



Adults, Wellbeing and Health Overview and Scrutiny Committee

Date **Tuesday 7 July 2020**
Time **9.30 am**
Venue **Remote Meeting - This meeting is being held remotely via Microsoft Teams**

Business

Part A

Items which are open to the Public and Press
Members of the public can ask questions with the Chair's agreement, and if registered to speak

1. Apologies
2. Substitute Members
3. Minutes of the meeting held on 5 March 2020 (Pages 3 - 18)
4. Declarations of Interest, if any
5. Any Items from Co-opted Members or Interested Parties
6. Update on the Impact of COVID-19 on Adults and Health Services
 - A) Public Health Response to the COVID-19 Pandemic - Report of the Director of Public Health, Durham County Council (Pages 19 - 48)
 - B) County Durham Care Partnership System Response to the COVID-19 Pandemic - Joint report of the Joint Head of Integrated Commissioning, County Durham Integrated Community Care Partnership and Head of Adult Care, Durham County Council (Pages 49 - 92)
7. Refresh of the Work Programme 2020/21 for the Adults Wellbeing and Health Overview and Scrutiny Committee - Report of the Corporate Director of Resources (Pages 93 - 110)

8. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

Helen Lynch
Head of Legal and Democratic Services

County Hall
Durham
29 June 2020

To: **The Members of the Adults, Wellbeing and Health Overview and Scrutiny Committee**

Councillor J Robinson (Chair)
Councillor J Chaplow (Vice-Chair)

Councillors A Batey, R Bell, L Brown, P Crathorne, R Crute, T Henderson, E Huntington, P Jopling, C Kay, K Liddell, S Quinn, A Reed, A Savory, M Simmons, H Smith, J Stephenson, O Temple, T Tucker and C Wilson

Co-opted Members: Mrs R Hassoon

Co-opted Employees/Officers: Healthwatch County Durham

Contact: Jackie Graham Tel: 03000 269704

DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Thursday 5 March 2020 at 9.30 am**

Present

Councillor J Robinson (Chair)

Members of the Committee

Councillors J Chaplow, A Batey, R Bell, L Brown, P Crathorne, R Crute, T Henderson, E Huntington, P Jopling, S Quinn, H Smith, J Stephenson and O Temple

Co-opted Members

Mrs R Hassoon

Also Present

Councillor L Hovvels

1 Apologies

Apologies for absence were received from Councillors A Reed, M Simmons and T Tucker.

2 Substitute Members

There were no substitute members.

3 Minutes of the meeting held on 17 January 2020

The minutes of the meeting held on 17 January 2020 were agreed as a correct record and signed by the Chair.

The Principal Overview and Scrutiny Officer informed the Committee that a letter had been sent to the Cabinet Member for Adult and Health Services, Councillor Hovvels containing the views of the Committee on the draft Joint Health and Wellbeing Strategy 2020-2025 that would be considered at the Health and Wellbeing Board. The Children and Young People's Overview and Scrutiny Committee had also submitted comments on the draft strategy.

4 Declarations of Interest, if any

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 Media Issues

The Principal Overview and Scrutiny Officer referred members to the recent prominent articles and news stories relating to the remit of the Adults, Wellbeing and Health Overview and Scrutiny Committee.

'Coronavirus: Health Chiefs issue advice as guidance on disease continues to change' (Sunderland Echo – 30 January 2020) related to the continued changes in advice offered by Health Chiefs in relation to the Coronavirus. This related to the Health Protection Assurance report on the agenda and to be presented by the Director of Public Health.

'Paramedic recruitment targets to be hit' (Northern Echo – 27 January 2020) related to ambulance chiefs being on track to exceed their targets for new paramedic recruits for the year. The move came as part of plans to have 38 extra ambulances, but 20 fewer rapid response cars and 9 fewer intermediate-tier vehicles. This related to the NEAS Audit of National Ambulance Response Standards report on the agenda and would be presented by the Associate Director for Marketing and Communications.

'Ward 6 and stroke unit at Bishop Auckland Hospital saved' (Northern Echo – 31 January 2020) related to health officials withdrawing proposals to close two hospital wards due to unprecedented demand for inpatient beds. This item would be presented by the Head of Integrated Commissioning, DCC/Durham CCGs.

Future of Shotley Bridge Hospital remains uncertain, as plans to move it to Consett steelworks emerge' (Evening Chronicle – 11 February 2020) related to NHS chiefs reviewing the future of Shotley Bridge Hospital with the option of services being moved to the former site of Consett's steelworks. This related to item would be presented by the Head of Integrated Commissioning, DCC/Durham CCGs.

Councillor Temple wanted to know what the role of the Adult, Wellbeing and Health Overview and Scrutiny Committee was in relation to the Coronavirus.

Councillor Robinson explained that the Director of Public Health would provide an update on the coronavirus from the County Councils perspective within agenda item 7.

The Principal Overview and Scrutiny Officer noted that an update would be given in agenda item 7 on the Health Protection Assurance Report 2018/19 followed by an update from the Director of Public Health on Coronavirus as this fell under the remit of Health Protection Issues. He added that the same concerns had been raised at the recent Health and Wellbeing Board and this meeting was an opportunity to gain a response from the Director of Public Health. He noted that the committee would periodically review the situation as developments arose with verbal updates from the Director of Public Health at future meetings.

Resolved

That the verbal presentation be noted.

7 Health Protection Assurance Report 2018/19:

The Committee considered a report of the Director of Public Health County Durham that updated Members on health protection assurance arrangements in County Durham.

The Director of Public Health gave an overview of the Health Protection Assurance report 2018/19 that included updates from the implementation of the health protection action plan that was overseen by the Health Protection Assurance and Development Group (HPADG). She informed the Committee that the HPADG met quarterly and sought assurance on five main strands of health protection:

- Screening programmes
- Immunisation programmes
- Outbreaks and communicable diseases
- Strategic regulation interventions
- Preparedness and response to incidence and emergencies

The Director of Public Health updated the committee that a good local response had been achieved to the screening programme with the number screened for cervical cancer being higher than the national figures for England. A campaign was to be launched to encourage a higher number of people to attend the free screening sessions. The immunisation programme had received a higher rate of staff within the Aycliffe Secure centre being vaccinated and there was a higher percentage in Durham for childhood immunisations due to the outbreak of measles and mumps. There had been a flu campaign launched to target people at risk to encourage people to have their flu jabs. An update on the flu programme would be given at a future committee meeting. The Infection control nurses worked with care homes and prisons which were particularly challenging with the management of Tuberculosis (TB). She added that sexual infection rates were lower than the national average.

Councillor Bell referred members to paragraph six within the report regarding a working group that had been established to raise awareness and increase the uptake in vaccinations. He queried if there was a good handle of vulnerable groups and knowledge of who to target with regards vaccinations and if the group had success in increasing the uptake on vaccinations.

The Director of Public Health affirmed that the Flu Prevention Board had been tasked to identify vulnerable at-risk groups to offer vaccinations that included those over 65 year olds and pregnant woman. The group had identified a supply shortage in October within the childhood vaccination programme but data collected would help to plan for next winter. The full evaluation for the vaccination programme for the year was not available yet but the intelligence gained would feed into the coronavirus action plans. The Chair suggested that the full evaluation report for the vaccination programme be brought back to this Committee when available.

Councillor Chaplow was concerned that TB was evident in the prison service as she thought the disease had been eliminated.

The Director of Public Health noted that although TB was evident in the prison service it was at low levels and the spread of the bacterial infection was connected to people living in close proximity to each other.

Councillor Chaplow was worried that children were immunised against the disease at the age of 12 but this had now stopped.

The Director of Public Health confirmed that the disease was not at a level that required immunisations and that was why children no longer received it.

Councillor Temple congratulated the Director of Public Health on the good figures that were shown within the report.

Councillor Robinson felt that the coronavirus should be discussed at future committee meetings along with screening figures. He thought the screening results were excellent for Durham with 70% being screened for breast cancer and 80% for cervical cancer which were both above the national average but he was anxious that there were still people who were not being screened at all.

The Director of Public Health advised the committee that NHS England were reviewing the screening process to look at the inequalities and fair access to the programme as there had been a change in life expectancies. She felt that it would be helpful to update the Committee at a future meeting.

Councillor Jopling felt that if people did not want to be screened, they would not go. She believed that there was not enough information on what screening programmes or vaccinations were available to people. She referred members to the report that stated there were vaccinations available against shingles which she was not aware of nor had she seen any information on bowel screening. She deemed the biggest issue was around raising awareness to screening and GP surgeries should illustrate how important screening was.

Councillor Huntington reiterated Councillor Jopling's comments on the lack of information to show what screening was available to people. She felt that it was down to the efficiency of the GP surgeries to get the message across.

Councillor Quinn felt that different GP surgeries promoted different things as she was aware that the shingle vaccination was available and posters illustrating this were displayed in her GP surgery.

Councillor Crathorne was concerned that breast screening for women over the age of 70 was not available and they should be. She had enquired about them as she still wished to take part but was told to ring up and make an appointment when the van was in her area but she was not aware of when it was in her area to make an appointment. She thought it was unfair women of a certain age were taken out of the equation for screening.

Councillor Bell referred members to paragraphs 26-27 within the report that highlighted contingency plans that were already in existence and in place that under normal circumstances would not be realised that would deal with the coronavirus. He felt reassured and commended all the hard work that had already taken place. He was happy that an update on the coronavirus was to be presented at future committee meeting which he would find most helpful.

The Director of Public Health made the Committee aware that the national situation had seen over 16,000 members of the public being tested negative for the virus and it had not been classed as a pandemic but an outbreak. She reported that 85 people had been tested positive in the UK with one case being confirmed in Newcastle. Public Health, England and the Director of NHS, England had been contact tracing to see who they had been in contact with as a measure to contain the virus. She informed the committee that the virus had emerged last year which attacked the respiratory system with flu like symptoms that included a cough, fever and runny nose.

The Director of Public Health stressed that the World Health Service were looking at the virus on a global scale but each Country were looking at it from both a national and local level. The Government were overseeing the virus on a national level with COBRA having met to respond to it and communicate key actions that would be upscaled all the time.

She added that the Government had produced national guidance for the public, colleagues within the NHS, Health and social care workers along with school and transport workers. The links were on the Governments website that was updated on a regular basis with new information.

On a local level within the North East, the Director of Public Health made the committee aware that the North East Influenza framework that was established in 2009 for a potential respiratory new virus was being implemented. The framework would be used collectively as a plan to respond to the virus. Work was being carried out with Colleagues by testing patients, providing advice for people who had recently returned from travelling abroad and self-isolation. At a local level, relations with Public Health England were helping to carry out contact tracing to identify people who had been in contact with the virus to contain it as the transmission of the disease was thought to be from person to person. The localised planning framework also worked across the board with business contingency plans being implemented.

The Director of Public Health informed the committee that within Durham County Council regular updates were being provided for elected members and the local community through communications sent through Public Health, England. The Council had business contingency plans through the Corporate Management Team. She added that the public could protect themselves by good hand hygiene and social distances. She added that work was ongoing to look at the figures that came out of China in relation to the virus. It was thought that it was likely that 80% of the population would become infected but not all would show symptoms or only mild ones. The virus was still being detected in places and anyone experiencing symptoms should contact the 111 service for advice with the potential of self-isolating. She noted that if the virus continued then plans would be moved to cancel big events and close school to promote social distancing.

The Head of Integrated Commissioning informed the Committee that the Durham CCGs' Director of Nursing was coordinating a response across County Durham and the CCGs to support organisations to ensure they all had business contingency plans that were to be constantly refreshed to be able to respond to the virus.

The Deputy Chief Executive, NEAS confirmed that work had already been carried out and the same plans put in place that had dealt with the flu pandemic. It was felt they were robust, tried and tested and well-rehearsed to respond to the coronavirus. He added that business contingency plans, command and control centres were in place as a regional cell with each area having a local co-ordination that was governed by the National Response Team. He noted that communications were key with a huge press release regarding the 111 service being launched.

The Head of Communications and Charity, CDDFT reiterated comments made by the Head of Integrated Commissioning and the Director of Public Health. She felt that services were well prepared with business contingency plans in place. She was amazed at the resilience at how services were managing and how they responded day to day. She stressed that everything was in place in accordance to national guidance with signage to support and symptoms being tested. She emphasized that residents should contact the 111 service for any advice which was managing well.

Councillor Crute was reassured with the update on the coronavirus that corporate communications were getting the message across. He had been initially concerned as a section of the community were panicking and not realising that things were going on behind the scenes with several organisations involved and how they drew together for the public's health.

Councillor Crute was comforted that the Director of Public Health was at the heart of operations to feed regular updates back to the committee and how far the work had evolved to keep the public updated.

Councillor Batey informed the committee that she had been involved with the hand foot and mouth crisis and knew that all the protocols were already in existence to be used when an emergency arose to serve with assurance. She noted that there had been continued updates on hand foot and mouth to ensure there was not a mass panic in the community. She felt that Members had a role to play to help with the coronavirus to promote the one point of information and the 111 service.

The Director of Public Health stressed that good communication was important to dispel any myths. She advised that joint working was underway with the community and voluntary sectors to support and protect them to ensure that their business contingency plans were in place as they were important to the Council. She added that work was ongoing with the Corporate Director of Adults and Health Services team as the key contact for services and care providers who dealt with the elderly who were at risk with the coronavirus. The team were working closely with the infectious control team to develop guidance for the care sector and planning for the next phase. She advised that the Corporate Director of Adults and Health Services was part of the local planning interface with the NHS, care homes and housing solutions that carried out wellbeing visits as part of the plans to get the message out to the elderly.

Councillor Quinn stated that she was an employee of a nursing home where staff in their day to day duties were diligent in their hygiene especially with barrier nursing. She felt that the day to day policies within these environments would be spot on.

A member of the public was in attendance who voiced his concerns with regards to the coronavirus. He felt that health officials should not be complacent as the issue was not going to go away.

He believed that the situation would not ease with summertime approaching as the virus had originated from hot countries. He thought that health officials should be ensuring that there was enough extracorporeal membrane oxygenation (ECMO) machines and beds in ICT units to cope as the virus took hold as he was concerned that the service was already under pressure.

Councillor Smith explained that an ECMO machine was a machine that kept a patient alive until their heart and lungs had repaired themselves enough that the patient could breathe on their own. She advised the group that the Freeman Hospital in Newcastle had one.

The Head of Communications and Charity, CDDFT reassured the committee that health officials were not being complacent and were constantly reviewing and monitoring the situation to ensure that there were enough beds and contingency plans were being followed to deal with any emergencies.

Councillor Robinson noted that the situation would be a good story for the public on how well partners were planning for every eventuality with the coronavirus.

The Director for Public Health stressed that the message that was being portrayed was that partners were working collectively and pulling together to take the coronavirus seriously.

Resolved

- i. That the report be noted;
- ii. The Flu vaccination evaluation report be brought back to the Committee for consideration when available;
- iii. Regular updates in respect of the Council's response to the Coronavirus outbreak be brought to the Committee.

8 North East Ambulance Service - Post Implementation Audit of National Ambulance Response Standards:

The Chair introduced the Assistant Director of Communications and the Deputy Chief Executive from the North East Ambulance Service (NEAS) who were in attendance to provide a presentation to members regarding the post implementation of the audit of national ambulance response standards in County Durham.

The Associate Director for Marketing and Communications informed the committee that there had been an audit of the ambulance services response standards over the last 12-18 months to see if the service was achieving its response targets. He noted that within the audit, the new targets differed from old one with the new aiming to better prioritise the patient who needed an ambulance response.

A new model of working had been introduced to help reach targets that included a new 12 hour shift pattern, the reduction of rapid response vehicles, the recruitment of more staff, the reduction of night shift crew and the increase in double crewed ambulances.

The Associate Director for Marketing and Communications notified the committee that on some elements the response targets were not being met but certain factors influenced response times like the increase in patients requiring ambulance services during the winter, the hand over with hospitals accepting patients and whether the call was for a category one that was life threatening or a category two that was serious. The ambulance service had relied on the St Johns Ambulance service to help deliver patients to hospital in times of need.

The Associate Director for Marketing and Communications referred members to several charts within the presentation that showed response times compared to the targets set and the forecasted demand. In most cases the demand was even greater than the forecasted demand. He noted that even after the investment and recruitment of staff there were still issues with long waits. On a positive note, the Associate Director for Marketing and Communications told the committee that when benchmarked against other ambulance services it was the most successful, cheapest and fastest ambulance service in category one response times.

Councillor Bell was concerned that the statistics only showed a regional and North East picture of the response times and that they did not reflect rural area response times. He welcomed the increase in resources for the additional ambulances to increase links from urban areas to Durham but was worried on the handover times.

The Deputy Chief Executive, NEAS stated that the statistics were for CCG level of communication. He advised that the rural provision for ambulances was different to that of urban provisions. He added that systems in rural Durham took a Community Paramedic approach that worked well. He noted that over the last two years the NHS had placed health care around the patient to help treat patients in rural communities rather than having them endure long journey times to get to hospitals.

The Deputy Chief Executive, NEAS stressed that the increased resources in Durham had gone into Durham as they were the worst hospital for delays. The integrated care systems (ICS) had raised issues but they had influence and greater traction to ensure that hospital delays and the impact they had were alleviated. The ICS were requesting the Winter Plan for this year by Easter which would be a huge undertaking.

Councillor Robinson noted that following the winter of 2018/19 the Chief Executive, County Durham and Darlington NHS Foundation Trust had attended the committee to provide an update on the pressures winter had brought to the service and the resources that would be deployed to improve things.

The Head of Communications and Charity, CDDFT advised that measures had been set in motion in Durham and though it did remain a challenge comparatively broken down the situation was not as bad as people thought regarding delays.

The Head of Integrated Commissioning supported the comments made by the Head of Communications and Charity, CDDFT as the service was not looked upon as an individual problem but as Durham as a whole. She stressed that working collectively was a good opportunity to present that.

Councillor Batey was concerned with the system that monitored the use of the defibrillators. She gave her division as an example of a defibrillator that had been deployed at a weekend which was not asked to be signed for and the community centre did not realise it had been taken. She wanted to know who checked the host organisation to ensure equipment was returned and pads replaced after use. She thought that additional resources should be put in place so the central system was manned over the weekends.

The Deputy Chief Executive, NEAS stated that staff should be available 24/7 as part of the first responder team. There was an expectation that once a defibrillator was deployed that the machine would be returned in a state that it was ready to be used again if required. He agreed to investigate this further.

Cllr Batey informed the Deputy Chief Executive, NEAS that the incident happened at Ousten Community Centre.

Councillor Temple mentioned that he had been present on the Committee for the past 12 years and was disappointed that hand over delays in hospitals had doubled with knock on effects for the ambulance service. He questioned what the function of the Committee was and what difference the Committee made. He wanted to know what the committee could do considering capital investment, who they could lobby and who within the press could take these items up.

Councillor Robinson requested a definitive answer on whether University Hospital North Durham (UHND) had been given approval to extend their A&E service. The Chief Executive, County Durham and Darlington NHS Foundation Trust had given an update at a previous meeting but no further information had been forthcoming.

The Head of Communications and Charity, CDDFT could not give a definitive answer regarding UHND's plans for an extended A&E. She noted that there was a commitment to the A&E being at Dryburn Hospital and that it required a business case in order to take it forward. She added that there was a lack of resources at present for the project and was waiting for a national response to funding.

