

DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Council Chamber, County Hall, Durham on **Tuesday 1 October 2024 at 9.30 am**

Present

Councillor V Andrews (Chair)

Members of the Committee

Councillors M Johnson, J Blakey, R Crute, K Earley, J Higgins, L Hovvels, P Jopling, C Lines, L Mavin (substitute for M Simmons), E Peeke (substitute for L A Holmes), K Robson and A Savory

Co-opted Member

Ms A Stobbart

Co-opted Employees/Officers

Ms G McGee, Healthwatch County Durham

Also Present

Councillors J Charlton, C Hampson and P Heaviside

Members of the Safer and Stronger Communities Overview and Scrutiny Committee had been invited to attend the meeting in respect of Agenda Item No.6 – Adult Social Care Update

1 Apologies

Apologies for absence were received from Councillors D Haney, L Holmes, S Quinn, M Simmons, T Stubbs and Mrs Gott.

2 Substitute Members

Councillors E Peeke and L Mavin were in attendance as substitute Members for Councillors L Holmes and M Simmons.

3 Minutes

The minutes of the meeting held on 16 July 2024 were confirmed as a correct record and signed by the Chair.

4 Declarations of Interest

Councillor J Higgins declared an Interest in Agenda Item No. 7 – Chronic Obstructive Pulmonary Disease Rescue Packs.

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

The Committee received a report of the Interim Corporate Director of Adult and Health Services which provided an update on developments in Adult Social Care; including the Care Quality Commission (CQC) assessment of Adult Social Care in County Durham, a new service delivery model for Adult Mental Health Services, Unpaid Carers Service in relation to hospital discharge, and the Breakthrough Service.

The report also provided an update on developments in relation to health and social care integration, particularly the advances made through the County Durham Care Partnership (CDCP) on the Transfer of Care Hub (ToCH), the Therapies Project and extended work on the Children and Young People's Integrated Services.

On 14 September 2022 Cabinet noted the potential changes to health and care integration set out in the Health and Care Act 2022 and the Integration White Paper (February 2022). Cabinet agreed that the preferred option for future health and social care integration would be a Joint Committee co-produced with the North East and North Cumbria Integrated Care Board (ICB). Cabinet also noted that detailed discussions were needed with partners and Government guidance may be published which would have an impact on the preferred option. The report gave an update on the discussions with partners, the impact of Government guidance and the likelihood of the preferred option to deliver significantly better outcomes (for copy of report, see file of minutes).

Lee Alexander, Head of Adult Services was in attendance to present the report and advised Members that Durham's 'Good' CQC assessment rating carried the joint third highest assessment score among the local authorities currently with published CGC reports.

The Chair congratulated the team on the outcome of the CQC Assessment of Adult Social Care in County Durham.

Councillor Early referred to the issue of hospital discharges; transfers of patients and care pathways and asked if there were other opportunities to better integrate decision making and access to services to facilitate safe and prompt discharges.

The Head of Adult Services responded that despite some of the restrictions that had been embedded within the Social Care Act and the associated White Paper the Council was ahead of the curve and one of the strengths of Durham was their partnerships approach to integrated service delivery. The Council and partners take a measured approach to this in identifying new opportunities; they regularly get together strategically to address joint issues. An example of this was joint work pertaining to hospital discharges where they have implemented a trusted assessment model whereby NHS professionals can undertake baseline assessments for patients who require social care services coming out of hospital. In doing so, this reduces hand offs and delay. He stated that they were challenged by budgetary constraints, but they continually are looking at how they can develop social care service delivery.

Councillor Hovvells referred to discharges from hospitals and the use of external organisations and stated that an understanding of the local area and locations was useful and asked if some of these organisations were outside of the County. She continued in relation to the caseloads of social workers and asked for details of the caseloads and how often were the cases reviewed. She then asked if the Housing Board still had their own occupational therapists and how they linked into the Council and partner agencies. She stated that the work carried out for the children's social care casework that herself and Councillor Gunn had undertaken in bringing that together was important and asked if this would continue to be a priority.

