

DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held remotely via Microsoft Teams on **Thursday 15 April 2021 at 9.30 am**

Present

Councillor J Robinson (Chair)

Members of the Committee

Councillors A Batey, R Bell, P Crathorne, R Crute, T Henderson, C Kay, S Quinn, A Reed, A Savory, H Smith, J Stephenson and O Temple

Co-opted Members

Dr G Ciesielska and Mrs R Hassoon

Also Present

Councillors J Considine and A Shield

The Chair noted the death of His Royal Highness The Prince Philip, Duke of Edinburgh and, as a mark of respect, led the Committee in a minute's silence.

1 Apologies

Apologies for absence were received from Councillors L Brown, E Huntington, C Kay, H Liddle, M Simmons and C Wilson.

2 Substitute Members

There were no substitute Members.

3 Minutes

The minutes of the meeting held on 5 February 2021 were confirmed as a correct record and would be 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 Local Outbreak Management Plan Update

The Committee received the report of the Director of Public Health that provided Members with an update on the COVID-19 response and the transition from the COVID-19 Local Outbreak Control Plan to Local Outbreak Management Plan (for copy of report, see file of minutes).

The Director of Public Health was in attendance to present the report and deliver a presentation that provided Members with a summary of County Durham Cases; Local COVID-19 Update; COVID-19 Vaccination Programme and the route out of lockdown (for copy of presentation, see file of minutes).

The Director of Public Health indicated that the COVID work was built on strong relationships that they had both across County Durham but in particular with partners at Public Health England and the Health Protection Team who were going through some significant changes in the forthcoming year as Public Health moves into different directions. Members were advised that the Health Protection Assurance Board was chaired by the Corporate Director of Adults and Health Services that was multi-agency in nature that had been meeting on a weekly basis. This board reported directly into the Health and Well-being Board who were recently updated and one of the community champions attended that meeting.

The Director of Public Health updated Members on the County Durham 7-day rate that was currently 23 per 100,000 that was lower than the England average. There were around 106 to 110 cases per week that was a big reduction from the previous week. They had also seen a reduction in the over 60s and older and also a reduction in hospital admissions and deaths.

She advised Members that there was also now a vaccination dashboard that added to the transparency of the work they were doing in County Durham. All the data was monitored and updated on a daily basis.

Members were updated on the Local COVID-19 operational planning arrangements and that they were starting to review the local outbreak control plan that was published in July 2020 and updating that at the request of government to turn that into a local outbreak management plan. This had given them a chance to stop and reflect on the last nine months and look at the lessons learned from outbreaks.

The new UK variant and variants of concern was something they were monitoring very closely with national and regional partners and learning any lessons where there had been a variant of concern or interest in another part of the country. An in

depth piece of work had been carried out with the local resilience forum to ensure that they had some surge testing arrangements in place if they had to move to test a wider section of the local population, if there was a variant of concern that required that response.

A lot of innovative work had been carried out bringing a number of the arrangements for tracing cases and following up on cases locally and they had launched the Local Tracing Partnership and Local Zero where the council would receive any cases that had been tested positive immediately rather than being dealt with by the national team. They also had a spike detector tool that had been recognised regionally and presented regionally as an example of good practice.

The Community Champions had been in place since November and they now had over 100 champions and were looking to develop community champions within a school with a young person setting as a development.

From a County Durham perspective the vaccination programme was progressing really well through the NHS priority list and were carrying out some specific work in relation to health and inequalities to reach some of the more difficult to reach communities and ensuring that they had a high uptake in those priority groups. Some people had now been called for their second dose and they wanted as many people as possible to take up that second dose and were doing some insight work for those who had concerns about the confidence in the vaccination and some communication to counteract that.

The Director of Public Health reported that there was a slight difference in how people were being called for their second vaccination and was the difference between the mass vaccination centres that were run through the national portal then the local vaccinations through GPs and primary care networks and this difference was due to the supply of the vaccine. GPs only know a couple of weeks in advance what their supply was going to look like.

A huge amount of work had been carried out in terms of testing and the government had rolled out testing and the offer locally they wanted people to come forward for the gold standard PCR testing if they had symptoms but had lateral flow device testing in place as well and were ensuring that uptake was people carrying out the test twice per week.

The lateral flow tests were in place within care homes and had seen a really high uptake of Lateral Flow testing in teaching staff when they've returned to school and the community testing was trying to target those who aren't able to work from home and encouraged that twice weekly testing.

Members were advised of the work that had been carried out in the Education, University, Care Homes, Prisons, Workplaces and Healthcare settings.

Funding had been confirmed for the forthcoming year and Durham would receive just over £4 million and they were looking at a budget prioritisation process.

