

DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Council Chamber, County Hall, Durham on **Tuesday 19 March 2024 at 9.30 am**

Present

Councillor V Andrews (Chair)

Members of the Committee

Councillors M Johnson, J Blakey, R Crute, K Earley, D Haney, L A Holmes, C Lines and A Savory

Co-opted Members

Mrs R Gott

Co-opted Employees/Officers

Ms G McGee, Healthwatch County Durham

1 Apologies

Apologies for absence were received from Councillors J Higgins, L Hovvels, P Jopling, C Kay, S Quinn, T Stubbs and Mrs A Stobbart.

2 Substitute Members

There were no substitutes.

3 Minutes

The minutes of the meeting held on 15 January 2024 and the Special meeting held on 8 February 2025 were confirmed as a correct record and signed by the Chair.

4 Declarations of Interest

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 Adult Social Care Assessment Framework - Self Assessment

The Committee considered a report of the Corporate Director of Adult and Health Services which shared the adult social care self-assessment document which would be required by the Care Quality Commission (CQC) as part of the assessment of Durham County Council's (DCC) Adult Social Care (for copy of report, see file of minutes).

Lee Alexander, Head of Adult Care was in attendance to present the report and advised Members that they had received notification from the Care Quality Commission that their assessments process was now live. He continued that at the end of January, they received their first notification that they had to complete a significant information return.

He stated that the waiting lists and backlog since the self-assessment was written at that point, they had 31% of outstanding reviews that figure had now reduced to 27%, coming out of covid this figure was now 41%, so they were gradually improving the position. There were 22 cases that were waiting an occupational therapy assessment that had now reduced to three. Care Act assessments that were single figures had crept into double figures and was now back to single figures and last week they were two outstanding that was in the normal range. He stated that Durham was in a strong and healthy position to manage demand.

Councillor Earley asked what the experience was from other authorities in terms of how the process was operating.

The Head of Adult Care responded that five local authorities had recently been inspected by the CQC of those four of them resulted in a good outcome with only one requiring improvement. From the feedback the CQC were still finding their way and noted that local authority delivery of Adult Social Care was consistent as far as how it was structured as each local authority was very different and the CQC did not fully understand that. They know that between now and the end of July they would have an onsite assessment visit that was an indication that things were moving more slowly.

The Principal Overview and Scrutiny Officer referred to the recommendations and indicated that Overview and Scrutiny had previously as part of the assurance framework for Ofsted inspections involved Children and Young People's Overview and Scrutiny Committee in oversight of any associated improvement plans. He asked Members if they were minded to incorporating this into the work programme moving forward should they get to a point where Members want to revisit the drafted improvement plan or any feedback from the CQC inspection assurance framework once published.

Councillor Crute indicated that the suggestion from the Principal Overview and Scrutiny Officer made sense.

The Head of Adult Care indicated that he was happy to bring a report back to the Committee after the onsite visit had taken place.

Resolved: (i) That the self-assessment document prepared for the upcoming assessment of Adult Social Care be noted.

(ii) Noted that the self-assessment will be refreshed annually, and when called upon to be submitted to CQC.

(iii) That the Committee revisit the drafted improvement plan or any feedback from the CQC inspection assurance framework once published.

7 Winter Preparedness 2023/24

The Committee received a presentation from Sue Jacques, Chief Executive County Durham and Darlington NHS Foundation Trust and Michael Laing, Director of Integrated Community Services, County Durham Care Partnership on winter preparedness 2023/24 (for copy of presentation see file of minutes).

The presentation provided an update from 20 November 2023; priority areas for 2023/24; funding for 2023/24; details of managing winter pressures together; plans and reflections.

Councillor Crute indicated that he was pleased to see that most of the pressures had been managed as there had been a lot of pressure on staff. Given that the priorities were set every year by Government, NHS England and ICB he asked if this information particularly on the pressures outlined in the presentation go back to these organisations as he would like to think that priorities would be set every year using the previous year's data. He had a personal concern about Government setting those priorities as people in County Durham may have different priorities to other parts of the North East. He then referred to ambulance handovers and was aware that NEAS were looking to remove ambulance handover performance data from their quality accounts and asked if the Local Authority would still receive this information to monitor what was happening with those priorities.

