

DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Friday 15 July 2022 at 9.30 am**

Present

Councillor P Jopling (Chair)

Members of the Committee

Councillors J Howey, V Andrews, K Earley, D Haney, J Higgins, L A Holmes, L Hovvels, C Martin, S Quinn, K Robson, T Stubbs and B Coult (substitute for M Simmons)

Co-opted Members

Mrs R Gott and Ms A Stobart

1 Apologies

Apologies for absence were received from Councillors Gunn, Savory and Simmons.

2 Substitute Members

Councillor Coult was present as substitute for Councillor Simmons.

3 Minutes

The Minutes of the meeting held on 9 May 2022 were agreed as a correct record subject to the following amendments;

- Councillor Earley referred to the minute that suggested that NEAS had an ambition to replace the existing UHND A&E facility, which should have referenced the ambition as that of CDDFT.
- Councillor Earley also advised that he had been quoted as querying the priority funding for a new regional body, when in fact he had queried funding for the UHND A&E facility.
- Councillor Higgins advised that the walk in centre that was closed was in a neighbouring ward and not within his own as stated.

4 Declarations of Interest

Councillor Haney declared an interest in item no. 10 as he was a Public Governor on Tees, Esk and Wear Valley NHS Foundation Trust.

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

5 Any Items from Co-opted Members or Interested Parties

Mrs R Gott advised that she had concerns with regards to the slotting in of staff on the Integrated Care Board and the potential impact on services. She also highlighted concerns around pressures being experienced within mental health service provision citing her own personal experiences.

David Gallagher, Executive Director of Place Based Delivery (Central and Tees Valley) North East and North Cumbria Integrated Care Board reported that the process of slotting in staff to the new organisation was being undertaken in accordance with NHS “Agenda for Change” principles and is in keeping with agreed HR protocols.

In respect of Mrs Gott’s concerns regarding mental health, Jennifer Illingworth, Care Group Director, Tees, Esk and Wear Valleys NHS Foundation Trust suggested that these could be discussed outside of the formal Committee.

6 Shotley Bridge Hospital Update

The Committee received a presentation of Dr J Steele, Clinical Lead, County Durham and Darlington NHS Foundation Trust, which provided an update with regards to the reprovision of Shotley Bridge Hospital (for copy see file of minutes).

Members were advised that the scheme was clinically led with ongoing public and key stakeholder engagement. In terms of services, Dr Steele advised that there would be no significant changes and that a site had been identified 1.8 miles from the current site. A timeline was shared with Members and she confirmed that construction would start in December 2023 and the facility would be completed early in 2025.

Councillor Haney advised that people were frustrated and although reassuring communications had been received, he wondered whether the Trust would be willing to attend a public meeting.

Senior Portfolio Lead, Senior Portfolio Lead, County Durham Care Partnership, advised that the Communications Lead had already started Councillor briefing sessions and they were willing to extend the programme to give regular updates and a comprehensive communications plan.

The Clinical Lead added that whilst the Trust were willing to attend meetings and listen to public feedback, there may be services that were unable to be delivered. Councillor Haney added that most people in the town would say that the number of beds was inadequate, however the conversation was necessary, and views should still be considered.

Local Member, Councillor Earley, confirmed that people were contacting him to highlight services the lack of services such as Endoscopy which had been included in other new hospitals, but was unable to be delivered in Durham. He shared his disappointment about the number of beds and suggested that people wanted more individual rooms for various medical and personal reasons. That being said there were positive elements, and he noted the plans for 24/7 urgent care but wondered if it would include GP cover.

The Senior Portfolio Lead, advised that the number of beds had been determined by clinicians who had disagreed with the New Hospitals Programme guidance for 100% single bed occupancy rooms and a mix of eight single rooms with two four bedded single sex bays was considered more appropriate, especially given the social interaction requirements for rehabilitation patients.

With regards to the rationale behind the decision not to open a new Endoscopy Suite, the Clinical Lead advised that she was not partial to the reasoning, but confirmed that it would have been based on a clinical analysis, of which more detail would be provided after the meeting.

The Senior Portfolio Lead advised that had been some concerns regarding the use of Endoscopy as a diagnosis tool as this process was not particularly pleasant and the budget did not have the ability to provide this treatment at Shotley Bridge.

Councillor Andrews added that endoscopy in North Yorkshire had been moved from community hospitals as an on-site Anaesthetist was required to perform the procedure which was not always possible.

The Lead Clinician added that patients requiring diagnosis tended to be frailer and more at risk of having serious complications whilst undergoing this type of investigation and whilst most were performed with no issue, some could result in a crisis. Councillor Earley responded that if age and frailty were high risk factors the Trust could implement an age limit and other risk management measures.

