

DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held remotely via Microsoft Teams on **Friday 2 October 2020** at **9.30 am**

Present

Councillor J Robinson (Chair)

Members of the Committee

Councillors A Batey, R Bell, L Brown, P Crathorne, R Crute, T Henderson, E Huntington, P Jopling, 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 and Mr D Logan

Other Members

Councillors M Clarke, L Hovvells, I Jewell and A Shield

1 Apologies

Apologies were received from Councillor C Kay.

2 Substitute Members

No substitute members were in attendance.

3 Minutes

The minutes of the meeting held on 7 July 2020 were confirmed as a correct record and would be signed by the Chair.

The following matters arising were reported:

Minute No. 6b - The Committee noted additional information requested by the Committee on discharges of County Durham residents from inpatient hospital care from other foundation trusts, and, Covid-19 testing rates in respect of discharges, had been circulated by the Corporate Director of Adult and Health Services.

Minute No. 7 - Further to the discussion at the last meeting in respect of the system response to COVID -19, an overview report and presentation on adult social care will be considered at the Committee's meeting to be held on 9 November 2020.

4 Declarations of Interest, if any

There were no declarations of interest.

5 Any Items from Co-opted Members or Interested Parties

No items from co-opted members or interested parties were reported.

6 Shotley Bridge Community Hospital Update

The Committee considered an update report presented by Rachel Rooney, Commissioning and Development Manager, NHS County Durham Clinical Commissioning Group, on the Shotley Bridge Community Hospital Programme (for copy see file of minutes).

The Commissioning and Development Manager explained public engagement took place in the spring of 2019 and a proposed model of care had been developed, however, due to the impact of Covid-19 it was necessary to revisit the model in order to reflect recent changes in ways of working such as the increase in the number of virtual appointments and the utilisation of community hospitals throughout the pandemic. The changes will be taken into account and discussed with clinicians, with a view to a proposed public engagement plan being presented to the Committee for comment. Whilst It is hoped that public engagement will take place in November 2020, the Commissioning and Development Manager acknowledged the difficulties in carrying out any public engagement activity at the present time, and she assured the Committee that contingencies will be built into the plan.

The Committee noted that the proposed sites at Leadgate and Blackfyne had been found to be unviable partly due to highways issues. Therefore, the remaining options for consideration are the redevelopment of the current Shotley Bridge Hospital site, and, the site at Puddlers Corner, Genesis Way. Financial assessments will be carried out to inform a business case and to identify a preferred option. The Commissioning and Development Manager outlined the key milestones of the proposed timeline, however, she requested that the Committee bear in mind the high level of uncertainty at the present time.

The Chair thanked the Commissioning and Development Manager for the update and praised the work of all those involved in the project including Councillor Hovvels, local members, and, members of the reference groups.

He remarked that the progress of the project was testament to the excellent partnership working that was taking place and he was pleased to report that the Health Secretary, Matt Hancock, had endorsed the project during his recent visit. The Commissioning and Development Manager thanked the Committee for their ongoing input and the challenge they provide.

Councillor T Tucker referred to the current social-distancing restrictions and questioned how a comprehensive public consultation could be undertaken at this time.

The Commissioning and Development Manager explained that the project managers are mindful of the limitations, however, the aim is to ensure the engagement exercise is open, accessible and inclusive to all, including those most vulnerable in the community as they are often in most need. Whilst new methods of engagement are being considered, there is an awareness that not all members of the public have access to / are able to use technology and the Commissioning and Development Manager said that a dedicated telephone line is available for public engagement, where messages can be left and calls are followed-up. It is hoped that existing voluntary sector forums, stakeholders and NHS / care service providers will be utilised in the consultation exercise, and, suggestions from members on methods of engagement would be welcomed.

Councillor A Shield, local member for Leadgate and Medomsley, informed the Committee on matters discussed at AAP meetings including concerns regarding the highways issues and the anaerobic digester close to the Leadgate site. Referring to the site at Puddlers Corner, Councillor Shield informed members that the Genesis Trust is planning to submit a planning application for an energy recovery facility, which will be subject to approval by the Planning Committee. Councillor Shield also referred to the demise of Derwentside Mind and he added that the reference group had discussed that consideration could be given to Tees and Esk Mental Health Team forming part of the new facility. The Commissioning and Development Manager informed the Committee that the proposed energy facility is being taken into consideration, as the investigation of renewable energy sources forms part of the project.