The Chief Executive County Durham and Darlington NHS Foundation Trust responded that the data was shared with the organisations who set the priorities. Meetings had taken place regarding performance challenges with the ICB so they had a good understanding of the increased activity that they had seen. She stated that ambulance handovers over the Christmas period highlighted that Durham and Darlington were first and second best performing for handovers in the region. In January they dropped to close to the bottom due to the 31% increase in activity and were now third and fourth in the region and expect to improve further.

Performance would continue to be monitored although it was reported that NHS planning guidance for next year was yet to be published. It was anticipated that the new guidance would confirm national priorities, but stated they were also able to set priorities at a local level and intend to do that and would bring updates to the Committee. She advised Members that they would keep ambulance data handovers locally even if they did not have to report this data.

Councillor Haney referred to no additional funding for extra beds given by the ICB. He stated that it was great that they were managing to make extra beds for Durham and had heard that five beds were in four bed bays and if the crash team were called the fifth bed was moved to the corridor. He stated that you must ask about patients' privacy and dignity. He stated that they have a lovely facility at Shotley Bridge that could have dozens of beds installed if the Government would give the money to refurbish or build a new hospital that would be a wonderful solution.

The Chief Executive County Durham and Darlington NHS Foundation Trust responded that in terms of the additional money the ICB sought to allocate this at the beginning of the financial year. Members were advised that the ICB had not secured any extra funding for more beds but CDDFT had flexed available bed spaces across Bishop Auckland Hospital and other community hospitals within the County.

The additional ward opened at Bishop Auckland because Durham and Darlington Hospitals were at maximum capacity and the patients needed some of the additional facilities that were available at Bishop Auckland. They also expanded community beds that was part of the original planning. They had not anticipated such an increase in the amount of admitted patients and ambulance attendances that was different to what they had experienced in previous years and was unique within the region. They responded as well as they could, but those patients needed medical oversight at consultant level and often needed a multi-disciplinary approach which required treatment at the larger acute hospital sites. The full capacity protocol was a risk based methodology used by the Trust to increase the number of beds in a particular area that ensured patient safety and dignity was not compromised. In the longer term if they continued to see the increase demand for bed spaces, a plan had been submitted to the ICB that proposed an increase in beds by using some estate at the Darlington Memorial Hospital and bringing forward the planned short stay surgery unit at UHND. She continued that some patients would not be suitable for a community site due to the different infrastructure in place.

Councillor Haney commented that they could be in total crisis in a few years' time but appreciated they were doing the best with the resources available.

The Chief Executive County Durham and Darlington NHS Foundation Trust assured Councillor Haney that they were looking at the longer term and stated that every Trust in the region were using full capacity protocol this winter.

Councillor Lines referred to the climate continuing to change, and the seasons changing and asked if any work was going on in the background to identify trends about the changes in the phasing of pressures on the service and also the phasing of increased demands as these can also change due to the changes in the climate.

The Chief Executive County Durham and Darlington NHS Foundation Trust responded that they have carried out some work jointly with other local authorities and others on sustainability and one strand of that was adaptation. She continued that the strand was looking at how you adapt services to the different patterns in weather events. This had caused them to look at everything they do such as severe storms to floods and how they manage patients in that emergency situation. It was often about getting professionals out to those people who need to be seen that day who maybe in their own home and do not have any electricity. Heat and cold could also have an impact, they wanted to have as minimal carbon impact on the environment as possible and were carrying out a lot of work around this and had been successful for some grant funding for an air source heat pump. They were working with Durham University looking at different ways to reduce the carbon footprint as it does have an impact on health. The adaptation work was more on how they looked to manage the services differently over the longer term. The planning had been in place now for three years that was still at an early stage particularly around adaptation but was happy to bring a further report to the Committee on this as it progressed.

The Director of Integrated Community Services indicated that the Council had a cold weather plan in place that does not just deal with snow and frost it also deals with floods. He continued that measures were in place to deal with those events that were becoming more frequent. It was particularly relevant for staff in the Trust's Community Services Team who were delivering care in people's homes and the Council's Social Care Teams, so they had factored in those features into the business continuity and recovery plans. He commented that storms were now more of a feature than snow and ice.

