

DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Council Chamber, County Hall, Durham on **Friday 14 January 2022 at 9.30 am**

Present

Councillor P Jopling (Chair)

Members of the Committee

Councillors V Andrews, R Crute, K Earley, P Heaviside, L A Holmes, L Hovvells, C Kay, C Martin, S Quinn, K Robson, M Simmons and T Stubbs

Co-opted Members

Mrs R Hassoon

1 Apologies

Apologies for absence were received from Councillors Charlton-Lainé, Haney, Howey, Gunn and Savory.

2 Substitute Members

Councillor Hunt was present as substitute for Councillor Howey.

3 Minutes

The Minutes of the meeting held on 19 November 2021 were agreed as a correct record and signed by the Chair subject to amendments to the surname of Councillor Hovells to correct the spelling.

4 Declarations of Interest, if any

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 Introducing QWELL: Digital Mental Health Services for Adults

The Committee considered a presentation of J Austin, Engagement Lead (County Durham, Sunderland and South Tyneside), Kooth plc. which contained information regarding QWELL: Digital Mental Health Services for Adults (for copy see file of minutes).

Members were advised that QWELL was a free, safe and anonymous service which could be accessed by anyone in County Durham, over the age of 18. It consisted of self-help resources, community support and practitioner intervention where required, which could be through text based support or live chat sessions with Counsellors or Emotional Wellbeing Practitioners. The service was accredited by the British Association of Counselling and Psychotherapy.

The service was operated 365 days of the year and practitioners available between 12-10pm weekdays and 6-10pm on weekends and adults did not need to be referred to use the service, but instead were invited to join if they fell within the cohort that the service was available to.

In response to a question from Councillor Stubbs, the Engagement Lead advised that the service was funded by Durham, Darlington and Teeside NHS Learning Disability Service. NE

Councillor Kay advised that he worked with charity, Journey enterprises in Coundon and asked how the organisation could engage with the service and how a parent or carer of an adult with learning disabilities would benefit.

The Engagement Lead advised that that giving users the opportunity to speak to professionals and widely promoting the service, would hopefully increase awareness. Users were able to sign up and access the service and guidance from Kooth plc. had been issued for users.

Councillor Hunt asked what safeguarding was in place if a practitioner suspected an immediate threat and the Engagement Lead advised that the practitioner would try to obtain personal information and in instances that the user did not respond to the request, there was an emergency plan which the clinical team would instigate.

Resolved

That the information within the presentation be noted.

7 2021/22 Q2 Adults and Health Services Budget Outturn

The Committee considered 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 September 2021 (for copy see file of minutes).

J McMahon, Principal Accountant presented the report to Members and it was noted that the forecasts indicated a cash limit underspend of £2.350 million at the year-end against a revised revenue budget of £128.664 million, which represented a 1.8% underspend. In arriving at the cash limit position, Covid-19 related expenditure of £3.026 million offset by Covid-19 related savings of £4.013 million had been excluded. Covid-19 costs were being treated corporately and offset by Government funding so far as possible.

Based on the forecasts, the Cash Limit balance for Adults and Health Services as at 31 March 2022 would be £12.676 million and the capital budget for 2021/22 was £1.210 million. As at 30 September 2021 there had been capital expenditure incurred of £71,000.

Councillor Crute referred to the major area of additional cost in respect of to the £3.026 million for the additional financial support paid to providers which included targeted support being given to residential care homes, and he asked whether this was a trend that was likely to continue in the future. He referred to a policy to be agreed by parliament which would allow self-funders to access residential care homes for local authority rates and asked how this would impact the budget and occupancy. M Laing, Director of Integrated Community Services, County Durham Care Partnership, responded to advise that there would be additional pressure on the budget and it would increase pressures on occupancy levels and staffing. He advised that there were 800 self-funded customers that would be an be given access to care homes at local council rates and the impact on the budget was being assessed and was scheduled to be included in reports to Cabinet and County Council, but it was variable and of concern.

Councillor Kay referred to the recently refurbished Drug and Alcohol Rehabilitation Unit in Horden and queried whether there would be any impact to the one in Bishop Auckland. The Director of Public Health advised that it would remain open and an update on the Drug and Alcohol Service would be provided.