Councillor O Temple sought assurance that any development of the existing site would not lead to interruption of the existing hospital services. He echoed Councillor T Tucker's comments that the engagement exercise should include telephone engagement, alongside digital methods, commenting that many people, including the elderly, prefer to engage by phone or do not have access to technology. The Commissioning and Development Manager assured Councillor Temple that continuity of care was considered as part of the original options appraisal, and, will feature highly in the future appraisal.

The Principal Overview and Scrutiny Manager stated that, in line with standard practice, it was requested that the proposals for the public engagement be shared with the Committee in due course.

Resolved:

- i. That the report be noted.

The Chair of the Adults Wellbeing and Health Overview and Scrutiny Committee proposed the additional recommendation.
It was further:

Resolved:

- ii. That the public engagement plan be presented to a future meeting of the Adults Wellbeing and Health Overview and Scrutiny Committee for consideration and comment.

7 Local Outbreak Management Plan

The Corporate Director of Public Health presented the Adults Wellbeing and Health Overview and Scrutiny Committee with a progress update on the Covid-19 local outbreak control plan (for copy see file of minutes).

The Chair gave a warm welcome to Amanda Healy, Director of Public Health and he thanked her, on behalf of the Committee, for the personal commitment she was making to the position, at this unprecedented time.

The Director of Public Health explained that when government relaxed the lockdown rules, it requested all local authorities to develop and publish a local outbreak control plan, with a public facing board being used to communicate openly with the public on the plan. It was agreed that the Health and Wellbeing Board, chaired by Councillor L Hovvells would fulfil this role. The current plan was presented to the Health and Wellbeing Board on 11 September 2020 and it builds upon the existing health protection arrangements in place to protect residents' health from Covid-19, and, to reduce onward transmission.

The Director of Public Health outlined the governance arrangements and the key objectives of the plan which identify seven control settings including care homes, schools and high risk communities and within these setting smaller, focus teams are in place to develop more in-depth plans. The Director of Public Health provided an overview of the work within each of the settings.

With testing and tracing being a key aspect of the plan, the Director of Public Health informed the Committee that work is being undertaken to set up longer term, local testing sites and she acknowledged the challenge some residents have faced when having to travel outside of the county to access testing facilities. In addition, work is being carried out with colleagues in the Contain Team to improve contact tracing rates which currently stand at approximately 60% of people being contacted within a 24 hour period.

In terms of the current position, the Committee noted a rapid rise in the rate of infection since the beginning of September. The Director of Public Health then provided information on the number of cases at the time which stood at 95.3 per 100,000, with 372 cases being reported within the previous 7 days. She explained cases were being observed across communities, with small clusters spread throughout the county, within households, schools and workplaces.

Members were advised that up-to-date statistics are available on the Durham Insight website and a link to the website would be circulated to members of the Committee. The Committee noted specific outbreaks in parts of the county had taken place including outbreaks at Stanley, Burnside and Consett. The Director of Public Health informed the Committee that County Durham had joined the LA7 group of local authorities, and the group is looking into additional prevention measures and seeking intervention from government to ensure swift action to slow the spread of the disease. With further restrictions in place from 18 September, a support package had been requested from government, for resources to support these measures, with discussions ongoing.

The Chair thanked the Director of Public Health England for the update and he sought clarification of the role of local members in the local prevention control plan. The Director of Public Health commented on the importance of their role, being the direct link to the community and she encouraged suggestions from members on how they could play a more active role. She added the service aims to keep local members updated through regular briefings and the provision of information with regard to specific outbreaks and widespread community transmission, and, she encouraged members to access the data which is available on the members' dashboard. In addition, a 'Community Champions' initiative is being looked into, which will include volunteers from the Community Hub, AAPs, and, it is hoped local members will also have input. The Director of Public Health then responded to comments and questions from the Committee as follows.

Councillor R Bell, local member for Barnard Castle West, commented that he had been unable to find positive case data at ward level on the Durham Insight website and he requested that granular level data be included. The Director of Public Health agreed to circulate a direct link to the data and to look to provide refined data at ward level but she cautioned that this type of data changed very rapidly.

She emphasised the importance of interventions within the community and the continuation of the public messages with regard to hygiene, protection and social distancing.

With respect to funding, Councillor Bell referred to the ongoing discussions on additional funding to resource the recent local restrictions and he asked what funding has been made available, what funding the service would like to see made available, and, what the funding to date, had been used for.

