated, there would be an implementation plan developed to remodel the practice sites, taking into account the opportunities from both Trimdon and Sedgefield Community Hospital as well as the two current sites. Alongside this, strenuous ongoing efforts to recruit GP's for the future would take place.

In summary, Dr Hearmon advised that the change in delivery of service was not about people losing access to their GP but about ensuring all the patents could get quality medical services for the longer term. She was not prepared to see this practice fail due to issues over buildings. She added that any changes would not reduce the number of appointments and would provide a more efficient operation. She referred to this weekend's online Sunday Times that showed more GPs heading to conurbations, at the expense of rural areas. By creating a larger, full service, surgery structure would be attractive to this new generation. Two of the recently recruited salaried GPs were leaving for single site practices. The practice area is wonderful countryside, but it's not Jesmond (Newcastle), Hyde Park (Leeds) or Fallowfield (Manchester). Unless that kind of working environment could be provided, that recent graduates expect, we would only have third rate medical services in ten years' time. Dr Hearmon had talked to recently qualified GPs who have said that should be have less sites that the practice would be really attractive, hence the need to change. She concluded that change always hurt, but if people work together to consolidate the sites this could be really positive for the future. She was sure that we all wanted quality medical services across the practice area, as she did, as when retired she would also be a patient.

The Chairman thanked Dr Hearmon for attending the meeting to provide an update. He had invited Alan Foster to attend and had also notified Hartlepool and Stockton Borough Councils that the meeting was taking place as this decision could also affect some of their residents. He invited the CCG to comment.

The Chief Clinical Officer, DDES CCG supported everything the practice had said and commented that it had provided a very high level of service for a number of years. As we

lived in an ever changing environment, this practice, along with many others, were struggling to attract GPs. He felt that if the practice did not make these changes then there was a real danger that it would collapse and could potentially have a domino effect that would be catastrophic. He felt that the CCG had no alternative but to support the practice.

The Chairman asked for information on when this decision would be implemented and asked when the meeting would be taking place for the CCG to determine this. The Director of Primary Care and Engagement, DDES CCG informed the Committee that it would be up to the practice to propose an implementation plan with a date of implementation. He advised that an extra ordinary meeting had bene called of the Primary Care Committee on 18 December at 12.30 p.m. with information available on the website the week beforehand.

The Chair of the Patient Focus Group for Skerne Medical Practice although not able to offer an opinion on the decision itself as he was not qualified to do so, commented that the process from the beginning had seen sincere efforts to reach these decisions. He added that this was not a new issue as the practice had found it difficult to recruit for a number of years. This and the fact that the partners were working with ever changing policies had made it very difficult but he supported the practice, its manager and partners in reaching this very difficult decision.

Councillor Grant was very disappointed with the decision and understood that it had been a very difficult one to make. However she said that the Trimdon Village site had been left to rot for a number of years and did not feel that this was an emergency situation but a decision that had been coming for the last three years and she believed that something could have been done within this time period. She appreciated that GPs did have a difficult job to do and had admiration for them. She felt however that the decision to close Trimdon Village and Fishburn were being made as these were the cheapest options and was not about the safe care of patients, and was a decision that had already been made before the consultation process had taken place. She pointed out that the consultation meetings had been chaired by what the practice had classed as an independent person, however she informed members that this person was paid to carry out this role by the practice. Councillor Grant asked who had been spoken to before the consultation as she was not aware of any town or parish councillors being contacted. She was concerned about the people of these villages especially the vulnerable residents.

Dr Hearmon responded that the Overview and Scrutiny had advised the practice who to contact and they had followed that advice by approaching town and parish councils, local county councillors and the local MP. She confirmed that the decision was not about money but about trying to maintain a service across the practice. She advised that the independent person chaired the consultation meetings and had been helping the practice with media as they had no expertise to do this and no ability to find the time to find out how to do this due to a shortage of staff.

