

DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held remotely via Microsoft Teams on **Monday 9 November 2020** at **9.30 am**

Present

Councillor J Robinson (Chair)

Members of the Committee

Councillors J Chaplow, A Batey, R Bell, L Brown, P Crathorne, R Crute, T Henderson, E Huntington, K Liddell, S Quinn, A Savory, M Simmons, H Smith, J Stephenson, O Temple, T Tucker and C Wilson

Co-opted Members

Mrs R Hassoon

Other Members

Councillor L Hovvels

1 Apologies

Apologies were received from Councillors P Jopling and A Reed.

2 Substitute Members

No substitute members were in attendance.

3 Minutes of the meeting held on 2 October 2020

With amendments to two typographical errors in the first sentence of the eighth paragraph of minute number 8, to replace the word 'swaying' with 'saying', and to insert the word 'to' before 'present themselves', the minutes of the meeting held on 2 October 2020 were confirmed as a correct record and would be signed by the Chair.

The following matters arising were reported.

Minute No. 6 – The Chair welcomed Rachel Rooney, Commissioning and Development Manager, NHS County Durham Clinical Commissioning Group, to provide the Committee with an update on the Shotley Bridge Hospital programme.

The Commissioning and Development Manager informed the Committee that, during late October, information was received from the Department of Health and Social Care which indicated that Shotley Bridge Hospital would be one of forty hospitals to receive capital funding and liaison was taking place with NHS England to ensure the appropriate processes are utilised to take this forward.

As a result, an engagement exercise is to take place in the forthcoming months, with a view to consultation taking place in summer 2021, and, final completion of the project by 2024.

The Chair thanked the Commissioning and Development Manager for attending the meeting to provide the update and he took the opportunity to thank health colleagues and all those involved in the project, including reference group members and local members, for their valuable contribution and cross-party support.

Minute No. 7 – Councillor Bell referred to his comment regarding the difficulty in finding granular level data on the Durham Insight website. He reported that, subsequent to the meeting, with assistance from the Principal Overview and Scrutiny Officer, he had located the data, however, he expressed concern that the process is not straightforward. Amanda Healy, Director of Public Health, informed the Committee that, following feedback, the data dashboard is now more prominent on the Durham Insight website, and, Member Development training sessions have been arranged to provide further information on how to use the dashboard. Members will be advised of the dates of the training sessions as soon as possible. In addition, bi-weekly newsletters are circulated members, to provide up-to-date information.

Minute No. 7 - Councillor Temple echoed the Chair's comments on the continuing progress being made on the Shotley Bridge Hospital programme and how pleasing it is to see political groups working together to achieve a common goal. He referred to the question he asked regarding visiting to care homes during the pandemic and to new government guidance in relation to visits to care homes and hospitals. The Corporate Director for Adult and Health Services responded that the guidance had been published within previous days and a briefing note on the guidance was being developed for circulation to members as soon as possible.

Referring to hospital visits, Sue Jacques, Chief Executive of County Durham and Darlington NHS Foundation Trust informed the Committee that the second wave of COVID-19 is seeing an increase in the number of people admitted to hospital, and, visiting had been restricted to only those approaching the end of life. However, specific circumstances were being considered, on an individual basis and the situation is under continuous review.

Speaking on behalf of Durham and Darlington TEWV NHS Foundation Trust, Jennifer Illingworth, Director of Operations, informed the Committee that during the

first wave of COVID-19, visiting was ceased, however, this was found to have a detrimental impact on the health and wellbeing of service users.

She explained the current situation is that visiting is allowed, where it is safe to do so, on a risk assessed basis, with a comprehensive risk assessment being carried out on service users and visitors. Visits are encouraged to take place outdoors where possible, a booking system has been implemented, and, large volumes of visitors are not permitted.

Minute No. 9 – The Principal Overview and Scrutiny Officer confirmed the Overview and Scrutiny Review report into GP Services in County Durham will be considered at the Cabinet meeting to be held on Wednesday 18 November 2020.

4 Declarations of Interest, if any

There were no declarations of interest.

5 Any Items from Co-opted Members or Interested Parties

No items from co-opted members or interested parties were reported.

6 Adult Social Care Overview

The Committee received a report and presentation from Jane Robinson, Corporate Director of Adult and Health Services and Lee Alexander, Head of Adult Services, on activity of the Adult Social Care Service in County Durham and the frameworks within which it operates (for copy of report and presentation see file of minutes).

