

## **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 15 January 2024 at 9.30 am**

### **Present**

#### **Councillor V Andrews (Chair)**

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

Councillors M Johnson, J Blakey, K Earley, D Haney, J Higgins, L A Holmes, L Hovvels, P Jopling, C Lines, S Quinn and T Stubbs

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

Mrs R Gott

#### **Also Present**

Councillor C Hood

#### **Apologies**

Apologies for absence were received from Councillors J Howey, C Kay, K Robson, A Savory, M Simmons and Ms A Stobbart

### **1 Apologies**

Apologies for absence were received from Councillors J Howey, C Kay, K Robson, A Savory and Ms A Stobbart.

### **2 Substitute Members**

There were no substitutes.

### **3 Minutes**

The minutes of the meeting held on 20 November 2023 were confirmed as a correct record and signed by the Chair.

### **4 Declarations of Interest**

There were no declarations of interest.

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

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

## **6 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 received a report of the Corporate Director of Adult and Health Services that provided an update following the report presented in July 2023, on the Care Quality Commission (CQC's) timeline to commence the assessment of the way local authorities discharged their Adult Social Care duties under Part one of The Care Act (2014); including information relating to pilot assessments and Assurance Peer Challenges (for copy see file of Minutes).

L Alexander, Head of Adult Care provided a further update following the initial report that was presented to the committee in July 2023. There was to be an assessment of the Local Authority on social care and how they discharged their duties under part one of The Care Act 2014. The Care Quality Commission (CQC) was a single assessment framework that looked at all services with a health and care setting. The processes had not changed apart from the quality statement. Guidance had been issued to reinforce best practice with reviews carried out on published evidence and data from all 153 Local Authorities to establish a baseline. The baseline review focussed on themes on care provision, integration, continuity and assessing needs. Workforce capacity was a real challenge and it had been reported nationally within Local Authorities that there was an under provision of specialist care, domiciliary care and day care. The self-assessment for Durham County Council was almost complete which had been prepared alongside an independent assessment by an ADASS associate with external peer reviews as a learning process. He agreed once completed the self-assessment would be brought to the Committee's meeting scheduled in March.

Councillor K Earley asked if it was thought there were any major risk areas that were cause for concern.

The Head of Adult Care responded that he did not think there were any major risk areas to be concerned about as Durham was in a strong position. CQC were looking into waiting lists. He confirmed that Durham County Council had no waiting lists for domiciliary care but there was a small waiting list for people to have assessment of needs carried out but that was not down to Durham County Council and not a significant factor. There was a waiting list for Deprivation of Liberty Safeguards (DoLS) but this was tolerated due to emergency cases. The annual review was not as good as it used to be therefore countywide review teams were introduced to improve completion times. Direct payments were focussed on. Although Durham County Council provided direct payments it was of a low prevalence compared to other local authorities who promoted them.

Councillor K Earley queried if direct payment issues were comparative to similar authorities outlying or if they were linked to community areas with levels of deprivation or multifaceted reasons.

The Head of Adult Care stated that this was not the case as direct payment were not classed as benefits and was used for people to employ personal assistants to help them to live independently irrespective of where they lived. There were other models people used of pre-existing domiciliary care facilities if they did not want to employ a personal assistant.

Councillor S Quinn felt that the way forward was through intermediate care that enabled rehabilitation following a hospital visit prior to going home. Care assessments promoted their wellbeing for life so they could take charge of their own destiny.

The Head of Adult Care confirmed that Durham County Council offered intermediate care but it needed to be reviewed to identify gaps in the market to expand the offer.

Councillor S Quinn thought people gained a good quality of life even if they did present again as it was different to a nursing home.

Councillor D Haney queried if direct payment were paid in advance to use domiciliary care which could potentially build up in an account if visits for care were cancelled.

The Head of Adult Care stated that direct payment for care was a further way in which service users could have control of their care needs.

Councillor D Haney felt that people did not want to manage direct payments to try to sort out spreadsheets and pay bills.

Councillor P Jopling endorsed Councillor S Quinn's comments as intermediate care was important to release patients from hospital beds. She stated as people grew older they could be taken over by services but most people wanted to stay in their own homes to make own decisions and look after their own wellbeing and health. This service was very important to take the strain off the NHS. She trusted Councillor S Quinn's judgement as she worked in this field.

The Head of Adult Care commented that there was a legal framework to adhere to with intermediate care that had strengths.