Resolved

That the report be noted.

8 Quarter 2 2021/22 Performance Management Report

The Committee considered a report of the Corporate Director of Resources which provided overview of progress towards achieving the key outcomes of the council's corporate performance framework and highlighted key messages to inform strategic priorities and work programmes and covered performance in and to the end of quarter two, July to September 2021 (for copy see file of minutes).

A Harrington, Strategy Team Leader advised that there had been an issue with regards to the new case management which had resulted in a reduction of the

percentage of service users assessed or reviewed in the last 12 months which was due to the increased administrative work placed upon social workers. Forms had been previously pre-populated by data already known and whilst historic records had been transferred, the difference between the systems meant it was not possible to pre-populate care forms with historic data. Social workers were therefore required to complete assessment and review forms in their entirety. Once data was inputted into the new system, forms were then pre-populated forms with known data and therefore once the administrative burden had lightened, performance was expected to improve.

Councillor Earley asked whether the suicide rate had been expected to go up and referring to the Qwell presentation he asked how the message was conveyed to those with mental health issues were reached. There were many things that impacted on mental health and he acknowledged the difficulty of the task. There had also been a reduction in physical exercise for young people and queried whether there would be a campaign relaunch and engagement with the community and voluntary sector to get young people involved in sports and activity.

The Director of Public Health advised that a real time data surveillance system enabled the service to monitor through if u care share. The suicide figures were higher than national average, but still comparable to north east. An-depth review had been done 2-3 years prior, with the recommendations still embedded.

The Director of Public Health advised that should an issue within a local community arise there would be a multi-agency partnership response and the information would be shared with local Councillors. She confirmed that Qwell had useful resources to promote and ways being monitored closely.

With regards to the reduction in levels of physical activity, the Director of Public Health advised that during lockdown there had been a national campaign for exercise at home by Joe Wicks and additional work with schools and parents had been encouraged. She added that the Active Durham Partnership made it easy for families to do physical activity at no cost.

The Chair advised that she had flagged up her concerns with Officers with regard to the increase in suicide rate.

Councillor Hovvels referred to the 24% of children who were eligible for school meals and not claiming them, which she believed would continue to rise in the current economic climate and she asked what the Council were doing to alleviate these pressures. The Strategy Team Leader advised confirmed that wider social issues such as increasing energy and the cost of living were impacting on families, and more specific details would be provided to the Committee.

The Chair advised that she had contacted her local AAP who were already aware of these issues and information had been provided on action being taken within the

community. Community services such as schools and GP surgeries were aware of the families most affected by poverty.

The Director of Public Health added that the increase in children living in poverty was a significant concern and the Poverty Action steering group were currently considering national policy to review and update the Poverty Action Plan.

Councillor Crute referred to the capacity in residential and nursing care and although the figures were from the first quarter of the previous year, there had been increase adults age 65 and over admitted to residential care on permanent basis. He accepted that the figures would be distorted due to the impact of the pandemic but there was also a national issue with transfers from a hospital setting and he asked whether an update could be provided and asked if there was a reason that there was no comparative data from other authorities in the region as this would assist with the context.

The Director of Integrated Community Services advised that the service would obtain comparative data but this would be slightly out of date. With regards to capacity, there were unoccupied beds in County Durham which was due to staffing and the inability to get enough members of staff to care for those who had been discharged from hospital. However the figures from the discharge list that morning were more positive, and of those patients in acute beds there were 31 in Durham and Darlington who were waiting to be discharged. Of those patients 15 were actively managed by social care and some would go home with a care package. This was a relatively low number, but the trust were working closely with social services in County Durham and a list was provided at 8am and reviewed by social services Managers at 8.30am and 12.30pm to ensure that if there were any issues, they could be resolved in order for people to be discharged by 5pm. The care sector needed to be supported as there were pressures which were caused mainly by staff absences due to covid isolation, but also that there had been changes to the economy and alternative employment was available.

