



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

**Date** Thursday 15 April 2021  
**Time** 9.30 am  
**Venue** Remote Meeting - This meeting is being held remotely via Microsoft Teams

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### **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 February 2021 (Pages 3 - 20)
4. Declarations of Interest, if any
5. Any Items from Co-opted Members or Interested Parties
6. Shotley Bridge Hospital Update - Presentation by Rachel Rooney, Head of Commissioning, NHS County Durham CCG (Pages 21 - 28)
7. Local Outbreak Management Plan Update - Report of and presentation by the Director of Public Health, Durham County Council (Pages 29 - 48)
8. Quarter 3 2020/21 Performance Management Report - Report of the Interim Corporate Director of Resources (Pages 49 - 66)
9. Adult and Health Services - Quarter Three Forecast of Revenue and Capital Outturn 2020/21 - Report of the Interim Corporate Director of Resources (Pages 67 - 86)
10. Adults Wellbeing and Health OSC - Refresh of 2021-22 Work Programme - Report of the Interim Corporate Director of Resources (Pages 87 - 134)

11. 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  
7 April 2021

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 and C Wilson

**Co-opted Members:** Dr G Ciesielska and Mrs R Hassoon

**Co-opted Employees/Officers:** Healthwatch County Durham

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**Contact: Jackie Graham                      Tel: 03000 269704**

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## DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held remotely via Microsoft Teams on **Friday 5 February 2021** 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, C Kay, K Liddell, S Quinn, A Reed, A Savory, M Simmons, H Smith, J Stephenson, O Temple and C Wilson

### Co-opted Members

G Ciesielska, Mrs R Hassoon and Mr D Logan

### Other Members

Councillor L Hovvels

Members and Officers observed one minute silence in memory of the 110,000 people in the United Kingdom who had sadly lost their lives to COVID-19.

### 1 Apologies

There were no apologies for absence.

### 2 Substitute Members

There were no substitute Members.

### 3 Minutes

The minutes of the meeting held on 9 November 2020 were confirmed as a correct record and would be signed by the Chair.

The Principal Overview and Scrutiny Officer advised Members that there had been some recent media announcements around the funding of the Shotley Bridge Community Hospital. Sarah Burns, Head of Integrated Commissioning, County

Durham Integrated Community Care Partnership was in attendance to provide members with an update on the funding.

Sarah Burns advised Members that this had been a long running project that had huge involvement from local members, the community, Clinical Commissioning Group (CCG) and local NHS Provider Trusts. The original proposals around the replacement for Shotley Bridge Hospital were developed in 2016. At that point they had £17.1 million in funding allocated to the project. Since 2016 the work on the hospital and the services that would be based at the hospital had been refreshed due to a period of engagement with the public and local clinicians.

The original model that was developed did not include inpatient beds and the proposals now included 16 inpatient beds which increased the costs of the project. There were a number of services that were planned to be in the facility that included inpatient beds, urgent treatment centre, chemotherapy and medical investigations unit, therapy provision, outpatient services, women and children services and a multi-use space for primary and community care services and hopefully non-medical services for use by people in the community.

Government had confirmed that the Shotley Bridge Hospital was going to be part of the Health Infrastructure Plan Programme (HIP), more information on this could be obtained on the department of health and social care site. Part of this programme there was a requirement for the building to be carbon neutral which increased the costs, it was an upfront investment that would benefit in future years the people that use the services and the provider that worked there in terms of having an energy efficient building.

Since 2016 engineering costs had increased and the cost of land and general inflation had contributed to the increased costs of the project. They were confident that the funding was secured, it was good to be part of the HIP project as they knew that funding was secured for the building and for the project to go ahead. They knew from their engagement work that they had the right services for the community, but this would be tested again at the end of February with a further period of engagement. They did not expect that this project would detract from any of the other services in County Durham, so this investment was not going to take away funding from other NHS services in other parts of the county.

The capital funding for the build was part of a separate allocation for the NHS and their core allocation for the delivery of services remained as it had been and were committed to the delivery of services from other community hospitals sites. They had seen how important these sites had been throughout the COVID outbreak to support continuity of care and significant work had been carried out to improve the services over the number of years and this would continue.

The Chair indicated that he had received representations from members who were not on the committee from the Consett and Shotley Bridge area. There had been

some concern about the future of Chester-Le-Street Community Hospital and other areas and the University Hospital of North Durham for the extra £10 million funding. They were concerned that this was a 50% increase in the funding and how the original costings were so wrong. He then asked why this was not brought to the Scrutiny meeting earlier and why were they not advised of the HIP Programme and this potential issue before it was announced in the media that it was going to cost £30 million and not the original £20 million.

Councillor Temple indicated that he was pleased with what was happening at Shotley Bridge Hospital, he hugely valued the facility in his community but would not want it to detract from any other areas of the county. He thought if they did not have the 16 inpatient beds and a facility that was fit for the 21<sup>st</sup> century it would have been a huge disappointment. From the point of view of his local community there was unalloyed satisfaction at what they were likely to have now.

The Head of Integrated Commissioning responded that in terms of costs these were their best estimate at the time and a number of things had changed, such as the model and the number of services in the hospital. The infrastructure of the building had changed that came with significant cost, the model had been influenced with engagement with the public and demonstrated that engagement worked. They were unsure if inpatient beds needed to be part of the model but there was a resounding yes from the public and clinicians that this was necessary and had influenced their decisions. They had new engineering requirements, increased land costs, inflation, and the requirements around the energy efficient model, all these things combined lead to the increase in the costs of the programme. She assured the committee that the capital funding stream for this building was completely separate from the NHS allocation to run services and they would not expect this to have any impact on any of the health services across the county.

The Chair commented that the 16 inpatient beds was consistent with other community hospitals and was wonderful that Shotley Bridge Hospital was going to be revitalised.

Gosia Ciesielska asked if they had procedures that would require them to resubmit the budget if it was a certain percentage greater than the original budget.

The Head of Integrated Commissioning responded that the capital costs of the initiative were overseen by NHS England Improvement who would look at the project initiation document they had developed and business case for services and they would be assuring that they were in line with what they would expect for a development of this kind. In terms of the services that are delivered locally it was important for this committee to feel fully assured that they had engaged with the public and clinicians and they had fully understood the services that were required for the community in Shotley Bridge. She hoped that the ongoing work that had been done with the committee and the members and officers working group that

they had kept all fully involved and engaged at all points so everybody understood the rationale for the inclusion of services that they were including in the project.

The Principal Overview and Scrutiny Officer assured members that in terms of the latest development with Shotley Bridge Hospital there was further public engagement activity that was due to commence shortly. An item was also scheduled to come to the next meeting on the results and feedback from that engagement activity.

#### **4 Declarations of Interest**

There were no declarations of interest.

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

Rosemary Hassoon indicated that the patient reference group had been told that there would be no patient reference groups in the future due to staff having to work with frontline staff. The past year public involvement had been greatly reduced from one-month meetings to two months then the last meeting was cancelled. The Mental Health Strategic Partnership Board had not met for 15 months so they were concerned at what was happening now and plans for future public involvement.

Sarah Burns, Head of Integrated Commissioning responded that at this point in time many of the Clinical Commissioning Groups (CCGs) staff had to pause their regular work to enable them to support the vaccination programme and other essential work around COVID. This was not something that they took lightly but had to put their resource in areas of absolute need during an urgent crisis situation. They valued their engagement groups, it was purely a short-term issue of capacity while staff were redeployed and they had to prioritise for COVID response and they would expect those groups to be up and running again in the future and was an unfortunate consequence of the COVID situation.

Rosemary Hassoon responded that they were aware of the demise of the CCGs in April next year and asked what the plans for their future engagement were.

The Head of Integrated Commissioning responded that they were waiting for national guidance around Integrated Care Systems (ICS) and there was an item on that subject on the agenda today and indicated that the group was extremely valuable to them. Engagement in Durham was never going to change and they would have strong place based working and engagement with patients and the public and stakeholders would always be part of those arrangements but they did not now know the form that would take at the moment, it would exist but the how was to be determined.

## 6 Integrated Care Systems Update

The Committee received a report of the Interim Corporate Director of Resources that provided members with an update in respect of the recently published NHS England and NHS Improvement paper 'Integrating care – Next steps to building strong and effective integrated care systems across England' and associated calls for views on the options contained within the paper (for copy of report, see file of minutes).

The Principal Overview and Scrutiny Officer presented the report that set out the key issues within the consultation report and a response to the report prepared on behalf of the Committee and signed off by the Chair.

Councillor R Bell indicated that he was part of a sub-regional joint scrutiny committee that had been looking at this, but they were not informed about it. He was unhappy with the consultation and had just heard about patient reference groups being suspended due to lack of NHS capacity during the pandemic. However, on the 2 December 2020 in the middle of a pandemic running up to Christmas a five-week consultation was launched that he only found out about after the consultation had closed. He commented that the way this had been done given that they had regional scrutiny meetings going on years with very little progress was appalling and asked that this be conveyed. He was concerned about the abolition of the Clinical Commissioning Groups (CCGs) and what replaced them and how this would affect their relationship that they had built up over the years and were able to work closely together. Abolishing CCGs meant they lost the local focus and engagement and local influence.

The Principal Overview and Scrutiny Officer responded that he concurred with the sentiments expressed by Councillor Bell. In terms of the both regional joint ICS/ICPs there had been a similar response submitted as part of the consultation on behalf of both ICP Joint Overview and Scrutiny Committee that was managed by Gateshead Council and the "Southern STP" Joint OSC that Councillor Robinson chaired. A more generic response reflecting the views across all the participants of that joint overview and scrutiny had also been forwarded as part of the consultation process. The issue was well made around the potential risks to their already established working relationships with CCGs in County Durham and this was reflected in the submitted response. References were made to the fact that previously discussions had occurred around the potential for the two County Durham CCG organisations merging with Tees Valley CCGs. They made representations around the need to ensure that the CCG and commissioning arrangements needed to reflect the footprint of County Durham and the response made a similar plea as far as the future of CCGs were concerned. They referenced that proposals for a single CCG covering the region was a significant departure from the way that the ICS and ICP was being operated and they had long standing relationships with CCGs in other parts of central ICP. There was a history of excellent relationships and collaboration across CCGs and he shared Councillor

Bell's concern that was reflected in the response. The positive relationships were built up and they had a CCG that was commissioning and delivering services in County Durham for County Durham and ensure that this remained in Durham and services were continued to be delivered for the people of County Durham in an area that had historical health deprivation. They did have a commitment for the OCS leads to attend a future meeting to discuss the feedback of the consultation.

The Chair fully agreed with Councillor Bell and the Principal Overview and Scrutiny Officer and indicated that one of the advantages of the lockdown and virtual meetings was that you could record what people were saying and he had assurances that the Durham pound would remain in Durham. He was concerned at the ramifications for County Durham NHS Foundation Trust and the risks that it could be split into two between a North and South ICP.

Joseph Chandy, NHS County Durham CCG responded that he was presenting the item on the Primary Care Strategy which was the outgoing County Durham CCG's way of trying to demonstrate the continued investment that was needed for the Durham patients in primary care and was one of their methods to sustain that funding beyond the current CCG. If he and Dr Stuart O'Neill remained in the structure after the reorganisation they had all practised or practice or professionally work in Durham and had an attachment to Durham and that was partly the motivation they took up these leadership posts in Durham to improve the health and well-being of Durham patients. Assurances from Dr Findley and Dr O'Brien had been given that they would do everything to ensure that they could put into place their ambitions for the Durham residents. Going forward there was going to be a design piece of work and he knew Nicola Bailey was on that task group to look at what would be the new function and the form of the proposed new way of working from an ICS point of view. He envisaged that at the ICP level there would be something like an area team and the ICS footprint was the largest ICS in the country as the distance from local population was too remote to be meaningful. The place based agenda and infrastructure was likely to include Durham, Sunderland and South Tyneside as they did not want to go backwards on the integration work that had been done over the last few years in their respective areas bringing together health and care for the benefit of patients. The delegated authority for money and decisions for patients and residents they would have was yet to be determined.

The Chair indicated that this whole organisation was supposed to bring GPs and Primary Care into making decisions and this had been turned on its side.

The Corporate Director of Adults and Health Services echoed Mr Chandy's comments and as chief officers they were really determined that they wanted to continue with their approach to integration and to get the possible outcomes for local residents. Whilst there was some uncertainty their focus was very much on how they continued to strengthen integration locally.

**Resolved:** (i) That the contents of the report be noted.

(ii) That the response to the paper submitted on behalf of the committee by the Interim Director of Corporate Resources and Chair of the Adults Wellbeing and Health Overview and Scrutiny Committee be endorsed.

(iii) That a further report on Integrated Care Systems be included as part of the Adults Wellbeing and Health Overview and Scrutiny Committee's 2021/22 work programme.

## **7 Local Outbreak Management Plan Update**

The Committee received a report of the Director of Public Health that provided Members with an update on the COVID-19 response and the updated COVID-19 Local Outbreak Control Plan (for copy of report, see file of minutes).

The Director of Public Health was in attendance to present the report and deliver a presentation that provided members with a summary of County Durham Cases; update on National Lockdown and Tier 4; update of the work of the Health Protection Assurance Board (HPAB) and the COVID-19 Vaccination Programme (for copy of presentation, see file of minutes).

The Director of Public Health explained that three development sessions had been held with elected members to explain the Durham Insight data dashboard for COVID-19 which was on the recommendation of Adults, Wellbeing and Health Overview and Scrutiny Committee that were helpful and had high attendance.

She updated Members on the County Durham 7-day rate that was currently 254.9 per 100,000 which was slightly lower than the England average and a reduction of 40.2 over the last week. There had been a rapid increase in rates up to and just beyond the Christmas period, the 29<sup>th</sup> and 30<sup>th</sup> December saw 500 cases per day in County Durham and again on the 4<sup>th</sup> January. Since then the rates had started to decrease and colleagues in the NHS County Durham Foundation Trust were starting to see the Hospital admissions reduce including intensive care. The rapid increase was also against the backdrop of the new variant stream and based on projections from the health protection team in Public Health England, they thought around 70% of local cases were the new variant strain.

The Director of Public Health reported that out of 27,500 eighty plus year olds across County Durham they had almost 100% uptake of the vaccination. In terms of priority groups, other priority groups including health and social care staff, the hospital hub had vaccinated over 20,000 staff. The vaccination centre was set up very rapidly at County Hall for frontline health and social care workers and had seen around 500 vaccinations per day. The aim was to have the full vaccination of all four of the first priority groups by the 15 February 2021, the limiting factor was

the supply as it was a push model. The mortality would reduce by 99% when all nine groups had been vaccinated.

The Chair on behalf of other members referred to the Minister for vaccinations indicating that the first four priority groups would be completed by next week and the next five by the end of March before they started looking at teachers and police and so on and asked how prepared were Durham to ensure that the remaining five priority groups hit this target. He then asked how Newcastle that had half the population of Durham had four mass vaccination centres and Darlington that had a fifth of the population of Durham had a mass vaccination when County Durham did not have a mass vaccination centre. He then indicated that 80-year olds and 90 years olds in some parts of the county were still waiting to have their vaccination whilst other parts of the County had had their second vaccination. This had raised concerns amongst the population.

The Director of Public Health responded in terms of those priority groups and the role out before the end of March then teachers and fire and that the second phase would consider other groups but was presently based on the clinical need which was predicated on age.

Michael Laing, Director of Integrated Community Services, County Durham Integrated Community Care Partnership responded to the concerns raised about rollout of the vaccination that was partly due to primary cares starting the vaccination at different times. Wave one was asked to mobilize at the end of November 2020 and started the week commencing the 14 December 2020. The second wave started on the 16 December 2020 and the third wave was due to start on the 21 December 2020, but government asked them to push this back until the beginning of January 2021. This resulted in different people getting the vaccine at different time scales. This was linked to GPs ability to have premises where people could socially distance and get staff in place to administer the vaccine and also to store the vaccine at that time in line with clinical guidance. In terms of the mass vaccination centre seven centres had been put forward but the regional organisation have decided that they would have a vaccination centre in Durham and were looking for premises that they could use for a year and the announcement was imminent that would open on the 15 February 2021. The Minister had asked them to start on primary groups five and six which they had expected and would start planning for that and primary care networks were set up to carry out those mass vaccination programmes and if they had a mass vaccination centre this would help. They also had the option of using the facility at County Hall that was mobilised very quickly.

Joseph Chandy, Director of Commissioning Strategy and Delivery indicated that he was leading the general practice delivery of the vaccination campaign and indicated that the sites that got off the ground before Christmas were also administering the second dose of the vaccine within three weeks of the first. It was part way through the programme that the government nationally changed the

guidance and extended to second vaccine to a 12-week gap. This resulted in the programmes that started later were able to quite quickly vaccinate more first dose patients while the original programmes were carrying out their second dose.

Councillor Jopling praised the vaccine rollout and indicated that she had received positive comments from her constituents. She referred to the lateral flow test and the publicity around this and how effective it was and how much they should rely on it and that it was being used quite widely. She asked if they had carried out any work to ascertain if the test was effective.

Councillor R Bell indicated that the rates were falling that was positive and if you looked at the interactive map they were all going in the right direction and the vaccine rollout was going well, he was also pleased to hear the Richardson Hospital was being utilised. His understanding of the lateral flow testing was that the benefit was to detect symptomless positive people. He then referred to the pilot carried out in Liverpool and asked what they had learnt from that pilot. It was not just test and trace as you needed to get people to isolate and that up to 40% of people contacted did not isolate. He asked how effective the mass testing on a lateral flow basis was going to be from the Liverpool experience.

Councillor L Brown wished to praise everyone involved in carrying out the vaccination rollout.

Councillor Reed echoed Councillors Brown and Jopling and wished to praise the NHS. She had been contacted by a number of constituents complimenting the staff at North House surgery in Crook who had indicated that it was very well organised and safety measures were adhered to and praised the staff. Her only negative was people from the Dales were having to travel to Crook for their vaccination and asked why this was the case. She then referred to funding and asked what types of vaccinations were being used and where they were manufactured and the associated costs, including the full cost of the programme.

The Director of Public Health responded in relation to the use of the lateral flow tests and indicated that they were using them as part of the overall programme of work. The test was particularly effective at detecting people who did not have any symptoms when they have a high viral load and was how they were aiming to use the tests locally. The work in the care home setting they were picking up on asymptomatic residents and staff. The targeted community programme that was the learning from Liverpool was a mass testing programme that mobilised test sites across Liverpool and what they found from that programme was that the people who were coming forward were the worried so it did not address inequalities and there was a high percentage of false positives. The local programme that they would be implementing builds on some learning from the university who had been using the lateral flow devices for their students when they returned home before Christmas. They were going to use the lateral flow and ensure they had a programme of tests and not just a one off, at both community sites and front-line

workforces and supporting those to self-isolate. They raised issues nationally when there was no self-isolation payment as they knew people weren't able to self-isolate, so they pushed for the payment. They would ensure in cases where people test positive both cases and contacts had access to information through the community hub. They know that there were some reservations with the lateral flow tests and were part of the overall programme and they would continue to evaluate.

The Director of Integrated Community Services indicated that he would pass on the Committee's comments to North House Surgery who were doing a tremendous job. He then referred to the manufacture of the vaccine and that Pfizer was made in Belgium, Oxford vaccine was initially being made in Germany and the Netherlands but was now manufactured in the UK and the new vaccines that were currently going through registration process the Novavax would be manufactured in Stockton. In terms of cost there was a payment and cost framework for GP practices, the Trust were currently running two hospital hub sites, one in County Hall that had vaccinated about four thousand people but they had not talked about money as the priority was to get people vaccinated and making sure those priority groups were vaccinated by the 15 February 2021 and then move on to groups five and six. A reconciliation of costs would be undertaken and there were funding streams from the government to do that.

Councillor Crathorne wished to echo the comments from her colleagues in the fantastic work the NHS were doing and the volunteers. She then asked about care homes and how far advanced they were with the vaccination in care homes and were there any current outbreaks of COVID in care homes.

Councillor Henderson referred to a letter he had received from the NHS inviting him to ring 119 to arrange a vaccination. Someone he knew contacted 119 and were offered Morecombe, Leeds, Bradford, and Newcastle and indicated that Morecombe was some distance from Teasdale and current advice was that you should not leave the County and stay at home. He was concerned that these areas were offered and that some people would travel and asked if this could be stopped.

Councillor Savoury commented that she had received nothing but praise from the residents from Weardale who had to travel to Crook for their vaccination and asked why a site had not been set up in Weardale as they had a limited bus service for those who had to travel on the bus.

The Director of Commissioning Strategy and Delivery indicated that NHS England had specifically asked each primary care network area to nominate one site as the Pfizer vaccine which was all they had at that time logistically could not be delivered to every practice. The requirements around mixing and constituting of the vaccine and the 15 minute wait meant that they were unable to administer like a influenza programme as this would make it very challenging for general practice as they were running day to day general practice at the same time. Each primary network was asked to use their local knowledge of residence and travel and capability of

each of the practice sites. Sometimes a practice site was not the right place, and some had chosen community buildings and decided where that main site should be. North House was the chosen site and the Clinical Commissioning Group (CCG) took the decision to see if they could support transport and set aside money as a CCG to support transport and every patient who had been in contact with their GP surgery would have the option from their GP practice to be offered transport through the CCG transport booking service that was set up temporarily for this programme. With the introduction of the Oxford vaccine this gave the opportunity for primary care networks to rethink if they could deliver the vaccine closer to home from individual GP sites, there were still some inflexibilities as unlike the flu vaccination that got delivered to the surgery and put in the fridge, oxford vaccine under the national pharmacy guidance once if left the main vaccination site it had to be in someone's arm within 24 hours and the moving of the vaccination was quite complex so some primary care networks have had the capability of taking the oxford vaccine if they have had a delivery and moving it to local GP surgeries. He would feed back the comments in relation to the 119 helpline but they have had patients who had been offered the Nightingale at Sunderland and Bishop Auckland, so he did not know what algorithm they were using.

The Director of Public Health indicated that they were still managing a very small number of outbreaks in care homes. All their existing measures they encouraged and supported within all their settings still needed to be in place until guidance changed.

Sarah Burns, Head of Integrated Commissioning referred to the vaccinations in care homes and indicated that as of Wednesday all care homes had been vaccinated except those that had a current outbreak. They would be making arrangements once the outbreak had passed to go into the care home to vaccinate residents. In terms of staff as at Wednesday they had vaccinated over 4200 care home staff that was just over 71% and there was a push to get the rest vaccinated. They had also provided information sharing sessions for staff if they were concerned about the virus.

The Director of Integrated Community Services gave assurances that housebound patients they were going out to households to vaccinate patients. So far community nursing staff had vaccinated around 2500 housebound patients from a list of 3600 and were working with GP practices so ensure that they did take the vaccine out to patients. They were aiming to have all housebound patients in the County vaccinated by the 15 February 2021, if not before.

**Resolved:** That the updated COVID-19 Local Outbreak Control Plan be noted.

## **8 Overview and Scrutiny Review of Suicide Rates and Mental Health and Wellbeing in County Durham - Update report on progress against recommendations**

The Committee considered the report of the Director of Public Health that provided Members with an update on the eight recommendations made by the Adults, Wellbeing and Health Overview and Scrutiny Committee and highlighted mental health and wellbeing and suicide prevention activity delivered in County Durham during the COVID-19 response (for copy of report, see file of minutes).

Jane Sunter, Chair of the Suicide Prevention Alliance was in attendance to present the report. She assured members in terms of the eight recommendations that all were integrated into the suicide prevention alliance action plan and had now been completed or developed into further work.

Members were advised that the alliance had continued to meet throughout the pandemic and had a really good attendance and highlighted some of the successes and ongoing work.

Councillor Temple welcomed the report as a member of the scrutiny group that put the report together. He commented that there was a vast amount of work going on and that this was something that they could never take their eye off. He referred to the performance report in relation to localities and members knew what was happening locally and in his area suicide was particularly prevalent. He was worried about COVID and the different behaviours that went on in the community may result in. He commented that it was good to hear of the many varied things that were being done seeking to improve this but this committee would not be able to take its eye off this until R rates were much lower than currently.

