Adults, Wellbeing and Health Overview and Scrutiny Committee

Date **Friday 14 January 2022**
Time **9.30 am**
Venue **Council Chamber, County Hall, Durham**

Business

Part A

Items during which the Press and Public are welcome to attend. Members of the Public can ask questions with the Chairman's agreement.

1. Apologies
2. Substitute Members
3. Minutes of the meeting held on 19 November 2021 (Pages 3 - 20)
4. Declarations of Interest, if any
5. Any Items from Co-opted Members or Interested Parties
6. Introducing QWELL: Digital Mental Health Services for Adults - Presentation by Jemma Austin, Engagement Lead (County Durham, Sunderland and South Tyneside), Kooth plc. (Pages 21 - 30)
7. 2021/22 Q2 Adults and Health Services Budget Outturn - Report of Paul Darby, Interim Corporate Director of Resources (Pages 31 - 38)
8. Quarter 2 2021/22 Performance Management Report - Report of Paul Darby, Corporate Director of Resources (Pages 39 - 54)

9. County Durham and Darlington Adult Mental Health Rehabilitation and Recovery services - Joint Report by Mike Brierley, Director of Mental Health and Learning Disability, Durham Tees Valley Partnership and Jennifer Illingworth, Director of Operations - Durham and Darlington - Tees Esk and Wear Valleys NHS Foundation Trust (Pages 55 - 64)
10. Director of Public Health County Durham Annual Report 2020/21 - Report of Amanda Healy, Director of Public Health County Durham (Pages 65 - 94)
11. Local Outbreak Management Plan Update - Report of Amanda Healy, Director of Public Health, County Durham (Pages 95 - 128)
12. 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
6 January 2022

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 A 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: Ciesielska and Mrs R Hassoon

Co-opted Employees/Officers: Healthwatch County Durham

Contact: Kirsty Charlton Tel: 03000 269705

DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Council Chamber, County Hall, Durham on **Friday 19 November 2021 at 9.30 am**

Present

Councillor P Jopling (Chair)

Members of the Committee
Councillors V Andrews, C Bell, R Crute, K Earley, O Gunn, P Heaviside, L A Holmes, L Hovvels, J Howey, C Kay, C Martin, K Robson, A Savory and S Townsend (substitute for S Quinn)

Co-opted Members
Mrs R Hassoon

1 Apologies

Apologies for absence were received from Councillors Charlton-Laine, Higgins, Quinn and Stubbs.

2 Substitute Members

Councillor Townsend was present as substitute for Councillor Quinn.

3 Minutes of the meeting held on 1 October 2021

The minutes of the meeting held on 1 October 2021 were agreed as a correct record and signed by the Chair.

4 Declarations of Interest, if any

There were no declarations of interest.

5 Any Items from Co-opted Members or Interested Parties

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

6 Integrated Care System Update

The Committee considered a presentation from Dr Neil O'Brian, Accountable Officer/Chief Clinical Officer at County Durham CCG (for copy see file of minutes).

The Accountable Officer/Chief Clinical Officer described the statutory duties and powers of the CCG and the existing structures in the North East and North Cumbria, which were made up of 8 governing bodies, with their own executive and management teams, councils of practice and various committees such as primary care, audit, quality and finance.

He advised that Professor Sir Liam Donaldson had been appointed as Chair and Sam Allen as Chief Executive of the Integrated Care Board (ICB). He advised of local authority input on the development of the Integrated Care System (ICS) and consultation throughout the process. The structure of the board was such that it was mainly local authority members, but it would also include partners from primary care, police, fire, schools, Health Watch and the business sector.

He advised that engagement requirements for the draft constitution was to be completed by the end of November 2021.

The Chair queried the role of this Committee following the changes and the Accountable Officer/Chief Clinical Officer confirmed that the only change was that CCG employees would become ICB employees.