Presenting the report, the Corporate Director of Adult and Health Services referred to the request made by members at the July meeting, for further information with regard to adult social care and she introduced the Head of Adult Services to deliver the presentation.

During the presentation, the Head of Adult Services highlighted information, presented in greater detail in the report, including the governance and legislative frameworks, the strong integrated partnership arrangements that exist, the structure of the service, and, the wide range of services and support provided. He also outlined some case studies to illustrate day-to-day work of the service.

The Head of Adult Services referred to the rise in demand for services over recent years with an increase in those presenting with complex needs. The time had also been one of transformation and service development, with the constant challenge of keeping pace with new technology and innovation. He explained one of the key challenges for the future includes mental health, with a national increase in suicide rates, loneliness and social isolation, with these particular issues being more prevalent amongst adults with social care needs. More recently, during the

pandemic, there has been a further demand on mental health services with an increase in the number of new patients presenting with mental health needs.

The Chair thanked the officers for the comprehensive report and presentation. The officers responded to questions and comments from the Committee as follows.

Councillor Tucker referred to those adults with complex needs and asked how quickly community health care assessments are being carried out, whether there is a back-log of assessments, and, how funding is provided, prior to assessments being carried out. The Head of Adult Services explained, that as a result of the pandemic, hospital patients were being screened for community health care needs on discharge from hospital and would receive services which were fully funded through the NHS via the Clinical Commissioning Group. There is a back-log of cases which are being worked through, and, whilst this is taking place, those people will continue to receive funding through the NHS. From a social care perspective, the work has continued effectively throughout the pandemic with some work being undertaken remotely, however risk processes are in place, and, where face to face assessments are appropriate, this has continued, using personal protective equipment. Sarah Burns, Head of Integrated Commissioning, County Durham Integrated Community Care Partnership, added that integrated working enables a people-first approach to funding. As many community health care staff had been redeployed to work in frontline clinical roles during the first wave of the pandemic, additional staff had been recruited to reduce the backlog, and, COVID-19 had led to various new ways of working being employed which had benefited patients and colleagues.

Councillor Bell referred to the 955 adult social care staff mentioned in paragraph 19 of the report and asked for a breakdown of the spread of the staff. The Head of Adult Services explained the two main areas of work. The first being frontline staff, for example social workers and occupational therapists, with locality teams including older persons, learning disabilities, mental health and hospital discharge, with each team having approximately 25 to 30 members of staff. Secondly, in-house provider staff provide direct care and support in areas such as extra care, day services and respite. Alongside this, administrative support staff carry out functions such as performance monitoring.

Councillor Bell welcomed the report and complimented officers for the comprehensive overview, he added, however, that he was of the opinion that the report had neglected to cover the point raised at the July meeting which was to investigate the social care system in the context of COVID-19, and, in particular, how discharges into care homes and the community will differ during the second wave of the pandemic.

The Corporate Director of Adult and Health Services referred to the pace of change with regard to government guidance which reflects national learning, and, to which the service has continued to react and respond.

Councillor Brown referred to the case study on the adult with learning disabilities, and, speaking from her own experience in this field, she said she had frequently observed similar scenarios. She commented on much of the work being reactive and asked what proactive work is undertaken. The Head of Adult Services explained that much of the work done on a daily basis is proactive, with the service response being informed through developing relationships with service users and their families, balancing risks, to maximise the independence of service users, whilst protecting and respecting the impact on families. He added that he would be more than happy to discuss the matter further with Councillor Brown.

Councillor Temple commended the officers for the very wide-ranging and useful report which was brought to life by the case studies. He echoed Councillor Bell's comments adding he too was disappointed that the report had failed to address his request made at the meeting of the Committee in July, for a COVID-19 related report which was specific and dedicated to the approach as to how social care had fared during the first six months of the year. He pointed out that in Scotland, a report had been produced on behalf of the Scottish Parliament in relation to hospital discharges and deaths from COVID-19 which included conclusions and recommendations based on statistics. He explained, the report discovered that hospital discharge is associated with an increased risk of an outbreak, when considered on its own, but, the estimated risk of outbreak was reduced and not statistically significant after accounting for care home size. Furthermore, the report highlighted the importance of care home size in the number of deaths that had occurred. He pointed out that the report looks at facts and statistics in order to learn lessons and he suggested that a similar approach should be used by the Committee.