Denise Alexander, Interim Project Lead, Healthwatch County Durham, referred to the involvement of Healthwatch County Durham in the new project particularly in respect of public engagement and communications. Further discussion would take place around future ongoing engagement activity linked to the project.

Councillor Hovvels wanted to record her gratitude to everyone involved in the process as it had been a long time since the initial discussions. She also emphasised the importance of community engagement.

Councillor Howey asked whether the plans would affect the mental health provision that was already situated at this location. J Illingworth, Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust, advised that Derwent Clinic was on a site owned by the Trust and separate from the hospital. Whilst the building was not in a good state, there were no plans to move out nor was there a suggestion that the clinic would be moved from the area.

Councillor Haney added that earlier in the process, consideration had been given to a new clinic in order to try and secure more space, however the space required could not be offered, therefore it had not materialised.

Councillor Martin confirmed that the previous update the Committee had received had confirmed that the plans were subject to around 12 months delay and there was a risk that funding would be lost if they were not delivered.

The Senior Portfolio Lead confirmed that the delay was around six months as this was a complex, clinically led programme of work and main hospital sites were extremely busy and the NHS had undergone many changes. Despite being an outline business case, there were additional criteria to meet for the full business case which were being included at this stage.

With regards to the timing, the scheme had to be delivered by the end of 2025 and there were no issues doing that. A design and build contract was being procured and the process of starting on site was beginning.

In response to a comment from Councillor Martin, the Senior Portfolio Lead confirmed that the changes in the NHS that were causing the delay were not related to the change from CCG to ICB but related to the new Hospital Programme, many of which were major hospital builds and also the discussions regarding the criteria for community hospitals versus acute.

Resolved

That the presentation be noted and regular updates be brought back to future meetings of the Committee.

7 Integrated Care System Update

The Committee received a presentation of D Gallagher, Executive Director of Place Based Delivery (Central and Tees Valley) North East and North Cumbria Integrated Care Board which provided an update on the Integrated Care System (for copy see file of minutes).

Councillor Hovvels commented on the simple way the presentation had explored such a complex new way of working and the message had to continue to be shared as such in order for people to understand.

Councillor Holmes asked how it was possible to ensure fair attention was given to all areas in the North East and Cumbria and not just cities such as Newcastle and Carlisle. The Executive Director of Place Based Delivery advised that the link with Health and Wellbeing Board would continue and the majority of the work would continue to be done locally. An Integrated Care Partnership (ICP) had also been established from across the North East and North Cumbria, bringing together 13 local councils, hospitals, community services, primary care, hospices, and voluntary, community and social enterprise (VCSE) organisations and Healthwatch across the region.

Councillor Stubbs queried the number of Senior Managers after the transfer and whether there had been any reductions. The Executive Director of Place Based Delivery advised that the roles were slightly different, but there were likely the same number of posts.

The Interim Project Lead, Healthwatch County Durham advised that all 13 Healthwatch organisations across the locality had been working for more than 12 months to ensure the voice of the patient and public remained and was built into the programme. A lot of work had been done to ensure it was inclusive and the ICB included a seat for Healthwatch Northumberland. The Executive Director of Place Based Delivery added that continuing to ensure the local patient voice was heard was essential.

With regards to integrated services, Councillor Andrews was concerned that this could only work with improvements to social care, ambulance wait times and bed numbers. The Executive Director of Place Based Delivery advised that all partners were working together to consider challenges that would improve the integrated partnership.

Councillor Holmes was aware that big hospital projects would need to be considered by the ICB, but queried how much control they had over services offered in hospitals. The Executive Director of Place Based Delivery confirmed that as contracts moved across from CCG's to ICB, they would take on the role of working with local people and stakeholders to make sure they were delivered. There would be no change, but more leverage over providers if they were not providing the expected level of service.

Councillor Howey was concerned that bigger hospitals with more specialist needs would result in the deterioration of services provided in Durham. She asked whether the ICB would need to consider proposals such as Bishop Auckland A&E and the Executive Director of Place Based Delivery advised that first the Trust

would need to support the proposal and a business case be approved ICB. This type of proposal would also need national approval and the process had not changed. There were no plans to downgrade the acute hospital and he highlighted that patients were also transferred from Newcastle and other areas into Durham. In response to a final question from Councillor Howey, he confirmed that the extension to Durham A&E would need to be approved by the ICB.

The Principal Overview and Scrutiny Officer advised that the Committee and other Committees had well-established positive relationships with the former CCG and knew who to contact for service information and member queries. He sought assurances that during the transfer of responsibilities that information on key points of contact and service staff these contacts and positive relationships would continue.

