

DURHAM COUNTY COUNCIL

At a special meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Thursday 8 February 2024 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 Lines, K Rooney (substitute for D Stoker), A Savory, T Stubbs, A Watson and A Shield

Co-opted Members

Mrs R Gott and Ms A Stobbart

Co-opted Employees/Officers

Ms G McGee, Healthwatch County Durham

Other Members

Councillors A Shield and A Watson

1 Apologies for Absence

Apologies for absence were received from Councillors J Howey, C Kay, S Quinn, M Simmons and D Stoker.

2 Substitute Members

Councillor K Rooney substituted for Councillor D Stoker.

3 Declarations of Interest

Councillor Earley declared an interest in Agenda Item 9 - Shotley Bridge Hospital Update as Secretary of Shotley Bridge Hospital Support Group.

4 Any Items from Co-opted Members or Interested Parties

The Principal Overview and Scrutiny Officer advised Members that in the absence of the minutes of the last meeting given that this is a special meeting of the

Committee, Members would recall that Councillor Haney raised some issues around the availability of sepsis data from County Durham and Darlington NHS Foundation Trust. He advised Members that Gillian Curry from the NHS Foundation Trust was in attendance today and could provide Members with an update in terms of when the information would be brought to the Committee.

Gillian Curry advised Members that they were currently completing some work around the data that would be audited and the results of that data would be the most useful data to bring back to Committee. The Audit was expected to be complete next week, and it was proposed to bring this data back to Committee at the appropriate time. She also advised Members that the Trust were happy to welcome Members to the Trust if they wished to go through the data outside of the meeting.

5 Tees, Esk and Wear Valleys NHS Foundation Trust CQC Inspection and Improvement Action Plan

The Committee received a presentation from Tees, Esk and Wear Valleys NHS Foundation Trust on the CQC Inspection and Improvement Action Plan. A copy of the full CQC Inspection Report had been circulated with the agenda (for copy see file of minutes).

Brent Kilmurray, Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust and Beverley Murphy, Chief Nurse, Tees, Esk and Wear Valleys NHS Foundation Trust were in attendance to deliver the presentation.

The presentation provided details of the CQC Core Service and Well-led Inspection 2023; CQC Core Services Inspected 2023; CQC Ratings Comparison; Must and Should Do Actions; Positives and Learning Themes; CQC Improvement Plan Reporting Framework; Improvement Plan Governance; Delivering the Trust's CGQ Improvement Plan and Improvement Action Delivery.

Councillor Early indicated that it looked like everything was moving in the right direction and asked how confident the Trust were that it would continue to move that way as it was a big complex operation.

The Chief Executive responded that they have structured appropriately to ensure they had good lines of sight and senior and clinical leadership across the geography. He was confident they had done the foundation work to ensure the improvement plan would be delivered and had already seen some progress. He recognised that there was a lot of work to do and was happy to come back to the Committee in six months' time to provide assurance to the Committee that they were on track.

The Chief Nurse responded that they had a culture that was open and transparent and if they found any risks associated with quality of service in any of their

locations, they needed to be open and respond and had a number of mechanisms in place. They had mechanisms for checking the quality and indicated that she would never give her board a 100% assurance that everything was fine but what she could assure was that she had good people and strong mechanisms for checking and testing and had a culture where people were not afraid to speak out and seek improvements and change where necessary.

Councillor Crute indicated that he was concerned about staff training and asked what measures they had in place to ensure that the mandatory training was carried out.

The Chief Nurse responded that the mandatory and statutory training was put together by a subject matter expert. She continued that they have a live data system so every time training was completed the system would be updated and every manager could track training updates on the system. They have an operational structure where they know who is on duty and where there were gaps. They have a trajectory to improve their compliance with training and as part of this they had taken the opportunity to be more flexible with their training passport and were porting training across that was more effective and efficient.

Councillor Crute asked if there was any evidence that the training was underpinned by a culture of lifelong learning and personal development.

The Chief Nurse responded that the report commented on the culture of the organisation and one of the things that CGC looked at was the annual staff survey that was anonymous. The staff survey showed that staff felt safe at work and were able to raise concerns and felt supported and had no intention of leaving. The results of the survey were reported nationally and were measured against other organisations and last year they were the most improved Mental Health Trust.

The Chief Executive stated that they saw this as a strong proxy for staff satisfaction and advised Members that this year they would be launching their learning and leadership academy.

Councillor Haney stated that it was great to see improvements and asked about the ligature and blind spots on wards and seclusion facilities.