The Director of Public Health replied that a grant of £4.5million had been received initially for the local outbreak control plan, overseen by the Health Protection Assurance Board and the funding had been used to support matters such as additional capacity for a dedicated outbreak control team, enhanced support for environmental health, and, additional capacity in respect of prevention and control for special education. The additional government funding requested would be used to resource test and trace, compliance, enforcement, communication, and, to provide support for businesses and the community sector.

Councillor O Temple, local member for Consett North, expressed concern that with regard to a local outbreak in Consett, he was first made aware of the situation by reading a notice on a community centre door. The Director of Public Health apologised to Councillor Temple for the oversight, adding that community organisations have been a useful tool in enabling messages to be communicated speedily within localities and she assured Councillor Temple that local members will be informed of any further local outbreaks as soon as possible, in the future.

Speaking in relation to care homes, and, recognising that it is essential to control the virus, Councillor Temple said he had received many appeals from local residents who had been unable to visit their relatives in care homes. He requested that the Committee consider how to balance control of the virus with the importance of the basic need for human contact, at the Special Meeting in November. The Corporate Director of Adult and Health Services acknowledged these concerns and suggested that it would be helpful to do a broad presentation around the framework the Council works within, in terms of social care. She said that this question from Councillor Temple would be taken to that meeting and she requested further questions from members to be sent to her, by Friday 9 October, for inclusion in the presentation. The Chair requested that hospital settings also be included, having received similar concerns from those who had been unable to visit relatives in hospitals.

Councillor P Jopling asked what safeguards are in place to ensure that only those who are in need of tests, receive them. The Director of Public Health commented that when the schools returned in September many worried parents whose children had minor illnesses telephoned their GPs fearing they had symptoms of Covid-19. To address this, a flow-chart was developed with colleagues from the NHS, which was circulated to schools to inform parents about symptoms of Covid-19.

The service had also responded to intelligence within communities, such as taking steps to raise awareness when it was reported that entire football teams were being encouraged to be tested as a precautionary measure.

The Director of Public Health responded that the service continues to send a clear message to the community that only those with symptoms should be tested.

Councillor Tucker commended the work of the Public Health team adding she hoped staff were looking after themselves, whilst they were busy keeping the people of County Durham safe. She raised concern about the capacity of testing, saying she was aware of a number of people who had been unable to access tests and, as a result, were isolating as a precaution. She asked if more tests could be made available, and, she enquired as to how accurate the self-tests are. The Director of Public Health encouraged members to inform her of instances when people have been unable to access tests, as the service will continue to press for increased and easier access to testing. She added that an advantage of being part of the LA7 group is to maximise Durham's capacity for testing. With regard to self-tests, the Director of Public Health undertook to provide information on the failure rate of self-testing to a future meeting of the Committee.

Councillor L Brown, extended her thanks to the Public Health Team and commented that, as the local member for Neville's Cross, she had been approached by concerned residents who were apprehensive about going into Durham city and the risk posed by the return of the University students. The Director of Public Health reassured members that the University is going to great lengths to prevent the spread of the virus and that it is taking the return of students very seriously. It is part of a north east group looking at wider plans and it has liaised with local residents and community groups to explore their concerns and to balance those concerns with ensuring the city is welcoming for the students. In addition, Cabinet had visited the University to investigate the plans and to offer support in the event of an outbreak. The Director of Public Health added that she would pass the comments on to the University, at an their up-coming meeting.

Councillor J Stephenson commented, as a school governor, she had been heartened by the support provided to schools to assist them to manage outbreaks effectively. Councillor Stephenson asked whether there had been an increase in non-compliance following the recent additional local measures, and, for information as to how enforcement is dealt with. The Director of Public Health replied that the Licensing Team had carried out approximately 200 visits during the previous weekend and they had reported many good examples of businesses which were Covid-secure. Under the Local Resilience Forum, a compliance cell had been established, with the police and licensing officers, to look at enforcement measures.

Thanking the Director of Public Health for the work, Councillor C Wilson referred to the use of plastic visors and asked if they are safe to use without a mask or should a visor be worn together with a mask. Councillor Wilson also asked if staff in shops are encouraged to challenge customers who are not wearing masks. The Director of Public Health responded that face coverings are slightly more effective, however, the use of a visor provides a physical barrier. Shop managers are encouraged to request proof of exemption, if customers refuse to wear face coverings. The Director of Public Health stressed the responsibility for every individual to recognise their social duty and comply with the protective and social distancing measures.

