



Adults, Wellbeing and Health Overview and Scrutiny Committee

Date **Wednesday 28 July 2021**
Time **9.30 am**
Venue **Council Chamber, County Hall, Durham**

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 for Absence
2. Substitute Members
3. Minutes of the meeting held on 15 April 2021 (Pages 3 - 14)
4. Declarations of Interest, if any
5. Any Items from Co-opted Members or Interested Parties
6. Adult Social Care Overview and Update - Report and presentation of the Corporate Director of Adult and Health Services (Pages 15 - 62)
7. Public Health Overview and Update - Report of the Director of Public Health, County Durham (Pages 63 - 100)
8. Shotley Bridge Hospital Update - Presentation by the Head of Commissioning, NHS County Durham CCG (Pages 101 - 112)
9. Local Outbreak Management Plan Update - Report of the Director of Public Health, Durham County Council (Pages 113 - 136)
10. Health Protection Assurance - Report of the Director of Public Health, County Durham (Pages 137 - 160)
11. Quarter 4 2020/21 Performance Management Report - Report of the Interim Corporate Director of Resources (Pages 161 - 176)

12. NHS Foundation Trusts Quality Accounts 2020-21 - Report of the Interim Corporate Director of Resources (Pages 177 - 188)
13. Adults Wellbeing and Health OSC - Refresh of 2021-22 Work Programme - Report of the Interim Corporate Director of Resources (Pages 189 - 210)
14. 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
20 July 2021

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

Councillor P Jopling (Chair)
Councillor R Charlton-Lainé (Vice-Chair)

Councillors V Andrews, C Bell, R Crute, K Earley, O Gunn, D Haney, P Heaviside, J Higgins, L Holmes, L Hovvels, J Howey, C Kay, C Lines, C Martin, S Quinn, K Robson, A Savory, M Simmons and T Stubbs

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

Co-opted Employees/Officers: Healthwatch County Durham

Contact: Jackie Graham Tel: 03000 269704

DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held remotely via Microsoft Teams on **Thursday 15 April 2021 at 9.30 am**

Present

Councillor J Robinson (Chair)

Members of the Committee

Councillors A Batey, R Bell, P Crathorne, R Crute, T Henderson, C Kay, S Quinn, A Reed, A Savory, H Smith, J Stephenson and O Temple

Co-opted Members

Dr G Ciesielska and Mrs R Hassoon

Also Present

Councillors J Considine and A Shield

The Chair noted the death of His Royal Highness The Prince Philip, Duke of Edinburgh and, as a mark of respect, led the Committee in a minute's silence.

1 Apologies

Apologies for absence were received from Councillors L Brown, E Huntington, C Kay, H Liddle, M Simmons and C Wilson.

2 Substitute Members

There were no substitute Members.

3 Minutes

The minutes of the meeting held on 5 February 2021 were confirmed as a correct record and would be signed by the Chair.

4 Declarations of Interest

There were no declarations of interest.

5 Any Items from Co-opted Members or Interested Parties

There were no items from Co-opted Members or Interested Parties.

6 Local Outbreak Management Plan Update

The Committee received the report of the Director of Public Health that provided Members with an update on the COVID-19 response and the transition from the COVID-19 Local Outbreak Control Plan to Local Outbreak Management 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; Local COVID-19 Update; COVID-19 Vaccination Programme and the route out of lockdown (for copy of presentation, see file of minutes).

The Director of Public Health indicated that the COVID work was built on strong relationships that they had both across County Durham but in particular with partners at Public Health England and the Health Protection Team who were going through some significant changes in the forthcoming year as Public Health moves into different directions. Members were advised that the Health Protection Assurance Board was chaired by the Corporate Director of Adults and Health Services that was multi-agency in nature that had been meeting on a weekly basis. This board reported directly into the Health and Well-being Board who were recently updated and one of the community champions attended that meeting.

The Director of Public Health updated Members on the County Durham 7-day rate that was currently 23 per 100,000 that was lower than the England average. There were around 106 to 110 cases per week that was a big reduction from the previous week. They had also seen a reduction in the over 60s and older and also a reduction in hospital admissions and deaths.

She advised Members that there was also now a vaccination dashboard that added to the transparency of the work they were doing in County Durham. All the data was monitored and updated on a daily basis.

Members were updated on the Local COVID-19 operational planning arrangements and that they were starting to review the local outbreak control plan that was published in July 2020 and updating that at the request of government to turn that into a local outbreak management plan. This had given them a chance to stop and reflect on the last nine months and look at the lessons learned from outbreaks.

The new UK variant and variants of concern was something they were monitoring very closely with national and regional partners and learning any lessons where there had been a variant of concern or interest in another part of the country. An in

depth piece of work had been carried out with the local resilience forum to ensure that they had some surge testing arrangements in place if they had to move to test a wider section of the local population, if there was a variant of concern that required that response.

A lot of innovative work had been carried out bringing a number of the arrangements for tracing cases and following up on cases locally and they had launched the Local Tracing Partnership and Local Zero where the council would receive any cases that had been tested positive immediately rather than being dealt with by the national team. They also had a spike detector tool that had been recognised regionally and presented regionally as an example of good practice.

The Community Champions had been in place since November and they now had over 100 champions and were looking to develop community champions within a school with a young person setting as a development.

From a County Durham perspective the vaccination programme was progressing really well through the NHS priority list and were carrying out some specific work in relation to health and inequalities to reach some of the more difficult to reach communities and ensuring that they had a high uptake in those priority groups. Some people had now been called for their second dose and they wanted as many people as possible to take up that second dose and were doing some insight work for those who had concerns about the confidence in the vaccination and some communication to counteract that.

The Director of Public Health reported that there was a slight difference in how people were being called for their second vaccination and was the difference between the mass vaccination centres that were run through the national portal then the local vaccinations through GPs and primary care networks and this difference was due to the supply of the vaccine. GPs only know a couple of weeks in advance what their supply was going to look like.

A huge amount of work had been carried out in terms of testing and the government had rolled out testing and the offer locally they wanted people to come forward for the gold standard PCR testing if they had symptoms but had lateral flow device testing in place as well and were ensuring that uptake was people carrying out the test twice per week.

The lateral flow tests were in place within care homes and had seen a really high uptake of Lateral Flow testing in teaching staff when they've returned to school and the community testing was trying to target those who aren't able to work from home and encouraged that twice weekly testing.

Members were advised of the work that had been carried out in the Education, University, Care Homes, Prisons, Workplaces and Healthcare settings.

Funding had been confirmed for the forthcoming year and Durham would receive just over £4 million and they were looking at a budget prioritisation process.

There were ongoing arrangements for outbreak management, and they continued to work with regional colleagues and the Chief Executive was the regional lead for regional oversight group and they worked very closely with LA7. There had been a very successful beat COVID North East campaign and underpinning this was evidence led work with communication with local residents.

The Director of Public Health then referred to the COVID-19 Vaccination Programme dashboard that was positive. The dashboard showed a high uptake of over 80s and over 75s right through to over 55s with 81.6% and were still taking up their vaccine. They had been doing some dedicated work to increase the uptake with carers and ongoing work in terms of vaccine hesitancy.

Members were then provided with details of the routes out of lockdown and advised that they were monitoring figures very closely but the changes to the figures from the opening up on the 12th April would not be seen for another two weeks.

The Chair thanked the Director of Public Health for a very comprehensive report and presentation.

Councillor R Bell conveyed his thanks to the Director of Public Health for all her hard work. He referred to the case rate and the interactive map for the county and indicated that Shildon was relatively high at a rolling rate of 140 and asked if there was a reason for this. He then referred to the lateral flow tests and the NHS website indicated who was eligible for these tests that stated that anyone in England who did not have symptoms could now get regular tests that was very wide and gave an example of a friend who lived in the middle of nowhere had lateral flow tests and asked if there was a danger that the system was going to get overwhelmed.

Councillor Temple thanked the Director of Public Health for all her work as she was clearly working around the clock. He indicated that he was a user of the ZOE App and raised concerns as their estimated numbers for County Durham had been increasing quite rapidly, so there was a conflict with the Council's dashboard. He asked the Director of Public Health if this could be investigated to ascertain if they had any basis for that as it showed the county's numbers up quite considerably to almost mid-March levels, the app had 4.5 million users so was quite a significant sample size.

The Director of Public Health responded that it was the residents that had made the difference in terms of rates by supporting a very difficult lockdown period during winter. She then referred to Shildon and advised that a small outbreak was increasing the case rate in those areas and they have had an outbreak in one of

the primary schools within Shildon that they were actively managing. They had not had any further cases and were working really closely with the school and the local community and moved additional testing there and a meeting was to be held later this morning in relation to the outbreak and this should settle very soon. In response to the question on the lateral flow tests and the shift to more of a universal offer the Director of Public Health indicated that the overall approach to testing was to think about the purpose of testing that was to identify and if people had symptoms could be tested and identify if they had COVID 19. The lateral flow tests were for people who did not have any symptoms and the authority had sought to use this locally for those people who were in high risk settings where they were more likely to come into contact with COVID-19 and had this in place within care home settings and had been introduced in schools and council employees who weren't able to work from home. Some of the broader workplaces had done similar such as the Fire Service and Northumbrian Water, as it was the ability to detect the infection when people were asymptomatic. The shift towards universal testing was the government's strategy and what the council had done locally was to support that strategy but ensure that they did not widen inequalities while that strategy was being implemented. They now had pharmacies collect who were coming on board and local pharmacies were key members of the local communities to engage with people to ensure good access and were encouraging twice weekly testing where appropriate. She referred to the information for testing for children under 12 as it was not recommended that primary school children be tested, and they had raised this nationally. They were in active dialogue with colleagues at a regional and national level and were trying to make the testing programme proportional and not widen inequalities. They would be looking at how testing had been utilised with events and hospitality as they opened up.

The Director Public Health advised Councillor Temple in terms of the ZOE App she would take that away and come back to the committee with a response. She indicated that there was a wide range of different apps with people uploading different results which was why they were focused on using the council's dashboard and the intelligence that they received that was complimented with some soft intelligence that might come through other routes.

Councillor Stephenson indicated that she was a community champion herself in her local area and a lateral flow testing champion and volunteered at Annfield Plain library. She commented from a community perspective the lateral flow testing was something that the community had found reassuring particularly people who worked in community centres who were on the front line doing food banks. She had been asked to put the community centre forward as a place that could have the lateral flow devices delivered to the centre. She then referred to the vaccination slide that was reassuring in the numbers for the older generation and asked if the under 55s numbers were lower as they had not completed the programme yet or was it due to hesitancy.

Councillor Quinn thanked Councillor Bell for raising Shildon where they did have a spike and commented that they were kept fully informed as local Councillors and everything that could possibly be done was done. The school was closed, and the locomotion became an outlet for testing and the community were encouraged to get tested. The outbreak was managed well and thankfully it was the week before the easter break and the school closed early but this did not have a massive effect. She indicated that she worked in a nursing home and assured members that care staff got tested three times a week, two lateral flow tests and a third test that was sent away. She was also a community champion that was a great honour and was a good programme and she believed there was a place for community champions in the future to continue good work and hoped their work would continue.

The Director of Public Health responded that they had raised the issue nationally of community centres becoming distribution points for lateral flow devices. In response to the uptake of the vaccination for over 55s they were still encouraging people to come forward and were working on the vaccine hesitancy and confidence. Going down the age groups they needed to be more flexible in their approach to reaching people and thanked community champions as they needed to understand what was happening at a local level to ensure that the messages were being provided and they hoped to keep the community champion programme going.

Resolved: That the updated report and the progress to date on the development of and transition to the COVID-19 Local Outbreak Management Plan be noted.

7 Shotley Bridge Hospital Update

The Committee received a presentation from Rachel Rooney, Head of Commissioning, NHS County Durham CCG that provided Members with an update on Phase 2 of Public Engagement for Shotley Bridge Community Hospital Services (for copy of presentation, see file of minutes).

The Head of Commissioning provided Members with details of progress to date and gave an overview of the different types of hospitals within the region and the types of services delivered in each setting. Members were then provided with details of some of the challenges that they currently faced. In terms of their vision they had to ensure that they made the best use of technology and help with a reduction of health inequalities and ensuring that they deliver care around the needs of the patient. They needed to think about prevention and promoting of self-care and getting it right for the future and ensuring health professionals had a fantastic facility to work from.

Members were provided with details of the service areas and the scenario in 2019 and the scenario in 2021 since engagement. Members were also provided with an overview of the proposed clinical model in the wider health and social care context.

They wanted to ensure that any facility they provided in the future gave the opportunity to diversify to ensure that they maximised the space.

The Head of Commissioning indicated that they were hopeful that their outlining business case would be completed by the end of May. They then had an assurance process to go through regionally and nationally to ensure that they were spending taxpayer's money in the best possible way and ensuring that they were providing value for money. If all the deadlines were met, they aimed to start construction June 2022 and if a new build construction this would be completed early 2024 and a refurbishment of the existing site would be up to a year later.

Councillor Temple thanked the Committee, the Chair and the Principal Overview and Scrutiny Officer who never let Shotley Bridge Hospital out of their sight and that local people were running the consultation and he felt that they were being consulted and engaged in a positive way and allowed them some scope to contribute. He then referred to the recent report from the BBC who had said that the hospital was to be refurbished and his understanding was that this was still a matter of choice and that people were about to be consulted and what he had seen so far was the vast majority who had been asked had indicated that they wanted a new build but the two options were still on the table.

Councillor Shield indicated that the first meeting of the Shotley Bridge Reference Group was 17 October 2017 but a lot more progress had been made than previously and the introduction of the additional funding support from central government was recognised and appreciated. He had taken part in a number of consultations and referred to the straw poll and commented that amongst all of the participants he dared say that 100% of people wanted a new build rather than a refurbishment. He took the point made by lots of participants about the ageing workforce and the ongoing development within the locality of some nearly 2000 additional properties. Whatever was going to be developed had to have that scope to take on board any potential increase in population. The rumours were that they were going to get a refurbished hospital at Shotley Bridge rather than a new build. He referred to Medomsley Detention Centre which was originally going to be a housing estate then a rumour that it was going to be turned into a detention centre and it turned out that it was going to be a detention centre. He indicated that no decision had been made yet on the hospital and asked when the decision would be made, who would make that decision and what impact did they have to ensure that the needs, aspirations and more importantly the wants of this population were fulfilled by a new build, wherever it was going to be located.

The Head of Commissioning responded that the report from BBC News earlier in the week was not helpful. The media had picked it up in a slightly wrong way and that no decision on Shotley Bridge Hospital had been made at this stage and there were two options, a refurbishment and a new build on the genesis site in Consett. This would be presented as part of the outline business case at the end of May and would demonstrate a preferred option that would be based on both non-financial

assessment criteria and financial to make sure that they provided value for money. They would consider all of the things members of the public had told them and the straw pool would be used as intelligence in terms of people's preference and some of the other considerations that she had mentioned around continuity of service and ensure that they were able to provide a modern fit for purpose building which was predominantly their main aim.

Resolved: That the update be noted.

8 Quarter 3 2020/21 Performance Management Report

The committee received the report of the Interim Corporate Director of Resources presented by the Strategy Team Leader, which detailed progress towards achieving the key outcomes of the council's corporate performance framework (for copy of report, 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.

The Chair thanked the Strategy Team Leader for all her work, especially in regard to COVID and the actions taken to address the economic and well-being challenges.

Resolved: That the report be noted.

9 Adult and Health Services - Quarter Three Forecast of Revenue and Capital Outturn 2020/21

The Committee considered the report and presentation of the Interim Corporate Director of Resources, presented by the Finance Manager for Adult and Health Services, which provided details of the quarter three 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 on December 2020 (for copy of report and presentation, see file of minutes).

Councillor Temple sought clarification on paragraph 10 of the report where you had a revised budget and asked how and when did they move from the original budget to the revised budget against where they measure everything.

In response, the Finance Manager focused on the three bigger figures on contributions to reserves. They started off with an original budget and then each quarter, they had various changes to the budget due to things happening during the year. The original budget was presented to Council in February then changed during the year for various reasons such as a contribution to corporate reserves

and some outbreak control monies received that came directly to Public Health that was put into the corporate position which would then be utilised during the year to fund a number of different schemes to support COVID. They also had other reserves which they utilised such as the building, retirement and insurance reserve and the contribution to AHS cash limit for instance would be a contribution towards another reserve that would then be passed across towards some corporate reserves. In other areas they have had some projects that didn't happen due to COVID so that money had gone back into reserves for this year to be utilised in future years. It was about changing the amount of money in the budget during the year to recognise changes when the money would be needed and a mechanism for moving money into the corporate centre that could then be utilised for other reasons.

Resolved: That the report be noted.

10 Adults Wellbeing and Health OSC - Refresh of 2021-22 Work Programme

The Committee considered the report of the Interim Corporate Director of Resources that provided Members with an opportunity to review and refresh ITS work programme for 2021/22 (for copy of report, see file of minutes).

The Principal Overview and Scrutiny Officer was in attendance to present the report and indicated that it was a two stage process where they report on the work of the committee during the year in advance of bringing a final work programme to the committee's first meeting in the new municipal year.

The report highlighted the refresh of the work programme in the context of the County Durham Vision and the Council Plan that was recently adopted. The work programme reflected the objectives, aims and actions contained within these documents that had superseded the previously altogether healthier context. They had also taken cognizance of priorities identified within the service grouping and also the NHS and healthcare partners and included their priorities as well for consideration in the work programme.

As a result of the pandemic the work programme this year was delivered virtually with a reduced number of meetings that required a greater prioritisation of those items coming to committee. This was supported with briefing papers circulated to members of the committee outside of formal committee meetings.

Paragraphs 12 and 13 of the report set out the major areas of work undertaken by the committee during the year together with a number of cross cutting areas of work with other overview and scrutiny committees that were identified at paragraph 14 of the report.

In terms of the work undertaken during the current year a number of these had been identified as needing to be rolled forward into 2021/22 and a number of these reports were considered at the meeting today.

Paragraph 15 of the report identified a number of areas for further progress updates and needed to be included in the work programme. The areas identified were the continued oversight of the Local Outbreak Management Plan and all things COVID related, Shotley Bridge Community Hospital project and the emerging changes around commissioning arrangements and the legislation that was currently going through government and the formalisation of the Integrated Care Systems arrangements and what that would mean for both the work of the committee and the wider scrutiny of NHS activity. They aimed to bring to committee in the new work programme details of the legislation and associated guidance published. Moving forward the number of meetings would be determined if meetings were to continue to be held virtually.

Councillor R Bell referred to the recent reorganisation of the NHS and the CCGs that was carried out over Christmas without coming to the committee. He then referred to the monitoring of NHS services particularly North East Ambulance Service (NEAS) and asked when the committee were going to have NEAS at a meeting and if the monitoring work could be planned into the work programme.

The Principal Overview and Scrutiny Officer responded that the unfortunate timing of the COVID outbreak meant that the initial plans for monitoring of NEAS activity had to be put on hold due to lockdown and the ongoing demands placed on NHS partners arising from the pandemic. He had not been able to get this back to committee but he provided assurances that this would be included in the work programme report and he would be liaising with key contacts in all the NHS foundation trusts to have those conversations around what areas of activity they have within their individual priorities moving forward and what they could expect to bring to committee for consideration.

The Chair fully supported Councillor Bell's comments and indicated that this next year was going to be the most important for the committee and they needed to be on the ball and the work programme for this committee needed to be flexible and quickly responsive.

Resolved: (i) That the proposed AWHOSC work programme in relation to the current Council Plan 2020-2023 be noted.

(ii) That a further report to agree the AWHOSC Work Programme would be submitted to the first meeting of the Committee in the 2021/22 municipal year.

11 Any Other Business

The Chair indicated that this was the last meeting of this committee in this council and wished to thank Co-opted Members, Officers and those Members who were retiring.

Councillor R Bell on behalf of the committee formally thanked the Chair for the excellent way he had Chaired the committee. He also wished to thank Councillors H Smith and O Temple for all their work on this committee, who were retiring from the Council.

This page is intentionally left blank

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

28 July 2021

**Adult Social Care Service Overview and
Current Position**



Report of Lee Alexander, Head of Adult Care

Electoral division(s) affected:

All

Purpose of the Report

- 1 To provide the Adults, Wellbeing and Health Overview and Scrutiny committee with an up-to-date summary of activity and developments across Adult Social Care Service in County Durham and to outline the frameworks within which it operates.

Executive summary

- 2 The Adult Care Service is one of three closely aligned service areas within the Directorate of Adults and Health – alongside Integrated Commissioning and Public Health.
- 3 Employing over 1,100 staff, the Adults and Health Service operates within a budget envelope of £318M.
- 4 Adult Care and Integrated Commissioning Services work closely together, covering a broad span of service functions, delivering a statutory service to over 19,800 adults with social care needs across the county.
- 5 The service operates within a complex legislative framework, undertaking statutory duties and powers within the context therein. These frameworks include:
 - The Care Act (2014)

- The Mental Capacity Act (2005)
- The Mental Health Act (1983)
- The Human Rights Act (1998)

6 The aims of the services are to:

- support adults to regain or maintain independence
- ensure vulnerable adults who are at risk of abuse, harm or neglect are safeguarded
- improve people's wellbeing and help them achieve outcomes
- prevent unnecessary admissions into hospital and other forms of 24hr/ long term care
- prevent, reduce and delay the demand for formal adult social care support by supporting individuals' and communities' resilience.

7 This is achieved by:

- providing those with lower level needs the advice, information and support to self-manage and retain independence for as long as possible
- providing those with higher level needs short term services with a focus on enabling the person to regain some independence
- assessing and meeting longer term needs once the person is at their optimal level of functioning and where all other options have been explored
- making enquiries and undertaking investigations in situations where potential abuse is suspected.

8 The service is made up of:

- Teams of social workers, social work assistants, care co-ordinators, occupational therapists, occupational therapy assistants, rehab workers, customer service officers and support workers delivering a front-facing service to the public. The teams mainly provide assessment of need, risk management – including safeguarding adults; and the commissioning of appropriate services to meet eligible social care needs
- County Durham Care and Support (CDCS) which is an in-house provider arm delivering care directly to adults with social care needs

- An integrated commissioning service – made up of staff across Durham County Council (DCC), the Clinical Commissioning Group (CCG) and North of England Commissioning Support Service (NECS). Staff range from strategic managers to admin and support staff to contracts and commissioning officers who review, plan and specify services to meet the health and care needs of people living in the county. The team is also responsible for the quality and performance of commissioned services
 - an operational support function providing workforce development and learning, data and systems support, complaints management, and service improvement.
- 9 The Adult Care and Integrated Commissioning Service is part of the County Durham Care Partnership which brings together local community health organisations including GP practices, community nursing and therapy services with our social workers supporting older and physically disabled adults. Overseen by the Director of Integrated Community Services, we work closely with colleagues from County Durham and Darlington NHS Foundation Trust, local Primary Care Networks and the Clinical Commissioning Group to ensure that health and social care services in our county are joined up and streamlined wherever possible, and that data and information sharing supports our integrated approach.
- 10 The service is committed to transformation and service improvement. A programme of Adult Care Transformation is underway, and a bespoke project is also focussing on supporting the care provider market.
- 11 The service has recently set up a new Quality Assurance Board which includes health partners and Transformation & Strategy colleagues to oversee a new approach to quality assurance within the framework of impending Care Quality Commission inspections of local authority adult social care functions which will commence in 2023.

Recommendation

- 12 That the Adults, Wellbeing and Health Overview and Scrutiny Committee note the contents of this report.
- 13 That the committee receive future updates on the work of the newly established Adults, Wellbeing and Health Quality Assurance Board as it progresses.

Background

- 14 Adults, Wellbeing and Health Overview and Scrutiny Committee in November 2020 were provided with a similar report outlining Adult

Social Care activity to support them to understand the complexity, diversity and challenges of the sector.

- 15 This report is a refresh of the November 2020 report for existing committee members and an introduction to the service for new members. It will also detail the service's current position regarding reset and recovery work and planned service priorities in relation to national policy changes.
- 16 The report will cover:
 - An overview of Adult Social Care and the frameworks it operates within
 - Integrated arrangements
 - The range of services and support provided
 - The numbers of people supported by the service
 - Budgets
 - Performance
 - Challenges
 - Transformation.

General Overview

- 17 The Government's Department for Health and Social Care (DHSC) supports and advises government ministers to shape and deliver national policy in relation to health and social care. The department carries out its work through non-governmental organisations including NHS England and Public Health England.
- 18 Nationally, the profile of Social Care has not historically occupied the same status as NHS and Public Health England, however it has been widely recognised as an extension of key over-arching public health and care service delivery which are essential in supporting people to live as independently and safely as possible.
- 19 Prior to the COVID-19 pandemic, DHSC were working on a plan in relation to the long-term reform of social care and a Health and Care Bill is expected to be published during the current parliamentary session.

20 Local Authorities have statutory responsibilities to deliver social care within national legislative frameworks which are described within this report.

21 In Durham, Adult Social Care is part of the wider directorate of Adults and Health Service which comprises:

- Adult Social Care (975 staff)
- Integrated Commissioning (78 staff)
- Public Health (48 staff).

Strong working arrangements and alignment are in place between the three parts of the directorate and the Adults & Health Service Senior Management Team chaired by the Corporate Director meets regularly.

22 Overseen by the Head of Adult Care and the Head of Integrated Strategic Commissioning, the Adult Care and Integrated Commissioning services work closely together and comprise five discrete Strategic Manager portfolios – outlined in appendix 2.

23 A large proportion of our Adult Social Care workforce are regulated professionals – requiring annual re-registration with professional regulatory bodies including Social Work England and the Health and Care Professionals Council. All regulated professionals are required annually to demonstrate that they have undertaken specific levels of continuing professional development relevant to their role, which demonstrates to the public that they are fit to practise in their specific profession. All regulated professionals in Adult Care in Durham have active registered status.

24 The overarching aim of the service is to:

- support adults to regain or maintain independence
- to support adults to live in their own homes for as long as possible, and according to their personal lifestyle choices
- ensure vulnerable adults who are at risk of abuse, harm or neglect are safeguarded
- improve people's wellbeing and help them achieve outcomes
- prevent, reduce and delay the demand for formal adult social care support

- ensure that for those people who do require ongoing social care provision, this is proportionate to meet their needs and keep them safe and is of a good quality.

25 We do this by:

- providing those with lower level needs the advice, information and support to self-manage and retain independence as long as possible
- providing those with higher level needs short term services with a focus on enabling the person to regain some independence
- only assessing and meeting longer terms need once the person is at the optimal level of functioning and where all other options have been explored
- making enquiries and undertaking investigations in situations where potential abuse is suspected
- achieving a proportionate balance between upholding human rights and – where necessary for their own protection or the protection of others - depriving individuals who lack mental capacity of their liberty under the provisions of the Mental Capacity Act (2005) or the Mental Health Act (1983).

26 The service currently supports over 19,800 adults in the county with social care needs resulting from:

- Age related frailty
- Physical disabilities
- Learning disabilities
- Mental Health
- Substance misuse issues
- Sight or hearing impairment
- Brain injury

We also have a statutory responsibility to ensure that appropriate assessments are undertaken for, and services are provided to meet the eligible needs of:

- Prisoners with social care needs

- Those who have caring responsibilities for other adults with social care needs.
- 27 The service has responsibility for any adult with eligible social care needs who has the status of 'ordinary resident' in County Durham as defined within social care legislation who may be living a care setting within another county.
- 28 Of the total number of adults currently known to Adult Care 8,166 are provided with ongoing care services to meet their assessed needs. Of these, 5,125 (63%) are supported to live in their own homes or in supported tenancies in the community, and 3,041 (37%) live in a care home setting.
- 29 A larger cohort of adults known to the service are in receipt of equipment loans, adaptations to their home, assistive technologies, or receive professional support only.
- 30 Data from Tees, Esk & Wear Valley NHS Mental Health Trust electronic records indicates a further 5000+ adults with mental illness are supported by our integrated mental health teams and of those 550 are in receipt of ongoing social care provision.

Budget

- 31 Adult and Health Services has an annual budget of circa £318 million, broken down by division of service in the following table:

Service area:	Annual Budget £
Adult Care	221,404,984
Commissioning	14,797,258
Public Health	52,525,072
Central / Other	29,560,511
Total	318,287,825

(Nb. 'Central/Other' includes among other things: joint spend with NHS partners, central support costs, accommodation, pension costs and directors costs.)

- 32 The service area budgets comprise of a net budget made up of central govt grants and income from local taxation; grants such as the Public Health grant and improved Better Care Fund; income from fees and

charging; contributions from the NHS linked to integration via the Better Care Fund and other sources; and some income from rents and recharges.

- 33 Adult Care has managed within budget for the last 5 years despite operating within challenging and changing statutory frameworks, a shift in complexity relating to social care needs and general austerity measures. This has been achieved by focussing on transformational service development, streamlining processes and management structures, reducing waste, making use of digital technologies, and robustly applying eligibility criteria.
- 34 Being robust in our application of eligibility criteria ensures that commissioned services are only provided to those with higher levels of need. For those with lower level social care needs, we provide advice and information on how they can access services independently of the local authority. Our online directory of services - [Locate](#) – is designed to enable people to source their own services to meet lower level need and prevent or delay the need for statutory social care provision. A review of Locate is currently underway to further improve functionality and accessibility.

Legislative and Statutory Frameworks

- 35 Much of the work of the service concerns meeting the local authority's duties, or exercising its powers under these main pieces of legislation:
- The Care Act (2014)
 - The Mental Capacity Act (2005)
 - The Mental Health Act (1983)
 - The Human Rights Act (1998)
- 36 UK Government's NHS Long Term Plan was published last year which outlined how the national 5-year settlement of £20.5 billion will be targeted at:
- Improving out-of-hospital care
 - Ensuring all children get the best start in life (and for adult social care this means that those children with life-long disabilities also get the best support at the point where they transition into adulthood)
 - More personalised care for older people to be active citizens in stronger communities

- Mainstreaming digital health services

Our priorities in social care are aligned to these aims. We work collaboratively with our internal partners including Children and Young People's Services and Housing, and external partners such as NHS organisations to join up agendas and services wherever we can to support these priorities.

Integrated Partnership Arrangements

- 37 The service enjoys strong integrated arrangements with partner organisations.
- 38 County Durham Care Partnership brings together local community health organisations including GP practices, community nursing and therapy services with our adult social workers supporting older or physically disabled adults. Figure 1 (below) shows the principles of the partnership. Working closely with colleagues from local NHS Foundation Trusts, local Primary Care Networks and the Clinical Commissioning Group, we form multi-disciplinary Teams Around the Patient (TAPs) which aim to:
- provide seamless services to keep people independent and healthy at home
 - prevent unnecessary admissions to hospital or long-term care settings.
 - support those patients who are most vulnerable and are at risk of deterioration of their health and wellbeing.

