DURHAM COUNTY COUNCIL

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

Present

Councillor V Andrews (Chair)

Members of the Committee
Councillors M Johnson, J Blakey, R Crute, K Earley, D Haney, J Higgins, L Hovvels, P Jopling, C Kay, M McKeon, S Quinn, A Savory, M Simmons and T Stubbs

Co-opted Members/Officers
Ms C Bradbury – Healthwatch County Durham

1 Apologies for Absence

Apologies for absence were received from Councillors M Currah, L Holmes and C Lines.

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

2 Substitute Members

Ms C Bradbury was present on behalf of Healthwatch County Durham.

Notification had been received that Councillor M Currah would be substituting for Councillor L Holmes.

3 Minutes

The minutes of the meeting held on 14 July 2023 were confirmed as a correct record and signed by the Chair.

4 Declarations of Interest

Councillor Earley declared an interest in Agenda Item 6 - Shotley Bridge Hospital Update as Secretary of Shotley Bridge Hospital Support Group.

5 Any Items from Co-opted Members or Interested Parties

There were no items from Co-opted Members or Interested Parties.

With the agreement of the Chair, the order of business on the agenda was amended to allow Agenda Item No. 7 to be considered first.

6 County Durham and Darlington NHS Foundation Trust Maternity Services CQC Inspection and Improvement Action Plan

The Committee received a presentation from County Durham and Darlington NHS Foundation Trust regarding the CQC Inspection and Improvement Action Plan (for copy of presentation see file of minutes).

Copies of the CQC Inspection reports into Maternity Services in Darlington Memorial Hospital and University Hospital North Durham were circulated with the agenda for Members Information.

Sue Jacques, Chief Executive and Noel Scanlon, Director of Nursing, County Durham and Darlington NHS Foundation Trust were in attendance to deliver the presentation that provided Members with details of the ratings; context; positives; themes identified for improvement; actions taken since CQC's fieldwork in March to keep patients safe and continuous improvement.

Councillor Earley referred to the culture of the organisation and the importance of the Trust being aware of when problems were going to hit you and asked if issues had been flagged up; if they had systems in place to monitor and act upon these issues and if they worked and were any "red flags" identified prior to the inspection.

The Chief Executive responded that they did have monitoring systems in place by way of a national staff survey that happened once a year in Quarter 3, that was broken down by teams.

In response to a further question from Councill Earley, the Chief Executive stated that nothing was flagged in terms of clinical outcomes. In terms of how staff felt about the shortage of midwives within the Trust, across the region and nationally this was where the issues lay as well as in the model of care. She stated that they engaged with clinical staff last summer to look at the plans that had been developed by the leadership team within the service to roll out continuity of care. On the back of that consultation, they modified quite significantly what they had put in place so that they now had birth rate plus which was an approved tool. The Trust

had looked at the model they had and suggested a different way to utilise the staff they had to maximum effect. The consultation on the new model with staff closes this week and they would listen to what their staff were saying. The Trust did not want to lose the intense work that had already been undertaken within the service but would use the current consultation to review the service model moving forward. In terms of the region, out of seven trusts that had put forward Q2 staff survey results they were third out of seven for staff satisfaction in three of the key domains indicators and fourth out of seven for advocacy.

Councillor Stubbs asked for an understanding of the Trust Executive's concerns around maternity services prior to the inspection and whether these had been reflected in the inspection findings.

The Chief Executive responded that they were not expecting the downgrading of the Maternity Services to inadequate from the inspection. She explained that the service was last inspected in 2018 and received a good rating and there were five items that they looked at. In the recent inspection they looked at two domains of Safe and Well-led. They knew that ratings across the country were generally going down but they did not expect to get the rating that they got. They had a number of ways of looking at clinical services and listening to staff that they had established in May before the inspection with a maternity quality approved framework that was looking at making improvements, so they knew there was things that they could do. They were very disappointed in the rating and the failings identified and stated that the report does acknowledge that they were in the middle of doing certain things and advised on the progress made. She advised that they would be re-inspected and they expect this would be the whole service including community services. She commented that they have amazing staff who deserved a better rating.