Councillor Stephenson referred to a search she had recently being involved in where sadly the person had committed suicide that was tragic. She welcomed the materials in the report about where to sign post people and asked if these could be shared in a format that they could post on social media. The Principal Overview and Scrutiny Officer indicated that he would arrange for Members to receive a jpeg copy of the Mental Health and Emotional Support leaflet.

Gosia Ciesielska referred to prevention that was the key moving forward and people in her area before COVID were waiting three to six months to access mental health therapies. She asked if there was any data on the average wait time for these therapies and how they could approach better access to these services.

Councillor Jopling was pleased with all the work that was being undertaken and they were stepping up a lot to try and capture the people that were suffering from mental illness. She was worried about front line staff who were running on adrenaline and was concerned that when they started to slow down what

processes were in place when they realised what had happened to them and what they had seen would really affect them.

Councillor Crathorne indicated that in her area they had a local charity conference partnership who dealt with a lot of people with mental illness and asked if they fed into small charities to see how many people they were actually dealing with. A number of people go to their first local point which was often in their local village and if you fed into these charities then you would get a more local depth of what was happening in areas.

The Chair of the Suicide Prevention Alliance responded that there was a perception that there was a waiting list for mental health therapies, she did not have the data on how long the waiting lists were but this was being considered under the mental health community framework that was reviewing mental health services that were based within local communities. That framework also had money attached to it and was currently led by TEWV NHS Foundation Trust under a partnership arrangement to look at how they could better integrate more mental health services within local communities so that people were not having to wait. In terms of voluntary sectors, they did provide support and were networked as part of the mental health provider forum. The work of the County Durham Community Hub was also significant and a piece of work had been carried out where they used the HUB to respond to people phoning in who were distressed and COVID had accelerated a lot of this process and would be something that they would build on. Looking at the numbers and the deaths that occurred they take their data from the coroner and supported the family and the community. If they felt that they had trend, then they would reach out to the community to engage with them to provide wider support.

Michael Laing, Director of Integrated Community Services, County Durham Integrated Community Care Partnership reassured Councillor Jopling that from the Acute Trust point of view and community services staff they were aware of the emotional intensity as well as the physical effort that staff have put in on the wards and in community settings and had increased the psychological support available.

Sarah Burns, Head of Integrated Commissioning indicated that they had also worked with TEWV NHS Foundation Trust to develop a psychological support service for social care providers. In the event that there was an outbreak in a care home then the team would go in and support either at an individual or group level. In terms of connection with the voluntary sector the mental health disability partnership had invested in some roles to connect mental health services, NHS mental services with the voluntary sector working in mental health.

**Resolved:** That the contents of the report be noted.

## **9 NHS County Durham Clinical Commissioning Group - Development of a Primary Care Strategy for County Durham**

The committee considered the report of the Director of Commissioning Strategy and Deliver – Primary Care, NHS County Durham Clinical Commissioning Group that presented the Draft County Durham Primary Care Commissioning and Investment Strategy 2020-22 before ratification was sought by the County Durham CCG Governing Body on 16 March 2021 (for copy of report, see file of minutes).

Joseph Chandy, Director of Commissioning Strategy and Delivery was attendance to present the report and deliver a presentation that set out their Vision; Key Achievements from the last Primary Care Strategy; Strategic Themes; Priorities; How they intended to deliver their priorities; Local Incentive Scheme; Investment; Measuring Success and Engagement Timeline (for copy of presentation, see file of minutes).

The Chair asked the Officer what the Committee could do to protect the Durham Pound. He also had a question from a Member who asked what the process was for patients who could not get a face-to-face appointment with their GP, was there any escalation processes in place.

Councillor R Bell thanked the Officer for the report and the reason why he was very defensive of the Clinical Commissioning Groups (CCGs) and the excellent work that they had done particularly in primary care that had been outlined in the presentation. He asked what the committee could do to ensure that the legacy bodies that closely resemble the CCGs and all the plans that they had for investment and protection of services going forward.

Councillor Crathorne agreed with Councillor R Bell and they should look at ways where they could move forward to try and protect what was currently in County Durham. She indicated with COVID doctors were under great pressures and patients could not access them as easily and asked if enough had been done to utilise pharmacies as an alternative to GPs to take the pressure off doctors.

The Director of Commissioning Strategy and Delivery responded with regard to face-to-face appointments and indicated that every practice in County Durham had moved to total triage where every patient request for a consultation was triaged. This was usually a one step process where the doctor or nurse practitioner triaged the patients need and treats at the same time. This wasn't done in the past commonly but had proved from a clinical evidence point of view as effective as a face-to-face appointment. Clinically there were times where a GP needed to see the patient and was the clinical judgement of the clinician who was triaging to decide if they needed to be seen face-to-face. COVID screening was important but they did not want patients coming out of their home unnecessarily, the clinicians overriding factor was the need to see the patient on a face-to-face basis that overrides the COVID imperative so there should be no barriers. There were

demands placed by the COVID vaccination programme and a number of staff from GP practices were manning that vaccination programme that was putting pressure on GP practices but this should not be a determining factor for determining whether a face-to-face appointment was required over and above the first telephone triage appointment. If a patient found that they did require a face-to-face appointment and they did not agree with the clinical decision to be treated remotely they should take this up with the practice manager in the first instance.

In terms of what the Committee could do to support the Durham Pound lobbying through the transition process. There were a number of officers attending today who would join him and had an input into shaping the arrangements that were going to come forward. A lot of the decision making would be done nationally or at ICS level but these plans would be brought forward and shared with the committee on how they believed place based arrangements should work for patients including financial and decision making and budget setting. He would ask the committee to look through those plans and give it the appropriate scrutiny and stand by them in fighting for what they believe was best for patients.

With regard to pharmacies, pre COVID they were working hand in hand with pharmacies promoting patients receiving care from pharmacies and all pharmacies with exception developed consulting rooms and that may have been pushed back due to COVID as the footfall into pharmacies had reduced. In addition, if GPs felt under pressure there were a number of staff attached to a collective of GP practices called the primary care network that they did not have before.

Councillor Crathorne referred to the private consultation rooms in pharmacies and the wait was deterring people, so could an appointment system be introduced that could be advertised through the NHS.

Councillor Huntington referred to bringing all the health services into the local communities and she remembered going around factories organising basic health checks and these people had not sought help before and it was wonderful to see how far the health service had come on. She shared some of the concerns that had been expressed and would hate to think they had lost all the work that they had achieved.

Michael Laing, Director of Integrated Community Services, responded that there were three things that the committee could do to support the officers to protect health funding and decision making. The first was to give advice on integrating more closely health and social care in the county. They were part way down the journey and there was still much more to do that included acute services that were currently delivered in the hospital that could be delivered closer to home in the community. The second was to exercise scrutiny on any changes to local partnership arrangements that they would bring forward and would strengthen those partnership arrangements so that it inspired confidence in the regional bodies to delegate finance and decision making to them. The third was have a

consistent message to the region and to the NHS nationally so that there was a consistent message coming out from this committee, Health and Wellbeing Board, Trust Executive Board and the CCG that had a tremendous track record in County Durham with integrated working that needed to be preserved and built on and not dispensed with and that they were more than capable of managing their own affairs and making decisions and spending money together and had done for the past five years. If this message was consistently given this would be a tremendous advantage in making sure this committee got what it thinks was right for the people of the county. He advised that he would take up Councillor Crathorne's point in relation to pharmacies with Joseph Chandy outside of the meeting.

The Principal Overview and Scrutiny Officer indicated that it was important that the committee's views were fed back to the primary care commissioning committee when they meet to formally agree the strategy. On behalf of the committee if members were agreeable he would formally respond to the strategy and send a letter on behalf of the committee into that primary care commissioning committee expressing the views of the committee and the support for the excellent integrated work being achieved in County Durham in partnership with the CCG with providers with the County Council and the community and voluntary sector.

**Resolved:** (i) That the report be noted.

(ii) That a formal response be sent to the Primary Care Commissioning Committee expressing the views of the Committee.

## **10 Quarter 2 2020/21 Performance Management Report**

The committee considered a report of the Interim 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 performance report was structured around the three externally focused results-based ambitions of the County Durham Vision 2035 alongside a fourth 'excellent council' theme contained within the Council Plan. It also included an overview of the impact of COVID-19 on council services, staff, and residents.

**Resolved:** That the report be noted.

## **11 Adult and Health Services - Quarter Two 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 quarter two 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 September 2020 (for copy of report and presentation, see file of minutes).

The Finance Manager explained that Durham County Council had received a headline grant of over £40 million in respect of COVID-19 cost pressures. There were also various other recovery related funding streams made available to the council. Approximately £22 million of the headline grant had been allocated to support pressures within the NHS budget. Overall expenditure was significantly higher than the original budget, however, the overall position was a cash limit underbudget of over £3 million after utilising the additional government funding.

Within the £22 million of COVID related cost pressures £19 million was to provide support to adult social care providers. Other corporate pressures included £2 million for PPE and some additional staffing and double running costs. The position also included over £5 million under budget directly attributed to the pandemic for things such as £400,000 in respect of reduced transport cost, reduction of over £4 million relating to activity in care homes and a contribution from County Durham CCG towards adult social care provider support.

The Finance Manager also provided details of the AHS Revenue Budget that had a projected under budget of £3.198 million. He also provided details of the five main areas of financial support provided to adult social care providers. Members were advised that there were no specific AHS capital programmes at present.

Councillor R Bell referred to the 10% additional uplift fee related to the occupancy levels of care homes and asked for data on what the occupancy levels of care homes and if there were any issues on the viability of care homes going forward.

The Finance Manager responded that they were seeing less than usual activity in care homes. In terms of the sustainability payments due to reduced occupancy, they were continuing for a number of homes. There was an additional uplift that was linked to 10% of fees which stopped on the 31 October 2020, but they were considering additional support in the short-term.

**Resolved:** That the report be noted.

## **12 Any Other Business**

The Chair on behalf of all County Councillors passed on his most sincere thanks to all the NHS staff, they appreciated all the work they were doing and were behind them with any support needed.

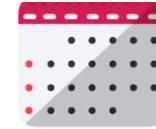
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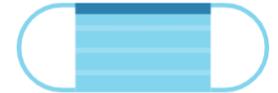
# Shotley Bridge Community Hospital Services

## Public Engagement Phase 2

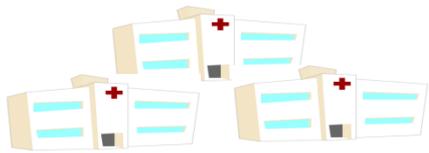
# Progress to date



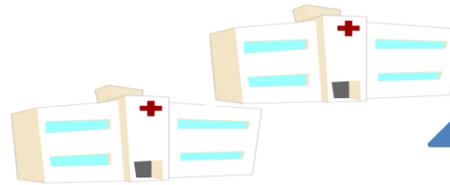
- Public engagement (March – May 2019)
- COVID-19 Pandemic (March 2020)
- Review of clinical model and learning from COVID-19 (Nov 20 – Feb 21)
- Announced that SBH project would be one of 40 hospitals nationally to receive funding (Oct 20)
- An indicative calculation of £30m confirmed (Jan 21)
- Engagement on proposed service model (Feb-March 2021)



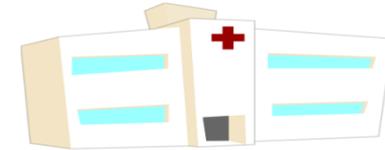
# Health and Care Settings



**Community Hospitals** – SBH, Chester-le-Street, Weardale. To provide care closer to home for both planned and unplanned care.

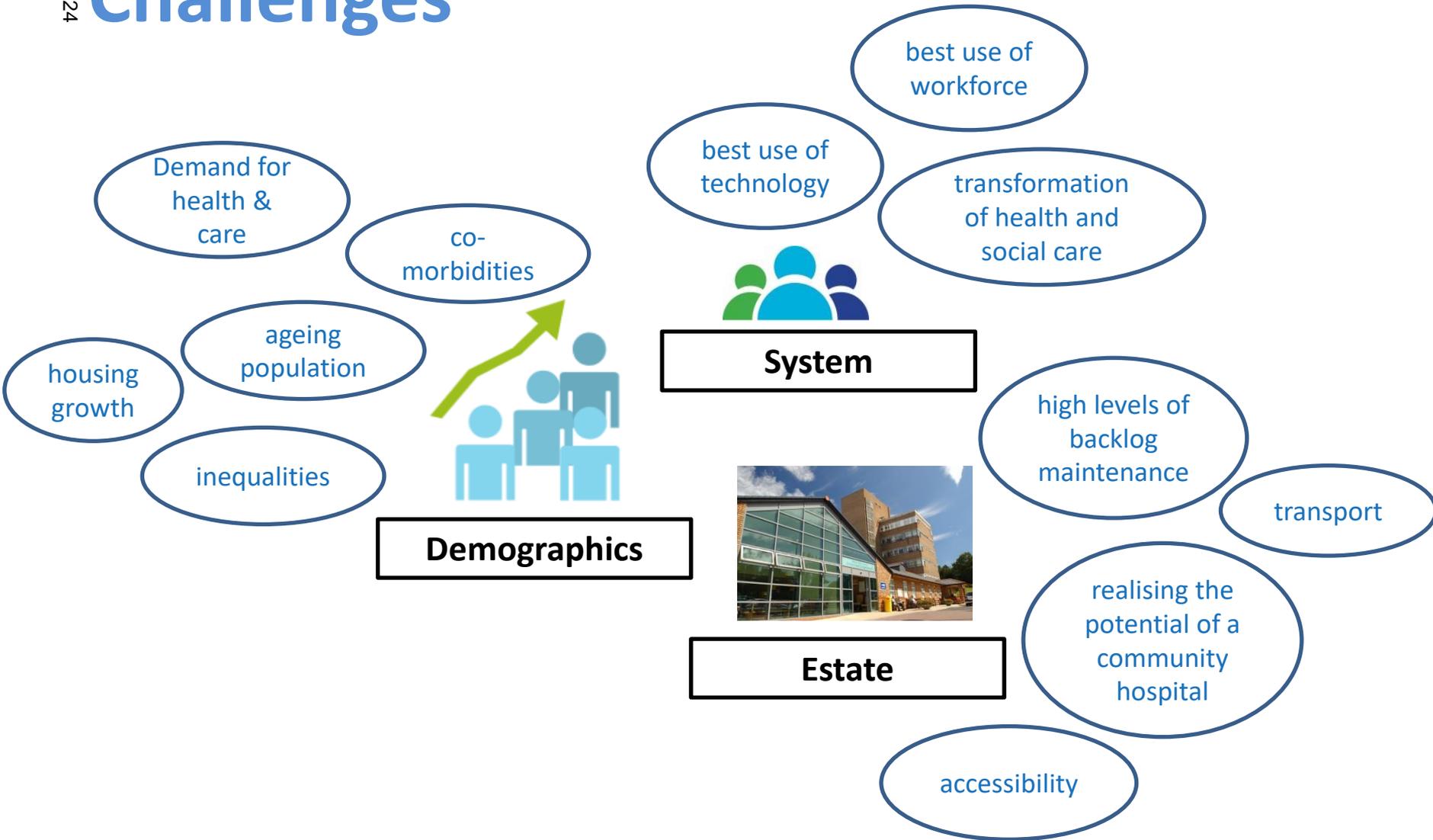


**General Hospitals** - include University Hospital of North Durham. Includes A&E, surgery, acute medicine, maternity, outpatients, diagnostics.



**Specialist Centres** - include Newcastle and James Cook Hospitals. Includes specialist teams for trauma, cardiology, neurology.

# Challenges



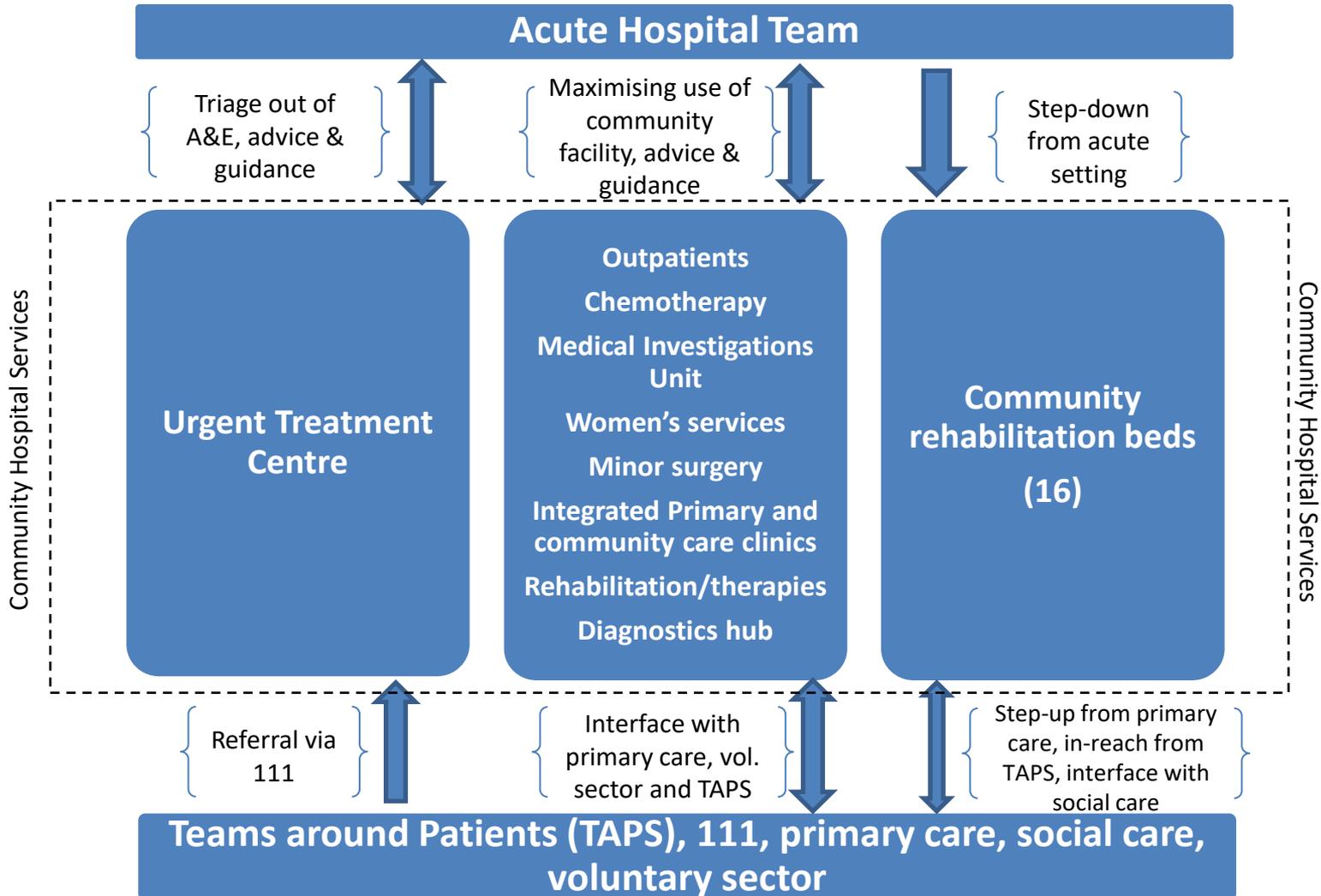
# Vision



# Since we engaged in 2019..

| Service area   | Scenario in 2019   | What you told us  | Scenario in 2021  |
|--|--|---|---|
| <b>Outpatient services (includes Womens' Services and Therapies)</b> | Retain range of clinics and outpatient appointments  | Positive experiences regarding care, treatment and waiting times.<br>Concern that patient choice of venues not always available               | Commitment to continuing extensive range of clinics and outpatient services provided  |
| <b>Urgent care and Diagnostics</b>                                   | To be included in future provision.<br>Explore Midnight – 8am home visiting service option               | Seen as a valuable local service.<br>Highlighted questions about the delivery of overnight home visiting service                              | Continue to be a 24 hour service.<br>Proposal for overnight visiting service to reduce need for patients to travel to site at this time.<br>Evidence of the benefits to this way of working in CD |
| <b>Inpatient rehabilitation beds</b>                                 | Exploring range of possibilities regarding hospital and community based provision                        | Strong desire for beds to be included in hospital plans.<br>Perceived value in NHS / hospital based beds over community (care home) settings. | Proposed inclusion of 16 inpatient beds.<br>Available as both 'step-up' and 'step-down' beds<br>Brings SBCH provision in line with other CD community hospitals                                   |
| <b>Chemotherapy</b>  | Continue to provide chemotherapy services  | Highly regarded and well respected service.<br>Needs to be included as part of future plans   | Retained and expanded space for this service.<br>Medical Investigations Unit now included   |
| <b>Endoscopy and Theatre</b>   | To be provided across other County Durham sites due to the back up services available for patient safety | Desire to explore potential procedures which could be done safely in community setting  | Not included in updated clinical model<br>Minor surgery to be included providing 'superficial' procedures (e.g. mole removal)   |

# Proposed Clinical Model



# Next Steps

- Development of Outline Business Case – May 2021
  - Further work on refining site options with identified preferred option
  - Initial design work
- Development of full business case & approvals – May 22
- Consultation (as part of the building planning process)
- Construction start June 22
- Construction completion
  - New build – Early 2024
  - Refurbishment of existing site – up to a year later

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

**15 April 2021**

**COVID-19 Local Outbreak  
Control Plan**



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**Report of Amanda Healy, Director of Public Health, Durham County Council**

**Electoral division affected:**

Countywide

**Purpose of the Report**

- 1 The purpose of this report is for Adults, Wellbeing and Health Overview and Scrutiny Committee to receive an update on our COVID-19 response and on the transition from the COVID-19 Local Outbreak Control Plan to Local Outbreak Management Plan.

**Executive summary**

- 2 In County Durham there are established health protection assurance arrangements with key partners working closely on infectious diseases, environmental hazards and emergency preparedness and response. This work reports annually to the Health and Wellbeing Board and has stood us in good stead to establish rapid partnership arrangements, including with the Public Health England (PHE) North East Health Protection Team, for developing the COVID-19 Local Outbreak Control Plan and preparing for complex cases of COVID-19 and outbreaks.
- 3 The work is managed by the Local Health Protection Assurance Board (HPAB) building on the extensive cross Council and partnership planning and response to COVID-19. Recent updates relate to outbreak prevention and control; the LA7 regional coordination or work, including the evaluation of the Beat COVID North East communications campaign, our use of Covid-19 data, the development of the COVID-19 Vaccination Programme and the growth of Lateral Flow Testing (LFT) programmes.
- 4 The Government has published the 'COVID-19 Response - Spring 2021', which sets out the roadmap out of the current lockdown for England. As part of this roadmap Local Authorities are required to

update their Local Outbreak Control Plans (LOCP) with a revised Local Outbreak Management Plan (LOMP).

- 5 The main aim of the County Durham COVID-19 LOMP is to set out arrangements for the protection of the health of the local population in the context of COVID-19.

### **Recommendation**

- 6 The Adults, Wellbeing and Health Overview and Scrutiny Committee is recommended to receive this update report and note progress to date on the development of and transition to the COVID-19 Local Outbreak Management Plan.

## **Background**

- 7 COVID-19 Local Outbreak Control Plans are based on the tried and tested practice of preventing and containing outbreaks in individual settings such as workplaces, schools, universities and care homes, enhanced with a broader range of partners, capacity, communications and governance.

## **Reason for Review**

- 8 The initial plan recognised that the current pandemic is a dynamic situation and anticipated that the plan would require updating as appropriate and presented to the Health and Wellbeing Board and Health Protection Assurance Board. Locally, the plan has been continually revised to reflect local response as the pandemic has progressed.
- 9 Nationally, however, it has been recognised that there is an urgent need for the Local Outbreak Management Plans to be reviewed and updated as necessary to:
  - incorporate the learnings of the past nine months;
  - plan for the next phase of the response;
  - account for the associated funding; and,
  - reflect potential changes in local roles, responsibilities, and resources.
- 10 Furthermore, it presents an opportunity to identify and share good practice and to reflect developments since the original plans were produced, such as local contact tracing partnerships, enhanced contact tracing and the need to respond to Variants of Concern (VOCs).

