

## **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 21 March 2022 at 9.30 am**

### **Present**

**Councillor P Jopling (Chair)**

### **Members of the Committee**

Councillors V Andrews, K Earley, O Gunn, D Haney, L A Holmes, C Kay, C Martin, M Simmons and S Deinali (substitute for R Crute)

### **Co-opted Members**

Mrs R Gott

### **Also Present**

E Hunter (Healthwatch)

### **1 Apologies**

Apologies for absence were received from Councillors Charlton-Lainé, C Bell, S Quinn, K Robson, A Savory and T Stubbs.

### **2 Substitute Members**

Councillor S Deinali was present as substitute for Councillor R Crute.

### **3 Minutes**

The minutes of the meeting held on 14 January and of the Special meeting on 25 February 2022 were agreed as a correct record and signed by the Chair.

### **4 Declarations of Interest, if any**

There were no declarations of interest.

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

The Principal Overview and Scrutiny Officer advised that Mrs R Gott had notified the Chair of an item regarding item no. 7 prior to the meeting and would raise it after the presentation.

## **6 North East and North Cumbria Integrated Care System Update**

The Committee received a presentation of M Laing, Director of Integrated Community Services, County Durham Care Partnership, which provided an update with regards to the Operating Model for NHS North East and North Cumbria Integrated Care Board (for copy see file of minutes).

Members were given a brief outline of the suggested model framework, the objectives and principles for ICB development which had been agreed by JMEG, and the commissioning arrangements.

In response to a question from Councillor Kay, the Director of Integrated Community Services advised that Sam Allen, former Chief Executive of the Mental Health Trust had joined as Chief Executive of the ICB on 1 February, Sir Liam Donaldson having already been appointed as Chair. Recruitment to the Board was ongoing and he confirmed that Dr N O'Brien had been appointed as Medical Director.

Councillor Martin advised that one of the dilemmas would be that the model would serve people in the North of the County, however he wondered about the representation for those in the South whose first choice of hospital would not be the University Hospital of North Durham. Should people prefer to Darlington, he asked how their views would be represented.

The Director of Integrated Community Services confirmed that patients were not confined within the boundaries of County Durham, an example being if someone was treated for a serious cancer, they would be referred to the Freeman or RVI. The Trust covered two Local Authority areas and the ICB had to engage with both, including the South. He referred to the new arrangements as being similar to those of the Health Authority pre-1974, with the only uncertainty being how the regional structure would play out.

Councillor Martin advised that County Durham needed a foot in central and in Teeside and would hope that specialist treatments would continue as they were, rather than be place based.

Councillor Gunn advised that there were issues arising that would need to be resolved and she reminded Members that it was important that their scrutiny role was not jeopardised and that regular presentations on how the ICB was developing were considered. There were a lot of uncertainties and questions which were

difficult to grasp as a lay person and it was crucially important to have regular updates on key issues.

The Chair had noted that it was not enough to be told that in the short-term the change would not be noticeable and agreed that the Committee needed to keep a close eye. The Director of Integrated Community Services confirmed need to maintain those good relationships between the commissioners and partners under the new arrangements and to ensure colleagues continued to attend and be held accountable by the Committee.

Councillor Gunn was concerned that although residents may not be aware of the difference, changes always made people anxious and there would be a time when they needed to be reassured. The Director of Integrated Community Services agreed that Members would not receive enquires because residents were concerned about the ICB, but they would receive queries on how to access services or how they could get an appointment with their GP and the point of the changes were to make access and provision of services better for people in County Durham.

R Gott, Co-optee, noted that the boundaries would make the ICS the largest geographical area in the Country. She was a member of the Patient Reference Group Sedgefield, who were disappointed that they had not been having necessary meetings. In January there had been a primary meeting with 50 attendees who found out that only three chairs had given feedback in response to the consultation.

The Director of Integrated Community Services confirmed that feedback had been received with regards to the limited mention of patient representation prior to COVID-19, so patient representation was developing and at CCG level there was strong representation with regards to changing or adapting local services.

