

## **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 November 2022 at 9.30 am**

### **Present**

**Councillor P Jopling (Chair)**

### **Members of the Committee**

Councillors J Howey, V Andrews, R Crute, K Earley, O Gunn, J Higgins, L Hovvels, C Martin, S Quinn, M Simmons and T Stubbs

### **Co-opted Members**

Mrs R Gott and Ms A Stobbart

### **Co-opted Employees/Officers**

Project Lead G McGee, Healthwatch County Durham

## **1 Apologies**

Apologies for absence were received from Councillors I Cochrane, L Holmes, C Kay and A Savory.

## **2 Substitute Members**

There were no substitute members.

## **3 Minutes**

The minutes of the meeting held on 3 October 2022 were confirmed as a correct record and signed by the chair.

## **Matters Arising**

The Principal Overview and Scrutiny Officer advised that further to the question raised at the previous meeting by co-opted member A Stoddart on the topic of vaping, an informal session on smoking cessation and tobacco was to be held on 16 December 2022.

## **4 Declarations**

There were no declarations of interest.

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

There were no items from co-opted members or interested parties.

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

The Committee received a presentation by S Burns, Director of Place (County Durham), North East and North Cumbria ICS and Central Integrated Care Board which provided members with an update on the Integrated Care System (for copy see file of minutes).

An Integrated Care System (ICS) includes all of the organisations responsible for public health and wellbeing working together to plan and deliver services for communities. The ICS is not an organisation, it works through the following two bodies:

1. Integrated Care Board (ICB) – a new statutory NHS organisation that will take on the responsibilities of the eight Clinical Commissioning Groups (CCGs) and some of the functions held by NHS England. The ICB will also work at ‘place level’ in each of the 13 local authority areas with a range of partners;
2. Integrated Care Partnership (ICP) – a joint committee of the ICB, and the 13 local authorities responsible for developing an integrated care strategy for the region.

Councillor Earley highlighted some of the issues of concern amongst residents including wait times at accident and emergency (A&E) and delayed discharge and asked whether the ICB could help to address these concerns. The Director of Place confirmed that developing a new A&E department was a priority for the University Hospital of North Durham, but that national funding was required to do so. S Jacques, Chief Executive of County Durham and Darlington NHS Foundation Trust (CDDFT) confirmed that the ICB had recognised the issues at the A&E department and were treating this as a priority.

In response to concerns expressed by Councillor Earley regarding delayed discharge, the Director of Place noted that whilst there was no simple solution, Place would continue to manage the concern and further discussions would take place with the relevant teams.

Councillor Gunn noted that whilst some residents praised the services of the NHS, a lot of residents lacked confidence in the system and social media often emphasised the areas for concern. She stressed that there needed to be a focus on restoring the confidence that had been lost by residents and that communication was key in doing so. The Director of Place advised that a plan

which had been informed by residents had been developed by the former CCGs, she confirmed the ICB were now responsible for the plan and that the concerns and views of residents would continue to be heard and carried forward. She highlighted the challenges that the NHS faced, particularly following the COVID-19 pandemic, and explained it would take some time for the service to fully recover.

Councillor Quinn expressed concern regarding wait times for A&E and the damaging effect that social media had on the NHS. She gave examples of poor communication from hospitals when patients were discharged to nursing homes and stressed that the issues with communication needed to be addressed urgently. The Director of Place agreed that communication was vital and confirmed that a member of the ICB would contact Councillor Quinn outside of the meeting to discuss her concerns further.

In terms of dentistry, Councillor Quinn emphasised the difficulties residents were experiencing booking appointments and that this had led to residents presenting at A&E. She felt that dentistry, instead of advancing forward, was in her opinion going backwards. She also noted the importance of pharmacies, and that people must be re-educated to contact pharmacies in the first instance.

Co-opted member R Gott gave an example of delayed discharge due to a patient waiting for medication and stated there was no joined up working between the different teams, particularly the teams for mental health and physical health. She also noted that the presentation the Committee had received did not include any information on public involvement. The Director of Place clarified that residents' concerns and views had informed the plan that had been initially developed by the CCGs and it was important for the ICB to continue to get the views and experiences from residents to further enhance the plan.