Councillor Martin was concerned that this constitutional change could be having a detrimental impact on frontline staff and the Accountable Officer/Chief Clinical Officer advised that most were unaware that it was happening. Councillor Martin stated that it was reassuring that there would still be reports to Committee however he wondered what safeguards would be in place to ensure that they could challenge decisions of this regional body. The Accountable Officer/Chief Clinical Officer advised that plans for a joint committee that would be served by local government and local health providers for County Durham were in place. He acknowledged that if the ICB wished they could they impose something in local areas, however it would be subject to a consultation process and he reassured Members that this was not the culture that the ICB would want to promote. He reminded the Committee that there was strong local authority representation on the Board. Despite this, Councillor Martin advised that this local body still needed to be held to account.

Councillor Crute was concerned at the pace that this was moving through parliament and that neither practitioners nor local people knew about it. He was also concerned about the structure and was unsure what assurances the Committee had in preventing amalgamation of private and NHS services. Councillor Crute hoped these changes would not open the doors to privatisation of the NHS.

Councillor Crute then asked whether legislation would impact on local authorities and if the Committee would lose its power of referral to the Secretary of State, as this posed a serious threat and needed guarding. The Accountable Officer/Chief Clinical Officer advised that there had been nothing to his knowledge that would remove that power and although the suggested change did not in his opinion promote the privatisation agenda, it was something to be aware of. The private sector had a role and were the only reason that the NHS had been able to recover from the pandemic at the pace that they had.

Councillor Howey had concerns on the impact of County Durham and whether this affect south Durham areas such as Bishop Auckland which in her opinion, were already ignored. If the ICS covered a larger area, she was concerned that smaller areas would suffer more than they were already.

The Accountable Officer/Chief Clinical Officer advised that allocation of resources to County Durham would be transparent and with a budget of £1bn, new arrangements would be tracked. All employees would remain, including clinical and managerial staff, but they would become ICB employees. When a joint committee was in place, delegated authority would carry on the agenda.

In response to a question from Councillor Howey regarding ward closures, the Accountable Officer/Chief Clinical Officer advised that there was still a legal requirement to consult the public if there was any significant changes proposed to health services.

In response to a question regarding Professor Donaldson's work in County Durham, the Accountable Officer/Chief Clinical Officer advised that he was able to work remotely. Councillor Earley advised that he had lost count of how many times there had been a reorganisation and he found it bewildering that the NHS went through this many changes. He believed that strategically this would become a super region and was interested in what the agenda was going to be. He had heard positive comments about maintaining localism and protection from closures but Sunderland was competing for more services in order to protect Doctor training and this was a concern for him as it could take services out of Durham.

The Accountable Officer/Chief Clinical Officer advised that the ICS was the overarching body which was made up from representation from all areas and the board would reflect that. He acknowledged his concerns about not having as much focus on wider hospital transformation pieces but there was still a need and legal right to consult on significant service changes which protected local services from forced changes. He referred to one example of the Path for Excellence, which effected some residents of East Durham and confirmed that the population would be fully consulted.

Councillor Gunn was grateful for the presentation and suggested that the Committee wanted to ensure that the ICS would provide a comprehensive,

universal treatment and care, which was free. She was partly reassured that local authorities would still have a vital role to play through the Health and Wellbeing Board and scrutiny, and it was vital that Councillors were fully informed, but also vitally important for residents and patients to receive the information.

With regards to communication, this was a turbulent time as a result of the COVID-19 pandemic and she considered that there should have been a a period of stability, however did not seem to be the case with this bill. Councillor Gunn was concerned about communication to residents and patients in order to reassure them about the changes as she was certain that there would be changes. Information was difficult for herself to understand without reading a lot and going into detail and so she queried communication with the general public and asked for clarification regarding local authority representation on the board. She had read that it would be four for Durham County Council, despite the information stating only one representative from local authority.

The Accountable Officer/Chief Clinical Officer advised that there had not been a lot of communication on these changes as it was difficult to comment on a bill that had not yet been through parliament, but in addition there had been more important messages from the NHS to communicate to the public.

He confirmed that during the design stage, the Chair had recognised that the ICS was the largest in the Country and had concluded that it was not appropriate to have one local authority seat. This was a unitary board and members from local authorities were there as board members with a background in local authorities, not to represent their own authority. They had left the way the seats were allocated up to local authorities.