## **Role of the Local Health Protection Assurance Board**

- 11 The key purpose of the Local Health Protection Assurance Board (HPAB) is to lead, co-ordinate and manage work to prevent the spread of COVID-19.
- 12 The focus of local health protection work has been to undertake a risk assessment of settings where COVID-19 cases have arisen, providing public health advice and guidance, and gaining assurance that appropriate control measures are in place within the setting.
- 13 The HPAB continues to meet on a weekly basis. The current work of the HPAB includes:

- Data and intelligence analysis, including health data from County Durham and Darlington NHS Foundation Trust (CCDFT) and the County Durham Clinical Commissioning Group (CCG).
- Developments and innovation: eg. Vaccination Programme and the Spike Detection Tool.
- Outbreak management
- Settings, including educations, care homes, community, workplaces, University, etc.
- PCR Testing and LFD Testing – rapid targeted community testing / school testing / University testing / LA7 testing proposal.
- Funding.
- Local Tracing Partnership.
- Regional oversight of LA7 work.

### **The COVID-19 Local Outbreak Control Plan**

- 14 The COVID-19 Local Outbreak Control Plan continues to provide a framework for leading, co-ordinating and managing work to prevent the spread of COVID-19.
- 15 The COVID-19 Local Outbreak Control Plan key objectives remain:
- Protect the health of our local communities through:
    - Provision of clear prevention messages for COVID-19;
    - Rapid detection of COVID-19 outbreaks;
    - Controlling onward transmission;
  - Provide support to those who need to self-isolate, building on our population health management approach to the pandemic.
  - Develop and apply intelligence, including the knowledge and insight providing by our local communities.
- 16 Seven themes identified, are addressed throughout the plan. These are:
- Care homes and schools
  - High risk places, locations and communities including universities
  - Local testing capacity
  - Contact tracing in complex settings
  - Data integration

- Vulnerable people
  - Local boards
- 17 And in addition, the Local Outbreak Management Plan is to include the following:
- Responding to Variants of Concern (VOC)
  - Action on enduring transmission
  - Enhanced Contact Tracing, in partnership with HPT
  - Ongoing role of Non-Pharmaceutical Interventions (NPIs)
  - Interface with vaccines roll out
  - Activities to enable 'living with COVID' (COVID secure)
- 18 The draft COVID-19 Local Outbreak Management Plan is in development and will be presented to the Health and Wellbeing Board in June. The plan will then be shared with Adults, Wellbeing and Health Overview and Scrutiny Committee at a later date.

### **Covid funding**

- 19 The funding provided to support our Covid response and the Local Outbreak Control Plan is overseen by the Health Protection Assurance Board.
- 20 The Covid Outbreak Management Funding (COMF) has the same purpose as the Test and Trace funding being as follows 'to provide support to local authorities in England towards expenditure lawfully incurred or to be incurred in relation to the mitigation against and management of local outbreaks of COVID-19'. The guidance has specified however that the funding can be expended up to 31 March 2022.
- 21 Increasing capacity across Public Health, Community Protection, Communications, Community Hub and Covid-19 Champions has been implemented. Some funding was retained for contingency and support to Public Health England if required.
- 22 In addition, the government have also announced an extension of COMF into 2021/22 with a national sum of £420 million available. Detail is still awaited on allocation methodology and grant conditions.
- 23 A detailed funding update will be presented at the next Health and Wellbeing Board.

### **LA7 Regional Coordination**

- 24 The seven local authorities of County Durham, Gateshead, Newcastle, North Tyneside, Northumberland, South Tyneside, and Sunderland

have been working as a collective LA7 since September 2020 focusing on a joint approach to COVID-19. This has included political leadership to seek early intervention and restrictions in September 2020 when infection rates were increasing rapidly across the area, coupled with lobbying for increased financial support.

- 25 This approach is based on a deep understanding of our local communities and informed by data and intelligence which centres around the inequalities that local communities face, either directly or indirectly due to COVID-19. Core principles of this work includes taking our communities with us and representing the needs of those most affected by COVID-19 has been central to our work with communities and our COVID community champions have been core to this work.
- 26 The joint approach has centered around a small set of priorities, informed by Directors of Public Health:
1. Engage our communities and work with them to address inequalities;
  2. Localised, regionally coordinated Test, Trace and Isolate programme;
  3. Roll-out of targeted community testing;
  4. Protection of vulnerable individuals in the community;
  5. Rapid implementation of a vaccine programme.
- 27 The collaborative approach has included funding and delivery of a well evaluated public facing campaign Beat COVID NE informed by insights from local people. This has given a joint message across the LA7 geography <https://www.beatcovidne.co.uk/>
- 28 The development of a more localised test and trace programme has centered on the Integrated North East Integrated COVID Hub and the move towards a more regional and local focused test and trace programme. This has included local tracing partnerships, support for testing and has drawn additional funding into the North East.
- 29 A joint approach to testing based on a set of principles has also been developed for the LA7 to ensure the roll-out of targeted community testing. This is based on protecting the most vulnerable, supporting safe working arrangements and contributing to action to reduce COVID-19 transmission and COVID-19 related health inequalities.
- 30 Dedicated work with our care homes has formed part of this work, including the production of materials to support guidance, quality assurance and support for testing arrangements within care homes.

- 31 More recently the LA7 has supported the implementation of the vaccination programme by seeking a core data set, providing leadership into the oversight of the vaccination programme and undertaking insight work on vaccine hesitancy. A dedicated group to ensure high uptake of the vaccination programme has been established, alongside operational coordination groups.
- 32 The LA7 is now also taking a joint approach to recovery, embedding health and wellbeing as a key outcome of economic recovery.

### **Covid-19 Data**

- 33 Data and surveillance have been central to informing our understanding and response to the pandemic. Further information on local COVID-19 infection rates, cases by age band analysis, local rates by Middle Super Output Area (MSOA), vaccinations, hospital bed/ICU occupancy, COVID-19 deaths can be found on the Durham Insight web pages [COVID-19 dashboard](#).
- 34 The Government has published the 'COVID-19 Response - Spring 2021', how the Government will continue to protect and support citizens across the UK and provides a roadmap out of the current lockdown in England [COVID-19 Response Spring 2021](#)
- 35 Due to the relatively uniform spread of the virus across the country, the Government plans to ease restrictions at the same time across the whole of England. The roadmap seeks to balance health, including mental health, economic and social factors and how they disproportionately impact certain groups, as well as epidemiological evidence.
- 36 The roadmap outlines four steps for easing restrictions. Before proceeding to the next step, the Government will examine the data to assess the impact of the previous step. This assessment will be based on four tests:
- a. The vaccine deployment programme continues successfully.
  - b. Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated.
  - c. Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS.
  - d. Our assessment of the risks is not fundamentally changed by new Variants of Concern.

- 37 The roadmap recognises that it takes around four weeks for the data to reflect the impact of the previous step and the Government will provide a further weeks' notice to individuals and businesses before making changes. The roadmap therefore sets out indicative, "no earlier than" dates for the steps which are five weeks apart. These dates are wholly contingent on the data and are subject to change if the four tests are not met.

## **Vaccination Programme**

- 38 The Covid Vaccination Programme in County Durham has been delivered in line with national guidance and priorities. Initially between mid-December 2020 and early January 2021 this was via 13 Primary Care Network (PCN) sites across the county, chosen for their ability to provide suitable facilities, staffing and vaccine storage so that vaccinations could be administered efficiently and safely. The sites operated seven days a week and also acted as vaccine distribution hubs for vaccination clinics run in individual GP surgeries.
- 39 In February 2021, County Durham and Darlington NHS Foundation Trust (CDDFT) was asked to vaccinate health and social care staff, which was done via hospital hubs: Darlington Memorial Hospital and County Hall acting as a satellite site for University Hospital North Durham. First doses were completed on time and second doses are currently being given.
- 40 In March 2021, a Mass Vaccination Centre opened on the outskirts of Durham City. Further mass vaccination centres are being opened across the region and community pharmacies are being established as additional distribution channels.
- 41 To date, vaccination in care homes giving second doses continues. The County Hall vaccination centre continues to focus on second doses for health and care workers. Work is underway to bid for capacity to target hard to reach groups in 18 areas of the County including the introduction of a mobile vaccination unit
- 42 Good practice to note includes the collaboration between partners, data surveillance enabling information about health inequalities to inform decisions about the location of sites and the development of communications resources, vaccination of care home residents and housebound patients, utilisation of volunteers to support the staffing arrangements for the programme.

## **Lateral flow device (LFD) testing**

- 43 Within County Durham we have developed a rapid and targeted asymptomatic community testing solution to complement our local

Covid testing sites. This helps support our actions to control the transmission of the virus in local areas, determine prevalence of the virus in local communities if appropriate, and respond to rising cases in local areas.

- 44 In line with the roadmap out of lockdown we are offering free LFD testing to the following groups:
- if you can't work from home and your workplace doesn't offer LFD testing
  - if you are a carer for a vulnerable person
  - if you are in a childcare bubble and can't access the education LFD testing
  - if you leave home for recreation or exercise outdoors and meet up with another household or up to five other people.
- 45 Since 22 February 2021 we have delivered lateral flow testing from six leisure centre sites across the County undertaking approximately 950 tests a week.
- 46 As the leisure centres are due to re-open we have implemented a transition plan (6-14 April) to move from leisure centre venues to a broader dispersed delivery model covering the 14 AAP areas, with one LFD testing site in AAP area. This includes using; 11 Libraries, 2 Community Centres (Barnard Castle Hub and Youth Centre at Aycliffe) and 1 Leisure Centre (Spennymoor) confirmed as the sites.
- 47 In addition, other national lateral flow testing programmes are also delivered in County Durham. This includes the Department of Education's schools testing programme and University testing programme and the Department for Health and Social Care's testing for Care Homes.
- 48 Community Collect is an online 'click and collect' service to pick up LFD test kits for home testing and is currently dispensed at the testing sites at County Hall, Territorial Lane, Durham and Chester-Le-Street site. By 14 April we are hoping that all LDF testing sites become Community Collect points too.

## **Outbreak control and community transmission**

- 49 The present low case rates experienced across County Durham indicate lower levels of community transmission. Outbreak management can in turn lowers the threshold for when to initiate investigation and importance of the timely identification of new cases/clusters and

potential outbreaks. Systematic data review processes are in place to facilitate this.

- 50 COVID-19 outbreaks continue to follow the PHE joint management arrangements as agreed. Arrangements between PHE and the local authority have been agreed via an overarching Standard Operating Procedure and then several more specific Standard Operating Procedures (SOPs) based on different settings.
- 51 The Director of Public Health and the Local Health Protection Assurance Board work closely with PHE if an OCT is required. The OCT draws on existing local authority expertise depending on the setting or group of people affected, such as school, workplace, prison etc.
- 52 Since its establishment, the Outbreak Control Team has worked across the council and with partners to respond to the rising numbers of cases and outbreaks. The team have put in place a range of procedures, including a triaging system, staff rotas in and out of hours, initial investigations of cases across all settings and have worked closely with the Health Protection Team, supporting formally-convened Outbreak Control Teams. The council has committed to continue to fund the team until March 2022. The team has also:
- developed a case management system and internal infrastructure for escalating concerns;
  - provided regular situation reports to COVID CMT and the Local Health Protection Assurance Board for oversight; attended PHE HPT training and weekly review meetings to keep abreast of guidance and policy developments and updates, cascading this learning to the wider public health team and partners.
- 53 Supported by the wider Public Health team and the capacity and capabilities built across the council including the Community Hub, the team has responded to and supported over 3,000 reports of positive cases, stood up 25 Outbreak Control Teams (to provide outbreak management in a specific setting) and responded to over 10,000 enquiries.
- 54 Other developments include the implementation of our Enhanced Support Framework providing a rapid process for detecting, investigating and responding to local spikes in COVID-19 cases across County Durham utilising our Community Spike Outbreak Management Group, Scenario exercises both internal and with partners e.g. Durham University, VCSE colleagues to ensure preparedness, for example, surge testing.

## County Durham Together Community Hub – Local Tracing Partnership

- 55 Durham County Council launched the Local Tracing Partnership (LTP) on 4 January 2021. Currently, County Durham Together (CDT) Community Hub receives cases from NHS Test and Trace 32 hours after they are loaded onto the CTAS system, where nationally they have been unable to contact the positive case. In practice this means:
- where the NHS Test & Trace service is unable to reach people who have tested positive (cases) within their usual timeframes, local call handlers will take over.
  - the local call handlers will then attempt to make contact with cases to gather details of their close contacts. This will be through a variety of methods including text messaging, and a call from a local phone number and if there is no response a wellbeing check, face to face visit.
  - when contact is made, the case will be asked about their movements in the days prior to the start of symptoms, or a positive test, as well as relevant information about close contacts. This information will be shared with the national Test and Trace team who will follow-up the contacts.
  - the local call handlers will also be able to offer advice on local support that is available to self-isolate if required, as well as picking up on any welfare and wellbeing concerns.
- 56 National monitoring shows the improved performance, increase in completion rates (above the recommended national target) and increased effectiveness of contact tracing where LTPs are supplementing the national NHS T and T programme. As a result, the national team has enabled Local Authorities to access cases earlier in the trace journey.
- 57 Local Trace Partnerships (LTPs) are now the norm with 312 of 314 Lower Tier Local Authorities (LTLAs) in operation (149 of 151 UTLAs).
- 58 From 6th April Durham County Council/County Durham Together will receive cases as they are added on to CTAS and they will be available for the team to contact immediately, providing a significant opportunity to work with cases as soon as possible and elicit contacts and offer local support and reduce onward transmission of the virus.

## **Main Implications**

59 Ability for all settings and the community to respond rapidly to any outbreak situation.

## **Background papers**

- None

## **Other useful documents**

- None

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**Contact:** Amanda Healy

Tel: 03000 264323

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## **Appendix 1: Implications**

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### **Legal Implications**

#### Health Protection: Legal and Policy Context<sup>1</sup>

The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits:

- With Public Health England under the Health and Social Care Act 2012
- With Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With NHS Clinical Commissioning Groups<sup>2</sup> to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- In the context of COVID-19 there is also the Coronavirus Act 2020.

### **Finance**

Funding being provided by government.

### **Staffing**

Staff time to implement the plan.

### **Risk**

Unknown due to the nature of COVID-19.

### **Equality and Diversity / Public Sector Equality Duty**

Community Hub has been developed to support vulnerable individuals.

### **Accommodation**

No impact.

### **Crime and Disorder**

No impact.

### **Human Rights**

No impact.

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<sup>1</sup> ADPH, FPH, PHE, LGA et al (2020) Public Health Leadership, Multi-Agency Capability: *Guiding Principles for Effective Management of COVID-19 at a Local Level*. <https://www.adph.org.uk/wp-content/uploads/2020/06/Guiding-Principles-for-Making-Outbreak-Management-Work-Final.pdf>

**Consultation**

Full consultation not possible due to impact of COVID-19.

**Procurement**

No impact but should inform council commissioning plans in relation to services that impact on the health of the population.

**Disability Issues**

No impact.



# **County Durham COVID-19 Health Protection Assurance Board Update**

**Adults, Wellbeing and Health  
Overview and Scrutiny Committee  
15 April 2021**

**Amanda Healy  
Director of Public Health**



# Local Data – County Durham Case Summary

Page 14

## COVID-19 surveillance dashboard

### County Durham cases summary



All data accurate as of 8am 30.03.21

7 day positivity rate

3.3%

7 day rate per 100,000  
by Local Authority



254

7 day cases



621

14 day cases



61.9

7 day rate per 100,000



-30.8%

Percentage change in 7 day cases



-21.2%

Percentage change in 14 day cases



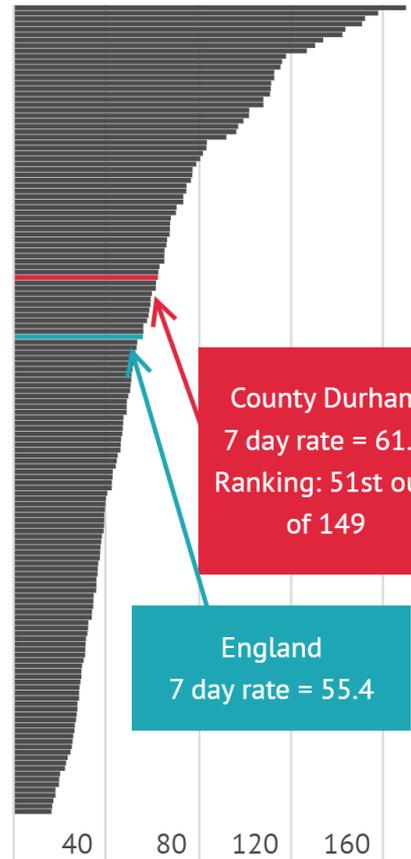
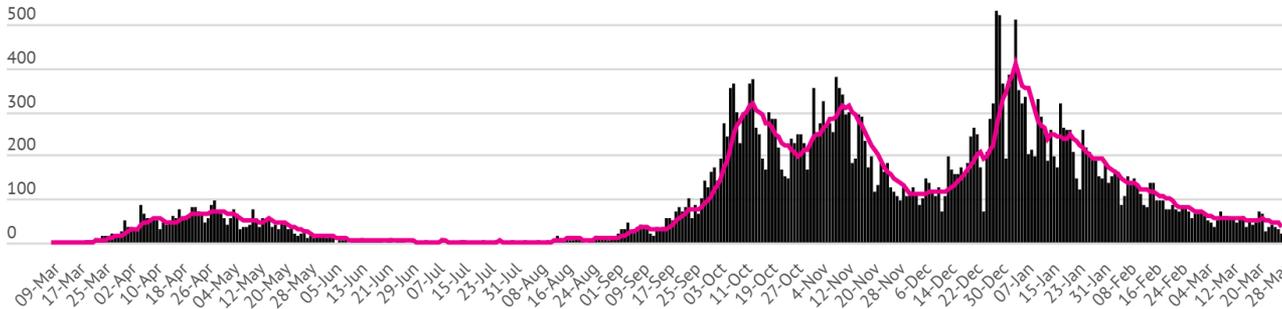
-5.7

Change in 7 day rate from previous week

Daily Cases

7 day rate per 100,000\*

Weekly change in 7 day rate



County Durham  
7 day rate = 61.9  
Ranking: 51st out of 149

England  
7 day rate = 55.4

Includes both Pillar 1 and Pillar 2 data. Please note that only partial data may be included in the most recent day(s).

\*The seven day rate per 100,000 excludes cases with sample date in the last four days due to partial data.

Share



# Local COVID-19 Update

- **COVID-19 Spring Response – Route out of lockdown**
- **New UK Variant and Variants of Concern**
- **Local Developments and Innovation**
  - Local Tracing Partnership (LTP)
  - Spike Detector Tool
  - Community Champions
- **Vaccination Programme**
  - Progressing well through the NHS priority list.
  - Access via primary care, the mass vaccination hub, County Hall and community pharmacies
  - Targeting hard to reach groups including the introduction of a mobile vaccination unit
- **PCR and LFD Testing**
  - Offer continues to expand in line with the roadmap out of lockdown.
- **Settings**
  - Education
  - University
  - Care homes
  - Prisons.
  - Workplaces
  - Healthcare
- **Funding**
  - COVID Outbreak Management Fund allocation.
- **Outbreak Management**
- **Regional oversight and LA7**
- **Evidence led work**



# Covid-19 Vaccination Programme

## COVID-19 surveillance dashboard

Data published 25.03.21



### Vaccinations

100%\* signifies that the number who have received their first dose exceeds the latest official estimate of the population from the ONS. Further details including source on page 15

Number of people vaccinated with at least 1 dose across County Durham

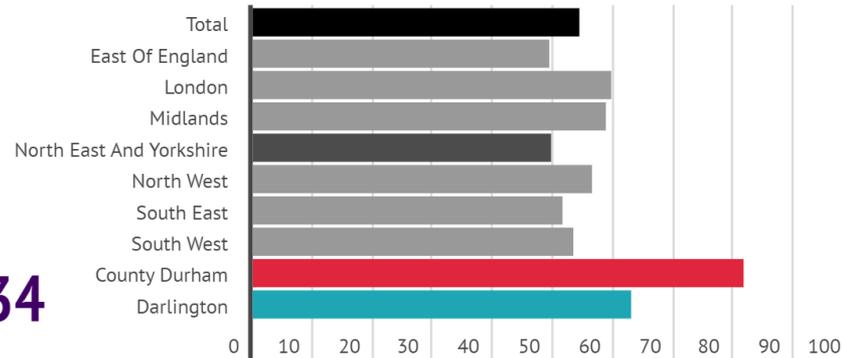


245,812

Age 16+ years



Percentage vaccinated by age group - regional comparison



31,197

Age 55-59 years



31,298

Age 60-64 years



29,534

Age 65-69 yrs



29,916

Age 70-74 years



21,318

Age 75-79 years



27,300

Age 80+ yrs



### Vulnerable Groups

| Selected vulnerable groups            | Number Eligible | % eligible receiving first dose |
|---------------------------------------|-----------------|---------------------------------|
| Care home residents                   | 4,001           | 92.6%                           |
| Carers (DWP)                          | 13,017          | 68.5%                           |
| Clinically Extremely Vulnerable (CEV) | 38,368          | 94.3%                           |
| COVID19 - at risk                     | 83,449          | 82.0%                           |

# Next steps – Route out of lockdown

- **Step 1**
  - 8 March - schools, stay at home, funerals 6
  - 29 March - outdoor activities, rule of 6 outdoors, minimise travel
- **Step 2**
  - 12 April – All retail, personal care opens, libraries, comm centres, funerals 30, small scale indoor leisure, events pilots begin
- **Step 3**
  - 17 May- domestic overnight stays, indoor entertainment, life celebrations (30), outdoor performances, remaining accommodation
- **Step 4**
  - 21 June – social distancing review , no limits, return to offices, larger events



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**Adults, Well-being and Health  
Overview and Scrutiny Committee**

**15 April 2020**

**Quarter Three, 2020/21  
Performance Management Report**

**Ordinary Decision**



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**Report of Paul Darby, Corporate Director of Resources (Interim)**

**Electoral division(s) affected:**

Countywide.

**Purpose of the Report**

- 1 To present progress towards achieving the key outcomes of the council's corporate performance framework.

**The impact of COVID-19**

- 2 During 2020, a highly infectious coronavirus (SARS-CoV-2) causing the respiratory disease COVID-19 spread rapidly across the world and led to the declaration of a global pandemic<sup>1</sup>.
- 3 To contain the virus, minimise deaths and prevent our health and social care systems being overwhelmed, significant restrictions to our normal way of life, travel and business have been put in place.
- 4 Increased local restrictions were introduced in County Durham and six neighbouring authorities at the end of September and the whole North East region was placed into the high alert category when the national three tier system was introduced for England in mid-October. At the beginning of November, we entered a second national lockdown (for four weeks) in response to a second wave of infections. When lockdown was lifted, the North East region moved to the very high alert category of the national three tier system. However, as infection rates rapidly increased due to the emergence of a more transmissible strain of the virus, the three tier system was extended to include a stay at home category – most of the country, including the North East region, was moved to this category. More recently, in January 2021, we entered a third national lockdown.

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<sup>1</sup> On 11 March 2020 by the [World Health Organisation](https://www.who.int/)

- 5 There was positive news at the beginning of December when the UK medicines regulator approved the first COVID-19 vaccine and the government started rolling out a [national vaccination programme](#). Two more vaccines were subsequently approved in December.
- 6 The pandemic continues to impact on council services and our ways of working. We are continuing in our public health role and are working in partnership with other agencies on the local resilience forum (covering both County Durham and Darlington) to protect our communities and support those affected by the pandemic. We are also developing plans for future recovery.
- 7 The COVID-19 surveillance dashboard can be accessed [here](#).

## **Performance Reporting**

- 8 This performance report is structured around the three externally focused results-based ambitions of [the County Durham Vision 2035](#) alongside a fourth 'excellent council' theme contained within our [Council Plan](#)<sup>2</sup>. It also includes an overview of the impact of COVID-19 on council services, our staff and residents.

