

DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Council Chamber, County Hall, Durham on **Wednesday 28 July 2021 at 9.30 am**

Present

Councillor P Jopling (Chair)

Members of the Committee

Councillors R Charlton-Lainé, V Andrews, C Bell, R Crute, K Earley, O Gunn, D Haney, P Heaviside, J Higgins, L Holmes, L Hovvels, J Howey, C Martin, S Quinn, K Robson, A Savory, M Simmons and T Stubbs

Co-opted Members

Mrs R Hassoon

Also Present

Councillor A Watson

1 Apologies for Absence

Apologies for absence were received from Councillors C Kay, C Lines and Dr G Ciesielska

2 Substitute Members

There were no substitute members.

3 Minutes

The minutes of the meeting held on 15 April 2021 were confirmed as a correct record and signed by the Chair.

4 Declarations of Interest

Councillor Charlton-Laine declared an interest in Item 7 and Councillors Haney and Earley declared an interest in Item No. 8.

5 Any Items from Co-opted Members or Interested Parties

There were no items.

6 Adult Social Care Overview and Update

The Committee received a report of the Head of Adult Care that gave an up-to-date summary of activity and developments across Adult Social Care Service in County Durham and to outline the frameworks within which it operates (for copy see file of minutes).

The Head of Adult Care gave a detailed presentation covering:-

- Governance
- Main Legislative Frameworks
- Integrated Partnership Arrangements
- Annual Budget
- People we support
- Service structure
- Range of services and support
- Transformation
- Challenges

The Head of Adult Care gave examples of two case studies to give the committee a better understanding of how services worked together to provide support for the individual service user.

Referring to page 94 of the papers Councillor Gunn asked if current challenges had been discussed with the local hospitals especially taking into account the winter months. The Head of Adult Care responded that our service was effective in terms of hospital discharge and we would continue to collect data around that. The policy driver was moving us more to discharge to assess and the local authority would have to manage and support patients in the most appropriate way. He said that it was hard to predict winter months but that a range of measures had been put in place.

Councillor Earley referred to commissioning triggers for care beds and the quality issues when contracts had been suspended resulting in safeguarding alerts from the CQC, and asked if there was a mechanism in place to stop this from happening. The Head of Adult Care confirmed that this was very much in place and relied upon a range of factors. The service works very closely with colleagues looking at a range of metrics linked to safeguarding and managing the balance of risks, noting that action could potentially include a de-commissioning process. He assured members that robust processes were in place.

Working in a nursing home intermediate care unit, Councillor Quinn had found that a lot of people were not asking for help when they needed it as were frightened to go to their GP or leave their home. She asked how the service could sustain life at

home for those people. The Head of Adult Care responded that COVID had had an impact across the board and referral numbers were initially lower than pre-pandemic. He would pick up the conversation with Councillor Quinn outside of the meeting about her experiences.

Resolved:

That the report be noted and that the committee receive future updates on the work of the newly established Adults, Wellbeing and Health Quality Assurance Board as it progresses.

7 Public Health Overview and Update

The Committee received a report of the Director of Public Health that provided a summary of developments across Public Health (for copy see file of minutes).

The Chair referred to the rise in alcohol and drug abuse and violence in the home, and asked if anything was being done to mitigate that as we start to come out of the pandemic. The Director of Public Health responded that it was a real challenge in terms of alcohol due to the accessibility and affordability and the significant impact it had on health services. There was no national alcohol strategy so no minimum unit price had been agreed as was the case in Scotland. With regards to drugs there was a lot of good innovative work taking place to tackle that. Domestic Abuse continued to be a priority with local partners having a real commitment to tackle this with additional funding being received.

Councillor Crute said that alcohol abuse during the pandemic had increased and a similar increase had also been detected in smoking. He went on to say that this was a stubborn performance indicator, especially with mothers smoking at the time of delivery. He asked about the impacts in terms of illnesses. The Director of Public Health confirmed that tobacco would remain a top priority and that there had been a slight increase in tobacco prevalence. The priority would be refreshed in relation to tobacco and smoking prevalence and innovative work taking place smoking at the time of delivery. Fresh and Balance would continue to keep abreast of national campaigns and we would continue to share concerns locally.