Councillor Earley indicated that the issue was that they do not have enough beds. He continued that this was always coming, and everyone knew it was coming but nobody did anything about it. It came to a point that this was dangerous, running a hospital on 95% would be regarded as risky but they are patching a system that was not coping. He then referred to a story he had been told regarding a patient who had to spend time in the A&E department in Durham as Sunderland Neurology Department would not accept the referral as the referral had to come from a consultant.

The Chief Executive County Durham and Darlington NHS Foundation Trust responded that she would take this issue back as they do have a neurology service provided by Sunderland with pathways and if it was not working effectively, they would need to look at. With regard to the full capacity protocol this was risk assessed and if they got into an unsafe position they would declare as a Trust a critical incident that triggers at a regional level and invokes something further. She continued that they have things that they had not had to invoke but they do exist to keep patients safe. At no point have they felt that things were unsafe on a risk-based judgment but recognised that for the patient it was not as good experience. They have submitted a plan for additional beds, they think they need them and would be happy to share this aspect of the wider part of the plans to give some reassurance next year.

Councillor Earley referred to pressures and all year spikes and stated that they know what was happening with the ageing population. All year bed increases would take pressure from everyone. He was not convinced that protocols were working.

The Chief Executive County Durham and Darlington NHS Foundation Trust responded that the number of beds had increased not decreased. She stated that they do their own modelling and build in the impact as they see it, but the ageing population was linked to the beds included in the plan. They do know Easter was always busy and a lot of presentations in the summer due to the heat. She continued that they do not just plan for the winter they plan for all year.

Councillor Savoury commented that the Trust had come under a lot of criticism in recent years with regard to the Bishop Auckland Hospital and stated that it was good to see an extra ward had been opened and utilised to relieve the pressures and was sure that the public would be pleased to see a ward utilised on that hospital site.

Resolved: (i) That the contents of the presentation be noted.

(ii) That further information on the CDDFT surge planning and information on the age profile of patients being admitted into hospital be brought to a future meeting of the Committee.

8 County Durham and Darlington NHS Foundation Trust Sepsis Update

The Committee received a presentation from Lisa Ward, ADN (Patient Safety) and CNIO Kirsty McGee, AI & AKI Marton & Sepsis Lead (for copy of presentation see file of minutes).

The presentation provided details of immediate actions taken; EPR modifications; clinical education; sepsis screening via medianets; sepsis audit January 2024 -EPR

versus manual; sepsis 6 compliance within one hour; EPR data versus manual audit; in progress and next steps.

Mrs Gott asked what pathway GP practices had to follow if they suspected Sepsis.

Officers responded that there was national guidance for GPs and community sepsis tools were available. There was some work ongoing to allow paramedics to administer antibiotics if they suspected sepsis as they currently can only give antibiotics for meningitis.

In response to a question from Councillor Haney, the Officer responded that full baseline data was extraction from the electronic patient record.

Councillor Haney referred to the charts on medianets data and asked what this showed.

The Officer responded that it showed how many people were using the hand held devices to do their observations. The data was received on a daily basis and stated that they were carrying out some targeted work to ensure that the devices were been used.

Councillor Haney stated that he was reassured that the data was better than what was initially reported. He continued that one of the statistics that he had previously asked for was the average length of delay.

Officers responded that the guidance had changed from one hour to three hours and they needed to reflect this in their audit. They would like to keep the critical timeline. They do report delays in their audit and commented that with the new guidance they had the potential to wait three hours, but this would be based on clinical judgement.

In response to a further question from Councillor Haney, the Officer advised that the prompt would appear on the desktop computer, but you don't get the escalation that was triggered on the hand held device and the pods were used across the Trust with one doctor logged into the system to see the alerts.

Councillor Earley asked what the buy in was from clinical staff.

The Officer responded that the device was constantly alerting and was frustrating and one of the things they learnt quickly was to be critical about the alerts and turned off observations. The only time the device would make a noise was a sepsis alert or raised early warning. It was still a work in progress and were mindful that Junior Doctors have a lot of work and want to get to a point where the Lead Consultant also had a device. The devices could be used as a communication tool as it was multi-functional, and they were looking to only have one device going forward.