## **Long and Independent Lives**

- 9 Latest data (pre-COVID) shows that across the county people are living longer. Improved working conditions, reduced smoking rates and improved healthcare have all contributed to increasing life expectancy from generation to generation – our residents are now living on average three years longer than 20 years ago with the gap between men and women narrowing.
- 10 However, although healthy life expectancy (years lived in good health) for men across the county has increased over the last ten years, albeit at a slower rate than overall life expectancy, the opposite is true for women. The steady decline of healthy life expectancy for women across the county means that although women are living longer than men, they live fewer years in good health. In addition, with the exception of male healthy life expectancy, the gap in life expectancies between County Durham and England is widening.
- 11 We are continuing to support people to live longer healthy lives. Focused activity across mental and physical well-being, physical activity for children, smoking quitters (particularly pregnant women and new mothers) and breastfeeding is continuing to make a difference to the lives of our residents. A lower proportion of mothers are smoking at time of

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<sup>2</sup> approved by full council October 2020

delivery and a greater percentage breastfeeding compared to the same period last year.

- 12 However, COVID-19 continues to impact on all our daily lives. The emergence of a more transmissible strain of virus and the tighter restrictions put in place to slow its transmission are affecting both the physical and mental health of people of all ages.
- 13 The detrimental impact on mental well-being of these financial stresses, as well as increasing isolation and loneliness as people continue to stay at home, is causing great concern and has led to more people (across all age groups) to seek support through primary and secondary mental health services.
- 14 However, a positive picture is starting to emerge from our health services. Across our care homes, 3,720 residents (93%) and 5,027 staff (84%)<sup>3</sup> have now been vaccinated against COVID-19 and despite the second winter wave of COVID-19, the local NHS system has reduced the GP referral backlog for inpatient and outpatient care.

## **Risk Management**

- 15 Effective risk management is a vital component of the council's agenda. The council's risk management process sits alongside our change programme and is incorporated into all significant change and improvement projects.
- 16 *Failure to protect a vulnerable adult from death or serious harm (where service failure is a factor or issue).* As the statutory body, the multi-agency Safeguarding Adults Board has a Business Plan in place for taking forward actions to safeguard vulnerable adults including a comprehensive training programme for staff and regular supervision takes place. Procedures are reviewed on a regular basis. Following allegations of abuse at Whorlton Hall Hospital, an independent review the Council's safeguarding adults processes has been commissioned. Any learning will inform actions to reframe and develop practice.

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<sup>3</sup> as at 25 March 2021

## **Recommendation**

- 17 That Adults, Well-being and Health Overview and Scrutiny Committee considers the overall position and direction of travel in relation to quarter three performance, the impact of COVID-19 on performance, and the actions being taken to address areas of underperformance including the significant economic and well-being challenges because of the pandemic.

## **Author**

Jenny Haworth

Tel: 03000 268071

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## **Appendix 1: Implications**

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### **Legal Implications**

Not applicable.

### **Finance**

Latest performance information is being used to inform corporate, service and financial planning.

### **Consultation**

Not applicable.

### **Equality and Diversity / Public Sector Equality Duty**

Equality measures are monitored as part of the performance monitoring process.

### **Climate Change**

We have declared a climate change emergency and consider the implications of climate change in our reports and decision-making.

### **Human Rights**

Not applicable.

### **Crime and Disorder**

A number of performance indicators and key actions relating to crime and disorder are continually monitored in partnership with Durham Constabulary.

### **Staffing**

Performance against a number of relevant corporate health indicators has been included to monitor staffing issues.

### **Accommodation**

Not applicable.

### **Risk**

Reporting of significant risks and their interaction with performance is integrated into the quarterly performance management report.

### **Procurement**

Not applicable.



# Durham County Council Performance Management Report

## Quarter Three, 2020/21



# LONG AND INDEPENDENT LIVES

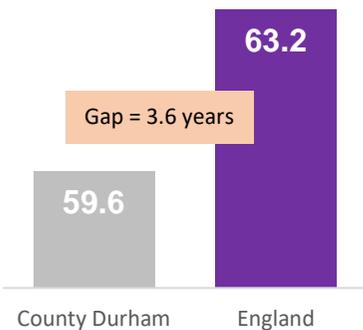
## (c) Are our services improving the health of our residents?

### Life expectancy at birth (2017-19)

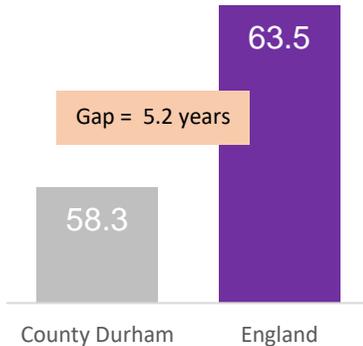
Male Life Expectancy  
**78.3 years**

Female Life Expectancy  
**81.8 years**

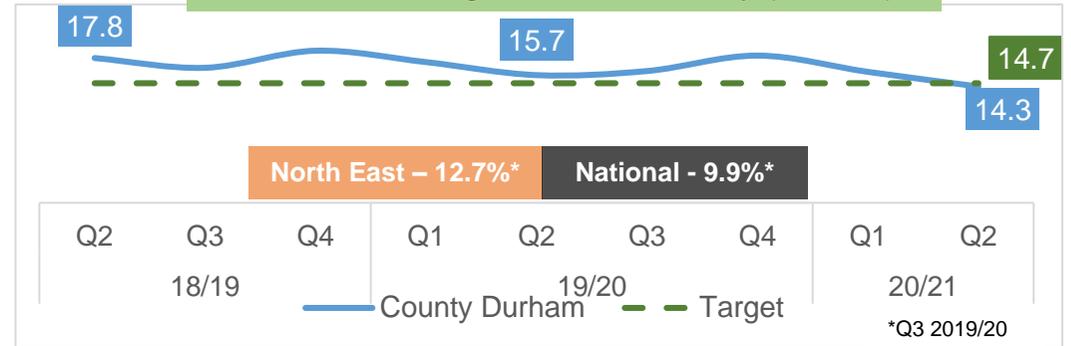
#### Male healthy life expectancy at birth



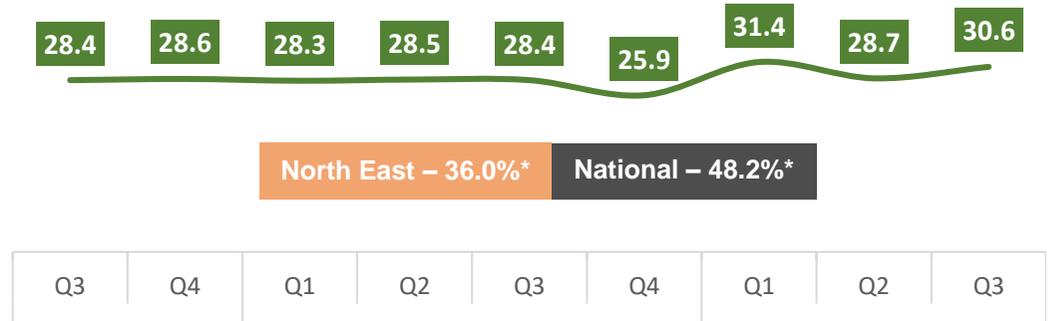
#### Female healthy life expectancy at birth



### Mothers Smoking at Time of Delivery (SATOD)

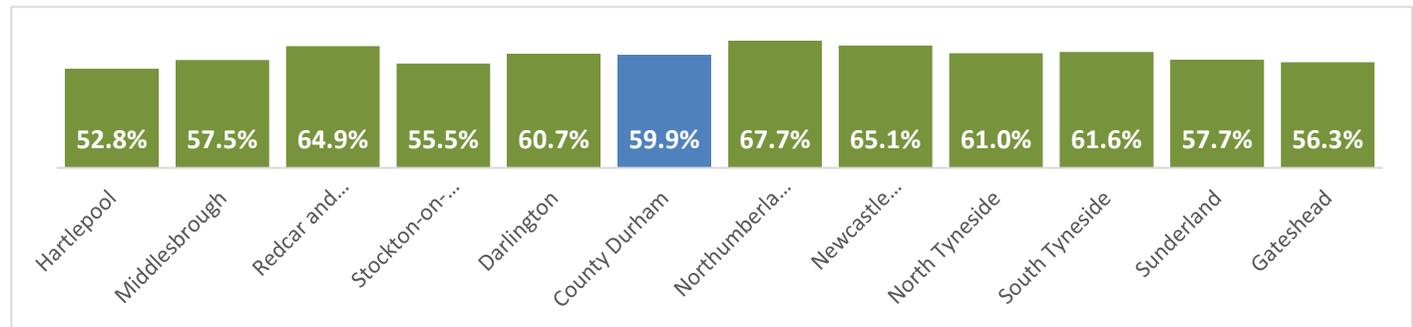


### Prevalence of breastfeeding at 6-8 weeks from birth



### % Active (150+ mins a week) participation in sport and physical activity (May 2019-2020)

**National average – 62.8%**



## Long and Independent Lives

- 1 The ambition of Long and Independent Lives is linked to the following key questions:
  - (a) Are our services improving the health of our residents?
  - (b) Are people who need adult social care supported to live safe, healthy and independent lives?

### **Are our services improving the health of our residents?**

- 2 During quarter three, we continued to promote breastfeeding and provide advice and support to parents on infant feeding related issues and concerns. We have strengthened the breastfeeding champions role so they are now supporting families, alongside their community breastfeeding peer supporter.
- 3 Changes made to the Specialist Stop Smoking Service to support remote working, including telephone consultations with clients, have helped reduce the number of people lost to follow-up. An automated referral of smokers to the service, launched in November 2020, is supporting clinical staff to identify and treat tobacco dependency on admission, ensuring a seamless pathway to specialist community advisors on discharge.
- 4 Brief intervention training packages on stopping smoking were developed and rolled out to stakeholders, including early years practitioners, school nurses, health trainers, midwives and cancer support workers, during quarter three. We also implemented new ways of working with midwives which includes providing routine feedback to referrers where women do not engage. Monitoring and auditing smoking cessation delivery from maternity support workers is now routine.
- 5 To protect residents and staff we promoted flu vaccination across the county and highlighted the dual risk of catching flu and COVID-19. Almost 4,300 council staff accepted our offer of a free flu jab, and across our care homes, more than 3,000 residents and 2,000 staff were vaccinated by the end of quarter three.
- 6 Research has shown that restrictions put in place to reduce the transmission of COVID-19 have impacted detrimentally on both mental and physical well-being. Throughout quarter three, we supported World Mental Health Day (October) and International Stress Awareness Week (November) to highlight the issue, have been encouraging staff to 'check in' with each other, enhanced and promoted our Employee Assistance Programme and provided awareness training for managers.
- 7 In conjunction with partners, we have developed a 'Framework for good workforce mental health and well-being in County Durham businesses' to help tackle mental

health stigma and discrimination in the workplace, improve mental health awareness and promote the importance of good mental health. Alongside Business Durham, we are supporting local businesses as they move into the recovery phase of COVID-19.

- 8 During quarter three, the Suicide Prevention Alliance action plan was refreshed to reflect new guidance received from Public Health England. This includes a focus on self-harm to reflect the government recommendation. Rates of suspected suicide in County Durham have not escalated during the pandemic.
- 9 Public Health has also been involved in a research project examining the link between suicide and debt, as part of a regional sector led improvement scheme. This demonstrated a clear link and County Durham was highlighted in the final report as an example of best practice due to the work between the Citizens Advice Bureau and mental health services.
- 10 Consultation with partners identified a number of key themes for the Healthy Weight Alliance in 2021 (including communication and marketing, COVID-19, partnerships, food, nutrition and physical activity), Our task and finish groups are now focusing on these key areas for the action plan.
- 11 Latest data from the Active Lives Survey shows a decrease in adult active participation<sup>4</sup> in sport and physical activity in County Durham. It should be noted that the latest data also covers the first national lockdown period (23 March to mid-May).
- 12 The Active 30 Durham Campaign aims to help schools and parents in County Durham to support young people to participate in 30 minutes of moderate to vigorous intensity activity every day at school and at home. Our [Active 30 hub](#) was launched in October 2020 and now contains a range of resources to encourage physical activity at home during the pandemic.
- 13 Throughout the pandemic, we have supported informal carers with training and support events, including a virtual 'Making Sense of Caring' course held by Durham County Carers Support.

### **Are people who need adult social care supported to live safe, healthy and independent lives?**

- 14 County Durham continues to perform well in relation to overall satisfaction of those receiving care and support<sup>5</sup>, with increasing satisfaction levels currently more than five percentage points above national data. The survey also shows

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<sup>4</sup> Sport England define active participation is 150+ minutes a week moderate sport and physical activity.

<sup>5</sup> Adult Social Care Survey

continued high performance relating to having enough choice over the services received.

- 15 Permanent admissions to residential and nursing care continue to be lower than in previous years. Admission rates for the period April to December 2020 are just over half the number for the same period last year.
- 16 At the end of December, our Operational Pressures Escalation Levels (OPEL) tracker showed that most of our older people care homes had no significant issues with either COVID-19 infection, PPE or staffing. We are, however, facing the significant challenge of a further wave of COVID-19 infections nationally at the start of 2021.
- 17 Given the ongoing pressures on systems, NHS England and NHS Improvement have agreed that formal Better Care Fund plans will not have to be submitted to NHS England and NHS Improvement for approval in 2020/21. Therefore, current performance indicators will continue to be monitored without set targets

# LONG AND INDEPENDENT LIVES

## (d) Are people who need adult social care supported to live safe, healthy, and independent lives?

### Adult Social Care

compared to last year



**309.3**

adults aged 65+ per 100k population admitted to residential or nursing care (Apr-Dec 2020)

↓  
(566.8)



**83.5%**

of patients discharged into reablement/ rehabilitation services still at home after 91 days (Jan-Sep 2020)

↓  
(86.5%)



**92.7%**

of service users receiving an assessment or review within the last 12 months (Jan-Dec 2020)

↓  
(94.9)



**94.5%**

of individuals achieved their desired outcomes from the adult safeguarding process (Apr-Dec 2020)

↓  
(94.9%)

Overall Satisfaction of people who use services with their care and support (Adult Social Care Survey)

**69.6%** ↑  
County Durham

**64.2%**  
National

**67.5%**  
North East

**66.2%**  
nearest statistical neighbour



County Durham performance is better than all comparators

## Key Performance Indicators – Data Tables

There are two types of performance indicators throughout this document:

- (a) Key target indicators – targets are set as improvements can be measured regularly and can be actively influenced by the council and its partners; and
- (b) Key tracker indicators – performance is tracked but no targets are set as they are long-term and/or can only be partially influenced by the council and its partners.

A guide is available which provides full details of indicator definitions and data sources for the 2020/21 corporate indicator set. This is available to view either internally from the intranet or can be requested from the Strategy Team at [performance@durham.gov.uk](mailto:performance@durham.gov.uk)

### KEY TO SYMBOLS

|              | Direction of travel                                   | Benchmarking   | Performance against target      |
|--------------|---|--|---------------------------------|
| <b>GREEN</b> | Same or better than comparable period                 | Same or better than comparable group                 | Meeting or exceeding target     |
| <b>AMBER</b> | Worse than comparable period<br>(within 2% tolerance) | Worse than comparable group<br>(within 2% tolerance) | Performance within 2% of target |
| <b>RED</b>   | Worse than comparable period<br>(greater than 2%)     | Worse than comparable group<br>(greater than 2%)     | Performance >2% behind target   |

### National Benchmarking

We compare our performance to all English authorities. The number of authorities varies according to the performance indicator and functions of councils, for example educational attainment is compared to county and unitary councils however waste disposal is compared to district and unitary councils.

### North East Benchmarking

The North East figure is the average performance from the authorities within the North East region, i.e. County Durham, Darlington, Gateshead, Hartlepool, Middlesbrough, Newcastle upon Tyne, North Tyneside, Northumberland, Redcar and Cleveland, Stockton-On-Tees, South Tyneside, Sunderland.

More detail is available from the Strategy Team at [performance@durham.gov.uk](mailto:performance@durham.gov.uk)

## LONG AND INDEPENDENT LIVES

### Are our services improving the health of our residents?

| Ref | Description   | Latest data | Period covered | Comparison to |                   |                 |                   |                               |                             | Data updated this quarter |
|-----|---|-------------|----------------|---------------|-------------------|-----------------|-------------------|-------------------------------|-----------------------------|---------------------------|
|     |   |             |                | Period target | 12 months earlier | National figure | North East figure | Nearest statistical neighbour | Period covered if different |                           |
| 34  | % of mothers smoking at time of delivery  | 14.3        | Jul-Sep 2020   | 14.7          | 15.8              | 9.9             | 12.7              | 13.4                          |                             | Yes                       |
|     |   |             |                | <b>GREEN</b>  | <b>GREEN</b>      | <b>RED</b>      | <b>RED</b>        | <b>RED</b>                    |                             |                           |
| 35  | Four week smoking quitters per 100,000 smoking population [number of quitters]              | 600 [376]   | Apr-Jun 2020   | Tracker       | 771 [504]         | 320             | 433               | 586                           |                             | Yes                       |
|     |   |             |                | N/a           | <b>RED</b>        | <b>GREEN</b>    | <b>GREEN</b>      | <b>GREEN</b>                  |                             |                           |
| 36  | Male life expectancy at birth (years)   | 78.3        | 2017-19        | Tracker       | 78.2              | 79.8            | 78.0              | 78.3                          |                             | Yes                       |
|     |   |             |                | N/a           | <b>GREEN</b>      | <b>AMBER</b>    | <b>GREEN</b>      | <b>GREEN</b>                  |                             |                           |
| 37  | Female life expectancy at birth (years)   | 81.8        | 2017-19        | Tracker       | 81.5              | 83.4            | 81.8              | 82.0                          |                             | Yes                       |
|     |   |             |                | N/a           | <b>GREEN</b>      | <b>RED</b>      | <b>GREEN</b>      | <b>AMBER</b>                  |                             |                           |
| 38  | Female healthy life expectancy at birth (years)   | 58.3        | 2017-19        | Tracker       | 58.4              | 63.5            | 59.0              | 61.0                          |                             | Yes                       |
|     |   |             |                | N/a           | <b>AMBER</b>      | <b>RED</b>      | <b>AMBER</b>      | <b>RED</b>                    |                             |                           |
| 39  | Male healthy life expectancy at birth (years)   | 59.6        | 2017-19        | Tracker       | 59.3              | 63.2            | 59.4              | 60.5                          |                             | Yes                       |
|     |   |             |                | N/a           | <b>GREEN</b>      | <b>RED</b>      | <b>GREEN</b>      | <b>AMBER</b>                  |                             |                           |
| 40  | Excess weight in adults (Proportion of adults classified as overweight or obese)            | 63.3        | 2018/19        | Tracker       | 66.7              | 62.3            | 64.9              | 67.3                          |                             | No                        |
|     |   |             |                | N/a           | <b>GREEN</b>      | <b>AMBER</b>    | <b>GREEN</b>      | <b>AMBER</b>                  |                             |                           |
| 41  | Suicide rate (deaths from suicide and injury of undetermined intent) per 100,000 population | 13.4        | 2017-19        | Tracker       | 12.8              | 10.1            | 11.6              | 12.3                          |                             | No                        |
|     |   |             |                | N/a           | <b>RED</b>        | <b>RED</b>      | <b>RED</b>        | <b>RED</b>                    |                             |                           |
| 42  | Prevalence of breastfeeding at 6-8 weeks from birth (%)                                     | 30.6        | Oct-Dec 2020   | 31.8          | 28.4              | 48.2            | 36.0              | 34                            | Q3 2019/20                  | Yes                       |
|     |   |             |                | <b>AMBER</b>  | <b>GREEN</b>      | <b>RED</b>      | <b>RED</b>        | <b>RED</b>                    |                             |                           |
| 43  | Estimated smoking prevalence of persons aged 18 and over                                    | 17.0        | 2019           | Tracker       | 15.0              | 13.9            | 15.3              | 15.2                          |                             | No                        |
|     |   |             |                | N/a           | <b>RED</b>        | <b>RED</b>      | <b>RED</b>        | <b>RED</b>                    |                             |                           |

## LONG AND INDEPENDENT LIVES

### Are our services improving the health of our residents?

| Ref | Description  | Latest data | Period covered     | Comparison to |                   |                 |                   |                               |                             | Data updated this quarter |
|-----|--|-------------|--------------------|---------------|-------------------|-----------------|-------------------|-------------------------------|-----------------------------|---------------------------|
|     |  |             |                    | Period target | 12 months earlier | National figure | North East figure | Nearest statistical neighbour | Period covered if different |                           |
| 44  | Self-reported well-being - people with a low happiness score | 9.5         | 2018/19            | Tracker       | 8.9               | 7.8             | 9.7               | 9.5                           |                             | No                        |
|     |  |             |                    | N/a           | RED               | RED             | GREEN             | GREEN                         |                             |                           |
| 45  | Participation in Sport and Physical Activity: active         | 58.1        | May 2019/ May 2020 | Tracker       | 61.4              | 62.8            | 60.1              |                               |                             | Yes                       |
|     |  |             |                    | N/a           | RED               | RED             | RED               |                               |                             |                           |
| 46  | Participation in Sport and Physical Activity: inactive       | 30.6        | May 2019/ May2020  | Tracker       | 28.2              | 25.5            | 28.9              |                               |                             | Yes                       |
|     |  |             |                    | N/a           | RED               | RED             | RED               |                               |                             |                           |

## LONG AND INDEPENDENT LIVES

### Are people who need adult social care supported to live safe, healthy and independent lives?

| Ref | Description   | Latest data | Period covered | Comparison to |                   |                 |                   |                               |                             | Data updated this quarter |
|-----|---|-------------|----------------|---------------|-------------------|-----------------|-------------------|-------------------------------|-----------------------------|---------------------------|
|     |   |             |                | Period target | 12 months earlier | National figure | North East figure | Nearest statistical neighbour | Period covered if different |                           |
| 47  | Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care         | 309.3       | Apr-Dec 2020   | N/a           | 566.8             |                 |                   |                               |                             | Yes                       |
|     |   |             |                | N/a           | GREEN             |                 |                   |                               |                             |                           |
| 48  | % of older people who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services | 83.5        | Jan-Sept 2020  | N/a           | 86.5              | 82.0            | 83.5              | 80.3*                         | 2019/20                     | Yes                       |
|     |   |             |                | N/a           | RED               | Not comparable  | Not comparable    | Not comparable                |                             |                           |
| 49  | % of individuals who achieved their desired outcomes from the adult safeguarding process                                | 94.5        | Apr-Dec 2020   | Tracker       | 94.9              | 92.2            | 85.4              | 92.1*                         | 2019/20                     | Yes                       |
|     |   |             |                | N/a           | AMBER             | Not comparable  | Not comparable    | Not comparable                |                             |                           |

## LONG AND INDEPENDENT LIVES

### Are people who need adult social care supported to live safe, healthy and independent lives?

| Ref | Description   | Latest data | Period covered | Comparison to |                   |                 |                   |                               |                             | Data updated this quarter |
|-----|---|-------------|----------------|---------------|-------------------|-----------------|-------------------|-------------------------------|-----------------------------|---------------------------|
|     |   |             |                | Period target | 12 months earlier | National figure | North East figure | Nearest statistical neighbour | Period covered if different |                           |
| 50  | % of service users receiving an assessment or review within the last 12 months  | 92.7        | Jan-Dec 2020   | Tracker       | 86.8              |                 |                   |                               |                             | Yes                       |
|     |   |             |                | N/a           | <b>GREEN</b>      |                 |                   |                               |                             |                           |
| 51  | Overall satisfaction of people who use services with their care and support   | 69.6        | 2019/20        | Tracker       | 67.8              | 64.2            | 67.5              | 66.2*                         |                             | Yes                       |
|     |   |             |                | N/a           | <b>GREEN</b>      | <b>GREEN</b>    | <b>GREEN</b>      | <b>GREEN</b>                  |                             |                           |
| 52  | Overall satisfaction of carers with the support and services they receive (Biennial survey)                             | 51.2        | 2018/19        | Tracker       | 43.3**            | 38.6            | 47.2              | 41.8*                         |                             | No                        |
|     |   |             |                | N/a           | <b>GREEN</b>      | <b>GREEN</b>    | <b>GREEN</b>      | <b>GREEN</b>                  |                             |                           |
| 53  | Daily delayed transfers of care beds, all, per 100,000 population age 18+   | 2.9         | Feb 2020       | Tracker       | 1.5               | 11.0            | 7.0               | 11.0*                         |                             | No                        |
|     |   |             |                | N/a           | <b>RED</b>        | <b>GREEN</b>    | <b>GREEN</b>      | <b>GREEN</b>                  |                             |                           |
| 54  | % of adult social care service users who report they have enough choice over the care and support services they receive | 77.6        | 2019/20        | Tracker       | 75.1              | 66.6            | 73.0              | 69.2*                         |                             | Yes                       |
|     |   |             |                | N/a           | <b>GREEN</b>      | <b>GREEN</b>    | <b>GREEN</b>      | <b>GREEN</b>                  |                             |                           |