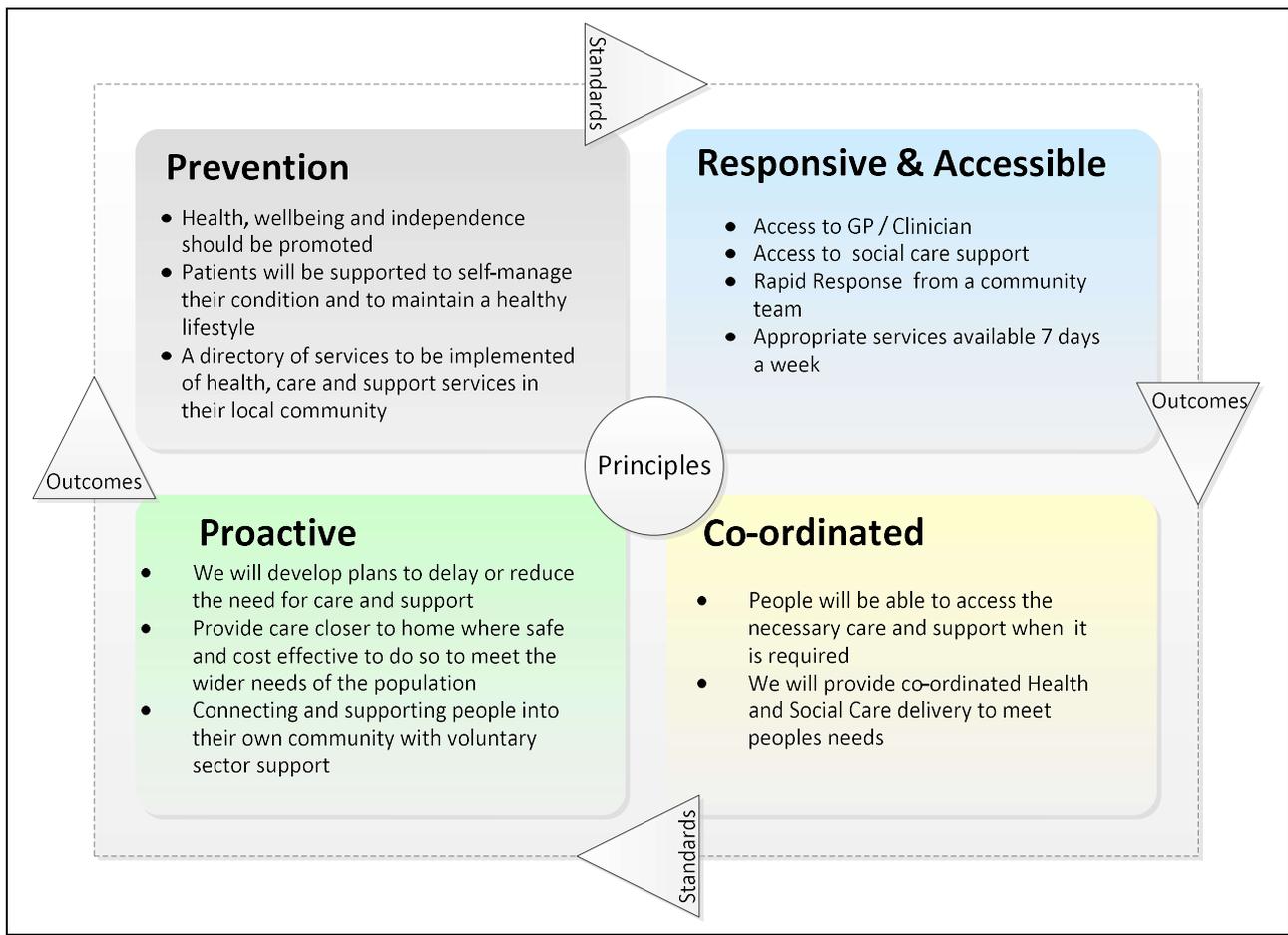


Figure 1

39 Within our partnership with Tees, Esk and Wear Valley NHS Mental Health Trust, we have co-located and integrated multi-disciplinary teams of practitioners and clinicians supporting the needs of adults with Learning Disabilities & Mental Illness. These services provide assessment and therapy functions within specialist clinical care pathways, developing individualised care plans with service users and their carers. The Integrated Mental Health Service also incorporates a team of Approved Mental Health Professionals who have responsibility for overseeing any compulsory detentions into psychiatric hospital care under the Mental Health Act (1983) and overseeing Community Treatment Orders for mental health patients whose needs are manageable within the community.

40 Our Integrated Commissioning Service utilises market intelligence and works closely with Adult Care, partners, providers and the community to understand demand to stimulate and co-design the market to provide services that best meet people's outcomes and maximise independence and wellbeing. Joint management structures across health and social care enable the service to reduce duplication of work, allow providers

opportunity to deliver care across the whole market, and ensure that resources in County Durham are utilised in the most efficient and cost-effective way.

- 41 The Integrated Commissioning Service oversees over 700 individual contracts with social care service providers. 150 of those contracts are with care homes – 96 providing care to older people, and the rest providing specialist care to adults with learning disabilities and mental illness. In addition, individual contracts are in place for a range of non-residential care providers including domiciliary care, day centres and direct payments. The table below shows the budgeted spend for key social care related activity:

Service area:	Annual Budget £million
Residential Care	115.6
Supported Living	27.2
Domiciliary Care	25.2
Direct payments	11.3
Day Care	8.7

- 42 The commissioning team ensures that services are safe, high quality and support improved outcomes for those that access them. All contracts have specifications for standards that services must meet, and data is collected by the commissioning team to support contract monitoring.
- 43 The team uses a range of locally and nationally collected data and intelligence to inform them of service performance. In addition to this, partners across health and social care regularly share soft intelligence in relation to provision which is discussed during information sharing meetings. This partnership approach has been strengthened during the Covid-19 pandemic.
- 44 The integrated arrangements between Health and Social Care in Durham provide an opportunity to share best practice and pool resources when monitoring the quality of care providers.

- 45 A further role of the Integrated Commissioning Service is to commission services required to meet the social care needs of children (aged 0-18). An overlap exists between children and adult's services whilst the young person is transitioning into adulthood which is supported by the service described below. Commissioning colleagues have responsibility to ensure that there are no gaps in service provision.
- 46 The 14-25 Young People and Adulthood Social Work Service is also closely aligned with Children and Young Peoples Services (CYPS). This service supports younger people with social care needs (typically those with physical or learning disabilities) to 'transition' from children services into adult services where processes, frameworks, legislation and service provision are very different.

Anticipating and Predicting Demand

- 47 National data indicates that we are an ageing population. People are living longer due to improvements in health care, and those living with long term conditions can manage these much more effectively, meaning that older adults tend not to need support until they are well into the progression of their condition or ageing process. This has led to increased demand on statutory services by older adults with increasingly complex needs.
- 48 A national increase in the prevalence of mental ill health has also had a significant impact upon adult social care services. 1 in every 4 adults experiences mental health issues at some point.
- 49 Loneliness and social isolation are also much more prevalent amongst adults with social care needs. National evidence indicates that adults who are socially isolated are at increased risk of heart disease, stroke and dementia, and are also at a higher risk of substance misuse, sleep problems, suicide or early mortality.
- 50 [Durham Insight](#) provides local context and prevalence of a range of health and social care issues which we use together with our Joint Strategic Needs Assessment - which covers 4 themes: Starting Well; Living Well; Ageing Well; Community Assets – to build a general overview of the current needs of our population. This helps commissioners in strategic decision making about where to prioritise limited resources, and it also informs the [Market Position Statement](#) which is used to support social care providers in the county to understand the needs of our population in order to develop sufficient effective and good quality services for the future.
- 51 At an operational level, we also use Operational Pressures Escalation Levels (OPEL – a joined up tool to consider demand and pressures across the health and social care sector including our provider market)

and performance dashboards to understand activity, trends and current demand.

- 52 Predictive modelling, although useful, can never be an exact science, however we work with partners to share available data which can be used to examine age, dependency and complexity indicators in the context of pressures on the system including policy and practice changes, workforce issues, budget positions and forecasts, occupancy levels and admissions into hospitals and long-term care establishments.
- 53 By utilising these collective methods of anticipating demand based on the rich sources of data already known to us and shared between our partner agencies, and predictions based on trends and patterns, we have appropriate levels of assurance in meeting demand and need within our local communities.

Performance Monitoring and Benchmarking

- 54 The [Adult Social Care Outcomes Framework \(ASCOF\)](#) measures how well care and support services achieve the outcomes that matter most to people. The measures are grouped into four domains which are typically reviewed in terms of movement over time. These domains are:
- enhancing quality of life for people with care and support needs
 - delaying and reducing the need for care and support
 - ensuring that people have a positive experience of care and support
 - safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.
- 55 The ASCOF aims to give an indication of the strengths and weaknesses of social care in delivering better outcomes for people who use services. it is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability. The report is of interest to:
- central government - for policy development and monitoring, and for parliamentary questions and Prime Minister's Questions
 - Councils with Adult Social Services Responsibilities (CASSRs) - for measuring local performance and for benchmarking against other CASSRs
 - charities
 - academics
 - the general public.

- 56 In 2023, inspections of Adult Social Care delivery by local authorities will be re-introduced and the Care Quality Commission will undertake this inspection function.
- 57 Preliminary work had already commenced to start reviewing our current quality assurance strategy in Adults and Health Service and therefore a new AHS Quality Assurance Board has been created to shape this work, and ensure it aligns with activity of the ADASS Assurance Task & Finish Group. Membership of the AWH Quality Assurance Board includes key health partners.
- 58 The AHS Quality Assurance Board has developed terms of reference and governance structures. The board will meet monthly with the aim of moving the service towards being 'inspection-ready'.

Range of Services and Support

- 59 Our model of adult social care in Durham is very much focussed on promoting independence and wellbeing at every stage of our intervention, putting the person (service user) at the centre of the assessment and care planning process to ensure we deliver proportionate and personalised adult social care. See appendix 3.
- 60 Our model is underpinned by a number of national drivers including:
- DHSC's [Hospital Discharge Service: Policy and Operating Model](#) which provides for free reablement and rehabilitation services for anyone leaving hospital with increased levels of need to try to support them to return to their previous level of functioning. There is a strong emphasis on 'discharge to assess' and that assessment of longer-term needs should only be made once a person has reached their optimal level of recovery and once they are outside of the clinical setting.
 - the NHS [Transforming Care](#) programme for adults with learning disabilities focussing on improving health and care services so that more people can live in the community, with the right support, and close to home.
 - the [Prevention Concordat for Better Mental Health](#) which is a Public Health England initiative to promote evidence-based planning and commissioning to tackle health inequalities in the field of mental health and wellbeing. It has a focus on prevention and also acknowledges the role played by people with lived experience of mental health problems, individually and through user-led organisations.

- 61 Durham is in a strong position in terms of how we perform against these drivers. Our operating model is built around the same sound principles:
- that the service user is the expert in their own disabilities and how they affect them as an individual;
 - that everyone should have opportunities to be supported to regain independence where appropriate;
 - that everyone should have as much choice and control over their care and support as they would like;
 - that everyone should be supported to be an active member of their local community;
 - that nothing is done to a person without involving the person – regardless of their disabilities, health or cognition;
 - health and social care should – wherever possible – be provided in a person’s own home or as close to their home as possible.

Front of House Services – resolution; signposting and onward referral

- 62 Social Care Direct is Adult Care’s robust ‘front door’ providing advice, information and signposting by contact centre staff, which includes qualified social workers and occupational therapy staff.
- 63 Social Care Direct is co-located with the Integrated Community Services’ Care Co-ordination Centre which is the single point of access in the county for referrals into community nursing and therapy services, as well as hospital discharge referrals.
- 64 Social Care Direct also work closely with the Learning Disabilities Intake Team – an integrated team of practitioners and clinicians who screen for learning disabilities and provide support and advice or an initial assessment prior to transfer for ongoing care co-ordination in the longer-term integrated teams where required.
- 65 Similarly, access into integrated mental health services is via a central screening hub where practitioners and clinicians can resolve; refer on; provide a short-term intervention; or allocate into longer term community mental health teams for ongoing care co-ordination.

Short term intervention – maximising independence

- 66 Our Hospital Social Work Teams provide interim assessments of need as soon as someone with social care needs has been deemed medically fit for discharge by hospital clinicians. Wherever possible,

they will support the person to return home with a level of care to support their ongoing recuperation which is then reviewed once the person has sufficiently recovered from their medical episode, regained some confidence and re-established their independent living routines. Durham has historically had a low rate of delayed transfers of care from hospital –compared with the national average (although national benchmarking of this data was temporarily suspended in February 2020).

67 Support at home on discharge from hospital is usually provided by our Reablement Service (which is commissioned from an independent care provider). This free service works with people for up to six weeks to support them to regain as much independence as possible or relearn new routines to better manage their condition/ disability. Latest performance figures (end of year 2020-21) show that:

- 84.1% of older people in County Durham who are discharged from hospital with a period of reablement or rehabilitation are still living at home 91 days after discharge. The national benchmark for this performance indicator is 82.0% (2019-20);
- 90.6% of people completing reablement require either no ongoing care, or a reduced care package within the 6-week period;
- 73.6% have no ongoing care needs following completion of a reablement programme.

68 Where home is not an option immediately on discharge from hospital, intermediate care or 'time to think' beds are utilised within local independent care homes or community hospitals giving people further opportunity for rehab and recuperation and to allow for full assessment of longer term needs.

69 For older or physically disabled people at home in the community experiencing a deterioration in their long-term condition or a new medical episode which does not warrant hospital admission, crisis response assessments are undertaken by our trusted assessors from the community nursing services within the TAPs. These nursing colleagues have access to our Short-Term Assistance Service where they can commission urgent home care packages for up to 72 hours to support the person until a social worker or social work assistant can visit to discuss longer term care arrangements. This is also accessible out of office hours.

70 For all other referrals into our locality older people/ physical disabilities teams relating to people who may need support to continue living independently in the community, a reablement period is provided as per

point 67 above. This is completed as part of the assessment process so that we can be sure that people receive the correct level of care to meet their needs having had the opportunity to regain some independence or establish different daily routines to accommodate their changing needs.

- 71 Support and Recovery is a short-term goal orientated intervention provided to adults with mental ill health, substance misuse issues or who self-neglect, with the aim of supporting people to regain or retain independence wherever possible. Interventions are usually 1:1 with a support worker, targeted to achieve outcomes identified by the service user, holistic and time limited. One of the aims of the service is to work with people to strengthen their existing support networks and link them into their local community to reduce social isolation; reduce dependency on statutory services; and avoid hospital admissions/ re-admissions.
- 72 County Durham Drug and Alcohol Recovery Services are provided in partnership with Humankind – a charity who oversees our joint recovery-focussed approach to working with adults affected by substance misuse. The recovery centres offer psychosocial interventions; substitute prescribing; practical help and advice with housing and benefits; as well as structured recovery programmes.
- 73 Most of our short-term interventions are provided free of charge.

Longer term support – maintaining independence & protecting quality of life

- 74 Only when someone has been supported to achieve their maximum potential for independence will we work with them to plan how their longer-term needs will be met.
- 75 We do this by assessing their care and support needs and determining their eligibility for ongoing support services using the national eligibility framework within the Care Act (2014). See Figure 2 below. Eligibility is not determined by how ill or disabled a person is, how chronic their condition is or how old they are. Everyone is affected differently by their health or social care needs and therefore eligibility focusses on how their ability to achieve basic outcomes related to independent living is affected and to what extent this impacts upon their individual wellbeing.
- 76 Robustly applying eligibility criteria not only ensures we do not create unnecessary dependency, but ensures a high degree of consistency in the effective management of our finite resources which we can target at meeting eligible needs which cannot otherwise be met from within the individual's existing support networks. Every individual's personal circumstances are different according to their personal resilience levels or their lifestyle choices, therefore in figure 2 (below), not all of the listed outcomes we use to determine eligibility for services will be applicable

to everyone. Our assessments of need focus on *desired* outcomes *relevant* to the person’s individual circumstances.

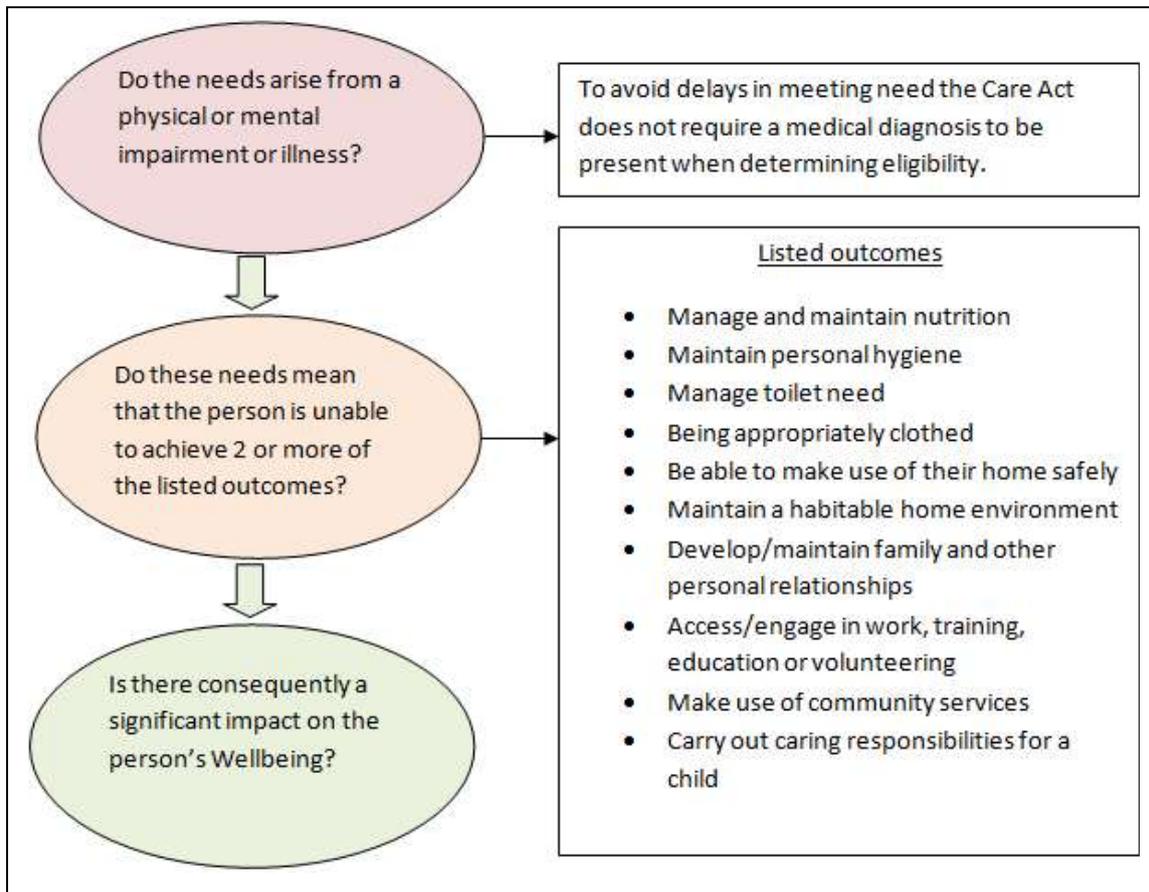


Figure 2

- 77 The most flexible way to receive longer term care and support services at home is via Direct Payments. This is where the council makes money available to the service user to be spent on services to meet their care and support needs. It allows the service user to have more choice and control over their care provision, and some people choose to employ their own support worker directly.
- 78 For people who prefer the council to arrange care and support services on their behalf, or for those who need permanent residential care our Integrated Commissioning Service procure a range of local domiciliary care providers, day centres, care homes, supported living, Shared Lives and extra care housing schemes, assistive technologies, as well as other bespoke services. These providers are contracted to deliver services on behalf of the council. Quality assurance and contractual compliance is very carefully managed by commissioning colleagues. We also have a dedicated team of Practice Improvement Officers.

Working closely with Adult Protection Lead Officers, their role includes working directly into care homes and other care provision establishments to drive up standards, share good practice, and offer advice on how to improve the quality of care practices – particularly where there have been concerns raised within safeguarding adults processes.

- 79 A small number of day opportunities, outreach services, extra care schemes and respite placements are provided directly by our in-house provider County Durham Care & Support.
- 80 Longer-term care provision at home or in a care home is chargeable, and charges are means-tested against a person's income with their assets being taken into account only if they need to move into a care home permanently.
- 81 Permanent admission into a care home is a last resort option, and one of our service aims is to keep as many people as possible supported within their own homes and own communities.
- 82 Health care in the UK is, of course, free at the point of delivery and it is therefore very important that we work closely with our health colleagues to ensure that any care which is provided to meet health needs – as opposed to social care needs – is considered jointly to ensure that people are not charged for elements of their care which should be free. We do this by working within the DHSC's [National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care](#).
- 83 Individuals' care needs change as their condition progresses, or as they develop new ways to manage their needs, and we aim to engage service users in receipt of longer-term care provision in a review of their care and support plan at least annually. 89.9% of service users have had a review of their care plan in the last 12 months.

Adult Care Transformation

- 84 We have a positive culture of service transformation in Adult Care, responding to national and local drivers which we share with our partners, and also to the changing financial picture in adult social care.
- 85 We commenced our current programme of Adult Care Transformation in 2019. We recognised that a number of societal, cultural and statutory and legislative changes had occurred over recent years but that we had

made no major changes to practice or processes since the implementation of the Care Act in 2014.

86 Senior managers and leaders within the service recognised that:

- There was an increased demand upon the service due to
 - a) people living well for longer
 - b) our front-of-house service offering robust advice and support to prevent or delay the need for statutory services, and our robust application of national eligibility criteria meant that adults only came to us when their needs were at a comparatively higher level than previously
 - c) more cases being referred to the Court of Protection due to the emergence of changing caselaw within the Mental Capacity Act (2005).
- Austerity had impacted so much on the service that reduced staffing levels were struggling to cope with the increased demand as described above. Staff wellbeing was becoming an issue as a result.
- Our assessments of people's needs were deficit-based, focussing on 'fixing' perceived problems, rather than working with people to use their existing strengths and assets to create opportunities for them to have autonomous choice and control in the management of their condition and how it impacts upon their quality of life in their local community.
- There was more we could do to make sure that people's wellbeing – as well as their physical and mental health – was supported by our interventions.
- More positive outcomes could be achieved for our service users by maximising our multi-agency integrated working.

87 We set out with the following objectives – which mirrored those of the corporate transformation programme:

Ensure that resources are focused on the frontline and processes are efficient, maximising the use of technology

Redesign and integrate services where appropriate to improve outcomes for people, maximising use of resources and reducing the need for statutory service

Develop an agile, committed and empowered workforce

Deliver optimum efficiency across the health and social care system

Help communities become more self-reliant and resilient

Move our partnership working from good to great

Drive cultural change through the organisation

88 Our service transformation programme is centred around 5 key themes of work:



89 Our aim is to reshape our frontline social care practice to become a more modern, stream-lined service achieving improved outcomes for our service users, maximising choice, control and independence; embracing digital technologies where there is a benefit to our staff and service users; and achieving improved efficiencies and cost effectiveness.

- 90 On 23rd June 2021, we launched our new case management system AzeusCare which replaced a 20+ year old database. The system has several hundred users and has been the product of a 2-year implementation project involving a range of our partners and stakeholders. This will inevitably take time to 'bed in', but will ultimately lead to efficiencies in relation to time spent on data input, streamlining payment systems to our providers, and will ultimately provide us with a self-service portal where service users can access their own care plans and other documents.
- 91 Our Integrated Commissioning Service is also committed to supporting the provider market. A programme of work is underway to enhance, maintain and support workforce training, recruitment, retention and development in a number of adult service sectors across provider markets, such as domiciliary/ community-based care, residential /nursing care, day services and the voluntary sector.
- 92 Funded through the Improved Better Care Fund (a government grant aimed at improving outcomes in adult social care) this initiative is designed to be transformative, with an emphasis on new ways of working including utilising new technology to support improvement. Achievements to date include:
- Development of the [Care Academy](#) – a workforce development resource which includes free training to people already working in the social care sector, or those hoping to develop a career in the care industry – guaranteeing interviews with providers after 'graduating' from the Care Academy. So far, the Care Academy has supported over 70 people into social care jobs, providing over 400 learning opportunities since September 2020. A fast-track recruitment process has been developed to respond to the workforce needs of the sector during the pandemic;
 - Roll out of [Health Call's Digital Care Home](#) across our care home community for older adults. This has enabled greater use of digital technologies to facilitate communication between social care providers and local health care professionals to ensure that appropriate advice and treatment is received in a timely manner – particularly important during the pandemic when face-to-face visits were reduced.

Challenges

- 93 Moving out of pandemic response and into recovery and restoration work, the service has implemented further transformation plans. This includes:

- extending the scope of our digital offer including making use of technology enabled care in a way that is meaningful to users of our services
- maximising the benefits of remote working
- a more robust workforce development strategy including agile working across roles and clearly defined career pathways
- maximising our use of shared data with our partners to improve monitoring of performance and outcomes
- developing a robust strategy around quality assurance ahead of 2023 when all local authority Adult Social Care providers will become subject to inspection by the Care Quality Commission
- increased staff engagement in transformation work
- service user engagement.

- 94 A current challenge for the service is to review local hospital discharge arrangements in line with DHSC's [Hospital Discharge Service: Policy and Operating Model](#). Increasing pressures on acute hospitals to improve patient flow, reduce length of stay and discharge to assess invariably impact upon social care. Current weekly referrals numbers for hospital discharge social work teams are well above the 2019/20 average. The service has begun to work with health partners to look at reviewing existing resources to address not only the annual winter pressures across the integrated health and care system, but also permanent implementation of 'discharge-to-assess' processes.
- 95 The increase in prevalence of mental ill health has already begun to impact operationally upon the service. Our integrated partnership arrangements with TEWV are well established and the service is currently undergoing a structural review to better shape response to need and service delivery around the anticipated needs of this client group. Work is also underway focussing on mental health prevention and improving wellbeing. The key to managing the mental health needs of the population in the future needs to be as much about prevention and self-resilience as crisis response. This requires a cross sector approach including working with voluntary and community groups.
- 96 Like other local authorities across the region, Adult Care in Durham has experienced increased complexity in the needs of the client group it serves. There has also been an exponential increase in legal requirements impacting upon professional practice within the sector and social care provision.

- 97 One such example of changing legal requirements impacting upon the service is the implementation of Liberty Protection Safeguards which will replace existing Deprivation of Liberty Safeguards once amendments to the Mental Capacity Act (2005) come into force in March 2022. These safeguards provide for legal authorisation when a mentally incapacitated person's liberty must be restricted for their own protection. This will require adjustment to and reconfiguration of social work resources, a robust training programme and a review of the relevant practice procedures for front line staff. A workstream including partners from Legal Services, Children and Young People Services, Development and Learning, County Durham and Darlington Foundation Trust and Integrated Commissioning Service have already begun scope out a change programme.
- 98 Partnership working over a sustained period in the context of austerity presents a number of challenges, including different organisational cultures and leadership models; real understanding of each other's business; and professional trust where responsibilities, duties and risks are shared. However, partnership arrangements also present us with opportunity to transform our services together – achieving increased efficiencies and value for money from the public purse, pooling resources, knowledge and expertise to improve outcomes for users of our services.
- 99 The Department of Health and Social Care published a white paper in February 2021: 'Integration and Innovation: Working together to improve health and social care for all', which sets out the Government's legislative proposals for a Health and Care Bill.
- 100 This proposed legislation will support and enable existing NHS and local government partners to build on their partnership arrangements to join up care and support and address the wider determinants of health with the expectation that integrated care systems (ICSs) will delegate functions to place-level partnerships.
- 101 Integrated Care Systems (ICSs) will be established as statutory bodies. The ICS NHS Body will be responsible for the day to day running of the ICS, while the ICS Health and Care Partnership will develop a plan to address the system's health, public health and social care needs.
- 102 All proposed ICS bodies will be given the flexibility to develop decision-making processes and structures that work most effectively for them. Place-based arrangements between local authorities, the NHS and between providers of health and care services will be left to local organisations to arrange.

- 103 Functions and membership of the ICS Health and Care Partnership are to be left to the discretion of ICSs, however membership of the partnership could include representatives of Health and Wellbeing Boards, local Healthwatch organisations, the voluntary and community sector, social care providers, housing providers and other partners involved in health and wellbeing.
- 104 The white paper very much focuses on the following key themes which will become our service priorities in our partnership working as we work together to refine our local systems in County Durham aligned to the proposed new legislation:
- Primacy of place-based partnerships
 - Greater collaboration
 - Reducing bureaucracy
 - Enhancing public confidence and accountability
 - Delivering for patients, citizens and local populations – supporting implementation and innovation.

Conclusion

- 105 The Adult Care Service provides a range of statutory functions and support offers to adults in County Durham with a range of social needs. Supporting over 19,800 individual service users and carers the service is committed to improving outcomes for those adults who use our services.
- 106 This is achieved by working closely with Commissioning and Public Health colleagues making up the Adults and Health Service, and by maximising collaboration and use of resources within our partnership arrangements with health colleagues, Housing Solutions and Children and Young Peoples Services.
- 107 Consistently the service has demonstrated the effective use and management of resources whilst delivering positive outcomes for local people.
- 108 The service is also committed to continuous improvement programmes, and in the development of a robust, skilled and resilient workforce. Strategies are in place for further development required to meet anticipated future need.

109 Partnership working is fundamental to the delivery of support, by doing so the service is in a strong position to adapt to challenges likely to impact upon service delivery and performance. The forthcoming Health and Care Bill will further embed our existing positive partnership arrangements.

Background papers

- None

Other useful documents

- None

Contact: Karen Barnes

Tel: 07825 938443

Appendix 1: Implications

Legal Implications

The service works within the main legislative frameworks of The Care Act (2014), The Mental Capacity Act (2005), The Mental Health Act (1983), The Human Rights Act (1998).

Finance

AHS has a total budget of £318M, has come within budget for the last five years, and continues to review and shape it's services in response to austerity and budget pressures.

Consultation

None

Equality and Diversity / Public Sector Equality Duty

Registered social workers and occupational therapists work within professional ethical frameworks including anti-oppressive practice and equality.

Human Rights

The Human Rights Act (1998) underpins social care and the wider legislative framework it operates within.

Crime and Disorder

The service works closely with police and other criminal justice agencies in respect of safeguarding vulnerable adults from abuse, tackling anti-social behaviour which arises as a result of learning disabilities, mental illness or brain injury, and forensic interventions.

Staffing

AHS employ over 1100 staff.

Accommodation

The service is currently working closely with transformation and partnership colleagues to work towards corporate accommodation strategies.

Risk

The service contributes to the corporate risk register which is reviewed regularly. Appropriate Business Continuity plans are regularly reviewed. An annual audit schedule is signed off by senior managers who receive regular feedback on levels of assurance.