A Healy, Director of Public Health reassured Members that local authorities had played an active role through the Health and Wellbeing Board, to ensure they had an input and had helped in terms of the increased numbers. Statutory duties remained and local authorities had been clear that they had an important role.

R Hassoon added that she had attended a patient residents group meeting where concerns about how the general public would be consulted in future had been raised. Patient participation groups in general practice were not always taking place and it was confirmed that one had not had a meeting in two years. Would like to think there wuyjld be some way patient reference groups coujld continue, to ensure, understand health watch involved but not everyone involved in those organisations.

The Accountable Officer/Chief Clinical Officer advised that although most patients were not interested in this type of communication, it did not mean that the information should not go out. There was a section in the draft constitution which explained the ICB's responsibility on public and patient involvement and just as CCGs had a desire and legal responsibility to involve public and patients, so did

the ICB, who would build on practices and improve on those that were not up to scratch.

Councillor Kay queried why there were three boards were needed as this looked to be a slotting in exercise which mimicked the local government reorganisation in 2009.

The Accountable Officer/Chief Clinical Officer advised that the current organisation consisted of eight governing bodies requiring resources and was reducing to one, which could be an improvement. He added that this was not an exercise in reducing running costs, so all people involved in working in the CCG in County Durham would still be continuing that work however, the statutory bodies running the NHS in this area had been reduced.

The Chair added that all the Chairs and Vice Chairs reported that all Committees had the same thoughts on transparency, communication and finance and it was pertinent to monitor this situation, however it was very much out of their control.

Councillor Crute noted that there was no report or recommendation for the Committee but given the concerns about communication and scrutiny's role in amplifying the voice of the public, the Committee should ensure that these changes were communicated. There was not one person whose life was not affected by the NHS and the way it was operated and it was incumbent on the Local Authority and as a Scrutiny Committee to ensure that they were communicated as in his opinion, if there was any regulation, it was light touch and concerning that there were no checks on regulations going through parliament.

As a bare minimum, Councillor Crute suggested that the Committee needed to follow developments as they went through parliament and review them as what was happening now may not remain the same. He added that if those local authority seats were written in legislation, it could change in time and open the door to the private sector.

The Accountable Officer/Chief Clinical Officer advised that he would return to provide an update to the Committee when required.

Councillor Gunn fully supported the comments from Councillor Crute and added that there would have to be a structure in place by 1 April and it was likely that the bill would go through in December, so there were things that were happening that the Committee would need to be updated about.

The Accountable Officer/Chief Clinical Officer advised that the relationship between local authorities and the NHS and finance was still being debated and in response to a proposal from Councillor Gunn that the Committee be updated as soon as possible after the bill went through, the Accountable Officer/Chief Clinical Officer agreed he would return as soon as possible.

The Principal Overview and Scrutiny Officer confirmed that meetings were scheduled in January and March and agreed to consider reviewing those arrangements if needed to discuss the bill.

Councillor Gunn noted the pressures in additional meetings but stressed the importance of this and preferred that this item was not left until March if the bill went through after the meeting in January.

The Chair advised that if the information was not ready for the meeting in January an additional meeting would be requested.

Resolved:

That the report and presentation be noted and that an update be provided to the Committee as soon as possible upon legislation being passed by Parliament.

7 NHS Dentistry Services

The Committee considered a presentation of the Senior Primary Care Manager (Dental Commissioning Lead – North East and Cumbria), NHS England and NHS Improvement with regards to an update on NHS Dental Access (for copy see file of minutes).

P Fletcher, Senior Primary Care Manager, NHS England, North East and North Cumbria advised Members with regards to the operation of general dental practice in the NHS and private dental practice regulations. If an NHS appointment was unavailable, patients could be offered private appointments, but they did not have to take up that offer and were able to contact other practices to access NHS appointments.

Dr T Robson, Chair of Durham, Darlington and Tees, Local Dental Committee addressed the Committee and advised of the issues impacting general dental services.