Councillor S Quinn spoke from her experience of working in a care home and agreed with Councillor Temple's concerns regarding the lack of human contact and the impact of this whilst patients are unable to receive visits from relatives. She assured members that care home staff are endeavour to do all they can to provide patients with comfort and support at this time. Speaking as the local member for Shildon, which had recently been identified as a Covid hot-spot, she expressed concern that as more and more pubs close, this may be leading to people travelling from house to house, or, to other towns with fewer restrictions, in order to socialise and she asked if work was being done to dissuade people from this. The Director of Public Health said that the increased rate in Shildon was being actioned, in terms of communication and community engagement, and she would provide an update to Councillor Quinn in due course.

Councillor Bell echoed other members in thanking the Director of Public Health and her team. He commented that having recently checked national statistics, he agreed with Councillor Jopling's comment that the worried-well are accessing tests unnecessarily, as the national statistics indicated that only 1.5% of those tested are testing positive. He commented that if it is the case that most people are asymptomatic, control measures are vitally important. The Director of Public Health advised that the percentage of positive tests locally is higher than the national figure with approximately 6% of those tested being positive.

Councillor Bell then observed that although reports suggest that the hospitality industry is working hard to put measures in place to be compliant, he had observed supermarkets and shops seemed to have relaxed their procedures since the lockdown measures had eased. He also raised concern that as more and more of the hospitality sector is forced to close, an increasing number of people will gather in households to socialise. In acknowledging that the variation of restrictions between locations and settings may be confusing, the Director of Public Health commented that, at present, the rise in transmission is more prevalent in indoor spaces and between households. She remarked on a difficult balancing act to be achieved in keeping the economy going whilst ensuring public safety and she emphasised that it is very much a case of collective responsibility, for all individuals to be as stringent as possible.

Councillor A Reed referred to a public protest planned to take place in Crook and asked what measures would be put in place to protect protestors and members of the public and she asked if local members could assist in any way. The Director of Public Health commented that the planned lawful protest would be managed safely with the police and that she will brief local members to inform them of the plans and liaise on any action they could assist with.

In concluding the discussion, the Chair commented that two themes could be observed throughout, firstly that members would like more information and involvement with regard to their own wards. Secondly the great deal of appreciation members expressed for the Director of Public Health and the Corporate Director of Adults, Wellbeing and Health, and their respective teams, for their ongoing work. The Director of Public Health thanked the Committee for their kind words of support and paid tribute to all the staff within the teams, and, partners, who were working together, across the county.

The Chair then asked Councillor Hovvels to address the Committee on the plans to replace Public Health England with a new organisation. Councillor Hovvels referred to her campaign saying any support from members would be very welcome. She informed members that a joint letter from Health and Wellbeing Chairs was sent to the Health Secretary, however no response had been received. She expressed concerned and disappointed that there had been no communication or consultation with Public Health teams prior to the government announcement. Councillor Hovvels stressed the proposals will have a direct impact and the importance of having an opportunity to shape and influence the new arrangements. The Chair agreed to discuss the matter with Councillor Hovvels and the Principal Overview and Scrutiny Officer in order to look into what support the Adults, Wellbeing and Health Overview and Scrutiny Committee could provide.

Resolved:

That the report be received.

8 Primary Care Update

The Committee considered a report presented by Juliet Carling, Commissioning and Delivery Manager, NHS County Durham Clinical Commissioning Group which provided an overview of the primary care Covid-19 response and subsequent stakeholder engagement. The report also provided information on the national 'Talk Before You Walk' pilot, an update on primary care strategy development, and, information on Peterlee Urgent Treatment Centre (for copy see file of minutes).

Prior to presenting the report, the Commissioning and Delivery Manager explained that the NHS long term plan was for organisations to have integrated care systems in place by 2021.

Members were informed that the north east integrated care system has three integrated care partnerships which focus mainly on acute services. The County Durham Care partnership includes health and social care organisations which work collaboratively to ensure joined-up services where possible. Thirteen primary care networks are in place throughout County Durham which are groups of practices that work together on matters such as staffing, finance and estates and they promote easier integration with the wider health and care system.

The Commissioning and Delivery Manager then outlined the report and the response from the primary care service during Covid-19. She provided information on the ways in which primary care had transformed the way it works, including the introduction of 'total triage' and moving to deliver consultations via telephone, online and through e-consult. Work with care homes had been brought forward including GP practice alignment to every care home in County Durham, with the facility to undertake online consultations with a named GP, and, the introduction of NHS emails to ensure the safe transfer of confidential information. There was now a refocus on commissioning priorities in order to incorporate these improvements. Areas of focus for the future include, where appropriate, supporting patients to self-manage, the increase in the use of digital technology, and the possibility of widening the range of health care professionals working within primary care. In conclusion, the Commissioning and Delivery Manager advised that the primary care strategy will be discussed at the January meeting of the Adults, Wellbeing and Health Overview and Scrutiny Committee. She responded to comments and questions from members as follows.