Councillor Stubbs asked how confident they were going forward and if they were fully aware of what would be included in the inspection based on the fact that they were not fully aware of what the outcome would be from the recent inspection.

The Chief Executive responded that they had put in place a Director of Quality who was currently working with maternity and her role was to give more backing with director level so the postholder had principal responsibility for ensuring that they understand the quality and outcomes and the way staff felt about them in combination with other mechanisms that were established. She commented that freedom to speak was a big part of the NHS.

Councillor Quinn stated that the rating was disappointing but now they could move forward and put things right. She then commented that the morale of staff would be low and asked if support was in place for staff and if there had been an impact on the mothers.

The Chief Executive responded that staff did not want to have the rating and staff welcomed the birth rate plus report that was published in August. She commented

that different groups of staff were in a different place around the post optimal model of what they needed to do. The Trust wanted to maximise the use of staff within community and acute maternity services but they did not want to throw away the valuable experiences that those teams had brought. She advised that the current consultation would feed in their views and the Trust Executive Board would meet to determine what happens next. She stated that they would have an extra 49 members of staff in the team and doctors in the pregnancy assessment unit and additional administrative support. Additional staff were also going in overnight to help with cleaning activities and a lot of resources were going into the service. She commented that some staff who were intending to leave the service had stayed and the results of the consultation would go back out to staff to talk about the next steps to retain confidence with staff. They had teams within the organisation who worked on organisational development and change management and they focused a lot of those teams on the maternity staff in acute and community settings.

The Director of Nursing stated that it had been an emotional journey with the report. Staff had felt embarrassed by the findings but had started to dust themselves off and provided details of some of the challenges staff had faced. In terms of support for mothers, the community midwives were at the heart and they had structures in place that were beginning to stabilise and in the main there was positive stories.

Councillor Jopling referred to preparing for the next inspection and stated that if checks and balances were carried out and procedures followed, they should be ready for an inspection at any time. She stated that preparing for an inspection takes staff away from patient care which was the prime object of looking after patients and asked for reassurance that preparing for the inspection did not take anything away from patient care.

The Chief Executive responded that following the inspection they made some changes reasonably quickly and stated that the consultation closes this week. She continued that they had put in place additional resources to support maternity and the Director of Quality was working with maternity and stated that you could not carry out an inspection without involving staff. They were listening to staff and had put in more resources and they were preparing by addressing issues that CQC had raised and were focusing on that and ensuring that staff were not overwhelmed and the patient was always at the heart of everything.

The Director of Nursing stated that the inspection was about showing effective care and sated that they would be carrying out direct communication and provided details of examples of communication.

Councillor McKeon referred to the CQC report and asked for clarification on who the leaders would be and asked how long they had an issue attracting midwives and indicated that she did not realise that doctors were not on the maternity ward.

She asked if this was common practice and asked what was in the plan a year before the rating came out versus the current plan.

The Chief Executive responded that doctors were in maternity services to help the maternity staff in the pregnancy assessment unit to supplement their work they put in additional F2 doctors during the day to alleviate pressures while they carried out recruitment. She confirmed that when the CQC talked about leaders this was every leader within the organisation but they did not speak to any leaders outside of the service at the last inspection as it was a limited inspection. She continued that when a full inspection was carried out, they looked at all domains of the service and speak to the board, non- executive etc. With regard to the recruitment of midwives they had carried vacancies for about three years, as well as vacancies in nursing staff which all became more evident during the pandemic. She stated that oversees midwives were in training before the inspection but commented that it takes quite a bit of time to bring those staff in. In May they had a workstream looking at screening and that workstream had concluded and they had another workstream looking at staffing that had not concluded but was generating some proposals to appoint from overseas and other ways of recruiting. They also had a workstream looking at continuity of care and a workstream looking at quality and IT systems which had resulted in a new system been implemented.

The Director of Nursing indicated that the culture between midwives and obstetricians had never been an issue for Durham and Darlington and stated that the relationships were strong and positive.