The Head of Adult Services responded that in terms of caseload management he looked at a dashboard on a weekly basis of all of his team's workloads. He stressed that caseloads varied between teams due to having different remits as well as the varying nature of the work. Regarding hospital discharges they had relatively low caseloads but managed high volume and quick turnover, but the learning disabilities team have larger caseloads but manage people over a longer period of time; often over many years. He stated that there was no benchmarking data to define an optimal caseload within adult social care, but caseloads had remained stable and manageable, the greatest challenge was the complexity of cases. He referred to the legislative changes that had taken place and years of resource pressures which had led to more challenges because case management had become more complex in nature. The service continued to monitor workloads and service standards and have systems in place to monitor these. Improvements in new technology had contributed to developments in service standards. An example of this was the investment in tablets with 4G technology to enable staff to

make case notes and update records out in the field. In relation to occupational therapists, the service worked with housing partners and had set up a partnership board. An early focus of this board was to better understand occupational therapy interfaces between housing and social care activity. Within housing providers occupational therapy provision had reduced over the years and the Councils' occupational therapists had become more of a referral agent to respond to as a consequence of that. In relation to work with children they had the navigation service (overseeing the transition of children with disabilities from children to adult services) that was robust and there was no intention to remove that; reflecting that this service was continually developing in close working across the board on how they could improve and develop their service offer to young people.

Councillor Higgins asked if they were up to date with the twelve-monthly reviews of care packages.

The Head of Adult Services indicated that during COVID the reviews had suffered, and performance had reduced. They had undertaken a review of their systems and processes and carried out a re-structure 18 months ago and invested in additional staff to recreate a countywide review team. They had seen the performance increase and was now up to almost 80% of reviews undertaken within the twelve-month period. They had a target of 80% and he wanted to increase this to 90% and in doing so would be in a really strong performance position and was confident this was achievable in the next 6 to 12 months.

In response to a question from Councillor Heaviside on the breakthrough service, the Head of Adult Services responded that the service had been up and running for 18 months, he would get back to Councillor Heaviside with the data in relation to the number of referrals and the number of service users seen. He continued that a successful business case for the initiative had allowed for investment to be made to deliver the service which works in line with statutory duties under the Care Act. They received referrals from social workers and integrated teams. There are operational restrictions as they are a consensual service which requires people to fully engaged. The Head of Adult Services referenced lots of case examples where they had made a significant and lasting difference to service users wellbeing. The new breakthrough service was specifically designed to enable this.

Some of the historical challenges experienced with this type of service was the wide range of agencies who were in a position to identify, and report concerns around hoarding but might not be able to address the issues holistically.

Resolved: (i) That the outcome of the CQC Assessment report which, with a service improvement action plan, will be presented to Cabinet on 16 October 2024 be noted.

(ii) That the progress on the developments across Adult Social Care be noted.

(iii) That the continued commitment of partners to further health and care integration through the County Durham Care Partnership (CDCP) be noted.

(iv) That the impact of the Statutory Guidance (March 2024) on the likelihood of the previously preferred option of a Joint Committee to deliver significantly better outcomes for the residents of County Durham be noted.

(v) That the Council should continue to promote and participate in health and care integration through the CDCP, but the option of a Joint committee should not be pursued in the current circumstances be agreed.

(vi) That if there are changes to Statutory Guidance or ICB proposed delegations to place based arrangements further reports will be made to Cabinet.

(vii) That the developments in relation to health and social care integration to improve outcomes for the people of County Durham be noted.

(viii) That the extension of the integration programme to include Children and Young People's Service be noted.

(ix) That the committee receive future updates on Adult Social Care and progress on health and social care integration.