Councillor Gunn expressed a strong interest in children and young people's mental health and expanding work with schools for the recovery from the pandemic, and asked if there would be any additional funding to aid this. The Director of Public Health advised that a healthy schools framework was being developed that would help to engage directly with schools and would be launched from September. A high level of investment would remain in children and young people's mental health and work looking at how resilient and effective this has been would continue. Public health and schools' relationships had strengthened and their needs had been listened to. One-off funding would also be a cause for concern and was challenging but the Director explained that we would have to wait for the outcome of the Public Health Review to see what funding would continue.

Councillor Stubbs asked if non combustibles were incorporated or if it was just tobacco. He also picked up on the British American tobacco profits and the emerging markets from the rest of the world and asked if that was being looked into. The Director of Public Health explained that non combustibles were not included in the figures as it was still classed as a safer option than tobacco. She was aware of the big tobacco companies and the new markets but assured members that Fresh and Balance represented us and kept us up-to-date. She added that it was an ongoing challenge and a key part of reducing haram was to prevent young people from starting on e-cigarettes and tobacco.

Moving on and answering a question from Councillor Quinn about suicides during the pandemic, the Director of Public Health said that her team had early access to potential suicides and wrap around support for adults. Locally, rates had been higher than the national average, particularly for men and rates for women had been the lower the national average but the same for the North East. During the pandemic there had been no increase in the suicide rates however this continued to be measured on an annual basis. The team continued to look at any connections of suicides, to reduce the stigma and monitored this closely.

Councillor Charlton-Laine said that she taught sex education in schools and during lockdown it was difficult to find suitable online content as other siblings may have been in the home. She was concerned that this needed addressing as there were gaps in the education. The Director of Public Health understood the challenge and would speak to Councillor Charlton-Laine outside of the meeting.

Further to a question from Councillor Homes about the figure of 66% of young people not visiting their GP during lockdown so as not to add any further pressures onto them, the Director of Public Health said she would look at the local data and feed back to the committee.

Resolved:

That the report be noted and to receive a further update in the form of the Director of Public Health annual report in November 2021.

8 Shotley Bridge Hospital Update

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

The presentation highlighted the following:-

- The vision
- The principles of the project
- Progress to date

- The current estate
- Estate option
- Communication and engagement
- What had happened since engagement in 2019
- Proposed clinical model
- Legal duties of engagement and consultation

The Head of Commissioning highlighted the next steps:-

- Development of Outline Business Case – Aug/Sept 2021
- Development of full business case & approvals – Summer 2022
- Ongoing public engagement
- Consultation (as part of the building planning process)
- Construction start Summer 2022
- Construction completion
 - New build – Early 2024
 - Refurbishment of existing site – up to a year later

Councillor Haney asked at what point did the CCG decide just to move on without public consultation, as promised back in December 2018. The Head of Commissioning referenced the extensive public engagement that had been undertaken in Spring 2019 and which had been reported to the Committee and had informed the project proposals. She further explained that there had been continuous monitoring since they announced the potential consultation. However, the risks around consultation were far outweighed by the costs and the time it would take. She added that feedback had influenced their work and had improved part of the project. She explained that if the CCG did not move swiftly they may not secure funding.

The Head of Integrated Commissioning went on to explain that the business case needed to be submitted as soon as possible in order to secure the funding. Feedback at events had a very clear message for the CCG to 'just get on with it' and this could be demonstrated with the views of the public determining the changes to the model. She informed the committee that they clearly knew what services had to be delivered and the changes to the clinical model of care. They were keen to now secure the funding and deliver a new hospital for the area.

Councillor Haney was concerned that a consultation had been promised and that the vast majority of people in the area would not be aware of the proposals.

The Chair asked if there was a time constraint on the £10 million funding and was advised that it was part of the overall hospital programme. 40 hospitals had been allocated funding and as this was an agile project there was a need to move swiftly to secure it. Other projects were much larger and could overspend which could impact on this minor scheme.

Councillor Holmes commented that if the engagement process was sufficient and a consultation exercise was not required this could add an additional 12 months to the project. He was concerned that it was not an unlimited pot of money that would fund this project and asked what would happen if the government funding expired. The Head of Commissioning explained that they would need to source new capital through other means. She added that the current building was not fit for purpose and there was a need to maintain safety parameters.

Mrs Hassoon was surprised to hear that people in the area would not know what was happening as she was aware that many meetings had been held and that the former Councillor Temple had represented the people very well in his local area.

