

## **DURHAM COUNTY COUNCIL**

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Friday 3 February 2023 at 9.30 am**

### **Present**

#### **Members of the Committee**

Councillors V Andrews, K Earley, L Hovvels, C Kay, C Lines, S Quinn, K Robson, A Savory, M Simmons, D Sutton-Lloyd, D Freeman, L Mavin and B Kellett

#### **Co-opted Members**

Mrs R Gott

#### **Co-opted Employees/Officers**

D Alexander, Healthwatch County Durham

**In the absence of the Chair and Vice Chair, nominations were sought to appoint a Chair. It was agreed that Councillor K Earley would Chair the meeting.**

### **1 Apologies**

Apologies for absence were received from Councillors I Cochrane, O Gunn, D Haney, J Higgins, L Holmes, J Howey, P Jopling, C Martin, and T Stubbs.

Apologies for absence were also received from Co-opted Member A Stobbart and from Project Lead G McGee, Healthwatch County Durham.

### **2 Substitute Members**

Councillor D Sutton-Lloyd was present as substitute for Councillor L Holmes, Councillor D Freeman was present as substitute for Councillor C Martin, Councillor L Mavin was present as substitute for Councillor D Haney and Councillor B Kellett was present as substitute for Councillor O Gunn.

D Alexander was present as substitute for G McGee, Healthwatch County Durham.

### **3 Declarations of Interest**

There were no declarations of interest.

### **4 Any Items from Co-opted Members or Interested Parties**

There were no items from co-opted members or interested parties.

## **5 Adult Social Care Update**

The Committee received a report which updated members on the current issues impacting on the Adult and Social Care Service in County Durham (for copy see file of minutes).

There were a number of significant changes ahead for the service which included:

- Social Care Charging Reforms
- Introduction of a national quality assurance framework for local authority Adult Care services by The Care Quality Commission (CQC)
- Amendments to the Mental Capacity Act (2005) which would replace Deprivation of Liberty Safeguards with Liberty Protection Safeguards
- A refreshed national Adult Social Care Outcomes Framework

K Barnes, Principal Social Worker for Adults provided a detailed presentation explaining that the refreshed vision for Adult Social Care was *to “Ensure adults with care and support needs and their carers receive the care and support they need, when they need it, to support them to live the lives they want.”* She explained that the Service supported over 22,500 adults in County Durham with a wide range of social care needs and advised that the service had seen an increase in self-neglect and hoarding. She explained the current workforce challenges for the service and advised that the introduction of a new assurance framework would include an independent assessment of local authorities’ delivery of adult care functions by the CQC.

Councillor Kellett highlighted that out of 8,504 open cases in integrated mental health services, only 482 adults had care & support provisions and questioned if there should be more. The Principal Social Worker for Adults explained that the mental health service was an integrated team and included various professionals who were able to provide targeted support for adults. She advised that the integrated team focussed on a support and recovery model and that this helped adults to overcome an episode of mental health. As a result, they benefited from a clinical oversight, which meant that bought in care and support provision was not always required.

In response to a question from Councillor Sutton-Lloyd regarding increased hoarding, the Principal Social Worker for Adults noted that whilst there was no research to indicate the reasons why hoarding had increased, she believed that there were a range of factors that had contributed to the increased numbers, including the Covid-19 pandemic.

Councillor Quinn did not believe that increased hoarding was linked to the Covid-19 pandemic, from her experience it was more cultural and often affected people that had never had anything. Councillor Quinn stated that she worked in a private nursing home which helped to rehabilitate people who were discharged from hospital so that they could return to their own homes. She emphasised the importance of the work to allow adults to live the lives they want.

Further to the comments raised regarding hoarding, Councillor Hovvels stated that a lot of services were required to address this issue, not just health alone, and hoped that services were working well together to address this issue. The Principal Social Worker for Adults confirmed that there were strong partnership arrangements with the fire service to address hoarding and explained that training had been introduced to help identify the cause of the behaviour and to try and prevent hoarding from reoccurring but advised that this required a larger resource.