Referring to the buildings not being fit for purpose, car parking and transport, Councillor Patterson asked what other options had been explored. Dr Hearmon explained that the buildings were not fit for purpose and none of the current buildings would support holding the whole practice on one site. The Trimdon Village practice was in a converted house which was not up to current standards. She advised with regards to transport there were

bus services running across the area and people had fed back through the consultation that they were happy to use the service to access the other sites. Dr Hearmon reported that all sites had operated closures over the last 12 months and patients therefore were used to travelling to another site when their practice was closed. She also reminded members that there was a volunteer driver scheme available.

Councillor Patterson said that bus services were not appropriate for all and asked what alternative care provisions had been put in place. In response, Dr Hearmon reported that the practice had recruited an additional nurse practitioner and a paramedic.

The Chairman pointed out that any S106 funding for the GP service went directly to the CCG and advised that the practice speak to them regarding lack of this funding. He added that as a representative for Fishburn he was shocked at the announcement of the closure and asked when implementation would be. The Director of Primary Care and Engagement, DDES CCG explained that the practice would present to the Primary Care Committee and from that the practice would determine implementation dates.

Referring to the number of patients, Councillor Darkes asked for breakdown for each practice area and was advised that Trimdon Village had 1500, Fishburn had 4079, Trimdon Colliery had 2049 and Sedgefield had 7200.

Councillor Brookes said that this was a disgraceful decision and was bad enough that 1500 patients from Trimdon Village were losing their service but that others who were used to travelling to Fishburn would now have to travel to Trimdon Colliery or Sedgefield. He asked how this decision could be justified on business grounds. He commented that the poorest people would have to travel the furthest for their primary care needs and urged Skerne Medical Group to rethink this decision. He added that more than 100 people had attended the public meeting in Trimdon Village showing their concern about the proposals. Councillor Brookes went on to say that this decision would have an impact on appointments in other surgeries and the request for home visits would increase. He was concerned that 300 people would have to now travel to see a GP and especially during the winter months when there was a poor transport service between the villages. He asked the CCG to intervene and continue to provide primary care from all four practices.

Councillor Bell said that this was a very concerning situation that had deteriorated since the practice were last at committee a couple of weeks prior. He asked if there was a formula or rational for assessing needs that had been used to inform the decision. He did accept that the practice did not have the staff to cover all areas. The Director of Primary Care and Engagement, DDES CCG advised that the GPs contract was not written to cover needs but was about coverage and giving people the ability to register with a GP.

Making reference to the car parking problems at Fishburn, the Chairman pointed out that if this facility was going to still be used it would still have the same car parking problems. He reminded members that this decision could be called in to the Secretary of State but that strict criteria applied.

The Principal Overview and Scrutiny Officer referred members attention to the Local Authority Health Scrutiny Guidance published by the Department for Health which set out specific requirements for specific circumstances for referral to the Secretary of State. The

section pertinent to this debate was part c – proposal is not in the interest of health in its area. Should the committee decide to call in this decision it would need to be reported to full Council where it could be debated.

Councillor Grant moved to call in the decision as this was a substantial change that affected services in County Durham and she wanted to support the local residents.

Councillor Darkes seconded the call in as felt that the decision was a poor one for the area.

Councillor Smith said that she fully understood the concerns of councillors from these areas and should this be called in it would prolong any decision making. She recognised that the Skerne Medical Group were in deep crisis and should this committee call this in the group would not be able to implement the decision. She added that the service had demonstrated that they were struggling to provide a service across all four sites due to a lack of personnel, not buildings and therefore she would not support the proposal to call in.

The Principal Overview and Scrutiny Officer advised that the committee did agree a recommendation asking for Trimdon Village to be considered as part of the Practice's longer term review process.

The Chief Clinical Officer assured the committee that the people of Fishburn and Trimdon Village were not being left without medical care as this would be provided from different sites. The Primary Care Committee would look at the contract from Skerne Medical Group which stated that care would be provided across four sites and should the practice not take the advice from the CCG they could issue a breach notice, which was the only power afforded to them.

