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 9 May 2022 at 9.30 am**

Present

Councillor C Martin (Chair)

Members of the Committee
Councillors V Andrews, C Bell, R Crute, K Earley, D Haney, P Heaviside, J Higgins, J Howey, C Kay, C Lines, S Quinn, K Robson, A Savory, M Simmons and D Sutton-Lloyd

Co-opted Members
Mrs R Gott

In the absence of the Chair and Vice-Chair, a motion was moved by Councillor Haney and seconded by Councillor Bell for Councillor Martin to assume the Chair.

1 Apologies

Apologies for absence were received from Councillors P Jopling, R Charlton-Lainé, O Gunn, L Holmes, L Hovvels and T Stubbs.

2 Substitute Members

Councillor D Sutton-Lloyd was present as substitute for Councillor T Stubbs.

3 Minutes

The minutes of the meeting held on 21 March 2022 were agreed as a correct record and signed by the Chair subject to the addition of Councillor Heaviside in the attendance.

4 Declarations of Interest

Councillor Haney declared an interest in item no. 6c) as he was a Public Governor on Tees, Esk and Wear Valley NHS Foundation Trust.

Councillor Earley declared an interest in item no. 6b) as a member of Shotley Bridge Hospital Support Group.

5 Any Items from Co-opted Members or Interested Parties

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

6 NHS Foundation Trust Quality Accounts 2021/22

The Committee received a report of the Corporate Director, Resources which provided the opportunity to consider and comment on the draft 2021/22 Quality Accounts for;

a) North East Ambulance Services NHS Foundation Trust
b) County Durham and Darlington NHS Foundation Trust
c) Tees, Esk and Wear Valleys NHS Foundation Trust

It was confirmed that only the draft Quality Accounts for North East Ambulance (NEAS) NHS Foundation Trust had been received however Tees, Esk and Wear Valleys NHS Foundation Trust was due to publish theirs later that day and County Durham and Darlington NHS Foundation Trust was publishing their report the following day. Both reports would be circulated to the Committee, who had 30 days to respond following publication.

The Principal Overview and Scrutiny Officer advised that the Assistant Director of Communications, NEAS, had sent apologies and was unable to attend due to unforeseen circumstances, however he would pick out some salient points to present to the Committee.

7 Presentation of North East Ambulance Services NHS Foundation Trust

The Committee received a joint presentation of M Cotton, Director of Communications and T Gilchrist, Deputy Director of Quality and Patient Safety, North East Ambulance Service (NEAS) NHS Foundation Trust (for copy see file of minutes). This had been published as a supplementary item after missing the deadline for publication.

S Gwillym, Principal Overview and Scrutiny Officer advised that the draft report had been circulated on 26 April 2022 and key performance issues were in relation to the number of 111 calls and the duration to answer calls. In terms of signposting the calls, the bulk of referrals related to primary care at 44% followed by the ambulance service 17% and dentistry. The Committee had received previously received presentations on GP access and availability and signposting into emergency dental services.

In terms of comparative date, NEAS had been the best performing ambulance service in the country with regards to category 1, 3 and 4 calls, 1 being the most urgent and in terms of category 2 calls, they had been the second best performing so in terms of organisations performing well, they had a proven record.

He went on to advise that issues identified for County Durham included the figures and response times which consistently lagged behind the trust average and this had been an historical issue for the Committee who were already aware that in some areas additional resources had been utilised to address and improve performance in the County.

He continued that in terms of Quality Account priorities for 2021-22 they were around emergency operations centre, management of sickness absence, improve performance and end of life care.

For 2022-23 there were four key areas for improvement, which included the reduction of handover delays which had been impacted by COVID-19 and staff sickness. The pandemic had resulted in longer clean down times in between patients.

The Trust were also proposing to improve and learn from past incidents and prepare for the Patient Safety Incident Response Framework, improve the model and increase and improve the role of patients and their involvement in improving ambulatory care.

The third priority was the efficient use of resources by improving the clinical model, and finally to involve patients and communities to improve care.

Councillor Quinn asked whether there was a lower priority for ambulance care homes as from personal experience, there were unacceptable delays in ambulances attending nursing homes.