Councillor Kay indicated that they did not expect the rating that they received and asked what they expected and what was the gap. He stated that he was concerned about the report and was not reassured.

The Chief Executive responded that they had taken the rating very seriously and what they were seeing in these inspections were a number of ratings downgraded within the NHS generally. The Trust knew that they had some issues particularly around staffing but also that their clinical outcomes were good and were expecting a level of reduction in terms of rating but not to the levels that they saw. They had undertaken peer reviews of services and when they met with the ICB they had agreed with them that rather than being in a national programme for oversight whilst they undertake the improvement work, they would work closely with the ICB who had a regional midwife as part of their team to add an element of independent peer review which they did not have previously.

Resolved: That the information contained in the presentation be noted and a further update be provided following the re-inspection by the CQC.

The Principal Overview and Scrutiny Officer advised Members that notification had been received that a Public Question was expected on the Shotley Bridge Hospital Update that was not received until 9.29 am this morning. Members were advised

that the questions had been forwarded to the Trust representatives presenting at Committee this morning and sought the Committee's agreement that a full written response be brought back to Committee and shared with the Member of the Public when received. Members agreed to the request.

7 Shotley Bridge Hospital Update

The Committee received a presentation to update Members on Shotley Bridge Hospital redevelopment (for copy of presentation see file of minutes).

Richard Morris, Associate Director of Operations, County Durham and Darlington NHS Foundation Trust was in attendance to deliver the presentation that provided members with details of the project principles; progress update; service efficiency measures; revised timelines; next steps and communication.

Paul Davies, Cohort 2 Project Lead, Jacqui MacDonald, End to End Specialist Advisor and Karina Dare, Primary Care Estates Strategy Lead and Jane Curry, Programme Manager were also in attendance at the meeting.

Mr Morris reminded the committee that a considerable amount of resource was being expended to retain services at the existing Shotley Bridge Hospital site which was unsustainable, hence the importance of the development of the new facility. He indicated that the proposed development would consist of a facility with 85% floor space utilisation albeit on a smaller scale to that currently provided at Shotley Bridge.

Members were advised that subsequent to previous updates given to the committee in respect of the project and following the submission of the outline business case in January 2023, it became apparent that the costs associated with the project fell considerably outside of the agreed funding allocation due to national hyperinflation pressures. Following consultation between the national hospitals programme and the foundation trusts executive, it was agreed to review the scheme of accommodation and engage healthcare planners to develop an affordable project scope. This involved maintaining current levels of activity across a reduced floor space.

Because of the redesign in the provision of the energy centre facility to service the proposed development, members were advised that it would not be possible to extend vertically but there may be scope at ground level. Mr Morris explained that a definitive timeline for the project could not be provided to members at this time because of ongoing discussions regarding the scheme but he assured members that the trust were fully committed to the new build as we're the representatives of the national hospitals programme.

Members were advised that it was the financial envelope allocated to the scheme and the ongoing inflationary pressures being experienced nationally that were

causing the delays to the scheme as it had to be affordable, deliverable and sustainable. Mr Morris also confirmed that further reports would be brought back to the committee on the progress of the scheme including plans for on effective communication strategy. Furthermore he stressed that the delay to the project would not impact on future delivery of clinical services and importantly the new development retained plans for 16 inpatient beds.

Following the presentation, the Chair asked Members for their questions.

Councillor McKeon stated that she was relieved to hear that community services were not going to be cut back. She continued that she was concerned at moving the generator from the ground floor to the roof that would stop future development of the hospital. She wanted the hospital to stand the test of time and they already had a shortage of community hospital placements and care in the community was the way forward. She was concerned about not being able to expand on the site going forward and indicated that at some point the generator would need to be moved onto the ground floor from the roof to allow the hospital to build upwards and asked if this had been factored into the discussions.

The Cohort 2 Project Lead responded that the expansion issue was very real and they were looking to develop a plan going forward that allowed for expansion on the site. He indicated that he personally did not think that expanding upwards was the answer but going to the side or creating further expansion space was the direction that they were looking to go. They would be taking a paper to the board in the next couple of weeks with the intent of securing the full development area of the site, the money that was invested at this time would help future proof the hospital going forward. They were looking at expansion space horizontally on the building.