\*unitary authorities

\*\* results from 2016/17 survey

## Other additional relevant indicators

| LONG AND INDEPENDENT LIVES  |  |             |                 |               |                   |                 |                   |                               |                             |                           |
|---|--|-------------|-----------------|---------------|-------------------|-----------------|-------------------|-------------------------------|-----------------------------|---------------------------|
| Are children, young people and families in receipt of universal services appropriately supported? |  |             |                 |               |                   |                 |                   |                               |                             |                           |
| Ref   | Description  | Latest data | Period covered  | Comparison to |                   |                 |                   |                               |                             | Data updated this quarter |
|   |  |             |                 | Period target | 12 months earlier | National figure | North East figure | Nearest statistical neighbour | Period covered if different |                           |
| 24  | % of free school meals (FSM) eligible pupils taking FSM  | 75.8        | Jan 2020        | Tracker       | 79.4              | 78.7            | 78.7              |                               |                             | No                        |
|   |  |             |                 | N/a           | RED               | RED             | RED               |                               |                             |                           |
| 25  | Under-18 conception rate per 1,000 girls aged 15 to 17   | 26.4        | 2018            | Tracker       | 23.7              | 16.7            | 24.9              | 25.0                          |                             | No                        |
|   |  |             |                 | N/a           | RED               | RED             | RED               | RED                           |                             |                           |
| 26  | % of five year old children free from dental decay   | 73.2        | 2019            | Tracker       | 74.2              | 76.6            | 76.7              | 71.7                          |                             | No                        |
|   |  |             |                 | N/a           | AMBER             | RED             | RED               | GREEN                         |                             |                           |
| 27  | Alcohol specific hospital admissions for under 18s (rate per 100,000) <sup>^^</sup>                    | 54.7        | 2016/17-2018/19 | Tracker       | 53.1              | 31.6            | 60.0              | 46.8                          |                             | No                        |
|   |  |             |                 | N/a           | RED               | RED             | GREEN             | RED                           |                             |                           |
| 28  | Young people aged 10-24 admitted to hospital as a result of self-harm (rate per 100,000) <sup>^^</sup> | 354.3       | 2018/19         | Tracker       | 350.1             | 444.0           | 536.5             | 589.9                         |                             | No                        |
|   |  |             |                 | N/a           | AMBER             | GREEN           | GREEN             | GREEN                         |                             |                           |
| 29  | % of children aged 4 to 5 years classified as overweight or obese <sup>**</sup>                        | 24.9        | 2019/20         | Tracker       | 24.0              | 23.0            | 24.8              | 25.0                          |                             | Yes                       |
|   |  |             |                 | N/a           | RED               | RED             | AMBER             | GREEN                         |                             |                           |
| 30  | % of children aged 10 to 11 years classified as overweight or obese <sup>**</sup>                      | 37.6        | 2019/20         | Tracker       | 37.7              | 35.2            | 37.5              | 37.2                          |                             | Yes                       |
|   |  |             |                 | N/a           | GREEN             | RED             | AMBER             | AMBER                         |                             |                           |

<sup>\*\*</sup> not reporting for 2019/20

## CONNECTED COMMUNITIES – SAFER

### How well do we reduce misuse of drugs and alcohol?

| Ref | Description  | Latest data | Period covered     | Comparison to |                   |                 |                   |                               |                             | Data updated this quarter |
|-----|--|-------------|--------------------|---------------|-------------------|-----------------|-------------------|-------------------------------|-----------------------------|---------------------------|
|     |  |             |                    | Period target | 12 months earlier | National figure | North East figure | Nearest statistical neighbour | Period covered if different |                           |
| 85  | % of successful completions of those in alcohol treatment            | 33.9        | Jul 2019-Jun 2020* | Tracker       | 28.7              | 35.9            | 31.2              |                               |                             | Yes                       |
|     |  |             |                    | N/a           | <b>RED</b>        | <b>AMBER</b>    | <b>AMBER</b>      |                               |                             |                           |
| 86  | % of successful completions of those in drug treatment - opiates     | 5.1         | Jul 2019-Jun 2020* | Tracker       | 5.6               | 5.0             | 3.9               |                               |                             | Yes                       |
|     |  |             |                    | N/a           | <b>GREEN</b>      | <b>AMBER</b>    | <b>AMBER</b>      |                               |                             |                           |
| 87  | % of successful completions of those in drug treatment - non-opiates | 33.9        | Jul 2019-Jun 2020* | Tracker       | 27.8              | 32.6            | 27.3              |                               |                             | Yes                       |
|     |  |             |                    | N/a           | <b>RED</b>        | <b>AMBER</b>    | <b>RED</b>        |                               |                             |                           |

\*with rep to Dec 2020

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

**15 April 2021**



### **Adult and Health Services - Quarter 3: Forecast of Revenue and Capital Outturn 2020/21**

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#### **Report of Corporate Directors**

**Paul Darby, Corporate Director of Resources**

**Jane Robinson, Corporate Director Adult and Health Services**

#### **Electoral division(s) affected:**

Countywide

#### **Purpose of the Report**

- 1 To provide the Committee with details of the quarter 3 forecast outturn budget position for the Adult and Health Services (AHS) service grouping, highlighting major variances in comparison with the budget for the year, based on the position to the end of December 2020.

#### **Executive Summary**

- 2 This report provides an overview of the forecast of outturn, based on the position to 31 December 2020. It provides an analysis of the budgets and forecast outturn for the service areas falling under the remit of this Overview and Scrutiny Committee and complements the reports considered and agreed by Cabinet on a quarterly basis.
- 3 The forecasts indicate that AHS will have a cash limit underbudget of £3.457 million at the year-end against a revised revenue budget of £116.233 million, which represents a 3.0% underbudget.
- 4 In arriving at the cash limit position, Covid-19 related expenditure of £21.086 million, offset by Covid-19 related savings of £7.054 million within AHS have been excluded from the forecasts. Covid-19 related costs are being treated corporately and offset by Government funding so far as is possible, though forecast net costs currently exceed the grant that has been made available.

- 5 Based on the forecasts, the Cash Limit balance for AHS as at 31 March 2021 will be £10.434 million.
- 6 Details of the reasons for under and overspending against relevant budget heads are disclosed in the report.
- 7 The AHS capital budget for 2020/21 is nil and no capital expenditure is forecast to be incurred in the current financial year.

### **Recommendation**

- 8 It is recommended that the Adults Wellbeing and Health Committee note the financial forecasts included in this report.

## Background

9 County Council approved the Revenue and Capital budgets for 2020/21 at its meeting on 22 February 2020. These budgets have subsequently been revised to take account of transfers to and from reserves, grant additions/reductions, budget transfers between service groupings and budget reprofiling between years. This report covers the financial position for:

- *AHS Revenue Budget - £116.233 million (original £129.627 million)*
- *AHS Capital Programme – £Nil*

10 The original AHS revenue budget has been revised to incorporate a number of budget adjustments as summarised in the table below:

| <b>Reason for Adjustment</b>                      | <b>£'000</b>   |
|---|----------------|
| Original Budget                                   | 129,627        |
| Transfer to Contingencies – NI adjustment         | (20)           |
| Transfer from Contingencies – Transforming Care   | 366            |
| Transfer from Contingencies – Pay Inflation       | 786            |
| Use of Corporate MTFP reserve                     | 463            |
| Contribution to Corporate Reserve                 | (8,481)        |
| Use of (+)/contribution to cash limit reserve (-) | (2,490)        |
| Use of (+)/contribution to AHS reserves (-)       | (4,018)        |
| <b>Revised Budget</b>                             | <b>116,233</b> |

11 The use of / (contribution) to AHS reserves consists of:

| <b>Reserve</b>                            | <b>£'000</b>   |
|---|----------------|
| Contribution to AHS - Social Care Reserve | (2,440)        |
| Contribution to Public Health Reserve     | (1,578)        |
| <b>Total</b>                              | <b>(4,018)</b> |

12 The summary financial statements contained in the report cover the financial year 2020/21 and show: -

- The approved annual budget;
- The actual income and expenditure as recorded in the Council's financial management system;
- The variance between the annual budget and the forecast outturn;
- For the AHS revenue budget, adjustments for items outside of the cash limit to take into account such items as redundancies met from the strategic reserve, capital charges not controlled by services and use of / or contributions to earmarked reserves.

## Revenue Outturn

- 13 The updated forecasts show that the AHS service is now reporting a cash limit underbudget of £3.457 million against a revised budget of £116.233 million which represents a 3.0% underbudget. This compares with the previous forecast at quarter two of a £3.198 million cash limit underbudget.
- 14 The tables below show the revised annual budget, actual expenditure to 31 December 2020 and the updated forecast of outturn to the year end, including the variance forecast at year end. The first table is analysed by Subjective Analysis (i.e. type of expense) and the second is by Head of Service.

### Subjective Analysis (Type of Expenditure)

|                           | Revised Annual Budget<br>£000 | YTD Actual<br>£000 | Forecast Outturn<br>£000 | COVID 19 Costs<br>£000 | COVID Under spends<br>£000 | Cash Limit Variance QTR3<br>£000 | Memo-Forecast Position at QTR2<br>£000 |
|---------------------------|-------------------------------|--------------------|--------------------------|------------------------|----------------------------|----------------------------------|--|
| Employees                 | 36,683                        | 26,114             | 36,525                   | (396)                  | 0                          | (554)                            | (293)                                  |
| Premises                  | 1,202                         | 1,452              | 2,932                    | (1,675)                | 0                          | 55                               | 53                                     |
| Transport                 | 2,293                         | 901                | 1,686                    | 0                      | 596                        | (11)                             | (1)                                    |
| Supplies & Services       | 4,370                         | 3,188              | 4,377                    | 0                      | 102                        | 109                              | 197                                    |
| Third Party Payments      | 285,648                       | 183,298            | 303,012                  | (19,015)               | 4,283                      | 2,632                            | 291                                    |
| Transfer Payments         | 11,278                        | 7,023              | 10,131                   | 0                      | 0                          | (1,147)                          | (731)                                  |
| Central Support & Capital | 30,606                        | 20,312             | 31,927                   | 0                      | 0                          | 1,321                            | 580                                    |
| Income                    | (255,847)                     | (143,727)          | (263,782)                | 0                      | 2,073                      | (5,862)                          | (3,294)                                |
| <b>Total</b>              | <b>116,233</b>                | <b>98,561</b>      | <b>126,808</b>           | <b>(21,086)</b>        | <b>7,054</b>               | <b>(3,457)</b>                   | <b>(3,198)</b>                         |

### Analysis by Head of Service Area

|                | Revised Annual Budget<br>£000 | YTD Actual<br>£000 | Forecast Outturn<br>£000 | COVID 19 Costs<br>£000 | COVID Under spends<br>£000 | Cash Limit Variance QTR3<br>£000 | Memo-Forecast Position at QTR2<br>£000 |
|----------------|-------------------------------|--------------------|--------------------------|------------------------|----------------------------|----------------------------------|--|
| Central/Other  | 9,069                         | (45,230)           | 10,112                   | 0                      | 16                         | 1,059                            | (934)                                  |
| Commissioning  | 5,074                         | 11,719             | 5,014                    | (450)                  | 141                        | (369)                            | (146)                                  |
| Head of Adults | 110,623                       | 138,282            | 120,119                  | (20,540)               | 6,897                      | (4,147)                          | (2,118)                                |
| Public Health  | -8,533                        | (6,210)            | (8,437)                  | (96)                   | 0                          | 0                                | 0                                      |
| <b>Total</b>   | <b>116,233</b>                | <b>98,561</b>      | <b>126,808</b>           | <b>(21,086)</b>        | <b>7,054</b>               | <b>(3,457)</b>                   | <b>(3,198)</b>                         |

- 15 The table below provides a brief commentary of the forecast cash limit variances against the revised budget, analysed by Head of Service. The

table identifies variances in the core budget only and excludes items outside of the cash limit (e.g. central repairs and maintenance) and technical accounting adjustments (e.g. central admin recharges and capital charges):

| Service Area                                 | Description  | Cash limit Variance £000 |
|--|--|--------------------------|
| <b>Head of Adults</b>                        |  |                          |
| Ops Manager LD /MH / Substance Misuse        | £290,000 under budget on employees due to effective management of vacancies.<br>£103,000 over budget in respect of premises/transport/supplies and services.<br>£459,000 net under budget on direct care related activity. | (646)                    |
| Safeguarding Adults and Practice Development | £15,000 under budget on employees due to effective management of vacancies.<br>£82,000 under budget on supplies and services.  | (97)                     |
| Ops Manager OP/PDSI Services                 | £68,000 under budget on employees due to effective management of vacancies.<br>£2.992 million net under budget on direct care-related activity.  | (3,060)                  |
| Ops Manager Provider Services                | £280,000 under budget mainly on employees due to effective management of vacancies.  | (280)                    |
| Operational Support                          | £64,000 under budget mainly in respect of supplies and services.   | (64)                     |
|  |  | <b>(4,147)</b>           |
| <b>Central/Other</b>                         |  |                          |
| Central/ Other                               | The net effect of £2.000 million contribution to corporate reserves and £0.941 million under budget to support future operational activity   | 1,059                    |
|  |  | <b>1,059</b>             |
| <b>Commissioning</b>                         |  |                          |
| Commissioning                                | £369,000 under budget in respect of effective management of vacancies and contract management.   | (369)                    |
|  |  | <b>(369)</b>             |
| <b>Public Health</b>                         |  |                          |
| General Prevention Activities                | Under-budget on activity-based spend relating to Health Protection Emergency Response (-£20,000).  | (20)                     |
| Healthy Communities Strategy and Assurance   | Mainly due to under-budget on the annual fluoridation recharge from Northumbrian Water (-£30,000).   | (30)                     |

| Service Area                          | Description  | Cash limit Variance £000 |
|---------------------------------------|--|--------------------------|
| Living and Ageing Well                | Saving on budget previously aligned to Cancer Awareness project – funded externally in 2020/21 (-£65,000) & Stop Smoking Service – additional saving (-£28,000). Under-budget on Nicotine Replacement Therapy (-£200,000).<br><br>Under-budget on social marketing due to lack of activity April-December 2020 (-£25,000) & relax kids contract (-£5,000).<br><br>Under-budget on supervised consumption (-£65,000), prescription charges (-£76,000), local enhanced alcohol (-£10,000), residential detox (-£8,000) & Drug and Alcohol Recovery Service (-£23,000). | (505)                    |
| Public Health Grant and Reserves      | Amount to balance the cash limit variance (+£762,000) made up principally of the uncommitted budgets, employee vacancy and contracts etc.  | 762                      |
| Public Health Team                    | Under budget on employee costs (-£139,000), staff training (-£10,000) and various supplies and services (-£20,000).  | (169)                    |
| Starting Well and Social Determinants | Under budget on next generation broadband (-£21,000), and uncommitted budget (-£17,000).   | (38)                     |
|                                       |  | -                        |
| <b>AHS Total</b>                      |  | <b>(3,457)</b>           |

- 16 The council has faced significant additional costs in relation to the Covid-19 outbreak and significant loss of income across the first nine months of the year. All additional costs and loss of income, net of Covid-19 related underspending, is being treated corporately and is therefore excluded from the cash limit.
- 17 The major areas of forecast additional cost and loss of income in respect of AHS are as follows:
- (a) Adult Social Care Provider Support – it is forecast that during 2020/21 additional financial support of circa £18.565 million will have been paid to providers. This support includes a temporary 10% uplift in fees and targeted support being given to residential care homes where occupancy levels have dropped significantly (in excess of 10%);
  - (b) Provision of Personal Protective Equipment of £1.675 million; and
  - (c) Additional operational costs relating to Adult Services and Public Health of £0.846 million in responding to the pandemic.
- 18 The major areas of forecast Covid-19 related savings in respect of AHS are as follows:

- (a) £0.698 million in respect of short-term spot hire of vehicles and car allowances etc;
  - (b) Net agency and contracted services are forecast to be £6.000 million below budget as a result of a reduction in contracted placements with adult care providers and CDCCG recharges. This represents a circa 5% underspend against the commissioning base budgets.
  - (c) A CDCCG contribution towards adult social care provider support is £0.356 million.
- 19 In terms of the cash limit position, the service grouping is on track to maintain spending within its cash limit. The forecast outturn position incorporates the MTFP savings built into the 2020/21 budgets, which for AHS in total amounted to £5.044 million.
- 20 Based on quarter 3 forecasts, the cash limit reserve for Adult and Health Services is forecast to be circa £10.434 million at 31 March 2021.

### **Capital Programme**

- 21 There is no capital programme in 2020/21 for AHS and no expenditure forecast.

### **Background Papers**

- 22 Cabinet Report 17 March 2021 – Forecast of Revenue and Capital Outturn Period 31 December 2021.

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## **Appendix 1: Implications**

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### **Legal Implications**

The consideration of regular budgetary control reports is a key component of the Council's Corporate and Financial Governance arrangements. This report shows the forecast spend against budgets agreed by the Council in February 2020 in relation to the 2020/21 financial year.

### **Finance**

Financial implications are detailed throughout the report which provides an analysis of the revenue and capital outturn position alongside details of balance sheet items such as earmarked reserves held by the service grouping to support its priorities.

### **Consultation**

Not applicable.

### **Equality and Diversity / Public Sector Equality Duty**

Not applicable.

### **Human Rights**

Not applicable.

### **Crime and Disorder**

Not applicable.

### **Staffing**

Not applicable.

### **Accommodation**

Not applicable.

### **Risk**

The consideration of regular budgetary control reports is a key component of the Councils Corporate and Financial Governance arrangements.

### **Procurement**

The outcome of procurement activity is factored into the financial projections included in the report.

Overview and Scrutiny Committee -  
Adults Wellbeing & Health – 15 April 2021

AHS Revenue and Capital - Forecast Outturn 2020/21  
Quarter 3

Andrew Gilmore – Finance Manager

# OVERVIEW

- 2020/21 Quarter 3 Revenue Forecast Outturn and Variance Explanations
- 2020/21 Quarter 3 Capital Position
- COVID19 Support to Care Providers

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# AHS 2020/21 Quarter 3 Forecast Outturn

# AHS Q3 2020/21 Forecast Outturn

## By Expenditure Type

|                           | Revised Annual Budget | YTD Actual    | Forecast Outturn | COVID 19 Costs  | COVID Under spends | Cash Limit Variance |
|---------------------------|-----------------------|---------------|------------------|-----------------|--------------------|---------------------|
|                           | £000                  | £000          | £000             | £000            | £000               | £000                |
| Employees                 | 36,683                | 26,114        | 36,525           | (396)           | 0                  | (554)               |
| Premises                  | 1,202                 | 1,452         | 2,932            | (1,675)         | 0                  | 55                  |
| Transport                 | 2,293                 | 901           | 1,686            | 0               | 596                | (11)                |
| Supplies & Services       | 4,370                 | 3,188         | 4,377            | 0               | 102                | 109                 |
| Third Party Payments      | 285,648               | 183,298       | 303,012          | (19,015)        | 4,283              | 2,632               |
| Transfer Payments         | 11,278                | 7,023         | 10,131           | 0               | 0                  | (1,147)             |
| Central Support & Capital | 30,606                | 20,312        | 31,927           | 0               | 0                  | 1,321               |
| Income                    | (255,847)             | (143,727)     | (263,782)        | 0               | 2,073              | (5,862)             |
| <b>Total</b>              | <b>116,233</b>        | <b>98,561</b> | <b>126,808</b>   | <b>(21,086)</b> | <b>7,054</b>       | <b>(3,457)</b>      |

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# AHS Q3 2020/21 Forecast Outturn

## By Service Area

|                | Revised Annual Budget<br>£000 | YTD Actual<br>£000 | Forecast Outturn<br>£000 | COVID 19 Costs<br>£000 | COVID Under spends<br>£000 | Cash Limit Variance<br>£000 |
|----------------|-------------------------------|--------------------|--------------------------|------------------------|----------------------------|-----------------------------|
| Central/Other  | 9,069                         | (45,230)           | 10,112                   | 0                      | 16                         | 1,059                       |
| Commissioning  | 5,074                         | 11,719             | 5,014                    | (450)                  | 141                        | (369)                       |
| Head of Adults | 110,623                       | 138,282            | 120,119                  | (20,540)               | 6,897                      | (4,147)                     |
| Public Health  | (8,533)                       | (6,210)            | (8,437)                  | (96)                   | 0                          | 0                           |
| <b>Total</b>   | <b>116,233</b>                | <b>98,561</b>      | <b>126,808</b>           | <b>(21,086)</b>        | <b>7,054</b>               | <b>(3,457)</b>              |

# AHS Revenue Budget 2020/21

**AHS budget position for 2020/21 is a projected under budget of £3.457 million, which equates to 3.0% of net budget**

Key reasons for budget variances:

## **Adult Care (projected under budget of £4.147 million)**

- Net under budget on employee-related costs of circa £653,000 mainly through the careful management and control of vacancies.
- Net under budget on supplies and services, transport and other costs of circa £43,000.
- Net overall under budget on care activity of circa £3.451 million.
- Due to the impact of COVID there is considerable uncertainty around the current year's financial position.

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# AHS Revenue Budget 2020/21

Key reasons for budget variances:

## **Central Costs /Other (projected over budget of £1.059 million)**

- Net effect of £2.000 million contribution to corporate reserves and £0.941 million under budget to support future operational activity.

## **Commissioning (projected under budget of £369,000)**

- Under budget in respect of effective management of vacancies and contract management.

# AHS Revenue Budget 2020/21

## **Public Health (projected to be on target)**

- This budget is funded in the main by Public Health Grant for 2020/21, and therefore shows nil net expenditure on the report.
- However £762,000 is forecast to be made available for future investment in Public Health projects from uncommitted budgets, savings from vacant posts and underspends against some contracts.

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# Support to Care Providers

## Includes

- Advance Payment (recoverable) - £13.0 million
- Sustainability Payments - £5.9 million
- Stability Payments - £0.5 million per 4 week payment period
- Additional Uplift - £10.8 million
- Infection Control Fund - £13.2 million

# AHS – Q3 2020/21 CAPITAL

- No capital programme at present

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ANY QUESTIONS?

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

15 April 2021

**Adults Wellbeing and Health OSC –  
Refresh of 2021/22 Work Programme**



---

**Report of Paul Darby, Interim Corporate Director of Resources**

**Electoral division(s) affected:**

None

**Purpose of the Report**

- 1 To provide the Adults Wellbeing and Health Overview and Scrutiny Committee (AWHOSC) with the opportunity to review and refresh ITS work programme for 2021/2022.

**Executive summary**

- 2 The CYP OSC review their work programme each year to reflect the objectives and associated outcomes and actions identified within the Council Plan and is set in the context of the County Durham Vision 2035 three ambitions of:
  - More and Better Jobs
  - People Live Long and Independent Lives; and
  - Connected Communities.
- 3 The report (paragraphs 11-14) provides information for members to note on activity undertaken by the committee during 2020/21 and enable discussion to suggest areas for review activity or agenda items to be included in the committee's work programme for 2021/2022.

**Recommendations**

- 4 The AWHOSC is recommended to:
  - (a) Note the proposed AWHOSC work programme in relation to the current Council Plan 2020-2023 (copy attached at Appendix 2);

- (b) Note that a further report to agree the AWHOSC Work Programme will be submitted to the first meeting of the Committee in the 2021/22 municipal year.