Councillor Howey also referred to an incident in which a priority patient in a rural area had waited 20 minutes to speak to a 999 operator and then 1.5 hours for an ambulance to arrive and when it did, it was accompanied by another four vehicles. Ambulances were usually situated in towns across the County on standby but there was a new rule going forward that this would change to the nearest station, which could end up increasing delay times and this was a major concern for local areas.

Councillor Bell agreed that hand over times could take hours and resulted in vehicles being off the road and unable to respond to calls.

He suggested that ambulances should be allocated to individual areas to avoid five turning up at once. With regards to 111 services the service was taking way too long, people were being advised not to go to A&E but they had no choice if they

could not get through – there were people with children and health problems. The issue with dentistry also needed to be addressed, there were new houses being built all over the County but not enough consideration giving to how those were going to be treated as there were areas in which dentists refused to take on new clients.

The Principal Overview and Scrutiny Officer advised that with regards to handover delays, NEAS had identified this as their first priority moving forward for the new period and he would respond to the consultation to advise that Members supported this priority but also include Members comments on the issues arising within the service.

In terms of the availability of dentistry, this was not something within NEAS control, although performance data had identified via 111 that dentistry was the third highest request. He reminded the Committee that the work programme would be debated at the meeting in July.

Councillor Earley advised that ambulance service staff were excellent and one of the problems which exacerbated the handover issue was the lack of investment in Durham and there were plans for a £30m extension to A&E otherwise the ambulances would continue to be held up in queues, be under pressure and deployment would continue to be an issue. Although his own experience of the service had been excellent, he was aware of neighbours and friends that had been subjected to horrific experiences. There were pressures on the system and A&E in Durham was a priority and the Council should be putting pressure on the government to address this.

Councillor Haney queried the terminology in the report for calls connected/offered and whether there were figures for those that were connected but remained unanswered. He suggested that calls to 111 that connected but remained unanswered by an operator could be included in this figure and result in reducing accountability.

Councillor Andrews queried whether staff were being upskilled with regards to priority 3, hear and treat and whether there was any funding available to make clinically led prioritisation resource appropriate.

Councillor Higgins referred to experience of calling 111 and waiting for a high priority ambulance and said that when the staff had arrived they were fantastic, but he wondered how many people would end the call rather than wait over an hour to speak to an operator.

Resolved

That the content of the presentation be noted and member comments be incorporated into the Committee's response to the NEAS Draft Quality Account for 2021/22.

8 Presentation of County Durham and Darlington NHS Foundation Trust

The Committee received a joint presentation of the ADN Patient Safety and Chief Nursing Information Officer and Senior Associate Director of Assurance and Compliance, County Durham and Darlington Foundation Trust (for copy see file of minutes).

W Edge, Assistant Director of Assurance and Compliance advised that the drafted report had been through both internal and external consultation.

He referred to issues in relation to health acquired infections and four cases of MRSA despite the zero tolerance. There had been one Category 3 pressure ulcer reported and second that had not been suffered in the Trusts premises, however there were lessons to be learned by nurses in terms of picking up symptoms earlier.

There had been staffing issues which had prevented patients with sepsis from receiving antibiotics within the first hour and a Lead Sepsis Nurse had been appointed alongside a screening tool for all patients that were triaged in A&E.

The Trust had developed a palliative care strategy but due to COVID-19 there had not been sufficient opportunity to engage with stakeholders and there was a shortage of side rooms which was challenging for people on end of life.

Maternity services had faced some staffing pressures, and to ensure the models were right, the Trust had requested an external review from birthrate plus and it was hopeful that this would be completed in 2022 in order to provide validation or issue recommendations to make further improvements.

NEAS had an ambition to replace the existing UHND A&E facility with a new emergency care centre and the Chief Executive was committed to ensure this happened whether or not national funding was received.

Councillor Haney referred to the data with regards to sepsis and noted that no data had been presented on the average number of minutes that it took for people to receive treatment. He asked whether figures could be provided on the average time it was taking and people treated within one hour.

Councillor Bell referred to palliative care and after experiencing this personally, she advised that improvements could be made to make the room more comfortable for patients that were coherent. Patients that were unable to walk, should have a

television to keep them occupied. L Ward, Associate Director of Nursing (Patient Safety) advised that she would pass the comments back to the palliative care team.