Prior to the pandemic there was already a workforce recruitment retention problem that impacted on dental nurse recruitment and although there were more registered dentists in the country than ever before, there were fewer whole time equivalent years worked by graduates than that of the cohort that were approaching retirement. COVID-19 had impacted further by becoming the trigger for those due to step down, and there had been an impact on training for dentists coming into profession.

In addition, the peculiar nature of dentistry meant that employees were operating in a high-risk environment and although the clinical team wore PPE, the mist generated in a treatment room, if infected, was a risk to the next patient. In order

to treat patients, the room would need to be left for an hour before entering and every horizontal surface would need cleaning and of course this had a huge impact on the treatment that dentists were able to provide.

The Chair of Durham, Darlington and Tees, Local Dental Committee continued that delays were exacerbated after face to face dental care was stood down between April and August 2020, and when general dentistry resumed, the operating procedures meant that the number of patients that were able to be treated had reduced to 20% of pre-pandemic numbers. Improved procedures and filters had allowed fallow time to be reduced so the number of patients treated had been increased, however it had gone to 45% in December 2020 and then up to 60% and at the time of the meeting was operating at 65%.

New infection protection guidance was under consultation but dental practices were still trying to cover two years of loss and still having to prioritise patients until they could return to normal activity.

The Senior Primary Care Manager, NHS England, North East and North Cumbria advised of local measures and actions taken, which included incentives, additional capacity for NHS appointments, investment in triage via the 111 service and work to commission additional NHS capacity for over 4000 patients.

Councillor Earley asked whether there was any way that the Council could assist in making the County more appealing for Dentist's to want to come live, whether there was anything that could be done within schools to encourage more people to take up the profession or better provision for premises. The Chair of Durham, Darlington and Tees, Local Dental Committee advised that primary care dentistry was network of businesses and a more attractive business environment, it generated more profit and it was easier to recruit. There was ongoing work with ICS to incentivise provision in otherwise non business economic locations; premises was one factor but there were other ways to enhance the areas and the focus was on trying to increase recruitment.

Councillor Howey acknowledged the pressure that Dentist's were under and although they had to run private businesses, she asked whether there was any way that they could be convinced to use private appointments for NHS patients in order to catch up. There were a lot of people who were unable to get appointments due to being unregistered. The Senior Primary Care Manager, NHS England, North East and North Cumbria advised that some were already prioritising NHS appointments but were independent businesses that had to ensure financial viability, but there were some with additional capacity or part time employees, and expressions of interest had been sent out confirming that additional services could be commissioned.

Councillor Gunn had been concerned that over last 12-18 months, vulnerable families in particular were potentially not accessing dental treatment. When

families were struggling to provide food and fuel over winter dental treatment was not an absolute priority, but check-ups were preventative of emergency treatment and she asked what was available for these patients that were already registered, if assistance was communicated. Some families would be unable to afford public transport costs.

The Primary Care Manager, NHS England, North East and North Cumbria advised that the communication team were trying to get messages out through the use of social media to confirm that services were able to access services and this had been shared with local authorities to share on social media. For those with financial difficulty, they may be exempt from dental charges. Prior to the pandemic only 91% of commissioned capacity was utilised and the objective was to see the whole of it utilised in future.

The Director of Public Health advised that with regards to prevention, there was a broader Oral Health Strategy which had been impacted on during the pandemic, the toothbrushing scheme, the healthy weight alliance, the work on community water fluoridation and the reduction of sugary drinks and this work was hoped to be continued and revisited through the Health and Wellbeing Board and Members would be kept up to date as that went through.

Councillor Townsend advised that her family dentist in Shildon had done fantastic job done with her children but when dealing with public, they often found themselves in a dental crisis and nobody would take on as an NHS patient. In that circumstance they would phone 111 and she asked if there was held back capacity for 111 and whether there was a database that people could find spare NHS capacity to save them ringing around 100 practices.