Councillor Temple wanted to know if he or the committee as a whole could write to the MP for support to pressure the government to respond regarding 100% investment.

The Head of Integrated Commissioning reassured the committee that the hand over delays had improved in Durham.

Councillor Robinson felt that a case study could be carried out to show how ambulances came into hospitals and how they went back out. He supported the suggestion to write to MPs to ask for support for investment.

Councillor Jopling agreed with Councillor Temple's comments and noted that people did not just go to hospital for emergencies. She thought that the triage service should be stepped up to wheedle out the non-emergency cases so those who really needed help received it.

Councillor Robinson notified the committee that everyone who self-presented to casualty had to be seen irrespective of whether they were non-emergency.

The Head of Integrated Commissioning emphasized that the NHS 111 service acted as the first point of triage treatment and if appointments were required could be booked through the service to reduce the impact on people self-presenting in casualty. She informed the committee that she had been part of an audit on the A&E service that had taken place between the hours of 8am and 10pm that involved talking to patients asking them why they had come in. She added that this was to identify streaming at the front desk to see if patients could be seen in primary care rather than A&E. It was hoped that the culture could be changed to lessen the burden on the A&E services.

Councillor Quinn explained that she had recently had a bad experience at A&E where she had to wait 8 hours with an elderly client from her care home because of the hand over from ambulances as it was grid locked.

Councillor Robinson noted that it was not just in Durham but other hospitals like the University Hospital of North Tees were just the same.

Councillor Crathorne felt that the walk-in service at Bishop Auckland should just be for people to walk in to relieve the impact on A&E. The services at Bishop Auckland should also be pushed more.

The Head of Integrated Commissioning advised that there were services not just in Bishop Auckland but also in Peterlee. The NHS were trying to advertise the message that it was better to talk than walk so they should talk to the 111 service before walking to the A&E department or minor injuries units. She felt that members could help promote this message to residents.

Councillor Crute responded to Councillor Temple's points regarding the purpose of the committee as it was set up to amplify the voice of the public in matters that were important and to drive improvement forward in public services. He agreed that MP's should be contacted and lobbied but it was important that an outcome could be seen. He believed that there was no quick solution for the ambulance service but felt that MP's should be lobbied for improvement but lobbying needed to be followed through on behalf of the public.

Councillor Robinson agreed with Councillor Crute.

Councillor Bell felt that things had got carried away with the Purdah period and was worried that business would not be progressed because of it.

The Principal Overview and Scrutiny Officer notified the committee that guidance had been issued by the Monitoring Officer with regards to Purdah that would commence on 23 March 2020 but that did not mean that it was not business as usual.

Councillor Jopling believed there was a good service provided at Bishop Auckland but people were required to ring 111 to book an appointment. However, she felt that some of the public would not do this as they did not have any confidence in the 111 service. She understood that people had to work more effectively as walk in services would be busier at some points and that an equilibrium had to be found to ease the pressure on Durham.

Mrs Hasoon emphasised the message that if anyone was unwell not to contact doctor surgeries but the 111 service for advice.

The Head of Integrated Commissioning explained that the service at Bishop Auckland had not been a walk in for three years as people would rather have an appointment than wait at a walk-in service. She added that this had been a clinical risk but there was a requirement to get people to the right place which the 111 service could channel people as they provided a triage service to get people the right help.

Resolved

- i. That the report be noted;
- ii. A further more detailed report analysing ambulance response performance across County Durham and A&E handover/triage performance at UHND and Darlington Memorial Hospital be brought to a future meeting of the Committee;
- iii. That County Durham MPs be lobbied to secure the required funding to enable plans for the extension of the A&E Department at UHND to be progressed.

9 Review of Stroke Rehabilitation Services and Inpatient Rehabilitation Services (Ward 6 Bishop Auckland Hospital) Update:

The Committee received a report of the Corporate Director of Resources that provided members with information in respect of the future of Stroke Rehabilitation Services in County Durham and Inpatient Rehabilitation Services at Bishop Auckland Hospital (Ward 6) following cessation of the statutory consultations for both reviews.

The Chair welcomed colleagues from the North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups who were in attendance to provide an update on the review of the stroke rehabilitation services and inpatient rehabilitation services - ward six - at Bishop Auckland Hospital.

The Chair noted that the committee had been actively involved in reviews of stroke services for County Durham since 2011, and in ongoing discussions with County Durham and Darlington NHS Foundation Trust over the future of ward six since initial reports it was to close in late 2018. Throughout the review of stroke services, the committee sought to ensure that County Durham residents had access to the best possible rehabilitation services, and that the time patients spent in hospital was minimised – allowing them to be rehabilitated in an environment in which they felt comfortable – at their home.

As for ward six, the committee had repeatedly asked both the Trust and the CCGs on why changes to inpatient rehabilitation services were necessary and stressed a continued need for care at Bishop Auckland Hospital.

As Chair of the Committee he welcomed the CCG's recent decision to stop the consultation on ward six, ensuring the continuation of this vital service for the community and in terms of the review of stroke rehabilitation was pleased for the residents in Bishop Auckland and the Durham Dales who had welcomed the decision to also cease the consultation on those services. As Chair he looked forward to continued dialogue with both the Trust and the CCGs on how they planned to address the issues which prompted the review.

The Head of Integrated Commissioning stated that the vision for the stroke service and ward 6 has not changed and there was still a keen drive to deliver a high level of service. There had been 23 additional therapy posts in place that specialised in stroke rehabilitation that had received positive feedback from both staff and patients. Ward 6 was to retain 24 led beds for therapy provision. She added that therapy was to be given as much close to the patient's home as possible.

The Stroke Consultant, CDDFT advised that acute services were to be looked at as part of the pathway with increased investment to make real progress to ensure there were positive outcomes for patients who had suffered a stroke.

Councillor Smith felt that the proposals for change should be discussed first to look for path referrals as the outcomes would not be successful if there were staff shortages where therapy could not be provided. She wanted to know how the situation could continue at Bishop Auckland considering staff shortages and what could be put in place to ensure services continued.

Councillor Quinn reiterated the comment from Councillor Smith.

The Head of Integrated Commissioning advised that staff had been consulted with along with specialists recruited to give the best outcome under the current reviews. The outcomes varied with each patient who had suffered a stroke with some experiencing lasting disabilities and with that work was underway to look at optimising the number of patients transferring to Bishop Auckland; carrying out work with the wider team from ward 3 and 4 so staff did not deteriorate; and ensuring that patients were not transferred to acute sites but looked for escalation in other wards like ward 6. She added that this would be a long piece of work to identify fewer inappropriate transfers to ward 6 and acute services.

Councillor Henderson thanked the team for the hard work that had been carried out and was glad that officials had seen the light to withdraw the consultation.

Councillor Bell noted that this was the third improved therapy provision.

The Stroke Consultant, CDDFT advised that work was provided through therapy teams that used acute services. Posts were regularly added to it to firm up if a patient needed rehabilitation but work was not yet focused on how to utilise the site.

Councillor Robinson thanked the team for all the hard work.

The Principal Overview and Scrutiny Officer alluded that work was on going to explore responses to concerns to ensure that performance in stroke services was improved and that the community provision in County Durham was levelled up if there was an imbalance. He added that further updates and feedback would be provided to the committee on a regular basis on improvements to patient outcomes, issues on patient lengths of stay, delayed discharges and the Clinical Commissioning Group.

Councillor Hovvells commented that the power of the people should never be underestimated nor the scrutiny committee who asked questions to get positive results.

Resolved

That the report be noted.

10 Future of Services currently provided at Shotley Bridge Community Hospital Update:

The Chair welcomed colleagues from North Durham Clinical Commissioning Groups who were in attendance to give an update on the future of services currently provided at Shotley Bridge Community Hospital. The Chair felt that as a committee a close eye had to be kept on the situation at the hospital since the temporary closure of its inpatient rehabilitation beds in 2016.

The Committee had worked alongside a Councillor reference group that was set up by the County Council's Cabinet member for Adult and Health Services Councillor Lucy Hovvells to scrutinise work done by the Clinical Commissioning Groups and County Durham and Darlington NHS Foundation Trust, both on the future of the site and the services it provided. Along with this group, the Committee had ensured the voice of local councillors had been heard by the CCG and Trust and had supported the need for services to be retained in the locality and had lobbied for funding to be made available for a new healthcare facility in the area should that be the ultimate ambition of the CCG and Trust. The Chair felt that should that be what the partners chose to pursue, he was keen to hear what plans would be in place to ensure there was no gap in provision and that services would continue to be delivered from the existing site until such time as a new facility was opened.

Councillor Hovvells praised all the work that had been carried out by everyone involved to secure services that were currently provided at Shotley Bridge Community Hospital. She informed the Committee that the hospital was proposed to be closed and the services along with it. She added that work by partners had not been done in isolation but with local people getting involved that had brought a lot to the table within the engagement events that had been held.

The Head of Integrated Commissioning advised the Committee that there was a partnership approach to deliver plans for the hospital that would have no gaps in what was currently provided to what the future provision would be. The new future model of care would be developed to be fit for purpose to ensure that the facility kept the independence of patients. The Shotley Bridge Hospital Support Group involved people and kept them updated on progress made.

The Head of Integrated Commissioning informed the Committee that there was potential to deliver more services and they were not just looking at services that were already in existence but also on what could be delivered in the next 5-10 years. She notified the committee that the estate was not fit for purpose as it had deteriorated over the years and was three times larger than was required. She added that there were sites under consideration to relocate the services to that included land owned by Genesis who had already applied for planning permission.

She noted that the head of terms for conditions would be concluded on each site to produce a business case and a financial appraisal to look at the costs involved. The project was a legacy scheme that would only require internal approval and the NHS assurance still applicable in terms of the model of care before it could move forward.

Councillor Temple thanked Councillor Hovvels for making the work non-political where all parties worked together for a positive outcome. He thanked everyone involved in all the hard work including the people of Consett for acting responsibly to accept and support the work around the hospital by giving up their heritage in a place where their children were born. The key element in mind was to get what was best for the people and the future.

Councillor Robinson reminisced about the hospital remembering when it had been the regional heart centre and the regional burns unit. He commented that it held a lot of history for a lot of people. He felt that it was a good case study on how joint working on a difficult project could produce a positive outcome. He noted that the Committee would monitor progress.

Resolved

That the report be noted.

Adults, Wellbeing and Health Overview and Scrutiny Committee

7 July 2020

Public Health Response to COVID-19



Report of Amanda Healy, Director of Public Health

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 To provide Adults, Wellbeing and Health Overview and Scrutiny with an update on the public health planning, response and current recovery position in relation to the COVID-19 pandemic.
- 2 The report outlines the key challenges and opportunities across public health during the COVID-19 pandemic.
- 3 The report provides an update on the COVID-19 pandemic following a verbal update provided as part of the Annual Health Protection Assurance Report on 5th March 2020.

Executive summary

- 4 A novel coronavirus - severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) – was identified in Wuhan, China at the end of last year. The virus is highly infectious and causes a respiratory illness called COVID-19.
- 5 The virus spread rapidly across the world and was declared a global pandemic by the World Health Organisation on 11 March 2020.
- 6 The highly infectious nature of the virus and the serious illness it can cause has significantly affected how we live and work. It has resulted in global adjustments to normal ways of life, travel and commerce, to try to contain the spread of the virus, minimise deaths and ensure that COVID-19 cases do not overwhelm health and social care systems.
- 7 Public health, within Adults and Health Services, worked closely across the Council and with partner organisations to implement emergency and business continuity management planning frameworks which were in place. However, we have had to respond dynamically and innovatively

revising our approach as the national coronavirus action plan and recovery strategy evolved. It has been an unprecedented challenge to respond to.

- 8 The spread of the infection has been monitored closely. However, there have been issues with this, especially in relation to the testing strategy which is outlined in this report.
- 9 County Durham communities themselves have been a major force in this and have made an immense contribution to the COVID-19 emergency.
- 10 County Durham residents have observed and cooperated with national guidance and while the lockdown restrictions are beginning to be relaxed for many, continued support will be required for those people who are still shielding and self-isolating.
- 11 Recovery includes the completion of a Health Impact Assessment of COVID-19 which will seek to understand the health and wider impacts of COVID-19 on local communities and make recommendations for further action.
- 12 The development of a local COVID-19 local outbreak control plan will support outbreaks and seek to reduce transmission of the virus as the restrictions change, enabling recovery to continue. This requires the full implementation and support for test and trace and the sharing of data locally to detect cases and reduce onward transmission.
- 13 This is still a new virus and much is still unknown about its transmission. At present although there is a huge amount of research and development there is no cure and no vaccine. Keeping infection levels as low as possible remains a key priority

Recommendation(s)

- 14 Adults, Wellbeing and Health Overview and Scrutiny is recommended to:
 - (a) note the contents of this report;

Background

Virus and disease

- 15 Coronaviruses (CoV) are a large family of viruses that cause respiratory illness.
- 16 Coronaviruses were identified in the mid-1960s and are known to infect humans and a variety of animals (including birds and mammals). Since 2002, two coronaviruses infecting animals have evolved and caused outbreaks in humans: SARS-CoV in 2002, and MERS-CoV in 2012¹.
- 17 On 31 December 2019, a cluster of pneumonia cases of unknown cause was reported in Wuhan City, Hubei Province, China. The novel coronavirus has been named by the World Health Organisation (WHO) as 'severe acute respiratory syndrome coronavirus 2' (SARS-CoV-2), while the coronavirus disease associated with it is referred to as COVID-19².
- 18 As with other respiratory illnesses, symptoms of COVID-19 can include a runny nose, loss of smell, sore throat, cough, and fever. It can be more severe for some people and can lead to pneumonia or breathing difficulties. More rarely, the disease can be fatal. Older people, and people with pre-existing medical conditions (such as diabetes and heart disease) appear to be more vulnerable to becoming severely ill with the virus³.

Spread

- 19 On 31 January 2020, the WHO declared the outbreak as a public health emergency of international concern (PHEIC). At that stage, there were 9,847 confirmed cases globally, with 9,826 in China.
- 20 On 11 March 2020, the WHO declared the COVID-19 outbreak as a pandemic, signifying that the new disease was now spreading globally. At that time, there were 124,101 confirmed cases globally and 4,583 confirmed deaths.
- 21 The outbreak initially occurred in China and spread rapidly throughout the country and then into neighbouring Western Pacific states. It spread to Iran and Italy, with Europe taking over from the Western Pacific as the epicentre for the disease by mid-March. The outbreak has spread rapidly globally since, with the Americas, and principally the

¹ <https://www.ecdc.europa.eu/en/2019-ncov-background-disease>

² [https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-\(covid-2019\)-and-the-virus-that-causes-it](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it)

³ <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

United States, recognised as the next potential epicentre since late March.

- 22 As at 25th June 2020, there were 9,296,202 confirmed cases globally; and 479,133 confirmed deaths⁴. In the UK, as at 25th June 2020, there were 307,980 confirmed cases and 43,230 confirmed deaths⁵.
- 23 Here in County Durham, there were 2,062 confirmed cases of COVID-19 as at 25th June 2020, and 676 deaths caused by COVID-19 registered up to 12th June 2020⁶. The rate per 100,000 of lab-confirmed cases in County Durham (391.3 per 100,000) is higher than the England rate (285.3) and similar to the North East (396.5). The rate for County Durham is the 24th highest of 150 upper tier local authorities.
- 24 Throughout the pandemic, via the local planning and response arrangements the progression of COVID19 has been monitored. A range of data and information has become available, some of it very reliable, other data less so due to small numbers or lack of quality. Relevant dashboards have been shared via our local Durham Insight to ensure the public have had reliable information. Data has also been included in briefings to staff and elected members.
- 25 The latest international, national and local statistics are available from the following data dashboards. These dashboards include locally developed dashboards to carry out surveillance of local positive cases and to inform planning and response.
- [WHO Coronavirus Disease \(COVID-19\) Dashboard](#)
 - [Coronavirus \(COVID-19\) in the UK](#)
 - <https://lginform.local.gov.uk/reports/view/lga-research/covid-19-case-tracker>
 - [County Durham and Darlington COVID19 surveillance dashboard](#)

Response

National

- 26 In the UK, the Department of Health and Social Care (DHSC), Chief Medical Officers, NHS England and Public Health England, supported by staff at regional centres have led the national response. The council

⁴ <https://covid19.who.int/>

⁵ <https://coronavirus.data.gov.uk/>

⁶

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard>

has been in very regular contact with these agencies and local health and care organisations in the county.

- 27 In the initial stages of the outbreak, the NHS and Public Health England were proactive in contacting people who had been at risk of being infected, testing them, and where people tested positive, tracing who they may have come into contact with and managing and treating risk cases.
- 28 DHSC launched a UK-wide public information campaign to advise the public on how to slow the spread of the virus and reduce the impact on NHS services. Information promoting important hygiene messages appeared in print, broadcast and social media.
- 29 DHSC worked across government to produce sector-specific guidance, to reflect the different challenges across a number of different settings for example, transport, education, social care and hospitality. As the outbreak spread, more guidance was published and existing guidance revised as the national strategy to tackle the pandemic evolved.
- 30 On 3 March 2020, the government published its coronavirus action plan which was based on four strategic phases – contain; delay, research; and mitigate.
- 31 On 12 March 2020, the government published its ‘Stay at home’ guidance which set out what individuals should do if they experienced coronavirus symptoms, however mild. At this point the government recognised that the virus was spreading generally throughout the country and could no longer be contained through international travel restrictions and by contact tracing around suspected or confirmed cases. In terms of its action plan, this signified the shift from ‘contain’ to ‘delay’. At this point contact tracing ceased.
- 32 Following announcements in relation to the closure of schools, pubs and restaurants, a UK-wide lockdown was announced on 23 March 2020, backed by police powers to enforce social distancing and closure regulations.
- 33 Emergency legislation was introduced and passed in just four days, with the Coronavirus Act 2020 receiving Royal Assent on 25 March 2020. The legislation gives further powers to government to slow the spread of the virus; reduce the resourcing and administrative burden on public bodies; and limit the impact of potential staffing shortages on the delivery of public services.
- 34 A wide range of Government announcements have been made between the UK-wide lockdown and the present day. These included support to businesses, a furlough scheme, local government support via a COVID

grant, local council tax support, care home support, infection prevention control and public health (for local outbreak control plans)

- 35 On 11 May 2020, the government published 'Our plan to rebuild: the UK Government's COVID-19 recovery strategy'. This set out a five-point scale to indicate the level of threat posed by COVID-19 to society and a phased approach to recovery, with incremental steps to relax control and public protection measures, including social distancing.
- 36 A wide range of guidance has been published nationally to support the key announcements that have been made daily and to align to different phases of the pandemic. As of 23rd June, further relaxation in lockdown restrictions are being planned for on 4th July including the opening of pubs and restaurants, hairdressers and barbers and an increase in the contact that residents can have with others.
- 37 During the pandemic key health inequalities have been emerging, including those affecting the black and minority ethnic communities and those living in areas of high deprivation.