Resolved

That the presentation be noted and regular updates be brought back to future meetings of the Committee.

8 Draft Pharmaceutical Needs Assessment 2022-25

The Committee received a report of the Director of Public Health which provided details regarding the publication of a Pharmaceutical Needs Assessment 2022-25 (for copy see file of minutes).

C Jones, Public Health Pharmacy Adviser advised that there had been 290 responses to consultation which would be combined with response.

Councillor Stubbs asked whether the number of responses from the public was as expected and whether it was a low response rate. The Public Health Pharmacy Adviser confirmed that it was a reasonable response, compared to similar exercises that she had experienced. The biggest response was from the community champion network, which had provided over 600 responses but only 290 had been deemed to be reasonable. They included a mix of individual comments and comments from organisations.

Based on previous history of these type of surveys Councillor Stubbs asked whether there was any evidence that people only tended to fill them in if they were unhappy with a service, which resulted in negative responses. The Public Health Pharmacy Adviser advised that there had been a good balance of responses and people were happy to come forward with approval of service provision. The responses had been reflected in the way those received had been summarised.

The Interim Project Lead, Healthwatch County Durham referred to a survey carried out in 2019, in which 90% of the feedback had been positive. There were suggested improvements and services that customers would like to have delivered,

to be followed up in March 2020 however due to the pandemic, could not be done face to face.

Councillor Hovvels referred to the important role of Pharmacists that enabled patients to self-diagnose and predicted it would be more demanding in future due to the difficulties in getting appointments. The Public Health Pharmacy Adviser advised that there had been national changes and more services were able to be offered by Pharmacies, such as assisting with prescribed medicines, or support with minor illnesses and screening. Councillor Hovvels confirmed that there were many welcome changes to the service during the pandemic, in particular the offer of delivery.

Councillor Holmes confirmed that there were still some issues regarding repeat prescriptions and stock levels and wondered what could be done to ensure the necessary stock was kept in order to provide repeat prescriptions. The Public Health Pharmacy Adviser advised that there was a national issue with intermittent issues affecting supply chains. There were a host of processes and procedures to protect supply chains and provision for GP's to supply suitable alternatives where possible.

Councillor Quinn queried the consultation process and the options available to respond to the survey and how it had been advertised. She had been notified as a community champion, but not as a customer in the pharmacy.

The Public Health Pharmacy Adviser confirmed that pharmacies had not been used as a conduit due to their existing workload, however they had consulted with the Local Pharmaceutical Committee and used networks such as Healthwatch, Durham County News, and the voluntary care sector for advertising purposes. The consultation itself was available online but there was a facility to assist people filling it in.

Councillor Quinn was concerned that if there were supply issues, people may choose not to take regular medication. The Public Health Pharmacy Adviser confirmed that there were clinical exceptions within national guidance that allowed patients to access alternatives in consultation with their GP.

The Principal Overview and Scrutiny Officer advised that the item had been brought to Committee to allow Members the opportunity to provide a response and all comments raised would be included.

The Committee also agreed to support the findings of the HWB included in the executive summary for the provision of future pharmaceutical needs and improvements.

Councillor Earley added that the Council should do everything they could to support this service, which had in the past been underutilised.

Resolved

That the report be noted and comments submitted with regards to the Draft Pharmaceutical Needs Assessment.

9 Q4 2021/22 Performance Management Report

The Committee considered a report of the Corporate Director of Resources which presented 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 at the end of quarter four, January to March 2022 (for copy see file of minutes).

The Council had been shortlisted for the LGC Award 2022 in the Public Health category for work on health, especially mental health and the winner would be announced later in the week.

Councillor Quinn referred to the free courses and community-based activities which had been attended throughout the year and confirmed that she had attended some of the sessions and highly recommended them. There was some fantastic work within communities to ensure people were getting out and participating in physical exercise.

Councillor Quinn went on to suggest that educating young mothers and ensuring they had skills to cook healthy meals was a vital programme that could improve health and wellbeing.

With regards to long and independent lives Councillor Coulter referred to figures regarding participation in sport and physical activity and inactivity and asked whether there was any further information that could indicate what was preventing 30.8% of the population from participating. She also queried whether there were any hotspots within the County.

A Harrington, Strategy Team Leader advised that it was difficult to get weighted data however she would liaise with colleagues in Public Health to see if they had a better understanding. She advised that a physical activity strategy was being developed and should be provided to the Health and Wellbeing Board in July 2022.

With regards to hotspots in localities, the Strategy Team Leader was unable to confirm whether any intelligence could be shared, but she would investigate.