The Primary Care Manager, NHS England, North East and North Cumbria advised that there was no formal registration, however she acknowledged that people were ringing around to ask to register with a practive but it was really important that if there was a dental problem, that it be shared up front and there was an expectation that the patient would be triaged and if there was no availability they should be sign posted to another practice that could meet that dental need. If someone had need that could not wait, then they would be expected to call 111 and patients would be prioritised in some capacity, but it was important that patients expressed the need.

The Chair of Durham, Darlington and Tees, Local Dental Committee confirmed that there was a difference between express clinical need and patient demand, the need was constant but the express demand varied considerably, for example on a Monday there was four times the activity than that of a Wednesday and he highlighted that patients assumed they had a need but it was not necessarily a clinically assessed need. If they called 111 with a clinically assessed need, there was a network of practices commissioned across County Durham – UHND operated out of hours and four other County Durham based commissioned centres that were fed by assessed 111 health advisors.

Resolved

That the presentation be noted.

8 Adults Wellbeing and Health Overview and Scrutiny Committee Review of GP Services in County Durham

The Committee considered a joint report of the Corporate Director of Resources, and Director of Commissioning Strategy and Development (Primary Care), NHS County Durham and Darlington which provided an update of progress made against the recommendations of the review of GP Services in County Durham and an overview of NHS England guidance issued on 14th October 2021 entitled Improving Access for Patients to Primary Care and Supporting General Practice and the associated Winter Access Fund (for copies see file of minutes).

The Principal Overview and Scrutiny Officer advised that the report was in three parts, there was an update on recommendations of a review presented to Cabinet in November 2020 in respect of GP services in County Durham after concerns had been expressed by Members regarding the cumulative impact of several applications to review, merge or close GP services across County Durham.

He referred to recommendation 3 with regards to the use of Section 106 resources for the development of health care services and reported that the policy of which section 106 contributions were allocated was within the CDP and there was a proposal and recommendations to Cabinet in December on how contributions for health would be calculated and spent. This was money as a result of housing development and one of the key was the number of new housing estates that needed access to infrastructure and primary care.

J Chandy, the Director of Commissioning Strategy and Development (Primary Care), NHS County Durham and Darlington advised that there were challenges on staff and patients in accessing services. He referred to the key points in the report and advised that the Joint Committee which was made up of number of Councilllors and CCG and had continued to work through pandemic on supporting the recommendations of the Committee.

Councillor Hovvels advised that she had been the first to raise concerns about the Trimdon area as there had been section 106 agreements in place yet no services to go with it. A lot of work had been done and she wanted to thank the Director of Commissioning Strategy and Development (Primary Care) on behalf of the community in Wheatley Hill, for the work done with them to improve services.

The Director of Commissioning Strategy and Development (Primary Care) advised that the second report provided an overview of NHSE guidance issued on 14th

October 2021 entitled Improving Access for Patients to Primary Care and Supporting General Practice and the associated Winter Access Fund.

The current government recognised that patients were having difficulty getting face to face appointments with their GP post COVID-19 and this had been highlighted in the media. The government were concerned that if nothing was done, the normal rise in respiratory viruses and escalating cases of COVID-19 would worsen.

The Director of Commissioning Strategy and Development (Primary Care) advised that this guidance had not been expected so timely and this was the first time being reported.

Paul Clitheroe, Primary Care Commissioning and Delivery Manager, NHS County Durham CCG advised that the report should reassure Members that despite the move to ICS there was action being taken due to this policy initiative to plan and deliver local services.

A task group had been set up with partners from NHS, LA and outside of the public sector. He highlighted some key issues that the policy was intended to respond to, which were issues that were raised by patients about being unable to get face to face appointments.

He confirmed that primary care was changing, which had already been alluded to by the Director of Commissioning Strategy and Development (Primary Care). Telephone and walk in was once the only way that patients could access services, but additional doorways had been opened up which allowed more people access in different ways.

Practice call volume had been steadily increasing prior to the pandemic and calls were increasing not only to book appointments, but requiring advice or requesting sign posting. There was an increase in the number of calls being made and £0.5m had been invested into GP telephone systems in County Durham.