The Primary Care Estates Strategy Lead indicated that they were looking to make savings on the new development but not reducing the footprint of the land which would give potential for future development but also gave more flexibility for the siting of mobile facilities. By losing the energy centre to make savings it would create some potential for future expansion at ground floor level.

Councillor Haney indicated that he could only see three possible outcomes, the worst that the project did not go ahead, the second it was produced on the cheap even if services were still the same the way they were delivered was important and the third option would be for government to increase the money as construction costs were continuing to rise and asked the Committee to consider writing to government to express their concerns.

The Associate Director of Operations responded that there was no extra funding from the Trust, ICB or any other elements so the new hospitals programme was their funding source.

The Cohort 2 Project Lead stated that during COVID there was a national retail logistics company that carried out an expansion into the UK to meet the demand when everyone was ordering items from home. They had 10 regional hubs planned and they ran out of materials so they could not deliver that programme that was a 20th the size of the new hospital programme. They were attempting a £22 billion national project, they did not have enough contractors, materials or people, so there was a massive upskilling required on a national level. They had to do something different as there was only so much money and if costs overrun for one hospital this resulted in someone down the line not getting their service. They had to be rational and try to optimise as much as they could so they could deliver within budget. He continued that he did not think that the clinical outcomes were going to be comprised as much as they thought, there were some challenges around chemotherapy and the aim was to drive all the value out of the scheme they could with the opportunity of sitting back down and if they wanted chemotherapy, they could put a business case together and go back if necessary.

It was a national rollout programme and would fail with a number of schemes and commented that hospitals with RAAC needed to also be replaced. He was very positive and they were taking papers through to secure the land and start remediation as quickly as they can; he could not guarantee that it would be this financial year and commented that the comments on inflation were justified and that representations were being made to the treasury that delaying decisions was costing more money.

Councillor Jopling commented that they were going to continue the existing care but then stated that they were going to refresh the activity data and asked for more information on this. She then referred to non-clinical and asked what this referred to. She continued by referring to the business case and stated that when you keep redoing things it costs money and takes a long time and stated that whatever was decided it needed to be done at a pace so that it does not cost more money. She was worried that services may be taken away that were important to some residents and all the facilities were caring for people and it was important not to lose these facilities and put further strain on the bigger hospitals who were already under pressure.

The Associate Director of Operations responded that they could not function without Shotley Bridge Hospital and they did not have any capacity to absorb the services from Shotley Bridge into anywhere else in their setting, it was a fundamental delivery mechanism for care for their Trust. They had two big hospitals, Bishop Auckland as a mid-hospital and five community hospitals. They were conscious that Shotley Bridge Hospital had reached the end of its life, they could look to refurnish but they were not doing that and were continuing with the new build. He then referred to the element of care and stated that they had not finished the re-design yet but he was confident that they would deliver the same services. He stated that they had four other community hospitals and the way they were moving into community care was progressing and were already set up to

deliver that model of care. Shotley Bridge was a plank of real estate that they valued and the public valued it and was valued as an organisation and could not function without it and the new hospital programme was well aware of this and had been discussed at a high level within the new hospital programme. This was not just a standalone community hospital as it had to fit with the overall Trust strategy about how they deliver care for people especially delivering care closer to home. Some of that was driven due to University Hospital North Durham being very small and whilst Darlington was a little bigger UHND was very small for the size of population and was a constrained site. He gave his assurance that they were aware of what they needed to do, which was to deliver acute care from being in hospital and in other facilities then home. He stated that the non-clinical space would be items such as the ventilation system and the third element was how they shared space such as physio and occupational therapy that would traditionally have different space.

In response to a further question from Councillor Jopling, the Associate Director of Operations indicated that the Managers in the new Hospital Programme were very much aware of the costs going up due to inflation and stated that he was convinced that the new Shotley Bridge Hospital would be built.