Councillor Earley said the hospital did not make the best of the opportunity available to them and he had tried to come up with solutions over the years. The Friends of the Hospital Support Group had approached Project Genesis and also approached the Housing Association regarding funding for a health care village. He added the number of beds should be in line with other community hospitals with the same population. He wanted to see the hospital move forward but agreed that there should be a public consultation for the people in the local area to have a say in what they wanted, especially as an incinerator would be 500 metres from the new build. The Head of Integrated Commissioning advised that the independent sector beds provided an intermediate level of care and the inpatient beds provided a lower level of care for those patients that had been discharged and required care closer to home. There were 8 beds in Shotley Bridge and the proposal was to increase this to 16 beds. 16 beds were also available in the Richardson hospital and Sedgefield hospital to meet the needs of the population. This allowed GPs to set up and allow for people to be cared for closer to home. 16 beds were appropriate for the need and if this was increased it may lead to a reduction in other areas.

Regarding funding, Councillor Earley suggested that the CCG approach the County Council and asked to prudentially borrow the money. He touched upon personal experiences of having to use three buses to visit his mother in Bishop Auckland hospital, travelling from Consett.

Councillor Watson, a member of the Shotley Bridge Reference Group for the last four years, commented that the engagement exercise had been extensive. He had faith in the NHS and the CCG who had operated an open door policy in terms and as a local person and councillor he was aware of people's opinions about the hospital. He said that people had become sceptical that a new hospital would not be built and he was concerned that any further delays could mean additional construction costs and a risk of losing the funding. He said that the CCG had been impeccable around the engagement carried out.

Councillor Bell agreed with Councillor Watson and added that it was time to push ahead and get this project up and running.

Councillor Robson also agreed with those comments from Councillors Watson and Bell as any delays could cost more money.

Councillor Higgins on the other hand could not support this as he believed a consultation exercise would be a fair democratic process.

Referring to the other services available at Shotley Bridge, such as dental treatment, Councillor Hovvels reminded the committee that the hospital provided services for the wider area, not just Consett and Stanley.

Councillor Martin said he understood the clear arguments but this was about bringing people along with you on the journey. He asked how a 12 week consultation would result in a 12 month delay to the project. The Head of Commissioning reported that a significant amount of planning around the construction had taken place together with looking at plans around the clinical model which had been out for engagement. If any of this changed it could result in a different model of care and could exceed the £30 million capital budget. The regulations of the NHS England criteria involved a significant lead in time with months of planning at each stage. They scrutinised each decision and this would have an initial three month timescale if they deemed it appropriate. Therefore the 12 month delay was a reasonable assumption but it could be longer. There were no plans to reduce the service and therefore this does not warrant a public consultation.

The Head of Commissioning said that through engagement significant responses had been received as people were passionate about their community hospital. Engagement would continue around the next stage and the CCG were committed to do that as they had worked extremely hard to engage with the local community. She would look for an example of work for other new hospitals to give the committee some assurances, further to a question from Councillor Martin.

The Head of Integrated Commissioning added that due to the engagement exercises the number of beds had doubled from 8 to 16 and that all services would be maintained except endoscopy which had not been delivered on site for a number of years. There were a number of unresolved issues with the current building. She said that they were ready now to engage on what the future building design would be and what needs to change. They did not want to silence people and were keen to continue engaging. She pointed out that there were many benefits to moving forward with this project as opposed to the risk of losing the funding if it was delayed any further.

Councillor Gunn asked that if the business case were approved and the CCG maintained public engagement, how long would they envisage this would take. The Head of Commissioning explained that the next steps would be for a new build

or a refurb of the existing build, the timetable of which was included in the presentation.

The Chair thanked the officers for the presentation.

Resolved: That the update be noted.

9 Local Outbreak Management Plan Update

The Committee received the report of the Director of Public Health that provided an update on the Government Roadmap: COVID-19 Response - Summer 2021, County Durham's COVID-19 response and the Local Outbreak Management Plan (for copy see file of minutes).

The Director of Public Health updated Members on the County Durham 7-day rate that was currently 596.3 per 100,000, a reduction of over 50% in the last week with 23,000 cases and above the England average. 76 people were in hospital and the death rate was very low.

The Director of Public Health advised of the latest updates to the government's roadmap and our response to that, as well as changing to a Local Outbreak Management Plan from the Local Outbreak Control Plan. Variants continued to be monitored via Public Health England overseen by the Local Health Protection Assurance Board.