With regards to the changing profile of the workforce, Councillor Earley, the Chair, expressed his concern and asked if there was anything further that could be done to address this problem in the short and mid-term. Further to this, Councillor Quinn noted that NHS staff who had retired in their fifties were going to be encouraged to return to work.

M Laing, Director of Integrated Community Services, County Durham Care Partnership explained that in the short term, a new generic role, similar to the previous nursing auxiliary role, was currently being considered to combine the many visits currently undertaken from various professionals. He advised that salaries were often a barrier in recruiting new staff noting that salaries in the independent sector were significantly higher. The Director of Integrated Community Services explained that another plan was to encourage those that had retired to continue to work and that this would help to address some of the problems with workforce challenges and maintain expertise within the service.

Councillor Kay commented that it was costly to re-employ a person following retirement and suggested that encouraging reduced hours as an alternative to retirement could be more cost effective. The Director of Integrated Community Services stated that to appeal to people's public service ethic, it was better to persuade people of their right to retire and receive their pension and then encourage them, where possible, to return to work at a normal hourly rate, but he highlighted that negotiations around this were dependent on the relationship the person had with their manager. The Director of Integrated Community Services stressed that highly skilled nursing staff were key and their return to the NHS was important.

Councillor Andrews highlighted that if nurses reduced their hours towards the end of their career, it impacted on their pension and therefore could be a contributing reason why people retired and then returned to the workplace.

Councillor Andrews went on to ask about the hybrid programme for social services and mental health and whether this programme had progressed. The Principal Social Worker for Adults explained that dual registered nurses and social workers had existed, and that further consideration was to be given to this approach as there was value in hybrid roles.

M Laing, Director of Integrated Community Services referred to the independent assessment of local authorities' delivery of adult care functions by the CQC and advised that the Local Authority could be inspected in 2023. He explained that the inspection would involve the whole Council and would include a review of minutes of the meetings of the Adults, Wellbeing and Health Overview and Scrutiny Committee (AWH OSC), interviews with the Chair and Members of the Committee. He noted that the previous inspections had stopped in 2011 and it was therefore important to make staff aware of the inspection process and what was required of them.

Councillor Earley emphasised that it was vital to support staff through the CQC inspection.

S Gwilym, the Principal Overview and Scrutiny Officer highlighted that there had been a robust relationship between the Children and Young People's Overview and Scrutiny Committee (CYP OSC) and the Children's Services Inspection. He stated that the Adult and Health Service Team would seek support from Children and Young People's Services in terms of experience from their Ofsted inspection, and Members of the AWH OSC Committee should likewise seek support from Members of the CYP OSC to help them to feed into the CQC inspection.

## **Resolved**

That the report and presentation be noted.

## **6 Shotley Bridge Hospital Project Update**

R Morris, Associate Director Lead, County Durham and Darlington NHS Foundation Trust provided a detailed presentation which provided Members with an update on the redevelopment of Shotley Bridge Community Hospital (for copy see file of minutes).

The Associate Director Lead explained the clinical model noting the model's extensive engagement with the public and Members of the Committee. He explained the partnership agreement with the New Hospital Programme (NHP) which had provided a source of funding to build and advised that construction was planned to start in November/December 2023 with completion in 2025. He explained the design of the development and its social and economic value and was pleased to inform Members that significant progress had been made with the development since the Committee's last update.

Councillor Hovvells thanked the Associate Director Lead and the Senior Portfolio Lead for being instrumental in the progress of the redevelopment and commented that it was positive to have new provision within County Durham.

Councillor Sutton-Lloyd commended the progress and stated that it demonstrated great teamwork.

Co-opted member, R Gott agreed that it was positive to see the progress of the project.

Councillor Quinn thanked the Associate Director Lead for listening to local people and noted that a lot of thought and consideration had gone into the development.