The Chair and the Corporate Director of Adult and Health Services responded that they were not familiar with the report to which Councillor Temple referred and they respectfully requested Councillor Temple forward, to them, a copy of the report, to which Councillor Temple agreed. The Chair commented that he could not recall a specific request from the Committee for an inquiry and stated his view that the issue of deaths from COVID-19 in care homes and hospitals is a national issue and, as such, should be looked at on a national basis, and, when complete, that would be the appropriate time for the Committee to investigate the issues from a local perspective. He added the priority at this point in time should be to support professionals to undertake their duties in order to deal with the second wave of the pandemic.

Councillor Crute, Chair of the Overview of Scrutiny Management Board added that he was not familiar with the Scottish report, however, he agreed with the Chair's comments with regard to a call for a national report and he added he was aware that other that local authorities had also called for a national review to be undertaken, at the appropriate time, and, he would support this course of action.

Councillor Bell asked for an update on the current situation in terms of discharges from hospitals to care homes. Providing a response, Sarah Burns, Head of Integrated Commissioning, referred to the government guidance received in September which outlined designated settings, which are units within care homes that must meet stringent physical requirements. Patients who are fit to be discharged from hospital to a care home, must be discharged into these dedicated settings. Work has been done with care home providers to identify homes suitable to meet the physical and staffing requirements to become designated settings. The CQC must carry out an inspection to ensure the requirements are met and there is also a robust local assurance process, and, partnership working with the Council, the CCG, and providers, to ensure a safe service is delivered.

Michael Laing, Director of Integrated Community Services, County Durham Integrated Community Care Partnership, informed the Committee that new government guidance in respect of hospital discharges was received in July which set 6 weeks' care for those being discharged from hospital which were not charged for. The guidance included that no discharges should be delayed whilst waiting for an assessment and staff had been trained to carry out trusted assessments. A working group was formed with partners from health and social care and the CCG to make process improvements which are built upon the existing clinical discharge processes. The new guidance stretched targets for discharging patients from acute hospital settings within hours of being assessed as suitable for discharge, with an emphasis on discharge to safe, appropriate settings, including community hospitals. Longer term, the guidance requires the identification of single coordinators for the discharge process, to improve the transfer of patients between organisations to a safe setting as quickly as possible.

Councillor Temple thanked colleagues for the information which addressed his request for information as to what is being done now, he added that it is his view that, whilst he agrees there should be a national review, there remains a need for action locally, and, to look at regional anomalies. The Corporate Director of Adult and Health Services acknowledged Councillor Temple had corresponded with her on this matter and she undertook to provide the information requested, to Councillor Temple, and, also to provide a copy of the information to the Chair.

The Chair thanked members of the Committee for the good-natured discussion. He thanked the Corporate Director of Adult and Health Services and the Head of Adult Services and extended the best wishes of the Committee to all staff. The Corporate Director of Adult and Health Services commented that she hoped the report provided the Committee with a greater overview of the work of the service and assured the Committee that the service continues to learn from local and national experiences, to do the best it can to safeguard local communities.

Resolved:

That the report be noted.

7 Winter Planning

The Committee received a report and presentation of Sue Jacques, Chief Executive of County Durham and Darlington NHS Foundation Trust and Chair of the Local Accident and Emergency Delivery Board which provided an update on the System Winter Plan for 2020/21 (for copy of report and presentation see file of minutes).

The Chief Executive explained this year's winter plan differs from that of previous years as it includes additional plans to protect the system from the impact of COVID-19. The Committee noted that Durham and Darlington Local Resilience Forum is an integral part of winter/COVID-19 tracking and forecasting with plans being updated in accordance with advice based on research. The Chief Executive delivered a presentation which highlighted the key objectives and provided a summary of the plans to manage and mitigate anticipated system pressure. With plans taking into consideration that winter pressures are likely to be greater this year, the Chief Executive outlined the main implications of the higher level of risk caused by COVID-19 and explained that whilst the most optimal plan has been developed, at present, it is unknown how COVID-19 will impact demand. Processes are in place across partner organisations to review the position throughout the winter and to address any exceptional circumstances as and when they may arise.

Councillor Tucker referred to the flu vaccination programme and asked for information on how well this had been received across the county, and, in particular, whether the restrictions on movement during the pandemic had negatively impacted the uptake. The Chief Executive responded that early indicators show uptake is higher this year than during the same period last year, and, in terms of staff, the area has the second highest uptake across the north-east and north Cumbria. She added that GPs had acted early to purchase the vaccine and had purchased greater quantities. The Chief Executive commented that she would be happy to circulate the most up-to-date information on this matter to the Committee, following the meeting.