Councillor Howey queried the response to an emergency with regards to patients with dementia following an incident where she was unable to contact anyone and was being advised by the crisis team to contact 111. The Senior Associate Director of Assurance and Compliance advised that he would provide a written response after the meeting.

M Laing, Director of Integrated Community Services County Durham Care Partnership added that the CCG had funded provision for an urgent community response centre and was set up to cover admissions to hospital, however there were plans to extend the service to cover GP, community and voluntary sector.

Councillor Howey referred to her own personal experience of the misdiagnosis of sepsis which had resulted in a fatality and the Associate Director of Nursing (Patient Safety) advised that there was a sepsis team who would be contacted if there were any symptoms that could be attributed to sepsis and when a patient triggers certain criteria during observations or parameters reached 45 or more the system would automatically prompt the nurse to check for sepsis. The main priority would be to issue fluids and antibiotics and sepsis within the allocated time frame however it was challenging to diagnose, and teaching staff to recognise the signs remained a high priority.

Councillor Howey referred to the pressures on wards for beds and asked whether consideration would be given to opening up Bishop Auckland General Hospital. The Assistant Director of Assurance and Compliance confirmed that the Trust was considering how to utilise it to the best effect, and part of it was used for orthopaedics and elected care so they were increasing the level of elective cases after recognising that.

To take pressure off A&E in Durham and Darlington a frailty pathway had been established to provide sub-acute care for elderly patients and if they did not require complex acute care, they would be transferred to Bishop Auckland and one ward had been opened for this purpose with the Trust still considering whether a second was needed. This also ensured that elderly patients were not kept longer at other sites when they could be cared for in Bishop Auckland or moved there for rehabilitation, so they did not remain on a busy acute ward for longer than necessary.

The Trust were unable to recruit acute care physicians in the numbers that would be required to open up all facilities for the provision of another A&E so it was being utilised best to provide sub-acute care.

Councillor Howey advised that Bishop Auckland had a really good urgent care centre which was now by appointment only and she queried the number of patients who were travelling from rural areas to Durham or Darlington.

Councillor Kay advised that despite living less than a mile away from Bishop Auckland Hospital, he had to travel to Darlington for some urgent care. After being triaged he was not seen for four hours, and he expressed concern that there were certain individuals for which this would be unacceptable. He considered that Bishop Auckland should have been considered as part of the plans to extend A&E services.

The Assistant Director of Assurance and Compliance advised that it was difficult to comment on individual case without knowing what was happening in that hospital at that time but clinical indicators on triage or emergency situations could lead to patients being re-categorised and subjected to longer wait times.

In response to a query from Councillor Andrews, the Associate Director of Nursing (Patient Safety) advised that Nurse Practitioners, were able to give drugs for sepsis but in certain circumstances, such as where sepsis was of a known origin, but there may be an issue with resistance to antibiotics or administering the incorrect type if the origin of the infection was unknown.

In response to a further comment from Councillor Andrews regarding palliative care beds in community hospitals the Associate Director of Nursing (Patient Safety) advised that palliative care was much better in a community hospital environment and patients had the choice as to whether they went there.

Councillor Quinn advised that whilst working in a care home unit she had seen various degrees of pressure ulcers and although rare to see redness appearing there were some really bad cases and in many cases due to people hesitating to contact medical services. During the pandemic people did not want to go to hospital and rises in energy costs and other projected difficulties would impact on nutrition and whilst people were unable to look after themselves, there could be a rise in cases, especially in rural areas where vulnerable people tended to self care.

The Assistant Director of Assurance and Compliance advised that when a patient was admitted in to care an incident report was produced to capture every moisture region and ensure that themes were identified or concerns would be raised.

Councillor Earley queried the priority funding for a new regional body and what other steps would be taken to ensure it came to fruition, should funding be unsuccessful.

With regards to quality, Councillor Earley asked whether any proactive learning data was collated to trigger a warning if it started to fall out of line, especially in relation to, but not limited to maternity.

The Assistant Director of Assurance and Compliance advised that there was a maternity dashboard to report through and a quality insights system for incidents such as falls which would hopefully alert when
leading to worse outcomes and would also ensure that policies were being met.

Councillor Earley referred to the electronic patient record and queried the data sharing between the ambulance service, primary care and 111, and whether it was accessible at Consultant level. The Assistant Director of Assurance and Compliance confirmed that it had not yet been fully developed, but there was some ongoing cross team work on data sharing and understanding the quality of each service to get to emerging trend and national audits, to ensure data was reported.