Councillor S Quinn gave an example of people not being able to get out of bed when they came into her setting and left being able to get up and sit in a chair. She felt that little things led to people becoming victims but they needed to accept they were old, their way of life and take responsibility for their own body to give themselves the dignity they deserved.

Councillor J Higgins stated that he was a former social services employee and knew that some people did not want to be responsible for accounts and were concerned about employing someone. This added a barrier for people to explore this option but the list for DCC to provide carers was once very high.

The Head of Adult Services confirmed that historically there were delays with OT assessments that delayed care provision. However there had been intensive work carried out on the service and currently there were not significant waiting lists.

Councillor J Higgins acknowledged that there were review teams established to carry out assessments but with redundancies this fell to social work assistants to do their own assessment. He queried if this issue had been evaluated.

The Head of Adult Services confirmed that there was a wide review team in place 10 years ago that had been disbanded that was linked to the Medium Term Financial Plan pressures at that time and that work had been absorbed into locality teams. This had increased the amount of pressure on adult care staff and performance had suffered. The service was now different as investment had been made in staff to re-establish the review teams.

Councillor L Hovvells referred to page 20 in the report that care plan assessments took too long to complete and queried what had been done to improve the service. The Head of Adult Care agreed to provide with response.

Mrs R Gott questioned how the recent legislation fit in if assessments were unable to be completed. The Head of Adult Care replied that CQC focused to engage to co-produce a strategy plan based on peer review comments on good areas. There was a need for more work on co-production that was challenging and taking longer to do now. He stated that Durham was the only authority that did not advertise about direct payments.

Mrs R Gott asked how the needs of clients with dual diagnoses were met both physically and mentally. The Head of Adult Care responded that the social care assessment provided a holistic multi-faceted care plan for that catered to people's needs. This incorporate work with colleagues across agencies that were adept working in mental health expertise.

Councillor V Andrews felt that this was the way forward with reviews that needed to remain current.

## **Resolved**

- i) That the report be noted.
- ii) That the finalised self-assessment be presented to Adults, Wellbeing and Health Overview and Scrutiny Committee on 18 March 2024.

## **7 Director of Public Health County Durham Annual Report 2023**

The Committee received a joint report of the Corporate Director of Resources and Director of Public Health on the 2023 Annual Report of the Director of Public Health for County Durham (Appendix 2) (for copy see file of Minutes).

A Healy, Director of Public Health gave a detailed presentation on the Public Health County Durham Annual Report 2023 that highlighted 10 years of Public Health being part of the Local Authority that had been ideally placed to embed and enhance action to improve the populations health through a collaboration with partners and inform Public Health. She highlighted the current priorities of the Health and Wellbeing Board and what had been achieved over the last 10 years with a range of initiatives and programmes of work in County Durham to promote positive, interdependent relationships between Health and Wellbeing. She emphasised the good work that had be achieved with the reduction in the number of people smoking and stressed the areas of challenge with unhealthy weight, mental health issues and the harm caused by alcohol.

Councillor S Quinn thought the presentation was very informative on the work that had been done and continued to be done. There was still a long way to go as trends changed but was confident that working with partners would continue to bridge the gap.

Councillor K Earley asked if the Council followed the Marmot principle like Coventry Council who were name a Marmot authority.

The Director of Public Health responded that the Council used the Marmot principle as they worked well to describe problems but they were not a marmot authority. There were talks to investigate the implementation of Marmot further but there were elements of marmot that were challenging on what to do locally when issues were on a nation level.

Councillor J Higgins noted from the report that there had been a reduction in the number of people smoking. He was concerned about the number of young people vaping and queried whether vaping would lead to smoking.

The Director of Public Health explained that both the Adults, Wellbeing and Health Overview and Scrutiny meeting and the Children and Young Peoples Overview and Scrutiny meeting had considered vaping as they did not want young people vaping. They were used by adult smokers as an aid to stop smoking as there was evidence that legal vapes were less harmful than cigarettes. The Government were working to stop people smoking by increasing the age of sale and reduce the promotion of cigarettes.

Councillor P Jopling was concerned with figures relating to obesity. She understood that it was difficult to lose weight but unless doctors bought into obesity to coax people to lose weight at appointments any initiative would fail. She acknowledged that it was a difficult topic to broach in schools and what happens at home.