Councillor Howey asked given the high levels of health deprivation and existing health inequalities within County Durham, how can the Committee be assured that Durham will receive its fair and required share of funding it has previously been allocated across health and social care. The Director of Place referred to the upcoming presentation on the North East and North Cumbria Draft Integrated Care Strategy and noted that it included the Core20PLUS5 approach which is designed to support ICSs to drive targeted action in healthcare inequalities improvement. She noted that funding had already been targeted at areas of deprivation, and although this had caused some controversy, it helped to reduce inequalities. Councillor Howey expressed concern that large amounts of funding could be given to the bigger hospitals.

The Chair noted County Durham had an excellent track record for health and social care integration including joint NHS and Local Government officer appointments, integrated team working and pooled budgets and asked if this good practice would be retained and enhanced within County Durham and stated that all want the best for their own area. M Laing, Director of Integrated Community Services clarified

that this underpinned the report that was submitted to Cabinet in September 2022 and included information on acute commissioning and mental health commissioning. He explained the members of the group confirming they were responsible for overseeing the work and that additional appointments were being made. He noted that focus was on services that made a real difference to residents, and that this helped bring services closer together. He advised the Trust was shared with Darlington and highlighted the good work that had recently been done with them.

Councillor Hovvels was pleased to hear about the positive work with Darlington as some residents in County Durham often travelled to Darlington hospital for appointments and procedures. In terms of care and challenges with the workforce, she gave an example of some residents that no longer received their early morning care and that families were providing this care instead, demonstrating the current pressures on the NHS and that the pressure had the potential to impact on staff mental health. The Director of Place accepted that workforce challenges were a national problem but gave assurances that strong relationships existed between the ICB, health and social care, and independent providers, and that all were working together to find a solution.

Councillor Higgins commented that in his opinion, patients received poorer service from the larger hospitals. He stated that some of his residents felt the NHS system was broken when expressing their difficulties in making GP appointments. He expressed further concern with the social care team and his frustration that the team had only one contact telephone number. The Chair asked if Councillor Higgins had a question to ask the Director of Place. Councillor Higgins advised the Chair that he did not have a question but that he wanted to voice the concerns of his residents. The Chair clarified that she did not want stop Councillor Higgins from asking a question but suggested that any further concerns he wanted to raise be e-mailed to the Director of Place. Councillor Higgins felt that he had not been given sufficient time to raise his points fully and confirmed his intention to leave the meeting if he was unable to voice the concerns of his residents. Councillor Gunn and Councillor Crute supported Councillor Higgins viewpoint.

Councillors Crute, Gunn, Higgins and Hovvels left the meeting at 10.20 am.

Councillor Stubbs whilst appreciating the positives of the ICB, noted it was a costly model and requested further information regarding costs. The Director of Place explained that there were previously eight CCGs and that these had been replaced with one organisation that served the whole of the North East area. She offered to seek the comparative costs from the ICB.

The Committee received a further presentation by S Burns, Director of Place (County Durham), North East and North Cumbria ICS and Central Integrated Care Board which provided members with information on the North East and North Cumbria Draft Integrated Care Strategy (for copy see file of minutes).

The Integrated Care Partnership (ICP) is a statutory committee, established by the NHS and local government as equal partners, and involving partner organisations and stakeholders and forms part of the arrangements for the ICS. Each ICP is required to develop an integrated care strategy covering the whole ICP population by December 2022. The structure of the draft strategy focusses on the following areas:

- Vision, Goals and Enablers
- Building on Assets and the Case for Change
- Longer, Healthier Life Expectancy and Fairer Outcomes
- Health and Care Services and Enablers
- Involvement and Delivering the Strategy

Councillor Quinn asked if the draft strategy should include information on COVID-19 as many people were suffering from long covid and some had life-long conditions. The Director of Place stated this feedback was helpful and would be considered.

Councillor Andrews referred to the statement '*a skilled, sufficient, compassionate and empowered workforce*' and noted the shortage of professional staff and the number of years that were involved for professionals to be fully qualified. She asked how this was being managed and whether the ICB was working with universities to help with this. The Director of Place confirmed that the ICB worked closely with Health Education England to plan, recruit, educate and train the workforce and explained there were opportunities for hybrid roles across health and social care which were more attractive jobs for some people. Councillor Andrews asked if additional funding was planned. The Director of Place clarified that unfortunately there were no plans for additional funding and that current funding would have to be prioritised accordingly.