The Chief Nurse responded that they had a very clear approach to environmental safety and stated that the CQC In November 2023 issued some new standards on managing the risks of ligatures in mental health and learning disability environments. The Trust were mapping their approach the CQC set out and they feel that they had attended to the environmental risk issues, and they needed to also continue to focus on the therapeutic relationship as this was ultimately what was going to keep people safe.

In explaining the Trust's approach to assessing risk they understood where the risks were and were addressing them on a proportionate and priority basis. The CQC identified that there were some blind spots in one of their older persons units and they had talked to the CQC regarding this and the use of blind spot mirrors which could be seen to compromise privacy and dignity of people in that setting. She then advised members that they had closed a seclusion room in their secure services as they recognised the location of the room was impacting on people's privacy and dignity when they had that level of restriction in their care and stated that they had a clear approach.

The Chief Executive indicated that the Trust had invested £20m over the last 5 years to replace bathrooms, doors and implementing assisted technology in a number of their settings in attempt to mitigate risk.

The Chief Nurse advised Members that they had looked to see where they sat in comparison to other organisations and all 54 Mental Health Trusts across the county, 23 had similar issues with ligature risks in their in-patient units. They were confident in their investment and approach, they had to identify, mitigate, manage and remove those risks from their environment.

Councillor Haney asked if the ligature risks had been removed.

The Chief Nurse responded that they had replaced all the sanitaryware in their in-patient units. There was an issue with bedroom doors being an anchor point, but they would not remove bedroom doors as this would reduce patients' safety, privacy and dignity and this was where therapeutic relationship was key in understanding and managing that risk.

Ms McGee stated that they had seen an increase in negative feedback from the public whilst acknowledging that a lot of positive work was going on. She continued that there was a disparity between the strategic level and what was happening on the ground and asked for reassurances that the strategic level learning would be disseminated to community teams.

The Chief Executive indicated that Members would be hearing from Jo Murray this morning in respect of the Trust's Community Services Transformation plan and would come back to the question if anything was missed following her presentation.

The Chief Nurse responded in terms of the experience of people receiving the service on a day-to-day basis, the report showed that the CQC Inspectors spoke to a number of people who received community services who were positive about the services they received. The CQC supported that things had improved.

The Chair referred to the issues around physical examinations and asked if they were looking to address this.

The Chief Nurse responded that Dr Helen Day had led a piece of work internally to look at the skills, experience and approach they take to physical health care and they had looked at this at their Quality Assurance Committee that fed into the Board. This had also been discussed at a recent partnership day and the Trust were now working with partners to ensure that anyone in the community with mental health issues can access the appropriate health care at the right point.

The Chair then asked if they had looked at a physical assessment module within the mental health programme in universities and adult nurses.

The Chief Nurse responded that they work with universities and have committed funding for two physical health clinical skills trainers within the organisation. When people first register to be nurses that first year of their practice was supported and part of that was looking at their confidence around physical health care.

Councillor Hovvells commented that some of the issues that they needed to get right were at a basic level.

Resolved: That the contents of the CQC Inspection report and presentation be noted and a further update on the Inspection Improvement Plan be brought back to the Committee as part of the 2024/25 Work Programme.

6 Tees, Esk and Wear Valleys NHS Foundation Trust Community Services Transformation Programme

The Committee received a presentation from Tees, Esk and Wear Valleys NHS Foundation Trust Community Services Transformation Programme on Evaluating the Community Mental Health Transformation in County Durham (for copy of slides, see file of minutes).

Jo Murray, Associate Director of Mental Health and Learning Disabilities Partnerships and Strategy for County Durham, Tees, Esk and Wear Valleys NHS Foundation Trust was in attendance to deliver the presentation that provided details of what they were trying to achieve; how they used transformation resources; what's in place now; headline activity and performance changes; system feedback to Healthwatch on progress to date; achievements, challenges and risks and patient stories.

Councillor Jopling referred to the first point of call that was your GP and indicated that this can be difficult as some areas were good for obtaining a GP appointment but other areas it was difficult, and the statistics only showed the people who could obtain an appointment which was worrying.

The Associate Director responded that they were introducing a system where you did not have to go through your GP. She commented that some people would

prefer to be referred via their GP, so they were making it as easy as possible for GPs to signpost those people into the right areas of support. She stated that they had an alternative that was first contact practitioners who could triage to a specialist mental health practitioner in that practise for the first appointment instead of going through a GP. They also had additional staff that could provide an in-depth appointment, ideally, they would like a self-present themselves to access services. She advised Members that they would start to see business cards and posters appearing in practices and were hoping to extend this campaign in conjunction with Public Health to make it more accessible such as community centres.