The Director of Public Health identified that healthy weight was a number one priority and noted that the Healthy Weight plan had just been refreshed with key elements. Work had been undertaken to look at how this uncomfortable topic could be talked with the NHS producing modules on how to talk about difficult things. She acknowledged it was a difficult topic as there was food all around the environment in adverts.

Councillor P Jopling thought this needed to be flagged up with doctors.

The Director of Public Health agreed to take this away.

Councillor L Hovvels thought that the work carried out by public health was very important and should influence policy. She had experience from the other end of the spectrum with homelessness in her community and malnutrition with people starving and relying on foodbanks. This had a huge impact on people's mental health with the threat of suicide. The cost of living crisis was challenging and should be addressed.

Councillor T Stubbs asked if this generation of teenagers were experimenting more with vaping instead of underage drinking that was linked to teenage pregnancies that had decreased.

The Director of Public Health did see young people experimenting with vapes which is a gateway to smoking. She could not say conclusively if vaping had replaced young people drinking alcohol. There were adverts and sponsorships with alcohol that was in the public arena that young people would see along with accessible and affordable alcohol on the market but she was not sure if there was a difference in the culture with young people turning to vaping over alcohol. She agreed to take this away.

Councillor D Haney felt that gambling especially in young men was becoming a huge issue and queried if this was being investigated.

The Director of Public Health commented that work on both alcohol and tobacco was carried out closely with 7 authorities that had seen the campaign of alcohol is toxic campaign. Work was to be undertaken on gambling as this was an issue as people had easier access to it with phones and shops. This would create opportunities to look at the housing agenda going forward if people lost their homes through gambling but this would be challenging.

Councillor D Haney was concerned young people would get into gambling with the amount of online special offers.

Councillor P Jopling was concerned that alcohol companies were producing more flavours of gins and ciders making them taste more like pop creating the danger of people getting drunk not realising how much they had drunk. The Director of Public Health had seen the increase in people drinking more alcohol with hard low cost ciders. Councillor P Jopling stated these flavoured ciders were also calorie laden that would in turn impact on obesity rates.

Councillor S Quinn was concerned about the different trends within different generations that came about. She noted that when she was young the thing to do was glue sniffing. She was worried about people drinking energy drinks. The Director of Public Health stated that would did reflect on trends and focused on things that were important. Work was ongoing around energy drinks.

Councillor V Andrews questioned if there was a link between child obesity and social environment groups.

The Director of Public Health confirmed that there was a link that showed unhealthy weight being greater in area of deprivation as healthier foods tended to be cheaper. She noted that targeted intervention was carried out in these area within County Durham.

Councillor C Lines asked if the trend of snus tobacco was on the public health radar as to whether it was harmful given that it seemed to be promoted by professional footballers.

The Director of Public Health was aware as Fresh kept them up to date.

## **Resolved**

That the report be noted.

## **8 Durham Safeguarding Adults Partnership Annual Report 2022/23**

The Committee received a report of the Durham Safeguarding Adults Partnership Independent Chair that presented the Annual Report for 2022/2023 of the Durham Safeguarding Adults Partnership (DSAP), which provided assurance of the safeguarding adults activity across County Durham (for copy see file of Minutes).

H Gibson, Durham Safeguarding Adults Partnership Business Manager advised members that the annual report had been published on the Durham Safeguarding Adults Partnership website that was also available in an easy to watch video. She stated that it had been a statutory requirement to provide this service since 2014 and this was the 8<sup>th</sup> annual report.

The report included the Chair's foreword and introduction, the local picture, the vision and partners, safeguarding adult reviews, the strategic plan and priorities, the governance review and audit, safeguarding issues, professional and community engagement, quality assurance and the safeguarding Adults collection return, looking ahead and Partners action reports. The refreshed plan for 2023-2026 had agreed three priorities: Reflect upon the learning from Covid-19 and inform new ways of working; Seek assurance from agencies and use that information to strengthen safeguarding and; Share key messages with our community, our networks and work co-productively with adults.

Councillor K Earley queried if there were ways to identify issues before things became too serious to prevent reoccurrence of similar instances to Whorlton Hall.

The Durham Safeguarding Adults Partnership Business Manager explained that that type of expose could still occur, and that locally there was regular monitoring of provider reports into the local authority with proactive work by Adult and Health Services practice improvement when required. The partnership also received regular updates through its data reporting, and of any themes that emerged. The business manager shared that the partnership had also received reports on multi-agency reflective exercises related to provider concerns, and a proposed annual model of reflection by the Head of Adult of Care had been agreed. The business manager shared that whilst the partnership held the ring for the learning from the recent Whorlton Hall Safeguarding Adults Review, the findings required wider support of agencies due to the learning of a national footing.