R Rooney, North Durham CCG was disappointed with the comments regarding the January meeting as they had been working with PRG's working over recent months to put together a proposal and second event had been organised. The CCG were working with practices and wanted to increase the groups as there had been some issues keeping them going. They were also working with primary care networks and there was a role for a countywide group to feed into ICB. They were working through the model to put forward a proposal and hoped that the same people would be involved. They were working with Trusts and the voluntary council to develop principles and co-produce a programme for ongoing engagement, to shape the proposal for County Durham and she would return to present to the Committee.

Councillor Andrews asked a question regarding training at a collaborative level and the Director of Integrated Community Services advised that there would be various roles on the ICB that would ensure clinical deliver and one of the positions was for

a Director of Nursing who would be responsible for therapies to ensure joint collaboration.

Councillor Deinali advised that if the aim of the new system was to improve accessibility for patients, had consideration been given to accessibility in terms of travel routes and public transport. The Director of Integrated and Community Services confirmed that accessibility was often considered at individual commissioning levels but many people in the east of the County east preferred to go to Sunderland for treatment. On occasions where people needed specialist treatment, transport was not always a concern of a patient and in some areas, such as Weardale, there was no option to have treatment close to home.

The Principal Overview and Scrutiny Officer advised that he was attending a regional committee where a presentation on the ICB would be given and agreed to write to the CEO (designate) at North East and North Cumbria Integrated Care System on behalf of the Committee to express their concerns.

## **Resolved**

That:-

1. the report and presentation be noted.
2. The Committee write to the CEO at North East and North Cumbria Integrated Care System to express their concerns in respect of the ICS/ICB developments.

## **7 County Durham and Darlington Adult Mental Health Rehabilitation and Recovery services**

The Committee considered a joint report of the Director of Mental Health and Learning Disability, Durham Tees Valley Partnership and the Director of Operations, Durham and Darlington, Tees Esk and Wear Valleys NHS Foundation Trust, which provided details of the outcome of the further targeted engagement to support the proposal to relocate Primrose Lodge Inpatient Rehabilitation and Recovery unit from Chester le Street to Shildon.

J Illingworth, Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust referred to the meeting in January when the paper had first been discussed and confirmed that there had been some community engagement in February and March. The positive responses received were from service users and their families and overall there had been a positive response with the average rating at 3.9/5 but some concerns had been raised regarding the reduction of beds.

With regards to supporting people with travel costs, there were public transport links to Shildon but it would potentially require a couple of buses and this was no

different to what family members in the south had to do when travelling to Chester le Street.

Councillor Kay suggested that despite the remodelling of the service, demand always outweighed the supply and he was still concerned with a reduction of beds. He asked whether the facility at Shildon would accommodate any form of expansion in future, if needed.

The Director of Operations confirmed that the premises was the former crisis house in Shildon, which had been heavily invested in and updated, but in terms of long term rehabilitation, there was a preference for people to live in their own homes, so the community offer was being modernised which would hopefully reduce the number of beds needed. There was a strong community team working on inpatient wards and with local housing providers and both would work in tandem.

There had been enough modelling in the previous two years to reassure the Committee that there would be no need to increase beds in future, however if needed there would be scope to do so. The proposal was the best value for money as the building was owned by the Trust and relatively new, with ensuite accommodation and a garden, in a community setting.

Councillor Gunn agreed that there were legitimate concerns with a reduction of beds and this was a large reduction which made her anxious as this was a period of time in which people were living with mental health problems. In response to a question about the geographical area the facility would cover, the Director of Operations advised that County Durham and Darlington residents would access the service, however due to restructuring, it could be that Darlington was moved into Teeside in future.

Councillor Martin referred to the recommendations in the report and advised that he was confident that the Trust had tried to consult enough, although it was a shame that people had not responded. He welcomed the fact that they had presented the findings of the consultation to the Committee and in relation to rehabilitation beds, asked whether there was a waiting list.

The Director of Operations advised that these were not acute beds, but rehabilitation which was a longer term need for people who needed enhanced support. At Primrose Lodge, there could be around 3-4 beds at any given time, been used in different way and not used by people for whom they were supposed to be for.