Regional

- 38 In the North East, the initial emergency preparedness, resilience and response to COVID-19 was structured around the established North East Pandemic Influenza Framework, which had developed by NHS England (NHSE) and Public Health England (PHE) and adopted by all three local resilience forums (LRFs) in the region.
- 39 Initially, the command and control arrangements in the framework operated on a precautionary shadow basis, before the regional Health Strategic Coordination Group (SCG) was stood-up formally in early March when the outbreak began to escalate in the region. The Director of Public Health took part in the precautionary Health SCG and public health have played an active role in the Health SCG over the duration of the pandemic. This has included the coordination of the response to the pandemic and also monitoring the impact on other health services and health conditions.
- 40 Public Health England took the lead in issuing public information and guidance and advice to partners in the local health system, universities, local boarding schools, prisons, LRFs, airports and ports. Detection and contact tracing also took place in the early phase of the pandemic until early March when the national plan shifted from 'contain' to 'delay'.
- 41 In line with the regional framework, the council led the process locally working closely with PHE, ensuring that local stakeholders received the necessary guidance and that information and advice was shared with services within the council and with partners.

- 42 The council worked very closely with PHE on detection and tracing of cases during the early phases of the outbreak and on the provision of advice and care to those affected across County Durham. Links to the national coronavirus information and advice from government and PHE were provided via our website and we supported the national public information campaign via our social media channels. This has continued throughout the pandemic.
- 43 In line with the framework, local response arrangements were led by the LRFs. On 25 March 2020, County Durham and Darlington LRF declared a major incident in response to the pandemic, and formally stood-up its response arrangements, with a strategic coordination group led by the Deputy Chief Constable of Durham Constabulary.
- 44 The council is a major LRF partner and has played a significant role at all levels of response – participating in the strategic coordinating groups (SCG) and tactical coordinating groups (TCG) and chairing and resourcing all of the multi-agency support cells established to manage the county’s response:
- **Community Support** – developing and coordinating support mechanisms for vulnerable people and those shielding from COVID-19, including facilitating and supporting volunteering and local community action;
 - **Excess Deaths** – working with GPs, hospitals, mortuaries, registrars, crematoria, funeral directors, town and parish councils and faith groups, to manage the increased number of deaths while supporting the bereaved;
 - **Intelligence and Data** – collecting, processing, analysing and interpreting local, regional and national data to inform LRF (and council) planning and decision-making;
 - **Media** – developing and coordinating the communication of consistent messages and public information across LRF agencies as well as monitoring broadcast, print and social media and responding to media enquiries;
 - **Multi-agency Information** – providing a one-stop-shop for agency information, producing daily situation reports, threat assessments and feedback reports for and on behalf of the SCG;
 - **PPE** – establishing a distribution hub for emergency supplies of PPE, receiving government PPE drops, securing our own more reliable supply lines of PPE and processing and responding to

requests for PPE from the social care sector and organisations in difficulty;

- **Recovery** – planning for recovery and restoration, undertaking impact assessments and coordinating multi-agency programmes to support individual, communities and businesses.

45 The Director of Public Health for County Durham has been part of the Local Resilience Forum Strategic Co-ordinating Group, providing advice and updates on public health issues throughout the response phase.

46 The Director of Public Health is also the Chair of the North East Association of Directors of Public Health. The Association has taken an active role in the response to the pandemic including a focus on priorities including testing, care homes, and local outbreak plans. The Association has worked closely with the Association of Directors of Public Health to raise concerns where appropriate.

Local

47 The council had been tracking the spread of the virus since the first media reports at the beginning of January 2020. A small working group led by public health, communications and emergency planning met during January and a first communication was shared on 23rd January.

48 The emerging threat was reported to Members via the Health and Wellbeing Board on 29 January 2020 and the Adult, Wellbeing and Health Overview and Scrutiny Committee 5 March 2020.

49 In February, a formal COVID-19 working group was established, staff communications commenced, and a planning exercise commissioned on the pandemic and the council's response in line with its existing corporate emergency plan and business continuity management arrangements. Public health was part of this COVID-19 working group from the onset.

50 On 4 March 2020, Exercise Cove took place with Extended Management Team and relevant strategic managers, it included a briefing on the outbreak and national planning assumptions and an exercise of the council's corporate business continuity arrangements. The exercise was repeated with all strategic managers on 11 March 2020.

51 Following the exercise, a COVID-19 planning group was established, and a number of task and finish groups set up to take forward priority actions identified through the exercise. The planning and task and finish groups were supported by a COVID-19 core working group,

coordinating intelligence and data analysis, public health practitioner advice, communications and HR policy advice.

- 52 Public health staff have been part of all planning and response groups, translating guidance into practice, supporting the development of the response and providing public health advice on a wide range of issues.
- 53 A dedicated COVID-19 email address was established to respond to queries. To date 618 queries have been received and responded to. These enquiries have been from MP's, elected members and residents and have included enquiries about data and information, public health advice, schools, communications, business, finance, facilities, care homes and the community and voluntary sector. All enquiries have been responded to.
- 54 On 12 March 2020, Corporate Management Team invoked the council's corporate business continuity plan, putting in place strategic management groups to plan for major staffing interruptions and loss of premises.
- 55 During the course of the pandemic, the council has revised its incident response arrangements, to dovetail with those established by the LRF, respond to national policy changes and to shift its focus from response to planning for recovery.
- 56 The council has been proactive in working nationally and regionally to shape the response to the pandemic. We have engaged with the Local Government Association, the County Councils Network, professional bodies, government Ministers and departments, MPs and other local authorities in the region, to understand and shape policy and coordinate efforts.
- 57 Corporate Management Team met on a daily basis and rapidly put in place governance arrangements with regular daily monitoring of the spread and impacts of the pandemic, regular reporting from service areas and reviews of emerging national guidance. The Director of Public Health has input on a daily basis to these arrangements, providing updates on cases, feedback from regional and national policy decisions and highlighting key guidance and advice.
- 58 Cabinet Members and the leaders of the council's political groups have continued to meet to be briefed on developments. In addition, regular email briefings have been provided to all elected Members.
- 59 Local partners and stakeholders have been briefed and there has been regular liaison with local MPs and the other local authorities in the region.

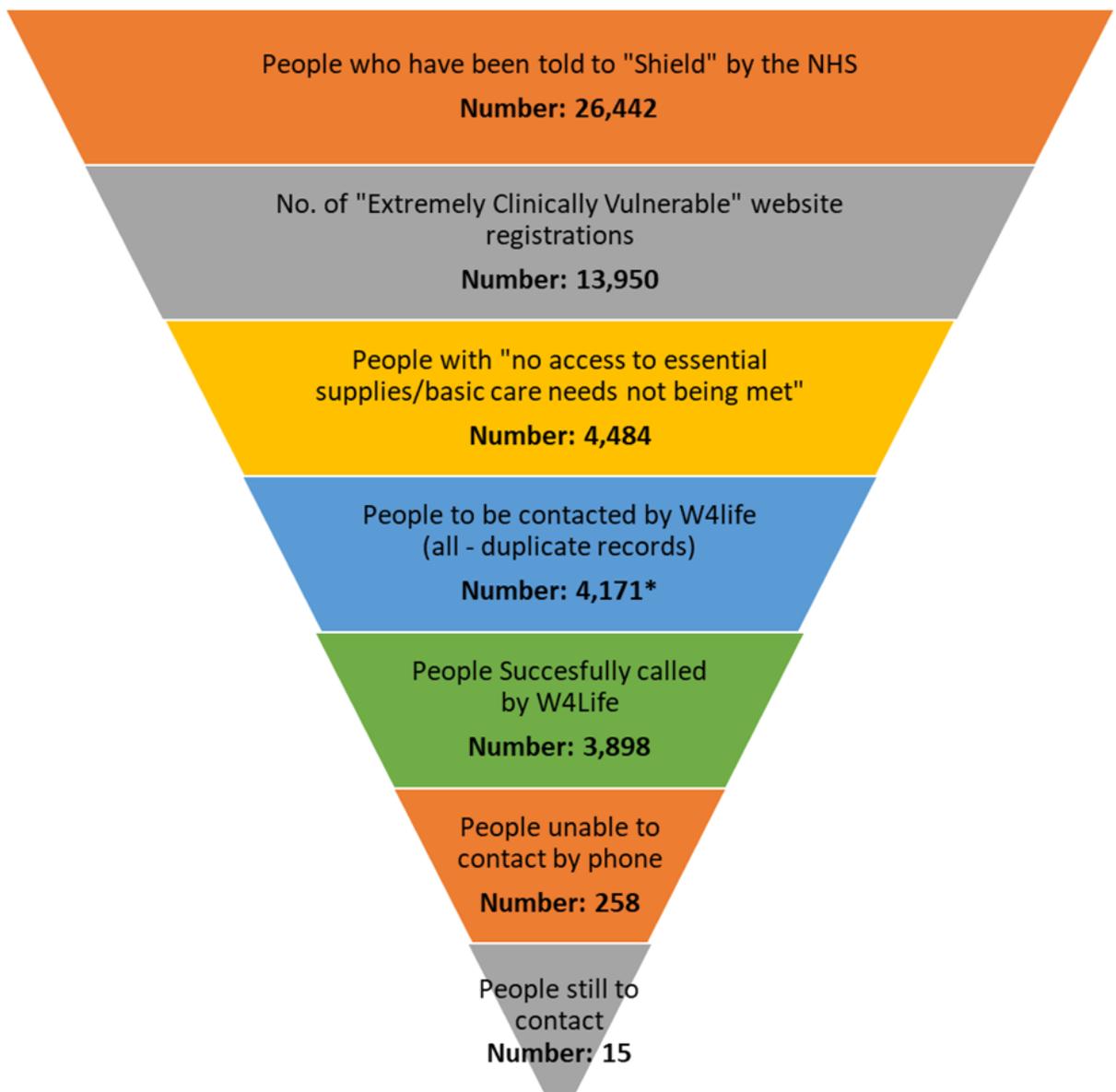
- 60 National guidance in relation to the pandemic is issued and amended daily in line with national policy announcements and changes. Each day this is reviewed, key guidance documents analysed, important actions identified and shared with the relevant workstreams, or service areas for information and implementation. Public health has provided advice into workstreams or service management teams in relation to the possible implications of the guidance for their service area. Local briefs, guidance and processes have been co-produced to ensure that operations are as safe as possible. Public health has also been part of the local care partnership arrangements and Integrated Care Partnership arrangements.
- 61 The council's Public Health team led the initial planning and response to the outbreak, liaising with NHSE and PHE on the regional command and infection control arrangements, in line with the North East Influenza Pandemic Framework.
- 62 The team has been proactive in assessing World Health Organisation and government guidance on the virus, providing public health advice in relation to the guidance to council services and partner organisations and advising the task and finish groups, service managers and partners accordingly.
- 63 From the very outset of this pandemic strong use has been made of the working relationship between Public Health and the Communication Team. Communication representatives have sat on the various groups at each stage of the Council's response to COVID-19 while in turn Public Health reps have worked closely with the Communications Team to make sure technical guidance and important public health information and was communicated clearly and accurately. This close joint working arrangement has meant communications have built and maintained confidence between local communities and the Local Authority as a trusted source of information.
- 64 The council's external communications, press office and online presence, our website and social media channels transformed daily, sometimes hourly reflecting the impact COVID-19 was having on all sections of the local community and became a vital point of contact for local and national updates and advice. The internal communications team similarly provided regular and clear updates and advice to enable our staff, partners and stakeholders to be assured of the response to the pandemic, their role as employees while also recognising that staff for the most part are also residents and are affected personally by the pandemic.
- 65 In March 2020 the public health developed three communication plans aimed at Adults, Children, Young People and Families and the Business

Sector to ensure that those affected by restrictive measures were well-informed and advised on how to look after their mental health and wellbeing. This has included a co-ordinated campaign providing messages, advice, guidance, resources and signposting to services.

- 66 The three plans were combined by DCC marketing and communications team and have been delivered over the last eight weeks across a range of communication platforms such as press releases, website and intranet content, Social Media, video content, Buzz, etc.
- 67 This work has also been supplemented by national messages through the Every Mind Matters campaign, Time to Talk / Time to Change messages, ICS booklet and development of new signposting materials.

Population health management

- 68 Public health has worked with the North East Commissioning Support Service to develop a population health management model, which has informed the council's response to the pandemic.
- 69 Working with the NHS, foundation trusts, primary care and community services and Durham University, the council has developed a comprehensive dataset which has been used to identify individuals who may be particularly vulnerable to COVID-19 as a disease and the wider impacts of the pandemic.
- 70 The model and dataset informed the development of the community support hub the council established, the prioritisation of services and provision of support. The dataset has been used to provide a local cross-check of the information provided by NHSE, which has focused solely on those deemed to be extremely vulnerable to the disease and at high clinical risk due to pre-existing conditions. As a more comprehensive and up-to-date dataset, the population health management model has enabled Durham to go beyond this and augment the level of support offered to vulnerable people in the county.
- 71 The reactive calls received into the hub since opening on 27th March is: 5,787 of which support has been given relating to essential supplies, taking isolation and working with people on general hardship difficulties.
- 72 This approach has been shared regionally as an example of good practice and paves the way for joint data and intelligence to support future work including flu planning.
- 73 The proactive work undertaken by the hub is:



Public health commissioning

- 74 Commissioned public health services including stop smoking services, sexual health services, mental health, 0-25 health and drug and alcohol services have all taken a key role in continued service delivery.
- 75 The Integrated Sexual Health service introduced tele-consultations to ensure continued delivery of the service and expanded access to online testing kits. In response to COVID-19 staff from the service also provided support back into acute services.
- 76 Health Visitors supported families and continued to carry out all mandated checks during the peak of the pandemic, using video calls where possible (unless clinically indicated that a face to face visit was needed). Staff are also now supporting the COVID-19 testing process for Children Looked After in County Durham.

- 77 The Drug and Alcohol Recovery Service continued to maintain both clinical and recovery services operating on a skeleton staff from all 3 recovery centres 5 days a week. Staff working from home engaged with the client group via virtual technology and telephone contact. Systems were put in place to ensure the delivery of methadone to clients who are shielding or self-isolating. The numbers engaged in treatment remained stable and has increased over time.
- 78 Public Health commissioned services for suicide prevention were reviewed and extra funding was mobilised to provide extra capacity in areas of postvention and bereavement support during the COVID-19 response. All commissioned services maximised their ability to maintain their engagement with clients by providing virtual support to service users.

Testing and outbreak management

- 79 Timely and accurate testing, and contact tracing, is vital to the surveillance and control of communicable disease.
- 80 Detection and tracing of cases was in place until early March when the Government moved into the delay phase of the pandemic. At this point Public Health England stopped contact tracing and testing moved to a targeted approach based on the Governments Testing Strategy.
- 81 Since the onset of the pandemic, staff in the local authority (including Public Health, Occupational Health, Human Resources and Commissioning) have worked with partners to develop a local testing offer that complements the national testing programme.
- 82 The local testing offer is supported by County Durham and Darlington Foundation Trust, who provide a range of resources including community nursing staff, the drive-through facilities at DMH and UHND, swab kits, and the processing of samples.
- 83 The local testing offer included symptomatic staff and residents in care homes, and symptomatic staff in partner organisations such as GP practices, Durham County Council and schools.
- 84 Alongside the local offer, the local authority has supported the national testing programme by referring symptomatic household members of council staff to the North of England Commissioning Support Unit (NECS), who arrange a test at a local or national site.
- 85 Problems with the National Testing Programme have been raised regionally and nationally. Concerns include the lack of access to testing for people who do not drive, timely results, lack of results being shared locally to support management of residents testing positive.

- 86 The National Testing Programme was opened to care homes on 14th May. However, there has also been issues with this aspect of testing including the lack of initially about which homes were ordering tests, the one-off nature of testing, quality of swabbing and speed of test results. This has been difficult to manage locally as lack of accurate up to date information about test results reducing the ability to manage outbreaks
- 87 The local authority, working with the LRF and NHS colleagues in the region, has however provided and continues to provide advice on the location of mobile testing units. The Portfolio Holder for Adults and Health Services wrote to the Secretary of State for Health and Social Care in May about the concerns relating to mobile testing including residents being asked to travel to other parts of the country for a test, problems with the booking portal. Some of these issues have been resolved.

Recovery Planning

- 88 The presence of COVID-19 in our communities is likely to remain with us for an indefinite period, it is important therefore that we retain effective response arrangements, whilst also considering how we broaden work programmes towards a 'new normal'.
- 89 As we move to stepping down the intensity of some of our activity in response to the COVID-19 emergency, it is timely that we learn and build upon our experiences as we move forward some examples include:
- accelerated and strengthened partnership working where whole system working achieves more, in less time than single agency approaches
 - testing of new models of care delivery and ways of working
 - rapid and effective deployment of clinical and operational staff
- 90 In so doing, it is recognised that individual organisations which make up the County Durham Care Partnership will be considering recovery at different times, which recognises that some impacts from the emergency are still taking place in parts of the system.
- 91 Recovery does not suggest a return to pre-COVID-19 infrastructure or operational delivery. It needs to consider population need alongside health and care urgency, the benefits of integrated care delivery and the ability to respond swiftly to any future COVID-19 waves.
- 92 As part of the Health, Welfare and Communities Recovery group, a Health Impact Assessment is being developed to explore the impact of COVID-19 Stay at Home and lockdown restrictions on health

inequalities across County Durham and Darlington. This structured process will help partners understand the key priorities influencing the wider determinants of health during COVID-19 recovery. It will also help highlight the role they can play in helping to address the needs of local residents, families, businesses and local communities as the lockdown is lifted. The recommendations will feed into existing partnership infrastructures such as the Health and Wellbeing Board and the Integrated Care Board.

- 93 The purpose of the health, welfare and communities sub group of recovery group is to:
- Promote and build upon the strengths and resilience of our communities and take a wellbeing community asset based approach;
 - Produce an Inequalities Impact Assessment for our communities of County Durham encapsulating residents' concerns and feelings in order that appropriate initiatives can be developed;
 - Co-ordinate the provision of a full range of practical assistance to those directly and indirectly affected and to bring in additional support as needs appear. To avoid dependency and to promote self help as a primary goal;
 - Focus on equity of support and targeted to those who need it the most.

Local COVID-19 Outbreak Control Plans

- 94 The next phase of the pandemic focuses on the ability to detect cases, ensure people can be tested and if positive self-isolate. The national test and trace service was launched on 28th May to track people who have been contacts of cases tested positive for COVID with the aim being to stop onward transmission of the virus, especially as restrictions begin to ease.
- 95 The National test and trace process and the establishment of a Joint Biosecurity Centre is being implemented, although the national app has not been launched as planned.
- 96 The Government requires all Local Authorities to produce a COVID-19 Outbreak Control Plan and publish them by 30 June 2020.
- 97 The County Durham Local Outbreak Control Plan will:
- provide a framework for leading, co-ordinating and managing the spread of COVID-19

- clarify the support mechanisms Durham County Council (DCC) will provide to the Test and Trace Service, a key element of the outbreak management process, which is being delivered by Public Health England (PHE)
- build on the established public health protection role and responsibilities of the local authority to manage outbreaks in specific settings
- identify further action that might be required, including considering the impact on local communities
- understand the local challenges of COVID-19.
- outline the role of the Health and Wellbeing Board in engaging the public, led by Cabinet Portfolio for Adult and Health Services.