The Associate Director of Nursing (Patient Safety) advised that the Great North Care Record would ensure that electronic systems were able to provide data across the whole of the North East. With regards to Do Not Attempt Cardio Pulmonary Resuscitate, a copy was sent to NEAS and the aspiration was to ensure patient information was available to all.

In response to a question from Councillor Sutton-Lloyd regarding public consultation, the Assistant Director of Assurance and Compliance advised that he would seek a response from the Head of Communications however regular information such as waiting times, was shared with the public through the website.

Mrs R Gott referred queried the facilities for people with mental health issues that were not comfortable with sharing a ward with other people and the impact that this could have. The Associate Director of Nursing (Patient Safety) confirmed that an identified priority was to upskill staff regarding the needs for patients with physical disabilities or mental health issues, and how to manage the pressures of side rooms, whilst understanding severe impact hospitalisation could have on mental health.

Councillor Higgins had not had an unpleasant experience after a hospital stay, but he was concerned about the dangers of sepsis and suggested that more information should be shared in surgeries to warn of the symptoms and seriousness. The Associate Director of Nursing (Patient Safety) confirmed that there had been a national campaign on sepsis a few years prior and she would ensure that communications were sent to GP's to continue to inform the community.

With regards to capacity and pressures on A&E wait times, Councillor Higgins queried the decision to close a walk-in centre in his ward which had been open 24 hours and suggested decisions such as this should be reconsidered to reduce pressure on A&E.

Councillor Robson queried whether there was any additional capacity within the hospital for beds or nursing staff that would improve turnaround times for ambulances.

The Associate Director of Nursing (Patient Safety) advised that there was never a great deal of capacity, whether it was beds or staff in order to expand safely. There were plans to open up additional beds on new wards in Durham in the Autumn and the reason it would take so long as the issues with recruitment. There were protocols to escalate patients and allow additional beds if it was safe to do so. The Associate Director of Nursing (Patient Safety) confirmed that it took three years to qualify as a nurse, followed by 6-12 months of training.

The Director Integrated Community Services advised that managing patients in hospitals was an hourly process in which consideration was given to pressures and risks. There were regular meetings throughout the day and at night in order to ensure the safe discharge of patients, however consideration also had to be given to staff availability.

With regards to community hospitals, there were an increased number of beds that nurses could attend to safely, with one qualified member of staff per eight beds however the ward could not open any additional beds if there was not a 1:8 staff ratio as it would be unsafe to do so.

To reduce beds, would require reducing admissions by utilising GP's and social care and in extreme circumstances other hospitals were asked to take patients, an example was a recent bank holiday when NEAS were diverting patients to the QE at Gateshead or North Tees to divert patients and equally Durham assisted other hospitals when needed.

In response to a question from Councillor Robson as to whether there was any way the Council could assist and the Director Integrated Community Services confirmed that working together in crisis, supporting care homes with initiatives such as sharing nursing capacity, and the use of consistent methods of communication.

Resolved

That the content of the report and presentation be noted and member comments be incorporated into the Committee's response to the CDDFT's Draft Quality Account for 2021/22.

9 Presentation of Tees Esk and Wear Valleys NHS Foundation Trust

The Committee received a joint presentation of A Lowery, Director of Quality Governance and Dr C Lanigan, Associate Director of Strategic Planning and Programmes (for copy see file of minutes).

Members were advised that the draft report would be circulated to Members in the forthcoming days and that he would provide an update to the Committee in 6 months.

Councillor Kay noted that the cohort that the data had been collated from seemed to be inpatients only and the Director of Quality Governance advised that it was primarily inpatient data, with some some community data however the mental health trust was split equally between community funding and inpatients with much of the inspection issues over the previous two to three years being inpatient focused.

In response to comments from Councillor Kay regarding the CQC inspection of West Lane Hospital which had been subsequently closed and he hoped that lessons had been learned. The Associate Director of Strategic Planning and Programmes advised that the facility had been reopened at Acklam Road, Middlesbrough and was managed by a different Trust. After the closure of West Lane, Durham children were admitted to Prudhoe, then Middlesbrough however Acklam Road had taken admissions since Christmas which had reduced travel and he confirmed that although very few children needed inpatient beds, the replacement unit was off to good start.