Councillor Jopling commented that it was not easy for patients to get through to their GPs and if they could access the service direct this would be a better outcome for the patient.

Councillor Early stated that this was a big piece of work and asked where they had services provided by third sector delivery were these providers able to access the training offered.

The Associate Director responded that they could access the training and they had focused on Derwentside which was the pilot area, but they were going to roll this out across the County. The training was free to access online and had been well received. Take up of the training offer was being promoted by word-of-mouth from those third sector organisations who had already taken advantage of this training and realised the associated benefits.

In response to a question from Councillor Hovvels on change, the Associate Director advised that the joint work with Healthwatch had been important to ascertain if they had getting it right.

Mrs Stobbart referred to housing associations and asked how they could access the training.

The Associate Director indicated that they worked with housing associations at a local level and commented that they were a key component.

Ms McGee referred to the work still to be done on embedding a single pathway in each local area to replace multiple access points and asked what additional training would be given to staff.

The Associate Director responded that this was something that they were still exploring as there was a wealth of training available and they needed to produce an offer that was tailored to their system. She stated that this was work in progress and was identified as a priority for the next six months.

Resolved: That the contents of the presentation be noted.

7 North East Ambulance Service NHS Foundation Trust Quality Account 2023/24 Priorities and Performance Update

The Committee received a presentation from North East Ambulance Service NHS Foundation Trust on the 2023/24 Quality Account priorities and performance update (for copy of slides, see file of minutes).

Tracy Gilchrist, Deputy Director of Quality and Safety, North East Ambulance Service NHS Foundation Trust was in attendance to deliver the presentation that focused on the overview of Quality Report requirements; current position and performance and update on 2023/24 priorities.

Councillor Early referred to data sharing and asked what progress had been made on this.

The Deputy Director of Quality and Safety responded that they now had dashboards in the background and now that they were under the NHS Integrated Care Board (ICB) the data was a lot more open and transparent and they had a dashboard that everyone could access. She commented that the data was only as good as what was being inputted and they would challenge any discrepancies. They have an ICB Lead within the organisation which was about data sharing going forward so if they had two organisations involved in patient care they would work together on that incident. It was now about collaborative working and each of the organisations have a learner response lead and patient safety specialist to ensure those things were happening, identifying problems and if recurring report these to the board.

Resolved: That the contents of the presentation be noted.

8 NHS Dentistry Services

The Committee received a presentation on the NHS Primary Care Dental Services and Dental Access Recovery (for copy of slides, see file of minutes).

Sarah Burns, Joint Head of Integrated Strategic Commissioning, County Durham Care Partnership, Durham County Council and North East and North Cumbria Integrated Care Board was in attendance to deliver the presentation that provided a summary overview of NHS Dentistry; out of hours urgent care services; challenges; NHS contracts; actions; dental access; further actions and next steps; advice for patients; oral health promotion strategy 2023-2028; water fluoridation and supporting background information.

Councillor Jopling indicated that this was down to contracts and asked the Officer if they were in a position to issue contracts or if these had to come from the government.

The Head of Integrated Strategic Commissioning responded that locally they could issue contracts, but it had to be within the context of the national contract. She commented that some of the measures announced earlier this week were designed to address some of those issues.

Councillor Stubbs referred to his knowledge of dentists and his own experience and indicated that he felt that dentists had already decided the future and any plans were a lost cause. He agreed with a number of things such as the promotion of oral hygiene that should be done through the NHS but indicated that the dentistry model had been decided. He commented that his own dental practice was now no longer an NHS dentist and you had to pay £23 a month. He asked for some reassurance that there was a future for dentists as he felt it was going to be a model like opticians where it was accepted that you pay for your appointments and glasses.

The Head of Integrated Strategic Commissioning responded that work was ongoing and had been for a number of years on the national reform of the dental contract that was needed. Locally they could not supersede that, but they could look at some of the measures detailed in the presentation such as commissioning the capacity to ensure it meets the needs, particularly in the underserved areas or people who depend on NHS dental care. They would look to see how they could attract dentists to work in the region and implement all of the sensible measures that they can that will help current NHS dentists remain. She stated as an Integrated Care Board (ICB) their role was to ensure that they had provision to meet the need and the NHS provides dental treatment for the population. She hoped that dentistry was not a lost cause and stated that they would work hard to ensure they do everything they can, and they understand where the gaps and the challenges are and targeting their resources where there were the greater inequalities, and they were looking to maintain services across the county.