98 Seven themes have been identified, which are addressed throughout the plan:

- Care homes and schools
- High risk places, locations and communities
- Local testing capacity
- Contact tracing in complex settings
- Data integration
- Vulnerable people
- Local boards

99 The government has outlined that a public-facing Board should be set up led by council Members to communicate openly with the public. It has been proposed that the Health and Wellbeing Board would as the Engagement Board for the period it is required.

100 A Special Meeting of the Health and Wellbeing Board is to be held on 14 July 2020 where the Local Outbreak Control Plan will be presented.

101 Subject to any representations at the HWB, the Plan will be approved for submission by the Corporate Director, Adults and Health and the Chair/Vice-Chair of the Health and Wellbeing Board will approve the Local Outbreak Control Plan before the submission.

102 The Local Outbreak Control Plan will become a working document that will be amended as required.

Conclusion

103 COVID-19 has been a pandemic which has presented the most challenging threat to the health and wellbeing of residents in over a generation. The public health team have worked locally regionally and nationally to support the response to the pandemic.

104 This will continue as the Government lifts many of the restrictions and a recovery from COVID-19 is underway seeking to support those affected by the virus and those affected by the impact of the virus.

105 The continued focus on detection and prevention of transmission of the will need to continue as there is currently no cure and no vaccine.

Background papers

- None

Other useful documents

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Appendix 1: Implications

Legal Implications

Under section 2B NHS Act 2006 (inserted by Section 12 of the Health and Social Care Act 2012), local authorities have a statutory duty to take such steps as they consider appropriate for improving the health of the people in their area.

The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (SI 2013/351) make provision for the steps to be taken by local authorities in exercising their public health functions. This includes providing information and advice for the purpose of protecting individuals in the area of the authority from events or occurrences which threaten, or are liable to threaten, their health, and may in particular include arrangements to deal with infectious diseases.

Section 73A (1) of the 2006 Act, (inserted by section 30 of the 2012 Act), gives the Director of Public Health responsibility for exercising their local authority's functions in planning for, and responding to, emergencies that present a risk to the public's health.

Under the Civil Contingencies Act 2004, local authorities also have a duty to collaborate with others to protect the public, which includes promoting business continuity and resilience. The council is designated as a category one responder under the Act, and as such collaborates with other agencies through the County Durham and Darlington Local Resilience Forum.

The Coronavirus Act 2020 gives further powers to government to slow the spread of the virus; reduce the resourcing and administrative burden on public bodies; and limit the impact of potential staffing shortages on the delivery of public services. Under regulation, this includes postponing local elections including that of the County Durham and Darlington Police and Crime Commissioner due in May 2020, postponing the annual meeting of the council and allowing existing postholders to continue in office until an annual meeting is able to be held; and introducing 'virtual' council and committee meetings in the light of the lockdown and ongoing social distancing measures.

Finance

The council has been allocated government grant of £33.2 million to help cover the additional costs and lost income associated with coronavirus. At this point, it is estimated that the additional costs and income foregone will amount to £50 million. The longer term financial implications for the council are at this stage difficult to quantify, and are dependent on the duration of lockdown and the speed of economic recovery. Future MTFP reports to

Cabinet will need to consider the financial risks relating to the longer term impact of COVID-19 as well as the future policy direction of local government finance.

Consultation

Not applicable.

Equality and Diversity / Public Sector Equality Duty

Not applicable.

Climate Change

The lockdown and reduction in traffic and building use has generally been seen as having a number of environmental benefits including reduction in noise, light and air pollution, emissions and carbon reduction. Aspects of this may continue with walking and cycling being promoted as safer, socially-distanced modes of travel.

Human Rights

Not applicable.

Crime and Disorder

Not applicable.

Staffing

500 employees were redeployed during the COVID-19 response and all of the council's main HR policies and procedures were revised as part of a comprehensive emergency HR policy.

Accommodation

It has been necessary to close a number of council premises as part of the national lock-down and in some instances, where the council is an accommodation provider to business/commercial tenants, rent and/or rates relief has been offered to support tenants during the lockdown. A Facilities Management Task and Finish Group has been established under the council's recovery and restoration plan, to ensure that closed premises are re-commissioned and safe before they are opened again.

Risk

A risk assessment of the impact of the pandemic has been undertaken by a risk management task and finish group as part of the council's governance arrangements. Risk assessments have been undertaken as part of the

council's business continuity and response arrangements to ensure the health and safety of staff, volunteers and service users.

Procurement

In order to respond to the pressures the council faced, emergency procurement procedures were adopted in line with government coronavirus legislation and procurement regulations.

Appendix 2: Chronology of Government announcements

10 February 2020

The Secretary of State for Health and Social Care introduced regulations to reduce the risk of human-to-human transmission in the UK by keeping individuals in isolation where public health professionals believed there was a reasonable risk an individual may have the virus. The regulations were used to enforce the policy of asking individuals who had recently returned from countries badly affected by the virus to go into quarantine or to self-isolate for a period of time. Over time the number of prescribed countries and regions increased.

25 February 2020

The government published guidance for employers and businesses, which at that time focused on what action to take in the workplace if an individual was confirmed or suspected as having COVID-19, or had recently returned from one of the prescribed countries badly affected by the virus. As the pandemic spread and the national strategy changed, the guidance was revised a number of times.

3 March 2020

The government published its coronavirus action plan which was based on four strategic phases – contain; delay, research; and mitigate.

6 March 2020

The Scientific Advisory Group for Emergencies (SAGE) published a set of planning assumption for a reasonable worst case scenario for the pandemic. These included a general infection rate of 80 percent of the population, between 17 and 21 percent of the workforce being absent from work in the peak weeks of the outbreak and an estimate that approximately 50 percent of the workforce would need to take time off work, either due to sickness or caring responsibilities over the full course of the pandemic.

12 March 2020

The government published its 'Stay at home' guidance which set out what individuals should do if they experienced coronavirus symptoms, however mild. At this point the government recognised that the virus was spreading generally throughout the country and could no longer be contained through international travel restrictions and by contact tracing around suspected or confirmed cases. In terms of its action plan, this signified the shift from 'contain' to 'delay'.

16 March 2020

Imperial College London published a study which indicated that significant action was needed to avoid the NHS becoming overwhelmed and the number of deaths escalating much higher than in the worst case scenario initially envisaged. The report advocated widespread social distancing, in conjunction with other measures including school closures, case isolation, household isolation and the shielding of vulnerable groups, to control the spread of the pandemic to more manageable levels. The study prompted the government to advise the public to avoid all unnecessary contact and travel and to stay away from pubs and theatres.

18 March 2020

The government announced that all schools were to close until further notice. Further education colleges and universities closed too and summer GCSE and A-level examinations were cancelled.

20 March 2020

Pubs and restaurants were ordered to shut and the public urged to practice social distancing wherever possible on a voluntary basis.

23 March 2020

A UK-wide lockdown was announced, backed by police powers to enforce social distancing and closure regulations.

25 March 2020

Emergency legislation was introduced and passed in just four days, with the Coronavirus Act 2020 receiving Royal Assent on 25 March 2020. The legislation gives further powers to government to slow the spread of the virus; reduce the resourcing and administrative burden on public bodies; and limit the impact of potential staffing shortages on the delivery of public services.

2 April 2020

The government announced a significant expansion in the coronavirus testing programme with a target of 100,000 tests per day by the end of that month.

6 April 2020

The government wrote to local authorities to confirm that they would be allowed to hold virtual council meetings and that the 2020/21 annual meetings of councils would be postponed. In addition, all forthcoming local elections and other polls including the police and crime commissioner elections were postponed to 2021.

16 April 2020

The government extended the lockdown for a further three weeks and set out five tests which would need to be satisfied before the lockdown restrictions were eased.

23 April 2020

The first human trials in the UK of a test vaccine commenced.

4 May 2020

The first human trials in the UK of plasma treatments commenced.

10 May 2020

The Prime Minister made a statement on the roadmap to recovery and the gradual relaxation of restrictions as and when it deems it is safe to do so.

11 May 2020

The government published 'Our plan to rebuild: the UK Government's COVID-19 recovery strategy'. This set out a five-point scale to indicate the level of threat posed by COVID-19 to society and a phased approach to recovery, with incremental steps to relax control and public protection measures.

13 May 2020

The government amended its existing regulations under the Coronavirus Act to enable the phased relaxation of lockdown measures including allowing people to visit HWRCs the re-opening of garden centres and some outdoor sports facilities.

24 May 2020

The government announced the establishment of a £50 million Reopening High Streets Safely Fund, to adapt and re-shape high street shopping areas and business districts to make them safe and welcoming spaces, in line with social distancing guidelines. The council will receive £469,000 from the fund.

25 May 2020

The Prime Minister confirmed the government's intention that schools should plan to re-open to some pupils from 1 June 2020 and that non-essential retail should begin to plan to re-open from 15 June 2020.

Appendix 3: Examples of local community support initiatives

Bishop Auckland and Shildon

Health Express and The Auckland Project set up a joint initiative aiming to provide food and meals to those in most need in the Bishop Auckland and Shildon areas.

With funding support via the Neighbourhood budgets of local Members, the project delivers free frozen meals and hampers of food products and ingredients to people in hardship in the area who have been advised to self-isolate and as a result have difficulty accessing food.

Bishop Middleham, Chilton, Ferryhill and West Cornforth

The 4 Together Area Action Partnership (AAP) which covers Ferryhill, Bishop Middleham, West Cornforth and Chilton turned their office into a local food distribution hub, distributing food that has been donated to the AAP.

More than 40 cases of milk, plus yoghurts, fruit, vegetables and fruit juices, alongside a number of other items, have been donated to 4 Together and are being shared amongst local residents in need.

The AAP team has also assisted local groups to create activity packs for children and young people in their area, including print-outs for rainbows, stress balls and packs of pens and notebooks to keep children busy during their time indoors. Future packs will also provide fruit and vegetable vouchers to those in need, which can be exchanged at the local fruit and vegetable shop in Ferryhill.

Brandon and Esh Winning

Mid Durham AAP is supporting Brandon Primary School and Esh Winning Primary School to keep children fed during the pandemic.

The AAP has granted £1,000 of funding to each school, to fund food projects for families in need.

Esh Winning Primary School benefitted from the AAP's coronavirus response fund, whilst Brandon Primary School benefitted from both the coronavirus response fund and the Neighbourhood budget available to local Members.

Brandon Primary School is using the funding to boost initiatives such as providing packed lunches and food parcels to families who normally receive free school meals, and who are struggling to afford food with their children at home during lockdown. Using additional funding from the Greggs Foundation, the school is also providing the high proportion of children who normally attend its breakfast club each morning with free breakfast packs.

The AAP's donation and the school's funds will be combined with funding from Believe Housing and Brandon and Byshottles Parish Council, to purchase and deliver food parcels to all families who contact the school in need.

Esh Winning Primary School is supporting parents and carers whose finances have been hit hard by the coronavirus outbreak, by delivering emergency food bags containing three days' worth of food, to help protect and support vulnerable and at-risk families.

The money supplied by Mid Durham AAP will help fund the school's scheme which, as well as supporting its own pupils, is also now supporting families from the village's other school, Our Lady Queen of Martyrs.

A parent support advisor is also helping families to access additional services and the school has become the temporary location of the Esh Winning Food Bank too.

Crook, Willington and Tow Law

Over what would have been Easter school holidays period, Jack Drum Arts developed online courses and arts and crafts activity packs for children and young people in Crook, Willington and Tow Law and surrounding villages.

The group has since received £13,000 from the 3 Towns Partnership (the AAP for the area) to cover their monthly overheads for the next three months so that they can run creative online classes and deliver arts and crafts activity packs to families in need. The grant will also enable Jack Drum Arts to commission a further 10 weeks of online courses aimed at children, adults, families, older and vulnerable people, with artists hosting virtual sessions including singing, dancing and music technology.

Durham City

Durham City AAP has been working with King's Church Durham in responding to referrals from the community support hub, to help a number of self-isolating people.

Building on its current Friends and Neighbours service, which operates in the Sherburn Road and Gilesgate areas of Durham City, King's Church Durham has received £2,000 from Durham AAP to extend its support into Newton Hall, Framwellgate Moor and other parts of the city.

The services offered include telephone befriending and free food parcels to residents in Sherburn Road and Gilesgate, as well as providing shopping support to residents in Sherburn Road, Gilesgate, Newton Hall, Framwellgate Moor and other areas of Durham City.

East Durham

Food parcels and essential items are being delivered to vulnerable residents in East Durham by local groups awarded funding by East Durham Area Action Partnership (AAP)

Around £4,000 has been awarded to East Durham Trust, which has seen a 400 per cent increase in requests for food parcels since the lockdown began.

The trust has recruited around 20 new volunteers in response to the demand and, building on its existing People's Takeaway service, has been working with community groups in the area to deliver meals to isolated people.

Another £4,800 has been awarded to Dawdon Youth and Community Centre to help support its foodbank, allowing it to expand the service to include hot meal deliveries. Since the service expanded, the centre has delivered more than 450 food parcels and meals to the community as part of its coronavirus support service.

Murton Parish Council has also been awarded £3,000 to deliver emergency food parcels to residents who are in isolation. The funding will allow the parish council to deliver more than 600 parcels to those in the community.

Lanchester

A funding grant from Mid Durham AAP has supported Willow Burn Hospice in Lanchester with its running costs during the coronavirus outbreak.

The nurse-led hospice offers specialist supportive, palliative and end of life care, including in-patient care, respite, day services and bereavement and family support, and is one of few rurally based hospices in the country.

It costs £1.2 million to operate Willow Burn each year and the hospice team is responsible for raising 70 per cent of this through grants, fundraising, retail income and donations.

However, due to the lockdown restrictions, the charity's shops and café have closed and local fundraising has fallen significantly. The AAP, through its own coronavirus support funding and Neighbourhood Budget from local Members has provided £10,000 to support the hospice over this period.

Newton Hall

Emergency funding from the AAPs has been used to support community venues suffering from lost income during the lockdown period.

One example is Newton Hall Community Centre which has received a grant of £1,700 to cover essential bills and to enable it to remain financially viable.

With essential costs covered, the community centre has remained open and the building is now being used by Durham Foodbank, which needed extra space as it supports more families who are struggling as a result of the coronavirus outbreak. Staff at the foodbank are using the centre as somewhere to pack and prepare family food parcels for the Durham area.

Spennymoor

Spennymoor Area Action Partnership (AAP) has supported local groups that have stepped up to the COVID-19 emergency through its Targeted Small Grants Fund.

One such group that is benefitting from the extra money is a dedicated team organised by Spennymoor Town Council which is pulling together care packages for vulnerable people in the area. Funding from Spennymoor AAP and housing provider Livin, contributed to over 50 packages being shopped for and delivered.

Asda in Spennymoor allowed a special shop at 7am and provided 150 free bags for life. Council staff and Members made up the packages at Spennymoor Town Hall and helped with delivery alongside volunteers from the Helping Spennymoor group and The Learning Library.

Spennymoor Police, The Learning Library and Solan Connor Fawcett Family Cancer Trust supplied details of clients who needed an extra helping hand.

Stanley

PACT House in Stanley has dealt with over 1,250 issues since opening its Coronavirus Crisis Hotline, these have ranged from things as seemingly trivial as posting letters, to supplying families with food who have lost employment or due to health issues have been forced into isolation.

They have created a six day a week fresh food bank, cooking food on the premises to be frozen into easily distributed cartons. Satellite foodbanks have also been set up by the organisation in outlying villages. Crisis packs are available to those in dire need, consisting of a range of fresh and tinned goods, bread, eggs, toiletry and sanitary products. They also have a team of volunteers who can shop for people with specific needs such as diabetes, and also collect and deliver prescriptions and medications.

Upper Teesdale and Weardale

Upper Teesdale Agricultural Support Service (UTASS) has been supported by the AAPs for Teesdale and Weardale to introduce a new 'Cook Your Own Tea @ Home' offer, which is a variation of its usual holiday activities where children and young people would gather together at a local centre to cook a balanced meal to enjoy.

UTASS has adapted the service and is offering a free fortnightly service where a recipe bag including locally sourced ingredients is delivered to a safe, pre-arranged location so members can create their meal at home with their families.

The project has received £1,380 from the AAPs as well as financial support from NHS County Durham Clinical Commissioning Group, BBC Children in Need and local which support UTASS.

Appendix 4: Examples of business support initiatives

Business Durham has assisted a number of businesses to diversify and expand in response to the pandemic:

- Bishop Auckland-based carton manufacturer JSB Enterprises, has diversified into PPE production by adapting a number of its cardboard cutting machines to create protective visors. The company initially supplied the visors locally to care homes, bus services and other frontline organisations. However, it has expanded production following national requests for protective visors which has enabled the business to safeguard six jobs including those of two staff members recruited through the council's Employability Durham scheme.
- Peterlee-based Alexander Technologies Ltd is recruiting 100 jobs. The company manufactures storage battery packs, some of which are used in medical equipment.
- A Seaham-based company that is a subcontractor to Serco has won a contract under the national track and trace programme, creating 170 new jobs over a 12-week period. Recruitment has commenced, but the company has asked that their name is not released.
- Sedgfield-based Kromek has moved into additional space in Discovery 1 at NETPark to develop and manufacture ventilators.
- Magnitude Biosciences Ltd, a Durham University spin-out, has moved into lab space in Plexus 2 at NETPark and have acquired Invermis Ltd, a specialist transgenics services provider. Their existing training workshops and services will now be conducted from NETPark, allowing the company to service larger projects.
- IBEX Innovations, based at NETPark, has raised more than £500,000 to commercialise a product which aims to improve detection of breast cancer. The funding has been secured from the North East Venture Fund, along with IP Group and a number of private investors.
- Technimark in Middleton-in-Teesdale is making filters for ventilators as part of the COVID-19 response. The council's planning team has provided advice to enable the company to maximise its space and consider options to increase manufacturing capacity on-site.

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Adults Wellbeing and Health Overview and Scrutiny

7 July 2020

County Durham Care Partnership System Response to the COVID-19 Pandemic



Report of Sarah Burns, Head of Integrated Strategic Commissioning and Lee Alexander, Head of Adult Care

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 To provide County Durham Adults, Wellbeing and Health Overview and Scrutiny Committee (AWHOSC) with an overview of the actions of the County Durham Care Partnership's response to the COVID-19 pandemic, in the period up to 10th June 2020 and plans for recovery and future service delivery.
- 2 The report outlines the key challenges and opportunities across, adult social care and commissioning, primary care, acute hospitals, care homes, mental health and learning disability services during the COVID-19 pandemic. It also outlines the opportunity for ongoing engagement with the local population.
- 3 The virus has had a profound effect on our County Durham communities and our workforce, both mentally and physically. There will be a need to provide ongoing support and resources in relation to this.
- 4 The County Durham Care Partnership (CDCP) acknowledges the sadness experienced across our communities for the loss of life there has been. The CDCP also gives thanks to all NHS and social care colleagues, care workers and key workers who have worked extremely hard throughout the pandemic to ensure continue service delivery.