The Principal Overview and Scrutiny Officer advised that the take up of free school meals had been identified as matter of concern at the Children and Young People's Overview and Scrutiny Committee who were including this on their work programme. In terms of poverty issues, this was a cross cutting theme and a more comprehensive report would be provided to the Corporate Overview and Scrutiny Management Board.

Resolved

That the report be noted.

9 County Durham and Darlington Adult Mental Health Rehabilitation and Recovery services

The Committee received a report of the Director of Mental Health & Learning Disability Durham Tees Valley Partnership and the Director of Operations County Durham and Darlington, TEWV, which outlined a proposal to relocate Primrose Lodge Inpatient Rehabilitation and Recovery unit from Chester le Street to Shildon, which would reduce the community-based rehabilitation beds from 15 to 8 (for copy see file of minutes).

The Committee were invited to comment on the proposal which had been supported by the Durham, Tees Valley Partnership Board and County Durham Clinical Commissioning Executive Group. Following the meeting the CCG, with TEWV support will carry out activities to meet the required level of public consultation.

Councillor Martin advised that a reduction of beds was always a concern, particularly in NHS but the knock-on effect of losing beds caused patients to spill over into services they did not require. At one point 55% of these beds were occupied by patients that did not require this level of support and that equated to eight of fifteen patients that should not have been there. He asked how the service would ensure that this vital resource, would not be taken up by individuals who did not need this level of support in future.

In addition, Councillor Martin asked whether transferring funding from the provision of beds to employ more staff to assist people within the community could reduce the number of patients that required a bed, whether there was any proof from any other authority that this would be efficient as he wanted to be assured that this would not damage mental health services across County Durham.

The Director of Operations County Durham and Darlington, TEWV, confirmed that this was not a case of removing funding and redistributing it elsewhere, it was an attempt to reduce the length of stay, which would divert patients from acute wards and create capacity. The provision was countywide provision so although people in Chester le Street may view it as a loss, the service was relocating.

The Director of Mental Health & Learning Disability Durham Tees Valley Partnership advised that the national framework was focused on the avoidance of crisis and investment in outreach support, to keep people safe at home with early intervention and tools such as Qwell assisted in this approach. Inevitably there were people that would need beds, however these beds were for people who were coming out of crisis and beds in west park that were fit for purpose, but sustaining additional investment and resources was shifting to support holistically as per strategy and national framework.

Councillor Andrews confirmed that she was not adverse to more care delivered in community but she queried whether there would be any issues with recruitment in the current crisis as there had been a loss of beds in Shildon due to inability to

recruit staff. The Director of Mental Health & Learning Disability Durham Tees Valley Partnership advised that staff were in post.

In response to a question from Councillor Quinn the Director of Mental Health & Learning Disability Durham Tees Valley Partnership advised that the building was already owned by TEWV and it was considered that this proposal would be in place between April and June however this was not specific as service users would need to be consulted.

Councillor Quinn requested that the Town Council be made aware of the changes as they would receive queries from residents.

R Hassoon noted the changes within the team were extensive and asked what the changes meant for clients. The Director of Mental Health & Learning Disability Durham Tees Valley Partnership advised that services would be provided in communities, by community rehab team but some would remain clinic based depending on the need and service required.

Ms Hassoon noted that the service was countywide but asked whether the same provision was available with regards to visitors and in response the Director of Mental Health & Learning Disability Durham Tees Valley Partnership advised that the service would be replicated and visitors supported as they were in Chester le Street.

Councillor Stubbs referred to the modelling that had been carried out on the reduction of beds and asked when it had been carried out and whether it been revalidated. The Director of Mental Health & Learning Disability Durham Tees Valley Partnership advised that it had been done 18 months prior and had been reviewed based on the number of admissions over 18 months that were linked to covid and not appropriately placed. This had been considered and procedures were in place to attempt to prevent those admissions and it would continuously be reviewed.

The Principal Overview and Scrutiny Officer advised that the recommendation to request support for the proposal from the Committee and outline the level of public consultation required and timescale to complete was not within the Committee's remit. Members were advised that they may consider any feedback following engagement with the public, at the meeting on 21 March, and comment on the proposal.

Resolved

That the report be noted and a further report outlining the results of the stakeholder feedback undertaken in respect of the proposals be submitted at the Committee's meeting scheduled for 21 March 2022.