In response to a further question from Councillor Stubbs, the Head of Integrated Strategic Commissioning stated that dentists were still committed to work in the NHS and some of the national announcements were moving us into the right direction.

Councillor Crute stated that he shared Councillor Stubbs concerns regarding dental services and that it was part of a wider issue within the NHS. He commented that the dental service needed to be reformed and he feared for the future of dentist and the lack of appointments. He referred to the government intervention and asked if there were any timescales for this and if there was any protection for existing patients.

The Head of Integrated Strategic Commissioning responded that they did not have timescales yet. She advised Members that Pauline Fletcher would be providing an update and summary to scrutiny committees across the region. She stated that there were ways to safeguard against patients being removed from a list.

Councillor Hovvells referred to fluoridisation in water that they did a lot of work on that was picked up by the Secretary of State that would have a massive impact in terms of health and asked about the timescales around this.

The Head of Integrated Strategic Commissioning indicated that they did not have timescales but as soon as they do, this would be shared with Members. She stated that the Northeast was priority for fluoridisation.

Councillor Crute referred to the pressure group who were against fluoridisation in water that had proven health benefits and asked if the pressure group were still active.

The Head of Integrated Strategic Commissioning advised Members that this moved from local responsibility to the Secretary of State and any representations would now go to the Secretary of State.

The Principal Overview and Scrutiny Officer confirmed that the Council had set up a joint Overview and Scrutiny Committee in 2019 on fluoridisation and several organisations attended the session and they did commit to further sessions once the position was clearer around fluoridisation. However the promotion of these schemes had now moved from the Local Authority to the Secretary of State. He anticipated that there would be an update on the oral health strategy at the March meeting that may include an update on fluoridisation.

Councillor Savoury stated that the dental practice in Weardale was full, and transport was an issue and families were disadvantaged as they could not access dentists in other areas due to finances and stated that oral health particularly in children deteriorates quickly. She continued that when they do eventually receive treatment a lot of treatment is required and asked where the nearest urgent care centre would be for the Weardale area.

The Head of Integrated Strategic Commissioning advised that the urgent care centre would be Durham or Darlington.

Councillor Savoury asked if they could look at the dental services within the rural communities of Weardale.

The Head of Integrated Strategic Commissioning responded that this was one of the national announcements about improving access in rural communities. She advised Members that they had been looking at the transport offers in Durham and that they had a local volunteer driver service and were looking to see if this could be extended for dental treatment.

Ms McGee asked if the additional capacity would be focusing on urgent treatment and stated without the routine treatment this would increase the urgent

requirement. She then referred to the early detection of mouth cancer that was detected by routine dental treatment. She then referred to other approaches to dental commissioning in other parts of the country such as Ipswich where the ICB have commissioned NHS practices with dentists who are salaried, taken away all the concerns about contracts and asked if they would use this approach.

The Head of Integrated Strategic Commissioning responded that she was not sure if this would work locally but a regional group were looking at how they could secure NHS services. They have salary dental services such as the community dental service, she was not sure if this would work for general dentistry. In terms of the oral cancer risk there has been a campaign locally to highlight the risks and signs of cancer to increase people's awareness.

Resolved: That the contents of the presentation be noted.

9 Shotley Bridge Hospital Update

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

Mr Richard Morris, Associate Director of Operations, County Durham and Darlington NHS Foundation Trust was in attendance to deliver the presentation.

The presentation focused on the project principles; progress update; proposed site layout; assurance and approval and the next steps.

Councillor Haney asked when the hospital was built how many parking spaces were going to be lost and would parking be free.

The Associate Director of Operations confirmed that parking would be free. With regard to parking spaces, the current site was built for a different purpose. There were national requirements that they had to meet as part of the planning permission that follows the guidelines and advised that there would be fewer parking spaces than the original design for the new building due the site now been smaller. He continued that there would be adequate parking for the number of staff and patients together with electric vehicle parking on site, with the ability to expand this if there was the requirement.

Councillor Haney indicated that there was no possibility for expansion and what they were going to end up with was something significantly inferior to what was originally promised. The lack of future expansion was a serious obstacle and a considerable downgrade on what was originally promised.

The Associate Director of Operations reassured Councillor Haney that the hospital was not a downgrade and stated that the existing building was very tired that required a lot of money to be spent to keep it functioning. The new build would be

the best new build they could do at this point. They had to accept that there had been a number of economic factors which had impacted on the original scheme. He stated that it was not an inferior hospital and that the new facility would offer what they said it was going to offer, it was just in a different way.

Councillor Haney did not accept that this was going to be better or the same and asked if the money was available and when would the build commence.