There were ongoing arrangements for outbreak management, and they continued to work with regional colleagues and the Chief Executive was the regional lead for regional oversight group and they worked very closely with LA7. There had been a very successful beat COVID North East campaign and underpinning this was evidence led work with communication with local residents.

The Director of Public Health then referred to the COVID-19 Vaccination Programme dashboard that was positive. The dashboard showed a high uptake of over 80s and over 75s right through to over 55s with 81.6% and were still taking up their vaccine. They had been doing some dedicated work to increase the uptake with carers and ongoing work in terms of vaccine hesitancy.

Members were then provided with details of the routes out of lockdown and advised that they were monitoring figures very closely but the changes to the figures from the opening up on the 12th April would not be seen for another two weeks.

The Chair thanked the Director of Public Health for a very comprehensive report and presentation.

Councillor R Bell conveyed his thanks to the Director of Public Health for all her hard work. He referred to the case rate and the interactive map for the county and indicated that Shildon was relatively high at a rolling rate of 140 and asked if there was a reason for this. He then referred to the lateral flow tests and the NHS website indicated who was eligible for these tests that stated that anyone in England who did not have symptoms could now get regular tests that was very wide and gave an example of a friend who lived in the middle of nowhere had lateral flow tests and asked if there was a danger that the system was going to get overwhelmed.

Councillor Temple thanked the Director of Public Health for all her work as she was clearly working around the clock. He indicated that he was a user of the ZOE App and raised concerns as their estimated numbers for County Durham had been increasing quite rapidly, so there was a conflict with the Council's dashboard. He asked the Director of Public Health if this could be investigated to ascertain if they had any basis for that as it showed the county's numbers up quite considerably to almost mid-March levels, the app had 4.5 million users so was quite a significant sample size.

The Director of Public Health responded that it was the residents that had made the difference in terms of rates by supporting a very difficult lockdown period during winter. She then referred to Shildon and advised that a small outbreak was increasing the case rate in those areas and they have had an outbreak in one of

the primary schools within Shildon that they were actively managing. They had not had any further cases and were working really closely with the school and the local community and moved additional testing there and a meeting was to be held later this morning in relation to the outbreak and this should settle very soon. In response to the question on the lateral flow tests and the shift to more of a universal offer the Director of Public Health indicated that the overall approach to testing was to think about the purpose of testing that was to identify and if people had symptoms could be tested and identify if they had COVID 19. The lateral flow tests were for people who did not have any symptoms and the authority had sought to use this locally for those people who were in high risk settings where they were more likely to come into contact with COVID-19 and had this in place within care home settings and had been introduced in schools and council employees who weren't able to work from home. Some of the broader workplaces had done similar such as the Fire Service and Northumbrian Water, as it was the ability to detect the infection when people were asymptomatic. The shift towards universal testing was the government's strategy and what the council had done locally was to support that strategy but ensure that they did not widen inequalities while that strategy was being implemented. They now had pharmacies collect who were coming on board and local pharmacies were key members of the local communities to engage with people to ensure good access and were encouraging twice weekly testing where appropriate. She referred to the information for testing for children under 12 as it was not recommended that primary school children be tested, and they had raised this nationally. They were in active dialogue with colleagues at a regional and national level and were trying to make the testing programme proportional and not widen inequalities. They would be looking at how testing had been utilised with events and hospitality as they opened up.

The Director Public Health advised Councillor Temple in terms of the ZOE App she would take that away and come back to the committee with a response. She indicated that there was a wide range of different apps with people uploading different results which was why they were focused on using the council's dashboard and the intelligence that they received that was complimented with some soft intelligence that might come through other routes.

Councillor Stephenson indicated that she was a community champion herself in her local area and a lateral flow testing champion and volunteered at Annfield Plain library. She commented from a community perspective the lateral flow testing was something that the community had found reassuring particularly people who worked in community centres who were on the front line doing food banks. She had been asked to put the community centre forward as a place that could have the lateral flow devices delivered to the centre. She then referred to the vaccination slide that was reassuring in the numbers for the older generation and asked if the under 55s numbers were lower as they had not completed the programme yet or was it due to hesitancy.

Councillor Quinn thanked Councillor Bell for raising Shildon where they did have a spike and commented that they were kept fully informed as local Councillors and everything that could possibly be done was done. The school was closed, and the locomotion became an outlet for testing and the community were encouraged to get tested. The outbreak was managed well and thankfully it was the week before the easter break and the school closed early but this did not have a massive effect. She indicated that she worked in a nursing home and assured members that care staff got tested three times a week, two lateral flow tests and a third test that was sent away. She was also a community champion that was a great honour and was a good programme and she believed there was a place for community champions in the future to continue good work and hoped their work would continue.