Procurement

None

Appendix 2: Service Make up

SERVICE MAKE UP

Older Persons/ Physical Disabilities/ In-house Provider Service	Learning Disabilities/ Mental Health/ Substance Misuse	Safeguarding, Access, Practice Development & Direct Payments	Operational Support	Commissioning
5 x Locality Social Work Teams for Older People/ Physical Disabilities	3 x Integrated Learning Disabilities Team 1 x LD Intake Team 1 x 14-25 Young People and Adulthood Service	Adult Protection Service	Development and Learning Service	Adults Care Commissioning Adults Health Commissioning Supporting the Provider Market
Countywide Occupational Therapy Service (covering North, South and East)	3 x Mental Health Psychosis Teams 5 x Mental Health Affective Disorders Teams Countywide MH Crisis Service	Practice Development Service	Data and Systems Team	Children & Young People Commissioning MH/LD Commissioning (with

	<p>1 x Countywide Approved Mental Health Professionals Team</p> <p>1 x county wide crisis</p> <p>1 x county wide access</p> <p>2 x Early Intervention Psychosis Teams</p>			<p>the MHL Partnership)</p> <p>Public Health Commissioning</p>
3 x Hospital Discharge Social Work Teams (North, South and East)	1 x countywide Substance Misuse Social Work Service	Practice Improvement Service	Complaints management	Provider Performance & Quality
Countywide Sensory Support Social Work and Rehabilitation Team		Deprivation of Liberty Safeguards Best Interest Assessors Team	Service Improvement	Engagement
		Social Care Direct (front of house single point of access)		
In-house Provider Service:		Direct Payments		

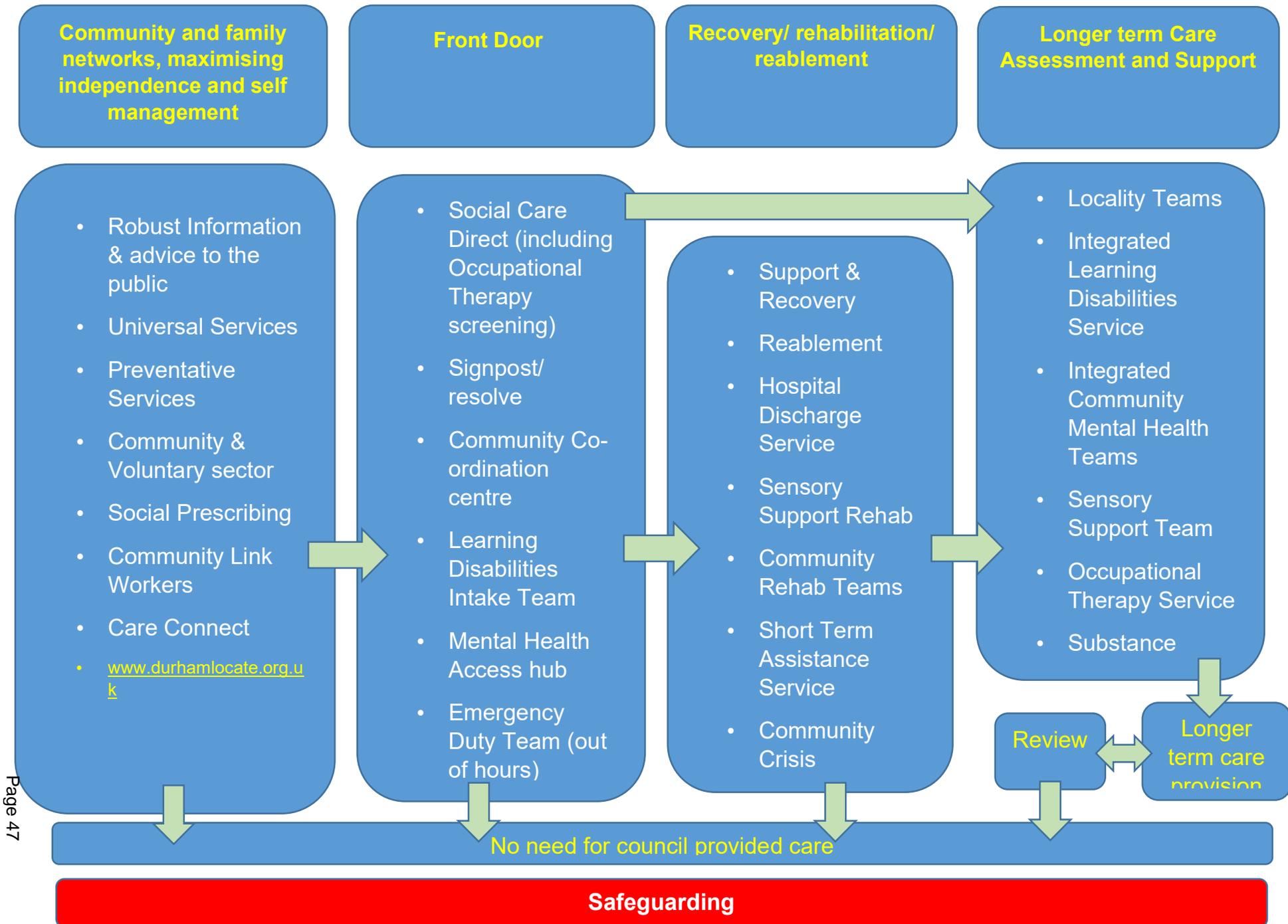
7 x Extra Care Housing Schemes for 280 x over 55s with care needs

5 x Pathways Hubs (providing day opportunities to adults with higher dependency/ therapeutic needs) + 1 outreach service for adults with autism who have behaviours which challenge.

1 x Shared Lives Service (supports adults with Learning Disabilities by providing permanent or respite placements with families/ individuals in the family's own home)

<p>1 x Support and Recovery Service (supports adults mainly with complex Mental Health needs to regain/ maintain their independence in the community)</p> <p>1 x residential respite unit for higher dependency adults with Learning Disabilities</p>				
---	--	--	--	--

Appendix 3: Service delivery model



This page is intentionally left blank

Adults, Wellbeing and Health Overview and Scrutiny

Adult Social Care: An overview

July 2021



Governance



Main Legislative Frameworks

Care Act
(2014)

Mental
Capacity Act
(2005)

Mental Health
Act (1983)

Human Rights
Act (1998)

Integrated Partnership Arrangements



Annual Budget
= £318 million

- Made up of:
- Grants
- Better Care Fund
- Joint monies with NHS for integration
- Service user contributions
- Council tax/ business rates/ rents and other charges

People we support

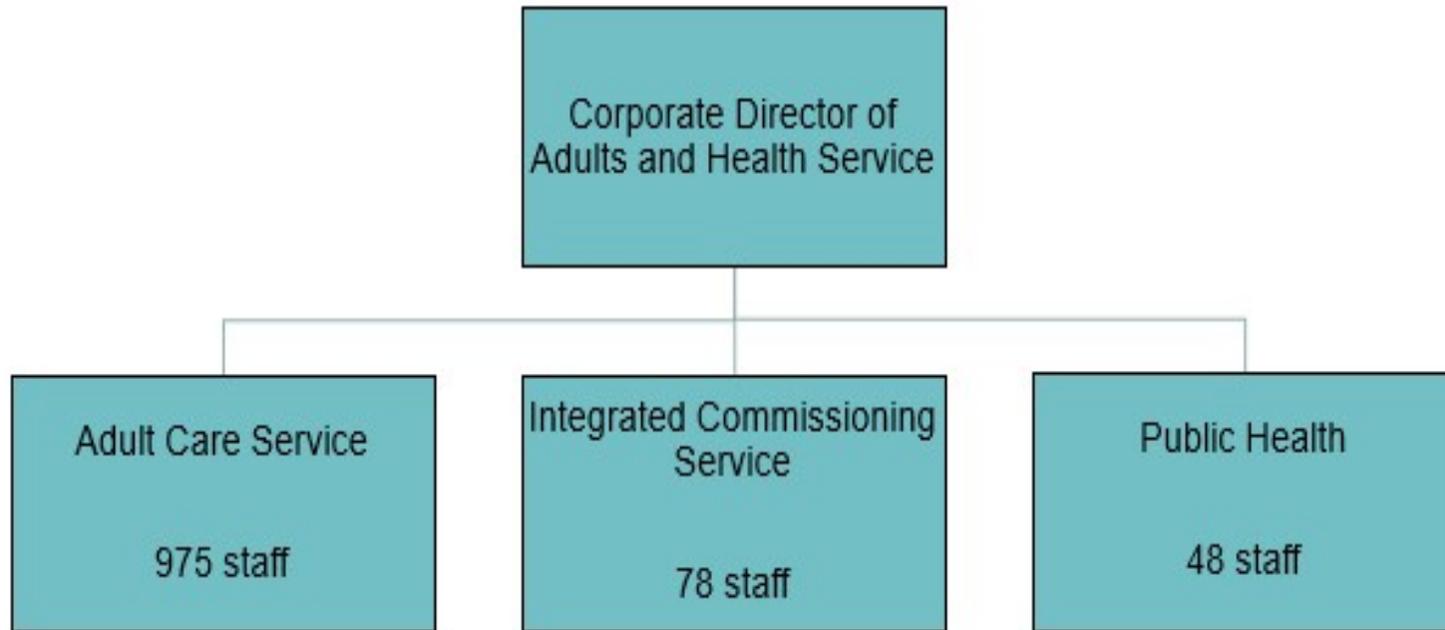
- Currently supporting 19,400 adults in County Durham with a wide range of social care needs:
 - Age related frailty
 - Physical disabilities
 - Learning disabilities
 - Mental Health
 - Substance misuse issues
 - Sight or hearing impairment
 - Brain injury
 - Prisoners with social care needs
 - Those who have caring responsibilities for other adults with social care needs.

 Over 8,100 adults are in receipt of a formal ongoing care service provision in Durham

 63% of those in their own homes in the community

 37% in residential care

Service Structure



Range of Services and Support

Front of House Services – resolution, signposting and onward referral

Short term intervention – maximising independence

Longer term support – maintaining independence & protecting quality of life

2yrs
ago

Present
day

'Ann' – Older woman with age-related frailty

- Initial referral to Social Care Direct. Signposted to voluntary community activities. No further action.
- Hospital admission. Discharged with Reablement. Regained independence. No further action.
- Health & care needs increase. Integrated Team Around the Patient multi-disciplinary meeting. Further reablement episode.
- Diagnosed with dementia by consultant in integrated team
- Needs care x 2 per day after reablement
- Dementia progresses. Begins to 'wander'. Care increased. Telecare installed
- Aggression & forgetfulness. Multiple falls. Multi-agency meeting with police and Fire Community Safety
- Loses mental capacity to make decisions about care & support needs & where she should live
- Best Interests decision: 24 hour dementia care. Deprivation of Liberty Safeguards application.
- Objects to living in care home. Referral to Court of Protection.

'Tom': man with learning disabilities

2 yrs
ago

- Lives at home with elderly mum (main carer) who is becoming frail. Can't do as much as she used to. Tom struggling to cope with changing situation.
- Care Act assessments for both. Mum referred to Carers Service. Tom referred to day centre to give mum a break.
- Mum becomes ill. Needs operation. Worried about who will look after Tom. Multi-disciplinary team plan mum's health interventions around arrangements for Tom's social care needs.
- Tom stays with Shared Lives respite providers while mum in hospital. He continues to attend day centre so the familiar staff there can monitor his behaviours.
- Mum discharged home with short term reablement support. Workers try to help Tom too but he won't let them.
- Direct Payment set up. Mum employs family friend to care for both Tom and herself. Free training provided by Care Academy.
- Mum's health deteriorates. Now needs end-of-life care. Tom referred to an advocate to support decision-making.
- Tom moves into a Supported Living unit with 3 other adults with similar needs. Staff support with some independent living skills.

Present
day

Transformation



Challenges

- Increased prevalence of mental health
- Local response to changes to national hospital discharge policy and operating model
- Increased complexity of adult social care needs
- Changes to legislative frameworks
- Health and Social Care Bill – further integration between health and social care
- Mainstreaming Technology Enabled Care

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

28 July 2021

**Public Health Overview and
Update**



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 a summary of developments across Public Health.

Executive summary

- 2 Local authorities' statutory responsibilities for public health were set out in the Health and Social Care Act 2012. The overall responsibility is to promote and protect the health of the local population based on needs set out in the Joint Strategic Needs Assessment. However certain elements were also mandated:
 - Sexual health services
 - NHS Health Checks
 - National Child Measurement Programme
 - 0 - 5 Health Visitor services
 - Ensuring plans to protect the public's health
 - Public health advice to NHS commissioners
- 3 This report provides an update on key developments and priorities in public health since the publication of the Director of Public Health (DPH) annual report 2020, Healthy lives, Healthier Communities' Protecting and Supporting the people of County Durham. The public health team can only make a difference to the Taylor family by working with local people and the wide range of council colleagues, partners and organisations across County Durham. This includes the County

Durham Partnership and the five thematic groups that make up the partnership.

- 4 Progress is provided on key aspects of public health across the priorities identified in the Public Health Strategic Plan.
- 5 An update on health protection assurance is also provided. Other key aspects include the public health grant, Joint Strategic Needs Assessment and Durham Insight. Finally, the report gives an update on work that County Durham is leading and involved in at a North East level.

Recommendation

- 6 The Adults, Wellbeing and Health Overview and Scrutiny Committee is recommended to:
 - (a) note the contents of the report and progress made to improve and protect the health of residents;
 - (b) receive a further update in the form of the Director of Public Health annual report in November 2021;

Background

- 7 This report provides an update to Overview and Scrutiny Committee on key developments, outlining a number of key programmes of work and gives an update on the public health team.

Public Health Team

- 8 The public health team is led by the Director of Public Health. It comprises 5 teams; Healthy Settings, Strategy and Assurance; Starting Well; Living and Ageing Well; Outbreak Control; and County Durham Together. There is also a closely linked Public Health Intelligence team situated within the broader Research and Intelligence unit within the Resources directorate.

Director of Public Health Annual Report

- 9 Under the Health and Social Care Act 2012, one of the statutory requirements of the Director of Public Health is to produce an annual report about the health of the local population. The local authority has a duty to publish the report. The government has not specified what the annual report might contain and has made it clear that this is a decision for individual Directors of Public Health to determine.
- 10 The annual report provides an update on the public health strategic priorities. The response to the COVID-19 pandemic is a specific focus to the DPH annual report for 2020. The COVID-19 pandemic is one of the greatest public health challenges in living memory, with significant repercussions for health and wellbeing.
- 11 The COVID-19 pandemic and the public health measures that followed have highlighted the important role of Public Health in protecting the public from infectious diseases and supporting and improving their health and wellbeing.
- 12 Link to 2020 [DPH annual report](#).

Public Health Budget

- 13 The team has a budget of £49.6m provided via the ring-fenced Public Health Grant which is allocated via Public Health England each year. The majority of funding is used to commission a range of services with the aim of improving health and addressing health inequalities. There is a specific duty to deliver some prescribed programmes of work. These include commissioning:
- sexual health services;
 - the NHS Health Check programme;

- the National Child Measurement programme;
- Drug and alcohol services;
- 0-5 services; as well as providing
- health protection assurance, and
- provision of public health advice to NHS Commissioners.

14 Some additional one-off funding has been received this year to accommodate new areas of work relating to a) the response and recovery from COVID-19, b) domestic abuse; and c) obesity.

Durham Insight

15 Durham Insight is our shared, interactive, intelligence, research and knowledge base for County Durham, informing strategic planning across Durham County Council and its partners, and by thematic partnerships. It provides access to information, analysis and research about what it is like to live in County Durham. This site contains themed areas including; Children and Young People; Crime and Community Safety; Deprivation and Poverty; Economy and Employment; Environment; Housing; Population; COVID-19 and Health and Wellbeing.

16 Durham Insight forms the evidence base for the county's strategic plans, including most recently the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy, the Safer Durham Partnership Plan, the Children and Young People's Strategy, the Local Outbreak Management Plan and the Mental Health and Wellbeing Strategic Plan to name a few.

17 Content includes the latest publicly available data by theme, and where appropriate by sub-county geography (such as AAP, the former CCG geographies of North Durham and Durham Dales, Easington & Sedgefield). Content also includes indepth Insight factsheets on specific topics (such as SEND or Cancer for example), health needs assessments, health equity audits and lots of topic based intelligence including infographics, maps and story maps. There are specific topic based landing pages with County Durham context, and embedded intelligence relating to County Durham from other organisations such as PHE Fingertips or LGInform. New intelligence content is regularly added, and the site is continuously being developed and improved. www.durhaminsight.info

Joint Strategic Needs Assessment

- 18 The JSNA is a suite of resources locally that helps to inform the planning and improvement of local services, and guides us in making the best use of funding available. It builds a picture of current and future health and wellbeing needs of local people. This is used to shape joint commissioning priorities to improve health and wellbeing as well as reduce health inequalities in our communities. It informed the recent refresh of our Joint Health and Wellbeing Strategy, and underpinned development of the Learning Disability Commissioning Strategy, and the Children and Young Peoples Strategy amongst others.
- 19 The development of assets within the JSNA is a key priority. By focussing only on the “needs” of local communities we do not acknowledge the importance of the assets, or take account of the protective factors and strengths within individuals and across communities. This should incorporate practical skills, capacity and knowledge of residents and the networks and connections in a community.

Commissioning Quality Oversight Group (CQOG)

- 20 The Public Health Commissioning and Quality Oversight Group (CQOG), which meets on a monthly basis, is chaired by a Strategic Commissioning Manager and oversees: all Public Health contracts; commissioning processes; budget and savings; performance and quality monitoring; policy development; equality issues; and joint commissioning opportunities. The CQOG includes representation from the Commissioning Service, Public Health, Finance and Performance.
- 21 The CQOG produces a monthly update to Public Health Senior Management Team (PHSMT) in order to escalate issues for their consideration and inform the Public Health commissioning plan. The template identifies where decisions are required on whether contract options to extend will be actioned, services will be re-procured or decommissioned. The document is also used to highlight services where there are quality issues that require further attention.
- 22 The table highlights risks in relation to finance, the market/procurement process, contract timescales, and the quality of the service/performance of the provider.

Public Health Strategic Plan

- 23 The work of the team is guided by the Public Health Strategic Plan which is renewed every three years. The current plan is focused around three themes of healthier, fairer and protected, and details a range of priorities to be taken forward by the team in relation to health

improvement programmes, work that addresses health inequalities, and work that is intended to protect the health of our local population.

Public Health Vision and Strategic Plan 2021 -24

Vision	Improve and protect the health and wellbeing of the people of County Durham and reduce health inequalities
Strategic Drivers	<ul style="list-style-type: none"> • Increase life expectancy and healthy life expectancy • Reducing inequalities and inequities between communities
Strategic approach	<ul style="list-style-type: none"> • A positive community, place and family focused narrative with a clear sense of purpose. • Using our wellbeing approach to empower and build connected and resilient communities • Based on intelligence, best evidence and evaluation. • Promoting prevention across the life course • Partnership working and delivery with others using an integrated local, regional and national approach • Using proportionate universalism to commission population level outcomes • Meeting our statutory duties and delivering our mandated services • Promoting economic growth as inclusive growth ensuring that no one is left behind
Strategic Priorities	<p>Healthier</p> <ul style="list-style-type: none"> • Improve levels of physical activity and healthy weight across the life course • Reduce morbidity and improve the quality of life for those with long term conditions • Develop the wider public health workforce via Making Every Contact Count • Progress the Better Health at Work Award and extend our whole council approach to staff mental health and wellbeing • Continue to develop a healthy workforce • Improvement health and emotional wellbeing across the life course, building resilience and emotional literacy • Work towards a smoke free future for our children and families • Promote healthy and independent lives for older people • Support people to be sexually healthy <p>Fairer</p> <ul style="list-style-type: none"> • Give our children the best start in life • Work with partners to help reduce poverty (including food poverty) and the impact of poverty • Improve health and wellbeing (including financial wellbeing), and reduce inequalities in key vulnerable groups • Support economic recovery through a 'local focus' whilst promoting good work, and equalities in education, training and employment • Improve the access and use of quality lifelong learning across the social gradient. • Work to improve the places where people live, learn and play <p>Protected</p> <ul style="list-style-type: none"> • Identify and respond to seasonal risks to health and ensure County Durham's preparedness for winter • Provide expert advice and leadership in the management of and recovery from COVID-19 and other communicable diseases • Invest in, and develop strong health protection skills and competencies across the DCC workforce. • Build resilience within our communities helping them to live with COVID-19 • Ensure our continued preparedness for emergencies • Work with NHS colleagues and other partners to improve uptake and reduce unwarranted variation in screening and immunisation programmes • Identify appropriate actions across the wider public health team to support the climate change emergency • Maximise the Local Authority's influence and duties to reduce the risks from all communicable disease, domestic abuse, drugs and alcohol

Update on priorities

Public Health Strategic Plan: Healthier

Children and Young People's Mental Health

- 24 Feedback from the Children and Young People's Transformation Partnership (LTP) identified difficulties for professionals, adults and families when navigating the support services available in County Durham to support Mental Health and Emotional Wellbeing.
- 25 Following this feedback PH developed two A4 documents known as 'rainbow resources', one for adults and one for children and young people. These resources were interactive guides promoting all the signposting and support services available across County Durham to support Mental Health and Emotional wellbeing.

- 26 The rainbow documents were widely promoted and cascaded to both internal and external partners. The resources were positively received and feedback from partners and service users was excellent.
- 27 The bereavement offer has been enhanced through the additional training of HDFT workforce, working with the Jigsaw Project. Additional online materials were also developed and shared via DCC website and partners for parents and carers to support CYPs who had experienced loss during the pandemic. In the early stages of the pandemic worked with colleagues in the CCG and Educational Psychology to develop a train the trainer model for bereavement, delivered by the Jigsaw project to offer additional training to frontline workers across to further enhance the offer and create greater capacity in the system.
- 28 The Self Harm Task and Finish group, led by public health, worked with key stakeholders to identify current provision in relation to self-harm and identify barriers in the identification and support offered to children and young people and families across the mental health system. A number of workshops were conducted which found gaps in relation to professional confidence and an understanding of the scale of the issue in County Durham.
- 29 The Practitioners Toolkit was updated to reflect current guidance, school's guidance was updated and rolled out and training was conducted via the Emotional Wellbeing Locality Forums to increase practitioner confidence. Work is ongoing in relation to improving systems to enhance data collection to ensure a greater understanding of the issue.

Improve mental health and emotional wellbeing across the life course, building resilience and emotional literacy

- 30 A county-wide mental health campaign is scheduled for launch later this year. It will address population mental health needs with a focus on the wider community and workforce, with a focus on the upstream determinants of poor mental health whilst signposting to sources of help, advice and support.
- 31 The healthy business framework will be one of the central subjects of this campaign – to promote the framework itself whilst increasing awareness of the importance of good MH in the workplace and challenging MH stigma and discrimination. This will be an excellent means of promoting this important document and its contents to business owners, leaders and employees.
- 32 In early 2020 funding was secured to introduce a Public Health Practitioner to develop the Children and Young People's Service workforce by improving their responses to children and young people's

emotional wellbeing and mental health. The project's final completion date is 30 September 2022. The project governance is a matrix management arrangement including CSC Early Help Recovery and Public Health Senior Management Team.

- 33 The overall project will cover the following thematic areas:
- Joint Targeted Area Inspection (JTAI) Self-Assessment
 - Implementing the Thrive model (Re-writing practice toolkits and resources)
 - Upskilling and training children's social care staff (Training offer)

Reducing Tobacco Dependency in Pregnancy (TDiP)

- 34 Smoking and exposure to secondhand smoke during pregnancy is the leading modifiable risk factor for many adverse outcomes at birth. Despite reductions over time, smoking at time of delivery (SATOD) remains high in County Durham.
- 35 Smoking at Time of Delivery (SATOD) in County Durham has reduced from 22.9 % in 2010 to 16.8% in 2019. In Q2 2020/21 we saw SATOD rates drop to 14.3% and in Q3 2020/21 saw an increase to 16.6%. Despite the general reductions, we are still higher than both the North East and England averages.
- 36 The COVID-19 pandemic has adversely affected our ability to drive down SATOD rates, but the work being reinstated at both a regional and local level will help us to more effectively support pregnant women and their significant others to stop smoking.

Integrated Sexual Health Service

- 37 Public health has worked closely to ensure that the delivery of the Integrated Sexual Health Service (ISHS) continues to address health inequalities with a focus on identified vulnerable groups.
- 38 Service delivery has been flexible and regularly adapted to ensure a mix of remote and face to face provision based on need. Online services have been maximised with SH:24 providing uncapped testing during national shutdown.

HIV Pre-Exposure Prophylaxis (PrEP)

- 39 2020 saw the introduction of the routine commissioning of PrEP delivered by County Durham and Darlington Foundation Trust (CDDFT).

- 40 County Durham are one of the few local authority areas to have commenced this within the region and demand and capacity are being closely monitored.
- 41 Sexual Transmitted Infections in County Durham remain static and below North East and England averages.

Improve levels of physical activity across the life course

- 42 A draft strategic framework and strategy has been developed and shared with partners from the Physical Activity Strategy Committee (PASC) including Head of Culture, Sport and Tourism and County Durham Sport. The committee agreed to the formation of a task and finish group to engage key stakeholders, map the local system, assess assets and gaps in provision, establish priority areas of intervention and agree areas for collaboration to develop a whole systems action plan to increase levels of physical activity across the life course in County Durham. PASC sat on the 16th June, and was informed that the updated Physical Activity Strategic Framework will be published around September 2021.
- 43 Through the Healthy Weight Alliance, a Healthy Start Task and Finish Group has been set up to re-promote the programme with partners, raise awareness with families, increase the uptake of families accessing the Healthy Start vouchers and increase the uptake of fruit and vegetables. In support of this, Public Health has developed bitesize training sessions for practitioners to help raise awareness of the programme. Over 500 staff have been trained so far, and an action plan is in place to continue to promote this with partners.
- 44 In March 2021, the government announced an additional £100m over 2021/22 to support people living with excess weight and obesity to lose weight and maintain healthier lifestyles. As part of this, local authorities received funding for the commissioning of tier 2 weight management services; which are multi-component programmes addressing dietary intake, physical activity, and behaviour change. As part of this allocation, Durham County Council received £545,000 to be spent in financial year 2021/22 for the setup of such a service. Following Focused discussion with key public health stakeholders and partners, it was agreed to target a very specific population linked to perioperative care linked to the 'The Well-Being for the Time Being programme' by offering an intervention to those who require tier 2 weight management support. This targeted approach to the tier 2 spend effectively layers the intervention into the whole systems approach by focusing on a very specific population with a very specific need. At present, discussions are ongoing between a potential provider of the service with a view to

formalising commissioning arrangements for the service to start in September 2021.

- 45 Public Health continues to support the Active 30 campaign including supporting resource development, communications and equitable support to increase physical activity in schools and communities. This is supported by action plan overseen by PHAP for Healthy Settings. 76 schools have now signed up the Active 30 programme (academic year 20/21). This will be circulated to schools, AAP's, HAHF providers, wider VCS and CYPS next week ahead of schools breaking up for summer. A new website section has been created to promote physical activity within the community, supporting the Holiday Activities with Healthy Food programme. The 'get active in the holidays' section hosts resources to support HAHF providers and families to embed physical activity into school holidays. The website has now been populated for the summer holidays and will be circulated with the campaign booklet w/c 12/7.

Develop the wider public health workforce via Making Every Contact Count (MECC)

- 46 Between May 2020 and July 2021, 813 staff have accessed the online 1-hour introduction to MECC training course. Evaluations received highlight the success of the training as staff report increased knowledge and confidence to have health promoting conversations after completing the training compared to before.

Continue to develop a healthy workforce

- 47 Work is being underway to explore how DCC can support culture change and better embed the workplace health offer. This work is being led by Head of Talent Management and the Corporate Director of Adults and Health via the BHAW group and the Service Restoration and Recovery group. It is recognised that DCC has a very comprehensive health and wellbeing offer; however, more work must be done to ensure that staff engage with this offer to both prevent health and wellbeing issues and address problems when they arise.
- 48 A new model has been implemented that places wellbeing at the centre of people engagement, culture, leadership and people management. It recognises that promotion of employee health and wellbeing must be supported by an effective people-centred culture. Public health is working with colleagues from People and Talent Management to progress this work.



Progress the Better Health at Work Award and extend our whole-council approach to mental health and wellbeing

- 49 The regional BHAWA contract has been renegotiated and remains with the current provider. A new contract length of 36 months with an option to extend for a further twelve months commenced on 1 May 2021.
- 50 81 organisations are signed up the County Durham BHAWA with ten new businesses joining since April 2020. The annual target of 25 new businesses was not achieved as a result of the COVID-19 pandemic and its impact upon organisations across the spectrum.
- 51 Proposals have been presented by PCP to engage the wider workforce in a pre-BHAWA scheme. This would introduce a 'foundation level' intervention where organisations are primed to enter the BHAWA programme. The finer details of this model are currently being investigated. Furthermore, local BHAWA stakeholders have met the Public Health England (PHE) regional lead for Criminal Justice and a novel regional approach is underway to engage Her Majesty's Prison and Probation Service organisations in the BHAWA. As well as this, there is a renewed approach to engaging more adult social care settings in this programme.

Health Inequalities

- 52 Evidence continues to indicate the impact of the COVID-19 and repeated lockdown restrictions are likely to increase inequalities in our most deprived communities. This is due to the prolonged and predicted socio-economic impact of COVID-19 on individuals, families, communities, and businesses.

- 53 In early response to the pandemic, Public Health working on behalf of the County Durham and Darlington Health, Welfare and Communities Recovery Group initiated a rapid Health Impact Assessment (HIA) during the first lockdown (March-July 2020). This was to provide a 'snapshot' insight into the impact of COVID-19 lockdown on inequalities during the recovery and restoration phase of the pandemic.
<https://www.durhaminsight.info/wp-content/uploads/2020/11/County-Durham-HIA-Health-Inequalities-COVID-Final-00.1-06-08-2020.pdf>
- 54 From the HIA screening and prioritisation process undertaken four areas of high impact requiring further action to mitigate against inequalities within communities were identified as being:
- Socio-economic factors - poverty reduction
 - Mental health and emotional wellbeing
 - Community assets and community mobilisation
 - Inclusion of vulnerable groups integrated into the key priorities.
- 55 The findings and recommendations from the HIA have been used to inform several system-wide policy development areas including the local 5-year Commissioning and delivery Plan (OGIMs) and AAP Covid spend.
- 56 A system-wide Recovery Plan for Health Inequalities has also developed to ensure outcomes are monitored providing a focus on specific population groups impacted by COVID-19. Of the 25 actions identified in the plan, 20 have been achieved, 2 are ongoing and 1 no longer remains relevant due to operational changes.
- 57 The work undertaken by the County Durham HIA has been used to inform the PHE regional Health Inequalities Impact Assessment instigated by the Integrated Care Partnership (ICS).
- 58 The findings from the regional HIIA will now provide further insight into local actions required to address inequalities as the new roadmap for the reopening of society is implemented. This will be especially relevant when considering the future impact on employment, housing, mental health, poverty, domestic abuse, educational attainment of young people and under-represented communities.

Suicide Prevention

- 59 The Suicide Prevention Alliance has continued to meet during Covid and the road map recovery. The Suicide Prevention Action plan has been updated for 2021-24 to reflect new areas of development from the

“Local Suicide Prevention Planning: A Practice Resource” which was published in September 2020 and now includes self-harm.

- 60 The Real Time Data Surveillance system indicates the number of suspected suicides in 2020 remains comparable to previous years with 59 in 2020, 45 in 2019 and 66 in 2018. This rate continues to be monitored as the challenges of the pandemic continue to unfold.
- 61 County Durham is now part of a Regional Real Time Data Surveillance system monitoring the rates and trends across the north east, feeding into a national pilot to keep track of trends and rates during COVID-19
- 62 The Time to Change Hub, Stamp It Out continues to be funded by the South Integrated Care Partnership to work within local community settings to reduce the stigma associated with mental health. The small grants funding has provided funding to 21 grassroots projects across County Durham in 2020/21 which are in the process of providing the 6-monthly evaluation.
- 63 Partnership work with TEWV and the national Samaritan’s media team continues with the development of a suite of bespoke guidance on the safe use of social media and online communication.
- 64 County Durham has also been a partner in a Suicide and Debt research project as part of the regional Sector Lead Improvement scheme. This has involved a wide variety of qualitative data being gathered to illustrate the array of complexities involved in examining the links between debt and suicide. County Durham provided a best practice example of the work between Citizens Advice Bureau and mental health services.
- 65 A training directory of suicide prevention and mental health awareness has been developed and shared with the Suicide Prevention Alliance.
- 66 Suicide Prevention work and information relating to support services and best practice for employers was shared with businesses signed up to the Better Health at Work Award during an online workshop.

Mental Health and the Ageing Population

- 67 The Community Mental Health Framework Working as a system to develop and agree new transformation models to meet the needs of the residents of County Durham. Areas for development within the framework are applicable to any adult irrespective of diagnosis and include:
 - Co-existing frailty (likely in older adults)

- Co-existing neurodevelopmental conditions
- Eating disorders
- Common mental health problems, such as anxiety or depression
- Complex mental health difficulties associated with a diagnosis of “personality disorder.”
- Co-occurring drug or alcohol-use disorders, and other addiction problems, including gambling problems
- Severe mental illnesses such as psychosis or bipolar disorder.

68 Public Health will be working to develop a number of these workstream and with TEWV colleagues are providing the system-leadership on mental health and ageing. A workshop was delivered in March and June 2021 to begin to scope and link to other pathways and current funding streams relevant to the “active -ageing” agenda. This includes:

TEWV Mental Health Services for Older People (MHSOP),

- Central ICP (CICP) consisting of the health, care and VCSE partners from across County Durham, South Tyneside and Sunderland with a focus on frailty and its impact on social isolation and mental health,
- Durham County Council Alliance contract
- Community Connector Funding
- Mental Health Resilience Workers for Covid (via PCP)
- AAP Covid funding

69 The progress of the work and next steps will be reported back to CMHF Board in July 2021.

Tobacco Control

70 The Fresh and Balance contract will be re-procured during 2021/22. The Directors of Public Health in Northumberland, North Tyneside, Newcastle, Gateshead, South Tyneside and County Durham have been asked to consider options for the contact with potential opportunities to extend the configuration of the programme over the whole of the NE maximising opportunities for media work at scale.

71 Fresh continue to advocate around several key recommendations: levy, further regulation, NHS Long term Plan implementation, harm reduction improvement, funding for media campaigns. There will be opportunity for the Tobacco Control Alliance and partners to lend our support to advocacy changes in the forthcoming year.