## Background

- 5 The current overview and scrutiny committees work programmes focus on the priority areas identified within the context of the:
- Council Plan
  - Cabinet’s Notice of Key Decisions
  - County Durham Vision for 2035
  - Partnership plans and strategies
  - Performance and budgetary control data
  - Changes in government legislation
  - Local Priorities
- 6 In October 2019, public, private and voluntary sector bodies that make up the County Durham Partnership jointly agreed a Vision for County Durham 2035. This vision was based on a strategic assessment of need using our intelligence platform Durham Insight and was developed following extensive consultation with the public. The vision document that was agreed sets out our strategic direction and what we would like to achieve over the next 15 years and is written around three broad ambitions for the people of County Durham:
- More and better jobs
  - People live long and independent lives
  - Connected communities
- 7 As well as being of key importance to local people’s long-term priorities, they remain key strategic ambitions in our response to the COVID-19 crisis, where key impacts relate to employment, health and wellbeing, and communities.

## Council Plan

- 8 The Council Plan is the primary corporate planning document for the county council and details Durham County Council’s contribution towards achieving the objectives set out in the Vision for County Durham 2035 together with its own change agenda. It aims to provide a readable and accessible summary for Members, partners and the public of our priorities for the county and the main programmes of work that we

will undertake over the coming three years to help achieve these priorities.

- 9 Both the Vision for County Durham and the Council Plan are structured around three ambitions which are mentioned above. An additional ambition of an excellent council has been developed for the Council Plan to capture the corporate initiatives that the council has identified and that it wants to undertake to transform its operations and enable achievement of the ambitions within the vision.
- 10 The Committee will scrutinise the delivery of the County Durham Vision 2035 ambitions of People live long and Independent Lives and Council Plan objectives in relation to Adults Wellbeing and Health OSC of:-

### **People Live Long and Independent Lives**

- Better integration of health and social care services
- People will be supported to live independently for as long as possible by delivering more homes to meet the needs of older and disabled people
- Tackling the stigma and discrimination of poor mental health and building resilient communities
- Promotion of positive behaviours

### **Current Work Programme**

- 11 In addition to providing a scrutiny role for activity of the Council the Committee is also the designated Health Scrutiny Committee for the Council for the purposes of the Health and Social Care Act 2012. The Committee therefore leads on the review and scrutiny of NHS Services, Adults Social Care, Health Inequalities and improvement and Public Health Services.
- 12 During 2020/2021, the Adults Wellbeing and Health Overview and Scrutiny Committee had to prioritise items to come to a reduced number of formal meetings and items to be electronically circulated as briefing reports due to the Coronavirus. However, although there was a reduced number of formal meetings the committee has undertaken budgetary and performance monitoring, systematic 6 monthly reviews of progress against recommendations and overview presentations.

### **Systematic Review**

### **People Live Long and Independent Lives**

- Update of progress against recommendations of the Review into Suicide Rates and Mental Health and Wellbeing in County Durham.

## **Review Activity**

### **People Live Long and Independent Lives**

- Scrutiny Review of GP Services across County Durham

## **Overview Activity**

### **People Live Long and Independent Lives**

#### **Better integration of health and social care services**

**People will be supported to live independently for as long as possible by delivering more homes to meet the needs of older and disabled people**

**Tackling the stigma and discrimination of poor mental health and building resilient communities**

#### **Promotion of positive behaviours**

- Public Health Response to COVID-19 Pandemic
- County Durham Care Partnership response to COVID-19 Pandemic
- Local Outbreak Management Plan Update (x3)
- Primary Care Update
- Adult Social Care Overview
- Winter Planning 2020-21
- Health Impact Assessment for Health Inequalities
- Tees Esk and Wear Valleys NHS FT – CQC Inspection results and Improvement Update
- Tees Esk and Wear Valleys NHS FT – COVID-19 Pandemic Update
- Integrated Care Systems Update
- NHS County Durham CCG – Development of a Primary Care Investment Strategy
- Shotley Bridge Hospitals Update
- Tees Esk and Wear Valleys NHS FT – Quality Account Update

## **Performance Monitoring**

- 13 The committee has considered and commented on quarterly budget and performance reports for the Adults and Health Services Grouping.

### **Cross Cutting Areas**

- 14 The Adults Wellbeing and Health OSC has also considered the following areas which cut across objectives within the Council Plan or the remit of other Overview and Scrutiny Committees:-

- Children and Adolescent Mental Health Services Update – CYPOSC 9 October 2020
- Fuel Poverty – ESCOSC 12 February 2021
- Director of Public Health Annual Report – CYOSC 12 April 2021

### **Areas for consideration in the Adults Wellbeing and Health Overview and Scrutiny Work Programme**

- 15 Paragraphs 11 to 14 of this report identifies the activity undertaken by the committee during 2020/21. The committee has identified a number of these areas for further progress updates and will need be included in the committee's work programme for 2021/2022.

- Local Outbreak Management Plan Update
- Shotley Bridge Hospital
- Integrated Care System and emerging Health White Paper

- 16 The committee will receive a further report to its meeting in July 2021 where members will be asked to discuss and finalise its work programme and will be asked to agree a topic for review activity.

### **Background papers**

- None

### **Other useful documents**

- Previous Cabinet reports / None

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## **Appendix 1: Implications**

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### **Legal Implications**

None

### **Finance**

None

### **Consultation**

None

### **Equality and Diversity / Public Sector Equality Duty**

None

### **Climate Change**

None

### **Human Rights**

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

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## **Appendix 2: Council Plan 2020-23**

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Attached as a separate document.

# Durham County Council Council Plan

2020-2023



## Executive Summary

County Durham is a dynamic place, used to overcoming challenges and reinventing itself. Recently, the council and partners agreed a vision for County Durham for 2035 following extensive consultation with our residents. Over 30,000 responses helped shape a vision that people recognise. This is to **create more and better jobs, help people live long and independent lives and support communities to be well connected and supportive of each other**. Our purpose holds to deliver on these ambitions against a context of COVID-19. This plan sets out how we will achieve this.

We want to create **more and better jobs** by supporting businesses emerging from lockdown back to stability and help to rebuild our economy. We are developing a pipeline of projects and investment plans; our roadmap to help stimulate economic recovery. We will create major employment sites across the county, cementing our position as a premier place in the region to do business. Employability support programmes will be developed to help people back into employment or to start their own business. As young people return to our schools and colleges, we will ensure that they receive a good education and training to equip them with the skills they need to access opportunities of today and the future. We will help our tourism and hospitality sector to recover as a great visitor destination with a cultural offer which will help stimulate the local economy.

We want our residents to **live long and independent lives** and remain in good health for many years to come. Surveillance, early identification and outbreak management are vital in controlling the virus, the most immediate threat to the health of our residents. We want to tackle some of the mental health challenges that have been exacerbated by the pandemic. There have been positive impacts on the environment since lockdown began. The council is committed to becoming carbon neutral by 2050 and making our county more conducive to physical exercise to benefit the environment and our health. We have a strong track record of health and social care integration in Durham. We want to build on the financial and practical support we have provided to the care sector during the pandemic by ensuring we have a high-quality care market that is sustainable in the future.

We want our **communities to be well connected and supportive of each other**. As town and village centres reopen, we will help them to be vibrant and accessible places that are well used, clean, attractive and safe. We will support the most vulnerable in our communities, particularly those socially isolating, shielding or adversely affected financially.

These ambitions will be supported by a well-run council with a good grip on its performance and finances and which makes best use of our workforce and technology to provide the best possible service we can for our residents.

Our ambitions are fully supported by a delivery plan at the end of this document.



Leader of the Council, Councillor Simon Henig  
and Chief Executive, John Hewitt

## A Vision for County Durham

In October 2019, public, private and voluntary sector bodies that make up the County Durham Partnership jointly agreed a [Vision for County Durham 2035](#). This vision was based on a strategic assessment of need using our intelligence platform [Durham Insight](#) and was developed following extensive consultation with the public. Residents, businesses and specific interest groups such as children and young people and people with a disability were asked what they would like to see in a new vision for the county and their views were incorporated into our final vision. The vision document that was agreed sets out our strategic direction and what we would like to achieve over the next 15 years and is written around three broad ambitions for the people of County Durham:

**More and better jobs**

**People live long and independent lives**

**Connected communities**

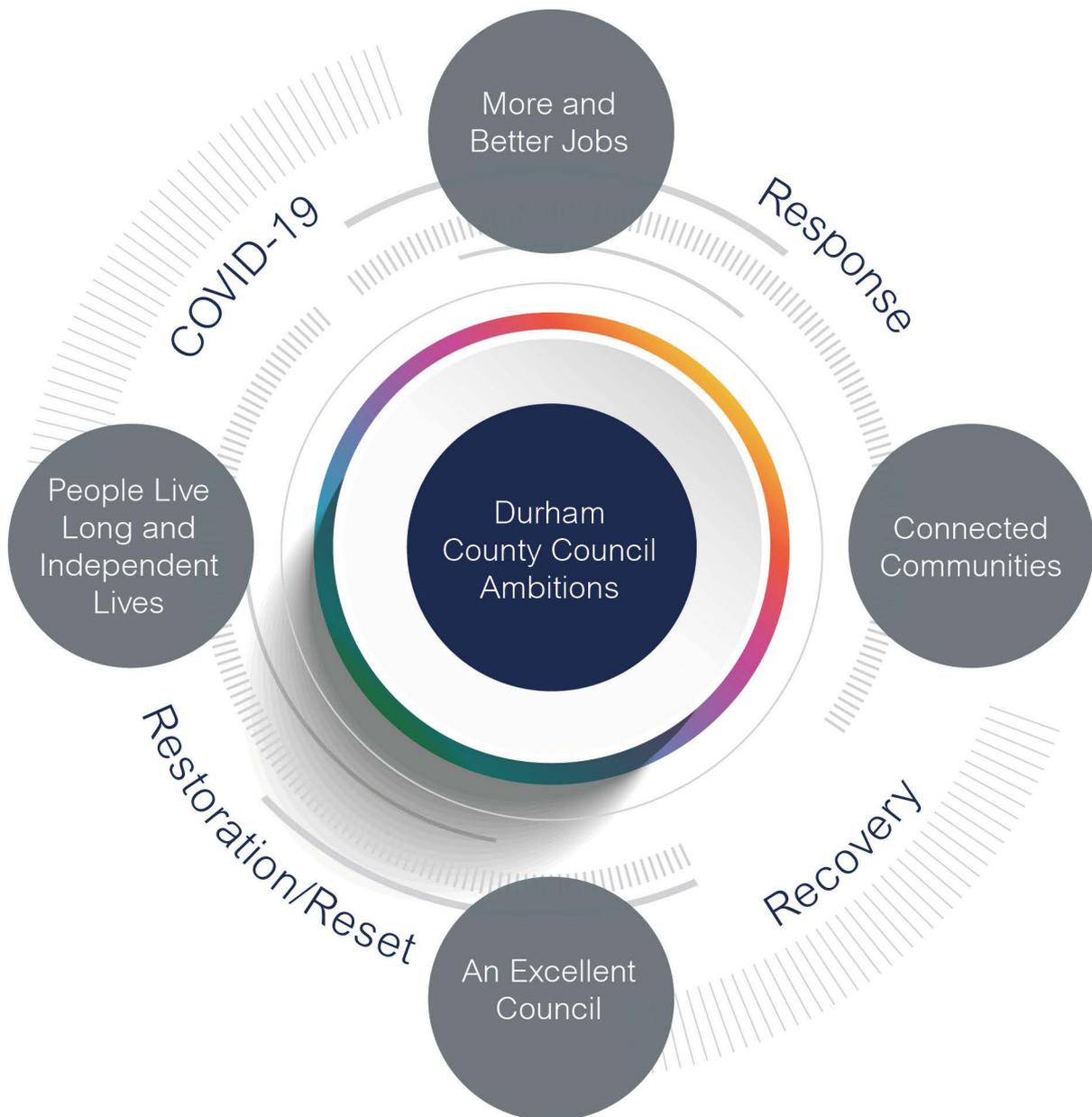
These three themes were developed following extensive public consultation with almost 30,000 pieces of consultation evidence having fed into the development of the vision. As well as being of key importance to local people's long-term priorities, they remain key strategic ambitions in our response to the COVID-19 crisis, where key impacts relate to employment, health and wellbeing, and communities. This document sets out the contributions that Durham County Council will make over the next three years to help achieve those ambitions.

Durham County Council has already delivered £242 million of savings and lost just under 3,000 posts since the introduction of the Government's austerity programme in 2011 and these savings are forecast to exceed £280 million by 2024/25. Despite this, we will continue to aspire to work with partners to achieve our shared Vision for County Durham, which reflects the views of our residents and communities. The unprecedented financial challenges that we face, and uncertain times ahead mean that like many public sector bodies, we will have to consider delivering some services differently if we are to continue providing them at all. Therefore, in addition to the three ambitions set out in the Vision for County Durham, this plan contains a fourth ambition capturing our own organisational transformation agenda and this ambition is to be an excellent council.

This Council Plan aligns to both the council's Medium-Term Financial Plan which sets out how our priorities will be resourced and the County Durham Plan which is the spatial representation of our ambitions contained within the Council Plan around housing, jobs and the environment as well as the transport, schools and healthcare to support it.

## Durham County Council Ambitions

This document sets out the strategic framework for all of our plans and strategies. It sets out the council's contribution to achieving the Vision for County Durham as well as our own improvement agenda and the major programmes of work that Durham County Council will be undertaking over the medium-term to recover from COVID-19.



## Planning Assumptions

A whole range of factors will directly influence the delivery of this plan. The major issues are identified here.

Clearly, the ongoing coronavirus pandemic (COVID-19) will dominate the planning and delivery of our services over the lifetime of this plan and frame everything that we do to support our recovery in County Durham and achieve our vision. Our ongoing response to the global COVID-19 outbreak, how we support recovery of business and the economy and our communities and the restoration of council services features strongly during the period covered by this plan. It affects our local economy, the health and wellbeing of our residents, our communities and the delivery of services by the council. The council is playing a key role in coordinating the response to the pandemic through its public health function and as a first responder under the Civil Contingencies Act 2004. We want to ensure that the most vulnerable in our communities such as older people and those with pre-existing conditions receive support and are best protected. We also want to ensure that we continue to provide essential services in the event of a local outbreak and deliver a range of programmes to help support business and individuals financially affected by the crisis.

Durham is a large and diverse county with a very dispersed settlement pattern which creates specific issues. A large proportion of the county, particularly to the west of the A68 is rural and has some of the sparsest population densities in the country. It is important to people that rural communities remain sustainable whilst maintaining those characteristics that make them distinctive. The particular challenges of rural communities are referenced throughout this Council Plan and rural proofing will be a major consideration in any policies that we develop.

Climate change is one of the most important issues facing humankind today. Whilst it is a global issue, there is a lot that can be done locally to respond to this challenge. Durham County Council declared a climate emergency in 2019. Our targets are to reduce carbon emissions as an organisation by 80% (from a 2008/09 baseline) by 2030 and contribute towards and work with others to achieve a carbon neutral county by 2050. These targets and the need to mitigate against the effects of climate change through a commitment to a low carbon future and a challenging action plan underpin the assumptions made in this document.

Everyone is justifiably proud of our beautiful countryside and coast. A large part of the county is of significant landscape value including the North Pennines Area of Outstanding Natural Beauty (also a designated UNESCO Global Geopark) and the Durham Heritage Coast. Some parts of our county support unique combinations of plant and animal species. Our natural environment contributes significantly to our wellbeing and quality of life. Many feel that we need to commit to protecting this for future generations. These views have been incorporated into our plans.

The pace of change is accelerating. New technologies such as artificial intelligence and developing new insights from data have the potential to transform the global economy and business models across many sectors, automating processes, achieving efficiencies, enhancing service user experience and driving better decision-making. The county is well placed to develop new business opportunities in this area. The council is also looking to provide more effective services using technology whilst having regard to the ethical issues that they pose.

The UK's exit from the European Union (EU) will affect the whole country over the lifetime of this plan. County Durham benefits significantly from EU funding which is used to develop infrastructure and services, support economic and social cohesion, businesses, agriculture and the environment. The Government has announced a UK Shared Prosperity Fund which will replace farming subsidies and EU structural funding after Brexit. However, neither the terms of our future trading relationship with the EU or details of how the Shared Prosperity Fund will operate are known. This plan does not reflect any potential effects from the changing relationship with the EU or new government funding through the Shared Prosperity Fund. Our plans may need to be revised in the event of any changes having a significant impact on our future work programmes. There are a number of uncertainties around local government finance with a Comprehensive Spending Review which will set the quantum of funding available to local government and the Fair Funding Review which will affect the distribution of grant funding between local authorities and business rates retention. Assumptions around these uncertainties are built into our Medium-Term Financial Plan.

## Equality Objectives

It was apparent during the consultation on the County's Vision that residents have a tremendous sense of belonging and are rightly proud of their communities and the county. Whilst many visitors to the county have commented on the friendliness of its people, there have been a small number of examples where people have been less welcoming. More integrated communities where everyone can feel safe and included, regardless of their background or characteristics, was seen as important and in the tradition of tolerance and acceptance of the North East people and this thinking has helped shape our plans. Local authorities have a duty to eliminate discrimination, harassment and victimisation, advance equality of opportunity and promote good working relations between people. Following further consultation on our vision with a number of groups, the following equality objectives have been developed to help us achieve our vision and comply with our duties.

### **We will improve employment opportunities for disabled people**

As a Disability Confident Leader, we will improve recruitment and retention rates of disabled people within the council and work with businesses locally to improve disability employment rates countywide and through our approach to procurement.

### **We will build inclusive communities**

To connect our communities and improve levels of tolerance and integration for our diverse communities we will support better partnership working on equality. This work will support a series of events that foster good relations between groups.

### **We will build an inclusive and welcoming employee culture**

Through our transformation programme we will develop our culture to be welcoming and accepting of all, improving our staff engagement and support through the development of staff networks and improving how we collect, monitor, analyse and utilise staff diversity data.

## Monitoring

We will continue to monitor council performance against a comprehensive set of performance indicators to Cabinet and scrutiny committees on a quarterly basis. Key performance indicators are included within this plan for illustrative purposes. Progress against key programmes of work included in this plan will be reported every six months. The plan will be subject to an annual review process.

## Council Plan Ambitions and Objectives

### COVID-19: Response, Restoration/Reset, Recovery



#### More and Better Jobs

- Delivery of a range of employment sites across the county
- A strong, competitive economy where County Durham is a premier place in the North East to do business
- A broader experience for residents and visitors to the county
- Young people will have access to good quality education, training and employment
- Helping all people into rewarding work
- Fewer people will be affected by poverty and deprivation within the county



#### People Live Long and Independent Lives

- Children and young people will enjoy the best start in life, good health and emotional wellbeing
- Children and young people with special educational needs and disabilities will achieve the best possible outcomes
- A physical environment that will contribute to good health
- Promotion of positive behaviours
- Better integration of health and social care services
- People will be supported to live independently for as long as possible by delivering more homes to meet the needs of older and disabled people
- We will tackle the stigma and discrimination of poor mental health and building resilient communities



#### Connected Communities

- All children and young people will have a safe childhood
- Standards will be maintained or improved across County Durham's housing stock
- Our towns and villages will be vibrant, well-used, clean, attractive and safe
- People will have good access to workplaces, services, retail and leisure opportunities
- Communities will come together and support each other
- Delivery of new high-quality housing which is accessible and meets the needs of our residents



#### An Excellent Council

- Our resources will be managed effectively
- We will create a workforce for the future
- We will design our services with service users
- We will use data and technology more effectively
- We will actively performance manage our services

## Context: COVID-19 Response, Restoration/Reset and Recovery

The council's approach to the COVID-19 pandemic is threefold around response, restoration and recovery. As lockdown was announced, then a rapid response was required to support businesses and communities through the immediate crisis and to communicate public health messages to the people of County Durham.

The principles by which we will manage our response, restoration and recovery approach will be:

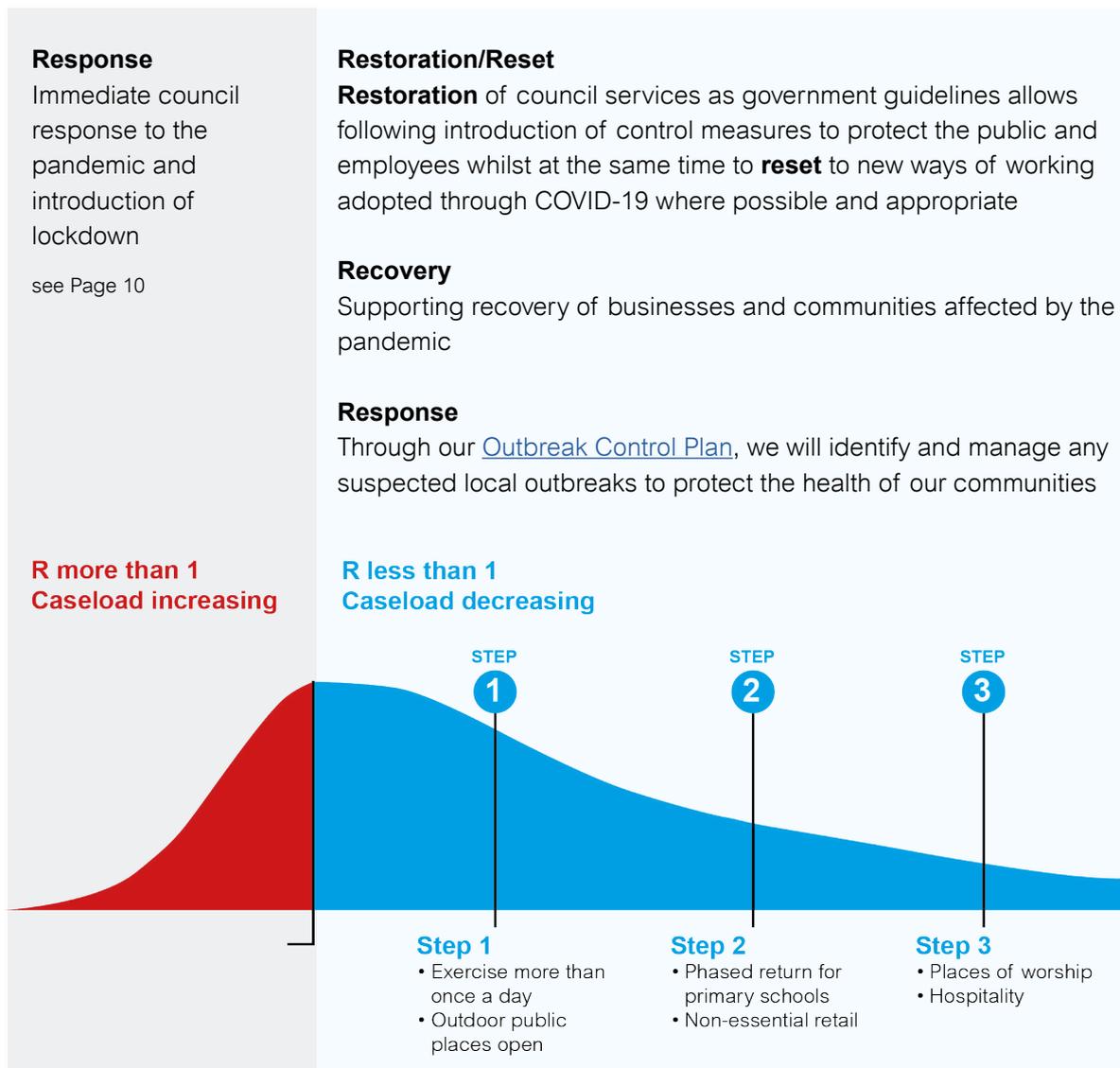
1. Close surveillance and management of the COVID-19 pandemic in County Durham;
2. Being responsive to where we are in our journey to recovery;
3. Taking a dynamic response to control the virus and to support businesses and communities;
4. Working in partnership with other statutory agencies on our Local Resilience Forum to coordinate our efforts.