10 Director of Public Health County Durham Annual Report 2020/21

The Committee considered the Director of Public Health, County Durham Annual Report 2020/21 (for copy see file of minutes).

The Director of Public Health confirmed that under the National Health Service Act 2006, one of the statutory requirements of the Director of Public Health was to produce an annual report about the health of the local population and the local authority had a duty to publish the report.

The government had not specified what the annual report might contain and has made it clear that this is a decision for individual Directors of Public Health to determine.

The Director of Public Health Annual Report for 2021 focused on the following:

- Foreword
- Health and wellbeing across County Durham
- Approach to wellbeing
- County Durham – our health roadmap
- COVID-19 – response and recovery
- Update on strategic priorities
- Specific focus on 3 remaining strategic priorities; Promoting positive behaviours; High quality drug and alcohol services; Better quality of life through integrated health and care services
- Revisiting the Taylors with a focus on real life case studies
- Update on recommendations from 2020
- Recommendations for 2021 based on the three priority areas of focus

Councillor Kay queried the higher than average rate of obesity in children in County Durham which also had higher rates of child poverty as children in poverty were assumed to be underweight. The Director of Public Health confirmed that children in poverty were more likely to be overweight due to the challenges for parents to provide good healthy food. If a family was struggling financially or with time to prepare food, often the easiest and cheapest option was to provide food that was less healthy. This had led to work around poverty such as holiday activities which would include the offer of healthy food.

Councillor Kay referred to test and trace and asked what had become of track and trace and whether there was a difference. The Director of Public Health advised that what was originally called track and trace had been renamed as test and trace and was a national system, which were all operated by the UK Health Security Agency and some of the test and trace services were delivered locally. In response to a further question the Director of Public Health advised that there Public Health England had been disbanded to different parts of the system which were Health Security Agency but the costs associated still remained.

The Chair confirmed that in her opinion, the obesity crisis had to be solved by the government - supermarkets encouraged junk food offers and it was understandable that parents went for the cheap and convenient food.

Councillor Quinn advised that obesity weight management courses were offered through GP's and commented that bariatric people suffered at end of life although would still try to lose weight. She suggested that obesity and poverty were also linked to hot food takeaways and people with the least amount of money would still go to takeaways rather than making healthy homemade food.

The Director of Public Health advised that the North East Clinical Lead had appointed a Manager to look at the different tiers of the service and quality standards as there was a variation across the North East.

Councillor Martin welcomed the emphasis on reducing the figures for smoking, which was almost a factor towards poverty for those who had an addiction. He asked whether there was an explanation why figures increasing and whether there was a similar increase in smoking during COVID-19 as there had been with alcohol.

The Director of Public Health confirmed that people had returned to smoking during the pandemic and young people had taken up smoking. Fresh North East had kept advocacy work at local, regional and national level but attention may have been elsewhere during the pandemic and it was time to refocus on tobacco as it was an addiction that hopefully people could be prevented from starting in the first place.

The Chair referred to the potential health impacts of vaping as many people had taken this up as an alternative to smoking and she queried whether any studies had been undertaken. The Director of Public Health advised that vaping was 95% safer than cigarettes however it was essential to ensure that young people did not take up vaping and would consider targeting, marketing and how vaping was being promoted.

Councillor Robson referred to time at school due to COVID-19 and the impact on physical exercise. At times people were discouraged and he suggested that encouraging more exercise and increasing physical education sessions or inviting clubs into schools to encourage children to join. The Director of Public Health praised the work done in schools worked during the pandemic, to try and keep to the key curriculum and physical activity was included. There was a physical activity strategy being developed, which included various exercises that could be done at home such as walking out with family to sports and was ambitious in terms of what the service wanted to see. County Durham had great opportunities, which did not come at a high cost and this was something that needed to be considered when emerging from COVID-19 impacts.

Councillor Hunt added that smoking drop-ins were all stopped during the pandemic with the only access being online and queried what was being done to get smoking clinics back up and running. With regards to vaping, Councillor Hunt suggested that it was a new trend for young people and was not something that should not be encouraged.