72 Dr Ruth Sharrock a respiratory consultant from Gateshead has been working with FRESH to champion opportunities to engage NHS Trusts on the tobacco control agenda, including the promotion of the “Never Too Late” campaign. County Durham and Darlington NHS Foundation Trust are reviewing their Tobacco Control Plan and supporting 3 new Stop Smoking Advisors based in house within the trust.



73 The County Durham Tobacco Control Alliance has continued to meet throughout the course of the pandemic. The capacity of many partners to support tobacco control has been adversely impacted as they continue to respond and plan for recovery. Focused priorities for 2021/22 have been proposed by the Alliance as:

- Smokefree Homes/Secondhand harm
- Poverty
- Tobacco Dependency in Pregnancy
- Mental health

74 A pilot scheme with Livin' housing is underway. Whilst timing of this pilot has proved challenging there are several actions already underway which will be built on over time:

Training of tenancy support, welfare/benefits, employability and other front facing support teams within the housing provider in brief advice and second hand harm

- Smokefree County Durham attending relevant team meetings to undertake training

- Smokefree County Durham having a presence at the Health Carousel
 - Bespoke literature to be distributed to residents who are known smokers
 - Links on the housing provider App to Smokefree County Durham
 - Smokefree Champions/Advocates established within each team
 - Opportunity for clinics within Livin owned community spaces i.e. Junction 7 (Newton Aycliffe) and Jubilee Fields (Shildon)
- 75 Despite the small numbers of staff trained to date, Smokefree County Durham have already seen an uplift in the number of referrals from the housing provider.
- 76 An update report on tobacco control was presented to County Durham Clinical Commissioning Group and was well received. As a result, the CCG has asked for regular communications briefings on tobacco control which can be shared with general practice. They also suggested a review of the varenicline pathways to provide GPs with more assurance.
- 77 Smokefree County Durham continue to make improvements in performance in numbers being referred, accessing the service, setting quit dates and being quit at 4 weeks. More than 3,200 people were referred to the service up to the end of Q3 2020/21 with 1,365 people being quit at 4 weeks. The service has plans in place to resume some face to face and level 2 services in the autumn.
- 78 Smoking at Time of Delivery (SATOD) in County Durham has reduced from 22.9 % in 2010 to 16.8% in 2019. In Q2 2020/21 SATOD rates drop to 14.3%. Unfortunately, in Q3 2020/21 the rates increase to 16.6%. County Durham is higher than both the North East and England averages meaning further work needs to be undertaken to achieve the 2022 target. The rates equate to between 750 and 800 babies each year being born to women who continued to smoke through pregnancy.
- 79 The COVID-19 pandemic has adversely affected the ability to drive down SATOD rates, but the work being reinstated at both a regional and local level will help us to more effectively support pregnant women and their significant others to stop smoking including the purchase of Carbon Monoxide monitors for all midwives.

Alcohol and Drug Harm Reduction

- 80 The Alcohol and Drug Harm Reduction Strategy Group (ADHRSG) continues to meet on a quarterly basis. This group has proved a

valuable network during COVID-19 with the opportunity to share updates with partners and work collaboratively.

- 81 The County Durham Alcohol and Drugs Harm Reduction Plan on a Page (POP) 2021-2025 has been refreshed aligned to the Safer Durham Partnership plan 2021-25. Objectives from the POP make up the 2021-22 partnership Action Plan. 61 of the 86 actions from the 2020/21 action plan have been completed and 25 are ongoing. New programmes of work from all partners on the group have also been included. The Action plan is a collaborative multi-agency document that is updated quarterly and provides the group with clear objectives.
- 82 In the North East death rates from alcohol rose from 16.6 per 100,000 people in 2019 to 20.0 per 100,000 people in 2020 – a rise of around 20.5%. Alcohol specific deaths rose quickly from April 2020 as the pandemic resulted in the first national lockdown.
- 83 Most deaths were related to long-term drinking problems and dependency due to increased alcohol intake and reticence to access services – with alcoholic liver disease making up 80 per cent of cases. Men living in the most deprived areas were four times more likely to die from alcohol than men living in the most affluent areas.
- 84 Unfortunately as with COVID, the bulk of alcohol harm falls on the most deprived people in our communities and this remains concerning in the North East where, even before COVID, the North East already suffered from the highest rates of alcohol-related death and illness in England.
- 85 County Durham continue to manage the Balance contract during 2021-22 with Balance’s footprint remaining as seven Local Authority areas. Campaign materials from Balance continue to be adopted by County Durham and cascaded to partners to maximise impact at a local level.
- 86 **“Alcohol - Not the Answer”** Re-launched February 2021 in response to the increasing concerns about rising levels of alcohol consumption during Covid particularly amongst people who were already drinking above the Chief Medical Officer’s low risk guidelines



- 87 **“What’s the harm?”** In May 2021 Balance launched the next phase of this campaign aimed at helping North East parents to understand Chief Medical Officer guidance around children and alcohol. The “What’s the

Harm” campaign key messages highlight how alcohol consumption before age 18 can harm the developing body and brain, raise depression and anxiety and lead to risk taking behaviour.



- 88 A funding award given to Public Health by the Contained Outbreak Management Funding (COMF) of £30k will enable the council to amplify the Balance alcohol campaigns at a local level. This activity will help to raise continued awareness about alcohol harms and promote referral and mechanisms helping people to access the County Durham Drug and Alcohol Recovery Service (DARS).

Alcohol Licensing in County Durham

- 89 In response to Covid lockdown the capacity for Alcohol Licensing teams has been reduced. Despite this, work is now stepping back up. Since March 2021 Durham has seen 63 requests for new or changes to alcohol licences.
- 90 Public Health share recommendations for Off license information provided by the Chief Medical Officer (CMO). Guidance on alcohol harms are displayed in at least one prominent point on the shop floor or point of sale, unit information is displayed in the alcohol aisle, alcohol will not be displayed adjacent to, or beside products aimed at children.
- 91 On-license premises ensure free (tap) water is available and the offer is visible to customers, the Chief Medical Officer (CMO) guidance on alcohol related health is displayed in at least one prominent point per floor and unit information and calorie data (if available) is displayed on any drink menu available
- 92 Trading Standards activity relating to underage sales is being recommence, and police pathway into Humankind for under 18's Alcohol Seizures are also being reinstated.

Drug and Alcohol Recovery Services

- 93 The Drug and Alcohol Recovery Service (DARS) provides a holistic approach for any local resident using substances across County Durham across the life course. All clients are assessed by the DARS for their needs when accessing support should their substance misuse escalate, or personal circumstances change. The DARS provides a

family focus for anyone entering treatment and also have a bespoke service for children and young people.

- 94 The DARS maintained its service delivery throughout Covid. Utilising a blended approach to engaging clients which included virtual-means for those who were stable and for more complex clients a retention of 1-1 support, a high level of clients were retained.
- 95 Prescriptions were dispensed over longer time periods due to lockdown requirements. Despite initial concerns, clients reported a new sense of stability in their clinical supervision. This will be taken forward as learning by the DARS as the clinics return to business as usual.
- 96 Numbers in treatment during the pandemic have remained remarkably consistent; this is in contrast to other local areas with 2866 clients accessing treatment in Q4 2021. Spring 2020 did not see a drop in numbers or referrals as predicted. The latest figures we have are for December 2020 which saw a small drop on the previous month of 16 clients.
- 97 Successful completions of opiates clients are above the national average at 5.1%, as are non-opiate successful completions at 33.9%. This is the first time since 2015 that non-opiate successful completions have risen to this level.
- 98 Alcohol successful completions is narrowing the gap to the national level, at its highest point since 2015 also at 33.9%. The national figure is 35.9%.
- 99 Following the development of an improvement action plan due to the, 'requires improvement' rating of the DARS in the CQC inspection (Feb 18), an inspection was expected in March 2020. This has been postponed due to Covid-19; monitoring of its implementation continues to take place as part of the quarterly contract meetings.
- 100 Work continues to deliver DARS services differently in East Durham following the termination of the lease at Ridgemount House. This includes a new recovery centre in Horden. The work is aligned to the Making Every Adult Matter programme (MEAM) pilot in the Horden area.

Substance Misuse Related Deaths (SMRD)

- 101 The Substance Misuse Related Death process in County Durham continues to follow the five key stage process – Notification / Information gathering / Analysis / Lessons Learnt / Implementing change / Accountability and governance.

- 102 Whilst County Durham has the highest number of deaths in the region (155), the rate per 100,000 head of population indicates the county has the lowest number of deaths when considering its population size.

Table 1 Substance Misuse Related Deaths in NE (2017-19) ONS, 2019

Area Codes	Area Names	2017-19			
		Deaths	Rate ¹	Lower Confidence Limit ²	Upper Confidence Limit ²
E92000001	ENGLAND	11,580	7.1	7.0	7.3
E12000001	NORTH EAST	975	13.1	12.3	13.9
E06000047	County Durham	155	10.6	8.9	12.3
E06000005	Darlington	33	10.8	7.4	15.1
E06000001	Hartlepool	46	18.0	13.2	24.1
E06000002	Middlesbrough	80	21.3	16.9	26.6
E06000057	Northumberland	96	11.2	9.0	13.7
E06000003	Redcar and Cleveland	53	14.4	10.8	18.9
E06000004	Stockton-on-Tees	70	12.5	9.7	15.7
E11000007	Tyne and Wear (Met County)				
E 08000037	Gateshead	89	15.1	12.1	18.6
E 08000021	Newcastle upon Tyne	114	13.9	11.3	16.6
E 08000022	North Tyneside	74	12.2	9.6	15.3
E 08000023	South Tyneside	57	13.2	10.0	17.1
E 08000024	Sunderland	108	13.9	11.2	16.5

- 103 Work has been ongoing to extend the availability naloxone which reversed the negative effects of opiates. Dissemination of the kits has his included service users, family members and carers and other key stakeholders such as the police, involved in the management of substance misusers.
- 104 Newly acquired Public Health England Universal Funding, will enhance the capacity for naloxone provision and extend its use in first police responders. This provision will include the nasal spray to help encourage front line officers to feel confident with its administration.
- 105 66 Naloxone kits were supplied across the county in 21/22 Q1.

Cancer screening

- 106 Improving the uptake of cervical screening across County Durham is a priority for public health and other partners who form part of the County Durham and Darlington Cancer Locality Group. The Northern Cancer Alliance are also concerned about the uptake and availability of cervical screening during the coronavirus pandemic.
- 107 A regional working group has been established to develop actions and oversee implementation of the uptake of cervical screening.
- 108 The local pilot in Durham Dales PCN was put on hold due to the redeployment of staff to support the pandemic response. This will be reinvigorated as part of recovery.

Macmillan Joining the Dots

- 109 Macmillan Joining the Dots service reached its two-year milestone in January 2021. The service has continued to operate as normal during the pandemic moving from face-to-face delivery largely to telephone delivery. Up to the end of Q3 the team had supported 360 new clients. They have also provided support to hundreds of clients who were previously engaged with the service as needs emerged and changed as a result of the pandemic. The service has received 4,500 compliments from clients, families and partners so far this year.
- 110 The development of the service is underway following the CCG taking over the funding of the service. The aim is to integrate the Macmillan Primary Care Nurse team within the service. This will be taken forward, led by the CCG, in Q1 2021/22.

Health Checks

- 111 In Autumn 2020, a review was conducted to evaluate the current delivery of NHS Health Checks and identify areas for improvement. The review found that the NHS Health Checks were doing well at identifying and clinically treating those in the eligible population at highest risk of cardiovascular diseases such as high blood pressure and raised cholesterol. However, a limitation of the programme was identified as insufficient lifestyle behaviour advice being given and lack of referral to lifestyle behaviour programmes.
- 112 Several options for improving the service were considered in an options appraisal, and a new model for delivering the NHS Health Check programme was recommended by the team following a consideration of strengths, weaknesses, opportunities and threats.
- 113 The new model for health checks was reviewed by PH-CQOG, PHSMT, The CCG Quality Committee and PHE, who were all supportive of the new approach. The feasibility of the new model has been discussed with providers, Derwentside Federation and Wellbeing for Life and the model is practically and financially feasible. The commissioning of the new model is in progress and includes embedding an evaluation in the rollout of the new model.

Coronary Heart Disease (CVD) Prevention

- 114 The Public Health team were involved in the development of the regional CVD prevention strategy in early 2020. The development and publication of the was put on hold because of the pandemic.

Public Health Strategic Plan: Fairer

Every Child has the Best Start in Life

115 To ensure a place based inequalities perspective is considered there are plans to undertake a County Durham health inequalities impact assessment that will help to ensure a place based focus to improve the outcomes for our conception to 6 population. This will be aligned to the Growing up in County Durham work and population health management approach.

Unintentional Injuries Training

116 A UI training package was jointly commissioned by Public Health, Early Years and Children's Services

117 During year one delivery, eleven face-face courses were delivered family centre venues across the county. 168 members of staff received training in the first year.

118 Due to the Covid-19 pandemic a new delivery model devised.

119 To re-design the UI training package, moving from face-face delivery to online delivery via teams.

120 Nine online training dates were available between July 2020- March 2021 and a total of 241 staff attended.

Breastfeeding

121 The action plan for has been reviewed with a refreshed multi-agency action plan being developed linking into the regional work being taken forward by the LMS.

122 Due to the impact of Covid-19, much of the planned work in the plan has not progressed. The 0-25 family health service infant feeding team continue to provide advice and support to parents on all infant feeding related issues and concerns. The team have been creative in providing support both during face to face contacts (if required), and thorough online, social media and telephone enquiries. The breast feeding champions role is being strengthened and they are working alongside their community breastfeeding peer supporter to support families.

123 Breastfeeding Initiation has shown an increase in 2020/21 to 56.7%.

- 124 Breastfeeding prevalence at 6-8 weeks after birth has also seen a very positive increase for the first 3 quarters of this year, with Q3 data of 30.6% against a target of 31.8%.

Schools and Education Settings Health and Wellbeing Framework

- 125 The quality framework for schools has been co-developed with partners from children services and schools to provide clear understanding of the health and wellbeing needs of children and young people in County Durham. The quality framework for schools is aligned to the early years and setting frameworks with local branding developed.
- 126 The framework has been developed in line with the Public Health strategic priorities, children and young people mental health local transformation plan (CYP LTP) and the CYP strategy for County Durham and will provide a process to help schools identify need and develop an improvement plan that is supported by quality assured interventions. A peer review tool will provide evidence for improved outcomes and measures of success.
- 127 PH will continue with the wider partner engagement with schools and partners to encourage settings to pledge towards the framework and will monitor numbers signing up.

Support economic recovery through a 'local focus' whilst promoting good work, and equalities in education, training and employment

- 128 There is an over-representation of job seekers who are (or have) experienced mental health and emotional wellbeing issues. Furthermore, it is clear that as a result of COVID, levels of both mental ill health and unemployment are rising. Forecasts estimate that there will be an 33% increase in demand in new presentations, recurrences or exacerbations of mental ill health across to address this, £300k has been committed to fund three specialist resilience support/link/navigator workers for a period of two years. Workers will bridge the identified gap that exists between specialist job coaches, the service user and specialist interventions to assess, address and treat issues relating to mental health and wellbeing.

Work to improve the places where people live, learn and play

- 129 The play streets scheme enables streets to be closed to through traffic for 2-3 hours, creating a safe space for children and families to play. Essentially, it allows children to play out where they live in a safe, traffic-free place to help promote physical activity, play and community cohesion. Discussions with key stakeholders are ongoing. Public Health has presented the initiative at the Community Action Team taking place

in South Moor (for 12 week period) to consider piloting it in this area as partners and the community are already engaged. Proposal for pilot to take place on the 23rd and 27th August with support from CAT partners.

Covid Vaccine Uptake in Underrepresented Groups

- 130 Public Health have been collaborating with the NHS and other partners to address vaccine uptake in under-represented groups including Gypsy Roma Travellers (GRT), Homeless and Rough Sleepers, drug and alcohol clients, Syrian Refugees and non-white British residents.
- 131 The Housing Solutions GRT team and Harrogate and District NHS Foundation Trust 0-25 nurse have contacted every GRT tenant based on the permanent sites to help build understanding about Covid symptoms, the role vaccination plays in saving lives and exploding barriers to accessing local Covid vaccine and Covid testing arrangements. Uptake in the categories 5 and 6 is high.
- 132 Public Health colleagues in North Yorkshire and Cumbria have been contacted to develop a mobile vaccination programme for those GRT community members traveling to the Appleby Horse fair in August. Information will be disseminated via GRT community networks highlighting access points for the vaccine and venues for Covid testing en route.
- 133 By reviewing cohorts of homeless people and rough sleepers, the vaccinations have been rolled out via supported living and hostel accommodation. Drug and alcohol clients have been engaged on an individual basis via the Drug and Alcohol Recovery Service as they have accessed treatment.
- 134 The Syrian Refugee team based within the council have disseminated information and support to Syrian families and multi-lingual resources explaining the positives of receiving the vaccine have been developed and disseminated via AAP's, VCSE and faith groups. The communications regarding COVID testing and facilities have been layers into this approach to help extend the reach into underrepresented groups.
- 135 Population Health Management data is constantly being reviewed to monitor vaccine uptake in non-white British groups, with the potential for an outreach vaccinations to take place for those who are reticent to have the vaccination.

Wellbeing For Life Services

- 136 Wellbeing for Life staff have undertaken welfare checks for those residents who have been uncontactable after testing positive for Covid.

This welfare check outreach work will be evaluated and considered as an approach for the new Wellbeing model which will be procured in 2021/22.

- 137 A comprehensive training programme for Covid Champions has been developed in partnership with Wellbeing for Life which has included Making Every Contact County and PHE contract tracing safe practice.
- 138 An external evaluation of the Social Prescribing Link Worker programme is ongoing with Teesside University. Stakeholder data in primary care will be gathered in April and wider enquiries on the roles of system-wide link workers will begin in late spring. This work will feed into the County Durham Together 'Connected Communities' workstream and will also be reviewed as part of the Wellbeing for Life service re-procurement.

Housing

- 139 Public Health links into the Housing Solutions Private Landlords Licensing Scheme have been maintained and the public health intelligence team continue to support the programme whilst the programme is being approved by the Secretary of State.
- 140 Public Health have led on a bid submission (£274k) for Rough Sleeping and Drug and Alcohol Misuse into Public Health England. If successful the funding will enable 2 new Rough Sleeper and Substance Misuse workers, 3 mental health nurses and a Domestic Abuse and Substance Misuse worker to engage with those with complex needs who are at risk of homelessness and rough sleeping.

Winter warmth

- 141 The Silverdale Warm Homes Pilot has now been fully rolled out to all GP surgeries in the previous DDES localities. A joint letter from Dr Jonathan Smith and the Warm and Healthy Homes Project was sent to all DDES GP Practice Managers asking them to write to their patients with COPD or Asthma to offer assistance from DCC's Warm and Healthy Homes. Over the past 12 months a total of 16,868 patients have been contacted to provide the assistance shown above. In Q4 despite Covid pressures on GP surgeries three surgeries have participated contacting 3,376 patients offering assistance.
- 142 Discussions have commenced to plan how this programme can be extended to the previous North Durham locality area to ensure patients countywide can access assistance with warm homes and lower energy bills. Uptake of fuel poverty grants has substantially increased due to Covid related reductions in household incomes, meaning more low-income households qualify for grants. This resulted in 476 fuel poor

households receiving a grant for energy efficiency measures equating to £684,400 of ECO/WHF funding (168 gas boilers, 433 homes insulated and 35 gas central heating systems).

- 143 Public Health are now represented on the Fuel Poverty Reduction Partnership Group.

Public Health Strategic Plan: Protected

Provide expert advice and leadership in the management of and recovery from COVID-19 and other communicable diseases

- 144 The Outbreak Control Team (OCT) supported by the wider Public Health Team and County Durham Together delivers a health protection function that is, as yet, focused on the response to the COVID-19 pandemic. This includes surveillance, investigation, management and prevention of cases, clusters and outbreaks. As such, the liaison and coordination role of the OCT cuts across Durham County Council (DCC)'s service areas and partner organisations.
- 145 The team have put in place a range of procedures, including a triaging system, staff rotas in and out of hours, initial investigation of cases across all settings and have worked closely with the Health Protection Team, supporting formally-convened OCTs.
- 146 Fluctuations in case rates, national and local restrictions, regulations and guidance in place have provided significant challenges and stretched capacity, and has also developed more specialist health protection skills and competencies across the Public Health Team; a development from the initial case management approach adopted when rates of community transmission were high and key to the transition to 'living with COVID-19'.
- 147 During the course of the pandemic, there have been frequent changes to national policy that have impacted on local practice and the work of the wider Public Health Team and the OCT in particular, including finance (COVID Outbreak Management Funding), outbreak management arrangements, testing and case investigation and contact tracing.
- 148 There have also been emerging changes to the public health landscape, including the formation of the UK Health Security Agency out of the original concept of the National Institute for Health Protection

and the replacement of the health protection functions of Public Health England (PHE).

- 149 The Public Health Team has proven to be flexible and adaptable to these changes and has supported local implementation.
- 150 We continue to provide public health expert advice and leadership in matters involving both adult social care and events management. Public health is represented at a range of multi-disciplinary care home groups, where specialist guidance is provided as and when required. Furthermore, a briefing paper relating to events management in COVID-19 landscape, as well as a structured decision-making escalation process, has been presented to (and authorised by) DCC CMT to ensure that events can be safely reintroduced across the county. This involved DCC Public Health team working collaboratively with colleagues from Local Authorities across the North-East footprint to ensure that approaches are aligned.
- 151 Throughout the pandemic, the OCT, with leads for each setting and theme within the Local Outbreak Management Plan (LOMP), has supported the response to outbreaks in a variety of situations, including schools, children's residential homes, Durham University, care homes, workplaces, prisons, workplaces, and community settings.

Children Social Care and Early Help Recovery Group

- 152 PH have played a lead role in supporting colleagues within children's services in their ability to respond as a service to the challenges of COVID 19 and continue to support vulnerable families.
- 153 This has included contributing to the development of COVID secure service delivery procedures and the delivery of briefing sessions to over 600 practitioners on COVID 19 guidelines and control measures.

Education Response – COVID-19

- 154 The team has led on the Covid response for education settings throughout the pandemic period. This includes the development and implementation of the standard operating procedure and acting as the SPOC.
- 155 Education is a key setting in the Local Outbreak Management Plan and a priority for action.
- 156 An education SPOC was established and operated by the Public Health Team

157 The focus to date has been on the identification of cases and their contacts and supporting schools from an operational perspective. The team have been trained in the ascertainment of confirmed cases and the identification of contacts to support appropriate exclusion for the isolation period. The team also provide advice on the guidance for education settings and answer complex enquires.

Domestic Abuse

158 Domestic abuse affects over 1.8 million people in England and Wales each year.

159 During 2020/21 Public Health have led on a range of detailed pieces of work that reviewed core components of the existing domestic abuse (DA) system; this has included a DA Health Needs Assessment (HNA), a systemwide Budget Prioritisation (BP) exercise and a wider COVID 19 Health Impact Assessment (HIA).

160 Each of these key documents have highlighted the inequalities faced by those families that are affected by DA and have demonstrated how this has been significantly accelerated by COVID 19 with specialist domestic abuse services report a 40% increase in referrals during 2020/21.

161 This work has provided a sound evidence base including a level of gap analysis on which to base future system improvements.

162 It should also be noted that relationships between key agencies have significantly improved through the completion of this work; examples of positive impact of this can be seen through the introduction of a multi-agency communication group, and the working group established to look at multi-agency funding to support perpetrator interventions. This group has been successful in co-ordinating budget holders from across the partnership to joint fund provision for the first time. Contributions have been established from the following agencies:

- Office of Police, Crime and Victims Commissioner
- Clinical Commissioning Group
- National Probation Service
- Housing

Domestic Abuse Bill 2021

163 Durham County Council and its partners are on course to meet all requirements of the Domestic Abuse Bill 2021.

164 The Domestic Abuse Bill 2021 places new statutory duties on local systems, specifically on the Local Authority in relation to providing a range of safe accommodation options and intensive wrap around

support. The new duty is being supported by additional government 'new burden funding', allocation of this funding must be based on a comprehensive needs assessment as set out by the Ministry of Housing, Communities and Local Government (MHCLG).

- 165 To ensure that members of Domestic Abuse Sexual Violence Executive Group (DASVEG) are fully briefed on the increased level of responsibility that will be delegated to them, the team have provided a comprehensive briefing to members and are establishing workstreams that will support the completion of the required MHCLG needs assessment with the aim of an overarching strategy and commissioning intentions published no later than August 2021.
- 166 The new Domestic Abuse Bill requires a formal assessment of accommodation needs for the victims of domestic abuse. This work is being undertaken under the governance of DASVEG to begin to consider implications for a full Joint Commissioning Strategy for domestic abuse including prevention, specialist and perpetrator interventions, children and young people and workforce development.
- 167 Public Health continue to be represented at the Safe Durham partnership and the County Durham Reducing Reoffending Group. Public health and Housing Solutions have worked with criminal justice partners including Her Majesty's prisons, probation, PCVC's Office and VCSE to develop pathways for unplanned prison releases testing positive for Covid. Housing Solutions now provide temporary accommodation (up to 24-hours) for late releases until such a time as Covid transport can be arranged, or other local authority areas can provide suitable housing support, preventing the spread of the virus.

Domestic Abuse Workplace Advisors

- 168 In September 2020, the team reintroduced a network of workplace domestic abuse champions by successfully recruiting 45 new Domestic Abuse Advisors that are based across all Durham County Council (DCC) directorates.

Health Protection Assurance

- 169 The protection of the health of the population is one of the five mandated responsibilities given to local authorities as part of the Health and Social Care Act 2012. The Director of Public Health (DPH) for County Durham is responsible under legislation for the discharge of the local authority's public health functions.
- 170 Within Durham County Council, the remit for health protection is delivered by Public Health in conjunction with the Community Protection Service (CPS) and the Civil Contingencies Unit (CCU). The local CCG

employs an Infection Prevention and Control Team (IPCT) through an agreement with Public Health.

- 171 PHE's core functions include protecting the public from infectious diseases, chemicals, radiation and environmental hazards and supporting emergency preparedness, resilience and response. Teams responsible for delivering these functions in the North East sit within the PHE Centre based in Newcastle upon Tyne.
- 172 NHS England (NHSE), working jointly with PHE, is responsible for commissioning and quality assuring population screening and immunisation programmes. This includes a team covering the Cumbria and the North East, also based in Newcastle.
- 173 The health protection assurance arrangements in County Durham are overseen by the Health Protection Assurance and Development Group (HPADG).
- 174 HPADG meets quarterly and seeks assurance on five main strands of health protection activity, in addition to data and communications which are threaded throughout:
- a) Screening programmes
 - b) Immunisation programmes
 - c) Outbreaks and communicable diseases
 - d) Strategic regulation interventions
 - e) Preparedness and response to incidents and emergencies
- 175 Key achievements overseen by HPADG to date include:
- a) Improvement in flu vaccination uptake amongst eligible groups
 - b) Extension of Durham County Council flu vaccination to all staff, with much improved uptake on the previous year
 - c) Sustained delivery of national immunisations programmes
 - d) Sustained delivery of the Antenatal and Newborn Screening programme.
- 176 Areas impacted by COVID-19 and requiring further development.
- a) All but the Antenatal and Newborn screening programmes have been impacted by the pandemic. The restoration of affected screening programmes was started prior to the second wave and will have been affected by successive waves.
 - b) Development areas include:
 - Improving uptake of certain vaccinations including shingles and pneumococcal

- Ensuring equitable coverage and uptake of screening and immunisations programmes
- Taking account of forthcoming changes to the NHS England and Public Health as they affect health protection functions
- Development of a sexual health strategy for County Durham
- Ensuring health protection and public health related emergency preparedness is assured during organisational change.

177 Link to [Health Protection Assurance Annual](#) report into Cabinet in April 2021.

County Durham Together

178 Several areas of work have developed that sit within the County Durham Together remit providing support and guidance for residents as we continue through response and recovery stages of the pandemic:

- a) County Durham Together Community Hub
- b) Durham County Council Local Tracing Partnership
- c) County Durham Together COVID-19 Community Champions Programme

179 Underpinned by County Durham Wellbeing Principles, as well as providing a universal offer, these areas of work apply a population health management approach to proactively targeting and supporting those experiencing inequalities.

180 The CDT team was originally resourced with staff temporarily redeployed from many service areas across DCC. From February 2021 a dedicated staff team has been in place.

County Durham Together Community Hub

181 County Durham Together [virtual] Community Hub was established, as part of the Local Resilience Forum (LRF) gold command, emergency system response to the Coronavirus pandemic and went live 27/03/20.

182 The Hub model adopts a collaborative approach only possible through many multi agency / disciplinary enabling factors. Residents rarely present with a single issue and the importance of understanding inequalities, communities, mental-wellbeing, and service interfaces is fundamental.

- 183 The Hub is an example of a locally led partnership working at pace to respond to and support evolving needs of communities:
- ensuring communities are empowered to self-help when possible
 - reaching those most in need through an intelligence led approach
 - addressing inequalities, proactively targeting evidence-based interventions more quickly
 - adopting a holistic, people and place-based approach
- 184 The Hub was set up to provide additional support around COVID-19, not to replace existing service provision. As a central co-ordination function for voluntary and community organisations, the Hub links into existing local services, embedding back into community networks where possible, utilising the VCS to the maximum and providing essential aid where necessary. Established triage and escalation referral pathways have been developed with NHS and wider statutory and specialist services.
- 185 From the outset, the Hub remit has developed in line with emergent needs, this now incorporates:
- Self-isolation support
 - SPOC - COVID specific Guidance/Legislation enquiries
 - County Durham Local Tracing Partnership (LTP)
- 186 As at close of business 26th June 2021 the Hub (not including LTP) has supported **22,957** people:
- 4188 via the proactive pathway (outgoing calls to shielded population who identify they need support – Wellbeing for Life)
 - 18,769 contacts into the Hub via the reactive pathway of which
 - 15,202 incoming calls
 - 3,567 emails (from 14/09/20)
- 187 During this time, the Hub has supported 9804 people to access essential supplies, social contact, welfare and financial assistance
- 4188 via the proactive pathway (outgoing calls to shielded population who identify they need support – Wellbeing for Life)

- 5616 reactive contacts became client cases managed by the Hub, 4436 (79%) of whom self-identified as self-isolating.

Durham County Council Local Tracing Partnership (LTP)

- 188 Supporting people who test positive for COVID-19 to self-isolate and identifying their close contacts are essential measures to contain the transmission of COVID-19 in our communities. These measures are key in supporting delivery of the County Durham COVID-19 LOMP.
- 189 As well as providing support for those who need it during isolation, a local approach to contact tracing also enables local knowledge and intelligence to be gathered and used, enabling quick partnership action to be taken if community or setting transmission is identified. This approach also enables issues relating to non-compliance such as identifying and engaging with local employers that aren't supporting self-isolation.
- 190 The LTP uses locally-held data to contact hard to engage cases and provide them with the advice and support they need to enable them, their families and close contacts to self-isolate as well as gathering intelligence and contact details for people they have been in contact with.
- 191 The Local Tracing Partnership went live 4th January 2021, receiving positive cases who the national team had been unable to contact after 32 hours. The added value of the local offer includes:
- employing a person-centred approach
 - utilising local insight and knowledge of local support
 - supporting a graded response to vulnerability
 - holistic wrap around support to self-isolate
 - provision of home visiting, an in-person wellbeing check to engage with positive cases who are not able to be contacted via telephone

LTP Local Zero

- 192 From 6th April 2021 the Local Tracing Partnership took on Local Zero – receiving positive cases to contact as soon as the case data is uploaded onto the national Test and Trace system. This was a natural next step to provide additional support to our communities at an earlier stage in the process. The timeliness of this is crucial for breaking the

chain of infection and preventing further transmission of the virus, thus reducing County Durham case rates.