Councillor Crute was concerned about the process and asked where the committee were in terms of the decision making process. The Principal Overview and Scrutiny Officer explained that the representations made at the meeting on 15 November to Skerne Medical Group could be communicated to the Primary Care Committee for their meeting in December.

The Chief Clinical Officer said that the CCG would take note of the recommendation from this committee but their primary concern was that if they did not support the practice there may be a collapse and no practice in the area at all.

Councillor Temple understood the real issues facing the surgery in being able to recruit and retain staff and understood that it would be easier for them to recruit to two sites rather than four. He picked up on Councillor Darkes point about the size of the surgeries and that they would be closing one of the biggest surgeries. Notwithstanding the geography of the area and where one site was to the other and the transport flow through the villages he felt that there was a real threat to health care for the local people. He asked the CCG to re-examine the position as there seemed to be no logic in closing the second largest site and keeping one of the smaller sites operational.

Councillor Crute was keen that the committee followed due process and asked did not obstruct the decision of the Primary Care Committee. He asked that the committee make

representations to the Primary Care Committee and reserve the right to make a decision about call in until that decision had been made. He asked that feedback from the meeting on 18 December was shared with the committee.

In light of this, Councillor Grant supported this course of action.

Following on from his earlier comments and questions Councillor Bell asked that the CCG look at including a needs assessment in future contracts as patient interactions and transport links to surgeries were more important than the buildings and car parking problems.

Resolved:

(i) That representations be made to the Primary Care Committee for their meeting on 18 December 2018;
(ii) That feedback from the Primary Care Committee meeting be received; and
(iii) That the Committee reserve the right to make a decision on referral to the Secretary of State for Health and Social Care until a final decision had been made.

6 Shotley Bridge Hospital Update

The Committee received a report from the Corporate Director of Programmes and the Commissioning and Development Manager, North Durham Clinical Commissioning Group that outlined proposed communications and engagement plan for services currently delivered from Shotley Bridge Hospital (for copy see file of Minutes).

The Commissioning and Development Manager assured members that no decisions had been made and that this report was to inform about the decision making process. She confirmed that North Durham CCG were committed to providing a facility either on the existing or on a new site. She went on to explain that funding had been secured for the development and she highlighted the process of engagement. The eight to ten week period of engagement would be flexible and could be extended due to inclement weather, as the CCG wanted as many people as possible to contribute. The engagement process would allow open discussions on all potential options and would inform what to take forward in terms of the consultation exercise. There were nine events planned across the area and social media would be utilised to allow further feedback.

The Commissioning and Development Manager informed the Committee about the options for the following:-

- Urgent Care Centre
- Bed Provision
- Chemotherapy Unit
- Theatre Provision
- Diagnostics

- Endoscopy
- Outpatients

In terms of the site, the Commissioning and Development Manager said that there was not a lot of detail in the proposals as they were prioritising transport and access to the locality. These discussions would then allow the CCG to form a shortlist in terms of the potential sites. She went on to advise of the timelines and said that committee would be appraised of the findings from the engagement process at their meeting on 1 April 2019.

Ms Burton, member of the public, stated that she was glad nothing had been decided but said that the main driver appeared to be funding driven. She went on to ask if the financial information would be given before the engagement exercise to allow people to make an informed decision, as the current situation was an option and she felt that people would vote for this. However, she was concerned that the CCG did not have the finances to go forward and continue with the current situation.

The Corporate Director of Programmes explained that it was the CCGs intention to share all information to ensure that the right engagement was carried out with an understanding of financial and workforce constraints. With regards to the condition of the building, he advised that it would need significant investment to modernise it so that modern health care services could be delivered. With regards to the financial aspect he advised that discussions would need to be had with NHS England but he confirmed that capital funding had been secured which in turn had allowed this engagement process to take place. The CCG would be looking at current activity and demand and at where people go for their health care needs. He confirmed that everything would be shared. The Commissioning and Development Manager added that the engagement exercise was very different to the consultation process as there would be more open conversations and therefore the CCG would not be at the stage where cost options could be shared. At the consultation stage those options would be put forward and the CCG would provide as much information as they could.