Councillor Hovvells confirmed that there were issues with transport, especially in rural communities and due to the increased cost of travel and the cost of living crisis, people would be more under pressure and this would impact on people's

health and wellbeing. Despite the events being free, there were still costs associated with attending them which could prohibit participation.

Councillor Howey asked whether the benefits of walking could be promoted to those who lived in rural communities and parents who were driving children to school. The Strategy Team Leader confirmed that she was aware that where possible schools promoted walking to school and the Council promoted physical activity as much as possible through their website, however there were often costs involved that restricted certain types of promotion.

Councillor Quinn agreed that every school could be involved in walking to school campaigns, such as the walking school bus. This had been popular a number of years prior, but it relied heavily on volunteers. Elected Members would help where possible as obesity rates were extremely high in school children and a lot of parents were unemployed yet still relying on cars.

The Chair added that elderly people with painful health problems were restricted when it came to exercise.

Resolved

That the Committee notes the overall position and direction of travel in relation to quarter four performance, the impact of COVID-19 on performance, and the actions being taken to address areas of underperformance including the significant economic and well-being challenges because of the pandemic.

10 NHS Foundation Trust Quality Accounts 2021/22

The Committee considered a report of the Corporate Director of Resources which provided the responses made on behalf of the Committee in respect of NHS Foundation Trust Draft Quality Accounts 2021/22 (for copy see file of minutes).

The Principal Overview and Scrutiny Officer presented a summary of the comments on the Annual Accounts of North East Ambulance Service, County Durham and Darlington NHS Foundation Trust and Tees, Esk and Wear Valley NHS Foundation Trust.

Resolved

That the report be noted.

11 Adults Wellbeing and Health OSC

The Committee received a report of the Corporate Director of Resources which provided an updated draft work programme for 2022/23 (for copy see file of minutes).

The Principal Overview and Scrutiny Officer confirmed that the Committee were recommended to identify a topic for in depth review and it was anticipated that input from the thematic OSCs would be required into the Medium Term Financial Plan MTFP (13) development and beyond.

A Gilmore, Finance Manager (AHS), presented a presentation which explained the involvement of Scrutiny Committees in the development of savings options on MTFP(13) (for copy see file of minutes).

The recommendation was that thematic OSC's considered options for efficiency savings and/or opportunities for generating additional income with their thematic service areas, which would be considered for inclusion by Cabinet.

Councillor Stubbs confirmed that elected members would undoubtedly have ideas and proposals that they could contribute towards this process, however the role of the Committee was to scrutinise proposals and he wondered if there would be a conflict of interest.

Councillor Hovvels objected to the proposal as she determined it to be contrary to the role of the Committee. The fundamental role of Scrutiny was to scrutinise services and make recommendations. Scrutiny Members had never previously been involved in contributing towards decisions, it was the remit of the Cabinet. She also questioned whether it was constitutionally sound.

Councillor Earley commented that to do this properly, Members would need a lot of financial data, which would be an awful lot of additional work and pressure on Officers.

The Chair advised that the idea was that Members would have more of an input on where savings could be made at a local level.

Councillor Andrews considered that it would be difficult for the Committee to scrutinise or provide feedback on an item they had already contributed to.

Councillor Martin confirmed that there was no restriction in the Constitution to prevent this proposal and the Committee were only being asked to contribute ideas. This was a tool that could be utilised for Councillors to feel more involved in the process.

Councillor Higgins saw this as an exercise to form a workshop and come up with ideas for Cabinet, that they would potentially then be asked to scrutinise. He objected on the basis that Members could not scrutinise proposals that they had put forward as suggestions.

Councillor Martin suggested that as Members were not in agreement on the recommendation to set up a task and finish group to review activity on MTFP(13) that a motion be put forward.

Councillor Martin then proposed to accept all recommendations in, seconded by Councillor Stubbs.

Councillor Hovvels advised she was against any proposal to set up a task and finish group to review activity on MTFP(13).

The Principal Overview and Scrutiny Officer confirmed that the Council's Constitution allowed for Overview and Scrutiny to consider the Council's budget and assist the Executive in the development of the Council's annual budget and review and scrutinise budgetary management. This role was led by the Corporate Overview and Scrutiny Management Board but thematic OSCs had been asked to consider contributing to this process this year.

In terms of the motions put to Committee, the Principal Overview and Scrutiny Committee advised that decisions of Scrutiny were usually made by consensus but given the opposing views expressed by members at the meeting it was appropriate to vote on the respective proposal/recommendation.

Upon a vote being taken it was

Resolved

- (i) That the proposed Adults Wellbeing and Health OSC work programme for 2022/23 be agreed; and
- (ii) That a task and finish group be established to review activity on MTFP(13).