The Director of Public Health responded that they had raised the issue nationally of community centres becoming distribution points for lateral flow devices. In response to the uptake of the vaccination for over 55s they were still encouraging people to come forward and were working on the vaccine hesitancy and confidence. Going down the age groups they needed to be more flexible in their approach to reaching people and thanked community champions as they needed to understand what was happening at a local level to ensure that the messages were being provided and they hoped to keep the community champion programme going.

Resolved: That the updated report and the progress to date on the development of and transition to the COVID-19 Local Outbreak Management Plan be noted.

7 Shotley Bridge Hospital Update

The Committee received a presentation from Rachel Rooney, Head of Commissioning, NHS County Durham CCG that provided Members with an update on Phase 2 of Public Engagement for Shotley Bridge Community Hospital Services (for copy of presentation, see file of minutes).

The Head of Commissioning provided Members with details of progress to date and gave an overview of the different types of hospitals within the region and the types of services delivered in each setting. Members were then provided with details of some of the challenges that they currently faced. In terms of their vision they had to ensure that they made the best use of technology and help with a reduction of health inequalities and ensuring that they deliver care around the needs of the patient. They needed to think about prevention and promoting of self-care and getting it right for the future and ensuring health professionals had a fantastic facility to work from.

Members were provided with details of the service areas and the scenario in 2019 and the scenario in 2021 since engagement. Members were also provided with an overview of the proposed clinical model in the wider health and social care context.

They wanted to ensure that any facility they provided in the future gave the opportunity to diversify to ensure that they maximised the space.

The Head of Commissioning indicated that they were hopeful that their outlining business case would be completed by the end of May. They then had an assurance process to go through regionally and nationally to ensure that they were spending taxpayer's money in the best possible way and ensuring that they were providing value for money. If all the deadlines were met, they aimed to start construction June 2022 and if a new build construction this would be completed early 2024 and a refurbishment of the existing site would be up to a year later.

Councillor Temple thanked the Committee, the Chair and the Principal Overview and Scrutiny Officer who never let Shotley Bridge Hospital out of their sight and that local people were running the consultation and he felt that they were being consulted and engaged in a positive way and allowed them some scope to contribute. He then referred to the recent report from the BBC who had said that the hospital was to be refurbished and his understanding was that this was still a matter of choice and that people were about to be consulted and what he had seen so far was the vast majority who had been asked had indicated that they wanted a new build but the two options were still on the table.

Councillor Shield indicated that the first meeting of the Shotley Bridge Reference Group was 17 October 2017 but a lot more progress had been made than previously and the introduction of the additional funding support from central government was recognised and appreciated. He had taken part in a number of consultations and referred to the straw poll and commented that amongst all of the participants he dared say that 100% of people wanted a new build rather than a refurbishment. He took the point made by lots of participants about the ageing workforce and the ongoing development within the locality of some nearly 2000 additional properties. Whatever was going to be developed had to have that scope to take on board any potential increase in population. The rumours were that they were going to get a refurbished hospital at Shotley Bridge rather than a new build. He referred to Medomsley Detention Centre which was originally going to be a housing estate then a rumour that it was going to be turned into a detention centre and it turned out that it was going to be a detention centre. He indicated that no decision had been made yet on the hospital and asked when the decision would be made, who would make that decision and what impact did they have to ensure that the needs, aspirations and more importantly the wants of this population were fulfilled by a new build, wherever it was going to be located.

The Head of Commissioning responded that the report from BBC News earlier in the week was not helpful. The media had picked it up in a slightly wrong way and that no decision on Shotley Bridge Hospital had been made at this stage and there were two options, a refurbishment and a new build on the genesis site in Consett. This would be presented as part of the outline business case at the end of May and would demonstrate a preferred option that would be based on both non-financial

assessment criteria and financial to make sure that they provided value for money. They would consider all of the things members of the public had told them and the straw pool would be used as intelligence in terms of people's preference and some of the other considerations that she had mentioned around continuity of service and ensure that they were able to provide a modern fit for purpose building which was predominantly their main aim.

Resolved: That the update be noted.

8 Quarter 3 2020/21 Performance Management Report

The committee received the report of the Interim Corporate Director of Resources presented by the Strategy Team Leader, which detailed progress towards achieving the key outcomes of the council's corporate performance framework (for copy of report, see file of minutes).

The performance report was structured around the three externally focused results-based ambitions of the County Durham Vision 2035 alongside a fourth 'excellent council' theme contained within the Council Plan. It also included an overview of the impact of COVID-19 on council services, staff and residents.

The Chair thanked the Strategy Team Leader for all her work, especially in regard to COVID and the actions taken to address the economic and well-being challenges.

Resolved: That the report be noted.