The Director of Public Health added that steps have been taken to develop innovative ways of working to maximise the reach to members of the public to access the vaccine safely during the pandemic, and, it is hoped that the measures in place to stop the spread of COVID-19 including increased hand-washing and the use of face coverings will also contribute to the prevention of the spread of flu. She added that GPs and pharmacies have sufficient supplies of the vaccine to provide for all social care staff, including domiciliary carers.

Councillor Temple congratulated those involved in the vaccination programme in his ward, commenting on how well organised and efficient the clinics had been.

Rosemary Hassoon and the Chair commented on how impressed they had been with the excellent service provided at Darlington Accident and Emergency department during recent visits. The Chief Executive explained that Durham and Darlington hospitals had been quickly mobilised to increase their footprints during the first wave of COVID-19 and this had proved to have a positive impact.

On behalf of the Committee, the Chair thanked all staff for their hard work and sent best wishes to staff and patients of the Trust.

Resolved:

- a) to receive the plan for assurance that a System Winter Plan has been put in place to protect services over the winter period and that there is robust daily oversight;
- b) to note the increased levels of risk in relation to the winter period, given the combination of winter pressures and COVID-19;
- c) to note that work is still ongoing to agree mutual aid responses across the North East and Cumbria Integrated Care System (ICS), and LADB partners continue to rapidly respond to new guidance being released.

8 Health Impact Assessment for Health Inequalities during the COVID-19 Pandemic

Prior to presenting the report, Amanda Healy, Director of Public Health provided a brief update on the wider COVID-19 work which had taken place since the October meeting of the Committee. Members noted that during October, County Durham was subject to local restrictions and weekly dialogue with government officers had taken place, whilst the rates of infection were increasing. There had been a large student outbreak with the return of students to the city, however, close work with the University and students had resulted in the situation now being under control.

Weekly meetings were being held with the Chief and Deputy Chief Medical Officers and the rates of infection in the neighbouring LA7 areas were starting to plateau. On 5 November, national restrictions were imposed in England, which, although very challenging, are hoped to reduce the rate of infection. Work is ongoing with colleagues in the LA7 to agree key areas of focus, reflected in the local outbreak plan. These include the aim to localise test and trace, to move towards plans for a COVID-19 vaccination programme, and, a major programme of community engagement to maintain the momentum at a community level and combat any 'pandemic-fatigue'. Current rates were reported as 322 per 100,000 with a seven-day average of 1,666 cases in County Durham as reported on the data dashboard. Over the past month, there had been a small number of cases within schools which had been well managed, as well as some in workplaces, however, it is hoped the national restrictions will reduce incidents in workplaces. There had been a slight increase in the number of cases in the 35-64 age group and the 65 plus age group

continues to be the group seeing the most admissions to hospital. Every opportunity is being taken to ensure the county is in a good position when the national restrictions end on 2 December. Members noted a detailed update will be provided at the next meeting of the Health and Wellbeing Board, and, the dates of the Member Development sessions on the data dashboard will be confirmed in members' diaries as soon as possible.

Councillor Brown expressed concern that there was some confusion regarding whether clinically extremely vulnerable members of the public were required to shield from midnight on 4 November. The Director of Public Health responded that letters are being sent out to all clinically extremely vulnerable people to provide information with regard to the new national restrictions which stop short of the requirement to shield.

Introducing the Health Impact Assessment, the Director of Public Health spoke of the importance of this work which investigates the impact of health inequalities during COVID-19. The Committee then welcomed Jane Sunter, Public Health Strategic Manager who delivered a report and presentation on the findings and recommendations of the Health Impact Assessment (HIA) (for copy of report and presentation see file of minutes).

The Strategic Manager explained that evidence suggests it is likely that the COVID-19 lockdown restrictions have increased inequalities in the most deprived communities. In response, the County Durham and Darlington Health, Welfare and Recoveries Group initiated a rapid Health Impact Assessment to examine the impact of COVID-19 on lockdown on inequalities with the findings being used to inform the recovery response to COVID-19.

In delivering the presentation, the Strategic Manager provided information on the local impact of COVID-19 and the key, and other, priorities identified from the rapid Health Impact Assessment. She explained that part of the process looked at highlighting datasets for each Area Action Partnership to enable them to focus on their key priority areas to inform a community response. Recommendations include that the findings are shared with regional partners to work to reduce health inequalities across the north east, and the next steps include monitoring of the partnership implementation of the four key priority areas identified.