Councillor Howey asked if the ICB were to reform any departments within the NHS to avoid wastage with staff. The Director of Place advised that the ICS needed to be made aware of any issues where staff were not receiving their full allocation of work.

Councillor Earley asked if there was anything that could be done to attract more GPs to work in County Durham and if more investment was needed to be put into practices. The Director of Place advised that there was a range of schemes to help encourage GPs to work in County Durham and included the GP Career Start Scheme. She confirmed that the number of GPs in County Durham was more than other Local Authority areas but that one of the problems was partnership working explaining that support was currently being given to single practices to help them work together and pool their resources. She further noted the Additional Roles Reimbursement Scheme (ARRS) which enabled practices to recruit a wide range of staff.

The Chair asked if it was possible to obtain a directory of key contacts within the ICS/ICB across service disciplines and including commissioning responsibilities. The Director of Place agreed that this information could be provided.

## **Resolved**

That the presentations be noted and the comments raised by members be submitted as the formal consultation response from the AWHOSC to the draft Integrated Care Strategy.

## **7 Winter Planning 2022/23**

The Committee received a presentation by S Jacques Chief Executive of County Durham and Darlington Foundation Trust (CDDFT) which provided members with information on Winter Planning (for copy see file of minutes).

The Chief Executive CDDFT advised that partners were working together to prepare for the winter. She noted the NHS were currently in a period of sustained demand and that public health projections suggest future challenges and stressed it was important that all the system worked well and worked together. Members were informed that the Trust was currently at OPEL Level 4, the highest level of escalation.

The Chair commented it was positive to hear how well local authorities were working together to reduce pressures on services. She highlighted the articles that had appeared in the media recently regarding delayed discharges and that this was due to care packages not being in place on time. The Chief Executive CDDFT confirmed that the service was in the process of creating more community beds in Sedgefield and Chester-le-Street hospitals to ease some of the current pressures and their focus was to ensure hospitals continued to work together to alleviate the pressures.

Councillor Martin echoed the concerns that the Chair had raised regarding delayed discharge and acknowledged how well the NHS had worked together since the COVID-19 pandemic. He stated that failure of the NHS was closer than it had ever been previously and asked how likely the system was to fail and if there was a plan in place for this. The Chief Executive CDDFT explained that it was unlikely that all services would be in that situation at the same time but if failure did occur, she confirmed elective surgery would cease. She stressed that working together was key to suppress pressure and to minimise impact on services. She advised that there was an area of land at the University Hospital of North Durham that was currently being developed before the implementation of the new A&E department and that this was in addition to a large portacabin that was planned to come to Durham in Quarter four. She explained that the NHS were working strategically and had both short-term plans in place in addition to a longer-term strategy and

vision and believed this put the service in a good place and equipped them for future events.

Councillor Martin observed that the Chief Executive CDDFT seemed reassured that the NHS would not collapse this winter. The Chief Executive CDDFT pointed out that if an unexpected event occurred like the COVID-19 pandemic then this could not be guaranteed but clarified that any impact would be on elective care.

M Laing, Director of Integrated Community Services assured the Committee that dynamic management was in place explaining that the hospital discharge team met with the relevant teams including social care at 8.30am each day. He explained that funding of £2.3m had been secured for County Durham and the ICS must report how the funding is to be spent. The Chair asked if the funding was enough to make a real difference. The Director of Integrated Community Services noted that although additional money was always welcome, that services working well together was more important and effective.

Councillor Quinn reassured the Committee that there was a wide range of care available for patients once discharged from hospital and included the care connect service. She also advised that if a patient was admitted to a nursing home that this was not always their permanent residence, as the prime objective was to build patients confidence so that they could return to their home when well enough to do so.

In response to a question from Councillor Howey expressing concerns regarding large hospitals, the Chief Executive CDDFT explained the benefits of the larger hospitals noting that during the COVID-19 pandemic, main acute sites were available for patients to be assessed and the sites allowed multiple professionals to be present. She noted hospitals within County Durham coped better during the COVID-19 pandemic in comparison to other areas.

Councillor Howey gave an example of patients who had to request multiple referrals through their GPs to see the same professional as seen previously. She expressed her frustration with the referral process and asked whether this generated any money. The Chief Executive CDDFT clarified that staff were on block contracts and therefore no money could be generated from the referral process.