The Chairman invited members of the Shotley Bridge Hospital Reference Group to ask questions.

Councillor Clarke commented that this was a decision that followed decades of uncertainty for the future of Shotley Bridge Hospital and he was concerned that if the public were given all options at the engagement stage, the majority would want as much retained as possible. He asked that serious consideration was given to potential sites in the area.

Referring to page 71 of the report, Councillor Jewell said that the point about construction in 2019/2020 suggested that the decision had already been made.

Councillor Tinsley, referring to increased housing in the Consett area, and asked how the needs of people not living there yet could be assessed. He asked what other issues had been considered as part of the options appraisal engagement process and why option two was included in the bed provision section as it had already been informed that an eight bed option was not sustainable.

The Corporate Director of Programmes advised that the options and how they would be presented were based on the discussions gathered to date and now it was the opportunity to engage with the wider community, presenting all relevant information showing flexibility for the future. He added that the new sites would not just focus on a transport model but the needs of local people. In terms of the new site he advised that a survey would be carried out following the engagement exercise. With regards to the comment about construction he agreed that conversations had been ongoing for a number of years but confirmed that no decisions had been made. Any plans for construction would need approval from the CCG board. He confirmed that the CCG had recognised local housing needs and 10% growth had been factored in. He confirmed that a range of issues had been considered for the engagement process including travel, access, decision making criteria and this would be presented through to the consultation period. With regards to the point made concerning options that may not be viable, he advised that by including all options in the engagement process would allow the CCG to have open discussions regarding bed provision.

Councillor Shield commented that he would not want to see a repeat of what had occurred at other hospitals with closures. With regards to paragraph 34 of the report he was concerned that the hospital had already seen the withdrawal of services recently and that it was not always given as a health care option for service provision. He went on to comment on page 26 of the report and felt that a huge demographic had been missed as vulnerable people should also include the young population. He looked forward to the meeting of the Reference Group on 17 December where the options could be carefully scrutinised.

Councillor Watson was pleased to learn that the CCG had made no decisions as yet and he asked that all options included in the engagement process were deliverable. The Commissioning and Development Manager confirmed that all options were absolutely viable and the CCG very much welcomed an open debate. She added that carrying out a good job with the engagement process would make the consultation process easier. Richard Morris, Director of Operations confirmed that the choice for patients attending Shotley Bridge Hospital was there however he did acknowledge that clinics took place at limited times.

Councillor Patterson expressed her disappointment that the options requested by this committee had not been brought back regarding all service delivery options that were available at Shotley Bridge Hospital. She believed the options were a nonsense with a foregone conclusion. She asked that the CCG re-think the options before the engagement process started. She added that the impact would not only be on residents in the area but on other urgent care services, such as the University Hospital North Durham, where they were already stretched. She asked if these options had been presented to the reference group.

Councillor Temple echoed the comments made by Councillor Patterson as he too recalled the minute from this committee asking that a further report be presented including analysis of need and post code. As this was missing he failed to see how the CCG could go out to engage when facts had not been presented. He said how important it was to have the trust of the people that you are engaging with and to be able to give a clear message. He again added his disappointment and asked for an apology from the CCG

for the lack of information presented as he believed that this undermined the whole process.

The Corporate Director of Programmes gave a guarantee that the CCG were taking this seriously and were not ignoring the committee or any other feedback received. He advised that the work on demand was available and would be shared during the engagement process. He pointed out that nothing was off the table and that information shared would enable meaningful conversations. He added that information had been shared with the reference group and would be shared through the engagement process.

In response to a question from Councillor Temple, The Corporate Director of Programmes confirmed that £16 million of capital was available for any new facility.

Mr Taylor Gooby felt that this was an honest attempt by the CCG to have a debate with the public and said that people were aware of the pressures faced by the NHS.