The Chair thanked the Strategic Manager for the detailed report and presentation and, with reference to the dissemination of data packs to Area Action Partnerships, he asked if this had taken place. The Strategic Manager responded that the data packs had been sent to Area Action Partnerships and training sessions had been carried out with co-ordinators. In addition, the data packs are available on Durham Insight. In response to a request from the Chair and Councillor Bell, the Strategic Manager agreed to send the data packs to members.

Councillor Bell commented on the health benefits of exercise and to reports on how well organised leisure centres had been during the re-opening, prior to the new national restrictions. He asked what measures are being put in place to ensure they may re-open as soon as possible, when the current restrictions are lifted. Acknowledging the health benefits of exercise, the Director of Public Health responded the plan is to open leisure centres as soon as possible when national restrictions are lifted on 2nd December. She added that the leisure and community sectors have been exemplars during the pandemic with colleagues in Culture, Sport and Tourism providing a range of well-received outreach work during the first wave of the pandemic.

Resolved:

- a) to endorse the actions identified in the HIA to mitigate negative impacts and enhance positive impacts of the COVID-19 recovery response using a system wide approach;
- b) to promote the key priorities identified in the HIA with all partners to enable their integration into all strategies and policies as a contribution to reducing inequalities;
- c) to prioritise and promote the recommendations made in the HIA;
- d) to monitor data in priority areas to measure impact of future actions undertaken at a local level;
- e) to work with partners to build on learning and support preparations for any second wave or local outbreak situations.

9 Tees, Esk and Wear Valleys NHS Foundation Trust Updates

The Committee received a report presented by Jennifer Illingworth, Director of Operations, Durham and Darlington TEWV NHS Foundation Trust which provided an overview of the Trust's response to the COVID-19 pandemic.

The report also included an update on the CQC action plan developed in response to the Trust CQC Inspection undertaken from September to November 2019 (published in March 2020) (for copy see file of minutes).

Referring to the response to the COVID-19 pandemic, the Director of Operations confirmed the Trust has seen an increase of patients admitted into mental health beds who had not previously been community service users. Investigation work is being undertaken as a result of this, with case studies being developed in order to gain a better understanding. A mental health support telephone line has been opened up for those with lower level mental health needs to alleviate the pressure on the Crisis service. Future demand planning work is being carried out in order to predict mental health needs in the forthcoming years which includes the needs of those who have been affected, whether directly or indirectly, by COVID-19. A particular focus for support throughout the pandemic has been care homes including those for people with mental health and learning disabilities, to provide

targeted support to those individuals who have required it, and, to provide additional psychological support to staff during this challenging time.

Councillor Temple referred to the term, 'moral injury', which is described in the report as 'frontline and essential workers may have come across difficult situations in the pandemic and be troubled by their own, or others' actions that they feel go against good practice', and he asked if an example could be provided to illustrate this. The Head of Adult Services explained that adult services staff are trained to support those suffering from trauma and assist people in crisis. As a consequence, they themselves develop coping mechanisms, however, COVID-19 had led to a different dynamic, with staff being more likely to be professionally compromised. For example, prior to COVID-19, it would have been in the best interests for a client who lacked capacity to have a face-to-face consultation, together with their family in attendance, for support. During the pandemic, it has been necessary to conduct this work remotely, leading to clients and their families having a different experience. This may cause a sense of burden on the professional who could feel frustrated that they are not able to perform their duties in the way they would like. Councillor Temple thanked officers for the useful, personal perspective.

Councillor Crathorne spoke of the invaluable support provided through the voluntary sector during the pandemic. The Director of Operations agreed and added that moving towards increased joint working with the community and voluntary sector had been a very positive aspect of the pandemic.

The Principal Overview and Scrutiny Officer explained the background for the Committee's request for information on the CQC inspection results was, at the time the request was made, there had been media coverage relating to issues such as the Crisis Service and the Child and Adolescent Mental Health Service, which had prompted CQC inspections.

The Director of Operations explained that the overall rating had reduced from 'good' to 'requires improvement' and the two domains requiring improvement were identified as safety and responsive. The safety domain includes environments and buildings, and, at the time of the inspection, older estate buildings were located in North Yorkshire and York, however, a new hospital had now opened in York which had alleviated some of the CQC's concerns. An Action Plan was being developed in response to the CQC Inspection.

The Director of Operations agreed to bring a further report to a future meeting of the Committee, with a specific focus on actions for the Durham area.

The Chair thanked the Operations Manager for the update.

Resolved:

- a) that the CQC Inspection results and Improvement Plans be noted;
- b) that the TEWV COVID 19 Pandemic Update be noted.