Councillor Quinn referred to community hospitals and not that long ago they were looking to close these hospitals and stated that it was good to hear that they were considered as a valued asset. She then referred to Bishop Auckland Hospital that could be better utilised and wished that the Trust would give it more thought. She continued that she was disappointed to hear about the reduction in the way the services were going to be developing especially given that hospitals were busier. She stated that this was tranche two and asked if future builds in the other tranches were at risk and asked should everything go the wrong way at Shotley Bridge as the building was decaying all the time, did they have a plan B.

The Associate Director of Operations responded that community hospitals were a difficult concept prior to COVID then came into their own during COVID and it would be silly to ignore what they delivered for the Trust. She continued that that they were beginning to expand Bishop Auckland hospital and was now a designated community diagnostics centre and had received significant involvement and investment. They were doing well as an organisation with diagnostic capability and Bishop Auckland was helping to deliver this and he could only see this expanding. The Trust had recently agreed to increase the amount of endoscopy that was to be delivered through Bishop Auckland with quite significant capital investment. They did recognise that all of the hospitals were part of the way that they delivered services and had taken a decision to offer support to surrounding hospitals for diagnostic testing.

The Primary Care Estates Strategy Lead responded in relation to Plan B and indicated that they were fully supporting Plan A which was their preferred option. She indicated that they were currently spending £0.5m a year to keep the hospital

operational. Plan B would be to work with the Trust to consolidate within the building and reduce and close off some parts of the building to reduce maintenance costs on those parts, they would need to upgrade or replacement and those costs would fall to her organisation that would need to be planned over three or four years. Their view had always been that even if they made significant capital investment in the building short of a complete refurbishment the hospital only had 2 years of life left. If they spent four or five million over the next four years it would only extend the life of the hospital for a 10-year period.

The Cohort 2 Project Lead indicated that Cohort 2 was positive and that money was secured from the Treasury and that was why the scheme was safe going forward and the figures included inflation.

Councillor Earley stated that he was pleased to hear that there had been a logical breakthrough and commented if they kept to the same footprint, they could commit to groundworks that would be positive for the community to see. He referred to the expansion of the chemotherapy and asked if this was not happening and it would stay at the same level and if the MRI scanner was still going to happen. He continued and asked about the green rating of the building and indicated that there was a question mark over expansion. He asked if going ahead with clinical areas at 85%, were they going to have hospital management ability on site and if they went ahead with the desired plan with Karbon Homes to produce the step-down rehabilitation beds there could be some space within that unit that could be used by occupational health and physiotherapy.

The Associate Director of Operations responded that an MRI scanner as a fixed asset was never in the plan for Shotley Bridge. He did initially bid for an MRI scanner but was not successful but they do have a pad to enable a mobile unit on the proposed new development site which was still part of the design. He then referred to community appropriateness and indicated that they were in six care groups each one having its own management structure for delivery. They were very few care groups directly involved with Shotley Bridge and was highly unlikely that there would be a management structure that supports Shotley Bridge in itself but stated that he appeared to have inherited this role. They did have a clear governance route around management of hospitals so there were no cracks that would allow anything to fall between due to a lack of direct management.

The Programme Manager responded that part of the Trusts wider plan for chemotherapy was to move a lot of the elective chemotherapy to the community hospitals. The ambition was to expand in community provision and reduce Durham but the footprint was still within Durham and there was still a minor expansion planned for Shotley Bridge with ten chairs instead of the current eight. She continued that Health Care services were continually evolving and were moving chemotherapy out to things like home care and these were big moves that they were making within the organisation. Chemotherapy was up 30% and they have to do this across the board not just Shotley Bridge. Chemotherapy services needed to

consider how they operate and intended to increase to weekend working which meant they would get value out of the estate and would allow flexibility for patients.

The Cohort 2 Project Lead referred to net zero that was mandated by the government and would go through according to policy.

Councillor Kay commented that he was yet to see a large public sector new build come in on time and within budget and asked if this was due to building to a price and not specification and asked if any buildings in this programme were on time and within budget.

The Cohort 2 Project Lead indicated that the challenge that they had delivering new projects was a scale issue. There was a lot of challenges around methods of construction and stated that there had been significant reduction in the overspend of schemes.