Councillor Haney referred to the phasing down of beds and asked for more information regarding the suggestion that it would be phased over a couple of months. The Director of Operations advised that the phasing out of the beds had already started, but there was some remedial work to complete at Shildon which

would hopefully ensure that by the Summer, the unit was fully operational. The transition was being conducted in the safest way possible and the Director of Integrated and Community Services added that Primrose Lodge was owned by the Local Authority so there was no deadline when patients had to be transferred.

In response to a question from Mrs Gott, the Director of Operations confirmed that although Primrose Lodge was a 15 bed unit, it was not always full and the phased transition would ensure that they would not be affected. She advised that there would be no need to find beds elsewhere but if there was an influx of patients that needed to be treated, they could be housed in West Park, however again reiterated that this was purely hypothetical as the provision of 8 beds would meet their needs.

## **Resolved**

That the results of the stakeholder engagement detailed within the report be noted.

## **8 2021/22 Q3 Performance Management Report**

The Committee received a report of the Corporate Director of Resources, which provided an overview of progress towards achieving the key outcomes of the council's corporate performance framework and highlighted key messages to inform strategic priorities and work programmes for the period ending quarter three, October to December 2021 (for copy see file of minutes).

Councillor Kay highlighted paragraph 6. of the report, that the Council were continuing to invest in walking and cycling infrastructure and suggested that there were still areas in the west of the County that were dreadful, including Bishop Auckland.

Councillor Gunn referred to the figures regarding gym memberships and the Move Programme and noted that although the physical environment was contributing to good health, older people did not always have the ability for physical exercise. Councillor Gunn was aware that there were various ramblers groups that could be supported in partnership with AAP's and Councillors neighbourhood budgets, for older people who did not want to access a gym. These would be extremely good value for money and provide a route from social isolation which in some ways could be better than going to a gym.

M Peart, Strategy Officer, advised that the Move Programme was focused on not only, gym memberships but small changes that could be made in everyday life, such as encouraging people to walk or cycle to work.

Councillor Gunn advised that the cohort that she was referring to were older, retired and in her opinion there were ways in that they could be helped and she was aware that voluntary organisations did exist and offered a lot to their

community and she wanted it to be recognised that there should be more funding provided for those type of activities.

## **Resolved**

That the report be noted.

## **9 2021/22 Q3 Adults and Health Services Budget Outturn**

The Committee received a report of the Corporate Director of Resources which 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 December 2021 (for copy see file of minutes).

With regards to paragraph 15 of the report, Councillor Gunn asked what was meant by the reference to a £550k saving due to effective management of vacancies. P Dowkes, Principal Accountant, Resources advised that this was an under budget spend with related to the recruitment and retention of staff.

Councillor Gunn was concerned that this would be having an impact upon staff who were delivering those services, in addition to additional work pressures, this could impact the wellbeing of the workforce who were had also been carrying more responsibilities during the COVID-19 pandemic.

The Chair confirmed that this social worker workload in adult care had been discussed previously and Head of Adult Care had reassured Members that there was not a funding issue and staff were being recruited, but this was a lengthy process which would take some time to address.

The Director of Integrated Community Services confirmed that there was not a vacancy freeze, which would traditionally be a way of making savings, however there were regional and national issues surrounding social work recruitment and similarly in other areas of social work such as learning disability and mental health. There were additional qualifications needed so TEWV were also finding that they had similar recruitment issues. The Council were aware of the pressures on staff, who had been consulted and were assisting people with stress management and offering a therapeutic response. Admittedly the situation would not get easier in short term, but there was hope that in longer term it would. He agreed that the Committee may wish to keep a close eye on this in future.

Councillor Gunn advised that several years ago services had set up recruitment programmes as the competition was great, but since this was a national issue, she asked what was happening to address it and whether there had been any lobbying of the government as this seemed to be a national crisis which this Council had been trying to address for some time.

The Director of Integrated Community Services confirmed that during a national call with the Chief Executing of NHS England, the issued of social work retention and recruitment had been raised by N Scanlon, Director of Nursing.

In response to a comment from Councillor Stubbs with regards to the increase in bad debt provision for individuals who had been in receipt of care, the Principal Accountant, Resources, confirmed that the outstanding debt had grown substantially as a direct result of covid, but debt collecting provision had now been restarted and this would hopefully improve.

### **Resolved**

That the report be noted.