As lockdown measures are relaxed, then it is anticipated that there will be an increase in cases of COVID-19. Together with partners, we have developed a COVID-19 Outbreak Control Plan which sets out how a local outbreak of the virus will be identified and managed jointly by the council and Public Health England's North East Health Protection Team.

As the country takes a phased approach to the lifting of lockdown regulations, the council will follow government guidelines and restore council services that were previously restricted or suspended whilst at the same time reset some services to new ways of working adopted through the pandemic where possible and appropriate. Service restoration and the reopening of buildings will follow specific government guidance, a thorough assessment of risk and the introduction of necessary control measures to help protect the public and our employees. Innovative approaches to service provision that have either been developed in response to or enhanced because of the pandemic, such as online services, will be considered to see how they can transform our offer and culture of working in the future and reduce our environmental impact.

The pandemic will impact on businesses. We will need to closely monitor the economy and coordinate local, regional and national interventions to best support the business sector. Understanding the impact of the pandemic on our rural, urban and more deprived areas will be a core part of the council's recovery work and will inform the council's Poverty Action Strategy and how related council services respond. We will reshape our services to vulnerable groups such as older people and those suffering from poor mental health and those that are feeling lonely and isolated.

# COVID-19 Strategy: Response, Restoration/Reset and Recovery



## COVID-19: Council Response So Far



Provided over **18,000** households with an additional **£3.6 million** of support through our Council Tax Hardship Fund



Through smart use of ICT, enabled remote working for **5,000 staff**. Redeployed over **500 staff** into priority service areas



Allocated over **2,700 laptops** to disadvantaged children



Allocated an extra **£100,000** to each of our **14 Area Action Partnerships and an extra £100,000** for countywide projects to help community and voluntary groups adversely affected by the pandemic



Continue to be one of the few authorities in the country that offer up to **100 per cent discount** on council tax bills



Applied business rates reductions to over **2,400 businesses** totalling nearly **£51 million**



Suspended debt recovery for individuals in arrears and offered **three-month rent referrals** to business tenants



Supported over **9,600 businesses** with total COVID-19 related grant payments of around **£104 million**



Developed a virtual hub, County Durham Together, helping over **10,000 vulnerable residents** with access to essential services



Invested an **extra £1 million** in our Welfare Assistance Scheme providing short-term support to people in crisis



Over **£15m additional funding** given to adult social care providers and over 2 million items of PPE provided to care and primary health sector organisations



Continued to provide a range of services remotely such as employability sessions and our Library Online service

## COVID-19 Plan: Response, Restoration/Reset and Recovery

Our COVID-19 plan sets out how the council's future plan to manage restoration of council services and recovery of daily life in the county whilst helping us achieve our long-term vision set against national recovery strategy, government guidelines and our public health duty to protect our residents.

| <b>Response</b><br>Response to the COVID-19 pandemic and outbreak control  | <b>Restoration/Reset</b><br>Restart services and reset to new ways of working adopted through COVID-19 where possible and appropriate                                 | <b>Recovery</b><br>Recovery of business and communities in County Durham  |
|--|---|---|
| Coordinate the public health response to the COVID-19 pandemic   | Review the approach to care home commissioning, taking into account changes as a result of the COVID-19 pandemic to ensure a sustainable and high-quality care market | Assess the economic implications of the pandemic and assist businesses to restart and grow the economy in County Durham |
| Protect the health of local residents from COVID-19 and reduce any onwards transmission from the disease               | Development of the County Durham Together community hub to promote and enable easier access to preventative services available in local communities                   | Provide employability support schemes and a programme to help alleviate financial hardship suffered by residents        |
|  | Assess risks, protect and support public and employees  | Support mental health and wellbeing of residents  |
|  | Restoration of council services that have been interrupted by the pandemic  | Provide additional support to community groups adversely affected   |
|  |   | Deliver a programme to support individuals, households and communities  |
| Develop data and intelligence sharing and reporting arrangements to focus effort on restoration, recovery and response |   |   |

### County Vision

- More and Better Jobs
- Long and Independent Lives
- Connected Communities
- An Excellent Council

## Ambition: More and Better Jobs

We will continue our economic renaissance and ensure that people can enjoy a thriving economy with **more and better jobs**, and reduced levels of poverty and deprivation. We will build on our existing portfolio of businesses and will support the use of low carbon technologies and renewable energy.

Our county has some of the most beautiful countryside and coastal landscapes in Britain, a fascinating history, a wealth of attractions and a regular events programme. We have made great strides to improve our tourist economy. Our aim is to have Durham widely recognised as a leading centre for culture and the arts, with a range of experiences that match and exceed the best offered in the country.

Several of our villages were developed around collieries and homes which were built to house the population boom at the peak of coal production. Some of these communities have suffered a decline following the demise of these industries. We want to work with communities to address the underlying causes of deprivation and poverty.

## Achievements

- The employment rate in County Durham has steadily improved since a mid-recession low point in 2015 when it stood at 66.6% and rose to 74.1% in June 2019, just 1.6 percentage points behind the national average.
- Outstanding success in attracting county-wide private and public investment in enterprise and tourism.
- £25 million invested on the Jade Enterprise Zone and junction.
- £178 million invested by Citrus on Integra 61 warehousing facility at Bowburn, including facilitating internet giant, Amazon and £5 million junction works.
- £271 million has been invested in one of Europe's leading technology parks at NETPark, Sedgfield delivered by Business Durham.
- £14 million has been invested at Forrest Park in Aycliffe preparing for further investment of over £140 million.
- £90 million spent in Barnard Castle by Glaxo Smith Kline on a new manufacturing facility.
- Almost £1.5 billion in Durham City, £750 million by the University and over £240 million on the Riverside and other projects.
- The first two phases of the development of the Aykley Heads strategic employment site have the potential to create 4,000 jobs with an estimated 1,800 jobs being supported in the construction of the park.
- £100 million invested through Project Genesis in Consett.
- £17 million spent at Beamish Museum on the 1950s town, upland farm and Georgian coaching inn.
- Lumiere in Durham, the biggest light festival in Europe, celebrated its 10th anniversary with 37 separate artworks attracting thousands of visitors and boosting the local economy in Durham City.
- Successful food festivals held at Bishop Auckland and Seaham.

## Ambition: More and Better Jobs

### Issues to address

- The lockdown will adversely affect both local businesses and residents financially.
- Increased uncertainty and lower confidence make the size and duration of an economic downturn unpredictable.
- Businesses and individuals have relied on support arrangements put in place to limit financial impact, but these are only for the short-term and will be phased out.
- The ability of businesses to respond quickly to changes in demand may be limited in the short-term.
- Around 64,000 employments in County Durham have been furloughed and 14,000 of self-employed people have made claims under the Self-Employed Income Support Scheme.
- A weaker global economy will reduce export demand and disrupt international supply chains.
- Income levels are low in County Durham. The county is the 42nd most income deprived out of 151 local authorities nationally. Gross disposable household income per head of population in Durham is 77% of the national average.
- The gap between the employment rate for people with a disability compared with those who are not disabled stands at 29 percentage points (June 2020) which is one of the highest differences in the country.
- GCSE results as measured through the average attainment 8 score for the county are below the regional and national average.
- As at October 2020, only 64% of secondary schools in County Durham are rated as good or outstanding.
- 1 in 4 of our school children are on free school meals as at January 2020, which is an indicator of the level of child poverty within the county.
- As at September 2020, 5.8% of 16-17 year olds within County Durham are not in education, employment or training which is above the regional and national average.
- According to the latest figures (2018), an estimated 9.8% of households are in fuel poverty. This is defined as where the householder, after paying fuel costs, would be left with a disposable income which is below the poverty line.
- Day visitors to our county spend an average of £22.07 in the local economy per day whilst overnight visitors will spend an average of £190.27 per trip. Only 8% of visitors will stop overnight within the county.
- Uncertainties around the United Kingdom's exit from the European Union, whether the government will secure a favourable trade agreement with the EU and whether the UK ends up leaving on a no deal Brexit is impacting on the national and local economy.

## Ambition: More and Better Jobs

### Approach

The national restrictions introduced as part of the COVID-19 pandemic has led to temporary business closures and employees being furloughed. Priorities for the council are to protect businesses and jobs and to alleviate financial hardship suffered by our residents. The council has introduced a range of measures to support local businesses in the current crisis. The council has also worked hard to ease the pressure on residents suffering financial hardship.

We have developed a COVID-19 Economic Recovery Plan to help support businesses being released from lockdown, manage the transition to stabilisation and to rebuild and grow our places, services and industries. We have developed a pipeline of projects which will serve as a roadmap to recovery and deliver investment plans to help rebuild our economy.

We recognise that there will be job losses and that these are anticipated to affect older people and the lower paid, which disproportionately impacts on women and young people. We will monitor changes in employment throughout the county and develop and deliver employability support programmes to help those who have lost their jobs back into employment.

Increasing employment in the county has a significant multiplier effect in terms of its contribution to a range of other quality of life issues such as improving mental and physical health and reducing crime. Our ambition is to create more jobs for our residents. Wages levels in the county lag behind the national average and the gap is widening. We need to address this by attracting high-quality jobs to the area. We want to create the ideal environment for businesses to thrive in the county through ensuring that our workforce and our young people entering the jobs market are equipped with the necessary skills to access the jobs of today and the future. The pipeline of investment projects in the county has never been so high and we want to build on this by further developing our strategic employment sites and supporting key employment sectors.

We will continue to deliver a range of programmes to help people into rewarding work who are finding it difficult to access the jobs market including reskilling our labour force. Our plans will support rural growth whilst preserving the quality of what makes these areas distinctive. Our county has a rich historic and cultural heritage, some enviable world class attractions and beautiful countryside.

We want to continue to develop the visitor economy for County Durham. The historic collapse of heavy industry and the impact that this has had on residents and communities is apparent when we look at some of our communities which have some of the worst indicators of deprivation in the country.

We want to address the gaps in inequality across our county and make sure that no one is left behind and that the benefits of a resurgent economy can be enjoyed by all residents. Further detail of the programmes we plan to implement to ensure that we create **more and better jobs** are provided in our delivery plan.

## Ambition: People Live Long and Independent Lives

Good health is central to people's happiness and has a significant impact on demand for services. Health is determined by several factors including the community we live in, access to a good natural and built environment, high-quality education and jobs and our network of friends and family. Both life expectancy and the number of years a person remains in good health are lower in Durham than in other parts of the country.

The proportion of people with long-term limiting conditions is also higher than national levels. An ageing society will create different demands for products and services including new care technologies and housing models. Central to our plans is to provide a more joined up service for health and social care. We also want to do everything we can with partner organisations to improve the mental health and wellbeing of our residents and prevent mental illness and suicide.

We want all people to lead independent and fulfilling lives and continue to contribute to society.

### Achievements

- Life expectancy has increased by three years for men and two years for women since 2001-02.
- 20,000 fewer people smoke now than in 2012.
- Teenage pregnancies have halved since 2012.
- Effective discharge planning and joint working between health and social care services means that County Durham is one of the best performing areas in the country at delayed transfers of care from hospital.
- We have excellent levels of satisfaction from clients in receipt of adult social care services compared to national figures.
- To date (September 2020), we have turned around the lives of over 5,100 families through our Stronger Families Programme.
- 100% of our maintained nursery education providers are rated as good or outstanding by Ofsted.
- The tonnage of carbon emissions from council operations has been reduced by 51% since 2008-09.
- The Council has actively worked to eliminate single use plastics from all its operations encouraging over 200 organisations to sign up to our plastics pledge and work to eradicate unnecessary plastics from their business.
- Less than 5% of the household waste that we collect now goes to landfill compared to over 60% in 2008.
- To facilitate greater investment, over 18,000 council houses were transferred to the social housing sector in 2015, one of the largest housing transfers in the country.

## Ambition: People Live Long and Independent Lives

### Issues to address

- The COVID-19 pandemic has led to challenges regarding sustainability within the care home sector.
- The risk of further waves of the virus or a local outbreak which will have major health impacts on vulnerable people and possibly result in the introduction of further restrictions.
- The virus has led to changes in demand for social care services.
- COVID-19 affects more severely those in poor health, those living with excess weight, those who are older, those less economically advantaged and those from black, Asian and minority ethnic communities.
- Some environmental improvements in carbon emissions in air quality have occurred during lockdown.
- Life expectancy at birth is 1.4 years lower for males and 1.7 years for females in County Durham compared with the average for England.
- Healthy life expectancy, the number of years a person lives in good health, is around five years lower than national figures and there is a 10-year difference in healthy life expectancy between the most and least deprived communities in County Durham.
- A quarter of the population in the county will be aged 65+ by 2032.
- One in four children are overweight in reception year rising to over one in three at Year 6 and to two in three in adulthood. These figures are above national levels.
- Levels of women who are still smoking in pregnancy in County Durham is significantly higher than the national average. The rate in Durham Dales, Easington and Sedgfield area is one of the highest in the country.
- Breastfeeding prevalence rates amongst new mothers remain nearly 17 percentage points behind national figures.
- Increased responsibilities, changing needs and reducing government funding are placing greater pressure on our ability to support children and young people with special educational needs and disabilities.
- The Council has declared a climate emergency and has set an ambitious 80% reduction in carbon emissions from the 2008-09 baseline by 2030 and become carbon neutral by 2050.
- Mental health is a priority. Indicators for hospital admissions for self-harm, suicide rates and patients registered with depression are high.
- We need to diversify the range of older persons' housing provision to meet growing demand from an ageing population and free up larger family accommodation.

## Ambition: People Live Long and Independent Lives

### Approach

A critical issue for the lifetime of this plan is to mitigate the consequences of the COVID-19 outbreak and how it affects our communities and residents. We want to develop our County Durham Together community hub to promote and enable easier access to preventative services available in local communities. The COVID-19 pandemic has led to challenges regarding sustainability within the care home sector. We also need to review the approach to care home commissioning, taking into account changes as a result of the COVID-19 pandemic, with the aim of ensuring a sustainable and high-quality care market.

The county has a legacy of heavy industry and suffers from poor health across a range of measures. We intend to tackle this inequality through a number of programmes across the life course. We aim to support mothers to address tobacco dependency in pregnancy and increase breastfeeding initiation for newborn babies. We will implement a range of measures to tackle oral health inequality in children across the county and improve health protection by increasing take-up of vaccinations in children. We have a range of measures to support children with special educational needs and disabilities to achieve the best possible outcomes.

It is important that our environment is conducive to good physical health. Poor air quality is a major contributor towards early deaths globally. Levels of pollutants are low in the county but there are some hot spots where government standards are exceeded at certain times and we have a plan to reduce these. Climate change caused by carbon emissions is a threat to health and wellbeing. Through the council's Climate Emergency, we plan to become carbon neutral as an organisation by 2050 with an interim target to reduce our carbon emissions by 75% from a 2008-09 baseline by 2025. We recognise that we need to mitigate the effects of climate change that we are already experiencing and have a series of planned flood mitigation works in place. We want to encourage physical exercise in our residents and reduce unnecessary journeys by car. We will promote positive behaviours through becoming a smoke free county and reducing dependency on, and deaths caused by drug and alcohol addiction. We want to improve the mental health of young and old alike and tackle the stigma of mental health. We will provide a more integrated health and social care model and both specialist housing and assistive technologies for older and disabled people to allow people to live more independent lives into their old age.

Further detail of the programmes we plan to implement to ensure that **people live long and independent lives** are provided in our delivery plan.

## Ambition: Connected Communities

### Approach

Our residents are rightly proud of their county. We want to have caring and welcoming communities where everyone is valued, and can help and support each other. We want a county that gives everyone the opportunity to realise their potential.

People want a range and choice of housing which is accessible, well designed and meets their future needs. Our high streets and town centres retain an important place in our society, but they need to adapt to ensure that they remain vibrant, safe and attractive social hubs that people want to use.

People also expect local travel to be convenient, with good-quality direct links between centres of population, to employment locations such as business parks and leisure opportunities. Communities therefore need to be connected by appropriate transport and technological infrastructures.

### Achievements

- Significant investment in increasing workforce capacity both at a managerial and social worker level and effective workforce planning has led to reduced caseloads, better quality and timeliness in children's social care.
- Investment in new IT systems has transformed children's social care performance information available and management oversight has improved compliance in most areas of performance.
- Since 2016, the council in collaboration with a range of partner organisations has played its part in the UK's commitment to support some of the world's most vulnerable refugees and has been recognised nationally as best practice for its resettlement programme.
- A local lettings agency has been established to help secure suitable housing for homeless people and people who find it difficult to access the housing market.
- Durham County Council is only one of two local authorities in the country to achieve the maximum under the Department for Transport's incentive fund in recognition of its efficiency rating and has managed to prioritise and increase investment in its highways.
- The Council invests £3.7 million per year on town centre regeneration, purchasing derelict buildings and land and environmental improvements.
- Over the last 10 years, our Area Action Partnerships have completed over 7,000 community projects, benefiting over 30,000 people and helping to secure over £100 million funding.

## Ambition: Connected Communities

### Issues to address

- One of the biggest impacts on our communities is the COVID-19 pandemic and the range of restrictions that have been introduced by the Government to control the spread of the virus and minimise its impact on health and social care services.
- There has been an increased demand for services provided by voluntary and community sector organisations, just as the sector loses a significant proportion of its revenue.
- County Durham follows the national trend in seeing large increases in demand for children's social care, whilst at the same time, suffering budget cuts in this area.
- Children's social care services in Durham County Council have been judged as 'requires improvement' by Ofsted, although they have recognised that the local authority has taken swift and decisive action to strengthen services. Pace has increased and solid improvements can be seen in many service areas including at the front door and for children in care. They have acknowledged that firm foundations are in place to sustain and build on the improvements made.
- Low house prices have resulted in a high proportion of privately rented accommodation in the county and a need for greater regulation to ensure more consistent standards.
- The national issue of high street decline with the growth of online shopping and major retailers closing stores has affected our town centres.
- Internet sales as a percentage of total retail sales has risen nationally from 2.5% in December 2006 to 26.1% in September 2020. This poses increasing competition to high street shops leading to major changes in our high streets and town centres, the most visible effects are store closures, empty shops and fewer shoppers.
- The highly dispersed settlement pattern in County Durham with over 300 recognised settlements, 21 of which have a population of 5,000 or more, presents a challenge for the provision of transport and public services, particularly in rural areas.
- The county has good north-south transport links with the A1(M) and East Coast Mainline but east-west links are seen as an opportunity for development.

## Ambition: Connected Communities

### Approach

We want people in our communities to feel connected to, and supportive of each other. We want to build on the indomitable spirit of our people and ensure that the most vulnerable in our communities are supported. Whether this be children in need of support, victims of crime, people with a disability or different communities of identity.

The Council has teamed up with charities, local groups and volunteers to help with a range of requests for help through County Durham Together, a virtual hub to help those most at risk from coronavirus and has provided an additional £1.5 million funding to Area Action Partnerships to help residents and businesses adversely affected by the COVID-19 pandemic.

We are developing plans to further integrate health, social and welfare support in a preventative way to help our local communities. This means looking more closely at individuals' and community needs to see where we can improve people's wellbeing and reduce inequalities in our county. We are undertaking a programme to improve social care services provided to children and young people and a range of initiatives to tackle antisocial behaviour in our communities in partnership with the police and others.

Some communities have been blighted by poor housing management practice, so we have plans to raise housing standards in the private rented housing sector and help improve these communities. We want to provide a range of new housing to meet the needs and aspirations of our residents. The design of new development in rural areas will be sympathetic to the environment and reflect local distinctiveness. We aim to deliver more affordable housing. We expect all homes to be connected digitally and for speed and capacity to keep pace with the latest developments. This is the aim of our Digital Durham programme. These issues are particularly acute in our rural areas.

High streets have seen some decline nationally and County Durham is no exception to this. We have developed a programme to regenerate our towns and villages and improve their use, making them a more attractive proposition to visit and spend time in. This includes a range of approaches varying from introduction of free WiFi, changing the mix of retail, leisure and residential use, making our centres more attractive and tackling community safety concerns. Residents and visitors need to be able to travel around our county and get to and from our towns and villages. We have therefore developed a pipeline of infrastructure projects and transport plans to improve accessibility.

Further detail of the programmes we plan to implement to ensure that **our communities are connected and supportive of each other** are provided in our delivery plan.

## Ambition: An Excellent Council

The government's programme of austerity has led to unprecedented reductions in public spending. Technology has also been developing at pace and residents have come to expect that our services will be provided digitally and on a 24/7 basis. This required us to rethink the way in which many of our services are delivered. There is a history of good partnership working in County Durham. In a time when resources are scarce, it is even more important that organisations work more collaboratively and that our efforts are focused on the right things. Working more seamlessly across organisational boundaries and delivering services differently that are designed with residents is at the heart of our ambitions. We need to equip ourselves with the skills to be able to achieve this and develop a workforce for the future. Delivering existing services in different ways and developing new services for the benefit of our residents is both challenging and exciting and something that we need to excel at in order to become recognised as an **excellent council**.

## Achievements

- Durham County Council has delivered £242 million of savings and lost just under 3,000 posts since the introduction of the Government's austerity programme in 2011.
- Durham County Council leads on Digital Durham, a £35 million initiative to transform broadband speeds for residents and business across the North East which has already provided access to fibre broadband to over 105,000 properties.
- Over 100 council services are available digitally and more than half of residents access our services this way.
- The Council has had almost 850 apprenticeship starts since 2017-18. We have 268 people employed in apprenticeship posts and 233 existing staff are accessing the apprenticeship levy to increase their skills.
- The Council holds gold status in the Better Health at Work Award, which recognises the efforts of employers regionally in helping to address health issues of its workforce. We also work with local companies and other organisations to help them achieve the award.
- The Council has 200 trained mental health first aiders and 82 'Time To Change' (mental health) champions.
- The Council has been awarded the Disability Confident Leader status by the Department for Work and Pensions in recognition of its commitment to be a good employer of people with a disability and will support local businesses to become Disability Confident.

## Ambition: An Excellent Council

### Issues to address

- Financial effects of the pandemic on the council in terms of additional expenditure pressures and loss of income are forecast to be around £75 million.
- There have been several changes to the delivery of frontline council services to comply with government regulations and to prioritise essential services. This has included the introduction or expansion of online service delivery.
- It is expected that the council will lose a further £10 million of funding as a result of the Fair Funding Review and that this will be transitioned over a five-year period from 2022/23.
- Anticipated changes to the public health grant apportionment methodology as part of the Fair Funding Review is forecast to result in a loss of £18 million (37%) of the council's public health funding from 2022/23
- Major redeployment of 1,850 staff working at Durham County Hall to the new headquarters in Durham City (1,000 staff) and other strategic sites throughout the county (850 staff)
- Superfast broadband and the national rollout of 5G networks will enable greater digital connectivity for our residents and offer opportunities for new digital services.
- Durham County Council has an ageing workforce with 42% of its staff at the end of 2020-21 being over the age of 50 which has an impact on sickness absence rates and requires effective workforce planning.
- Society is experiencing a technological revolution where progress is accelerating, and innovations can be identified and rapidly deployed making it difficult to keep pace and ensure that the skills of our staff are up to date.
- The Council should seek to maximise the value of every pound it spends and seek to deliver social value outcomes. Social, economic and environmental outcomes should be delivered for the local community by adopting a strategic approach during its commissioning, procurement, development and planning projects.
- The Council needs to recognise the data we hold is an asset and manage it more efficiently to better understand service users, generating benefits such as predicting and managing demand, providing the services that residents want and supporting better decision-making.

#### Age Profile of Durham County Council workforce

|                              |                            |                            |
|------------------------------|----------------------------|----------------------------|
| Percentage of staff under 25 | 2019-2020 Q2 <b>7.28%</b>  | 2020-2021 Q2 <b>7.14%</b>  |
| Percentage of staff over 50  | 2019-2020 Q2 <b>41.64%</b> | 2020-2021 Q2 <b>42.29%</b> |

## Ambition: An Excellent Council

### Approach

The current COVID-19 national crisis has required the council to adapt working practices to continue to deliver services safely. We have had to close a number of our buildings such as leisure centres, theatres and libraries. Our ICT infrastructure is allowing many of our employees to work remotely. Many of our staff who cannot work in their substantive role have also been redeployed in priority areas. Several services have now moved online. In the immediate aftermath of lockdown, the council temporarily postponed the delivery of certain services while we ensured that the correct safeguards were in place to protect the public and our employees and ensure that our priority services were not affected. The pandemic has had a significant financial impact in terms of additional expenditure incurred and loss of income. However, there have been some unintended benefits such as reductions in carbon emissions. The council will look to build on this and use technology to reduce our impact on the environment.