Councillor Jopling asked if any consultation had been carried out with other providers to ascertain if they had the capacity to cope with providing further services.

Referring to Councillor Temple's point about the need for demand data, Councillor Bell asked why this had not been shared with this committee if it had been shared with the reference group.

Councillor Patterson added that the committee had asked for options to consider services across the area and she could not endorse them as presented today. She asked that the CCG go back to the reference group to discuss and then report back to this committee on what had been requested. Councillor Temple seconded this request.

The Corporate Director of Programmes confirmed that the CCG were not looking at shipping out services and that there was no option to disperse services from Shotley Bridge Hospital. He explained that they were looking at what could be delivered and what the demands were for services and that the engagement process would allow all options to be considered through open discussions. He advised that the public would be listened to. Options such as Teams around the Patients and community services would also be explored. The Corporate Director of Programmes agreed that the demand data could be shared with this committee and re-iterated the point that no decisions had yet been made.

The Commissioning and Development Manager said that the engagement process was about having discussions by guiding people and sharing information and that this would help shape the consultation exercise. She stated how important it was to start this process and start having those important conversations.

Councillor Shield confirmed that the reference group had asked for an extension on considering the options.

Councillor Patterson asked that the CCG refine the options including service delivery through the reference group as she felt that as they stood the public would be led to choosing the least worst option. The Corporate Director of Programmes pointed out that this would be done via the engagement process.

Resolved that:-

(i) The previously requested health care needs analysis data and information on a postcode basis and based upon healthcare demands on the local population be shared with the Adults Wellbeing and Health Overview and Scrutiny Committee as a matter of urgency and;

(ii) Further work on the development of a full range of future service model options be undertaken prior to the commencement of any pre-consultation engagement to ensure that the engagement process is not prejudiced by an inadequate range of options put to key stakeholders and the population of the county.

7 NHS Quality Accounts 2017/18: Progress against 2018/19 priorities

The Committee received a report of the Director of Transformation and Partnerships and supporting information from North East Ambulance Service NHS Foundation Trust, County Durham and Darlington NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust that set out progress made against their Quality Accounts priorities for 2018/19 (for copy see file of minutes).

North East Ambulance Service NHS Foundation Trust
The Assistant Director of Communications and Engagement gave a brief update and highlighted the four priority areas as:

- Early Recognition of Sepsis
- Cardiac Arrest – improving survival
- Longest waits for patients who fall
- Improving the care of patients with mental health needs, through improving staff knowledge and skills

County Durham and Darlington NHS Foundation Trust (CDDFT)
The Associate Director of Nursing, County Durham and Darlington NHS Foundation Trust gave a brief update and highlighted the three priority areas as :-

- Safety
- Experience
- Effectiveness

With regards to pressure ulcers under the safety priority, Councillor Temple enquired if this was occurring in people's own homes or care homes. The Associate Director of Nursing emphasised that the trust had a zero tolerance policy in relation to pressure ulcers and she confirmed that all policies and procedures were in place. When analysing the data the trust would always ask how they could have done things differently. The trust looked after people in their own homes that were under the care of a district nurse and this proved to be more challenging as they were not monitored all of time. Whereas in a hospital setting people were monitored and positions were changed every two hours. The trust were working towards improving the recording of care from the nurse in the home setting to show the step by step process administered.

Mr Taylor Gooby asked that as dementia issues were growing and the support of carers was very important to provide good quality care, who would ensure it was being carried out properly. The Associate Director of Nursing reported that in the hospital setting a lot of improvements had been made to normalise the environment for patients suffering from dementia, such as coloured door frames and toilet seats. She advised that the trust had a

dementia lead who worked very closely with patients and carers. She informed the committee of an enhanced care programme that the trust were working towards which would incorporate the falls strategy. The two areas would be interlinked as patients with dementia were at higher risk of a fall. Activities would also be arranged for people living with dementia.