9 Adult and Health Services - Quarter Three Forecast of Revenue and Capital Outturn 2020/21

The Committee considered the report and presentation of the Interim Corporate Director of Resources, presented by the Finance Manager for Adult and Health Services, which provided details of the quarter three forecast outturn budget position for the Adult and Health Service grouping, highlighting major variances in comparison with the budget for the year, based on the position to the end on December 2020 (for copy of report and presentation, see file of minutes).

Councillor Temple sought clarification on paragraph 10 of the report where you had a revised budget and asked how and when did they move from the original budget to the revised budget against where they measure everything.

In response, the Finance Manager focused on the three bigger figures on contributions to reserves. They started off with an original budget and then each quarter, they had various changes to the budget due to things happening during the year. The original budget was presented to Council in February then changed during the year for various reasons such as a contribution to corporate reserves

and some outbreak control monies received that came directly to Public Health that was put into the corporate position which would then be utilised during the year to fund a number of different schemes to support COVID. They also had other reserves which they utilised such as the building, retirement and insurance reserve and the contribution to AHS cash limit for instance would be a contribution towards another reserve that would then be passed across towards some corporate reserves. In other areas they have had some projects that didn't happen due to COVID so that money had gone back into reserves for this year to be utilised in future years. It was about changing the amount of money in the budget during the year to recognise changes when the money would be needed and a mechanism for moving money into the corporate centre that could then be utilised for other reasons.

Resolved: That the report be noted.

10 Adults Wellbeing and Health OSC - Refresh of 2021-22 Work Programme

The Committee considered the report of the Interim Corporate Director of Resources that provided Members with an opportunity to review and refresh ITS work programme for 2021/22 (for copy of report, see file of minutes).

The Principal Overview and Scrutiny Officer was in attendance to present the report and indicated that it was a two stage process where they report on the work of the committee during the year in advance of bringing a final work programme to the committee's first meeting in the new municipal year.

The report highlighted the refresh of the work programme in the context of the County Durham Vision and the Council Plan that was recently adopted. The work programme reflected the objectives, aims and actions contained within these documents that had superseded the previously altogether healthier context. They had also taken cognizance of priorities identified within the service grouping and also the NHS and healthcare partners and included their priorities as well for consideration in the work programme.

As a result of the pandemic the work programme this year was delivered virtually with a reduced number of meetings that required a greater prioritisation of those items coming to committee. This was supported with briefing papers circulated to members of the committee outside of formal committee meetings.

Paragraphs 12 and 13 of the report set out the major areas of work undertaken by the committee during the year together with a number of cross cutting areas of work with other overview and scrutiny committees that were identified at paragraph 14 of the report.

In terms of the work undertaken during the current year a number of these had been identified as needing to be rolled forward into 2021/22 and a number of these reports were considered at the meeting today.

Paragraph 15 of the report identified a number of areas for further progress updates and needed to be included in the work programme. The areas identified were the continued oversight of the Local Outbreak Management Plan and all things COVID related, Shotley Bridge Community Hospital project and the emerging changes around commissioning arrangements and the legislation that was currently going through government and the formalisation of the Integrated Care Systems arrangements and what that would mean for both the work of the committee and the wider scrutiny of NHS activity. They aimed to bring to committee in the new work programme details of the legislation and associated guidance published. Moving forward the number of meetings would be determined if meetings were to continue to be held virtually.

Councillor R Bell referred to the recent reorganisation of the NHS and the CCGs that was carried out over Christmas without coming to the committee. He then referred to the monitoring of NHS services particularly North East Ambulance Service (NEAS) and asked when the committee were going to have NEAS at a meeting and if the monitoring work could be planned into the work programme.

The Principal Overview and Scrutiny Officer responded that the unfortunate timing of the COVID outbreak meant that the initial plans for monitoring of NEAS activity had to be put on hold due to lockdown and the ongoing demands placed on NHS partners arising from the pandemic. He had not been able to get this back to committee but he provided assurances that this would be included in the work programme report and he would be liaising with key contacts in all the NHS foundation trusts to have those conversations around what areas of activity they have within their individual priorities moving forward and what they could expect to bring to committee for consideration.

The Chair fully supported Councillor Bell's comments and indicated that this next year was going to be the most important for the committee and they needed to be on the ball and the work programme for this committee needed to be flexible and quickly responsive.

Resolved: (i) That the proposed AWHOSC work programme in relation to the current Council Plan 2020-2023 be noted.

(ii) That a further report to agree the AWHOSC Work Programme would be submitted to the first meeting of the Committee in the 2021/22 municipal year.

11 Any Other Business

The Chair indicated that this was the last meeting of this committee in this council and wished to thank Co-opted Members, Officers and those Members who were retiring.

Councillor R Bell on behalf of the committee formally thanked the Chair for the excellent way he had Chaired the committee. He also wished to thank Councillors H Smith and O Temple for all their work on this committee, who were retiring from the Council.