Councillor Earley noted that although funding had been secured this year, it may not be received in future years and asked if Members could do anything to support this. The Director of Integrated Community Services advised that at a cabinet level, it was essential to support working together on integration and to recognise good practice and reminded the Committee that a large amount of work was currently taking place within individuals own homes. At a national level, he emphasised the importance of providing feedback to demonstrate how the funding had been used

and to showcase good practice. The Chief Executive CDDFT stressed it was vital that a strong case be made for County Durham.

Co-opted member A Stobbart asked if the NHS were doing enough work around prevention of road traffic accidents. The Chief Executive CDDFT confirmed that procedures were in place to protect public highways and paths to keep people safe. She noted that County Durham was proactive with regards to digital messages on roads which was key to encourage road users to drive carefully. She explained that although road traffic accidents had increased recently, the data was proportionate to the number of vehicles on the road, pointing out that less vehicles were on the road during the COVID-19 pandemic. With regards to adverse weather, the Chief Executive CDDFT advised that a lot was learned from Storm Arwen and the difficulties this presented to individuals and explained that the winter plan included advice on how residents could equip themselves in their own homes.

## **Resolved**

That the presentation be noted.

## **8 CQC Inspection Report**

The Committee received a presentation by P Scott, Managing Director Tees Esk and Wear Valleys NHS Foundation Trust and S Gill, General Manager for Adult Learning Disability Services which provided members with information on the CQC report into Adult Learning Disabilities inpatient services across Durham Tees Valley and a plan for improvement work (for copy see file of minutes).

The Adult Learning Disabilities inpatient services are provided from two sites in Durham Tees Valley which are Bankfields Court in Middlesbrough and Lanchester Road Hospital in Durham. The service is commissioned to provide assessment or medical treatment for persons detained under the Mental Health Act 1983 treatment of disease, disorder, or injury. The presentation summarised the CQC report and the findings and also described the improvement journey since the inspection along with the next steps for the service.

Co-opted member R Gott advised that she had previously worked in mental health and that a significant part of the training was focussed on observation. Considering this, she expressed concern regarding the inconsistency of staff and that some may not recognise the trigger symptoms patients displayed. She emphasised the good work the service was doing but, in her opinion, if staff were not consistent, she could not see how the service could improve. The General Manager stated that these were critical points and that consistent staff had been fundamental for past success of the service and advised that agency staff had not been used until the COVID-19 pandemic. The Managing Director clarified that when agency staff were required, the service endeavoured to use the same staff to ensure consistency with patients. The General Manager noted the challenges with staff



retention due to the difficult nature of the roles and that alternative jobs for similar salaries were available and were not as challenging but stressed that focus of the service was always on the quality of care. Co-opted member R Gott believed that continuity of staff avoided psychiatric emergencies.

Councillor Stubbs highlighted the outcome of the previous CQC report in 2019 had been good and questioned how the service had become inadequate in the short space of time. He noted the control measures that had been put in place and asked if these would enable the service to recognise any future issues early. The Managing Director confirmed that the service had learned a great deal from the recent inspection and had a clearer understanding of the quality of the care patients were receiving daily and advised that the Fundamental Standards Group also met three times per week to review standards. The General Manager confirmed that the outcome of the inspection had provided a good framework to engage with staff and to help staff understand the expectation of the service.

Councillor Howey asked whether any assurances could be given that the service would not be in this position again. She also suggested that staff salaries be increased as if agency staff were required, they would come at a higher cost, and higher paid salaries could help with staff retention. The General Manager commented that retaining the workforce continued to be a priority and that different options were currently being considered in the recruitment strategy. In response to a further question from Councillor Howey, the General Manager advised that it was important for staff to have a voice and stated that the service held staff engagement sessions.

The Managing Director emphasised that the CQC Inspection Report did not reflect what Members would see if they visited the sites at Bankfields Court and Lanchester Road hospital and the General Manager advised that all Members were welcome to visit the sites.

Councillor Earley asked if there could be a future item on the agenda to update the Committee on the progress of recovery. The Chair confirmed that the item would come back to the Committee so that an update on progress could be provided.

## **Resolved**

That a further agenda item is scheduled for the Adults, Wellbeing and Health Overview and Scrutiny Committee to provide members with an update on the progress of the Adult Learning Disabilities inpatient services across Durham Tees Valley.