R Rooney, Senior Portfolio Lead, Integrated Commissioning Team, North East and North Cumbria Integrated Care Board advised that from the perspective of the Integrated Care Board (ICB), she fully supported the outline business case and had drafted a letter to the NHP to confirm this.

The Associate Director Lead advised that a meeting was scheduled with the NHP in March/April 2023 to get the next steps of the project approved.

Councillor Earley asked for reassurance that there would not be any gaps in services provided. The Associate Director Lead advised that NHS property services would continue to spend a significant amount of money on the current Shotley Bridge Hospital to ensure that there was no threat to the services provided.

## **Resolved**

That the presentation be noted.

## **7 County Durham GP Appointments**

C Stephenson, Head of Primary Care (County Durham) North East and North Cumbria Integrated Care Board provided a detailed presentation which provided Members with an update on County Durham GP Appointments (for copy see file of minutes).

The Head of Primary Care provided statistical information on the total number of GP appointments for the whole of the North East & North Cumbria (NENC) at November 2022. He explained that County Durham had the highest demand for appointments in NENC and advised that Did Not Attend appointments (DNA) appointments in County Durham had totalled 13,000. He further advised that County Durham was presently recording the highest number of face-to-face appointments in comparison to its peers across the NENC Clinical Commissioning Group system.

The Head of Primary Care explained that Acute Respiratory Response (ARI) Hubs had been commissioned to help tackle the immediate pressures on primary care created by the extraordinary increase in respiratory infections during the winter period. He explained that the hubs would provide same day/urgent respiratory appointments for all age groups (adults and children), offer point of care testing and be able to link to the respiratory consultant on call in the trust/s. Although four hubs had initially been planned, the Head of Primary Care informed the Committee that the hub at Shotley Bridge Hospital was no longer on the list. County Durham was the first 'Place' in the country to go live with the specialist hubs, adding up to 6,000 of additional appointments into County Durham primary care up until at least 31st March 2023.

Councillor Hovvels stressed that although the statistics looked positive, residents within her area were continuing to struggle to book GP appointments and had been waiting up to three months. She explained that her division of Trimdon and Thornley covered multiple areas and availability of appointments were problematic at all GP practices.

R Rooney, Senior Portfolio Lead, Integrated Commissioning Team, North East and North Cumbria Integrated Care Board noted that there had been a significant increase in demand for GP appointments and it was important for the demand to be managed effectively. She explained that a triage system was in place to determine whether the appointment should be face to face or via telephone and that an online option was also available for those that were IT literate, and that this helped to reduce the number of telephone calls. The Senior Portfolio Lead further advised that the workforce could be utilised differently to manage the volume of appointments stating that whilst patients requested an appointment with a GP, there were a range of health professionals that could potentially help the patient, such as a mental health professional. The Senior Portfolio Lead explained that the Additional Roles Reimbursement Scheme (ARRS) had provided an opportunity for additional roles within practices and confirmed that these had been put in place across County Durham.

In response to a question from Councillor Earley, the Senior Portfolio Lead noted that there was variation in performance across practices in County Durham and highlighted that some areas were doing well and that this needed to be shared as best practice to help standardise practice performance throughout the County. The Senior Portfolio Lead explained that workforce recruitment and retention was a significant challenge for general practices but advised that a great deal of work was currently being done to attract more GPs, including salaried GPs employed by the NHS, and offered to share this work at a future meeting of the Committee.

Councillor Freeman commented that the statistics looked positive, particularly in terms of face to face appointments, however he expressed concern regarding the length of time in obtaining an appointment and noted that this information was not

reflected in the statistics. He explained that some patients required immediate attention and could at times present at A&E if they were unable to make an appointment and asked if this was due to a lack of GP's.