The Primary Care Estates Strategy Lead indicated that there were significant layers of governance and the difference between a private and public sector scheme was public sector schemes required eighteen months to two years for approval of the scheme.

Councillor Hovvels commented that she was disappointed they did not have timelines and how far they had come and were still standing still but understood the complexities of the issues.

The Associate Director of Operations responded that he was unable to give a timeframe as he did not have a design but he did have the commitment from the funding stream and everyone was committed to build a new Shotley Bridge Hospital.

The Chair commented that it was reassuring that clinical services were remaining.

The Principal Overview and Scrutiny Officer asked the committee to determine if they wished to write to the appropriate Secretaries of State reinforcing this Committee's desire and support for the Shotley Bridge Hospital replacement scheme and to seek assurance from government around the funding envelope and suggesting this be reviewed to take into account the current inflationary financial pressures experienced with major capital projects.

Resolved: (i) That the information contained withing the presentation be noted.

(ii) That a letter be formulated on behalf of the Committee to the appropriate Secretaries of State reinforcing this Committee's desire and support for the Shotley Bridge Hospital replacement scheme and to seek assurance from government on the funding envelope and suggesting this be reviewed to take into account the current inflationary financial pressures experienced with major capital projects.

8 Adult Social Care update on the Introduction of Local Authority Assessment by the Care Quality Commission under the Health and Care Act 2022

The Committee considered a report of the Corporate Director of Adult and Health Services that provided Members with an update on the framework which the Care Quality Commission (CQC) began to use in April 2023 to assess how local authorities discharge their Adult Social Care duties under Part 1 of The Care Act 2014. The report also provided Members with information relating to the update to the Government's plan for care and support reform, 'Next steps to Put People at the Heart of Care' April 2023 (for copy of report see file of minutes).

Lee Alexander, Head of Adult Care was in attendance to present the report and highlighted the main points contained within the report.

In response to a question from Councillor Earley, the Head of Adult Care indicated that there was a significant amount of work that had to be completed for preparing for a CQC assessment. On a positive note, they had a detailed reflection that had enabled them to be into a position where they had stronger insight into what they are doing well in Durham and areas they needed to continue to develop. This had helped to accelerate some of those development and improvement programmes.

The Director of Integrated Community Services indicated that this was an inspection of the local authority not departments, the board of the local authority would be interviewed at some point during an inspection and papers and reports to this committee would be looked at in fine detail. The new regime was built upon children services and Adult Social Care as a sector was out of the habit of inspections. Inspections had always happened for services provided but other parts of the department, data, finance etc had not been inspected for nearly 15 years and they are not in the habit of been inspected so a lot of training was taken place to get up to speed. The proposal was that services would be given a rating and they were very conscious of the importance of receiving a rating that recognised where they are but did not demoralise staff.

Councillor Quinn referred to care homes and such like receiving CQS inspections and asked if Durham County Council carried out any inspections of any of the services that they are commissioning.

The Head of Adult Care responded that they do not undertake inspections but they do undertake quality assurance activity. They commission a large number of social care services in Durham and have a small dedicated group of staff who specialise in safeguarding and where there are any concerns, staff would do work that was sometimes unannounced and not in isolation either so they had a robust system in Durham and worked closely with CQS, ICS, Fire and Rescue and Police. On a

regular basis they held a strategic meeting where they shared intelligence which was triangulated.

Councillor Quinn referred to the introduction of Level 2 training across the board which she welcomed but knew that some people would struggle with this. She asked how this would be carried out and if there were any guarantees that staff were actually doing the work and not getting someone else to do the work for them.

The Head of Adult Care responded that the government had identified social care delivery has been in crisis and there were two strands, one strand was additional money been past forward to care providers to increase rates of pay etc. and the second strand which was emerging but had not been rolled out was the National Care Certificate – Level 2.

Councillor McKeon referred to paragraph 17 of the report, second bullet point and asked if the new framework also looked at the council's interactions with intermediate care beds and the discharging system.

The Head of Adult Care responded that this was likely and they expected the CQS to determine which areas they wished to drill down into and would vary between local authorities.