Executive summary

- 5 A novel coronavirus - severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) – was identified in Wuhan, China at the end of 2019. The virus is highly infectious and causes a respiratory illness called COVID-19.
- 6 The virus spread rapidly across the world, and was declared a global pandemic by the World Health Organisation on 11 March 2020. Organisations which make up the County Durham Care Partnership all had emergency and business continuity management planning frameworks in place, which enabled the system to respond promptly to the threat as it emerged. However, we have had to respond dynamically and innovatively revising our approach as the national coronavirus action plan, guidance and recovery strategy evolved.
- 7 The pandemic has had a significant impact on the way that health and care services are delivered to people in County Durham and it is likely that the impact will be ongoing for some time as long as covid remains a risk to health. Some of the changes we have seen are very positive and may become permanent.
- 8 The strong partnership arrangements in Durham have been critical in the collective response that the health and care system has made during the pandemic.
- 9 There have been significant changes to the operational delivery of Adult Social Care with a move to non-face to face working and increased use of technology. Services have coped with the changing demands placed on them and have worked flexibly to adapt to change.
- 10 Commissioning services have seen a focus on provider support, resilience and assurance. The team have adapted existing working practices and developed new tools to help to understand pressures in the market, coordinate support from partners and to deploy that support.
- 11 Primary care services have adapted very rapidly with a move to a total triage system and most activity taking place via telephone or video conferencing. Patients have adapted well to the changes ways of working. Further work is required to develop the new model of primary care.
- 12 Our main acute provider has re-designed services so that there is a separate flow for covid and non covid patients. Providers have continued delivery of urgent services such as cancer diagnosis and treatment. The focus is now on the re-start of services ensuring that they can continue to be delivered safely. The re-start of services will be based on clinical priorities.

- 13 Community services have also moved to a non-face to face delivery model wherever possible. Community nursing teams have provided significant support to care homes. There is now a focus on the re-start of services in line with clinical priorities.
- 14 Patient transport services have changed in line with national guidelines to prioritise urgent services and work within infection control guidelines. A number of benefits have been seen as a result of this.
- 15 A huge amount of support has been provided to care homes which has been coordinated across partners including DCC commissioning, social care, safeguarding, Infection Prevention Control, the Care Quality Commission, public health, community nursing services and community mental health services. Training, advice, guidance and support have been provided by all partners.
- 16 Mental health and learning disability services have adapted to non-face to face delivery where possible. There is a significant focus on recovery and the changing needs of the population for services as a result of covid-19.
- 17 There is an opportunity to engage with the public as part of a joined up approach to assess the impact of changes and to ensure that the needs of the whole population are considered.

Recommendation(s)

- 18 Adults, Wellbeing and Health Overview and Scrutiny Committee is recommended to:
 - (a) note the contents of this report;
 - (b) acknowledge the work of the County Durham Care Partnership in response to the COVID-19 emergency;
 - (c) acknowledge the strength of relationship and partnership working in County Durham which has been invaluable during this period;
 - (d) recognise the outstanding efforts and response of all staff, volunteers and residents to the COVID-19 emergency.

Background

- 19 The Corona Virus pandemic has had an unprecedented impact on every aspect of health and social care provision across the UK. This has required the rapid development and implementation of emergency policy and guidance in an attempt to mitigate against the worst effects of the virus and to ensure continued service delivery.
- 20 National guidance has been issued and frequently updated for both health and social care. Services and operational teams have had to digest and disseminate this guidance and implement it rapidly.
- 21 In response to the national legislative and policy changes, senior managers across the system have been working on a Durham operational response. This document sets out the Adult Care, Commissioning and Provider response to covid-19 and how teams and services have reorganised to manage on-going service provision during the pandemic.
- 22 The initial peak of infections may have subsided, but it is unclear if and when there will be a second and potentially third peak of infection. Changes to service delivery will be required in the medium term to enable services to continue to operate amidst the risk of infection.
- 23 There has been a significant amount of change and innovation as teams work to maintain delivery during the pandemic. It may make sense to retain some of these changes on a permanent basis.

Response

- 24 There has been an unprecedented response both nationally, regionally and locally to the pandemic outbreak. This is from both patients/service users and from staff delivering or commissioning services. The health and social care system in Durham has worked together more closely than ever to collectively address any issues that the pandemic has posed.

National

- 25 In early March 2020 the NHS declared a “level 4 incident” which allowed NHS England to take command of all NHS resources across England. All CCGs were required to put in place local Incident Command Cells to manage the coordination of efforts at a local level.
- 26 A similar approach was put in place in Local Government, with Durham County Council putting in place governance arrangements to manage a similar coordination of efforts. Both approaches were supported by the County Durham and Darlington Local Resilience Forum.

- 27 The Government and advisory bodies subsequently developed and disseminated advice and guidance for the NHS and Local Government in response to the varying requirements. This guidance has been continually updated to reflect any new research, evidence or good practice identified.

Regional

- 28 Led by the Association of Directors of Adult Social Services (ADASS) at regional level, Local Authorities have collaborated wherever possible, meeting regularly and sharing good practice for both commissioning and operational delivery of social care services.
- 29 The North East and North Cumbria Integrated Care System (NE&NC ICS) has continued to meet to meet and provide a similar function with coordination of NHS activity wherever possible.
- 30 A number of 'cells' were established by NHS England where experts in their field would come together to discuss guidance and practice in particular areas e.g. primary care, community care etc.
- 31 The local Public Health England team have offered support and coordination at a regional level and there has been close collaboration between Directors of Public Health.
- 32 The County Durham, Sunderland and South Tyneside Integrated Care Partnership (CDS&ST ICP) have been working together, particularly on delivery of acute services and ensuring that essential services such as cancer treatment can be maintained.

Local

- 33 County Durham has a history of strong and effective partnership working with integrated arrangements in place for both adult health and care delivery and more recently commissioning. The strong partnerships have enabled the health and care system in Durham to work collectively and collaboratively throughout the pandemic.
- 34 The maturity of our partnership arrangements has enabled us to provide mutual support to each other and support parts of the system that are struggling wherever possible /appropriate.
- 35 The existing forum of the Local Accident and Emergency Delivery Board (LAEDB) chaired by the, Chief Executive of County Durham and Darlington Foundation Trust (CDDFT) was used as a daily system forum. Senior leaders from across the health and care system used this

forum to share intelligence, discuss challenging issues and develop collaborative solutions.

- 36 A daily system call was also implemented which included senior leaders from health and social care. This call was used to discuss any issues that had arisen during the day find resolution or escalate issues to Chief Officers. This proved to be an effective forum and also provided mutual support for staff that were operating under extreme pressure.
- 37 A mutual aid call group was also established across County Durham to predominantly discuss support available for independent providers. This is referenced in more detail later in this report.

Adult Social Care

- 38 The pace at which circumstances changed in March, made it almost impossible to plan with any degree of confidence from an operational perspective. The Covid- 19 Hospital Discharge Service Requirements resulted in the need to instigate a service response from 8am to 8pm, 7 days per week.
- 39 To fulfil these requirements, we had to ensure we could provide a high degree of workforce agility, both in terms decision making and how we mobilise our resources in response to rapidly changing needs and circumstances.
- 40 In order to achieve the workforce flexibility required, the Head of Adult Care worked in tandem with the Head of People and Talent Management to develop Emergency Operating Terms – “Reorganisation of Adult Care and Commissioning to respond to the Coronavirus.” This coincided with the introduction of the councils Emergency HR policy COVID- 19. . Together these documents addressed the HR issues facing Adult Care and Commissioning in maintaining our service offer across an extended 7-day period during this emergency situation.
- 41 The approach taken complemented that of our system partners in community and acute health services. Our senior management functions were aligned to ensure 7 day/12 hour per day management cover including a daily system call became embedded. In doing so, we have been able to maintain effective partnership working, decision making and system leadership throughout the most challenging period of the pandemic.
- 42 Due to a sustained stability of service provision and workflow, we were able to step down the intensity of service availability at the beginning of

June. Our systems calls now take place Monday, Wednesday and Friday and most of our workforce have returned to 5 day working. The key to how we manage an uncertain future in terms of service demands is 'flexibility'. We have the agility to mobilise resource and increase staffing required to work across 7 days in the event of a second wave.

- 43 Services have operated very differently. Our workforce has remained fully functional by working from home and by making fullest use of technology such as Microsoft teams.
- 44 The vast majority of service users contacts have taken place using video conferencing and telephone contact. Face to face contact has continued where necessary; strict guidelines on social distancing and the use of PPE have been observed throughout.
- 45 Perhaps the greatest operational concern during this period was the risk of our core services and functions becoming overwhelmed. Thankfully, in the middle of March activity levels (adult social care referrals and enquiries) reduced by approximately 25% across the board following lockdown. Activity remained around this level for approximately 4 weeks before gradually returning to now near normal levels.
- 46 A crucial factor in how we have successfully managed our resources since March is that we have had the full support of all our managers and employees to adapt and respond to these challenges. The commitment and flexibility shown by all concerned has been outstanding. As we look forward, we will continue to keep a close eye on emerging system pressures and will adapt our workforce response accordingly.
- 47 In addition to maintaining our statutory social care and safeguarding responsibilities, the council has followed national guidance and requirements in supporting the NHS with hospital discharges.
- 48 To cope with the anticipated increase in COVID-19 related hospital admissions, the NHS sought to increase the speed of hospital discharges to free-up hospital beds, in advance of the rapid increase in admissions and during the peak as in-patients were treated and well enough to return home. A 'discharge to assess' policy was introduced nationally whereby as soon as patients were assessed medically as being well enough to be discharged, they were moved off the wards and then discharged home within a matter of hours. Details on this guidance are included at Appendix 2 of this report.
- 49 Under this approach, care plans, which ordinarily are agreed and put in place prior to discharge, had to be rapidly developed after discharge by community and primary care services working in tandem with social care.

- 50 The County Durham Care Partnership put in place an Integrated Hospital Response Team to manage the discharge process, which adopted a Discharge to Assess (D2A) approach to facilitate hospital discharge.
- 51 Between 19 March and 10th June 2020, the team were involved in 1,205 hospital discharge referrals. 51% were discharged back to the community and received a domiciliary care package. 40% were admitted to a residential or nursing home; of which 44% were admitted to short term rehab bed. 9 % did not require a care package.
- 52 The Council has developed frameworks of financial and other support to ensure the ongoing viability of adult social care providers in the residential / nursing, domiciliary (including supported living / extra care) and day care sectors, with the primary objective of maintaining continuity of service during the COVID–19 emergency and the sustainability of market sufficiency in keeping with the Care Act 2014 duties and responsibilities.

Commissioning

- 53 On 1st March the new integrated commissioning team for health and social care was formed. Much of the development work that takes place when bringing teams together has had to be paused while the team deals with covid response. There have already been benefits realised from working as a single team across health and social care such as reduced duplication, quicker decision making and generally more effective working. Providers have benefitted from a single response from commissioners too.
- 54 The integrated commissioning team introduced daily monitoring (7 day cover) and liaison calls from 23rd March 2020, with all commissioned front-line service providers including residential and nursing care homes and domiciliary care to ensure that they were supported through the pandemic and that operational pressures were identified and responded to as quickly as possible.
- 55 To date, over 13,600 calls have been made to providers to check their situation and to offer advice and help, including responding to additional Care Quality Commission (CQC) and Department of Health and Social Care (DHSC) monitoring requirements. A copy of the response that Durham County Council and County Durham CCG made to the DHSC in relation to care homes can be found at appendix 5.
- 56 A comprehensive OPEL (Operational Pressures Escalation Levels) tool was developed by commissioning to assess independent provider status. This covers infection rates, staffing cover across job specialisms, and PPE stock. The tool also gathers information on care home deaths

and occupancy, allowing senior managers to review the market position on a daily basis and quickly identify providers potentially requiring interventions. This is particularly important as AHS commissions from more than 250 front-line adult care services, including 137 care homes. A 3x weekly Care Home Mutual Aid meeting has been established to review the market position.

- 57 Arrangements were also made for additional psychological support for care home staff should they need it, while during the peak of the food shortages at the beginning of the pandemic commissioning teams arranged for urgent food deliveries from the Council's school meals contract to care homes unable to access their usual food supply.
- 58 The council agreed a 10 percent temporary COVID specific funding increase for older persons care homes and domiciliary home care (increased initially from 5%) as well as increased general inflationary uplifts for these services. Learning disability and mental health providers have also been issued with COVID specific funding increases of between 5 and 10% in recognition that, though the impact on such services is not as acute as it is for older persons provisions, additional costs will be incurred. Care homes and home care services are also receiving COVID specific funding increases in respect of self-funders / private service users. This is in recognition of the need to support the whole market in line with our Care Act duties, despite such individuals not being the responsibility of the Council contractually. The Council has also issued £13 million of advance payments upfront, as opposed to in arrears in order to help with funding and cashflow issues.
- 59 In advance of the national and regional social care recruitment campaign, we launched our own local recruitment and development programme, through the County Durham Care Academy to encourage more people to pursue careers in the sector, helping providers with staff and skills shortages. To date we have had over 200 applications from people interested in training for roles in the care sector. Upon registering an interest, applicants are immediately contacted, with DBS checks fast tracked, followed by completing the remote training. This has enabled the council to develop a "bank" of individuals with clearances and training undertaken to draw on either within the council or in commissioned care services as required.
- 60 To support care homes to tackle and prevent the spread of infection in their establishments, we have established a multi-agency infection inspection team to review and support the implementation of effective infection control practice and procedures in the homes. Public Health England has also provided advice, guidance and initial swabbing of cases in care homes.

- 61 The supply of personal protective equipment (PPE) has been a major issue during the pandemic. Whilst commissioned service providers are responsible for meeting their own PPE needs, it has been necessary for the council to step-in and help providers by providing over 480,000 items of PPE to the social care sector from its own stock and that which we manage on behalf of the LRF. In total up to 27 May 2020, the council has delivered over 815,000 items of PPE.
- 62 The government has worked to provide LRFs with emergency PPE drops to address local shortages, and while these have been welcomed, the overall issues with PPE supply and distribution have affected the reliability of these drops, such that the council has had to work with other local authorities in the region to secure its own more reliable supply and in some instances, prioritise its own PPE use in order to direct supplies to support frontline social care services.

Primary Care

- 63 Primary care has shown great resilience and adaptability in transforming its ways of working during COVID-19. Some of the key actions/changes made response to the pandemic are highlighted below.
- 64 **Appointments in General Practice:** One of the significant changes was the way in which appointments were offered to ensure the safety of both patients and staff:
- all practices moved to a 'total triage' system to limit the footfall into surgeries;
 - anyone who had a face to face appointment planned was contacted and triaged remotely before attending the practice;
 - appointments required following triage, where possible, were done remotely either via telephone, on line or video conferencing;
 - patients were still able to access a face to face appointment when deemed clinically appropriate through the triage process;
 - patients were not called into practice for routine appointments and practices did as much as they could to manage these patients remotely and safely.
- 65 **Video Consultation:** As part of our response to COVID-19, practices were enabled to offer video consultations as a matter of urgency. Early feedback from practices utilising the AccuRX video consultation has been positive and continues to be in place free of charge until March 2021 and is currently being used across all practices and care homes.
- 66 **Front door access into practices:** To keep both patients and staff safe, people were screened before entering practice premises. This

was managed through various methods including using an intercom before entry and use of a separate entrance to avoid cross-contamination.

- 67 **Remote working:** To ensure business continuity the CCG supported practices to work remotely providing laptop, smartcard readers and other equipment. This meant that if staff were shielding or had to self-isolate they could work from home, where appropriate staff had access patient records to support their work.
- 68 **Patients required to ‘shield’ for 12 weeks:** Practices were asked to identify their most at risk and clinically vulnerable patients who were not picked up by the central team and write to them to advise them on shielding. These patients were then able to register to access additional help and support via the local authority, for example, having essential groceries delivered by volunteers.
- 69 **Collaboration work - data sharing across practices:** There was an increased pressure on workforce during the early stages of the pandemic, due to staff having to self-isolate, shield or work from home due to issues with childcare. To improve resilience within primary care, GP practices were supported to implement processes for the sharing of patient data across practices within their respective Primary Care Networks, giving practices the opportunity to support one another should the need arise. These data sharing agreements and processes also supported practices in the development of the in hours hubs, so that practices could retract and free up staff to support the wider system as well as being able to more effectively manage the risks around face to face contacts
- 70 **Out-of Hours rota and Community Hospital cover:** Following a request from County Durham and Darlington NHS Foundation Trust, GPs volunteered to support the Out of Hours rota. This allowed Trust employed doctors to work in acute hospital wards to support demand management. GPs and nurses from practices also volunteered to cover sessions within the community hospitals. Training was made available so they were familiar with the Trust clinical system and relevant clinical updates.
- 71 **Online medication ordering:** All ppractices have been supporting the national push towards increased use of e-prescribing and repeat dispensing.
- 72 **Personal Protective Equipment (PPE):** Demand in primary care for PPE increased and as a result normal supply routes became congested. The CCG worked with County Durham and Darlington Local Resilience Forum (LRF) partners and wider Central Integrated Care

Partnership PPE Mutual Aid cell to plug the gap in supply by obtaining a small amount of core PPE to support practices whose orders had not yet been fulfilled. A generic CCG PPE email inbox was later set up to allow practices to request emergency supplies directly when necessary. PPE supplies have been and continue to be distributed to practices across the CCG by a push /pull system, using the intelligence gathered from the practice welfare calls. CCG administrative and reception staff have been utilised to deliver supplies in a timely manner.

- 73 **Swabbing and Antibody Testing:** Staff testing is of high priority, due to the potential impact on workforce shortages resulting from the 14 day self-isolation guidance if a household member has symptoms suggestive of COVID-19. Practice staff have been supported to access COVID-19 swab testing, to see if they currently has the virus. The antibody testing programme for staff working in primary care was rolled out week commencing 8 June 2020. Antibody tests check whether a person has had the virus.
- 74 **Practice Funding:** In order to support the COVID-19 response NHS England has provided assurances that practices would be able to claim back any costs related to ensure that no practice is financially disadvantaged by supporting the response to the pandemic. There was also national confirmation that no practice will be financially penalised regarding Quality Outcomes Framework (QOF), Directed Enhanced Services (DES); which the CCG has also supported. Assurance was provided by the CCG that all practices are freed up to prioritise their workload according to what is necessary to prepare for and manage the outbreak.

Acute Hospitals

- 75 On 17 March 2020, the NHS Chief Executive, and the NHS Chief Operating Officer, wrote out to all NHS organisations (copied to Local Authorities) setting out a series of actions that were to be implemented with immediate effect to deal with the intense pressure that was anticipated over the weeks to follow:
- 76 To enact these changes, a substantial number of interventions were implemented nationally, regionally and locally, including postponement of non-urgent elective care and a substantial increase in the emphasis on discharge arrangements, for medically fit patients. To support this, a number of changes were agreed around pathways, such as:
- all referrals subject to clinical triage;

- routine referrals and planned routine follow-ups managed through face to face consultations, virtual consultations, advice and guidance, deferment or discharge;
- urgent and 2 week wait referrals continued, but subject to consultant scrutiny to ensure 2 week wait criteria applied robustly; and
- Advice and Guidance (a national programme that provides a platform for advice to GPs by email) as the preferred default for any queries relating to existing cases or the urgency of new referrals.