Councillor V Andrews felt that these were great services that provided a safety net in relation to concerns where people had somewhere to call someone to get a level of help.

Councillor L Hovvells requested it be noted in the minutes that everyone had a responsibility for Safeguarding and a duty of care and it did not just sit with local authority.



## **Resolved**

- i) That the report was noted
- ii) That future work of the Durham Safeguarding Adults Partnership was noted.

## **9 Q2 2023-24 Revenue and Capital Outturn Reports**

The Committee received a report of the Corporate Director of Resources that 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 2023 (for copy see file of Minutes).

J Watson, Principal Accountant gave a presentation that explained the 2023/24 Quarter 2 revenue forecast outturn and variance and the 2023/24 Quarter 2 capital position. She explained that the Adult Health Service's budget position for 2023/24 had projected an under budget of £0.316 million which equated to 0.2% of the budget as there was a net under budget for employee costs due to staff turnover levels and net over budget on supplies, services, transports, other costs and over recovery of income. The revenue budget had a projected over budget of £29,000 due to increased central recharge costs and a projected under budget of £55,000 in respect of the management of vacancies and contract management within commissioning. The revenue for Public Health was projected on target with £1.992 million forecast to be made available for future investment in Public Health projects from uncommitted budgets, savings from vacant posts and underspends against some contracts.

Councillor K Earley asked when the money would run out.

The Principal Accountant advised that in balancing the budget for 2024/25 she did not foresee any issues and Adult Health Services continued to be a well-run service.

Councillor L Hovvells felt it was good to keep any eye on the budget and appreciated that the budgets came to committee for scrutiny as it was a big budget and the breakdown was beneficial to create a clear picture of the spend. She was concerned regarding the potential vacancies within the service.

Councillor P Jopling queried if the staff underspend was caused by people leaving and whether this had an affect on the service. She asked if this was an issue to worry about especially in health services as it would affect the public in providing what they needed.

The Principal Accountant could not respond as she did not work in the service direct nor manage staffing for the service. She confirmed that she met with the budget holders regularly for the service area and they had not raised any concerns with regards to vacancies and assumed they would recruit to as and when needed.

Councillor L Hovvels felt it was a helpful report that gave the Members the opportunity to raise any issues that required to be scrutinised. She noted that HR issues should be picked up in another committee.

S Gwilym, Principal Overview and Scrutiny Officer agreed to pass concerns on to the service.

Councillor K Earley questioned what proportion of the Council's budget was allocated to Adult Health Services.

Councillor T Stubbs thought that the budget for Adults Services and Childrens Services were combined and made up approximately 37% of the budget. He acknowledged that capital spend tended to be over budget but this would not show until the last quarter. He enquired if there was enough forecasted spend for the budget.

The Principal Accountant noted that the Capital team reported on their budgets separately and she just met with the scheme managers. She did know that some expenditure would move over to the next financial year to keep it in the budget if it was not spent in time.

The Principal Accountant responded to Councillor T Stubbs that it appeared that Hawthorn was finished but this was only the maximum liability from Adult Services contribution and not the larger capital investment for the project with funding from North East England.

## **Resolved**

That the report and the financial position included be noted.

## **10 Q2 2023-24 Performance Management Report**

The Committee received a report of the Chief Executive that provided an overview of progress towards delivery of the key priorities within the Council Plan 2023-27 in line with the council's corporate performance framework. It covered performance in and to the end of quarter two, 2023/24, July to September 2023 (for copy see file of Minutes).

## **Resolved**

That the report and actions to address areas of challenge be noted.

**11 Such other business as, in the opinion of the Chair of the meeting, is of sufficient urgency to warrant consideration**

Councillor D Haney referred to the minutes of the previous meeting and asked if the data around sepsis had been supplied by the County Durham and Darlington NHS Foundation Trust.

S Gwilym, Principal Overview and Scrutiny Officer acknowledged that no information had been received and he would chase it up.

The Principal Overview and Scrutiny Officer reminded Members that there was to be a Special Adults Wellbeing and Health Overview and Scrutiny meeting held on Thursday 8 February 2024 that would provide an update on the Tees, Esk and Wear Valleys NHS Foundation Trust CQC assessment, NEAS on Quality account and performance data, NHS dentistry and Shotley Bridge hospital.