The Council has faced significant cuts to its funding through austerity over the last 10 years. Uncertainties with future local government funding make financial planning extremely difficult. We still await both the government's Comprehensive Spending Review and Fair Funding Review which will determine our future funding. This means that we have been unable to plan for the long-term with most of our financial planning being limited to only one year of certainty. Key actions for us will be to assess the implications of these reviews when they are published and to amend our Medium-Term Financial Plan accordingly.

We want our workforce to be fit for any future challenges and so we need to ensure that our future plans recognise and address any risks such as skills shortages, ageing workforce, recruitment difficulties and changes in service user behaviour and demand. The health and welfare of our workforce is important, and we have a range of actions we plan to implement to support the physical and mental health and wellbeing of employees and ensure that we have an inclusive staff culture.

Expectations of our residents are changing. People expect to be able to transact business with the council on a 24/7 basis and would like self-serve online. Our services should be co-designed with service users and we plan to improve our engagement mechanisms, particularly with children and young people. Managers need access to real-time data to support good decision-making and we have a programme to develop our business intelligence capability and provide better analysis to help understand our performance and facilitate better planning and service delivery. Some of our services are delivered in partnership with other agencies and we have plans to further join up our delivery to offer a more seamless approach for the benefit of our residents.

Further detail of the programmes we plan to implement to be **an excellent council** are provided in our delivery plan.

## Council Plan Key Performance Indicators



### More and Better Jobs

- Employment rate
- Jobs created
- Business space created
- Occupancy rates of strategic employment sites
- Productivity rates
- Gross value added
- Superfast broadband coverage
- Visitor economy numbers
- Educational attainment rates
- Inequality gap in educational attainment
- Secondary school Ofsted ratings
- Disability employment rate
- Average income levels
- Deprivation indices
- Child poverty rate
- Fuel poverty rate
- Benefit processing times



### People Live Long and Independent Lives

- Life and healthy life expectancy
- Smoking at the time of delivery
- Breastfeeding prevalence
- Childhood obesity rates
- Early years foundation stage
- Early years and childcare Ofsted ratings
- Primary school Ofsted ratings
- Key Stage 1 and 2 attainment
- Education and healthcare planning for SEND
- Attainment rates for children with SEND
- Adult obesity rate
- Mortality rates
- Smoking prevalence
- Drug and alcohol treatment rates
- Suicide rate
- Self-reported life satisfaction
- Older persons housing
- 80% reduction in carbon emissions (from 2009 levels) by 2030 and carbon neutrality by 2050

## Council Plan Key Performance Indicators



### Connected Communities

- Ofsted rating for children's services
- Children's social care assessment times
- Children's social care demand measures
- Care leaver progression
- Looked after children attainment and health assessments
- Youth offending rates
- Low housing demand
- Town centre vacancy rates
- Travel times
- Overall crime rate and sub-analysis
- Anti-social behaviour
- Hate crime rates
- New housing completions
- Affordable housing completions



### An Excellent Council

- Collection rates
- MTFP targets achieved
- Audit opinion
- Employee absence rates
- Employee satisfaction
- Service response rates
- Satisfaction levels
- Complaints
- Channel shift
- Self-service rates
- Transformation programme progress reporting

## Delivery Plan: More and Better Jobs

### Key programmes of work

#### Employment sites

- Preparation of the County Durham Plan (2020)
- Developing key locations for business including Aykley Heads, Forrest Park, Jade Enterprise Zone, NETPark Phase 3, Merchant Park, Peterlee Industrial Estate, Low Copelaw and Station Place (2023)
- Relocate council headquarters to facilitate development of Aykley Heads strategic employment site (2021)
- Development and delivery of pipeline of major transport infrastructure projects to support employment sites (2023)
- Develop key locations for business attraction and growth (2023)
- Deliver sites within Business Durham remit and enhance Business Durham Property Portfolio (2023)

#### Competitive economy

- Support business to achieve growth through the County Durham Growth Fund, Finance Durham, Business Durham key account management programme and enterprise and start up offers (2023)
- Develop an Economic Strategy for County Durham that integrates with national, regional, sub-regional and local strategies (2020)
- Support local businesses with regulatory issues associated with the exit of the UK from the European Union (2020)
- Develop online licensing products and further services under the 'Better Business for All' initiative to help reduce the burden of regulation on local businesses (2023)
- Assess and address the economic implications of the pandemic and provide assistance to business needs to restart and grow the economy in County Durham (2020-23)

#### Visitor experience

- Review the County Durham Tourism Management Plan (2021)
- Bring together the history and heritage of the county into the Durham History Centre (2023)
- Review the programme of events and festivals and prepare for lottery submissions for 2022-2026
- Support the delivery of a new visitor offer across County Durham (2023)

## Delivery Plan: More and Better Jobs

### Key programmes of work



#### Education, training and employment

- Implement an Inclusion Strategy following development of a new approach to inclusion and use of alternative provision in County Durham (2022)
- Ensure the effective delivery of the DurhamWorks programme to support 10,000 young people (2021)
- Support more young people with vulnerable characteristics into employment, including young people who are looked after, care leavers, young people who have SEND and young people supervised by the Youth Justice Service (2023)
- Support care leavers to achieve good education and employment opportunities, including work experience and apprenticeships (2023)
- Continuously review school organisation and the education estate across the county and develop options to help address school provision in areas where unsustainable financial issues are being experienced (2020-23)



#### Helping people into work

- Deliver employability programmes that help people access and sustain regular employment (2022)
- Focus on closing the gap in employment opportunities for those with a long-term health condition or disability, through the development of supported employment and the rollout of a pilot with learning disability day services to support people into volunteering and employment (2022)
- Support carers to gain and maintain employment across work sectors, through Job Centre Plus and the Adult Learning and Skills service (2023)
- Increase the number of businesses in the county achieving the North East Better Health at Work Award (2022)
- Increase the number of organisations involved in career development related to mental health (2022)
- Improve access to high-quality and impartial careers education, information, advice and guidance in schools and further education settings to ensure young people are clear about progression pathways, including apprenticeship opportunities (2022)
- Through commissioned services, write into every contract that providers will commit to improving the health and wellbeing of their workforce, either through 'Thriving at Work' standards or by achieving the Better Health at Work Award (2022)

## Delivery Plan: More and Better Jobs

### Key programmes of work



Reducing  
deprivation and  
poverty

- Review the Poverty Action Plan Steering Group and coordinate delivery of the work programme (2020)
- Deliver initiatives that support rough sleepers, ex-offenders and other vulnerable people into accommodation (2021)
- Delivery of a range of initiatives to alleviate fuel poverty (2021)
- Increase income levels for the most vulnerable through greater awareness of and access to benefit eligibility (2022)
- Development of reducing parental conflict multi-agency working group, planning tool, training programme, County Durham Local Family offer and Reducing Parental Conflict Plan on Page (2021)
- Provide a programme to help alleviate financial hardship suffered by residents (2021)
- Implementation of Earned Autonomy Plan to help families achieve significant and sustained change as described in County Durham Family Outcomes as per Stronger Families programme (2021)

# Delivery Plan: People Live Long and Independent Lives

## Key programmes of work



### Best start in life

- Improve health protection for children and young people and reduce inequality by increasing immunisation levels (e.g. flu vaccine uptake) (2023)
- Introduce a healthy schools programme and health standards into early years and schools (2023). Reduce unintentional injuries in the 0-19 population, through the County Durham Prevention of Unintentional Injuries Framework (2022) Consider a range of population approaches to improve children's oral health (2023)
- Improve mental health support for children and young people through the implementation of the Mental Health, Emotional Wellbeing and Resilience Local Transformation Plan (2023)
- Complete a Health Needs Assessment of further education, with a focus on 16 to 18 year-olds (2021)
- Develop a Sexual Health Strategy for County Durham, to ensure equitable access to services and focus on good contraceptive health (2023)
- Support women to achieve a smoke-free pregnancy through whole system change and tackling tobacco dependency in pregnancy as an addiction, not a lifestyle choice (2023)
- Increase the percentage of women who initiate breastfeeding and continue at 6-8 weeks, through the County Durham 'Call to Action' to change the culture of breastfeeding in the county (2023)
- Ensure children and young people residing in Aycliffe Secure Centre have access to high-quality emotional and mental health support, drug and alcohol services, physical health care and specialist health interventions (2020)



### Special educational needs and disabilities

- Co-produce a revised SEND Strategy for County Durham (2020)
- Embed and maintain a joint commissioning cycle that improves access to integrated support in Education Health and Care Plans (2020)
- Increase speech, language and communication skills in the early years to ensure that children are ready to learn at two and ready for school at five by improving access to local speech enrichment services across each locality, according to identified need (2023)
- Introduce a County Durham approach to improving the ability of young people with SEND to travel independently to access education, employment and training opportunities (2020)
- Develop and deliver a post local area SEND re-inspection plan (2021)
- Implement the High Needs Block Sustainability Plan (2020-23)

# Delivery Plan: People Live Long and Independent Lives

## Key programmes of work



### Physical environment

- Implement the local Air Quality Action Plan and improve air quality within Durham City to meet the standards set within the National Air Quality Strategy (2021)
- We will review our Local Flood Risk Management Strategy and Surface Water Management Plan and deliver flood prevention schemes (2021)
- We will implement our Climate Change Emergency Response Plan (2023)
- We will develop a countywide strategy for woodland and trees (2022)
- Develop a countywide offer around physical activity and good nutrition, specifically targeting vulnerable communities (2022)
- Increase the use of active travel to encourage physical activity (including cycling and walking) to reduce traffic emissions related to respiratory illness and carbon emissions (2023)
- Work with a range of partners to increase physical activity by promoting Active 30 in schools (2022)
- Delivery of transport infrastructure projects to encourage more sustainable transport choices (2023)
- Deliver flood risk mitigation schemes (2021)
- Re-procure our waste contracts (2023)
- Coordinate the public health response to the COVID-19 pandemic (2020)



### Positive behaviours

- To support the ambition to reduce smoking in County Durham to 5% by 2025, ensure that the redesigned Stop Smoking Service is effectively reaching people in our local communities (2023)
- Encourage people to reduce the amount of alcohol they drink through targeted campaigns for council staff and our local communities and by promoting and supporting Dry January and National Alcohol Awareness Week (2023)
- Deliver Making Every Contact Count training to staff, enabling every contact to be a health contact (2022)
- Complete a sector led improvement peer review on drug-related deaths, to inform service delivery (2022)

# Delivery Plan: People Live Long and Independent Lives

## Key programmes of work



### Mental health

- Improve children and young people's emotional wellbeing and resilience by delivering the Durham Resilience Programme to schools and increasing the uptake of the Youth Aware of Mental Health (YAM) Initiative (2021)
- Develop and implement a strategy to support and sustain the Voluntary and Community Sector in County Durham, enabling resilience of our wider communities (2023)
- Deliver the key components of the 'Time to Change' programme and increase the number of mental health champions within the council, to encourage open conversations about mental health and signpost employees (2021)
- Support schools to develop their ability to promote the mental health and wellbeing of staff and pupils (2020)
- Support mental health and wellbeing of residents following COVID-19 pandemic (2021)



### Health and social care integration

- Implement an Integrated Strategic Commissioning Function for the county, to ensure more effective management of resources, joint contract monitoring and improved quality of service provision (2023)
- Further develop the Trusted Assessor model to facilitate smooth transfers of care between primary and social care and improve service users' and carers' experiences of these services (2022)
- Work with Primary Care Networks to ensure that social prescribing provides new opportunities for support within the community and the Voluntary and Community Sector (2023)
- Support providers through the changing, complex health and social care system to ensure that they are equipped to deliver the volume and standards of care required (2022)
- Identify gaps across the county regarding communities yet to become dementia friendly and provide support to help them achieve dementia friendly status (2023)
- Provide training and resources to staff in frontline services, to enable them to make reasonable adjustments for those with social, communication and sensory needs relating to autism (2021)
- People of all ages with autism are given inclusive access to initiatives such as the Wellbeing for Life Service and the Active Durham Partnership (2021)

## Delivery Plan: People Live Long and Independent Lives

### Key programmes of work



Homes for older  
and disabled  
people

- Deliver homes to meet the needs of older people within our communities and support people to live independently for as long as possible (2023)
- Work with partners and providers to reduce the incidence of falls and fractures in older people, through training and assistive / digital technologies (2023)
- Provide equipment to support reablement, progression and sustainable outcomes, including community equipment and provision in care homes (2023)
- Change our social care model and ensure that people have access to robust advice and information to enable them to live healthy and independent lives in their community, preventing delaying the need for formal service provision (2022)
- Engage with stakeholders to develop, test and deliver future provider / partner / service user portals for better information-sharing and to streamline processes (2023)
- Develop the Personal Assistants market for direct payment users (2022)
- Review the approach to care home commissioning, taking into account changes as a result of the COVID-19 pandemic, with the aim of ensuring a sustainable and high-quality care market (2023)

## Delivery Plan: Connected Communities

### Key programmes of work



#### A safe childhood

- Deliver our Children's Social Care Improvement Plan to ensure we provide good and outstanding social care services to children, young people and their families who need social care support (2023)
- Improve support to children and families across our early help and social care services through the continued implementation and embedding of strength-based and relationship focused practice (Signs of Safety) (2021)
- Continue to recruit, develop and support a skilled, experienced and confident social care workforce (2023)
- Implement and embed a Quality Assurance Framework across our early help and social care services to ensure we provide high-quality practice (2021)
- Continue to promote the role and responsibility of the council as a corporate parent ensuring we are committed and ambitious for all our children in care and care leavers (2023)
- Target our resources on those young people committing the most offences (2023)
- Put victims, especially young victims and restorative justice at the heart of everything we do (2023)
- Develop and deliver a post Ofsted inspection of local authority children's services improvement plan (2021)
- Work in partnership with external providers to develop and shape the market to ensure the most appropriate, local and value for money placements are available which meet the needs of our children and young people who are looked after (2023)



#### Housing standards

- Raise standards across the private rented-sector through seeking greater licensing powers in order to tackle poor landlords as well as continuous engagement with landlords and the extension of the Private Landlord Accreditation Scheme for responsible landlords (2021)
- Deliver a range of targeted interventions to improve housing and living standards (2021)
- Work with those communities most affected by long-term empty properties including working with property owners and landlords with the aim of bringing empty properties back into use wherever possible (2023)

## Delivery Plan: Connected Communities

### Key programmes of work

#### Towns and villages

- Deliver a programme of regeneration within town centres and wider towns and villages by encouraging new town centre business, establishing a network of town centre WiFi systems, facilitating the reoccupation/re-use or clearance of vacant and vulnerable property (2022)
- Deliver the Auckland Castle, Bishop Auckland Heritage Action Zone, Future High Street Fund and Stronger Towns Fund (2023)
- Review and transform leisure facilities in line with the needs of our residents (2020)
- Review and transform library services in line with the needs of our residents (2020)
- Develop and deliver in collaboration with partners a programme of area- based initiatives to improve local environments and community safety (2021)

#### Access to services

- Construction of new bus station in Durham City (2021)
- Development of North East Strategic Transport Plan and supporting County Durham delivery plans (2020)
- Development and delivery of pipeline of major transport infrastructure projects to improve connectivity across the County (2023)
- Development of the County Durham Together community hub to promote and enable easier access to preventative services available in local communities (2022)

#### Community cohesion

- Extend the wellbeing approach across the council and within commissioned services (2023)
- Develop and deliver in partnership with other agencies a model to prevent and manage antisocial behaviour across the county (2021)
- Establish a multi-agency task force to deliver a local problem-solving approach within our most deprived are-as and through integrated working and community engagement restore cultural norms and build cohesive communities (2021)
- Provide additional support to community groups adversely affected by the pandemic (2021)
- Develop and deliver a programme to help manage individuals, households and communities through recovery from the pandemic

## Delivery Plan: Connected Communities

### Key programmes of work



- Maximise opportunities for North East One Public Estate Partnership to realise estates savings and delivery of shared objectives (2022)
- Delivery of the Chapter Homes Business Plan (2020)
- Delivery of the Housing Strategy (2023)
- Supplying Seaham Garden Village development with geothermal heat from mine water treatment scheme (2023)
- Manage and deliver the Housing Infrastructure Fund Newton Aycliffe Housing Growth Programme (2021)
- Maximise the delivery of affordable homes, both by securing developer contributions as part of new housing development and through close partnership with registered providers and Homes England (2023)
- Deliver community housing schemes through the Town and Village Centres Programme (see above) (2022)

# Delivery Plan: An Excellent Council

## Key programmes of work

### Resource management

- Review implications of anticipated legislation for the long-term reform of the social care system (2021)
- Support teams to develop smarter ways of working in preparation for the move to transformed strategic sites and new headquarters (2021)
- Complete the Polling Place Review (2021)
- Review the implications of the government's Fair Funding Review (2023)

### A workforce for the future

- Extend the mental health workforce development programme across the council, to increase awareness and support available for staff (2023)
- Achieve the Better Health at Work Award 'Continuing Excellence' status for the council (2022)
- Develop a strategy for employee health and wellbeing (2022)
- Support our staff to work flexibly by developing plans for modern ways of working (2021)
- Assess risks, protect and support public and employees during COVID-19 pandemic and through the restoration of services (2021)

### Services designed with service users

- Work towards the sharing of information about a person's assessments, treatment and care through the Great North Care Record, to ensure that staff, patients and service users can make informed decisions about services (2022)
- Review the assistive technologies offer for adult care and develop a new Assistive Technology Strategy (2023)
- Prepare to relocate the registration service to Mount Oswald whilst maintaining service delivery and income generation (2021)
- Increase self-service of performance data by developing business intelligence dashboards (2023)
- Produce a scope and outline plan for delivering the integrated service user service model (2021)
- Continue to deliver the digital transformation programme at a service level (2023)
- Further develop specific engagement mechanisms with children and young people to understand the voice of the child in service provision including development of a Youth Council (2022)
- Restoration of council services that have been interrupted by the pandemic as government guidelines allow (2021)
- Plan and deliver effective communications to build trust, support and keep stakeholders informed and promote safety messages (2020-23)

## Delivery Plan: An Excellent Council

### Key programmes of work



#### Use of data and technology

- Implement and realise the benefits for staff and managers of a new adult care case management system (2021)
- Maximise the use of existing technology and trial new technologies to improve efficiency (2023)
- Work with NHS partners to roll out Health Call in care homes, to improve the transfer of information to health professionals (2022)
- Develop a strategy for a 'smart city' type infrastructure (2020)
- Develop a digital skills programme and invest in new ways of working (2023)
- Expand automation and self-service to employees (2023)
- Develop a road map for the comprehensive rollout of business intelligence capability across all services and systems within the council (2021)
- Develop a broadband services business plan (2021)
- Implementation of modern electronic systems and mobile technologies to help deliver operational efficiencies and high-quality services (2021)



#### Performance management

- Implement a new management framework for Adult and Health Services, to enable more timely analysis of data, improved business intelligence and real time presentation of data (2022)
- Further develop the performance management framework for children and young people's services linked to the new case recording system to improve managers' grip on all areas of performance (2022)
- Develop a well-managed strategic planning framework (2020)
- Review performance management arrangements to focus on restoration and recovery from the pandemic (2020)

## Glossary of Terms

### **5G**

Fifth generation or latest iteration of telecommunications networks which is designed to greatly increase the speed and responsiveness of wireless networks

### **Attainment 8 score**

A measure of the average attainment of pupils in up to eight qualifications at KS4

### **Better Health at Work Award**

An award recognising the efforts of employers in the North East and Cumbria in addressing health issues within the workplace

### **Bishop Auckland Heritage Action Zone**

A regeneration area in Bishop Auckland's conservation area that has been agreed by Historic England and has been created to improve the town's historic centre and bring it back to be a vibrant market town for both locals and visitors

### **Brexit**

The withdrawal of the United Kingdom from the European Union

### **Channel shift**

The degree to which residents are moving to dealing with the council through digital means from more traditional methods such as face-to-face and telephone

### **Council Tax Hardship Fund**

A reduction of £300 on your Council Tax bill awarded to people who have been significantly financially impacted by COVID-19

### **County Durham Together**

A virtual hub developed to help support people to stay in their own home and protect them from contracting the coronavirus by putting them in touch with people who can support with access to food and essential supplies, medicines, financial help and social interaction for those experiencing loneliness and isolation

### **COVID-19**

Coronavirus Disease 2019, the respiratory disease caused by the new strain of the coronavirus

### **Deprivation indices**

Widely used datasets used to classify the relative deprivation of an area. The latest Index of Multiple Deprivation (2019) measures relative deprivation for small areas or neighbourhoods and ranks every area from the most deprived to the least deprived in England

### **Disability Confident**

A government scheme designed to encourage employers to recruit and retain disabled people and those with health conditions. Level 3 or highest level of the Disability Confident scheme which recognises the commitment towards disabled staff and acting as a champion for Disability Confident within local and business communities

### **Education and Health Care Plan**

A legal document that describes a child or young person's special educational needs, the support they need and the outcomes that they would like to achieve

### **Furlough**

Coronavirus Job Retention Scheme operated by HMRC. All UK employers will be able to access support to continue paying part of their employee's salary for those employees that would otherwise be laid off during the COVID-19 crisis

### **GCSEs**

General Certificate of Secondary Education

### **Great North Care Record**

An initiative to allow healthcare practitioners from emergency departments, mental health, 111 services, ambulance and out of hours services access information from a patient's GP record

### **Hate crime**

A range of criminal behaviour where the perpetrator is motivated by hostility or demonstrates hostility towards the victim's disability, race, religion, sexual orientation or transgender identity

**Healthy life expectancy**

The proportion of life spent in good health or free from a limiting illness or disability

**HMRC**

Her Majesty's Customs and Revenue

**Homes England**

A non-departmental public body that funds new affordable housing in England

**MTFP**

Medium-Term Financial Plan. This is a three-year plan which sets out the council's funding outlook, spending priorities and planned efficiencies over the medium-term

**Ofsted**

The Office of Standards in Education, Children's Services and Skills. The organisation responsible for inspecting services providing education and skills for learners of all ages and inspection and regulation of services that care for children and young people

**Ofsted rating**

The rating scale that Ofsted use in their inspections of education providers such as schools and children's social care providers such as the council. There are four grades:

1. Outstanding; 2. Good; 3. Requires Improvement and; 4. Inadequate

**R number**

The reproduction number is the average number of secondary infections produced by a single infected person. An R number of 1 means that on average, every person who is infected will infect one other person meaning that the number of infections is stable. If R is greater than 1 then the epidemic is growing. If R is less than 1 then the epidemic is shrinking.

**Reablement**

Services for people with poor physical or mental health to help them accommodate their illness by learning or relearning the skills necessary for daily living

**SARS-CoV-2**

Severe acute respiratory syndrome coronavirus 2 is the strain of coronavirus that causes COVID-19, the respiratory illness responsible for the COVID-19 pandemic

**SATs**

Standard Assessment Test

**SEND**

Special Educational Needs and Disability

**Signs of Safety**

A strength-based and safety-focused approach to child protection casework originally developed in Australia and now adopted and used by local authorities in many other countries including the UK

**Trusted assessor model**

Trusted Assessor schemes are a national initiative designed to reduce delays when people are ready for discharge from hospital.

**Welfare Assistance Scheme**

Short-term support for people in crisis. There are two types; daily living expenses for up to seven days when your circumstances change unexpectedly and settlement grants to help you stay at home or move back into housing

**WiFi**

A wireless network allowing computers, tablets, smartphones and other devices to connect to the Internet or communicate with one another wirelessly within an area

**Youth Aware of Mental Health (YAM) Initiative**

A programme for helping teenagers explore how to protect their own mental health and support those around them. YAM shows promising results. Groups that have completed the programme show with significantly reduced levels of moderate to extreme depression, and reductions in suicide attempts and ideation

# Durham County Council Strategic Planning Framework