The Associate Director of Operations stated that the site could not expand as it was a ringfenced piece of land but there were minor parts on the site that could expand. He commented that it was not the big expansion capacity that may have been in the future. They could have looked at it in a different way and stated that a lot of health care was now being delivered in people's homes or community centres or other areas that were not hospital based. He was confident that what they had planned fits the needs of the community hospital.

Councillor Early stated that this had to be the future and try to keep Shotley Bridge Hospital afloat on a decaying building after so many years wasn't going to happen. He commented that he was Chairman on the Hospital Trust 20 years ago and he was part of the plan that produced the community hospital as it currently sat in Shotley Bridge. He suggested that the existing site is not fit for purpose and the clinical case for expansion at Shotley Bridge was not evident, thus leading to the proposed project before members. The key issue for local members and the community was how long it would take to deliver the new facility.

The Associate Director of Operations responded that the contract review process was currently ongoing and would let Paul Davies from the National Hospitals Programme expand on this.

Jackie McDonald and Jane Curry were in attendance and briefed Members on the redesign of clinical services for the new hospital, in particular, bringing some services together to enable the sharing of facilities and moving a ward to the ground floor with its own entrance.

Councillor Shield, Local Ward Member for Leadgate and Medomsley stated that he had been involved with the proposed new hospital since 2017, but they still had not had a written commitment and asked if they could have the guarantee that the new hospital would go ahead.

Mr Paul Davies, Project Lead, International Hospital Programme was in attendance and provided Members with an overview of where they were in the new hospital process. Members were advised that the scheme would be submitted to New Hospital Programme Investment Committee next week and hopefully would then move to JIG and if approved at this Committee then funding would be allocated for the programme. There was also the issue of the land to secure for the new hospital.

Councillor Early asked about the timeframe around delivering in terms of value for money if the process takes beyond the set contractors within the framework as the price would only go one way and the process would start again.

The Project Lead responded that the tender was fixed at this point in time and stated that there was inflationary industry index to apply to that.

Councillor Early referred to the land acquisition issue and asked if the window to move into the acquisition earlier than the due figure was possible.

The Project Lead responded that it was two elements of a process once they get the schemed financial allocation confirmed then they could look to pursue the land purchase. He stated in the past if there was a challenge with the land this could be one of the risks on the scheme, but they do not envisage the land being an issue with this scheme.

Mr Nick Davey, Portfolio Lead for the New Hospitals Programme stated that a year ago they were provided with a pot of money that they believed they would be able to deliver the scheme for. They had experienced some challenging factors around inflation over the last few years. They had revised the programme business case that had been submitted to the Treasury to look at opportunities to increase the budget. He continued that contingencies are managed in a number of ways, a contingency applied to the Trusts ability to manage within the budget, contingencies held at higher level up in the programme and by the responsible for the organisation. In terms of affordability and the challenges this scheme has not met the expectations of the Treasury of the bottom-line costs and as a whole team they need to get a solution that meets the community's needs. The unaffordability continues at this stage so what was going forward to the Integrated Care Board (ICB) was still a proposal that was over and above the money that the Treasury had allotted. They had undertaken a lot of work to get the scheme as close as possible and his recommendation was to approve the scheme. At a programme level the issue was every pound that was spent on one Trust over and above what the Treasury has allocated has to be taken from another Trust. They needed to try and manipulate the available budget across the whole national programme to serve everyone's needs at that time. The need for this scheme was now and the recommendation was that the scheme needed an amount of money to move forward. He would expect to see the scheme at the end of the business process by the end of 2025 early 2026 then on site straight after.

Councillor Haney referred to the inflation and presumed that this was included in the original scheme with built in contingencies but what they could not count on was Trust money budget. He continued that this was the cheapest hospital in the programme and the government could choose not to give the extra cash for the programme that should never had been in the programme to begin with.

The Portfolio Lead responded that he was unable to give a guarantee and stated that it was moving forward to the Investment committee meeting.

In response to a further question from Councillor Haney, Members were provided with an estimated cost of the scheme.

Councillor Hovvells stated that they should not underestimate the amount of work put into where they are today, and that certain obstacles were out of their control. They had fought hard to ensure that some of the services stayed within the area as these services were not just important to the locality but also the wider county. She continued that she would like to see an end date but knew that it was not possible until the funding was secured and hoped that they did get a new hospital and understood the complexities, the end result will be marvellous and was a flagship for the area and hoped they did succeed.

The Chair indicated that the project was too good to lose, and they would timetable a further update in the Committee's 2024/25 work programme.

Resolved: That the contents of the presentation be noted.