**Councillors J Charlton, C Hampson and P Heaviside
withdrew from the meeting**

7 Chronic Obstructive Pulmonary Disease (COPD) Rescue Packs

The Committee received a briefing report from North East and North Cumbria ICB Primary Care Team that provided an update on Chronic Obstructive Pulmonary Disease (COPD) Rescue Pack availability from primary care providers (General Practice) across County Durham (for copy of report, see file of minutes).

Colin Stephenson, Strategic Head of Primary Care, North East and North Cumbria ICB was in attendance to present the briefing report.

Councillor Higgins welcomed the information within the report and stated that he hoped that all GP practices carry out the information that had been provided. He continued that the report stated that COPD was the second largest cause of emergency admissions into hospital and there was just under 1700 people admitted into hospital for the period July 2023 to June 2024 that was an average of 32 people per week. He indicated that probably more people were admitted into hospital in the winter period and his concern that he brought to the last meeting was that these emergency packs were not being offered via repeat prescription. He suggested that if a person can start the rescue pack immediately hopefully prevents people needing to be admitted into hospital. He was pleased to report that

one of his residents who had reported this to him had now received her COPD rescue pack.

Councillor Hovvells indicated that it was a post code lottery across the County and stated that she found the report useful and thanked the Officer for the information and stated that they can now advise their constituents.

Resolved: That the report be noted.

8 Healthwatch County Durham Annual Report 2023/24

The Committee received the Healthwatch County Durham Annual Report 2023/24 (for copy of report, see file of minutes).

Gail McGee, Project Lead, Healthwatch County Durham was in attendance to present the report and deliver a presentation that provided details of the 2023-24 highlights and 2024-2025 priority areas (for copy of presentation, see file of minutes).

Councillor Earley asked about the responses in relation to the discharge of patients. He then referred to access to GP services and indicated that the ICB were doing a piece of work regionally on helping practices who had identified problems and asked if Healthwatch had followed that selection of practices or if this was independent in terms of interventions.

The Project Lead responded that the hospital discharge feedback was not positive, but they did usually only hear the bad stories. They were going to be following up on the recommendations made, most of which were practical with a lot around communications and the lack of understanding between different services which was an issue they hear a lot about.

The Strategic Head of Primary Care, North East and North Cumbria ICB indicated that there were a couple of national initiatives namely, the 'One General Practice Programme' and 'The Primary Care Access Recovery Plan (PECARP)'. All 61 practices could receive funding to improve access to services in particular access to the GP cloud-based telephony system. He and Gail McGee regularly meet to share intelligence on practices. A lot of work was ongoing around improvement and a reform plan should be available in the next few months focusing on digital activity and prevention.

Councillor Hovvells highlighted the amount of work carried out by volunteers and asked that thanks was passed onto those volunteers.

The Project Lead indicated that they currently had around 25 volunteers in Healthwatch who contributed a huge amount to their work.

Councillor Lines asked if they received much anecdotal feedback from residents particularly from those in rural areas and increasingly in urban locations who are finding it more difficult to access GP services due to the reduction in frequency and coverage of bus services. He asked if this was the case does this get fed back to local and regional transport companies.

The Project Lead responded that they did not receive feedback on transport issues for GP practices it tended to be more around hospital appointments in particular early morning appointments. This was what had prompted them to produce a guide on patient transport services, public transport was more difficult for them to get involved with, but they had been asked to look at this alongside patient transport, but they were not sure on how much they could influence public transport.

Councillor Savoury congratulated the work of the team and indicated that she was impressed by the work carried out with the farming communities and stated it would be wonderful if it could be rolled out to the practice at Weardale.

The Project Lead responded that the Inclusion Lead was talking to all the rural farmers, and she would come back to Councillor Savoury on how this was progressing.

The Chair asked that a letter of thanks be sent from the Committee to Healthwatch County Durham.

Resolved: (i) That the contents of the report be noted.

(ii) That a letter of thanks be sent on behalf of the Adults, Wellbeing and Health Overview and Scrutiny Committee to County Durham Healthwatch and their team of volunteers for the work undertaken in the past year.