77 There are some specific changes within County Durham and Darlington NHS Foundation Trust (CDDFT) to draw AWHOSC members' attention to:

- inpatient areas have been reconfigured iteratively to ensure separation between COVID positive and negative cohorts;
- separate areas within Emergency Departments (ED) and surgical suites for COVID and non-COVID patients;
- critical care capacity across CDDFT has been increased;
- all outpatients have been triaged which has resulted in either a face to face appointment, a virtual appointment (video, telephone, letter) or individuals were discharged with advice;
- provision of support via 'Advice and Guidance' was enhanced for routine referrals through the electronic referral service (ERS) system;
- elective cancer and clinically urgent surgery have continued, but elective capacity has been moved to support non-elective services;
- in diagnostics there has been a focus on urgent referrals and cancer pathways;
- reductions in screening programmes have been in line with national guidance; and
- both clinical and non-clinical staff have been redeployed to meet demand and to facilitate new ways of working.

78 Existing estate within CDDFT has been utilised to best effect and where possible additional capacity has been made available. The community hospitals across County Durham have increased their beds to accommodate additional patients to help facilitate improved flow.

79 Additional medical wards have been opened at Bishop Auckland Hospital to provide care for mainly frail elderly patients. The Trust have utilised existing and returning secondary care staff as well as GPs to manage patients in a controlled and safe environment. Primary care staff across County Durham volunteered to work in acute and

community hospitals as part of an agreed governance framework. In the main, many of those offers of support were not required (due to not reaching the feared demand); however, there are many examples of GPs working in hospitals. Where this has happened, the benefits for discharge management of patients and their transition into the community have been very positive.

80 For the re-set of services CDDFT has developed a key set of principles:

- Retain 2 Emergency Department entrances and flow through the Acute Medical Unit (Respiratory and Non-respiratory) on both UHND and DMH sites
- Single multi-specialty non Covid-19 Same Day Emergency Care provision on the UHND and DMH sites co-located with the Emergency Department
- Covid-19 multi-specialty Same Day Emergency Care identified patients to be treated within respiratory Emergency Department / respiratory Acute Medical Unit clinical pathways
- Urgent Care will continue to provide face to face appointments, telephone advice and home visits for patients at all 5 centres
- Nothing remains / moves to Acute site that does not require Acute site provision (broad principle)
- No designs have accommodated for service growth potential
- Estate expansion is only included for those services required to accommodate Covid-19 activity e.g. Intensive Treatment Unit

81 CDDFT has been undertaking work to develop an approach to standing up services. This work is in development and there are a number of dependencies, which may result in changes to timeframes as discussions continue. These plans have been developed through engagement with teams and partners and in line with clinical prioritisation.

82 Services expected to be running by 31st July 2020 are:

- Rheumatology – Sever Inflammatory Arthritis
- Rheumatology – Giant Cell Arthritis
- Rheumatology – Vasculitis
- Medical Education – Research and Development
- Medical Education – SIM Centre

83 Services expected to be running by 31st October 2020 are:

- Outpatients – All
- Acute Frailty UHND & DMH – Elderly Care
- Ophthalmology – Cataract Surgery

- Ophthalmology – Diabetic Eye Screening Service
- Ophthalmology – Elective
- Orthoptists / Optician
- Elderly Care – Movement Disorder Services
- Rheumatology – General / Fibromyalgia
- Respiratory – General / Sleep
- Rehab after Critical Illness (RaCI)
- Radiology CT Capacity
- Radiology – Steroid Joint Injections
- Pathology - Microbiology
- Paediatric – Acute Outpatients
- Paediatric – Community
- Paediatric – Therapies
- Gynaecology – Pessary Clinics

84 Services expected to be running post covid are:

- All Elective
- All P4 Elective Surgery
- All Routine Clinics
- All Routine Diagnostics
- Care of the Elderly BAGH (Frailty Specialist Units)
- Elderly Care – Community Hospital Outreach Consultant Liaison
- Elderly Care – Frailty Rapid Access Clinics (BAGH & CLS)
- Discharge Lounge DMH
- Pathology – Andrology (post Vasectomy)
- Gynaecology – Infertility clinics for women >35 years or triaged as time critical

Community Services

- 85 During the outbreak there has been a significant focus on the use of digital technology. Telephone or video appointments have been used as the default with face to face contacts for urgent patients only.
- 86 Community teams have been arranged teams into Covid and Non Covid each day where possible. The daily schedule of patient visits has been developed in order of risk (Shielding Non Covid first, then Non Covid, Shielding Covid, and finally Covid).
- 87 Services have implemented 7 day rotas for Senior Manager and clinical leads and increased 7 day working of clinical staff. The numbers of staff working in the overnight crisis response team have also been increased.

- 88 Restarting services is much harder than standing them down due to the geographical spread and number of community clinical delivery sites to be approved for use. Applying the new HSE guidance on “Working Safely Under Covid” is very time consuming and impacts significantly on productivity.
- 89 Most community services are still only providing urgent care and waiting lists are building for non-urgent cases. As a result cases that would have been dealt with as non-urgent are becoming urgent.
- 90 The high proportion of domiciliary activity carried out by community services leads to high use of PPE.
- 91 Community services continue to provide ongoing additional support to Care Homes.
- 92 Activity is gradually increasing again in most services which are developing a plan for reset / restart. There is a renewed focus on further integration of services and thinking creatively of how to do this safely to maintain patient outcomes but protect staff and patients from an infection control perspective.
- 93 The services are gradually stepping up non face to face activity, but are implementing videoconferencing and consultations. Work is ongoing to identify priority sites to restart face to face delivery from.
- 94 Over the next 12 months it is expected that community services will be:
- An increased use of videoconferencing/virtual meetings for non-clinical work
 - A strong focus on physical and psychological rehabilitation needs for post-Covid patients; there has been limited activity so far, but there is national concern over underlying problems people recovering from covid may experience
 - Reviewing the medical model for community hospital to attempt to maintain local GP leadership
 - Piloting the use of Smartphones in community nursing to enable videoconferencing in crisis domiciliary visits
 - Reviewing the role of Community Specialist Practitioner with Primary Care Networks to ensure the locality need is met whilst continuing to deliver high quality care.

North East Ambulance Service and Transport

- 95 There have been additional vehicles on the road during the covid outbreak, mainly from third party providers. Demand for 999

ambulances has been similar to previous years with a slight increase in April.

- 96 There has been no statistically significant change in the number of heart attacks and strokes that they have dealt with compared with this time last year, however initial indication suggest that people have experienced poorer outcomes as they may have delayed calling for help.
- 97 A number of GPs and other clinicians have been supporting the NEAS Clinical Advice Service to help deal with the number of calls received. This has reduced in improved call handling performance.
- 98 The number of occasions where the patient is 'seen and treated' as opposed to conveyed to hospital has increase significantly. This is believed to be due to patient expectation but also crew confidence as they are now supported by registered staff in the call centre. Ambulance crews are reporting that it is much easier to contact GPs who are all doing phone call/video consults which is meaning they can keep more patients at home.
- 99 Over next 12 months NEAS is able to transport one patient at a time, then the vehicle must go "off the road" to be fully disinfected. This will be the case for a considerable time.
- 100 Scheduled transport has been significantly impacted by covid-19. Vehicles can only transport one patient at a time due to social distancing. Work is taking place between NEAS and acute hospitals to understand when clinics will be re-started and to identify the impact that video conferencing will have on demand for patient transport.
- 101 Government guidance meant that all non-essential transport was stopped. The numbers of volunteer drivers available to convey people decreased as a number were shielding or isolating. Taxis have often not had access to PPE to be able to convey people.
- 102 Third party providers delivering NHS contracts aren't classed as "NHS" by the government so are still having difficulties accessing PPE, and swab tests for staff. As such most of them are simply saying "no covid journeys". CDDFT are having to supply PPE to all their third-party contractors (including ambulance providers). NEAS have no problem as they are NHS.
 - Durham County Council transport booking team agreed to help NEAS with the weekly calls to patients to cancel all non-essential PTS bookings.

- NEAS chose to offer PTS to all cancer related appointments not just chemo treatment across the whole of the North East. This has been very much appreciated.

Care Home Support

- 103 The [letter](#) sent out by NHS England and NHS Improvement on 1 May 2020, outlined the model of support to care homes and the proactive action needed to be taken by the end on May 2020. The model comprises of three key elements, namely:
- delivery of a consistent, weekly 'check in', to review patients identified as a clinical priority for assessment and care;
 - development and delivery of personalised care and support plans for care home residents; and
 - the provision of pharmacy and medication support to care homes.
- 104 There is now an increased focus on the care and protection of people within care homes. The CCG, alongside the local authority and provider organisations, is increasing the support available to care home environments to strengthen their ability around Infection Prevention and Control and ensure that they are in a position to manage outbreaks should they occur. This work is multifaceted and is interdependent with national steer regarding swabbing and testing.
- 105 An action plan has been developed in response to COVID-19. A team consisting of staff from both the CCG and local authority are working together on the delivery of the plan.
<http://www.durham.gov.uk/article/23496/Care-home-support-plan>
- 106 Care home situation reports are currently being submitted to NHS England on a weekly basis.
- 107 Financial support and a mutual aid package has been developed and offered to all care homes across County Durham, including:
- cash advance payments to aid cash flow;
 - 2020/21 contract uplifts for nursing and residential homes increased to 5% (from 4.5%), and will be paid from April 2020;
 - development of a system wide approach to 'mutual aid' including redeployment of staff to cover areas / providers experiencing significant pressures as a result of COVID-19 and access to fast track recruitment opportunities through Durham Care Academy;
 - Older persons providers will be paid a further 10% uplift on the 2020/21 fees, separately in advance, for both funded and self-funded residents (until at least end June); and

- support to maintain market capacity through block purchase of vacant beds to enable 'step up' service for people in the community requiring 24 hour care and 'step down' for people being discharged from hospital.
- Ongoing distribution of the Government's recently announced Infection Control Fund to front-line adult social care providers.

- 108 The IPCT support into care homes and hospices has increased since the pandemic was declared. The IPCT's initial response to the COVID-19 pandemic was to practically support the care home sector by distributing relevant information regarding hand hygiene (poster) and advice regarding Coronavirus and to reiterate our contact details, via Durham County Council. The IPCT had continued to work closely with the Local Authorities to ensure consistent messages in relation to Infection Prevention and Control reflecting the continually changing and evolving national guidance, especially in relation to the required Personal protective equipment (PPE). This proved to be a challenge when changes were occurring on an almost daily basis. We have worked closely with our colleagues in Durham County Council at identifying risk areas and targeting those homes that may require more support.
- 109 In April 2020 the IPCT identified a small number of care homes had residents who required Aerosol generating procedures to be undertaken on them, these homes were informed of the extra measures required to protect staff that deal with these residents and were supported to obtain the correct PPE and training.
- 110 Virtual training has been delivered by the IPCT 'super trainers' either via zoom or via telephone conferencing to trainers in 140 of our homes over a three week period, the training covered COVID-19 transmission, hand hygiene, cleaning, waste disposal, PPE, screening and outbreaks. Staff were shown the correct technique to don and doff PPE and were asked to practice whilst on the training to ensure they felt confident to train other staff within their homes. All care homes in County Durham have been sent the slides and training resources used in the zoom training. The IPCT has been in contact with most of the Care homes in County Durham including learning disability care homes, (we have tried to contact all homes but have had failed response from four).
- 111 Care homes that have reported outbreaks or have been identified as being at OPEL 4 and 3, on the care home mutual aid call have been contacted and supported more frequently, targeted training has been offered to those homes who felt they required more input. The IPCT continue to support care homes and hospices on a daily basis as issues arise.

Mental Health and Learning Disability Services

- 112 As a result of the COVID-19 pandemic, the Mental Health strategy is of even greater importance and there have been immediate actions to support people living with emotional and mental health need in County Durham during the lock down.
- 113 Adult services within TEWV continue with adaptations. Again, as national reporting has been stood down no data is available but we are aware that services continue in adapted ways to support physical distancing. TEWV update (number 11) gives a broad update, highlights are;
- Mental Health Act assessments under the Mental Health Act 1983 by Mental Health Practitioners (AMHP) have continued throughout the COVID-19 emergency.
 - Talking Changes continue to accept referrals through the Single Point of Access, with average time from referral to assessment one working day. The service continues to be able to offer both Step 2 and Step 3 interventions across Durham and Darlington, including Cognitive Behavioural Therapy (CBT), Counselling for Depression, Interpersonal Therapy and Eye Movement Desensitisation and Reprocessing (EMDR) Therapy and waiting times continue to reduce.
 - We are now (as expected) starting to see a gradual increase in referrals to secondary care now across Durham and Darlington, and continue to assess as many referrals as possible, either using available technology or face to face contact depending on clinical urgency
 - All community teams continue to provide phone, video and face to face contact depending on need and risk. All our teams remain available as normal should anyone need to contact them.
 - We are beginning to see an increase in people requiring admission so are keeping this position under close daily review in each locality and Trustwide.
 - Our single crisis number - 0300 0200317 - is now in place and working well. This includes access for children and young people, older aged adults and those with learning disabilities and/or autism.
- 114 Within learning disability 'Keeping People Connected' has ensured that adults with autism and/or a learning disability are supported via proactively contacting them by phone and ensuring their needs are met. This data is monitored weekly and while Durham calls are lower than some other areas we are aware that a number of at risk adults have been identified as part of this process. The voluntary sector

providers in County Durham linked to this work are currently seeking funding via Area Action Partnership to establish the work for a further 12 weeks.

- 115 Care home support including care homes with a mental health and/or learning disability continue to be supported via community teams with each TEWV locality being involved in a local multi agency mutual care home response
- 116 As work now enters a recovery stage, plans are being established by providers and as a system to continue to support emotional wellbeing and mental health and prepare for post COVID-19 challenge. While mental health needs will be greater understood over the coming weeks and months it is felt that the factors affecting mental ill health such as financial worries, isolation, etc. will create an increase in demand on services.

Recovery Planning

- 117 The presence of COVID-19 in our communities is likely to remain with us for an indefinite period, it is important therefore that we retain effective response arrangements, whilst also considering how we broaden work programmes towards a 'new normal'.
- 118 As we move to stepping down the intensity of some of our activity in response to the COVID-19 emergency, it is timely that we learn and build upon our experiences as we move forward some examples include:
- accelerated and strengthened partnership working where whole system working achieves more, in less time than single agency approaches
 - testing of new models of care delivery and ways of working
 - rapid and effective deployment of clinical and operational staff
- 119 In so doing, it is recognised that individual organisations which make up the County Durham Care Partnership will be considering recovery at different times, which recognises that some impacts from the emergency are still taking place in parts of the system.
- 120 Recovery does not suggest a return to pre-COVID-19 infrastructure or operational delivery. It needs to consider population need alongside health and care urgency, the benefits of integrated care delivery and the ability to respond swiftly to any future COVID-19 waves.

- 121 Recovery work is developing and ongoing , the County Durham Care Partnership will look for opportunities for alignment where appropriate

Engagement With the Public and Stakeholders

- 122 As part of the response to COVID the local system has had to adapt its working practices. The aim is to develop a strategy which focusses on County Durham as a system and which articulates an ongoing programme of engagement
- 123 Partners are working with communications and engagement leads across County Durham including those from CDDFT, TEWV, DCC, Healthwatch and NECS to maximise our existing capacity
- 124 Our aim is to understand people's perceptions of health and social care within CD which will help inform our future priorities. As part of this process we will engage with staff across the system as well as public on an ongoing basis.
- 125 We are also working to understand the impact of new ways of working due to COVID on the public. We are going to engage with the public on this in the coming weeks across primary and secondary care, mental health and social care and we are working with Healthwatch to develop a proposal on this.

Conclusion

- 126 The covid-19 pandemic has had a significant impact on health and care services in terms of both delivery and commissioning. A range of changes have been made to adapt to both Government guidance and the changing situation.
- 127 The health and care system will need to continue to adapt over the coming months and potentially years to operate in an environment that protects people from the risk of infection.
- 128 Partners will continue to work together to deal with challenges as they arises and also to capitalise on opportunities and improvements.

Background papers

None

Other useful documents

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Appendix 1: Implications

Legal Implications

Under section 2B NHS Act 2006 (inserted by Section 12 of the Health and Social Care Act 2012), local authorities have a statutory duty to take such steps as they consider appropriate for improving the health of the people in their area.

The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (SI 2013/351) make provision for the steps to be taken by local authorities in exercising their public health functions. This includes providing information and advice for the purpose of protecting individuals in the area of the authority from events or occurrences which threaten, or are liable to threaten, their health, and may in particular include arrangements to deal with infectious diseases.

Section 73A (1) of the 2006 Act, (inserted by section 30 of the 2012 Act), gives the Director of Public Health responsibility for exercising their local authority's functions in planning for, and responding to, emergencies that present a risk to the public's health.

Under the Civil Contingencies Act 2004, local authorities also have a duty to collaborate with others to protect the public, which includes promoting business continuity and resilience. The council is designated as a category one responder under the Act, and as such collaborates with other agencies through the County Durham and Darlington Local Resilience Forum.

The Coronavirus Act 2020 gives further powers to government to slow the spread of the virus; reduce the resourcing and administrative burden on public bodies; and limit the impact of potential staffing shortages on the delivery of public services. Under regulation, this includes postponing local elections including that of the County Durham and Darlington Police and Crime Commissioner due in May 2020, postponing the annual meeting of the council and allowing existing postholders to continue in office until an annual meeting is able to be held; and introducing 'virtual' council and committee meetings in the light of the lockdown and ongoing social distancing measures.

Finance

The council has been allocated government grant of £33.2 million to help cover the additional costs and lost income associated with coronavirus. At this point, it is estimated that the additional costs and income foregone will amount to £50 million. The longer term financial implications for the council are at this stage difficult to quantify, and are dependent on the duration of lockdown and the speed of economic recovery. Future MTFP reports will

need to consider the financial risks relating to the longer term impact of COVID-19 as well as the future policy direction of local government finance.

Consultation

Not applicable.

Equality and Diversity / Public Sector Equality Duty

Not applicable.

Climate Change

The lockdown and reduction in traffic and building use has generally been seen as having a number of environmental benefits including reduction in noise, light and air pollution, emissions and carbon reduction. Aspects of this may continue with walking and cycling being promoted as safer, socially-distanced modes of travel.

Human Rights

Not applicable.

Crime and Disorder

Not applicable.

Staffing

500 employees were redeployed during the COVID-19 response and all of the council's main HR policies and procedures were revised as part of a comprehensive emergency HR policy.

Accommodation

It has been necessary to close a number of council premises as part of the national lock-down and in some instances, where the council is an accommodation provider to business/commercial tenants, rent and/or rates relief has been offered to support tenants during the lockdown. A Facilities Management Task and Finish Group has been established under the council's recovery and restoration plan, to ensure that closed premises are re-commissioned and safe before they are opened again.

Risk

A risk assessment of the impact of the pandemic has been undertaken by a risk management task and finish group as part of the council's governance arrangements. Risk assessments have been undertaken as part of the council's business continuity and response arrangements to ensure the health and safety of staff, volunteers and service users.

Procurement

In order to respond to the pressures the council faced, emergency procurement procedures were adopted in line with government coronavirus legislation and procurement regulations.

Appendix 2: Chronology of Government announcements

10 February 2020

The Secretary of State for Health and Social Care introduced regulations to reduce the risk of human-to-human transmission in the UK by keeping individuals in isolation where public health professionals believed there was a reasonable risk an individual may have the virus. The regulations were used to enforce the policy of asking individuals who had recently returned from countries badly affected by the virus to go into quarantine or to self-isolate for a period of time. Over time the number of prescribed countries and regions increased.