- 193 From 6th July 2021 the decision was taken at a national level to shift the whole system and better highlight the offer of the digital option to complete contact tracing online. This decision was underpinned by rapidly increasing case numbers at this time and high prevalence of cases within 19 – 40 age ranges – who are known to be more digitally responsive. For Durham and all LTP's following a Local Zero model this has now (short term) meant a shift to a Local 4 model meaning cases are received 4 hours after they are uploaded onto the national Test and Trace system. It is predicted this will reduce case numbers coming to LTP's by around 10 – 20% during this peak time.

COVID-19 Community Champion Programme

- 194 People share information in different ways and with different people COVID-19 Community Champions are trusted voices in local communities. As well as us sharing relevant and timely information with communities, Champions share feedback from communities - what's working well, what questions people have, what people think can be done better enabling responses to be shaped by local intelligence.
- 195 The programme was launched November 2020. There are 2 roles people can pledge to take on:
- Champions are supported to share information in ways that best suit their own availability, circumstances, networks, and community needs.
 - Champion Plus roles enable those already active in communities or those who would like to do more - to become more actively involved, again in whatever ways best suit each individual/community circumstances.
- 196 To date 115 people have expressed an interest in the programme; 90 of whom are regularly engaged and active - 31 Champions Plus and 59 Champions. There are 3 geographically defined locality-based teams, North, South and East.
- 197 The programme is hosted on a dedicated webpage within the DCC Coronavirus suite of pages ([Sign up to be a covid community champion - Durham County Council](#)).
- 198 The Champions programme launched during higher levels of pandemic restrictions and to date activities have been largely online/networks information sharing and feedback.

- 199 The Champions programme is represented at the Community Spike Outbreak Management Group and Champions have carried out reactive information sharing to/from communities where areas of exceedance have been identified. This local insight has helped to shape targeted responses and communication messages and Champions have supported collaborative community engagement in these areas.
- 200 As the pandemic progresses the Champions programme continues to evolve and respond to issues identified within communities. Examples of support and activities to date include:
- Sharing of multiple generic messages e.g. hands, face, space, vaccinations, testing, social distancing – with some Champions’ posts being re-shared on social media over 1000 times each
 - Sharing of targeted messages in areas of high prevalence
 - Supporting action across DCC teams and comms by providing localised feedback from our communities
 - Active involvement in Durham Walk programme, supporting community vaccination sites and the vaccination bus.

Regional Collaboration LA7

- 201 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.
- 202 The 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. The work has included political leadership and lobbied for interventions specific to the needs of north east residents, businesses and the health and social care system.
- 203 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.

204 The award winning Beat COVID NE campaign informed by insights from local people giving a joint message across the LA7 geography has been a visible and positively evaluated outcome of this collaboration and this work continues to support communication campaigns addressing vaccine hesitancy and the easing of restrictions.

Main Implications

205 The public health team have a responsibility to promote and protect the health of the local population however it has been challenging for the public health team to implement key programmes of work whilst we are still in the middle of a pandemic.

Conclusion

206 This report provides an update on key developments and priorities in public health since the publication of the Director of Public Health (DPH) annual report 2020, Healthy lives, Healthier Communities' Protecting and Supporting the people of County Durham. .

207 There has been significant demand on the public health team over the last 18 months and this will continue due to the heightened response to COVID-19.

208 However, the public health team will be guided by the Public Health Strategic Plan and will maintain focus around the three themes of Healthier, Fairer and Protected, taking forward work that addresses health inequalities and protects the health of our local population.

Background papers

- None

Other useful documents

- None

Contact: Amanda Healy

Tel: 03000 264323

Appendix 1: Implications

Legal Implications

There are a number of key legislation, policy developments and initiatives which have led and contributed to developments with Adult and Health Services. Public health responsibilities are set out in the Health & Social Care Act 2012.

Finance

There is a public health ring fenced grant which is utilised for key commissioned services and other public health programmes.

Staffing

Effective delivery of public health is dependent upon a suitably trained and skilled workforce..

Risk

No implications.

Equality and Diversity / Public Sector Equality Duty

No implications.

Accommodation

No implications.

Crime and Disorder

No implications.

Human Rights

No implications.

Consultation

No implications.

Procurement

No implications.

Disability Issues

No implications.

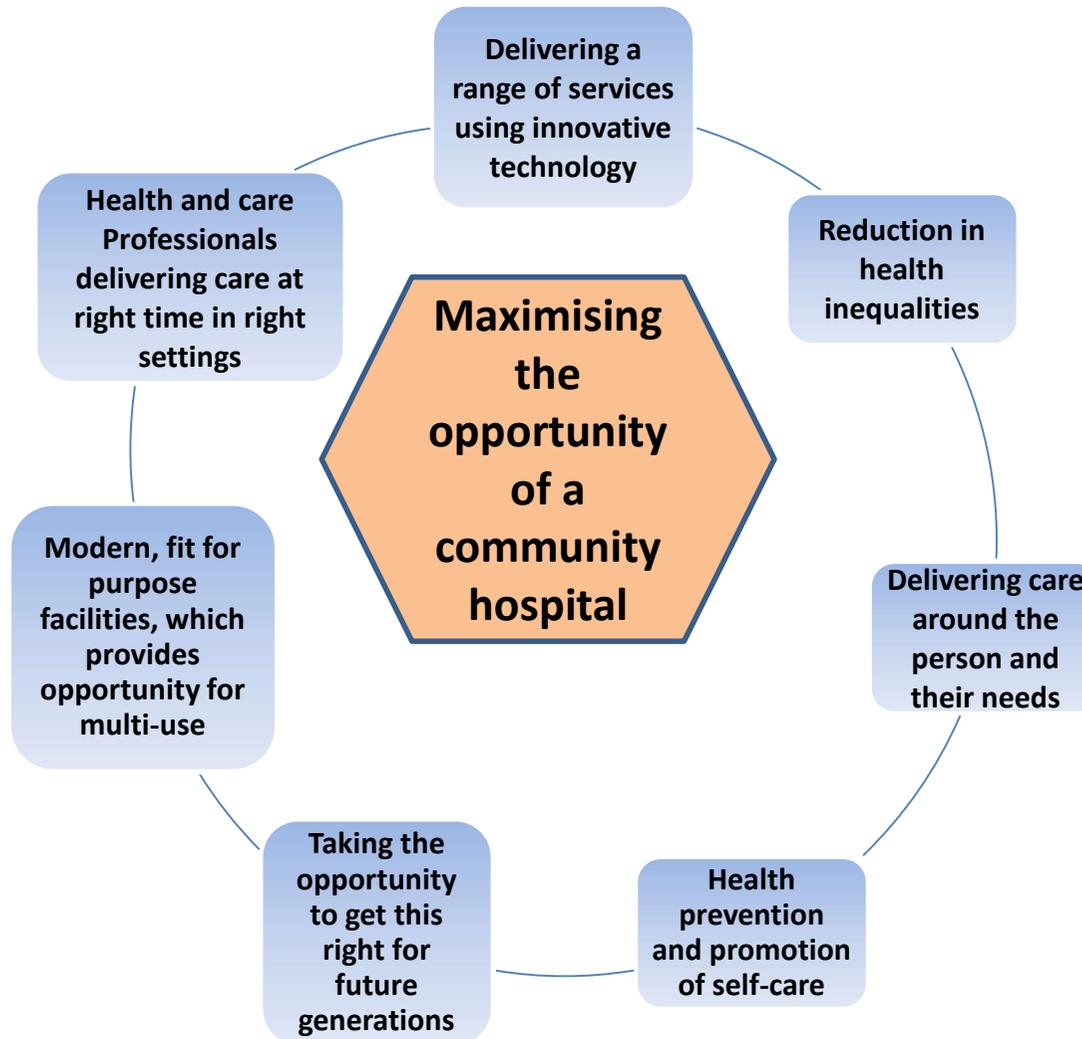
This page is intentionally left blank



Shotley Bridge Community Hospital Services

Adult Health and
Wellbeing Overview and
Scrutiny Committee July
2021

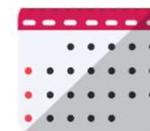
Shotley Bridge Community Hospital vision



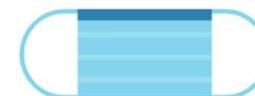
Principles of project

- Clinically led
- Ongoing patient and public engagement
- Reference group structure
- Working as part of the County Durham system
- Future proofing model of care and estate solutions

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 21)
- Writing of Outline business case (April 21 – now)



Current Estate

- Estate infrastructure old and deteriorating
- Requires significant investment just to stand still
- Not suitable for modern healthcare delivery
- Almost three times too large for our current requirements



Estate Options

- Building area requirement of around 5,000m²
- Site area for new build: 3-5 acres
- Site search – within 3 miles of existing hospital
- Long list of 14 shortlisted to 4 and then to 2
 - Refurbishment of current site
 - Redevelopment on Genesis site
- Business Case will assess how each option best delivers and a preferred option will be identified

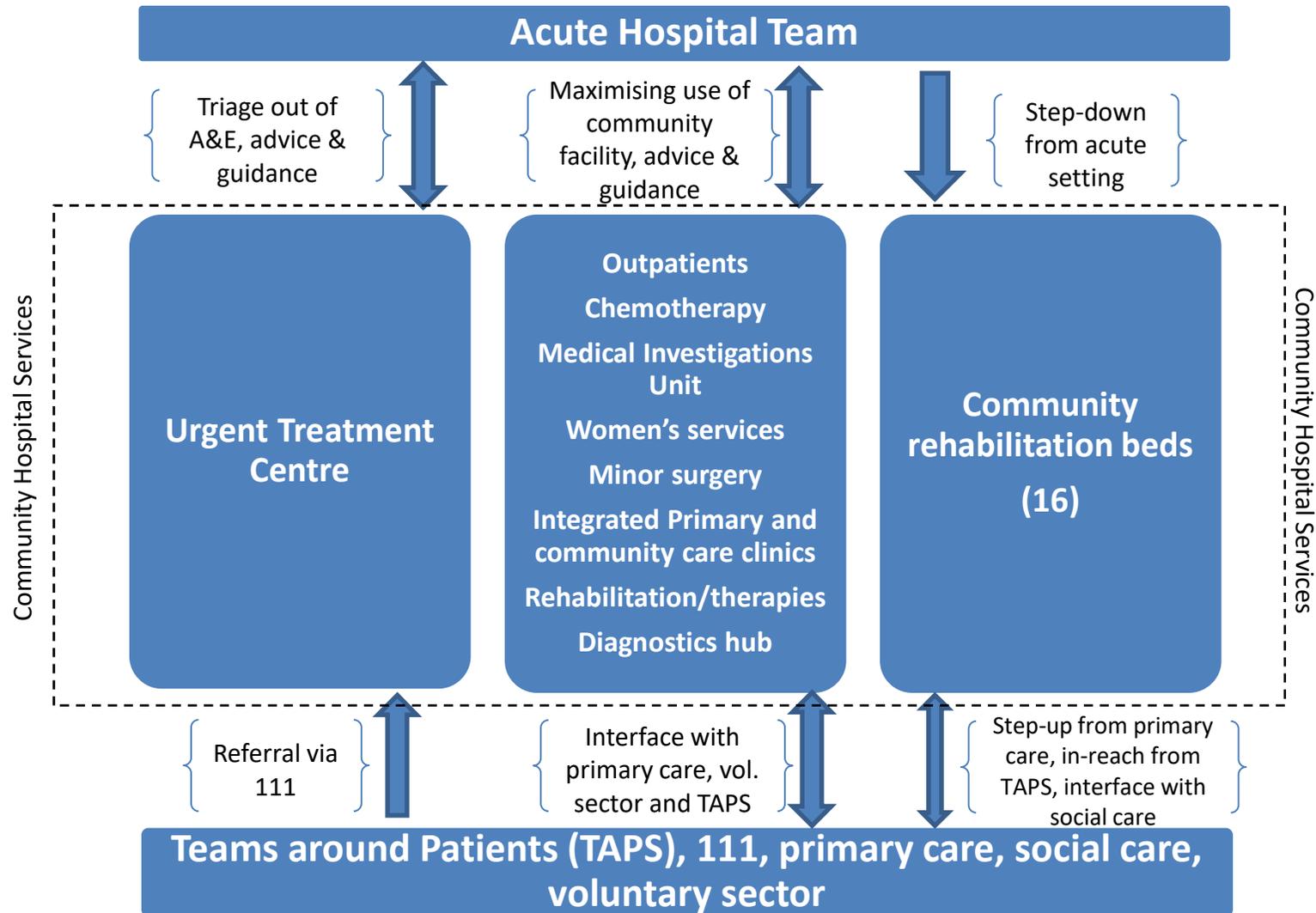
Communication & engagement

Forum	No. of discussions	Time period
Adults Health Overview and Scrutiny Committee	7	Sept 2018 Dec 2018 Feb 2019 Oct 2019 Mar 2020 Oct 2020 Nov 2020
SBCH Reference Group	Monthly meetings	Oct 2017 - Now
First phase engagement events	<ul style="list-style-type: none"> • 1,295 respondents to online survey • 8 public events • 20 outreach sessions at local community centres, leisure centres and carers groups • 3 young people specific sessions with Investing in Children • 3 staff sessions 	27 March – 22 May 2019
SBCH Patient Reference Group	Monthly meetings	Early 2019
Derwent Valley AAP (other AAPs have also been engaged throughout)	Monthly/bi-monthly meetings	2018-Now

Since we engaged in 2019..

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

Proposed Clinical Model



Engagement & Consultation - Legal Duties

- National Health Service Act 2006 (as amended by the Health and Social Care Act 2012)
- Equality Act 2010 – Equality Impact Assessment
- Use of terminology
- Minimal service change
- Proportionality
- Timescales

Proposed Next Steps

- Development of Outline Business Case – Aug/Sept 2021
- Development of full business case & approvals – Summer 2022
- Ongoing public engagement
- Consultation (as part of the building planning process)
- Construction start Summer 2022
- Construction completion
 - New build – Early 2024
 - Refurbishment of existing site – up to a year later

This page is intentionally left blank

Adults, Wellbeing and Health

Overview and Scrutiny Committee

28 July 2021

COVID-19 Local Outbreak Management Plan



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 Adult and Health Services Overview and Scrutiny Committee to receive an update on the Government Roadmap: COVID-19 Response - Summer 2021, County Durham's COVID-19 response and the 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 Management 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 published the 'COVID-19 Response - Summer 2021', which sets out the final step of the roadmap for the easing of restrictions for England. This marks a new phase in the Government's response to the pandemic, moving away from stringent restrictions on everyone's day-to-day lives, towards advising people on how to protect themselves and others, alongside targeted interventions to reduce risk.
- 5 The COVID-19 Outbreak Management Plan sets out the role of the County Durham system in preventing and controlling COVID-19 with a focus on robust management of outbreaks and providing support for complex settings, communities, and individuals where required. It aims to protect the health of the County's population from COVID-19 and assure stakeholders, and the public, that efficient and effective arrangements are in place.
- 6 The Plan remains a dynamic document which will be updated according to learning and experience in dealing with the COVID-19 response. The Public Health Team will keep the Plan under regular review and amend/update according to local, regional and national developments. The 'COVID-19 Response - Summer 2021' states that Government will publish an updated COVID-19 contain outbreak management framework for local areas in due course.

Recommendation

- 7 The Adults, Wellbeing and Health Services Overview and Scrutiny Committee is recommended to:
 - a) note and agree the report and the robust governance and outbreak control arrangements in place to identify, control and contain COVID-19 cases, clusters and outbreaks.

Background

- 8 The County Durham COVID-19 Local Outbreak Management Plan takes a population health protection approach and has a particular focus on higher risk settings, locations and communities which involves enhanced oversight with a broader range of partners, expertise, communications, intelligence and governance. This process is built on established and longstanding relationships with PHE North East Health Protection Team.
- 9 Throughout the pandemic the plan has developed to include the vaccinations, further developments to the Test, Trace and Isolate programme including the localisation of delivery through the Local Tracing Partnership, mobilising rapid response to Variants of Concern

(VOCs), ensuring the going role of Non-Pharmaceutical Interventions (NPIs), including social and physical distancing, good hygiene and face coverings, administering self-isolation support and ongoing work to support those most vulnerable and impacted by inequalities within our population.

- 10 Effective planning and deployment at local level underpins what the Roadmap is hoping to achieve. That is, living safely with the virus (SARS-Cov2) and acknowledging it will not be eradicated but will become endemic and will continue to circulate in pockets in the community.

COVID-19 Response - Summer 2021

- 11 The Government has published the '[COVID-19 Response: Summer 2021](#)' on 5 July 2021. This confirms that England has reached phase 4 of the roadmap and all restrictions put in place to counter the pandemic are to be removed at Step 4, i.e. from 19th July 2021. This we see a change in policy, moving away from stringent restrictions on everyone's day-to-day lives, towards advising people on how to protect themselves and others, alongside targeted interventions to reduce risk.

- 12 In summary the Government will:

- Reinforce the country's vaccine wall of defence through booster jabs and driving take up.
- Enable the public to make informed decisions through guidance, rather than laws.
- Retain proportionate test, trace and isolate plans in line with international comparators.
- Manage risks at the border and supporting a global response to reduce the risk of variants emerging globally and entering the UK.
- Retain contingency measures to respond to unexpected events, while accepting that further cases, hospitalisations and deaths will occur as the country learns to live with COVID-19.

- 13 At step 4, the Government will remove outstanding legal restrictions on social contact, life events, and open the remaining closed settings. The Government will instead enable people to make informed decisions about how to manage the risk to themselves and others. The Government will provide guidance to the public and to businesses on how they can help reduce the spread of COVID-19 and mitigate the risk of a resurgence which puts the NHS under unsustainable pressure.

- 14 Before taking step 4, the Government will review the latest data on the impact of the previous step against four tests:

- **Test 1:** The vaccine deployment programme continues successfully.
- **Test 2:** Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated.
- **Test 3:** Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS.
- **Test 4:** Assessment of the risks is not fundamentally changed by new variants of concern.

15 With the easing of restrictions from 19 July 2021 we will see:

- All limits on social distancing removed
- All settings to be opened
- Large events to resume with no limits
- All life events resumed
- Covid certification not legal for entry
- No legal requirement for face coverings
- Social distancing lifted
- In rapid spread DsPH will be able to advise on social distancing
- No instruction to work from home
- Table service etc removed
- Encourage hand washing
- Change controls in schools and further education – remove bubbles
- Exempt under 18s as close contacts – further guidance expected
- Lift limits on visiting to care homes- further guidance expected

16 The roadmap recognises that the lifting restrictions does not mean that the risks from COVID-19 have disappeared and sets out how the following behaviours are beneficial:

- a. Meeting in well-ventilated areas where possible, such as outdoors or indoors with windows open.
- b. Wearing a face covering where you come into contact with people you don't normally meet in enclosed and crowded spaces.
- c. Washing your hands with soap and water or using hand sanitiser regularly throughout the day.
- d. Covering your nose and mouth when you cough and sneeze.
- e. Staying at home if unwell, to reduce the risk of passing on other illnesses onto friends, family, colleagues, and others in your community.

- f. Considering individual risks, such as clinical vulnerabilities and vaccination status.
- 17 Later in the year, the Government will assess the country's preparedness for autumn and winter. The Government will review the Coronavirus Act and remaining regulations in the early autumn to consider which requirements need to continue through the winter.

Role of the Local Health Protection Assurance Board

- 18 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.
- 19 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.
- 20 The HPAB meets on a fortnightly basis. The current work of the HPAB includes:
 - Delivery of the COVID-19 Outbreak Management Plan.
 - Regional oversight of LA7 work.
 - 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: e.g. Vaccination Programme and the Spike Detection Tool.
 - Oversight of setting-based intervention, including education, care homes, community, workplaces, University, etc.
 - Oversight of COVID-19 Testing including PCR and LFD testing strands available throughout the county.
 - Oversight of COVID-19 funding allocation and delivery.
 - Oversight of Outbreak Control.
 - Oversight of the Local Tracing Partnership.
 - Assurance of actions carried out in relation to COVID-19

- 21 The group has successfully managed arising issues, systematically reviewed surveillance data, escalated risks and overcome challenges and barriers utilising a partnership approach applied to workplaces, care homes, surge testing arrangements, an efficient and effective vaccination programme and supported by rapid communication responses, seeking to work with our communities, mobilising teams COVID awareness and compliance teams and recruiting Community Champions to advocate for and empower local residents.
- 22 Examples include the management of the recent Durham City outbreak - rapid system response, mobilising local testing arrangements, identifying contacts and supporting their wellbeing and welfare throughout isolation, liaising with the local residents and students to build resilience and support community cohesion, reduce onward transmission of infection.

Local Outbreak Management Plan (LOMP)

- 23 The LOMP is a dynamic document, evolving to plan and respond to any changes in the rates of COVID-19 and also major organisation change during 2021/22 including the establishment of the UK Health Security Agency (UKHSA) as well as the implementation of the white paper setting out legislative proposals for a Health and Care Bill.
- 24 The revised plan was assured and commended for several examples of good practice, including the comprehensive assurance provided by the plan, the Spike Detector Tool and Community Spike Outbreak Management Group, the collaborative work with the university (also commended in a Cabinet Office visit and presented nationally) and the Community Champions programme which has been presented at a number of national webinars.
- 25 The updated [COVID-19 Local Outbreak Management Plan](#).

Overview of the Local Outbreak Management Plan (LOMP)

Regional Collaboration LA7

- 26 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.

- 27 The 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. The work has included political leadership and lobbied for interventions specific to the needs of north east residents, businesses and the health and social care system.
- 28 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.
- 29 The award winning Beat COVID NE campaign informed by insights from local people giving a joint message across the LA7 geography has been a visible and positively evaluated outcome of this collaboration and this work continues to support communication campaigns addressing vaccine hesitancy and the easing of restrictions.

Covid-19 Testing

- 30 The COVID-19 Response - Summer 2021 states that both symptomatic and asymptomatic testing will continue to be available to monitor and contain the spread of the virus, helping to find new cases and breaking chains of transmission.
- 31 Couple this with other population control measures such as 'Hand, Face, Space' and targeted 'Covid Secure' measures implemented in our settings and workplaces provide a strong foundation for our management of COVID-19.
- 32 The purposes of testing can be described as follows:
- Case finding – identifying positive cases of COVID19 within the population and ensuring they self-isolate to reduce transmission to other people; this could include regular testing of the contacts of a case.
 - Ensuring safety – discovering COVID-19 status in the community to isolate and to ensure the ongoing safety of other individuals within the population.

- Enabling return to normal activities, reducing the impact of the COVID-19 pandemic. Local testing capacity is essential not only for diagnosis for those who have symptoms but is also important in response to the management of a COVID-19 outbreak. The targeted deployment of local facilities alongside regional and national testing programmes will ensure that there is a swift response to outbreaks. Testing is also being used proactively to identify asymptomatic cases, who can then be supported to isolate to prevent on-going transmission.

33 The three key testing channels; PCR testing; LFD testing and surge testing are detailed below:

PCR Testing (Polymerase Chain Reaction)

34 PCR testing is the gold standard of test where swabs are processed in labs and results are reported within 24hrs. Work in this area include:

- The Outbreak Control Team (OCT) works closely to plan and direct PCR testing resources to high COVID-19 rate areas that are identified, and in response to any testing requests from individual Outbreak Control meetings. This flexible approach has worked well to provide local and accessible PCR testing options to support the work of the OCT, e.g. Durham City outbreak sites at Howlands and County Hall have been used almost to capacity at the peak of the outbreak and a MTU established to support testing following identification of VOC case within a school setting.
- The County continues to be served by Mobile Testing Units (MTU) that are located and moved across the county as demand and rates require.
- A new permanent local testing site (LTS) at Etherley, Bishop Auckland, opened on 7 May 2021 in addition to the LTS sites located at Territorial Lane Durham and the Riverside Chester-Le-Street with the LTS site at County Hall closing on 16 May 2021.
- There is a continued need for an LTS site in the east of the County but finding a suitable site has yet to be identified. A site at Traynor Way, Peterlee is scheduled to be opened weekdays throughout July.

Lateral Flow Device (LFD) Testing

- 35 The aim in County Durham has been to develop a rapid and targeted asymptomatic community testing solution to support our actions to control the transmission of the virus in local areas, determine prevalence of the virus in local communities if appropriate, and to provide some of our very rural areas with a suitable testing option.
- 36 From January to March 2021 six community asymptomatic testing sites were established up for those would could not work from home or required a covid test without symptoms. This was followed by a three month plan (April – June 21) for wider community asymptomatic testing provided the opportunity for assisted testing at 14 local test sites align to Area Action Partnerships (AAPs).
- 37 These sites closed on 30 June 2021 and from July 2021 to March 2022 testing has been re-shaped to deliver a mobile ATS service, with a smaller /casual workforce, responding to spikes, high rates, targeting high prevalence area and identified vulnerable groups. This service is also available for backup assisted testing responses for surge, schools and workplace testing.
- 38 Communications for the asymptomatic testing options available for the public have been simplified:
- LFD testing kits can be collected at pharmacies across County Durham. Find your nearest collection point <https://maps.test-and-trace.nhs.uk>
 - Or home LFD test kits can be ordered online to be delivered to your home at [Gov.uk/order-coronavirus-rapid-lateral-flow-tests](https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests)
- 39 Work is ongoing with Business Durham to consider the provision of testing kits to workplaces as the Department of Health and Social Care (DHSC) LFD testing kit offer to businesses may stop at the end of July.

Surge testing

- 40 Surge testing involves increased testing together with enhanced contact tracing to detect and assess the spread of a specific variants. Genomic sequencing of PCR tests are carried out to understand prevalence, to link variant strains and to identify possible routes of transmission.
- 41 The current national programme of surge testing is known as Operation Eagle. Locally, work has been ongoing with partners and led by the Local Resilience Forum (LRF) to finalise local surge testing plans including a table top exercise to develop the plans. These have been approved by CMT / LRF and HPAB.

Testing Oversight Group

- 42 The Testing Oversight Group provides governance for the range of testing channels currently deployed (below) and recording progress, issues and risks:
- Education: (Secondaries, Primaries, FE, Special Schools, Early Years and PVI).
 - Community: (special workforce solutions (F&R, Aycliffe Secure), Workplaces – staff who can't WFH, Staff and volunteers in contact with Clinically Extremely Vulnerable, and targeted asymptomatic testing).
 - Workforce (other): Care Homes, Day Care and Prisons.
 - PCR: Static Sites and MTUs.
- 43 Targeted work with underrepresented groups is underway making links with Gypsy Roma Traveller communities, Foodbanks and School Governing bodies to promote asymptomatic testing.

Variant of Concern (VoCs)

- 44 When new variants of SARS-CoV-2 are identified, rapid research is undertaken nationally and internationally to assess the impact of the variants on factors which might change the impact of the virus on humans: for example, whether it is more transmissible; whether it causes more severe illness; or vaccine efficacy.
- 45 During the research phase these are referred to as variants under investigation (VUIs) those with concerning features are then referred to as VoCs.
- 46 VoC/VUI cases are identified through genomic sequencing following a positive PCR at present this can take approximately 10 days. At present, due to the low level of cases 100% of positive PCR tests are being genomically sequenced.
- 47 A cluster of the latest variant VoC-21APR-02 was identified in the North East in early May 2021 and is under the management of the NE Health Protection Team with a multi-agency Incident Management Team in place with representatives from all affected regional local authorities and Public Health England specialists.
- 48 Investigations are ongoing to understand the links between the cases, the routes of transmission and the settings involved. Targeted testing of

those who have been in contact with the VoC cases and linked probable cases is underway.

- 49 Within County Durham a VoC Oversight Group has been convened (co-chaired by the Deputy Director in Public Health and a Consultant in Health Protection, HPT). The group meets weekly to discuss VoC cases. These cases are monitored through shared line list and regular updates from HPT and daily systematic review of local data. This group reports to the HPAB.

Test and Trace – Contact Tracing

50 The aim of contact tracing is two-fold:

- to identify people who have been exposed to cases of COVID-19 and ensure that they are given the correct advice about isolation; and
- to gather information which might identify the source of a case's infection. This information is gathered through NHS Test and Trace interviews with cases and includes information on:
 - where they have been prior to their infection (the possible source); and
 - where they have been whilst infectious (possible contacts).

51 The localising of Test and Trace is in line with the ambitions set out in the national roadmap; the Directors of Public Health North East route out of lockdown plans; and the recently revised County Durham Local Outbreak Management Plan (LOMP).

County Durham Together Community Hub – Local Tracing Partnership

52 A key focus of contact tracing has been moving it as close to residents as possible. Local Authorities were offered the opportunity by Department of Health and Social Care (DHSC) to develop local contact tracing partnerships, whereby positive cases, who have not been reached by the NHS Test and Trace central team after 24 hours, are passed to Local Authority teams for follow up. County Durham took up this offer.

- 53 The LTP became a pilot site for Local Zero on 6 April 2021 and replaced the national team as the first point of contact for contact tracing in County Durham. The LTP now accesses positive case details from the national NHS Test & Trace programme at the earliest opportunity to enable rapid engagement and local follow up including welfare and support via the Community Hub.
- 54 As at 2 July 2021, 2687 local zero cases have been received, with 2486 cases completed (92%) and 201 cases to be actioned.
- 55 Due to a rise in cases and as society has opened up demand on this service is outweighing their capacity and the LTP have had to return cases to the national team to follow up. The LTP have implemented a demand management and recruitment plan to support the increase in contact tracing.
- 56 Case studies to show the impact and outcomes of the LTP are highlighted in appendix 2.
- 57 County Durham LTP contributed to the national pilot evaluation participating in follow-up calls, workshops and providing testimonials. From these, 3 key themes were identified:
- Outbreak identification - LAs to see the whole epidemiological picture in their area, and use local intelligence to limit virus spread
 - Better engagement by residents - more engaged, compliant and co-operative. This is due to a number of reasons, including:
 - Cases receive texts ahead of LA calls enhancing engagement and compliance.
 - Local numbers & local accents build trust and rapport.
 - Cases are often completed after the first call, resulting in less frustration for citizens resulting from repetitive attempts.
 - Better local support and wellbeing for residents and contact tracers
 - better quality knowledge of local support offer to help improve self-isolation compliance.
 - LA Case tracers well-being is improved as they are speaking to cases who are more willing to engage and less aggressive.
 - greater visibility of whole households and case tracers are able to be assigned multiple cases within the same family to build rapport, minimise calls to cases and ability to weave in local support and wellbeing information to enhance citizen experience.

Isolate (Supported Isolation)

- 58 The County Durham Together Community Hub provides holistic support to enable people to self-isolate whether they test positive for COVID-19, are identified as a close contact, or are considered clinically extremely vulnerable to the effects of Covid.
- 59 Adopting a holistic, people and place-based approach, the Hub is a central co-ordination function for voluntary and community organisations. Linking to existing services where possible and providing essential aid when necessary the Hub facilitates access to essential supplies, social contact, welfare assistance including support to access to NHS Test and Trace Self-Isolation payments.

Vaccination

- 60 The Covid-19 vaccination programme continues to be rolled out successfully and at speed across County Durham. Currently we have seen:
- The introduction of mass vaccination sites and vaccine hubs across the county, with the mass vaccination centre at the Arnison Centre working to capacity.
 - Utilising various channels to make the vaccine as accessible as possible; from the mass vaccination centres, to GP hubs and Pharmacy rollout and a vaccine bus and 'pop-up clinics' to go directly into areas when take up is lower targeting communications too hard to reach groups and in response to convened Outbreak Control Teams.
 - As at 5 July 2021, 82.7% of the eligible population aged 16+ have now received their first dose; over 64.4% have received their second dose; and 17.3% are not yet vaccinated.
 - Primary care have delivered 635,000 vaccines as at 20 June 2021.
 - The CCG has established a roaming team to vaccinate hard to reach groups initial focus on Gypsy Roma Traveller communities and homeless and rough sleeper communities 106 vaccines have been delivered to date.
 - 2169 vaccines administered in Durham City, and surrounding areas as part of walk in and pop-up 'get your jab' events on 26-27 June 2021.

- The Melissa bus has vaccinated 2451 people (1st and 2nd doses) as at 23 June 2021.
- A booster vaccine will be available in Sept 2021 which will be compulsory for health and social care staff and priority groups. It is likely students will get their booster vaccination at Easter.
- A great multi-agency effort to bring all plans into place, with great support from the voluntary and community sector.