Ms Gott noted that the figures did not seem to be addressing patients in the community and asked for a breakdown of inpatients and those cared for in the community.

The Associate Director of Strategic Planning and Programmes confirmed that 90% of patients were cared for in the community however due to a few challenging CQC inspections over recent years, the Trust had focused on making improvements to inpatient areas with a community mental health transformation. The proposals would ensure that people in the community could access treatment earlier and additional national funding had assisted to improve that area and reduce numbers of inpatients.

Ms Gott had concerns about the closure of Primrose Lodge in Shildon as if they did end up at capacity, patients would be moved back to a hospital environment, however the Associate Director of Strategic Planning and Programmes advised that the changes within the service would allow more community based intervention to avoid admissions and he also highlighted that some of the previous admissions were not for rehabilitation but utilisation of beds with people who required other treatments.

With regards to the closure of Primrose Lodge, the paper which had been circulated included all of the data including that the Trust had had invested significantly in home treatment to enable people to remain at home. The investment was way above the national average and the Trust was confident that

the bed reduction was compensated. It also confirmed that the premises at Primrose Lodge was not fit for purpose.

The Principal Overview and Scrutiny Officer advised that there had been an internal TEWV FT working group to consider the issues regarding the transition between Children and Adults Mental Health Services and he queried whether any evidence as to whether the project had been progressed and improvements made.

The Associate Director of Strategic Planning and Programmes advised that transition panels, although not perfect had improved the transition which was why there was no data recorded. The Director of Quality Governance advised that the transition panels included representation from education and the local authority and if any issues could be picked up early to ensure seamless transition. There had been a number of events to look at partner transition, which had been put on hold due to the pandemic however there were plans to reinvigorate.

Councillor Savory confirmed that there were serious delays in mental health referrals to CAHMS and the time taken for diagnosis and treatment, and school children had been impacted due to the pandemic. Even the time to get an initial appointment had resulted in a long waiting list.

The Associate Director of Strategic Planning and Programmes advised that due to the pandemic, mental health had declined with children and young people, there had been an increase generally but also a spike in eating disorders. It was a difficult area for improvement with a shortage of mental health workers before the pandemic, however there were improvements such as the opening of a medical school in Sunderland and despite taking seven years to train doctors, the fact that the government had invested in new teams to support mental health would see an improvement in the long term.

There was also recruitment and training in the workforce which was not in place across the whole county but every year more people were being trained and eventually it would be at a stage where there was a level in schools offering support at the very early stages of becoming unwell. The new service would start to make a difference and changes such as the keeping in touch service, which checked in on young people on the telephone to ensure they were not deteriorating assisted to improve the overall service. Staff levels were insufficient to meet demand and the CQC had commented on the high caseload and many clinicians had too many cases but with difficulties in recruitment and people tempted elsewhere by signing on bonuses. More recently there had been recruitment through apprenticeships, with the government apprenticeship levy however as fast as people were being recruited, there was another cohort of people reaching retirement age.

The Principal Overview and Scrutiny Officer advised that the Children and Young People's Overview and Scrutiny Committee had identified the issues of waiting

times, capacity and demand in CAMHS and an item would be considered by them in the new year and an invite extended to this Committee.

Councillor Howey was concerned at the number of people that were anxious about leaving the house post pandemic and wondered how to get counsellors back in GP surgeries and in the community. So many people were training in colleges, and they needed to be utilised.

The Associate Director of Strategic Planning and Programmes confirmed that a number of surgeries were working with voluntary sector organisations to provide counselling services such as Talking Changes but this service was not suitable for everyone and face to face appointments were needed.

The Associate Director of Strategic Planning and Programmes confirmed that CAMHS were receiving additional funding to allow expansion in 2023 and the Council had signed a seven year with the voluntary sector in order to be more flexible and less formal, moving towards the stage where people were given initial help and advice, moving on to the statutory service if that didn't work.

Resolved

That the content of the report and presentation be noted and member comments be incorporated into the Committee's response to the TEWVFT's Draft Quality Account for 2021/22.

10 Mental Health Strategic Partnership Update

The Committee received an update of the Chair of the County Durham Mental Health Strategic Partnership (for copy see file of minutes).

Resolved

That the update be noted.