25 February 2020

The government published guidance for employers and businesses, which at that time focused on what action to take in the workplace if an individual was confirmed or suspected as having COVID-19, or had recently returned from one of the prescribed countries badly affected by the virus. As the pandemic spread and the national strategy changed, the guidance was revised a number of times.

3 March 2020

The government published its coronavirus action plan which was based on four strategic phases – contain; delay, research; and mitigate.

6 March 2020

The Scientific Advisory Group for Emergencies (SAGE) published a set of planning assumption for a reasonable worst case scenario for the pandemic. These included a general infection rate of 80 percent of the population, between 17 and 21 percent of the workforce being absent from work in the peak weeks of the outbreak and an estimate that approximately 50 percent of the workforce would need to take time off work, either due to sickness or caring responsibilities over the full course of the pandemic.

12 March 2020

The government published its 'Stay at home' guidance which set out what individuals should do if they experienced coronavirus symptoms, however mild. At this point the government recognised that the virus was spreading generally throughout the country and could no longer be contained through international travel restrictions and by contact tracing around suspected or

confirmed cases. In terms of its action plan, this signified the shift from 'contain' to 'delay'.

16 March 2020

Imperial College London published a study which indicated that significant action was needed to avoid the NHS becoming overwhelmed and the number of deaths escalating much higher than in the worst case scenario initially envisaged. The report advocated widespread social distancing, in conjunction with other measures including school closures, case isolation, household isolation and the shielding of vulnerable groups, to control the spread of the pandemic to more manageable levels. The study prompted the government to advise the public to avoid all unnecessary contact and travel and to stay away from pubs and theatres.

18 March 2020

The government announced that all schools were to close until further notice. Further education colleges and universities closed too and summer GCSE and A-level examinations were cancelled.

20 March 2020

Pubs and restaurants were ordered to shut and the public urged to practice social distancing wherever possible on a voluntary basis.

23 March 2020

A UK-wide lockdown was announced, backed by police powers to enforce social distancing and closure regulations.

25 March 2020

Emergency legislation was introduced and passed in just four days, with the Coronavirus Act 2020 receiving Royal Assent on 25 March 2020. The legislation gives further powers to government to slow the spread of the virus; reduce the resourcing and administrative burden on public bodies; and limit the impact of potential staffing shortages on the delivery of public services.

2 April 2020

The government announced a significant expansion in the coronavirus testing programme with a target of 100,000 tests per day by the end of that month.

6 April 2020

The government wrote to local authorities to confirm that they would be allowed to hold virtual council meetings and that the 2020/21 annual meetings of councils would be postponed. In addition, all forthcoming local elections and other polls including the police and crime commissioner elections were postponed to 2021.

16 April 2020

The government extended the lockdown for a further three weeks and set out five tests which would need to be satisfied before the lockdown restrictions were eased.

23 April 2020

The first human trials in the UK of a test vaccine commenced.

4 May 2020

The first human trials in the UK of plasma treatments commenced.

10 May 2020

The Prime Minister made a statement on the roadmap to recovery and the gradual relaxation of restrictions as and when it deems it is safe to do so.

11 May 2020

The government published 'Our plan to rebuild: the UK Government's COVID-19 recovery strategy'. This set out a five point scale to indicate the level of threat posed by COVID-19 to society and a phased approach to recovery, with incremental steps to relax control and public protection measures.

13 May 2020

The government amended its existing regulations under the Coronavirus Act to enable the phased relaxation of lockdown measures including allowing people to visit HWRCs the re-opening of garden centres and some outdoor sports facilities.

24 May 2020

The government announced the establishment of a £50 million Reopening High Streets Safely Fund, to adapt and re-shape high street shopping areas and business districts to make them safe and welcoming spaces, in line with social distancing guidelines. The council will receive £469,000 from the fund.

25 May 2020

The Prime Minister confirmed the government's intention that schools should plan to re-open to some pupils from 1 June 2020 and that non-essential retail should begin to plan to re-open from 15 June 2020.

Appendix 3: Examples of local community support initiatives

Bishop Auckland and Shildon

Health Express and The Auckland Project set up a joint initiative aiming to provide food and meals to those in most need in the Bishop Auckland and Shildon areas.

With funding support via the Neighbourhood budgets of local Members, the project delivers free frozen meals and hampers of food products and ingredients to people in hardship in the area who have been advised to self-isolate and as a result have difficulty accessing food.

Bishop Middleham, Chilton, Ferryhill and West Cornforth

The 4 Together Area Action Partnership (AAP) which covers Ferryhill, Bishop Middleham, West Cornforth and Chilton turned their office into a local food distribution hub, distributing food that has been donated to the AAP.

More than 40 cases of milk, plus yoghurts, fruit, vegetables and fruit juices, alongside a number of other items, have been donated to 4 Together and are being shared amongst local residents in need.

The AAP team has also assisted local groups to create activity packs for children and young people in their area, including print-outs for rainbows, stress balls and packs of pens and notebooks to keep children busy during their time indoors. Future packs will also provide fruit and vegetable vouchers to those in need, which can be exchanged at the local fruit and vegetable shop in Ferryhill.

Brandon and Esh Winning

Mid Durham AAP is supporting Brandon Primary School and Esh Winning Primary School to keep children fed during the pandemic.

The AAP has granted £1,000 of funding to each school, to fund food projects for families in need.

Esh Winning Primary School benefitted from the AAP's coronavirus response fund, whilst Brandon Primary School benefitted from both the coronavirus response fund and the Neighbourhood budget available to local Members.

Brandon Primary School is using the funding to boost initiatives such as providing packed lunches and food parcels to families who normally receive free school meals, and who are struggling to afford food with their children at home during lockdown. Using additional funding from the Greggs Foundation, the school is also providing the high proportion of children who normally attend its breakfast club each morning with free breakfast packs.

The AAP's donation and the school's funds will be combined with funding from Believe Housing and Brandon and Byshottles Parish Council, to purchase and deliver food parcels to all families who contact the school in need.

Esh Winning Primary School is supporting parents and carers whose finances have been hit hard by the coronavirus outbreak, by delivering emergency food bags containing three days' worth of food, to help protect and support vulnerable and at-risk families.

The money supplied by Mid Durham AAP will help fund the school's scheme which, as well as supporting its own pupils, is also now supporting families from the village's other school, Our Lady Queen of Martyrs.

A parent support advisor is also helping families to access additional services and the school has become the temporary location of the Esh Winning Food Bank too.

Crook, Willington and Tow Law

Over what would have been Easter school holidays period, Jack Drum Arts developed online courses and arts and crafts activity packs for children and young people in Crook, Willington and Tow Law and surrounding villages.

The group has since received £13,000 from the 3 Towns Partnership (the AAP for the area) to cover their monthly overheads for the next three months so that they can run creative online classes and deliver arts and crafts activity packs to families in need. The grant will also enable Jack Drum Arts to commission a further 10 weeks of online courses aimed at children, adults, families, older and vulnerable people, with artists hosting virtual sessions including singing, dancing and music technology.

Durham City

Durham City AAP has been working with King's Church Durham in responding to referrals from the community support hub, to help a number of self-isolating people.

Building on its current Friends and Neighbours service, which operates in the Sherburn Road and Gilesgate areas of Durham City, King's Church Durham has received £2,000 from Durham AAP to extend its support into Newton Hall, Framwellgate Moor and other parts of the city.

The services offered include telephone befriending and free food parcels to residents in Sherburn Road and Gilesgate, as well as providing shopping support to residents in Sherburn Road, Gilesgate, Newton Hall, Framwellgate Moor and other areas of Durham City.

East Durham

Food parcels and essential items are being delivered to vulnerable residents in East Durham by local groups awarded funding by East Durham Area Action Partnership (AAP)

Around £4,000 has been awarded to East Durham Trust, which has seen a 400 per cent increase in requests for food parcels since the lockdown began.

The trust has recruited around 20 new volunteers in response to the demand and, building on its existing People's Takeaway service, has been working with community groups in the area to deliver meals to isolated people.

Another £4,800 has been awarded to Dawdon Youth and Community Centre to help support its foodbank, allowing it to expand the service to include hot meal deliveries. Since the service expanded, the centre has delivered more than 450 food parcels and meals to the community as part of its coronavirus support service.

Murton Parish Council has also been awarded £3,000 to deliver emergency food parcels to residents who are in isolation. The funding will allow the parish council to deliver more than 600 parcels to those in the community.

Lanchester

A funding grant from Mid Durham AAP has supported Willow Burn Hospice in Lanchester with its running costs during the coronavirus outbreak.

The nurse-led hospice offers specialist supportive, palliative and end of life care, including in-patient care, respite, day services and bereavement and family support, and is one of few rurally based hospices in the country.

It costs £1.2 million to operate Willow Burn each year and the hospice team is responsible for raising 70 per cent of this through grants, fundraising, retail income and donations.

However, due to the lockdown restrictions, the charity's shops and café have closed and local fundraising has fallen significantly. The AAP, through its own coronavirus support funding and Neighbourhood Budget from local Members has provided £10,000 to support the hospice over this period.

Newton Hall

Emergency funding from the AAPs has been used to support community venues suffering from lost income during the lockdown period.

One example is Newton Hall Community Centre which has received a grant of £1,700 to cover essential bills and to enable it to remain financially viable.

With essential costs covered, the community centre has remained open and the building is now being used by Durham Foodbank, which needed extra space as it supports more families who are struggling as a result of the coronavirus outbreak. Staff at the foodbank are using the centre as somewhere to pack and prepare family food parcels for the Durham area.

Spennymoor

Spennymoor Area Action Partnership (AAP) has supported local groups that have stepped up to the COVID-19 emergency through its Targeted Small Grants Fund.

One such group that is benefitting from the extra money is a dedicated team organised by Spennymoor Town Council which is pulling together care packages for vulnerable people in the area. Funding from Spennymoor AAP and housing provider Livin, contributed to over 50 packages being shopped for and delivered.

Asda in Spennymoor allowed a special shop at 7am and provided 150 free bags for life. Council staff and Members made up the packages at Spennymoor Town Hall and helped with delivery alongside volunteers from the Helping Spennymoor group and The Learning Library.

Spennymoor Police, The Learning Library and Solan Connor Fawcett Family Cancer Trust supplied details of clients who needed an extra helping hand.

Stanley

PACT House in Stanley has dealt with over 1,250 issues since opening its Coronavirus Crisis Hotline, these have ranged from things as seemingly trivial as posting letters, to supplying families with food who have lost employment or due to health issues have been forced into isolation.

They have created a six day a week fresh food bank, cooking food on the premises to be frozen into easily distributed cartons. Satellite foodbanks have also been set up by the organisation in outlying villages. Crisis packs are available to those in dire need, consisting of a range of fresh and tinned goods, bread, eggs, toiletry and sanitary products. They also have a team of volunteers who can shop for people with specific needs such as diabetes, and also collect and deliver prescriptions and medications.

Upper Teesdale and Weardale

Upper Teesdale Agricultural Support Service (UTASS) has been supported by the AAPs for Teesdale and Weardale to introduce a new 'Cook Your Own Tea @ Home' offer, which is a variation of its usual holiday activities where children and young people would gather together at a local centre to cook a balanced meal to enjoy.

UTASS has adapted the service and is offering a free fortnightly service where a recipe bag including locally sourced ingredients is delivered to a safe, pre-arranged location so members can create their meal at home with their families.

The project has received £1,380 from the AAPs as well as financial support from NHS County Durham Clinical Commissioning Group, BBC Children in Need and local which support UTASS.

Appendix 4: Examples of business support initiatives

Business Durham has assisted a number of businesses to diversify and expand in response to the pandemic:

- Bishop Auckland-based carton manufacturer JSB Enterprises, has diversified into PPE production by adapting a number of its cardboard cutting machines to create protective visors. The company initially supplied the visors locally to care homes, bus services and other frontline organisations. However, it has expanded production following national requests for protective visors which has enabled the business to safeguard six jobs including those of two staff members recruited through the council's Employability Durham scheme.
- Peterlee-based Alexander Technologies Ltd is recruiting 100 jobs. The company manufactures storage battery packs, some of which are used in medical equipment.
- A Seaham-based company that is a subcontractor to Serco has won a contract under the national track and trace programme, creating 170 new jobs over a 12 week period. Recruitment has commenced, but the company has asked that their name is not released.
- Sedgfield-based Kromek has moved into additional space in Discovery 1 at NETPark to develop and manufacture ventilators.
- Magnitude Biosciences Ltd, a Durham University spin-out, has moved into lab space in Plexus 2 at NETPark and have acquired Invermis Ltd, a specialist transgenics services provider. Their existing training workshops and services will now be conducted from NETPark, allowing the company to service larger projects.
- IBEX Innovations, based at NETPark, has raised more than £500,000 to commercialise a product which aims to improve detection of breast cancer. The funding has been secured from the North East Venture Fund, along with IP Group and a number of private investors.
- Technimark in Middleton-in-Teesdale is making filters for ventilators as part of the COVID-19 response. The council's planning team has provided advice to enable the company to maximise its space and consider options to increase manufacturing capacity on-site.

Appendix 5: Care Home Support Letter to DHSC

Contact: jane.robinson@durham.gov.uk

Email to: CareandReform2@communities.gov.uk

Dear Helen Whately,

Support for Care Homes in County Durham

In County Durham we have a long track record of integrated working across the health and social care system. Building on this, in response to the coronavirus pandemic, we have as a health and social care system co-ordinated support to care homes across the County both strategically and operationally. This is part of our wider system plan which also incorporates people being supported at home, including services such as supported living and extra care which we are also providing appropriate support to during the pandemic.

We are collectively confident as a system, that the actions we have identified are being implemented, reviewed and focused in the most appropriate way for our County.

The following is a summary of the support that has been put in place to date;

Financial Support

- a. A 5% annual inflationary uplift to fees for 20/21, to be paid for the whole year and has now become part of the baseline payments for subsequent years, i.e. not linked to any COVID-19 timescales.
- b. A further 10% COVID-19 specific temporary funding uplift which has been calculated based on pre-COVID-19 occupancy to avoid disadvantaging any provider who has seen a reduction in

occupancy. This also covers non-Durham County Council funded residents, i.e. Self-Funders who are not eligible for Local Authority financial support under normal circumstances. Payments have been backdated to 19th March 2020, ensuring financial support from the early stages of the outbreak.

- c. An interest free advance payment, again calculated based on pre-COVID-19 occupancy, amounting to an additional 4 weeks of usual funding. This will aid cashflow / liquidity and will be reclaimed only when the lockdown is lifted and even then, on flexible terms over a maximum period of one year.
- d. The offer to any provider who finds themselves in significant financial difficulty and with their viability at risk to engage with the Council as early as possible to discuss further support options. Discussions would take place on an 'open book' basis as advised by Government guidance. A relatively small number of providers have so far made such an approach to the Council.

Practical Support

Market Intelligence and daily oversight:

- a. A whole system response to care home oversight, assurance and support has been established, including:
 - Daily contact with care homes (older people and specialist homes) including contact with the small number of homes who do not contract with the Council, in order to understand any pressures, including financial, so that assistance can be provided if required.
 - A locally developed OPEL tool to identify care homes most in need of support and the type of support they require. Data is reviewed every day including weekends and public holidays.
 - Daily senior level system calls to discuss any emerging concerns from that day. This call is multi-agency in its approach, utilises the expertise from senior managers and clinicians from health and social care. It is comprised of both providers and commissioners and enables a timely targeted response to be actioned where concerns have arisen.
 - Whole system review of the situation for care homes three times weekly via a Mutual Aid Meeting including representation from community nursing, safeguarding, infection prevention and control, mental health community services, integrated commissioning team from CCG and Local Authority, performance monitoring staff and public health. A local representative from the Care Quality Commission joins this meeting on a weekly basis. The purpose of the call is to consider local data and all soft intelligence from any partners that are in contact with care homes and to consider support that homes may require and deploy it appropriately. There is a

dedicated group for both older people's and specialist care homes so we can ensure that the response is tailored appropriately. Specialist nursing advice is available as part of this function for homes and supported living schemes for people with learning disabilities.

- Deployment of a 'Practice Support Officer' who works with the home and utilises a local audit tool, developed to support care homes experiencing any issues or where concerns have been identified via the system mutual aid group. The audit tool is completed on a face to face basis and support provided where any issues are identified. There is a bespoke tool for both older people and specialist care homes.
- Regular strategic meetings chaired by the Director of Adult Services to maintain oversight of support.
- Daily update from Public Health England of any care homes with outbreaks fed into system oversight meetings to ensure homes are supported.

PPE

- a. Assistance has been provided with PPE through Durham County Council and the LRF, where care homes have struggled with supplies. To date over 440k individual items have been delivered to care homes. This has been at substantial additional cost to Durham County Council, this cost has not been passed onto care providers.

Staffing

- a. Access to workers able to be deployed to care homes at critical staffing levels as part of a 'mutual aid' approach. Where this has been possible, we have been able to deploy community nursing staff into care homes where there have had unplanned critical nursing shortages, with care staff from other commissioned services also available for deployment should an emergency need arise. Community nursing resource includes the potential to utilise returning clinical staff for care home deployment. We are continuing to work with the Care Quality Commission to understand the flexibilities in place for both NHS Foundation Trusts and care home registration in respect of nurse redeployment. Further clarity on what is acceptable for both care homes and Foundation Trusts would be welcomed as there are ongoing concerns about potential breach of registration when providing aid.
- b. Recruitment of new staff for the care sector through our County Durham Care Academy campaign. This has enabled the fast tracking of applications and staff training and preparing candidates for interview with providers. To date there have been over 70 applications and 9 posts filled through this work.
- c. All Care Homes can register on the 'GoodSam' App for volunteer support and details have been issued to providers.

- d. A range of support for mental health through the offer of resources and counselling/psychological support to care workers in care homes has been established. Care homes are contacted on a regular basis by the mental health community team and/or care home liaison team with proactive support offered.

Testing

- a. Support with testing has been provided via: County Durham and Darlington NHS Foundation Trust. We have been testing symptomatic staff in care homes since 1st April 2020. For the majority of older people's care home tests can be requested remotely using digital technology with results returned to the home and results shared in the same way. We are also about to embark on the testing of people living at home who are moving into residential care. Both planned admissions and crisis situations are being considered as part of our Standard Operating Procedure. We are working with the National Testing Programme to support homes which have requested whole home testing.

Infection Prevention Control

- a. Support from the Infection Prevention Control (IPC) Team has been available. The team has been working for several years with care homes across County Durham and every home has an IPC champion. The care homes have established relationships with the team who provide advice, guidance and support. The team is in regular contact with all care homes and supports if any concerns are identified via the system mutual aid group described earlier in this letter. The team has been delivering online training since March 2020. The team is delivering national training currently to all care homes.
- b. We have supported and sponsored a regional approach to care homes in terms of consistent communication and guidance, the development of enhanced teams to support care homes and additional visits to prioritised care homes.

Alternative Accommodation

- a. We review care home capacity daily as part of the data collection methodology outlined above and have maintained sufficient bed availability from providers able to effectively isolate / shield residents from the outset of the pandemic. We have therefore not needed to source alternative accommodation outside of the care home sector and do not anticipate this being required at this stage, though business continuity discussions capture the possible alternatives.