Covid funding

- 61 The purpose of this funding is ‘to provide support to local authorities in England towards expenditure lawfully incurred or to be incurred in relation to the mitigation against management of local outbreaks of COVID-19’.
- 62 The Outbreak Funding Budget Group was set up to oversee the process for the management of expenditure. To support the 2020 - 21 allocation of the COMF the Outbreak Funding Budget Group managed a surge bids exercise inviting service areas to submit business cases for funding opportunities. Following the announcement of further funding for 2021-22 the public health team coordinated a budget prioritisation exercise to ensure:
- Auditable process for decision making
 - Jointly agreed criteria for spending the fund
 - Based on need and a place-based approach to reduce inequalities and improve health and social outcomes
 - All money is allocated
- 63 The Outbreak Funding Budget Group provide monthly updates to the HPAB and CMT to ensure those receiving funding follow the Outbreak Funding Briefing and Procedure to ensure the process is followed regarding expenditure, recharge, monitoring and reporting.
- 64 COMF funding to date has supported work across the council and with partners including:
- testing coordination and support.
 - expansion of public health and compliance teams.
 - grants to education providers.
 - grants to grass roots sports and activities providers.
 - domestic abuse system improvement.

- housing – vulnerable, prison leavers, temporary secure accommodation.
- Area Action Partnerships and community buildings.
- recovery in VCSE and community resilience and community champions.
- LA7 pooling joint funding – communications and care homes support.
- Development of long COVID clinics.

Covid-19 Data

- 65 Local detailed information is available on our [COVID-19 dashboard](#). The dashboard provides a summary of cases by rates, ages and Middle Super Output Area (MSOA) along with current hospital bed occupancy and a summary of Covid-19 deaths. The Covid-19 dashboard provides;
- North East summary.
 - County Durham summary of cases.
 - County Durham cases by age band.
 - Vaccinations in County Durham.
 - County Durham and Darlington Foundation Trust hospital Covid-19 bed occupancy and ICU beds.
 - County Durham summary of Covid-19 deaths.
 - Cases and rates by Middle Super Output Area (MSOA) in County Durham.
- 66 From the 17 May 2021 Step 3 of the roadmap began which saw all but the most high-risk sectors reopening alongside the easing of limits on social contact. Most notably the rule of six indoors and groups of up to 30 people outdoors.
- 67 Since the introduction of Step 3 and the national spread of the Delta variant there has been a rapid and significant increase of cases in County Durham.
- 68 The Government announcement on 14 June delayed Step 4 of the roadmap with the final easing of restrictions halted for 4 weeks from the 21 June to 19 July to allow more of the population to have a first dose of the vaccine and to bring forward second doses to combat the spread of the Delta variant.

Outbreak control and community transmission

- 69 COVID-19 outbreaks follow agreed PHE joint management arrangements set out in an overarching Standard Operating Procedure (SOP) which covers a number of different settings. The strong relationship between the DCC Public Health team (and LA12) and Public Health England Health Protection Team (PHE HPT) ensures review and revision of these procedures as required. The Director of Public Health provides oversight and leadership of all Outbreak Control Teams.
- 70 The dedicated Outbreak Control Team (OCT) reporting to the Director of Public Health (DPH) and the Local Health Protection Assurance Board (HPAB) has established strong working relationships with key partners within the Council and across the health and social care system and draws on existing expertise depending on the setting or group of people affected, such as school, workplace, prison etc.
- 71 The team have put in place a range of procedures, including a triaging system, staff rotas (in and out of hours), and initial investigation of cases across all settings. They work closely with the HPT in PHE, supporting formally-convened OCTs. The council has committed to continue to fund the team until March 2022.
- 72 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 5100 reports of positive cases (excludes Care Homes and Prisons and Education data), as these are recorded separately) and responded to over 10,000 enquiries.
- 73 In addition, over 33 Outbreak Control Teams (OCTs) have been convened to provide outbreak management in specific settings; such as care homes, schools and Durham University, children's residential homes, secure settings, workplaces and community transmission.
- 74 The OCT's utilise the expertise of partners who work collaboratively to bring the outbreak under control, identifying close contacts and common exposures and the cause of transmission, and also re-examine Covid secure measures, risk assessments and lessons learnt that can be circulated and stop similar outbreaks from occurring.
- 75 Communications during an outbreak play a very important role, from the frequent internal briefing supplied to CMT, Cllr Members, MPs, stakeholders and other interested parties to the external communication to those involved in the outbreak and the wider community. Well informed partners and community can be a real asset in reducing

opportunity for transmission, providing social control and a good source of intelligence invaluable to the control of the outbreak.

Communications

- 76 Clear and timely communication plays a key part of any effective outbreak response. Throughout the pandemic the Outbreak Control team has contributed to and supported the work of the COVID-19 communications group, providing all members with specialist Public Health advice and information. The team has been involved in all aspects of the outward facing public communications and internal DCC communications, developing a local communication plan aligned to the LOMP.
- 77 Communication activity focus has included:
- Covid prevention key messages – Hands, Face, Space, Fresh Air, twice weekly testing and vaccines.
 - Targeted local communications when outbreaks have occurred, or rates have increased in a particular area.
 - Joint working with LA7 on the highly visible and positively evaluated Beat COVID-19 North East campaign.
 - Regular communication of the local COVID-19 data position ([Durham Insight](#)).
 - Strong relationship with partners, schools, external organisations and the voluntary sector meaning they share communications, extending our reach in getting messages out to communities.
- 78 Local communications and actions are aligned with PHE and with local, regional, and national partners as appropriate for the best outcomes for our communities and the reduction of community transmission.

Covid Champions programme

- 79 COVID-19 Community Champions are trusted voices in local communities. As well as us sharing relevant and timely information with communities, Champions share feedback from communities - what's working well, what questions people have, what people think can be done better enabling responses to be shaped by local intelligence.
- 80 Currently 115 people are actively engaged - 39 Champions Plus and 76 Champions. There are 3 geographically defined locality-based teams, North, South and East.

- 81 Current Community Champions are working with the Programme Lead to identify venues and activities e.g. schools, libraries, community groups etc. that they are attached to or would like to be attached to in their communities to support wider information dissemination and activity development in localities.
- 82 A recruitment plan has been developed and is underway to recruit more Champions and Champions Plus. The plan continues to welcome generic Champions to join the programme and also has a targeted approach – geographically and target populations.
- 83 A recruitment refresh has been provided to the Active 30 schools cohort and recruitment information has been circulated to School Governors. We have recently received 11 new pledges with 8 from primary schools. From these latest recruits we now have programme reach in Aycliffe, Crook and Shildon.
- 84 The Durham Youth Council lead has pledged to be a champion and will relay key messages as appropriate to approximately 50 – 70 young people across the County.
- 85 A COMF funding bid has been approved to develop a Young Covid Champions offer.

Conclusion

- 86 The LOMP provides assurance, governance and future direction to ensure the ongoing ability for all settings to respond rapidly to any outbreak situation to protect the health of the residents and workforce of County Durham.
- 87 Challenges remain at a local level in the prevention, control and management of outbreaks and emerging VoCs, equitable vaccine delivery, addressing the wider health and social impacts of the pandemic.
- 88 Government guidance is lacking most notably for a national testing strategy to direct policy and local delivery and the transition of PHE to the UKHSA provides uncertainty of the future health protection responsibilities of the Local Authority and the staff and skills required to deliver this.

Background papers

- Included in Plan

Other useful documents

- None

Contact: Amanda Healy

Tel: 03000 264323

Appendix 1: Implications

Legal Implications

N/A. Health Protection: Legal and Policy Context¹

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 Groups² 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

Local Outbreak Management Funding to be allocated to Local Authorities still to be confirmed.

Consultation

Ongoing consultation with the key partners, community representatives and PHE members.

Equality and Diversity / Public Sector Equality Duty

Vulnerable populations must be reached and supported.

Climate Change

N/A.

Human Rights

N/A

¹ 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>

Crime and Disorder

N/A.

Staffing

Staff time across the all key stakeholders for the ongoing planning, prevention, and support for the outbreak management to protect residents.

Accommodation

N/A.

Risk

Risks are identified throughout the LOMP.

Procurement

N/A.

Disability issues

N/A

Appendix 2: Local Tracing Partnership case studies

Case studies to show the impact and outcomes of the Local Tracing Partnership (LTP).

Case Study 1

The gentleman (90 years) tested positive and was self-isolating, his family and neighbours normally help him with the shopping, but his daughter also tested positive. As we spoke he said he loved to read but said he nearly read all his books he had in the house – that's when I suggested the library service to which he agreed and I referred him for a drop off – I explained about our Chat Together calls if he would like the service but said he was ok for now – that's when I gave him our telephone number and AGE UK if he ever needed any assistance.

Case Study 2

I asked questions regarding the family welfare, where she mentioned they had run out of money for food and only had 2 days' worth of food left, and as they were in lockdown, couldn't go out and had no one who could drop food off for them. As a result, we followed this case up with her and managed to get a food drop off in the snowy conditions from the Salvation army.

Case Study 3

Customer who had Covid, along with wife and 2 young children. Started the call by telling me he has been contacted numerous times and is sick of people being pushy. Explained who I was, where from and that I was calling from a welfare perspective. Customer engaged and commented that he was more inclined to respond with local accent as security concerns in giving personal information.

Customer has been ill for several days with Covid hence reason for not engaging with national team

- Spoke to him and captured details but he said he was concerned about being paid from work and it was worrying him.

- Went through criteria for discretionary T&T payment and was also able to give him his ID number to make the application and direct him to it on our website.
- No immediate welfare needs including mental health support needed but gave our number for support. Said he felt much better after our conversation

This page is intentionally left blank

Adults, Wellbeing and Health

Overview and Scrutiny Committee

28 July 2021

Health Protection Assurance Annual Report



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

Electoral division(s) affected:

All.

Purpose of the Report

- 1 The purpose of this report is to provide members of Adults Wellbeing and Health Overview and Scrutiny Committee with an update on health protection assurance arrangements in County Durham.
- 2 Updates come from the implementation of the health protection action plan, which is overseen by the Health Protection Assurance and Development Group (HPADG).
- 3 The direct response to the COVID-19 pandemic is covered in reports from the Health Protection Assurance Board (HPAB). This report will pick up on the indirect effects of COVID-19 as to the impact on relevant work programmes.

Executive summary

- 4 HPADG meets quarterly and seeks assurance on five main strands of health protection activity, in addition to data and communications which are threaded throughout:
 - (a) Screening programmes
 - (b) Immunisation programmes
 - (c) Outbreaks and communicable diseases
 - (d) Strategic regulation interventions
 - (e) Preparedness and response to incidents and emergencies
- 5 Key achievements overseen by HPADG to date include:
 - (a) Improvement in flu vaccination uptake amongst eligible groups
 - (b) Extension of Durham County Council flu vaccination to all staff, with much improved uptake on the previous year
 - (c) Sustained delivery of national immunisations programmes

- (d) Sustained delivery of the Antenatal and Newborn Screening programme.

6 Areas impacted by COVID-19 and requiring further development.

- (a) All but the Antenatal and Newborn screening programmes have been impacted by the pandemic. The restoration of affected screening programmes was started prior to the second wave and will have been affected by successive waves.
- (b) Development areas include:
 - Improving uptake of certain vaccinations including shingles and pneumococcal
 - Ensuring equitable coverage and uptake of screening and immunisations programmes
 - Taking account of forthcoming changes to the NHS England and Public Health as they affect health protection functions
 - Development of a sexual health strategy for County Durham
 - Ensuring health protection and public health related emergency preparedness is assured during organisational change.

Recommendation(s)

7 Members of Adults Wellbeing and Health Overview and Scrutiny Committee are requested to:

- (a) Note the content of the report.
- (b) Note that performance in County Durham for all childhood immunisation programmes exceeds both standards and national averages
- (c) Note that the report provides broad assurance that effective processes are in place for each of the key strands of health protection activity
- (d) Support the need for further assurance in relation to flu and COVID-19 vaccination
- (e) Support the need for assurance on the transfer of Clinical Commissioning Group (CCG) and Public Health England (PHE) functions including health protection and screening and immunisation programmes and emergency response
- (f) Support further identification and response to emerging health protection priorities and be updated accordingly.

Background

- 8 The protection of the health of the population is one of the five mandated responsibilities given to local authorities as part of the Health and Social Care Act 2012. The Director of Public Health (DPH) for County Durham is responsible under legislation for the discharge of the local authority's public health functions.
- 9 The health protection element of these statutory responsibilities and the mandatory responsibilities of the DPH are as outlined below:
 - (a) The Secretary of State's public health protection functions
 - (b) Exercising the local authority's functions in planning for, and responding to, emergencies that present a risk to public health
 - (c) Such other public health functions as the Secretary of State specifies in regulations
 - (d) Responsibility for the local authority's public health response as a responsible authority under the Licensing Act 2003, such as making representations about licensing applications
 - (e) A duty to ensure plans are in place to protect their population including through screening and immunisation.
- 10 Within Durham County Council, the remit for health protection is delivered by Public Health in conjunction with the Community Protection Service (CPS) and the Civil Contingencies Unit (CCU). The local CCG employs an Infection Prevention and Control Team (IPCT) through an agreement with Public Health.
- 11 PHE's core functions include protecting the public from infectious diseases, chemicals, radiation and environmental hazards and supporting emergency preparedness, resilience and response. Teams responsible for delivering these functions in the North East sit within the PHE Centre based in Newcastle upon Tyne.
- 12 NHS England (NHSE), working jointly with PHE, is responsible for commissioning and quality assuring population screening and immunisation programmes. This includes a team covering the Cumbria and the North East, also based in Newcastle.
- 13 Regular liaison between Directors of Public Health (DsPH), the Centre Director of PHE in the North East, and the Head of Public Health for NHSE in Cumbria and the North East occurs via monthly North East DsPH meeting and monthly telephone catch ups as well as via the Public Health Oversight Group.

- 14 In August 2020 the Secretary of State for Health and Social Care announced the abolition of Public Health England, with a new National Institute for Health Protection (NIHP) to take over its health protection functions.
- 15 On 24th March 2021, it was declared that the UK Health Security Agency (UKHSA) would replace the concept of the NIHP and be established from April 2021. The transfer of responsibilities is expected to take place by September 2021.
- 16 The UKHSA includes the NHS Test and Trace Programme and the Joint Biosecurity Centre, which were stepped up in response to the COVID-19 pandemic.
- 17 The White Paper 'Integration and Innovation: working together to improve health and social care for all' was published on 11th February 2021. This announced that the government had concluded that that the allocative functions of CCGs should be held by an ICS NHS Body. Amongst other things, this will have implications for the current arrangements for the commissioning and delivery of the local Infection Prevention and Control Team.
- 18 The White Paper included a proposal to create a power for the Secretary of State for Health and Social Care to require NHS England to discharge public health functions delegated by the Secretary of State alongside the existing section 7A provisions (rather than by agreement with NHS England, as is currently the case). This would include scope to direct as to how those delegated functions are to be exercised.
- 19 By these means, the government foresaw 'a greater range of delegation options for section 7A public health services, including the ability for onward delegation of the function into collaborative arrangements, such as a section 75 partnership arrangement'.

Health protection assurance arrangements in County Durham

- 20 The previous annual report laid out in full the local assurance arrangements for health protection.
- 21 There have been significant changes in governance and assurance for the COVID-19 pandemic and local response, which is covered separately in updates to the local Outbreak Control Plan and HWB via the HPAB.
- 22 The HPADG, chaired by the DPH, was established in 2018, and aims to enable the Director of Public Health to fulfil the statutory role in assuring

the Council and HWB that satisfactory arrangements are in place to protect the health of the local population.

- 23 The HPADG has developed a detailed action plan built on five pillars of health protection, in addition to data and communications, which are threaded throughout:
 - (a) Screening programmes
 - (b) Immunisation programmes
 - (c) Outbreaks and communicable diseases
 - (d) Strategic regulation interventions
 - (e) Preparedness and response to incidents and emergencies
- 24 The action plan is supported by a scorecard that includes a range of appropriate health protection indicators and outcomes (see Appendix 2).
- 25 The Health, Safety and Wellbeing Safety Strategic Group (HSWSG) is in place in DCC to ensure that suitable priority is given to the management of Health, Safety and Wellbeing across the Council. This includes representation from Public Health.
- 26 NHSE established a County Durham and Darlington Screening and Immunisations Oversight Group which provides assurance to the DPH in relation to screening and immunisation programmes. In addition, the management of incidents and the quality assurance for screening programmes are reported separately to the DPH. Programme boards have been established for each of the screening and immunisation programmes.
- 27 PHE established the County Durham and Darlington Area Health Protection Group and this brings together organisations involved in protecting the health of the population. Prior to the pandemic, the group met quarterly, attended by a Consultant in Public Health. The purpose of the group is to provide a forum to discuss strategic and operational health protection issues; review outbreaks and incidents (local, regional and national) and learn from lessons identified; provide a forum where cross-boundary and cross-organisational issues can be discussed and solutions identified; identify local priorities alongside implementing national policy and guidance, and identify any joint training and development needs. The group does not have a formal accountability or governance structure.
- 28 PHE NE has a bespoke surveillance system in place for communicable diseases with daily and weekly alerts for exceedances and identification of linked cases. The DPH is informed of outbreaks, incidents and

exceedances via email alerts. The DPH is represented at all local outbreak control meetings and outbreak reports are also shared.

- 29 In addition, the DPH has direct access to national surveillance systems set up for the collection and analysis of COVID-19 related data including vaccinations.
- 30 The DsPH for County Durham and Darlington established the County Durham and Darlington Healthcare Acquired Infections (HCAI) Assurance Group in 2004. This group is chaired by a DPH and has wide membership from all provider organisations, enabling the DsPH to have a clear line of sight to all providers in County Durham and Darlington. HCAI information is also reported directly to CCGs where action plans are put in place to address identified issues. These are reported to the CCGs' Governing Bodies as part of the regular quality reports.
- 31 County Durham has retained an in-house team of Infection Prevention and Control nurses. The Infection Prevention and Control Team (IPCT) provide a service to both County Durham and Darlington to support both Primary Care and Social Care within residential settings, and, since September 2020, the service has been extended to schools providing for children with Special Educational Needs to bolster their Infection Prevention and Control Support in County Durham.
- 32 The IPCT continue to undertake Root Cause Analysis of Community Onset Clostridium difficile Infection cases and Community Methicillin Resistant Staphylococcus (MRSA) blood stream Infections. Lessons learned are highlighted to the appropriate clinicians in primary care.
- 33 The team is notified of all alert organisms for residents in care homes and offers the appropriate advice to the staff to help manage the resident safely.
- 34 The IPCT support and work with colleagues in the local authorities' adult social care commissioning team.
- 35 All work undertaken by the IPCT is reported back through the County Durham and Darlington Health Care Associated Infections Assurance group chaired by the DsPH.
- 36 NHS England established the County Durham and Darlington and Tees Local Health Resilience Partnership (LHRP) in 2013. This has now merged with the LHRP in the north of the patch to form a North East group. One of the responsibilities of the LHRP is to provide the DPH with assurance that the health sector has well tested plans to respond to major incidents that contribute to multi-agency emergency planning.

The LHRP is co-chaired by NHSE and a DPH and attended by a County Durham Consultant in Public Health.

- 37 NHSE and CCGs have a duty to cooperate with local authorities on health and well-being under the NHS Act 2006. This includes cooperating on health protection, including the sharing of plans. The 2012 Health and Social Care Act makes clear that both NHE England and the CCGs are under a duty to obtain appropriate advice in the protection of the public health. CCGs are also Category 2 responders under the Act giving them a duty to provide information and cooperate with civil contingency planning as needed.
- 38 The Civil Contingencies Unit (CCU) is essentially the local authority's point of contact for business continuity and emergency planning both internally and externally in response to incidents and emergencies. The CCU are also a conduit for information for multiple agencies through the Local Resilience Forum (LRF) and have a duty officer on call at all times.
- 39 CCU holds a community risk register which provides assurance to the DPH about key risks to the community including: pandemic influenza; flooding; adverse weather; emerging infectious disease; fuel shortage; widespread long duration electricity network failure; animal disease and building collapse.
- 40 The CCU produce extensive emergency preparedness plans on 'Resilience Direct' and work with the LRF to co-ordinate the training exercise calendar. This also includes running exercises for the local university.
- 41 All internal plans are reviewed on a regular basis. The DPH is involved in the initial development of relevant plans and is sent updates once plans are reviewed. Access to LRF plans is through 'Resilience Direct' from the LRF or the CCU. The DPH is a member of the LRF.
- 42 Durham County Council leads the recovery co-ordination group, responsible for community engagement and recovery assurance in the event of an incident (for example an extensive fire that may have led to land contamination).
- 43 Under normal circumstances, PHE's Health Protection, NHSE's Screening and Immunisation and the local IPCT produce annual reports.
- 44 PHE's annual report covers the NE geography and includes details of the prevention and surveillance of communicable diseases, their response to communicable disease outbreaks and incidents; emergency preparedness, resilience and response, environmental

issues and quality and health inequality issues in health protection. The annual report is supplemented by quarterly reports to the DPH that detail outbreaks and issues in County Durham.

- 45 NHSE's annual flu programme report describes uptake amongst eligible groups and highlights areas for improvement. This is preceded by a local evaluation of the flu programme delivered locally.
- 46 The IPCT annual report details the range of support and interventions initiated to reduce HCAI and reports in year activity details. This report also includes the work plan for the IPCT for the upcoming year.
- 47 The DCC Community Protection Service (CPS) provides assurance to national regulators including Department for Environment, Food and Rural Affairs (DEFRA), Food Standards Agency (FSA) and Health and Safety Executive (HSE) through the implementation and regular reporting on their air quality strategy; contaminated land strategy; food safety plan; food hygiene plan; annual enforcement programme; various licensing and enforcement policies and disease contingency plans. Services provided by CPS are regulated nationally by the FSA, HSE and DEFRA to provide further assurance on the quality of service provision.
- 48 A Local Air Quality Management Area currently exists within Durham City. Action and implementation plans are in place to reduce Nitrogen Dioxide emissions and improve air quality standards within that area.

Updates on key areas

- 49 Data provided below are collated from numerous sources and compiled in the scorecard attached at Appendix 2.

Screening and immunisations

Screening

- 50 Up to and including 2019, cancer screening coverage rates in County Durham have consistently exceeded national averages and minimum standards. In 2019:
 - (a) Breast screening coverage in County Durham was 78.4% compared to a national average of 74.5%.
 - (b) Cervical screening coverage in County Durham was 76.9% compared to a national average of 71.9%.
 - (c) Bowel cancer coverage in County Durham was 62.3% compared to a national average of 60.1%.

- 51 Performance against key indicators for non-cancer screening programmes (including Antenatal and Newborn Screening, Diabetic Eye Retinopathy and Abdominal Aortic Aneurysm) in County Durham shows sustained achievements above national minimum standards up to Quarter 4 2019/20. The only exception was coverage of Newborn Hearing, which at 94.1% fell below the standard of 98%.
- 52 COVID-19 has impacted on delivery of most adult screening programmes, with the following services currently recovering: Abdominal Aortic Aneurysm, Diabetic Eye Retinopathy, Bowel and Breast cancer screening
- 53 Cervical cancer screening services have been restored, and Antenatal and Newborn Screening services have been unaffected by the pandemic.

Immunisations

- 54 Vaccinations delivered through primary care (including the childhood programme) have been unaffected by the COVID-19 pandemic. School age immunisation services have recovered.
- 55 At the time of writing, the COVID-19 vaccination programme is ongoing, with hospitals mainly responsible for vaccinating health and social care workers, and Primary Care Networks vaccinating eligible patients. Access to appropriate high quality data is currently in development.
- 56 Overall, the universal childhood immunisation programmes demonstrate high uptake rates across County Durham, with rates generally above national targets and averages (see Appendix 2). This includes the following coverage:
- (a) 97.8% of the combined diphtheria, tetanus, whooping cough, polio and Haemophilus influenzae type b (Dtap / IPV / Hib) vaccine at 1 year
 - (b) 97.8% of pneumococcal vaccine (PCV) at 1 year
 - (c) 98.0% of the Dtap / IPV / Hib vaccine at 2 years
 - (d) 97.1% of the PCV booster at 2 years
 - (e) 96.8% for one dose of Measles, Mumps and Rubella at 2 years
 - (f) 98.1% for one dose of MMR at 5 years
 - (g) 96.1% for two doses of MMR at 5 years
- 57 At the time of writing, the flu vaccination campaign is ongoing as patients can be inoculated until the end of March 2021. Provisional data show that, despite challenges to delivery in a COVID-19 safe environment, uptake of flu vaccinations has improved across eligible groups since the previous year.

- 58 In 2020/21 the DCC staff vaccination programme was extended to all staff (including schools, but not academies). To date, 3981 staff vaccinations have been given.
- 59 An evaluation of the 2020/21 campaign will be produced by the Board in Spring 2021. This will inform the flu programme for 2021/22.
- 60 Uptake of Shingles vaccine remains stubbornly low. Discussions have been held with NHSE on ways to improve uptake locally.
- 61 There continues to be national shortage of pneumococcal vaccine covering 23 strains of the bacteria that may be impacting on uptake.

Communicable disease control and outbreaks

- 62 In response to the pandemic, DCC has established an Outbreak Control Team and a 7-day week rota for the public health team to monitor and respond to clusters and outbreaks of COVID-19. A wider on-call rota was put in place to manage outbreak responses, with outbreak control teams convened on a number of occasions, pulling together colleagues across the spectrum of public health, community protection, communications, civil contingencies, and community support, to respond to individual outbreaks.
- 63 The presence of several prison establishments in Durham presents challenges in the management of infectious diseases, particularly respiratory viruses (including COVID-19), blood borne viruses and TB.
- 64 At the time of writing, there have been outbreaks of COVID-19 within prison establishments across the North East at different stages of the pandemic.
- 65 The sexual and reproductive health activity dataset (SRHAD) and HARS, together with GUMCADv2 form the basis for a standardised sexual health dataset collected from sexual health clinic settings (plus CTAD from laboratories). The Integrated Sexual Health Service (ISHS) is expected to provide and discuss quarterly GUMCADv2 and SRHAD data analysis from PHE to enable informed commissioning decisions relating to GUM attendances, activity and sexually transmitted infection trends.
- 66 PHE Sexual and Reproductive Health profiles continue to show County Durham as having a lower than average diagnosis rate for STI's.
- 67 Antimicrobial resistance (AMR) continues to be a growing threat to public health. County Durham CCG has seen significant reductions in antibiotic prescribing, reducing the number of prescription items for antibiotics per patient population measure (STAR-PU) by 8% from Nov

19 to Nov 20. This is partly due to the COVID-19 pandemic leading to reduced prescribing for acute coughs as well as telephone triage measures in GP practices leading to more appropriate prescribing. Despite this reduction County Durham CCG remains the 5th highest prescribing CCG out of 137 CCGs in England at 1.053 items per STAR-PU. The CCG employs a Medicines Optimisations (MO) Team who take the lead on encouraging appropriate prescribing practices, however in view of the COVID-19 pandemic and the pressures on primary care this work has been mainly supportive over the last year (20-21). This work will continue to be a focus for the MO team in 21-22.

Strategic regulation intervention

- 68 The Community Protection Service (CPS) delivers key frontline services which are mainly regulatory in nature and encompass environmental health, trading standards and licensing functions. The service is adopting a more strategic and risk-based approach to regulation and works closely with a range of key partners to achieve better regulatory outcomes which protect and promote the health and wellbeing of local communities. The Service is now responsible for community safety, including Anti-Social behaviour and the Vulnerability Interventions Pathway Team who signpost into a variety of support services including addictions, mental health, alcohol and drug misuse and crisis services.
- 69 In relation to service priorities, as well as maintaining the Council's statutory functions around food safety and wellbeing, occupational safety and health, pollution control, housing standards and other health protection interventions, the CPS is an integral part of the Council's COVID-19 Pandemic response in relation to outbreak management and regulation of relevant health protection legislation and implementation of local COVID-19 restrictions.
- 70 The CPS team has had long term capacity issues which has been further compounded by the COVID-19 response and Brexit transition. Additional funding has been secured to increase capacity within operational teams, however there are national shortages of suitably qualified Environmental Health and Trading Standards professionals which present difficulties with ongoing recruitment as well as staff retention and succession planning.
- 71 In addition, the CPS has a number of specialist teams which will provide an enhanced COVID-19 response in relation to local COVID-19 outbreaks, workplace health and safety, nuisance and anti-social behaviour. As part of our graduated approach to compliance and enforcement, some enforcement actions will need to be escalated to the specialist CP teams as and when necessary. The Community Protection Service Teams have a range of enforcement powers and

tools to deal with non-compliance issues associated with current restrictions and other matters which may be related to local restrictions including:-

- Fixed Penalty Notices
- Prohibition Notices
- Improvement notices
- Abatement Notices
- Community Protection Notices
- Directions to close premises, events or public places
- Criminal Proceedings

- 72 The CPS continues to provide business support through the Business Regulatory Advice Department (BRAD). The service team will provide advice and guidance to businesses to promote better compliance with current legislation as well as facilitates business diversification.
- 73 Following a successful bid by the Safe Durham Partnership for 'Making Every Adult Matter' (MEAM) support during 2020 work is progressing to develop a place based approach to tackling local community issues and improve the futures of the most disadvantaged individuals.
- 74 The overarching vision of the partnership is to promote new ways of working which could be replicated in other areas where there are significant health, social and economic problems.
- 75 The MEAM approach provides a framework on which to strengthen our existing partnership arrangements as well as facilitate system change and promote the co-production of future services.
- 76 This work supports the principles of the County Durham Together initiative which will provide a new way of working with our communities towards achieving the County Durham Vision 2035.
- 77 Horden has been identified as the Phase 1 pilot area given the levels of multiple deprivation and ongoing community issues in the area. The Horden project team will develop the MEAM initiative and bring together a variety of different partners who will work as one team within a neighbourhood hub. Their work will focus on addressing the needs of individuals as well as local community priorities and build upon best practice and shared learning identified from our ongoing response to the COVID-19 pandemic.

- 78 Working collaboratively to restore, redeem and transform local communities and address a variety of community issues and social needs, the Horden project team will focus on the social determinants of health including improvements in the local environment, housing, education, income, crime and social capital.
- 79 Initial investment in the Horden project has been identified for the next 3 years and will enable further opportunities to be explored including match funding. An Expression of Interest (EOI) has been submitted to the Government's 'Changing Futures' programme. If successful, this may attract additional funding of between £1.5-£4.5M to continue the project and potentially increase the establishment of more place based teams in other areas of high multiple deprivation across the County.

Preparedness and response to incidents and emergencies

- 80 Partner organisations involved in public health have played a major role in preparing for and responding to public health incidents this year.
- 81 As the COVID-19 pandemic emerged, partners reviewed and re-appraised themselves of the North East Influenza Pandemic Framework which was used as the initial governance and response framework for the pandemic. Outbreak management and business continuity plans were reviewed and developed and exercised on a number of occasions through the year. As part of the development of the COVID-19 Local Outbreak Management Plan, scenario planning workshops were used to develop standard operating procedures for each of the outbreak control teams.
- 82 The council's emergency response procedures, and in particular those relating to evacuation and emergency rest centres have been reviewed and revised in response to the evolving COVID-19 guidance and rest centre managers and responders briefed and trained on COVID-19 safe management and practice.
- 83 A first wave de-brief was undertaken in the summer and further exercises developed and undertaken in response to the government's local response strategy and the development of the County Durham Local Health Protection Assurance Board's own case and outbreak exceedance modelling (the spike predictor tool).
- 84 The civil contingencies unit has also worked with the CCG and NHSEI to identify vaccination centre sites across the county.
- 85 The Excess Death Framework for Durham and Darlington was exercised in February 2020 and subsequent COVID-19 specific excess

death plans and protocols have been developed and exercised during the course of 2020/21.