Referring to total triage Councillor Temple spoke of a resident in his ward who had approached him for assistance as she had been unable to access medical advice. She had telephoned her consultant's secretary who had advised her to ring her GP. She had then spent two days repeatedly telephoning the GP surgery to speak her doctor only to be told no telephone slots were available and to ring back the following day. Councillor Temple advised her to call 111, however, the advice from 111 had been to continue calling the GP. Councillor Temple remarked that this effectively reduced the ability to access medical advice to a lottery of telephone connectivity. He requested that total triage be given careful thought prior to its adoption. The Head of Integrated Commissioning, Sarah Burns, requested that Councillor Temple share the details of the case, to enable the service to follow it up. Councillor Temple confirmed he had permission to share the information, that he would do so, and, that he would like two matters to be investigated, triage, and the appointment system.

Councillor Quinn, local member for Shildon, commented that her GP surgery is based in Bishop Auckland however she understood the surgery's health visitors are based in Tees and Esk and travel from as far as Ripon and she queried the practicalities of this. The Commissioning and Delivery Manager responded that she understood the service provider is Tees and Esk, however, she understood the teams were local adding that she would feed Councillor Quinn's comment back.

Rosemary Hassoon expressed concern at the lack of detail regarding mental health in the report and spoke of the importance of continuity of care for those with mental health issues adding that many people suffering with their mental health are unable to work and therefore may not be able to afford equipment to be able to access online services. In addition, she pointed out that although she is a member of the Mental Health Strategic Partnership Board, she had not been invited to a meeting of the Board for a year. The Commissioning and Delivery Manager agreed to pass these concerns to the primary care team to be followed up.

Councillor Jopling pointed out that there are occasions when telephone consultations are not appropriate, for example, she had been contacted by a resident who was suffering from an ear condition who had been offered a consultation, by phone, by the audiology department at her hospital. Councillor Jopling stressed that the method of delivery must be fit for purpose and there are some instances where a physical examination is the most appropriate method.

Councillor Bell agreed swaying although modern technology has its place it also has limitations and he reported that a GP he had spoken to said remote appointments can lead to duplication of work as some patients cannot be diagnosed remotely and ultimately are asked present themselves at the surgery for a face-to-face appointment. He also pointed out that members of the public can be apprehensive about using technology for medical and health matters and whilst technology can be a solution, it is not the only solution.

Councillor E Huntington agreed that telephone consultations can be limited, for example where patients have multiple conditions, it may lead to confusion and a delay in getting the correct diagnosis.

The Commissioning and Delivery Manager clarified that total triage involves an initial telephone contact and the patient may be offered a face to face appointment which is a clinical decision taken by a GP or a nurse. She confirmed the service was aware that telephone and video consultations have their limitations and she agreed to feedback members' comments, to ensure all the points discussed are taken into account.

The Head of Integrated Commissioning agreed that telephone consultations do have their place, however, in some cases they are appropriate, especially at the current time with the need to reduce footfall. She added that GPs are reporting similar themes, in that there are times when telephone consultations are appropriate and at other times physical examinations are required. She assured the Committee that the service is carefully working through these new principles and ways of working.

Resolved:

That the report be noted.

9 Overview and Scrutiny Review of GP Services in County Durham

Stephen Gwilym, Principal Overview and Scrutiny Officer, presented the Adults Wellbeing and Health Overview and Scrutiny Committee's review report focusing on GP Services in County Durham (for copy see file of minutes).

The Chair expressed sincere thanks to the Principal Overview and Scrutiny Officer for the support he provided to the Working Group on this piece of work and for his work in supporting the Committee.

By way of background, the Principal Overview and Scrutiny Officer explained that work had taken place during 2018/19 to investigate the review of GP branch services across County Durham and this had informed the decision to undertake a review of the provision of, and, access to GP Services across County Durham.

The Principal Overview and Scrutiny Officer outlined the terms of reference and explained that the review group met on six occasions to examine GP coverage across the county with evidence gathered from colleagues within Public Health, Clinical Commissioning Groups, the North East Ambulance Service and the Care Quality Commission. The Review Group made nine recommendations which aim to improve the sustainability and accessibility of GP services in County Durham. The Principal and Overview and Scrutiny Officer pointed out that references in the report indicate that survey work identified that the use of online and telephony to access services was very low, however, the impact of Covid-19 and its restrictions, was likely to have increased the use of those methods of engagement.