In addition to the volume of calls, there was also issues with self-care and he acknowledged that not everybody would be able to, however there were a number who with support, could self-care and assist with a more sustainable service.

The Director of Commissioning Strategy and Development (Primary Care) added that there were a number of issues preventing good access to services including lack of workforce, organisation, COVID-19 isolations and sickness were having an impact and despite having strict rules, there were sudden episodes of staff sickness, which were compounded with the increase in demand.

The Director of Commissioning Strategy and Development (Primary Care) advised that £1m had been invested in County Durham to combat the strain of an anticipated bad winter. A general practice overflow service had been set up at the

A&E department which was able to redivert patients who were otherwise unable to get treatment from their practice.

The task group were aware that access to services was not perfect but were listening to the feedback from patients. There were additional pressures in supporting the vaccine roll out and this was exhausting for staff but they were determined to support it.

The Chair advised that she had experienced the hub at UHND after being sent there by the GP, but there was a concern regarding wait times for 111 and she asked for information on how appointments were allocated.

The Director of Commissioning Strategy and Development (Primary Care) advised that the 60 available appointments were ring fenced for 111, GP's and A&E who were able to alleviate pressures. Each practice had been allocated a number based on their size. If a practice exhausted those appointments and still had demand it would

The Chair asked whether this was being rolled out across the County and The Director of Commissioning Strategy and Development (Primary Care) advised that there were three hubs operating in Peterlee, Sedgefield and Bishop Auckland and similarly North Durham had evening and weekend hubs. In South Durham, it had been recognised that there was a problem in the ED with patients attending to get GP advice and this had had led to creating this hub as a pilot.

Councillor Gunn commended all of the work done by the task group, which had occurred during a really challenging time and in particular wanted to mention the importance of the 111 service as most people would have used it and experienced being held in a queue. There were many pressures on general practitioners, which were exacerbated by the pandemic and the roll out of vaccines was highly commendable.

With regards to the Winter Access Fund, Councillor Gunn asked what £820k could do for County Durham, as in her opinion it was insufficient. The Director of Commissioning Strategy and Development (Primary Care) advised that the government had announced £240m and when split ICS system, the largest areas were North East and North Cumbria with £8m. Each CCG had to be allocated and this was approximately £800k, so prior to allocating, a bid for an additional £450k had been submitted which been approved and was predicted to amount to in excess of £1m. The Director of Commissioning Strategy and Development (Primary Care) advised that the cost to fund a year of the ED PCS hub, based on the current level of service, was £650k so acknowledged that this would not go very far, but he had advised primary care to submit bids at scale and where there were already overflow hubs, they could try and upscale with additional Nurse Practitioners and Doctors.

Councillor Hovells had concerns regarding telephone services which were unable to give repeat prescriptions and patients were having to sometimes travel to other villages which was costly for some and contributed to poverty and ill health. The Director of Commissioning Strategy and Development (Primary Care) confirmed that advice given was that a significant number of minor pharmacy and medication issues were disruptive to the telephone service so patients were being encouraged to use repeat prescription request slip or the web portal. There was also an issue with accuracy which was reduced by ordering non-verbally over telephone. He recognised that there were a number of people that were unable to post and that general practice needed to have exceptions for those house bound. There was a demand on telephones, which had been exacerbated by the pandemic and some practices were like call centres, but unlike experienced call centres who were equipped for high call volumes and had systems to cope, general practice had outgrown their service and needed adapting. The only way to cope was to reduce the amount of activity that could be done in other ways.

Councillor Hovvels' other concern was the pressures on post office because some NHS appointments were arriving a week out of date which was contributing to missed appointments. The Director of Commissioning Strategy and Development (Primary Care) advised that in secondary care, hospitals had a telephone back up system which sent automated calls to press one if attending and 2 if not. Primary care had changed a lot and the amount of letters that were sent had significantly decreased. To book vaccinations, links were sent out to book flu jabs, or clinical appointments and this had reduced the amount of letters sent. Patients were able to now have more choice in the time of their appointments.