9 Quarter 4 2023-24 Revenue and Capital Outturn and Q1 2024-25 Revenue and Capital Outturn reports

The Committee received a report of the Corporate Director of Resources which provided details of the 2023/24 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 2024 (for copy of reports, see file of minutes).

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

- 2023/24 Revenue Outturn and Variance Explanations;
- 2023/24 Outturn Capital Position;
- 2024/25 Quarter 1 Revenue Forecast Outturn and Variance Explanations;
- 2024/25 Quarter 1 Capital Position

Resolved: That the financial position be noted.

10 Quarter 1 2024/25 Performance Management Report

The Committee received a report of the Chief Executive which provided an overview of progress towards achieving the strategic ambitions and objectives set out in out 2024-28 council plan to members, senior managers, employees, and the public. The report covered the most recent performance data available on 30 June 2024 alongside contextual information of activity and events taking place in the first quarter of the 2024/25 financial year (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.

Councillor Jopling referred to access to drug and alcohol treatment and that there was a large unmet need and asked how they could deal with this. She considered that better than national performance standards was not relevant if there was still a large proportion of people who could not get to the service. She asked if there was an outreach programme to bring people in and help with their addiction.

The Strategy Team Leader responded that there was a 76% unmet need within County Durham and the national figure was 79%. In terms of referrals to the service they relied on self-referral, colleagues, friends and family or professionals.

Councillor Jopling indicated that the problem leads to mental health issues and the large numbers of unmet need were worrying.

Councillor Crute indicated that alcohol abuse was spiralling out of control and asked what intervention was taken place to prevent it happening in the first place. He then asked about bench marking data for adult social care workers and asked why they did not have this data for adult social care workers as this data was provided to Children and Young People's Overview and Scrutiny Committee for social care workers for children.

The Strategy Team Leader responded that alcohol harm was one of the priorities within the Joint Local Health and Wellbeing Strategy as was mental health. The County Durham Drug and Alcohol Recovery Service use a team around the family approach, but this was when people were referred into the system. He could not speak on what was being done to promote these services and increase referrals but would contact someone from the service to answer the question.

Councillor Crute asked that this be looked at closer as it was not just about preventing young people getting involved it was also a pressure factor that works both ways. He stated that Children and Young People's Overview and Scrutiny Committee also needed to be a part of this work.

The Principal Overview and Scrutiny Officer indicated that drug and alcohol recovery service was reported in terms of performance as part of an annual report that was taken to the Safer and Stronger Communities Overview and Scrutiny Committee. He would find out when this was to be considered and circulate the date to members of the Adults, Wellbeing and Health Overview and Scrutiny Committee so that they could attend the meeting when it was to be considered. In terms of alcohol harm, the Health and Wellbeing Board met early September and as part of their agenda considered a reducing alcohol harm blueprint that had been produced by Balance. A number of areas of suggested work was included in the report that he would share with Members of the Committee and have a conversation with the Director of Public Health to see what they could bring to Committee.

The Strategy Team Leader indicated that caseloads were not part of any statutory data return for adults but was for children. There had been a regional attempt to produce a regional benchmarking tool but due to all the different operating systems among local authorities a comparison was not possible. In terms of tracking individual caseloads, they do provide senior management with a weekly situation report which measured the number of caseloads across the front-line teams and tracked against the high case threshold. They had not seen much of a change in the caseloads over the last few years and increased pressures were down to the complexity of cases.

Councillor Crute responded that it was good to know that there were internal mechanisms in place around caseloads but would like to see some data around this brought to this committee.

Councillor Earley referred to the undertake up of direct payments and asked for a regional and national comparison.

The Strategy Team Leader responded that Durham was around 15%, regionally it was 20% and nationally 25%. He continued that the data source had now changed, and nothing had been calculated nationally which was why there was no benchmarking. Direct payments would be included in the December outcomes framework that would include both methodologies and would be included in the Quarter three performance report.

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