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
The Head of Planning and Business Development, Tees, Esk and Wear Valleys NHS Foundation Trust gave a brief update and highlighted the four priority areas as :-

- Reduce the number of preventable deaths
- Improve the clinical effectiveness and patient experience in time of transition from child to adult services
- Make our care plans more personal
- Develop trust-wide approach to Dual Diagnosis, which ensures that people with substance misuse issues can access appropriate and effective health services

The Head of Planning and Business Development advised that the trust had added a fifth priority on Mental Health Urgent Care Services. He also informed the members of a stakeholder event arranged for 5 February to which they were invited.

The Chairman thanked the officers for attending to give their presentations.

Resolved:
That the reports be received and noted;

8 North Durham and DDES CCGs 2 year Operational Plans

The Committee received a presentation from the Chief Clinical Officer, Durham Dales, Easington and Sedgefield CCG (DDES CCG) that provided an oversight on NHS Planning and the Developing Commissioning Landscape (for copy see file of Minutes).

The Chief Clinical Officer highlighted the following:-

- Three Emerging Levels of Commissioning
  - What gets done at each level
  - Place: Durham Integrated Model Overview
  - Teams Around Patients
  - Our Ambition
  - Integrated Care Board Joint Working Arrangements
  - Next Steps and the Future

- Integrated Care System Update
  - Case for Change
  - ICS Health Strategy Group
  - ICP boundaries

- 5 CCG Collaborative

    - Benefits of collaboration
    - Timetable
    - CNE delivery programmes & enabling strategies

- NHS long term plan by Autumn 2018
    - Planning
    - Expected Priorities from NHS Plan
    - Clinical Priorities
    - Enablers
    - Southern ICP Priorities

Ms Burton, member of the public, asked if there would be a shift in funding and if monies would be pooled together. She was advised that there were no plans to combine the local authority and CCG funding however they were looking areas in which resources could be best used by working together. Ms Burton further asked who the ICP was accountable to and if this would be the CCG. The Chief Clinical Officer agreed that this should be carried out at CCG level but could not confirm as there was no specific strategy. He reported that it would depend on the size of the ICS as they differed in size throughout the country.

Councillor Bell referred to patient flows across boundaries and asked how one ICP could set its priorities when the others had not when this would affect patients whose geography would determine where they received treatment.

Mr Taylor Gooby expressed concern about accountability and in particular the role of public health who require further funding to enable them to carry out preventative work. He was surprised that there was no mention of the combined authorities in the presentation as they had sought powers to take on public health.

Moving on, Councillor Smith referred to yet another reorganisation within the NHS management structure and asked if it would reduce management costs.

The Chief Clinical Officer explained that when the PCT moved to CCGs there had been huge cuts in management costs and he believed that there was scope to cut this further with changes being made to systems. In terms of patient flows he advised that should this cross boundaries then planning would be implemented to work together across the ICPs. He advised that the money would still follow the patient and financial adjustments would be made to cover this arrangement.

With regards to public health, the Chief Clinical Officer agreed that the combined authorities had a choice of doing this and felt that it would be a mistake not to include these arrangements. The relationship around prevention for all partners was strong and he fully supported the local authority in asking for the funding not to be cut beyond 2020.

Looking at the ICP priorities, Councillor Darkes was surprised that there was no reference to sepsis and he felt that this should be a priority. The Chief Clinical Officer agreed and commented that this would be included in the full detailed plan.

Referring to budgets and the pooling of money, Councillor Patterson was concerned about this being ring-fenced or put into one pot as there would be wider implications for the adult social care budget. Referring to the slide on vulnerable people, she asked if

these services were under threat. The Chief Clinical Officer advised that they would be monitoring the budgets as would cause a real fear should they be ring-fenced. He added that it was about getting the right money in the right place. Referring to vulnerable services he reported that there were significant pressures in paediatrics, breast services and he would come back in the New Year to talk about these vulnerable services.

Resolved:
That the presentation be noted.