The Director of Public Health advised that a new service was being transitioned during the pandemic and they did deliver the programmes but many were online. There was also the additional pressures on pharmacies and GP surgeries to deliver the vaccination programme, which were still being delivered most but they were starting to liaise again on some of the pre COVID-19 programmes.

The Director of Public Health advised that she would take the concerns regarding young people and vaping and consider this with colleagues in order to build this into the plan and she acknowledged the role of the Committee in raising important issues such as this.

Councillor Earley added that he was pleased to see the policy that prohibited planning consent for hot food takeaways in the vicinity of schools contained in the County Durham Plan. There were already such high numbers of takeaways that when Members were considering town centres, other uses should be encouraged instead of constant proliferation of unhealthy uses.

The Director of Public Health advised that there was an environment that did not just consist of takeaways but an increase of unhealthy food delivered to doors. When considering Towns and Villages, healthy places and mental health should be considered with public health input. Corporate Directors were looking at priorities underpinning priorities, but practical examples like hot food takeaway policy but what does it look like in terms of towns and villages

The Chair noted that there were programmes about cooking but people tended not to and there was an issue in getting children to grow up with the ability to cook and in her opinion had to come from within schools and this was an issue that needed to be prioritised by the government.

Advertising tobacco had been made illegal and had also been changes to advertising alcohol, but legislation was required across all levels of unhealthy choices.

Councillor Quinn thanked the Director of Public Health for using the Taylor family as a community champion which would hopefully continue the good work done by the Durham County Council.

Resolved

11 Local Outbreak Management Plan Update

The Committee received a report of the Director of Public Health which provided an update on the Local Outbreak Management Plan, the Health Protection Assurance Board and the current local COVID-19 activity. In addition, the report included an update on the Government's Autumn and Winter Plan, Contain Framework and Plan-B guidance (for copy see file of minutes).

In providing the most recent COVID-19 infection rates, the Director of Public Health confirmed that over 12000 positive cases had been reported during the previous week, which were not translating into same the same level of hospital admissions that the same number of case rates would have resulted in 2021, which was confirmation that the vaccination programme had been significant in reducing hospital admissions.

The Director of Public Health advised that over 86% of people eligible had been given their first dose of the vaccine, 80% had been given the second dose, and 63% had been given the third booster.

Guidance was continuously changing and the day before the meeting the government had shared new self-isolation guidance. County Durham had a significant level of vaccination stock which had been prioritised and utilised in high risk settings, care homes, prisons, NHS, in order to keep services running however the national supply was starting to come through. There had been changes to testing, with PCR testing having been suspended.

The Director of Public Health advised that the infection was circulating in schools but the service was trying to get young people age 12-15 years, vaccinated.

Councillor Stubbs acknowledged the success of the vaccination programme with only 103 patients in hospital in County Durham and he referred to the message being widely conveyed over social media. He asked whether patients' vaccination status was checked on admission to hospital and the Director of Integrated and Community Service, County Durham Care Partnership advised that vaccination status was checked on admission and of the 103 patients admitted only half were admitted with COVID-19 as a primary cause.

Those who were most ill and those in ITU were unvaccinated and people who were unvaccinated were more risk of being ill with COVID-19.

In response to a further comment from Councillor Stubbs who did not think that the message was getting across, the Director of Integrated and Community Service advised that this was the message that was being conveyed to the public, the unvaccinated were much more likely to be really, really ill.

R Stray, Communications and Engagement Manager, County Durham & Darlington NHS Foundation Trust advised that over the previous 2-3 weeks the message reported was with regards to the importance of having the first two doses and the booster as soon as eligible. This was reported on social media, internally, the Director mo had been interviewed on BBC Look North.

Councillor Andrews referred to the two strains of COVID-19 Delta and Omicron and queried whether the public were aware that they were both running alongside one another. The Director of Public Health confirmed that Omicron was the dominant variant and even if the booster protected from serious illness, it could still be a really awful virus. The NHS were proactive and reinforcing the message that the effects of this strain was not mild, even for those who were vaccinated and it could still be a serious illness.

Resolved

That the report be noted.