- 86 Public health partners took part in an exercise on wider winter pressures which included other impacts in addition to COVID-19 and EU transition.
- 87 Plans are in place for the two Control of Major Accident Hazards (COMAH) sites in Durham and a statutory exercise for one of the two sites will be undertaken later this year.
- 88 The Director of Public Health, along with other DsPH across the North East are part of a Scientific and Technical Advice Cell rota in a major incident when a STAC is called by the Strategic Co-ordinating Group the DPH will chair the STAC. The DPH has undergone Major Incident Gold Command Training to ensure the DPH can operate at SCG level and understands the working arrangements of STAC and the SCG.
- 89 The DPH is a member of the County Durham and Darlington LRF SCG established in February 2020 to manage COVID-19. The DPH is also a member of the Regional Officers Group and has advised the LA7 group of local authorities as chair of the North East group of Directors of Public Health.
- 90 Agencies were involved in precautionary planning in relation to fire risk at a commercial waste processing site which subsequently led to a major fire incident in the Old Eldon area. Public health risks were assessed, and appropriate advice given to local residents concerned by smoke.
- 91 Agencies have also monitored the spread of avian flu across the country and provided advice to the farming and poultry industries on human health risks in commercial farming and to the public in relation to coming into contact with dead wildfowl.

Main implications

- 92 It is critical that the DPH receives assurance in relation to the health protection functions of screening; immunisation; outbreaks and communicable disease management; strategic regulation interventions and; preparedness and response to incidents and emergencies.
- 93 Following engagement with representatives from Public Health England, NHS England, DDES CCG and DCC Civil Contingencies Unit, Department for Environment, Health and Consumer Protection and community infection control assurance mechanisms are now in place

through the formulation of a health protection action plan. This action plan has identified priority areas for action, achievement of which will be monitored through the HPADG and health protection scorecard. The HPADG group meets quarterly and reports to the HWB.

Conclusion

- 94 The health protection functions delivered by a range of organisations in County Durham continue to demonstrate good overall performance.
- 95 On the whole, good communication exists between the commissioners of the various programmes and the DPH and remedial and corrective interventions are instigated when necessary. Escalation procedures are in place in the event the DPH needs to raise concerns. Despite challenges with delivery in the context of COVID-19, preliminary data show that uptake of flu vaccination has improved amongst all eligible groups since the previous year.
- 96 There has been significant change to health protection structures and processes during the COVID-19 pandemic. 2020/21 is likely to bring further structural change and may require the continuing need for a heightened response to COVID-19 whilst seeking to manage change and maintain focus on other health protection functions.
- 97 There remain areas for potential improvement across screening and immunisation services, communicable disease control and outbreaks, strategic regulation intervention, and preparedness and response to incidents and emergencies. This includes understanding and addressing variation in access to services by sociodemographic characteristics. Monitoring towards achievement of the identified actions will be undertaken by the HPADG and using the health protection scorecard. The HPADG meets quarterly and reports to the HWB.

Background papers

- None

Other useful documents

- None

Author Chris Allan Tel: 03000 266426

Appendix 1: Implications

Legal Implications

Section 2B NHS Act 2006 places a duty on each local authority to take such steps as it considers appropriate for improving the health of the people in its area.

The steps that may be taken include:

providing information and advice; providing services or facilities designed to promote healthy living; providing services or facilities for the prevention, diagnosis or treatment of illness; providing financial incentives to encourage individuals to adopt healthier lifestyles; providing assistance (including financial assistance) to help individuals to minimise any risks to health arising from their accommodation or environment; providing or participating in the provision of training for persons working or seeking to work in the field of health improvement; making available the services of any person or any facilities; providing grants or loans (on such terms as the local authority considers appropriate).

Finance

Funding for the staff flu vaccination programme comes from the Public Health (health protection) budget.

Consultation

There is no requirement for consultation in relation to this report.

Equality and Diversity / Public Sector Equality Duty

There are no implications in relation to the Public Sector Equality Duty in relation to this report.

Climate Change

Exposure to potential harms arising from the effects of climate change would fall within the umbrella of health protection, for example severe weather patterns.

Human Rights

This report has no implications for human rights.

Crime and Disorder

This report has no implications for crime and disorder.

Staffing

This report has no implications for staffing.

Accommodation

Not applicable.

Risk

No risks are identified for the Council.

Procurement

Not applicable.

Appendix 2: Health protection scorecard

Attached as separate document

This page is intentionally left blank

Health Protection scorecard - February 2021

Significantly worse than England
Not significantly different to England
Significantly better than England
Significance not tested
No sub-regional data available
Above national goal
Close to national goal
Below national goal

Source	Level	Time series	Data updated since previous scorecard?	Indicator	Measure	Period	County Durham		North East	England	Recent trend
							No.	Measure			
PHOF	LA, NE, Eng	Yes, annual	N	2.19 - Cancer diagnosed at early stage (experimental statistics)	%	2017	1,171	49.3%	52.4%	52.2%	
7a Dashboard, PHOF	LA, NE, Eng	Yes, annual	Y	C24a - Cancer screening coverage - breast cancer	%	2020	50,271	77.9%	76.3%	74.1%	
			Y	C24b - Cancer screening coverage - cervical cancer (25 - 49 years)	%	2020	62,719	76.9%	77.2%	70.2%	
7a Dashboard, PHOF	LA, NE, Eng	Yes, annual	Y	C24c - Cancer screening coverage - cervical cancer (50 - 64 years)	%	2020	39,407	77.4%	76.5%	76.1%	
7a Dashboard, PHOF	LA, NE, Eng	Yes, annual	Y	C24d - Cancer screening coverage - bowel cancer	%	2020	58,376	66.0%	65.1%	63.8%	
7a Dashboard, PHOF	LA, NE, Eng	Yes, annual	Y	C24e - Abdominal Aortic Aneurysm Screening - Coverage	%	2019/20	2,616	80.4%	78.3%	76.1%	
PHOF, Available by County Durham and Darlington Diabetic Eye Screening Programme	LA, NE, Eng	Yes, annual	N	C25b - Diabetic eye screening - uptake (%)	%	2018/19	-	-	83.2%	82.6%	
PHOF	LA, NE, Eng	Yes, annual	N	C24h - Infectious Diseases in Pregnancy Screening - HIV Coverage (%)	%	2018/19	-	-	99.7%	99.7%	
PHOF	LA, NE, Eng	Yes, annual	N	C24i - Infectious Diseases in Pregnancy Screening - Syphilis Coverage (%)	%	2018/19	-	-	99.7%	99.7%	
PHOF	LA, NE, Eng	Yes, annual	N	C24j - Infectious Diseases in Pregnancy Screening - Hepatitis B Coverage (%)	%	2018/19	-	-	99.7%	99.7%	
PHOF	LA, NE, Eng	Yes, annual	N	C24k - Sickle Cell and Thalassaemia Screening - Coverage (%)	%	2018/19	-	-	99.7%	99.7%	
PHOF	LA, NE, Eng	Yes, annual	N	C24l - Newborn Blood Spot Screening - Coverage (%)	%	2018/19	-	-	99.0%	97.8%	
PHOF	LA, NE, Eng	Yes, annual	Y	C24m - Newborn Hearing Screening - Coverage (%)	%	2019/20	4,523	98.1%	98.4%	98.2%	
PHOF	LA, NE, Eng	Yes, annual	N	C24n - Newborn and Infant Physical Examination Screening - Coverage (%)	%	2018/19	-	-	95.1%	96.4%	
				12 months							
PHOF	LA, NE, Eng	Yes, annual	N	D03b - Population vaccination coverage - Hepatitis B (1 year old)	%	2019/20	-	100%	-	-	
PHOF	LA, NE, Eng	Yes, annual	N	D03c - Population vaccination coverage - Dtap / IPV / Hib (1 year old)	%	2019/20	4,922	97.8%	96.0%	92.6%	
				<90% 90% to 95% ≥95%							
PHOF	LA, NE, Eng	Yes, annual	N	3.03iv - Population vaccination coverage - MenC **From 1st July 2016 the dose of MenC offered at 3 months is to be discontinued and so the 1 year evaluation 3.03iv indicator will become obsolete within the next two years (data for 2016/17 will be the last collection) **	%	2015/16	5,399	98.7%	97.8%	*	
				<90% 90% to 95% ≥95%							
PHOF	LA, NE, Eng	Yes, annual	N	D03f - Population vaccination coverage - PCV (1 year old)	%	2019/20	4,923	97.8%	96.4%	93.2%	
				<90% 90% to 95% ≥95%							
				24 months							
PHOF	LA, NE, Eng	Yes, annual	N	D03g - Population vaccination coverage - Hepatitis B (2 years old)	%	2019/20	-	100%	-	-	
PHOF	LA, NE, Eng	Yes, annual	N	D03h - Population vaccination coverage - Dtap / IPV / Hib (2 years old)	%	2019/20	5,047	98.0%	96.6%	93.8%	
				<90% 90% to 95% ≥95%							
PHOF	LA, NE, Eng	Yes, annual	N	D03m - Population vaccination coverage - Hib / MenC booster (2 years old)	%	2018/19	4,993	96.9%	95.1%	90.5%	
				<90% 90% to 95% ≥95%							
PHOF	LA, NE, Eng	Yes, annual	N	D03k - Population vaccination coverage - PCV booster (2 years old)	%	2019/20	5,001	97.1%	95.2%	90.4%	
				<90% 90% to 95% ≥95%							
PHOF	LA, NE, Eng	Yes, annual	N	D03j - Population vaccination coverage - MMR for one dose (2 years old)	%	2019/20	4,987	96.8%	95.1%	90.6%	
				<90% 90% to 95% ≥95%							
				2-3 years							
PHOF	LA, NE, Eng	Yes, annual	N	D03i - Population vaccination coverage - Flu (2-3 years old)	%	2019/20	5,250	49.2%	48.4%	43.8%	
				<40% 40% to 65% >65%							
				5 years							
PHOF	LA, NE, Eng	Yes, annual	N	D04b - Population vaccination coverage - MMR for one dose (5 years old)	%	2019/20	5,438	98.1%	96.8%	94.5%	
				<90% 90% to 95% ≥95%							
PHOF	LA, NE, Eng	Yes, annual	N	3.03vi - Population vaccination coverage - Hib / Men C booster (5 years old)	%	2017/18	5,768	97.2%	95.1%	92.4%	
				<90% 90% to 95% ≥95%							
PHOF	LA, NE, Eng	Yes, annual	N	D04c - Population vaccination coverage - MMR for two doses (5 years old)	%	2019/20	5,329	96.1%	92.0%	86.8%	
				<90% 90% to 95% ≥95%							
				Other Children and young people							
PHOF	LA, NE, Eng	Yes, annual	N	D04e - Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old)	%	2018/19	2,368	88.0%	86.3%	88.0%	
				<80% 80% to 90% ≥90%							
PHOF	LA, NE, Eng	Yes, annual	N	D04f - Population vaccination coverage - HPV vaccination coverage for two doses (females 13-14 years old)	%	2018/19	2,383	87.8%	84.8%	83.9%	
				<80% 80% to 90% >90%							
				Other							
PHOF, health protection profile	LA, NE, Eng	Yes, annual	N	Persons entering substance misuse treatment - Percentage of eligible persons completing a course of hepatitis B vacc	%	2016/17	32	3.6%	6.0%	8.1%	
PHOF	LA, NE, Eng	Yes, annual	N	D05 - Population vaccination coverage - Flu (at risk individuals)	%	2019/20	33,673	47.4%	46.9%	44.9%	
				<55% ≥55%							
PHOF	LA, NE, Eng	Yes, annual	N	D06a - Population vaccination coverage - Flu (aged 65+)	%	2019/20	79,686	72.1%	83.8%	72.4%	
				<75% ≥75%							
				D06b - Population vaccination coverage - PPV (aged 65+)							
				<65% 65% to 75% ≥75%							
PHOF	LA, NE, Eng	Yes, annual	N	D06c - Population vaccination coverage - Shingles vaccination coverage (70 years old)	%	2017/18	3,513	47.6%	45.0%	44.4%	No trend
				<50% 50% to 60% ≥60%							
PHOF	LA, NE, Eng	Yes, annual	N	D02a - Chlamydia detection rate / 100,000 aged 15-24	R/100,000	2019	985	1505	1869	2043	
				<1,900 1,900 to 2,300 ≥2,300							
Sexual and Reproductive Health Profiles	LA, NE, Eng	Yes, annual	N	D02b - All new STI diagnoses (exc Chlamydia aged <25) / 100,000	R/100,000	2019	1915	574	648	900	
Sexual and Reproductive Health Profiles	LA, NE, Eng	Yes, annual	N	Gonorrhoea diagnosis rate per 100,000 population	R/100,000	2019	294	55	73	123	
Sexual and Reproductive Health Profiles	LA, NE, Eng	Yes, annual	N	Syphilis diagnoses rate per 100,000 population	R/100,000	2019	36	6.8	10.4	13.8	
Sexual and Reproductive Health Profiles & PHOF	LA, NE, Eng	Yes, annual	N	D07 - HIV late diagnosis (%)	R/100,000	2016-18	20	33.3%	42.9	42.5	
				≥50% 25% to 50% <25%							
Health Protection Profiles	LA, NE, Eng	Yes, annual	N	Legionnaire's disease confirmed incidence rate / 100,000	R/100,000	2016	3	0.57	0.53	0.61	
Health Protection Profiles	LA, NE, Eng	Yes, annual	N	Typhoid and paratyphoid confirmed incidence rate / 100,000	R/100,000	2018	2	38.0%	0.15	0.61	
Health Protection Profiles & PHOF	LA, NE, Eng	Yes, annual	Y	D08b - TB incidence (three year average)	R/100,000	2017-19	32	2	3.9	8.6	
Health Protection Profiles & PHOF	LA, NE, Eng	Yes, annual	N	3.05i - Treatment completion for TB (%)	%	2017	4	50	74.7	84.7	
FES, Quarterly DPH Report on Infectious Disease	LA, NE	Yes, quarterly	N	Measles (reported cases confirmed, Year to date)	R/100,000	Q2 2019	0	0	0.15	-	
Health Protection Profile	LA, NE, Eng	Yes, annual	N	Measles new diagnosis rate	R/100,000	2018	1	0.2	0.5	1.7	
FES, Quarterly DPH Report on Infectious Disease	LA, NE	Yes, quarterly	N	Mumps (confirmed cases, quarterly number and annualised rates)	R/100,000	Q2 2019	14	10.4	1.3	-	
FES, Quarterly DPH Report on Infectious Disease	LA, NE	Yes, quarterly	N	Whooping cough (confirmed cases, quarterly number and annualised rates)	R/100,000	Q2 2019	6	4.55	3.31	-	
FES, Quarterly DPH Report on Infectious Disease	LA, NE	Yes, quarterly	N	Rubella (confirmed cases, year to date)	R/100,000	Q2 2019	0	0	0	-	No trend
FES, Quarterly DPH Report on Infectious Disease	LA, NE	Yes, quarterly	N	Meningococcal Infection (confirmed cases, quarterly number and annualised rates)	R/100,000	Q2 2019	1	0.76	1.2	-	
FES, Quarterly DPH Report on Infectious Disease	LA, NE	Yes, quarterly	N	Scarlet Fever (all notifications)	R/100,000	Q2 2019	20	15.2	27.2	-	
FES, Quarterly DPH Report on Infectious Disease	LA, NE	Yes, quarterly	N	Haemophilus Influenzae Type B (HiB)	R/100,000	Q2 2019	0	0	0	-	
Health Protection Profile	LA, NE	Yes, annual	N	Non-typhoidal Salmonella (incidence)	R/100,000	2017	92	17.6	16.6	15.7	
FES, Quarterly DPH Report on Infectious Disease	LA, NE	Yes, quarterly	N	Quarterly Salmonella Enteritidis (incidence)	R/100,000	Q2 2019	5	3.8	3.2	-	
FES, Quarterly DPH Report on Infectious Disease	LA, NE	Yes, quarterly	N	Quarterly Salmonella Typhimurium (incidence)	R/100,000	Q2 2019	5	3.8	1.8	-	
FES, Quarterly DPH Report on Infectious Disease	LA, NE	Yes, quarterly	N	Quarterly Salmonella other (incidence)	R/100,000	Q2 2019	9	6.8	5.7	-	
Health Protection Profile	LA, NE	Yes, annual	N	Campylobacter (incidence)	R/100,000	2017	689	132	123	97	
FES, Quarterly DPH Report on Infectious Disease	LA, NE	Yes, quarterly	N	Quarterly Campylobacter (incidence)	R/100,000	Q2 2019	168	127.5	126.7	-	
Health Protection Profile	LA, NE	Yes, annual	N	Cryptosporidium (incidence)	R/100,000	2017	75	14.4	10.4	7.3	
FES, Quarterly DPH Report on Infectious Disease	LA, NE	Yes, quarterly	N	Quarterly Cryptosporidium (incidence)	R/100,000	Q2 2019	11	8.3	4.7	-	
Health Protection Profile	LA, NE	Yes, annual	N	Giardia (incidence)	R/100,000	2017	35	6.7	11.9	8.5	
FES, Quarterly DPH Report on Infectious Disease	LA, NE	Yes, quarterly	N	Quarterly Giardia (incidence)	R/100,000	Q2 2019	10	7.6	8.6	-	
Health Protection Profile	LA, NE	Yes, quarterly	N	STEC serogroup O157 (incidence)	R/100,000	2018	13	2.5	2	1	

47.3	49.6	53.3	49.6	49.3	
77.9	77.8	78.1	78.6	77.8	78.4
78.0	77.2	77.9	76.4	76.8	76.5
80.5	79.8	80.3	80.1	80.0	79.5
61.0	61.2	60.9	61.0	61.1	62.3
76.2	76.8	79.3	79.6	83.2	82.9
99.2	96.4	99.1	97.9	99.5	99.3
98.3	98.6	98	98	97.3	
97.5	96.8	97.1	98.7		
98.1	98.6	98	98.1	97.4	
98.8	99.1	98.6	98.5	98.8	
97.5	97.4	97.2	96.9	97.5	
97.6	97.6	97.3	97	97.5	
97.2	97.1	97	96.9	97.1	
41.4	39.4	41.2	45.6	44	49.2
97.7	98.5	98.3	98.1	98.1	
97.2	97.7	97.4	97.2		
95.9	97.5	95.8	95.5	96.4	
93.9	95.2	93.6	90.7	89.7	88
		93.2	87.4	87.9	87.8
7.3	5.6	7	3.6		
48.6	43.1	49.3	50.2	49	47.4
72.9	71	70.4	72.8	71.4	
67	70.1	70.8	70.2	70.6	
	62.1	57.6	53.3	47.6	
1430	1609	1716	1667	1512	1505
581	555	574	570	584	574
34	37	44.1	52.3	55	
6.4</					

This page is intentionally left blank

Source	Data updated since previous scorecard?	Indicator	Measure	Period	North Durham CCG		North Durham recent trend	Durham Dales, Easington And Sedgfield CCG		STP	England	DDES recent trend												
					Count	Value		Count	Value				Value	Value	North Durham					DDES				
Fingertips, AMR profile	Y	All C. difficile rates by CCG and financial year	R/100,000	2018/19	48	19.3		60	21.9	28.8	22		19.32	15.5	22.7	17.8	18.9	19.3	26.7	25.6	27.7	22.3	21.9	21.9
Fingertips, AMR profile	Y	All MRSA bacteraemia rates by CCG and financial year	R/100,000	2018/19	3	1.2		2	0.7	1	1.4		2.1	1.6	0.8	1.6	2	1.2	0.7	2.9	1.5	2.6	0.7	0.7
Fingertips, AMR profile	N	CCG-assigned MRSA rates by CCG and financial year	R/100,000	2016/17	1	0.4		3	1.1	0.57	0.4		1.6	0.8	0.8	0.4			0.7	1.8	0	1.1		
Fingertips, AMR profile	Y	All MSSA bacteraemia rates by CCG and financial year	R/100,000	2018/19	50	20.1		59	21.5	27.7	21.8		18.1	14.7	21.9	23.4	20.9	20.1	23.8	18.6	27.7	28.5	24	21.5
Fingertips, AMR profile	N	Trust-assigned MRSA counts by CCG and financial year	R/100,000	2016/17	3	3		4	4	-	315		1	2	0	3			4	3	4	4		
Fingertips, AMR profile	N	Third party-assigned MRSA counts by CCG and financial year	R/100,000	2016/17	0	0		0	0	-	276													
Fingertips, AMR profile	Y	All E. coli bacteraemia rates by CCG and financial year	R/100,000	2018/19	180	72.3		301	109.6	104.7	77.7		57.5	60.5	64.1	66.7	73.1	72.3	82.4	72	85.3	99.3	91.4	109.6
Fingertips, AMR profile	N	Counts and 12-month rolling rates of C. difficile infection, by CCG and month	R/100,000	Sep-18	8	20.2		8	22.2	28.7	23.8		17.9	19.1	18.7	17.5			20.4	22.9	21.9	22.2		
Fingertips, AMR profile	N	Counts and 12-month rolling rates of all MRSA bacteraemia cases, by CCG and month	R/100,000	Sep-18	0	2		0	0.7	1.2	1.5		2.4	2.4	2.4	2			2.5	2.2	1.8	1.8		
Fingertips, AMR profile	N	Counts and 12-month rolling rates of MSSA bacteraemia cases, by CCG and month	R/100,000	Sep-18	4	17.4		6	20.4	27.9	21.7		24.8	24.8	23.1	24.8			30.2	31	31.3	31		
Fingertips, AMR profile	N	Counts and 12-month rolling rates of E. coli bacteraemia by CCG and month	R/100,000	Sep-18	17	71.1		22	91	101	76.2		70.7	70.3	72.3	69.8			103.1	100.9	100.2	96.2		
Fingertips, AMR profile	N	Counts and 12-month rolling rates of hospital-onset E. coli bacteraemia, by CCG and month	R/100,000	Sep-18	8	17.1		3	10.1	20.1	13.8		16.2	13.4	14.2	12.6			17.5	18.2	19.3	18.2		
Fingertips, AMR profile	N	Counts and 12-month rolling rates of community-onset E. coli bacteraemia, by CCG and month	R/100,000	Sep-18	14	61		17	73.9	81	62.4		54.4	56.9	58.14	57.3			85.6	82.7	80.9	78		

This page is intentionally left blank

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

28 July 2021

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

Ordinary Decision



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 2020/21 has been dominated by the COVID-19 pandemic. Across the world more than 115 million people have been infected and more than 2.5 million have died.
- 3 Following confirmation of its first cases in January 2020, the UK government subsequently put in place [restrictions](#) to contain the virus, minimise deaths and prevent health and social care systems being overwhelmed. Those restrictions, in varying forms, have impacted our everyday lives, our health and the economy ever since.
- 4 At the beginning of quarter four, in response to a huge increase in COVID-19 cases and the discovery of a faster spreading variant, restrictions were tightened with a third national lockdown. At the same time, the national vaccination programme¹ continued to be rolled out.
- 5 The subsequent fall in infection rates allowed the government to implement plans for a [gradual and phased route out of lockdown](#). The first step, centred around children and students returning to face-to-face teaching, was enacted in March 2021.
- 6 In line with these developments, alongside our continuing public health role and work with other agencies on the Local Resilience Forum

¹ started on 8 December 2020

(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](#)². 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. Better 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. More smoking quitters and a greater percentage breastfeeding compared to the same period last year.
- 12 The detrimental impact on mental well-being of these financial stresses, as well as increasing isolation and loneliness, is causing great concern and has led more people (across all age groups) to seek support through primary and secondary mental health services. Although this is impacting people across all age groups, recent data suggests that it is under-18s who are suffering most.

² approved by full council October 2020

- 13 However, a positive picture has emerged from our health services, with 89% of residents and 74% of staff across our care homes, having received their second COVID-19 vaccine.

Risk Management

- 14 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. The latest report can be found [here](#).

Recommendation

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

Author

Andy Palmer

Tel: 03000 268551

Appendix 1: Implications

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 Four, 2020/21



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 From January 2021, County Hall was used as a COVID vaccination site. This enabled our frontline health and social care workers to be vaccinated rapidly alongside those working for partner organisations. The wider vaccination programme has also made significant progress, with over 68% of all those eligible aged 16+ in County Durham having received at least one dose of a COVID-19 vaccine. According to [Durham Insight](#), over 98% of those aged 55+ had received a first dose, while almost 89% of care home residents had received a second dose vaccine.
- 3 Public Health has also supported the roll-out of the coronavirus asymptomatic testing programme across County Durham, using lateral flow devices (LFDs). This began with regular testing for our frontline staff, with results provided within an hour. During quarter four, the programme was widened to include business employees, school children, staff and parents and it has recently been expanded further to the whole community.
- 4 The Specialist Stop Smoking Service has seen improvements in engagement rates and quit outcomes, as well as significant improvements in the rates of clients lost to follow-up. Despite working at a reduced capacity, the specialist service has supported almost 700 more smokers to quit during 2020/21, compared to the previous year.
- 5 Plans are also underway for Smokefree County Durham staff to become embedded within hospital settings in the coming months and this is expected to result in an increase in the number of smokers referred from secondary care.
- 6 The service continues to support many smokers with complex physical and mental health conditions, many of which have been negatively impacted by the pandemic. An updated service improvement plan and an 'easing of lockdown' plan have been finalised in quarter four. These focus on workstreams to ensure that the high-quality service delivery is both maintained and further developed, as the service returns to face-to-face delivery.

- 7 Public Health and the Stop Smoking Service worked to promote the benefits of stopping smoking on national No Smoking Day (10 March). This outlined new research confirming that ex-smokers feel happier and more positive than when they were still smoking, alongside the additional risks that COVID-19 places on those who smoke.
- 8 Provisional data provided by County Durham and Darlington NHS Foundation Trust (CDDFT) show that 14.1% of women were smoking at the time of delivery (SATOD) in quarter four. This is below the target (14.7%) and is considerably lower than achieved in quarter three (16.9%)³.
- 9 Despite reductions over time, SATOD remains high in County Durham. Following emerging evidence that smoking increases the risks of developing life-threatening complications from COVID-19, alongside the already known risks of smoking during pregnancy we supported the regional campaign #Quit4Covid encouraging women and their 'significant others' to reduce their risks by quitting smoking.
- 10 In County Durham, we developed bespoke materials for pregnant women who smoke which were distributed across maternity services in the area.
- 11 The COVID-19 pandemic has adversely affected our ability to drive down SATOD rates, but the work being reinstated at both a regional and local level will help us to more effectively support pregnant women and their 'significant others' to stop smoking including:
- (a) reintroduction of Carbon Monoxide (CO) monitoring and seamless pathways to support;
 - (b) digital based support for pregnant women who do not want to engage in services;
 - (c) enhanced support for pregnant women through Smokefree County Durham
 - (d) a focus on relapse prevention postpartum;
 - (e) wider tobacco control work focusing on smoke free homes and second hand smoke.
- 12 Provisional data provided by CDDFT show a breastfeeding initiation rate of 56.2%, an increase of almost 4% on the previous quarter (54.1%). This is despite the number of births reducing by just over 7% compared with quarter three⁴.
- 13 Breastfeeding prevalence at 6-8 weeks after birth has also seen a very positive increase this year, with quarter four data of 30.2%. Due to the impact of COVID-

³ These data only relate to women who delivered a baby within a County Durham hospital and are subject to change following the publication of the data that captures women who deliver outside of the county.

⁴ These data only relate to women who delivered a baby within a County Durham hospital

- 19, much of the planned work in the current breast-feeding action plan has paused. This work will recommence in line with COVID-19 guidance.
- 14 The 0-25 family health service infant feeding team continue to provide advice and support to parents on all infant feeding related issues and concerns. The team has been creative in providing support both during face-to-face contacts (if required), and through online, social media and telephone enquiries. The breast-feeding champions role is being strengthened and they are working alongside their community breastfeeding peer supporter to support families.
 - 15 County Durham is currently within the top 5% of local authorities for take-up of the Healthy Start voucher, with 61% of those eligible, claiming the voucher. Through the Healthy Weight Alliance, a Healthy Start Task and Finish Group has been set up to promote and raise awareness with families and partners. This aims to increase the uptake of families accessing the [Healthy Start](#) vouchers and to increase the uptake of fruit and vegetables. In support of this Public Health have developed bitesize training sessions for practitioners to help raise awareness of the programme – so far, over 500 staff have been trained. To date, through partnership working, focus has been on increasing engagement and marketing of the Healthy Start programme underpinned by an action and a communications plan. Work is ongoing with partners to implement these.
 - 16 Other task and finish groups set up include the creation of a Food Power Alliance to support tackling food poverty across County Durham and a focus on creating Play Streets which aims to create safe play spaces to increase physical activity.
 - 17 Public Health continues to support the Active 30 campaign including supporting resource development, communications, and equitable support to increase physical activity in schools and communities. By March 2021, 60 schools had pledged to work with the programme and work is ongoing to promote further sign-up across County Durham. Specific messaging has been developed to target schools in areas of most need, based on excess weight and deprivation data to encourage sign up.
 - 18 To support the Holiday Activities with Healthy Food programme, a new website has been created to promote physical activity within the community. This aims to ensure that physical activity quality standards are embedded, with a planned timetable of resources to support activities. This supported the development of activity during the 2021 Easter holidays.
 - 19 During quarter four, the new Suicide Prevention Alliance action plan and training resources were shared with the Suicide Prevention Alliance for comments and feedback. This will support the final plan for work for the forthcoming year.

- 20 Public Health is also working with regional partners to consider the development of a self-harm social media project, which will provide resources for clinical staff. The team is also working on a regional recovery plan linked to mental health, with areas of focus including mental well-being for all, workplaces and vulnerable groups and communities. Rates of suspected suicide in County Durham have been lower in quarter four, compared to the same quarter in both 2019 and 2020.
- 21 Research continues to demonstrate the impact of the pandemic on people's mental health. To support council staff, a Well-being Portal has been launched which provides resources, advice, and guidance for staff to support both their own and other colleagues' mental health. Public Health and our Time to Change Champions also promoted 'Time to Talk Day' on 4 February 2021, to highlight the importance of talking with others about mental health. This included the key messages of checking-in, listening and asking questions about how people are feeling.
- 22 In line with the government's Roadmap to Recovery our leisure centre gyms and pools re-opened on 12 April. Additional outdoor fitness classes, including bootcamps have been added to the programme at some leisure centres. The Mywellness app will continue to be free to use while the leisure centres operate a reduced programme. The app includes daily workouts, challenges and on demand and live fitness classes.

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

- 23 At the end of March 2021, 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, closely monitoring this and other data as lockdown restrictions start to ease.
- 24 A virtual event for social workers (and the social care professionals who work alongside them) across Adult and Health Services and Children and Young People's Services was held on 16 March 2021 to support World Social Work Day. This provided examples of and updates on the important work that social workers have been delivering, particularly during the pandemic. It also highlighted tips on productivity, well-being, and self-care.
- 25 Permanent admissions to residential and nursing care remain lower than in previous years with admission rates for 2020/21 significantly below the rate for the previous year.
- 26 During 2020/21 frontline social care teams have continued to improve the timeliness of their response to clients, with the proportion of service users who have been assessed or reviewed in the previous 12 months improving to 89.9%

at the end of quarter four, compared to 87.8% last year. This is, however, the lowest quarterly percentage during 2020/21 suggesting that demand in adult social care is increasing.

LONG AND INDEPENDENT LIVES:

Are our services improving the health of our residents?

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

Mothers smoking at time of delivery

(as at quarter three)



Prevalence of breastfeeding at 6-8 weeks from birth

(as at quarter four)



667

per 100,000 adults aged 65+ admitted to residential or nursing care (2020/21)

84%

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

90%

of service users receiving an assessment or review within the last 12 months (2020/21)

95%

of individuals achieved their desired outcomes from the adult safeguarding process (2020/21)

worse than last year

better than last year

similar to last year

Not comparable

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

KEY TO SYMBOLS

	Direction of travel	Benchmarking	Performance against target
GREEN	Same or better than comparable period	Same or better than comparable group	Meeting or exceeding target
AMBER	Worse than comparable period (within 2% tolerance)	Worse than comparable group (within 2% tolerance)	Performance within 2% of target
RED	Worse than comparable period (greater than 2%)	Worse than comparable group (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

LONG AND INDEPENDENT LIVES

Are our services improving the health of our residents?