The Committee noted the recommendation to submit the report for consideration by Cabinet at the meeting on 16 December and the Principal Overview and Scrutiny Officer explained that date was a nominal date, and, subject to the Committee agreeing the report, consideration would be given to submitting the report to Cabinet in November.

Subject to Cabinet approval, the report would be shared with the Health and Wellbeing Board and the Clinical Commissioning Group executive body and executive board.

Councillor Tucker requested clarification with regard to the reference at paragraph 12 to a new countywide primary care strategy. The Principal Overview and Scrutiny Officer clarified, at time of the review, there were two separate CCGs both of which had individual primary care strategies. The review report seeks to ensure the findings and recommendations are used to shape and influence the emerging county wide primary care strategy, as referred to in the previous item of business on the primary care update.

Resolved:

- i. That the review report and recommendations be agreed.
- ii. That the report be submitted for consideration by Cabinet at the earliest opportunity.

10 Quarter One 2020/21 Performance Management Report

The committee considered a report of the Corporate Director of Resources presented by Angela Harrington, Strategy Team Leader, which detailed progress towards achieving the key outcomes of the council's corporate performance framework (for copy see file of minutes).

The Strategy Team Leader explained that the quarter one report covered the period April to June but also included some information relating to the final quarter of 2019-20, due to the impact of the Covid-19 pandemic on the reporting process. Future corporate performance reports will reflect the Covid-19 recovery plan, and, the revised reporting requirements outlined in the Council Plan for 2020-23.

Highlighting some areas of performance, the Strategy Team Leader informed the Committee that a new provider for the stop smoking service had been in place since April and the service had moved to provide telephone-based support in response to Covid-19. This saw an improvement in engagement, particularly with pregnant smokers, with the number of pregnant smokers, accessing the support, doubling on the same period last year. Data for the period also showed a slight improvement with regard to excess weight in adults for County Durham. Data will continue to be monitored in the light of Covid-19 and its impacts on mental and physical health. The increasing demands on adult social care will be analysed and partnership working will continue across the board, to monitor and respond to issues as and when they arise. The Strategy Team Leader informed the Committee that work is being undertaken to improve the way performance data is shared, in order to target support.

Resolved:

That the report be noted.

11 Adult and Health Services - Quarter One Forecast of Revenue and Capital Outturn 2020/21

The Committee considered a report and presentation of the Corporate Director of Resources, presented by Andrew Gilmore, Finance Manager for Adult and Health Services, which provided details of the initial forecast outturn budget position for the Adult and Health Service grouping, highlighting major variances in comparison with the budget for the year, based on the position to the end of June 2020 (for copy see file of minutes).

The Finance Manager remarked on the challenge of Covid-19 which had led to significant uncertainty from a budget monitoring perspective and the Committee was asked to note that the forecast presented included a number of assumptions which could be subject to change.

The Finance Manager explained that the council received a headline grant of £38 million in respect of Covid-19 costs pressures, Over £21 million of which was allocated to support pressures in the Adult and Health Services budget. Covid-19 costs included adult social care provider support, supply of personal protective equipment, and, additional staffing. Covid-19 underspends included reduced transport costs, a reduction in contracted placements in care homes, and, a contribution from County Durham Clinical Commissioning Group toward the cost of adult social care provider support.

The Finance Manager referred to the test and trace grant, referred to earlier in the meeting by the Director of Public Health, of approximately £4.5million to develop tailored outbreak control plans.

The Finance Manager also provided details of five main areas of financial support provided to adult social care providers in response to the pandemic, Advance Payment, Sustainability Payments, Stability Payments, Additional Uplift and the Infection Control Fund.

Councillor Tucker thanked the Finance Manager for the comprehensive report, and, referring to infection control, she asked if any of the additional money had been allocated to increase the number of staff in infection control. The Finance Manager explained that some of the money had been used to cover staff double-running costs, however, government guidelines regulate how the finance is utilised by care homes.

Councillor Bell referred to reduced occupancy within care homes, and asked the Finance Manager, what the financial implications will be if the trend continues. The Finance Manager confirmed that there had been an increase in home-care recently, which may be a future trend and monitoring is taking place as to how this will impact care home management in the future.

Resolved:

That the report be noted.