The Principal Overview and Scrutiny Officer indicated that Members who have or sit on the Children and Young People's Overview and Scrutiny Committee would be aware of the work carried out in that committee to ensure that the work undertaken contributed to the CYP inspection framework and improvement plan that was developed following the Ofsted inspection process some years ago. They would like to see that relationship developed and enhanced for this pending assurance framework for Adults Social Care. The introduction of an assurance framework for Adults Social Care, notwithstanding the work and reports received updating on a number of areas of the service would be welcomed moving forward and the scrutiny team would work with the Committee to support its role in that ongoing process.

Resolved: (i) That the contents of the report be noted and that a further update be received in six months.

(ii) That AWHOSC be informed when CQC notifies Durham County Council that it would be undertaking the assurance process of the delivery of adult social care duties.

9 Quarter 4 2022-23 Revenue and Capital Outturn and Quarter 1 2023-24 Revenue and Capital Outturn

The Committee received a report which provided details of the 2022/23 revenue and capital budget outturn position for the Adult and Health Services (AHS) service

grouping, which highlighted major variances in comparison with the budget for the year. A further report was received which provided the Committee with details of the forecast outturn budget position for the Adult and Health Services service grouping, highlighting major variances in comparison with the budget for the year, based on the position to the end of June 2023. (for copy see file of minutes).

Joanne Watson, Principal Accountant gave a detailed presentation which provided an overview of the following:

- 2022/23 Revenue Outturn and Variance Explanations;
- 2022/23 Outturn Capital Position;
- 2023/24 Quarter 1 Revenue Forecast Outturn and Variance Explanations;
- 2023/24 Quarter 1 Capital Position

Councillor Quinn asked if vacant posts had impacted on the workloads of current staff and morale.

The Principal Accountant indicated that there were a number of vacancies but she believed that this was in hand and they had plans in place to resolve this. She was unable to comment with regard to staff morale.

The Principal Overview and Scrutiny Officer advised Members that the results of the recent staff wellbeing survey would be reported to the Corporate Overview and Scrutiny Management Board to be held on 23 October 2023.

The Director Integrated Community Services indicated that the vacant posts did have an impact on workloads of staff and the majority of the vacancies were in commissioning and the adult social care assessment side which was a national issue with not enough social workers coming through. They were very conscious about County Durham Care and Support been properly staffed and they do over recruit where they could.

Councillor Higgins suggested that it would be helpful to know how long vacant posts had been vacant.

The Director Integrated Community Services responded that he would get this information to Members.

Resolved: That the financial position be noted.

10 Quarter 1 2023-24 Performance Management Report

The Committee received a report which presented an overview of progress towards achieving the key priorities within the Council Plan 2023-27 in line with the Council's corporate performance framework. The report covered performance in

and to the end of quarter one 2023/24, April to June 2023 (for copy of report see file of minutes).

Matthew Peart, Strategy Team Leader was in attendance to present the report and highlighted the main areas contained within the report.

In response to a question from Councillor Quinn, the Strategy Team Leader confirmed that 18-64 admissions were recorded and reported nationally and were very low for the quarter one outturn and would provide Members with a copy of the quarter one report for 18-64 admissions.

Councillor Quinn referred to the Wellbeing for Life Programme and if this was making an impact in particular on admissions.

The Strategy Team Leader advised that he was unable to confirm if the programme had impacted on admissions.

Councillor Higgins referred to the number of referrals that was down compared to the previous two years but they were not hitting the quarterly figures and asked if this was due to not enough staff or if there was more of an issue.

The Director Integrated Community Services responded that due to leave they did not have the right number of staff in some teams to hit the performance target. There was also the issue of the new system for recording that was not recording the way they would like in particular the closing of cases quickly enough.

In response to a question, Officers confirmed that life expectancy was increasing.

Resolved: (i) That the overall strong position and direction of travel in relation to quarter one performance, and the actions being taken to address areas of challenge be noted.

(ii) That the changes and improvements to the new format performance report which would be used exclusively from quarter two 2023/24 be noted.