Ref	Description	Latest data	Period covered	Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different	updated this quarter
34	% of mothers smoking at time of delivery	16.6	Oct-Dec 2020	14.7 (red)	16.3 (amber)	9.6 (red)	12.7 (red)	13.4 (red)		Yes
35	Four week smoking quitters per 100,000 smoking population	1,115 [832]	Apr-Sep 2020	Tracker	1,544 [1,009] (red)	750 (green)	959 (green)	1,262 (red)		Yes
36	Male life expectancy at birth (years)	78.3	2017-19	Tracker	78.2 (green)	79.8 (amber)	78.0 (green)	78.3 (green)		No
37	Female life expectancy at birth (years)	81.8	2017-19	Tracker	81.5 (green)	83.4 (red)	81.8 (green)	82.0 (amber)		No
38	Female healthy life expectancy at birth (years)	58.3	2017-19	Tracker	58.4 (amber)	63.5 (red)	59.0 (amber)	61.0 (red)		No
39	Male healthy life expectancy at birth (years)	59.6	2017-19	Tracker	59.3 (green)	63.2 (red)	59.4 (green)	60.5 (amber)		No
40	Excess weight in adults (Proportion of adults classified as overweight or obese)	63.3	2018/19	Tracker	66.7 (green)	62.3 (amber)	64.9 (green)	67.3 (amber)		No
41	Suicide rate (deaths from suicide and injury of undetermined intent) per 100,000 population	13.4	2017-19	Tracker	12.8 (red)	10.1 (red)	11.6 (red)	12.3 (red)		No
42	Prevalence of breastfeeding at 6-8 weeks from birth (%)	30.2	Jan-Mar 2021	31.8 (amber)	25.9 (green)	48.2 (red)	36.0 (red)	34 (red)	Q3 2019/20	No
43	Estimated smoking prevalence of persons aged 18 and over	17.0	2019	Tracker	15.0 (red)	13.9 (red)	15.3 (red)	15.2 (red)		No
44	Self-reported well-being - people with a low happiness score	10.9	2019/20	Tracker	9.5 (red)	8.7 (red)	10.6 (amber)	9.6 (red)		Yes
45	Participation in Sport and Physical Activity: active	58.1	May 2019/ May 2020	Tracker	61.4 (red)	62.8 (red)	60.1 (red)			No
46	Participation in Sport and Physical Activity: inactive	30.6	May 2019/ May2020	Tracker	28.2 (red)	25.5 (red)	28.9 (red)			No

Are people needing adult social care supported to live safe, healthy and independent lives?

Ref	Description	Latest data	Period covered	Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different	updated this quarter
47	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care	666.6	2020/21	N/a	757.3 (green)					Yes
48	% of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	84.1	2020	N/a	85.8 (amber)	82.0	83.5	80.3*	2019/20	Yes
49	% of individuals who achieved their desired outcomes from the adult safeguarding process	95.0	2020/21	Tracker	95.1 (amber)	92.2	85.4	92.1*	2019/20	Yes
50	% of service users receiving an assessment or review within the last 12 months	89.9	2020/21	Tracker	87.8 (green)					Yes
51	Overall satisfaction of people who use services with their care and support	69.6	2019/20	Tracker	67.8 (green)	64.2 (green)	67.5 (green)	66.2* (green)		No
52	Overall satisfaction of carers with the support and services they receive (Biennial survey)	51.2	2018/19	Tracker	43.3** (green)	38.6 (green)	47.2 (green)	41.8* (green)		No
53	Daily delayed transfers of care beds, all, per 100,000 population age 18+	2.9	Feb 2020	Tracker	1.5 (red)	11.0 (green)	7.0 (green)	11.0* (green)		No
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 (green)	66.6 (green)	73.0 (green)	69.2* (green)		No

*unitary authorities

** results from 2016/17 survey

Other relevant additional indicators

LONG AND INDEPENDENT LIVES

Are children, young people and families in receipt of universal services appropriately supported?

Ref	Description	Latest data	Period covered	Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different	updated this quarter
24	% of free school meals (FSM) eligible pupils taking FSM	75.8	Jan 2020	Tracker	79.4 (red)	78.7 (red)	78.7 (red)			TBC
25	Under-18 conception rate per 1,000 girls aged 15 to 17	26.4	2018	Tracker	23.7 (red)	16.7 (red)	24.9 (red)	25.0 (red)		No
26	% of five year old children free from dental decay	73.2	2019	Tracker	74.2 (amber)	76.6 (red)	76.7 (red)	71.7 (green)		No
27	Alcohol specific hospital admissions for under 18s (rate per 100,000)	52.8	2017/18-2019/20	Tracker	54.7 (green)	30.7 (red)	55.4 (green)	55.3 (green)		Yes
28	Young people aged 10-24 admitted to hospital as a result of self-harm (rate per 100,000)	361.2	2019/20	Tracker	354.3 (red)	439.2 (green)	536.6 (green)	656.3 (green)		Yes
29	% of children aged 4 to 5 years classified as overweight or obese**	24.9	2019/20	Tracker	24.0 (red)	23.0 (red)	24.8 (amber)	25.0 (green)		No
30	% of children aged 10 to 11 years classified as overweight or obese**	37.6	2019/20	Tracker	37.7 (green)	35.2 (red)	37.5 (amber)	37.2 (amber)		No

CONNECTED COMMUNITIES – SAFER

How well do we reduce misuse of drugs and alcohol?

Ref	Description	Latest data	Period covered	Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different	updated this quarter
85	% of successful completions of those in alcohol treatment	33.9	Dec 2019-Nov 2020	Tracker	28.7 (red)	35.9 (amber)	31.2 (amber)			No
86	% of successful completions of those in drug treatment - opiates	5.1	Dec 2019-Nov 2020	Tracker	5.6 (green)	5.0 (amber)	3.9 (amber)			No

Ref	Description	Latest data	Period covered	Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different	updated this quarter
Page 176 187	% of successful completions of those in drug treatment - non-opiates	33.9	Dec 2019-Nov 2020	Tracker	27.8 (red)	32.6 (amber)	27.3 (red)			No

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

28 July 2021



**NHS Quality Accounts 2020-21 Adults
Wellbeing and Health Overview and
Scrutiny Committee responses**

Report of Paul Darby, Interim Corporate Director of Resources

Electoral division(s) affected:

None

Purpose of the Report

- 1 To inform members of the Adults Wellbeing and Health Overview and Scrutiny Committee of the responses made on behalf of the Committee in respect of NHS Foundation Trust Draft Quality Accounts 2020/21.

Executive summary

- 2 The Adults Wellbeing and Health Overview and Scrutiny Committee have previously agreed responses to the draft Quality Accounts of County Durham and Darlington NHS Foundation Trust; Tees, Esk and Wear Valleys NHS Foundation Trust and North East Ambulance Service NHS Foundation Trust.
- 3 Upon receipt of the respective Quality Accounts, these were usually circulated to the Adults Wellbeing and Health OSC membership for consideration and comment. The views provided by the Committee were included in responses to the draft Quality Accounts which also set out the key areas of work that the Committee had undertaken in respect of each NHS Foundation Trust.
- 4 As a result of the impact of the COVID-19 Pandemic, the respective Foundation Trust Quality Accounts and the process of publication and responding to the has been delayed this year meaning that they were published shortly after the Local Government elections and before the membership of the Committee had received their OSC induction.
- 5 In order to comply with the deadline for responding to the Quality Account documents, draft responses were produced and signed off by the Chair of the Committee in consultation with the Statutory Scrutiny Officer, Andy Palmer and sent to each Foundation Trust within the

mandated timeframe for responses which was 30 days following receipt of the draft Quality Accounts.

Recommendation

- 6 Members of the Adults Wellbeing and Health Overview and Scrutiny Committee are asked to receive this report and note the responses to the draft Quality Accounts of County Durham and Darlington NHS Foundation Trust; Tees, Esk and Wear Valleys NHS Foundation Trust and North East Ambulance Service NHS Foundation Trust.

Background

- 7 The Health Act 2009 requires the NHS Foundation Trusts to publish an annual Quality Account report. The purpose of the Quality Account report is for each of the Trusts to assess quality across all of the healthcare services they offer by reporting information on 2020/21 performance and identifying priorities for improvement during the forthcoming year and how they will be achieved and measured.
- 8 Draft Quality Accounts documents were received as follows:-

Foundation Trust	Date Received
Tees Esk and Wear Valleys NHS Foundation Trust	1 June 2021
County Durham and Darlington NHS Foundation Trust	26 May 2021
North East Ambulance Service NHS Foundation Trust	31 May 2021

- 9 Upon receipt of the respective Quality Accounts and in view of the short timescales within which to respond, proposed responses to the draft Quality Accounts were produced which set out the key issues within the Quality Account and also set out the key areas of work that the Committee had undertaken in respect of each NHS Foundation Trust.
- 10 The responses were signed off by the Chair of the Committee in consultation with the Statutory Scrutiny Officer, Andy Palmer and sent to each Foundation Trust within the mandated timeframe for responses which was 30 days following receipt of the draft Quality Accounts.

Considerations

- 11 Members of the Committee are asked to note the responses to the draft Quality Accounts of County Durham and Darlington NHS Foundation Trust; Tees, Esk and Wear Valleys NHS Foundation Trust and North East Ambulance Service NHS Foundation Trust.

Legislative Background

- 12 The Health Act 2009 requires the NHS Foundation Trusts to publish an annual Quality Account report. The purpose of the Quality Account report is for each of the Trusts to assess quality across all of the healthcare services they offer by reporting information on 2020/21 performance and identifying priorities for improvement during the forthcoming year and how they will be achieved and measured.

Background papers

- Tees, Esk and Wear Valleys NHS Foundation Trust Quality Account 2020/21
- County Durham and Darlington NHS Foundation Trust Quality Account 2020/21
- North East Ambulance Service NHS Foundation Trust Quality Account 2020/21

Contact: Stephen Gwilym

Tel: 03000 268140

Appendix 1: Implications

Legal Implications

This report has been produced in accordance with the Health Act 2009 as they relate to NHS FT Quality Accounts.

Finance

None

Consultation

None

Equality and Diversity / Public Sector Equality Duty

None

Human Rights

None

Crime and Disorder

None

Staffing

None

Accommodation

None

Risk

None

Procurement

None

**Appendix 2: Adults Wellbeing and Health Overview and Scrutiny
Committee responses to the NHS FT Quality Accounts 2020/21**

Attached as a separate document

DURHAM COUNTY COUNCIL ADULTS WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

COMMENTS ON TEES ESK AND WEAR VALLEYS NHS FOUNDATION TRUST QUALITY ACCOUNT FOR 20221

The Committee welcomes Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust's Quality Account 2020/21 and the opportunity to provide comment on it. The Committee are mindful of their statutory health scrutiny role and the need to demonstrate a robust mechanism for providing assurance to the residents of County Durham that health service provision is efficient and effective. The quality account process provides the Committee with one such mechanism.

The Committee usually undertakes in year monitoring of the trust's progress against their quality account priorities however, the pressure placed upon both the NHS and Social Care system by the COVID-19 pandemic alongside the reduced number of Overview and Scrutiny Committee meetings and more prioritised work programme has not made this possible during 2020/21.

The context for the Quality Account in terms of the pressure placed upon TEWV to maintain services and performance whilst at the same time ensuring that they are COVID-19 safe is noted. Members have engaged with the Trust in respect of the specific impact of the COVID-19 pandemic on the services provided by TEWV. Examination of the closure of inpatient beds at West Lane Hospital, Middlesbrough has previously taken place, and the committee have asked that the CQC inspection improvement plan be brought to members for consideration. A detailed examination of the implications of the West Lane Hospital closure and the plans for reprovision of the service has been undertaken by the county council's Children and Young Peoples' Overview and Scrutiny Committee.

The Committee considers that the Quality Account is clearly set out and that progress made against 2020/21 priorities is clearly identified. The committee notes the positive steps taken by the Trust during the past year including the support provided to Care Homes in County Durham by the Care Home Liaison staff; the launch of the Trust's new freephone service for those in mental or emotional distress; additional funding secured for Adult Learning Disabilities in Durham and Darlington working with Primary Care to complete annual health checks; and the commencement of the Care Home Liaison service across Durham and Darlington Mental Health Services for older people.

Members remain concerned about the impact of the current COVID-19 pandemic on mental health within the community, which is likely to result in a further increase in demand upon mental health services and therefore are keen to learn from TEWV as to how they are working with partners across the health and social care system to ensure that service users continue to be supported.

In respect of the proposed quality account priorities for 2021/22, the committee supports them and the associated actions. It also notes with some concern the

cessation of the 2020/21 priority “Improve the clinical effectiveness and patient experience in times of transition from children and young peoples’ mental health services to Adult mental health services”. This was an area of concern identified by the Committee particularly in view of the events leading to the closure of West Lane Hospital and the CQC inadequate judgement of the Trust. The Trust has indicated that the new trust-wide project “Improving Transitions and Service provision for people aged 16-25 in Tees Esk and Wear Valleys NHS Foundation Trust” has superseded the work of the previous priority. It is therefore important that the work of this new project is implemented and monitored to ensure that it addresses those issues identified by the CQC.

Finally, in order to ensure that it continues to provide a robust health scrutiny function and to provide assurances in this respect to the residents of County Durham, the Committee would request a six monthly progress report on delivery of 2021/22 priorities and performance targets with a particular emphasis on the effects of COVID-19 on demand and the trust’s response to this.

DURHAM COUNTY COUNCIL ADULTS WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

COMMENTS ON COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST QUALITY ACCOUNT FOR 2020/21

The Committee welcomes County Durham and Darlington NHS Foundation Trust's Quality Account 2020/21 and the opportunity to provide comment on it. The Committee are mindful of their statutory health scrutiny role and the need to demonstrate a robust mechanism for providing assurance to the residents of County Durham that health service provision is efficient and effective. The quality account process provides the Committee with one such mechanism.

The Committee usually undertakes in year monitoring of the trust's progress against their quality account priorities however, the pressure placed upon both the NHS and Social Care system by the COVID-19 pandemic alongside the reduced number of Overview and Scrutiny Committee meetings and more prioritised work programme has not made this possible during 2020/21.

Members have been specifically engaged with the Trust in respect of the healthcare system response to the COVID-19 pandemic; Shotley Bridge Community Hospital; winter planning and the work of the Local Accident and Emergency Delivery Board and the Sunderland and South Tyneside Path to Excellence Phase 2 programme.

The Quality Account is clearly set out and the Committee notes the Trust's intention to refresh its Quality Strategy by October 2021 and the impact of COVID 19 which has resulted in the 2020/21 Quality Account priorities being carried forward into 2021/22. In terms of performance against the 2020/21 priorities the Committee notes that performance has dropped in areas such as patient falls and discharges but that this has been a particularly challenging year for the Trust in dealing with extremely sick patients throughout the COVID 19 pandemic. There are areas of outstanding work by the Trust not least in terms of end of life care and the Committee welcomes the work planned in respect of the development of a new palliative care strategy.

The Committee has previously monitored in some detail the Trust's Improvement Action Plan for previous CQC inspections and the Committee notes the continued progress in implementing improvements albeit against the impact of COVID in respect of operations and management arrangements, particularly in respect of elective surgery.

Whilst the Committee is again disappointed that the Trust has not achieved its ambitions in relation to reducing the length of time to assess and treat patients in the Emergency Department, this has proven difficult given sustained demand pressures. The Committee had previously agreed to examine the joint work of County Durham and Darlington NHS Foundation Trust and North East Ambulance NHS Foundation Trust in respect of Accident and Emergency services including response times, conveyance to hospital and A&E handover times but this again has been delayed in view of the COVID-19 pandemic. We hope to commence this work as soon as possible.

It is considered from the information received from the Trust that the identified priorities for 2021/22 are a fair reflection of healthcare services provided by the Trust.

Finally, in order to ensure that it continues to provide a robust Health scrutiny function and assurances in this respect to the residents of County Durham, the Committee would request a six monthly progress report on delivery of 2021/22 priorities and performance targets.

DURHAM COUNTY COUNCIL ADULTS WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

COMMENTS ON NORTH EAST AMBULANCE SERVICE NHS FOUNDATION TRUST QUALITY ACCOUNT FOR 2020/21

The Committee welcomes North East Ambulance Service (NEAS) NHS Foundation Trust's Quality Account and the opportunity to provide comment on it. The Committee are mindful of their statutory health scrutiny role and the need to demonstrate a robust mechanism for providing assurance to the residents of County Durham that health service provision is efficient and effective. The quality account process provides the Committee with one such mechanism.

The Committee usually undertakes in year monitoring of the trust's progress against their quality account priorities however, the pressure placed upon both the NHS and Social Care system by the COVID-19 pandemic alongside the reduced number of Overview and Scrutiny Committee meetings and more prioritised work programme has not made this possible during 2020/21.

The context for the Quality Account in terms of the pressure placed upon North East Ambulance Service to maintain services and performance whilst at the same time ensuring that they are COVID-19 safe is noted. The Committee welcomes the work undertaken by NEAS and its staff in this respect noting that Personal Protective Equipment, enhanced cleaning, changing guidance, operational pressures, deployment into different roles, swabbing and testing, rolling out vaccines and managing outbreaks have pushed the Trust's logistical capability and operating model to new levels in 2020/21.

In examining core performance indicators, the Committee is pleased to note that the Trust has improved performance across all categories for 2020/21 compared to 2019/20 although in some instances it still falls below that of 2018/19.

Members have previously requested that the Trust performance across County Durham in comparison to Trust wide performance is reported back to the Committee as the new National Ambulance Response programme targets have been embedded across the organisation and also that the Trust seek to restore optimum staffing levels in respect of Paramedics. This Committee would ask that this information be brought to the Committee at some stage during the coming year.

The Committee note the importance of scheduled care in supporting provider organisations to deliver the restoration of elective and cancer services during 2021/22 as well as its ongoing role in supporting timely patient discharges.

The Trust proposes the roll forward of the identified priorities for 2020/21 in view of the impact of the COVID -19 Pandemic and this is to be supported. They remain clearly expressed and will contribute to improvements in the healthcare system generally.

Finally, in order to ensure that it continues to provide a robust Health scrutiny function and assurances in this respect to the residents of County Durham, the

Committee will continue to receive and consider performance overview information. As in previous years, the Committee would request a progress report on delivery of 2021/22 priorities and performance targets.

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

28 July 2021



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

Report of Paul Darby, Interim Corporate Director of Resources

Electoral division(s) affected:

None

Purpose of the Report

- 1 To provide members with a suggested work programme for the Adults Wellbeing and Health Overview and Scrutiny Committee (AWHOSC) for 2021/2022.

Executive summary

- 2 Overview and Scrutiny Committees review their work programme each year to reflect the objectives and associated outcomes and actions identified within the Council Plan and in the context of the County Durham Vision 2035.
- 3 The proposed AWHOSC work programme has been framed around the shared County Durham Vision 2035 and also reflects the 'long and independent lives' strategic ambition therein. The draft work programme also reflects NHS Partner strategies, priorities and actions that have been developed.
- 4 Overview and scrutiny work programmes are designed to be flexible to accommodate items which may arise throughout the year. This flexibility is particularly important as we make our way along the government's roadmap out of lockdown. We will consider how best to enable the scrutiny function to respond in these times of continuing uncertainty.

Recommendations

- 5 The Adults Wellbeing and Health Overview and Scrutiny Committee is recommended to:
- a) Receive and comment on the proposed Adults Wellbeing and Health OSC work programme for 2021/22
 - b) Agree the Adults Wellbeing and Health OSC work programme for 2021/2022 and the flexibility it offers to respond to emerging issues.

Background

- 6 Scrutiny committee meetings have recently returned to meeting in person following the use of remote arrangements under COVID-19 emergency regulations. During the lockdown period work programmes were reviewed to enable remote meetings to focus on matters of the highest priority. As a result, regular overview reports were circulated to members via email for comment.
- 7 The number of meetings in the corporate calendar available to overview and scrutiny have also been substantially reduced since March 2020 due to staff capacity to support virtual meetings. At this point we are unsure how many meetings we will be allocated for 2021/22 and will reprioritise work programmes if circumstances change. Any review of work programmes will take place with the chair and vice chair and in consultation with the committee.
- 8 The current overview and scrutiny committees work programmes are informed by:
 - Council Plan
 - Cabinet's Notice of Key Decisions
 - County Durham Vision for 2035
 - Partnership plans and strategies including those of NHS Partners
 - Performance and budgetary control data
 - Changes in government legislation
 - Local priorities
- 9 The County Durham Partnership agreed a Vision for County Durham 2035 based on a strategic assessment of need using our intelligence platform Durham Insight and developed following extensive consultation with the public. This 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

- 10 These remain the strategic ambitions in our response to the COVID-19 crisis, where key impacts relate to employment, health and wellbeing, and communities. They will also remain key as restrictions ease and we move along the roadmap from national lockdown and we continue with our restoration and recovery.

Council Plan 2020 - 2023

- 11 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.
- 12 Both the Vision for County Durham and the Council Plan are structured around the 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 wants to undertake to transform its operations and enable achievement of the ambitions within the vision.
- 13 The Committee is charged with scrutinising the delivery of the County Durham ambitions of ' people live long and independent lives and Council Plan objectives 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

- 14 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,

Adult Social Care, Health inequalities and improvement and Public Health Services.

- 15 During 2020/2021, the AWHOSC prioritised items to be considered at a reduced number of formal meetings due to the coronavirus pandemic. Reports on other items were circulated via email to members. However, although there was a reduced number of formal meetings the committee has undertaken budgetary and performance monitoring, scrutiny review work and overview presentations.
- 16 In depth and light touch scrutiny reviews including updates were:
- Update of progress against recommendations of the Review into Suicide Rates and Mental Health and Wellbeing in County Durham
 - Scrutiny Review of GP Services across County Durham
- 17 Overview Activity:-
- 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

18 Budgetary and performance monitoring:

- Quarterly budgetary monitoring for the Adults and Health service grouping.
- Quarterly corporate performance monitoring overview for the Adults and Health service grouping.

19 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

20 The Committee are asked to agree the proposed work programme for next year. This is set in the context of the challenges the Council faces:

- The recovery and restoration following the COVID-19 pandemic and the government's roadmap out of lockdown restrictions;
- The shared County Durham Vision 2035;
- Emerging Government legislation.

21 Paragraphs 16-19 of this report identifies the activity undertaken by the committee during 2020/21. The committee is asked to consider areas for further progress updates and review topics to be included in the work programme for 2021/2022 in light of the current Council Plan and the Vision for County Durham 2035. Appendix 2 of this report sets out a draft work programme for consideration.

Background papers

- [Council Plan 2020 - 2023](#)
- [A Vision for County Durham 2035](#)

Contact: Stephen Gwilym

Tel :03000 268140

Appendix 1: Implications

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

Appendix 2: Adults Wellbeing and Health OSC Work Programme

Attached as a separate document.

This page is intentionally left blank

<p>Overview and Scrutiny Draft Work Programme 2021/22</p> <p>Adults Wellbeing and Health Overview and Scrutiny Committee</p> <p>Lead Officer: Stephen Gwilym</p> <p>Principal Overview and Scrutiny Officer: Stephen Gwilym</p> <p>IPG Contact: Andrea Petty</p> <ul style="list-style-type: none"> • People live long and independent lives 	<p>Note:</p> <p>Overview and Scrutiny Review – A systematic six monthly review of progress against recommendations/action plan</p> <p>Scrutiny/Working Group – In-depth review/light touch review</p> <p>Overview/progress – Information on an issue; opportunity to comment, shape, influence, progress with a scrutiny review</p> <p>Performance/Budget – Ongoing quarterly monitoring performance reports/budgets</p>
---	--

Item	When	Priority during COVID-19 response period	Who	Outcome	Comment
O/S Review					
Access to GP Services across County Durham	October/November 2021	<ul style="list-style-type: none"> • report to AWH • circulate to AWH members via email Circulate Update Report to members via e-mail	S Gwilym POSO and Nic Bailey/J Chandy County Durham CCG	To provide further progress on the members' Review recommendations	Members will receive information on how their recommendations are progressing.

Scrutiny/Working Group (light touch / in-depth review)					
TBC		Report to AWHOSC	Stephen Gwilym Principal Overview and Scrutiny Officer	TBC	Scrutiny Review
Overview/Progress					
Public Health Overview/Update	28 July 2021	Report to AWHOSC	Amanda Healey, Director of Public Health	To inform members of the Council's mandated public health responsibilities and on the latest developments in respect of Public Health	This item provides members with an opportunity to consider the Council's statutory responsibilities regarding public health
Adult and Health Services Overview/Update	28 July 2021	Report to AWHOSC	Jane Robinson/Lee Alexander	To advise members of the latest policy and service developments in respect of Adult and Health Services including associated funding	This item provides members with an opportunity to consider the Council's statutory responsibilities regarding Adult and Health Services

Director of Public Health Annual Report	January 2022	Report to OSC	Amanda Healy, Director of Public Health	Update on Public Health priorities arising from DPH Annual Report	To receive the DPH annual report and reflect upon its content within the context of the Committee's work programme priorities for 2020/21 and beyond
Health and Wellbeing Board – Annual Report	TBC	Report to OSC	Cllr Lucy Hovvels/Gordon Elliott	To provide members with an update of the key delivery plan actions against the JHWS	To receive the Health and Wellbeing Board annual report and reflect upon its content within the context of the Committee's work programme priorities for 2021/22 and beyond
Safeguarding Adults Annual Report	TBC	Circulate Update Report to members via e-mail	Gordon Elliott	Update on Annual Report	To receive the Safeguarding Adults annual report and reflect upon its content within the context of

					the Committee's work programme priorities for 2020/21 and beyond
Integration of Health and Social Care Services	November 2021/January 2022	Report to AWHOSC	Jane Robinson, Corporate Director of Adult and Health Services Amanda Healey, Director of Public Health Nicola Bailey, NHS County Durham CCG	To provide an update on the integration of health and social care services	To ensure that members are aware of the ongoing progress being made in respect of the Integration of health and social care within County Durham as well as details of the Community Services Contract implementation
Oral Health Strategy	March/April 2022	Report to AWHOSC	Amanda Healy - DPH	To inform members of the development of the Oral Health Strategy	To allow members to comment upon the strategy and the key actions therein.

<p>COVID 19/ Local Outbreak Management Plan – Update/Review/Learning</p>	<p>28 July 2021</p>	<p>Report to AWHOSC</p> <p>Report to AWHOSC</p>	<p>Amanda Healy, Director of Public Health County Durham</p>	<p>To advise members of the Council and Partners approach to managing the COVID-19 Pandemic</p>	<p>To provide members' assurance that the Council and Partners have appropriate measures in place to tackle the COVID-19 Pandemic and associated support mechanisms</p>
<p>Influenza-</p> <ul style="list-style-type: none"> • Flu Vaccination Programme Evaluation • CD&D Flu Prevention Board Update 	<p>March 2022</p>	<p>Report to AWHOSC</p> <p>Report to AWHOSC</p>	<p>Amanda Healy, Director of Public Health County Durham</p> <p>Ian Davidson – Medical Director NHS County Durham CCG I</p>	<p>To advise members of the Council and Partners approach to preparedness for Influenza</p>	<p>To provide members' assurance that the Council and Partners have appropriate measures in place to combat Influenza</p>

Health Protection and Assurance Annual Update	28 July 2021	Report to OSC	Amanda Healy, Director of Public Health County Durham	To provide members with information regarding the range of health protection, health promotion and Ill health prevention initiatives.	To advise members of the various steps being taken to ensure Health protection and Assurance
Mental health and Prevention at Scale	January/February 2022	Report to OSC	Amanda Healy, Director of Public Health County Durham	To provide members with information regarding the mental health and Prevention at Scale initiatives introduced by the Council and partners.	To advise members of the various steps being taken to promote mental; health and wellbeing at scale.

Performance/Budget					
Performance Quarterly reporting	Q4 2020/21 – September 2021 Q1 2021/22 – September 2021 Q2 2021/22 – January 2022 Q3 2021/22 – April 2022	Report to AWHOSC	Stephen Tracey/ Angela Harrington (Resources)	To provide members with progress towards achieving the key outcomes of the council’s corporate performance framework.	Summary information to Members
Budget Outturn Report Quarterly reporting -	Q4 2020/21 Outturn – September 2021 Q1 2021/22 – September 2021 Q2 2021/22 – January 2022 Q3 2021/22 – April 2022	Report to AWHOSC	Andrew Gilmore (Resources)	Detail of budget	Summary information to Members

Items from NHS County Durham CCG; NHS England and NHS Foundation Trusts					
The future of services currently delivered from Shotley Bridge Community Hospital	28 July 2021 and ongoing	Report to AWHOSC	NHS County Durham CCG County Durham and Darlington NHS FT	Members are appraised of the proposals for and findings from the public and stakeholder consultation undertaken in respect of future service models for services provided at Shotley Bridge Community Hospital	Continued engagement of members as part of the Review of services provided at Shotley Bridge Community Hospital
North East and North Cumbria Mental Health, Learning Disability and Autism Partnership – Provider Collaboratives	TBC	Report to AWHOSC	TEWV	Members informed of three new provider collaboratives covering:- <ul style="list-style-type: none"> • Children and young people mental health inpatient services • Adult low and medium secure services 	Engagement of members in new Mental Health Service collaboration across the North East and Cumbria

				<ul style="list-style-type: none"> • Adult eating disorder services 	
North East Ambulance Service –New National Ambulance Response Standards – Performance across County Durham	TBC	Report to AWHOSC	Mark Cotton, NEAS	Members are appraised of the impact upon NEAS of the new Ambulance Response Standards on performance against these across County Durham	To consider the implications for Ambulance Performance across County Durham of the new Ambulance Performance standards.
A&E Performance across County Durham and Darlington	TBC – Deferred due to COVID-19	Report to AWHOSC	NEAS CDDFT	Proposed examination of performance within County Durham and Darlington A&E including waiting times, demand and handover performance	Requested/Suggested as part of the consideration of Ambulance Response Standards and also pressures facing A&E in County Durham
Primary Care Update	November 2021	Report to AWHOSC	NHS County Durham CCG	To advise members of the progress of the Primary Care Strategy	Continued engagement of members.

Mental Health Services Update – CQC Inspection results and Improvement Plans – Tees Esk and Wear Valleys NHS FT	September/October 2021	Report to AWHOSC	TEWV/NHS County Durham CCG	Members are appraised of the ongoing work in respect of the provision of mental health services for residents of County Durham	Continued engagement of members and Community into the development of mental health services within County Durham
South Tyneside and Sunderland Path to Excellence - Proposals for Phase 2	TBC		South Tyneside and Sunderland NHS Partnership County Durham CCGs	Proposals for Phase 2 Consultation and Engagement reported to members as part of consultation /engagement	Potential Statutory Health Consultation
Quality Accounts 2021/22 – Monitoring Updates	January 2022	Report to AWHOSC Report to AWHOSC	County Durham and Darlington NHS Foundation Trust Tees Esk and Wear Valleys NHS Foundation Trust	Monitoring Updates on 2021/22 Quality Accounts Priorities	To provide Committee with assurance that QA priority actions are being delivered and agree Committee feedback on areas of under-performance

			North East Ambulance Service		
Quality Accounts 2021/22 – Preparation of Overview and Scrutiny Input and Commentary	April 2022	TBC	County Durham and Darlington NHS Foundation Trust Tees Esk and Wear Valleys NHS Foundation Trust North East Ambulance Service	Process of shaping and OSC commentary on 2021/22 Quality Accounts	Members agree timetable for 2021/22 Quality Account consideration and response
North Cumbria and North East ICS/ North and Central ICP	TBC		Mark Adams – ICS/ICP Lead Officer	Updates in respect of the North Cumbria and North East ICS/ North and Central ICP proposals	For members information and comment
North Cumbria and North East ICS/ Central and Southern ICP	TBC		Alan Foster – ICS/ICP Lead Officer	Updates in respect of the North Cumbria and North East ICS/ Central and	For members information and comment

				Southern ICP proposals	
--	--	--	--	------------------------	--

- Also need to determine when and how to report into OSC on the NHS Legislation going through Parliament re ICSs and what this means for Adult Social Care Inspection regimes and Commissioning arrangements previously undertaken by CCG.