The Head of Primary Care explained that work was to be undertaken to identify the improvements that could be made at practices regarding access, and that this included the length of time in obtaining an appointment and advised that going forward, the new hubs were hoped to alleviate some of the current pressures. The Senior Portfolio Lead explained that patients attending GP practices had different needs and advised that it was important to recognise different needs and wrap primary care around these. The Senior Portfolio Lead accepted that there was a great deal of work to be done and many challenges to address but emphasised the importance of thinking differently going forward.

Councillor Quinn explained that during the Covid-19 pandemic, GP practices had to think differently, and some of the changes were evident at the practice in her area. Whilst Councillor Quinn could understand the frustration of residents who were unable to make a GP appointment, she stated that there were also positive comments from residents who were satisfied with the service they had received.

With regards to DNA appointments, Councillor Quinn asked if the reasons patients did not attend their appointments were known. The Head of Primary Care explained that although there were a variety of reasons for DNAs, in the main, patients often booked an appointment but then would start to feel better and fail to cancel it. He noted that further work was required with Healthwatch County Durham to share the message regarding DNAs to reduce the amount of wasted appointments and stated that publicity was key in doing so. He welcomed anything Members could do to get this message out to the public.

Co-opted member, R Gott advised that in her experience, the service by GP practices had deteriorated and the length of time to obtain an appointment had significantly increased and gave an example from her own experience. She also disagreed with practices sending text messages to patients. The Senior Portfolio Lead confirmed that she was happy to discuss this further with R Gott outside of the meeting. The Head of Primary Care asked for the details of the GP practice in question and agreed to investigate this further.

Councillor Lines expressed concern regarding the suggested charges for patients who did not attend their appointments. Although the former Health Secretary had suggested this, the Senior Portfolio Lead assured that charging patients would not be considered in addressing the issue with DNAs. She noted that there would always be reasons why people were unable to make their appointment but stated that the focus for DNAs were people that repeatedly failed to attend and the impact that this had on time and costs.

D Alexander, Healthwatch County Durham explained that anecdotal evidence highlighted a whole range of reasons for DNAs, such as mental health, caring responsibilities, family emergency, transport issues, but agreed that it would be beneficial to focus on those that repeatedly did not attend and offer them some support if required. With regards to face to face appointments, D Alexander noted that Healthwatch County Durham had done a great deal of work with the public around access and advised that although the majority of people preferred face to face appointments, there were some people that wanted the option of telephone or online appointments as this type of appointment worked better for them.

Further to comments raised by Councillor Sutton-Lloyd regarding the need for communication and education, the Senior Portfolio Lead agreed that more awareness was needed within local communities. She advised that one of the main focuses was to reduce the wait times on the telephone lines and that an e-consult was to be introduced to help with this issue so that those people who needed to telephone were able to get through to the practice successfully. Councillor Sutton-Lloyd stressed that it was important to get this message out to the public. The Head of Primary Care referred to the slide on the presentation titled '*your GP practice is here for you*' and advised that further work was being done to improve and standardise messaging regarding access.

Councillor Andrews commented that it would be interesting to find out the reasons for the repeat DNAs. In terms of telephone consultations, she noted that these were different to telephone triage and required a specific set of skills. Councillor Andrews stated that patients and families had at times had to make multiple calls before they received the required help and hoped that this issue would be addressed. The Head of Primary Care agreed but advised that he had recently been given the opportunity to listen to some of the calls received by a practice and noted that the number of calls from people that were lonely were surprisingly high.

In terms of DNAs, Councillor Kay was confused what drove people to repeatedly miss their appointment. Councillor Earley agreed and whilst he appreciated all the issues raised by Members, he stated that he did not want people to be dissuaded from making a GP appointment. He asked the Principal Scrutiny Officer if all the comments raised at the meeting could be followed up on.

Councillor Quinn welcomed the opportunity to help publicise key messages. Councillor Sutton-Lloyd agreed and advised that he did a lot of work in the community and could help share this information.

The Senior Portfolio Lead greatly appreciated Members offers to help share this information and agreed to keep them updated on the plans going forward.