Restrictions had been lifted but locally we would focus on vaccination roll out and would retain the test, trace and isolate programme. There had been a high take up on the vaccines.

Due to the high numbers in the North East, the government had agreed that it was now an Enhanced Response Area with significant focus on testing and access to testing, increased engagement with the local communities, supported by the COVID champions.

In schools, there had been significant work carried out to control transmission and the Outbreak Control team had developed a dedicated process for testing and online learning solutions.

Following the CQC report being published on care home deaths, the Chair asked how that would prepare us for this winter with flu and COVID. She was concerned about those patients being discharged from hospital and how better we could protect other residents in care homes. She asked for an update for the next meeting. The Director of Public Health agreed that a report would come back on the preparatory work ready for winter and how that would affect services.

The Corporate Director of Adults and Health Services informed the chair that a response was being prepared to queries the chair had raised in respect of the CQC report which the chair may then wish to share with the committee. Assurances were given that preparations for winter around the care setting would be in place.

Councillor Quinn added that from her point of view, working in the sector, procedures and policies were followed and that more people survived COVID in nursing homes than those who had died from it. She felt that it was important to share those figures too.

Councillor Gunn commended the team for their hard work and commitment during a stressful time. She added that Durham Insight was a useful tool which included details of the all of the important work being carried out.

Resolved:

That the report and the robust governance and outbreak control arrangements in place to identify, control and contain COVID-19 cases, clusters and outbreaks be noted and agreed.

10 Health Protection Assurance

The Committee received a report of the Director of Public Health that provided an update on health protection assurance arrangements in County Durham (for copy see file of Minutes).

The Director of Public Health advised that updates come from the implementation of the health protection action plan, overseen by the Health Protection Assurance and Development Group (HPADG). The direct response to the COVID-19 pandemic was covered in reports from the Health Protection Assurance Board (HPAB). The report would pick up on the indirect effects of COVID-19 as to the impact on relevant work programmes.

Resolved:

- (a) That the content of the report be noted.
- (b) That performance in County Durham for all childhood immunisation programmes exceeds both standards and national averages be noted.
- (c) That the report provides broad assurance that effective processes are in place for each of the key strands of health protection activity.
- (d) That the need for further assurance in relation to flu and COVID-19 vaccination be supported.
- (e) That the need for assurance on the transfer of Clinical Commissioning Group (CCG) and Public Health England (PHE) functions including health protection and screening and immunisation programmes and emergency response be supported.
- (f) That further identification and response to emerging health protection priorities and be updated accordingly, be supported.

11 Quarter 4 2020/21 Performance Management Report

The Committee received the report of the Interim Corporate Director of Resources which detailed progress towards achieving the key outcomes of the council's corporate performance framework (for copy see file of minutes).

The Strategy Team Leader, Resources highlighted performance for quarter four, January to March 2021 including COVID – vaccines and testing, mental health impact, re-opening of leisure centres and the increase of breastfeeding.

Resolved: That the report be noted.

12 NHS Foundation Trusts Quality Accounts 2020-21

The Committee considered a report of the Interim Corporate Director of Resources which provided the formal responses made on behalf of the Committee in respect of NHS Foundation Trust Quality Accounts 2020/21 (for copy see file of minutes).

Resolved:

That the report be noted.

13 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 suggested work programme for 2021/2022 (for copy see file of minutes).

The Principal Overview and Scrutiny Officer highlighted the flexible work programme which would be covered in the five meetings scheduled from September 2021 to May 2022 including CQC data and plans for winter.

The Chair asked about access to GPs and Oral Health appointments. The Principal Overview and Scrutiny Officers informed members that access to GPs had been a bespoke piece of work that would come back to committee. He would speak to CCG partners about oral health appointments and report back.

Councillor Charlton-Laine asked if the Integrated Care System would be discussed and was advised that legislation was currently going through parliament and updates and associated guidance would be reported to committee in October.

Councillor Crute supported the suggestion to look at this and understand the impact this would have on the CCGs. He said that there would need to be scope in the work programme to look at any emerging issues.

Councillor Gunn added that it was important to look at crucial areas such as care homes and nursing homes.

Resolved:

- (i) That the proposed Adults Wellbeing and Health OSC work programme for 2021/22 be received.
- (ii) That the Adults Wellbeing and Health OSC work programme for 2021/2022 and the flexibility it offers to respond to emerging issues be agreed.