- b. Where the usual care home cannot safely accommodate a resident, alternative provisions are available, including a small cohort of homes where block beds have been commissioned to ensure safe and timely hospital discharge. This includes some unitised beds / areas in homes which have been specifically developed to ensure an appropriate system response to individual care needs. We also retain significant community hospital capacity in the County which assists with step down models.

General Support

- a. We have a comprehensive digital offer supported by a team from the Local Authority, CCG and local Foundation Trusts. Almost all our care homes have access to NHS mail to support secure transfer of information. Ninety-four of our older people's care homes have digital health care support via the Health Call system which supports remote monitoring of health.
- b. Our care homes have access to medication reviews from the CCG medicines optimisation team and primary care.
- c. Support with food deliveries from our school's contractor to care homes has also been made available where a provider's usual supply has been disrupted.

Next steps

Over the coming days and weeks, the focus in addition to the support outlined above will be;

- a) The distribution of the Infection Control Fund.
- b) Consideration as to how we can locally enhance the national testing programme to support care home residents and staff. We are committed to the testing of residents and staff within our care homes and other appropriate establishments and have played an active role in the North East testing cell. The government has committed to testing all residents and staff in Care Homes by the 6th June 2020, with 30,000 tests per day being available for the sector and Care Home managers to be informed of the results of tests. Nationally, we understand, this equates to around 1.5 tests per home per day. This falls far short of what is needed to reduce transmission in Care Homes. The North East Testing Cell considers that working towards regular (initially weekly) testing of residents and staff of Care Homes who have not previously tested positive with results being received in a

timely manner would be a better use of testing capability to reduce transmission within Care Homes. Because of the need for timely test results (24-hour turnaround) this could be best achieved by local rather than national testing. Unfortunately, local laboratories have, thus far, been unable to source enough consumables to enable this to happen. There is, therefore, a need for the national testing programme to support an increase in local capacity to enable more regular and timely testing of asymptomatic residents and staff.

- c) Reviewing our response to potential provider pressures i.e. through significant staff loss. This includes a system wide approach to contingency planning for worst case scenarios.
- d) Care Homes are a priority setting within the overall outbreak management plan as test and trace commences and Local Authorities develop their local outbreak management plans.
- e) Commencement of early planning for the flu season.
- f) Considering our approach to provider sustainability where occupancy levels are becoming problematic in terms of financial sustainability. It is increasingly clear that a consequence of the pandemic will be that many care homes have substantially higher levels of vacancies than normal. In County Durham our occupancy levels have gone down from 87% to 77%. In part, this is a consequence of sadly the numbers of deaths of residents but perhaps also reflects an understandable perception that care homes are currently risky places to live. We are aware that in a guidance document about support for care homes published on 14 April, the Government stated, "We are separately considering how we can support the sector over the medium term, in light of the consequences of COVID-19, and will involve partners in the discussion." and understand that in this respect discussions are happening between the LGA / ADASS and the Care Quality Commission. We are therefore assuming that work is being done nationally to provide medium-term financial support to the sector where high levels of vacancies are impacting on viability. Early sight of this would be welcomed urgently as we cannot be in a position where we establish a scheme locally which cuts across anything nationally to compensate providers for high levels of vacancies.

The support package outlined above offered to care homes is kept under review to reflect local issues highlighted through our daily review of provider issues as well as emerging national guidance. Whilst preventing the spread of infection is a key priority, an increasing risk is the viability of care providers due

to falling occupancy levels and the challenge of managing the potential consequences given the presence of COVID-19 in our communities.

Yours Sincerely

A handwritten signature in black ink, appearing to read 'Terry Collins', with a long horizontal stroke extending to the left.

Terry Collins

Chief Executive

CC.

Jane Robinson, Corporate Director, Adult and Health Services

Neil O'Brien, Accountable Officer, NHS County Durham CCG

Amanda Healy, Director of Public Health

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**Adults Wellbeing and Health Overview
and Scrutiny Committee**

7 July 2020



**Refresh of the Work Programme
2020/21 for the Adults Wellbeing and
Health Overview and Scrutiny
Committee**

Report of John Hewitt, Corporate Director of Resources

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 To provide members with a suggested work programme for the Adults Wellbeing and Health Overview and Scrutiny Committee for 2020/21.

Executive summary

- 2 Overview and Scrutiny work programmes are designed to be flexible to accommodate items which may arise throughout the year. For 2020/21 this flexibility is essential to enable the scrutiny function to respond to the changing landscape of the COVID-19 Pandemic.
- 3 The proposed Adults Wellbeing and Health Overview and Scrutiny Committee work programme has been framed around COVID-19 and in the context of the new shared County Durham vision 2035. It reflects the long and independent lives strategic ambition therein.
- 4 The work programme has been developed to reflect new powers which enable local government meetings to be held remotely during this period. Holding virtual meetings has prompted us to consider how best to carry out the scrutiny role in these new and challenging circumstances.
- 5 The Adults Wellbeing and Health Overview and Scrutiny Committee received an initial report on the refresh of its work programme for 2020/21. The work programme has also been developed in conjunction with health partners and ongoing activity undertaken by the Committee during 2019/20.

Recommendation(s)

- 6 Adults Wellbeing and Health Overview and Scrutiny Committee is recommended to:
- (a) Receive and comment on the proposed Adults Wellbeing and Health Overview and Scrutiny Committee work programme for 2020/21
 - (b) Agree the Adults Wellbeing and Health Overview and Scrutiny Committee work programme for 2020/21 as attached And the flexibility that it offers to respond to emerging issues.

Background

- 7 Whilst the Adults Wellbeing and Health Overview and Scrutiny Committee scheduled for 3 April 2020 was cancelled because of the Coronavirus Pandemic, an initial work programme report setting out the key areas of activity undertaken by the Committee during 2019/20 was circulated for members' information and comment.
- 8 Scrutiny has adapted to the unprecedented situation of a global pandemic with a flexible and pragmatic approach to the 2020/21 work programme. New regulations enable committee meetings to be held remotely and formal scrutiny committee meetings will be held virtually for the foreseeable future.
- 9 To assist with the new approach to meetings we propose to keep agendas short to ensure virtual meeting time is focused on those matters which are the highest priority. Where agreed by the committee, regular overview reports will instead be circulated separately via email for comment and information. We hope that by doing this , we can help make the process of moving meetings online as smooth as possible and manage our workload efficiently and effectively.
- 10 As we all become more familiar with holding remote meetings, we will review our agendas and work programmes with the Chair/Vice Chair, and make any necessary changes in consultation with the committee.
- 11 This prioritisation of work programme issues will enable the scrutiny function to operate flexibly and take into consideration any changing national, regional or local responses to the COVID-19 pandemic.
- 12 The scrutiny work programme is informed by:
- County Durham vision 2035
 - Council Plan

- Cabinet Notice of Key Decisions
- Partner plans and strategies
- Performance and budgetary control data
- Changes in government legislation
- Key changes for improving performance

Adults Wellbeing and Health OSC Work Programme

- 13 A number of areas of work have been identified that will continue on into 2020/21 including key service development and reviews across health and social care in respect of:-
- a) The future of services currently delivered at Shotley Bridge Hospital.
 - b) Health and Social Care integration
 - c) Stroke Rehabilitation Services/Ward 6 Bishop Auckland Hospital.
 - d) Out of Hours Services/Urgent Treatment Centre at Peterlee Community Hospital.
 - e) Path to Excellence Phase 2.
 - f) The emerging Integrated Care System and Integrated Care Partnerships.

Areas for consideration in the AWHOSC Work Programme

- 14 The committee is asked to consider and agree to the proposed work programme for the coming year in the context of the challenges that the council faces primarily in respect of the response to and recovery from the COVID-19 pandemic, the shared County Durham vision 2035 and NHS partner priorities and strategies.
- 15 Appendix 2 provide information for members to note and comment on the suggested Adults Wellbeing and Health Overview and Scrutiny Committee work programme for 2020/21. The proposed work programme schedule includes an indication of those reports which will be considered by AWHOSC at a remote meeting and those which will be circulated to members. The dates when reports are taken too

committee or circulated may flex with the additional demands on and capacity of services during the COVID-19 response period.

Background papers

- None

Contact: Stephen Gwilym

Tel: 03000 268140

Appendix 1: Implications

Legal Implications

None

Finance

None

Consultation

None

Equality and Diversity / Public Sector Equality Duty

None

Human Rights

None

Climate Change

None

Crime and Disorder

None

Staffing

None

Accommodation

None

Risk

The Overview and Scrutiny work programme is an important element of the Council's governance and risk management arrangements.

Procurement

None

Appendix 2:

The proposed 2020/21 work programme for the Adults Wellbeing and Health OSC is attached.

<p>Overview and Scrutiny Draft Work Programme 2020/21</p> <p>Adults Wellbeing and Health Overview and Scrutiny Committee</p> <p>Lead Officer: Stephen Gwilym</p> <p>Principal Overview and Scrutiny Officer: Stephen Gwilym</p> <p>IPG Contact: Andrea Petty</p> <ul style="list-style-type: none"> • People live long and independent lives 	<p>Note:</p> <p>Overview and Scrutiny Review – A systematic six monthly review of progress against recommendations/action plan</p> <p>Scrutiny/Working Group – In-depth review/light touch review</p> <p>Overview/progress – Information on an issue; opportunity to comment, shape, influence, progress with a scrutiny review</p> <p>Performance/Budget – Ongoing quarterly monitoring performance reports/budgets</p>
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Item	When	Priority during COVID-19 response period	Who	Outcome	Comment
O/S Review					
Suicide Rates and Mental Health and Wellbeing in County Durham	2 October 2020	<ul style="list-style-type: none"> • report to AWH • circulate to AWH members via email Circulate Update Report to members via e-mail	Amanda Healy, Director of Public Health	To provide further progress on the members' Review recommendations	Members will receive information on how their recommendations are progressing.

Scrutiny/Working Group (light touch / in-depth review)					
Access to GP Services across County Durham	2 October 2020	Report to AWHOSC	Stephen Gwilym Principal Overview and Scrutiny Officer	To report the findings of a Review into GP Service provision across County Durham	Scrutiny Review
Overview/Progress					
Public Health Update	7 July 2020 5 March 2021	Report to AWHOSC	Amanda Healey, Director of Public Health	To inform members of the Council's mandated public health responsibilities and on the latest developments in respect of Public Health	This item provides members with an opportunity to consider the Council's statutory responsibilities regarding public health
Adult and Health Services Update	7 July 2020 5 March 2021	Report to AWHOSC	Lee Alexander	To advise members of the latest policy and service developments in respect of Adult and Health Services including associated funding	This item provides members with an opportunity to consider the Council's statutory responsibilities regarding Adult and Health Services

Director of Public Health Annual Report	November 2020	Circulate Update Report to members via e-mail	Amanda Healey, Director of Public Health	Update on Public Health priorities arising from DPH Annual Report	To receive the DPH annual report and reflect upon its content within the context of the Committee's work programme priorities for 2020/21 and beyond
Health and Wellbeing Board – Annual Report	October 2020	Circulate Update Report to members via e-mail	Cllr Lucy Hovvels/Gordon Elliott	To provide members with an update of the key delivery plan actions against the JHWS	To receive the Health and Wellbeing Board annual report and reflect upon its content within the context of the Committee's work programme priorities for 2020/21 and beyond
Safeguarding Adults Annual Report	December 2020	Circulate Update Report to members via e-mail	Gordon Elliott	Update on Annual Report	To receive the Safeguarding Adults annual report and reflect upon its content within the context of the Committee's work programme

					priorities for 2020/21 and beyond
Integration of Health and Social Care Services	15 January 2021	Report to AWHOSC	Jane Robinson, Corporate Director of Adult and Health Services Amanda Healey, Director of Public Health Nicola Bailey, NHS County Durham CCG	To provide an update on the integration of health and social care services	To ensure that members are aware of the ongoing progress being made in respect of the Integration of health and social care within County Durham as well as details of the Community Services Contract implementation
Oral Health Strategy	May/June 2021	Report to AWHOSC	Amanda Healy - DPH Gill O'Neill - Deputy Director of Public Health	To inform members of the development of the Oral Health Strategy	To allow members to comment upon the strategy and the key actions therein.

<p>Influenza-</p> <ul style="list-style-type: none"> Flu Vaccination Programme Evaluation CD&D Flu Prevention Board Update COVID 19 – Update/Review/Learning 	<p>9 November 2020</p> <p>9 November 2020</p> <p>7 July 2020 and ongoing</p>	<p>Report to AWHOSC</p> <p>Report to AWHOSC</p> <p>Report to AWHOSC</p>	<p>Amanda Healy, Director of Public Health County Durham</p>	<p>To advise members of the Council and Partners approach to preparedness for Influenza</p>	<p>To provide members' assurance that the Council and Partners have appropriate measures in place to combat Influenza</p>
<p>Health Protection and Assurance</p>	<p>November 2020</p>	<p>Circulate Update Report to members via e-mail</p>	<p>Amanda Healy, Director of Public Health County Durham</p>	<p>To provide members with information regarding the range of health protection, health promotion and Ill health prevention initiatives.</p>	<p>To advise members of the various steps being taken to ensure Health protection and Assurance</p>
<p>Mental health and Prevention at Scale</p>	<p>TBC</p>	<p>Circulate Update Report to members via e-mail</p>	<p>Amanda Healy, Director of Public Health County Durham</p>	<p>To provide members with information regarding the mental health and Prevention at Scale initiatives introduced by the Council and partners.</p>	<p>To advise members of the various steps being taken to promote mental; health and wellbeing at scale.</p>

Integrated Commissioning Strategy Update	15 January 2021	Report to AWHOSC	Jane Robinson/Sarah Burns	To provide members with information regarding the development of an Integrated Commissioning Strategy	To advise members of progress in developing an Integrated Commissioning Strategy
Pharmaceutical Needs Assessment Action Plan Update	TBC		Amanda Healy, Director of Public Health County Durham	To provide members with information regarding the progress in delivering the Pharmaceutical Needs Assessment Action Plan	To update members on the development of the Pharmaceutical Needs Assessment
Better Care Fund/Improved Better Care Fund	December 2021	Circulate Update Report to members via e-mail	Paul Copeland	To provide members of an update in respect of the Better Care Fund	To update members on the delivery of initiatives under the Better Care Fund/Improved Better Care Fund

Performance/Budget					
Performance Quarterly reporting	2 Oct 2020 2 Oct 2020 15 Jan 2021 5 March 2021	Report to AWHOSC	Stephen Tracey/ Angela Harrington (Resources)	To provide members with progress towards achieving the key outcomes of the council's corporate performance framework.	Summary information to Members
Budget Outturn Report Quarterly reporting -	2 Oct 2020 2 Oct 2020 15 Jan 2021 5 March 2021	Report to AWHOSC	Andrew Gilmore (Resources)	Detail of budget	Summary information to Members
Items from NHS County Durham CCG; NHS England and NHS Foundation Trusts					
North East Ambulance Service –New National Ambulance Response Standards – Performance across County Durham	5 March 2021	Report to AWHOSC	Mark Cotton, NEAS	Members are appraised of the impact upon NEAS of the new Ambulance Response Standards on performance against these across County Durham	To consider the implications for Ambulance Performance across County Durham of the new Ambulance Performance standards.

A&E Performance across County Durham and Darlington	5 March 2021	Report to AWHOSC	NEAS CDDFT	Proposed examination of performance within County Durham and Darlington A&E including waiting times, demand and handover performance	Requested/Suggested as part of the consideration of Ambulance Response Standards and also pressures facing A&E in County Durham
Durham Dales Easington and Sedgfield CCG – Review of Peterlee Urgent Treatment Centre	11 December 2020	Report to AWHOSC	NHS County Durham CCG	Post Implementation update report in respect of the revised service model for Peterlee Urgent Treatment Centre.	Continued engagement of members as part of the Review of Peterlee Urgent Treatment Centre.
Review of Enhanced and Extended Access to Primary Care Primary Care Strategy	September 2020 11 December 2020	Circulate Update Report to members via e-mail Report to AWHOSC	NHS County Durham CCG	Post Implementation update report in respect of the revised service model for Enhanced and Extended Access to Primary Care.	Continued engagement of members as part of the Review of Enhanced and Extended Access to Primary Care.
Stroke Rehabilitation Pathway/Services across County Durham	5 March 2021	Report to AWHOSC	NHS County Durham CCG	Members are appraised of the work being	Continued engagement of members in respect of

			County Durham and Darlington NHS FT	undertaken to improve outcomes in respect of Stroke Rehabilitation Pathway/Services across County Durham	Stroke Rehabilitation Pathway/Services across County Durham
Ward 6 Bishop Auckland Hospital	5 March 2021	Report to AWHOSC	NHS County Durham CCG County Durham and Darlington NHS FT	Members are appraised of the work being undertaken to improve outcomes in respect of Ward 6 Bishop Auckland Hospital	Continued engagement of members in respect of services at Ward 6 Bishop Auckland Hospital
Mental Health Services Update – CQC Inspection results and Improvement Plans – Tees Esk and Wear Valleys NHS FT	9 November 2020	Report to AWHOSC	TEWV/NHS County Durham CCG	Members are appraised of the ongoing work in respect of the provision of mental health services for residents of County Durham	Continued engagement of members and Community into the development of mental health services within County Durham
The future of services currently delivered from Shotley Bridge Community Hospital	5 July 2020 9 November 2020	Report to AWHOSC	NHS County Durham CCG County Durham and Darlington NHS FT	Members are appraised of the proposals for and findings from the public and stakeholder consultation	Continued engagement of members as part of the Review of services provided at Shotley Bridge Community Hospital

				undertaken in respect of future service models for services provided at Shotley Bridge Community Hospital	
South Tyneside and Sunderland Path to Excellence - Proposals for Phase 2	TBC		South Tyneside and Sunderland NHS Partnership County Durham CCGs	Proposals for Phase 2 Consultation and Engagement reported to members as part of consultation /engagement	Potential Statutory Health Consultation
Quality Accounts 2019/20 – Overview and Scrutiny Response	November/December 2020	Report to AWHOSC	County Durham and Darlington NHS Foundation Trust	Formal Responses by AWHOSC	To provide Committee endorsement of the formal Quality Account responses
Monitoring Updates	11 December 2020	Report to AWHOSC	Tees Esk and Wear Valleys NHS Foundation Trust	Monitoring Updates on 2020/21 Quality Accounts Priorities	To provide Committee with assurance that QA priority actions are being delivered and agree Committee feedback on areas of under-performance

			North East Ambulance Service		
Quality Accounts 2020/21 – Preparation of Overview and Scrutiny Input and Commentary	15 April 2021	Report to AWHOSC	County Durham and Darlington NHS Foundation Trust Tees Esk and Wear Valleys NHS Foundation Trust North East Ambulance Service	Process of shaping and OSC commentary on 2020/21 Quality Accounts	Members agree timetable for 2020/21 Quality Account consideration and response
North Cumbria and North East ICS/ North and Central ICP	TBC		Mark Adams – ICS/ICP Lead Officer	Updates in respect of the North Cumbria and North East ICS/ North and Central ICP proposals	For members information and comment
North Cumbria and North East ICS/ Central and Southern ICP	TBC		Alan Foster – ICS/ICP Lead Officer	Updates in respect of the North Cumbria and North East ICS/ Central and	For members information and comment

				Southern ICP proposals	
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