Resolved: That the contents of the presentation be noted.

9 Breast Cancer Screening Update

The Committee considered a report of the Corporate Director of Adult and Health Services that provided an update on breast screening rates across County Durham (for copy of report, see file of minutes).

Sarah Burns, Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria Integrated Care Board was in attendance to present the report and deliver a presentation that provided details of the impact of breast cancer in County Durham; impact of COVID on screening; improvement work and making the biggest difference (for copy of presentation, see file of minutes).

Councillor Haney asked why the data for Derwentside was lower than other areas and if the lack of a mobile unit had contributed to this. He then asked if the mobile unit was now fully operational.

The Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria Integrated Care Board responded that the mobile unit was in place at the end of January and was the benefit of having that local focus through the board.

Councillor Haney asked if there were any resources, they could put on their social media to advertise that the unit was up and running.

The Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria Integrated Care Board stated that appointment was via an invitation, but they could circulate some communication encouraging people to attend their appointment that would be welcomed.

Councillor Earley stated that he did not understand why the unit was at Tesco as he thought it would be a Shotley Bridge Hospital where it would be safer in particular if there were concerns of vandalism to vehicles.

The Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria Integrated Care Board indicated that she would ask NHS England if this site had been explored as an alternative. She stated that it may be related to accessibility and transport links but would get back to the Councillor Earley.

Councillor Blakey stated that it was positive that they were getting engagement in the Bowburn area. She continued that she sat on the Patient Participation Group and stated that she had not been told anything.

The Chair asked since COVID if they had identified any increase in later cases of breast cancer.

The Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria Integrated Care Board responded that this data often comes several years in lieu and could be something they looked at in the future.

Councillor Johnson referred to the period where there were no screenings and stated that at the age of 71 people were no longer invited for screening and asked if they had been invited beyond 71 due to COVID.

The Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria Integrated Care Board indicated that she did not believe that they were but would follow this up.

The Principal Overview and Scrutiny Officer asked Members if they would like to add consideration of the results of the audit to their 2024/25 work programme as an additional recommendation.

Resolved: (i) That the contents of the presentation on breast screening services across County Durham be noted.

(ii) That the briefing from NHS England Public Health Programmes Team be noted.

(iii) That the results of the audit be presented to the Committee as part of the Committee's 2024/25 work programme.

10 Quarter Three 2023-24 Revenue and Capital Outturn Reports

The Committee received a report of the Corporate Director of Resources which provided details of the forecast outturn budget position for the Adult and Health Services (AHS) service grouping, highlighting major variances in comparison with the budget for the year, based on the position to the end of December 2023 (for copy of report, see file of minutes).

Peter Dowkes, Principal Accountant (Resources) was in attendance to present the report and deliver a presentation that provided an overview of 2023/24 Quarter Three Revenue Forecast Outturn and Variance Explanations and 2023/24 Quarter three Capital Position (for copy of presentation, see file of minutes).

Resolved: That the information detailed within the report and presentation be noted.

11 Quarter Three 2023-24 Performance Management Report

The Committee considered a report of the Chief Executive which presented an overview of progress towards delivering the key priorities within the Council Plan 2023-27 in line with the Council's corporate performance framework. The report covered performance in and to the end of quarter three, 2023/24, October to December 2023 (for copy of report, see file of minutes).

Matthew Peart, Strategy Team Leader was in attendance to deliver the report and highlighted areas within the report.

Councillor Crute referred to weight problems that had become worse since COVID and asked that this be presented to the Children and Young People's Overview and Scrutiny Committee. He referred to one in five children in primary school being overweight and one in three when leaving primary school were overweight. He stated that he would pick this up at the Children and Young People's Overview and Scrutiny Committee and asked if there was any data to show what was happening.

The Strategy Team Leader responded that healthy weight was a complex issue and was not down to a single thing and was a progressive issue and was a whole life approach.

Councillor Crute stated that they needed to get this right in the early years.

Resolved: That the overall position and direction of travel in relation to quarter three performance, and the actions being taken to address areas of challenge be noted.