**Resolved**



That the presentation be noted and the additional detailed information and data regarding GP Services within County Durham requested by members be sought and a further report brought back to a future meeting of the Committee.

## **8 Quarter 2 Forecast of Revenue and Capital Outturn 2022/23**

The Committee received a report which provided Members with 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 2022 (for copy see file of minutes).

P Dowkes, Principal Accountant, Resources, presented the report. The forecast indicated that AHS would have a cash limit underspend of £0.735 million at the year-end against a revised revenue budget of £137.994 million, which represented a 0.53% underspend.

Based on the forecasts, the Cash Limit balance for AHS as at 31 March 2023 would be £5.308 million. The AHS capital budget for 2022/23 comprised a single scheme of £100,000. As at 30 September 2022 capital expenditure of £8,000 had been incurred.

### **Resolved**

That the report be noted.

## **9 Quarter 2 2022/23 Performance Management Report**

The Committee received a report which provided Members with an 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. The report covered performance in and to the end of quarter two 2022/23, July to September 2022 (for copy see file of minutes).

A Harrington, Strategy Team Leader presented the report and highlighted the five thematic areas that performance was reported against. She explained that performance was reported on an exception basis and concentrated on things that were going well such as increased activity of the Stop Smoking Service and the re-establishment of face to face breastfeeding support groups, and areas that required attention such as the increased suicides, admissions under the Mental Health Act and the decline in leisure centre visitors. She also noted that the indicator for Adult Social Care users receiving a review / assessment in the last 12 month had continued to decline, and the latest data (58.5%) was the lowest ever recorded but advised that the Adult Care Service had provided further resource to address this issue and performance was expected to improve during 2023. The Strategy Team Leader informed the Committee that the Corporate Affairs team was now under a new Head of Service and reported directly to John Hewitt.

Councillor Quinn advised that she had recently attended an event in Bishop Auckland called Time to Talk which had been positive and suggested the event be delivered throughout the County. She commended the work of Durham County Council in keeping people well stating their efforts encouraged people to take ownership of themselves and not become the victim.

The Strategy Team Leader welcomed this feedback and agreed to feed this back to the team.

With regards to gym memberships being below target with cancellation rates higher than quarter one, Councillor Robson asked if the decline was due to issues with finance. The Strategy Team Leader advised that it was a combination of factors such as poor weather, finance, and possibly the reluctance to be close to people post-pandemic. She advised that leisure centres were trying to gain feedback from customers to ascertain the reason for cancellation.

Councillor Sutton-Lloyd noted that several gyms had opened in his area but felt that people may be struggling to establish a good exercise routine post-pandemic.

Councillor Kay advised that a lot of people who had gym memberships had found an alternative way of keeping fit during the pandemic and had continued with this alternative form of exercise post-pandemic.

Councillor Lines further advised that a lot of people had discovered that many local community sports groups existed within the County and stated that the cost of these groups were less in comparison to a gym membership.

The Strategy Team Leader valued the feedback from Members and noted that although gym memberships had declined, it was reassuring to hear that people had found alternative ways to keep active.

## **Resolved**

That the report be noted.

## **10 Other Business**

Councillor Andrews explained that she had received several phone calls from residents who required chemotherapy treatment at Shotley Bridge Hospital and had been advised that they may have to travel to Darlington Hospital. The Associate Director Lead explained that whilst there had been some temporary changes to services, he was not aware of this issue and agreed to make enquiries and report back to Councillor Andrews.

The Principal Overview and Scrutiny Officer informed the Committee that an invitation had recently been received from County Durham and Darlington Foundation Trust inviting Members to join in marking the creation of a memorial at The University Hospital of North Durham, dedicated to former patients who had donated organs and tissue after their death and their families who found the courage to agree to their loved ones decision. He advised that details of the unveiling ceremony would be distributed to AWH OSC and the CYP OSC and stated that Members would need to book a place if they wanted to attend the ceremony.