In response to a question from Councillor Earley regarding North Durham, the Director of Commissioning Strategy and Development (Primary Care) advised that the Shotley Bridge hub provided minor injury and Bishop Auckland,

In addition GP's Derwentside Federation, provided additional appointements 6-8 Monday – Friday and Saturday and Sunday mornings. If felt demand was such that those were not sufficient, they would be reviewed. With regards to whether Casualty would be extended, R Stray, CDDFT confirmed that she would ask for a response from Sue Jacques.

The Director of Commissioning Strategy and Development (Primary Care) advised that having a well-designed A&E with space to co-locate a hub with someone to navigate them would avoid patients sitting for hours to be told that they can access other services.

The Principal Overview and Scrutiny Officer advised that reference had been made to the 111 service and suggested that should Members require further information on the pressures and demand, they could consider an additional recommendation to invite NEAS to a future meeting of the Committee and consider the specific details.

Councillor Howey appreciated the hard work but there were complaints daily that patients were unable to see a Doctor and children having to go to A&E for treatment, there was also information given by staff that pre-bookable appointments were unable to be made due to COVID-19 measures. The Director of Commissioning Strategy and Development (Primary Care) advised that he had experienced similar complaints from patients where it was assumed by default that the practice had done something wrong but when it was investigated, people had refused to wear a face covering to enter the premises, including mothers who had children that needed to be seen. Those that would not adhere to that policy, despite being there to protect more vulnerable, had to be treated a suspected COVID-19 patient, brought through a fire exit and into covid hot room. Typically a child presenting, would be asked for a PCR test before arriving and these were seen to be reasonable procedures but there were some being reported different.

The Director of Commissioning Strategy and Development (Primary Care) advised that the issue of whether primary care was increasing the demand by means of only offering appointments on the same day would be considered by the task group. The COVID-19 protocols still applied, staff isolations were causing massive challenges but he acknowledged that advance bookings should be considered in more detail.

Councilllor Savory asked whether the information that the Committee had received could be communicated to the general public through either social media or newspaper as it was important that patients were kept up to date. The Director of Commissioning Strategy and Development (Primary Care) advised that he had asked the communications team how to convey the information and agreed that it was important when heading towards a bad winter.

Resolved

That the report and presentation be noted.The Committee considered a joint report of the Corporate Director of Resources, and Director of Commissioning Strategy and Development (Primary Care), NHS County Durham and Darlington which provided an update of progress made against the recommendations of the review of GP Services in County Durham and an overview of NHS England guidance issued on 14th October 2021 entitled Improving Access for Patients to Primary Care and Supporting General Practice and the associated Winter Access Fund (for copies see file of minutes).

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He confirmed that primary care was changing, which had already been alluded to by the Director of Commissioning Strategy and Development (Primary Care). Telephone and walk in was once the only way that patients could access services, but additional doorways had been opened up which allowed more people access in different ways.

Practice call volume had been steadily increasing prior to the pandemic and calls were increasing not only to book appointments, but requiring advice or requesting sign posting. There was an increase in the number of calls being made and £0.5m had been invested into GP telephone systems in County Durham.

In addition to the volume of calls, there was also issues with self-care and he acknowledged that not everybody would be able to, however there were a number who with support, could self-care and assist with a more sustainable service.

The Director of Commissioning Strategy and Development (Primary Care) added that there were a number of issues preventing good access to services including lack of workforce, organisation, COVID-19 isolations and sickness were having an impact and despite having strict rules, there were sudden episodes of staff sickness, which were compounded with the increase in demand.

The Director of Commissioning Strategy and Development (Primary Care) advised that £1m had been invested in County Durham to combat the strain of an anticipated bad winter. A general practice overflow service had been set up at the A&E department which was able to redivert patients who were otherwise unable to get treatment from their practice.

The task group were aware that access to services was not perfect but were listening to the feedback from patients. There were additional pressures in supporting the vaccine roll out and this was exhausting for staff but they were determined to support it.

The Chair advised that she had experienced the hub at UHND after being sent there by the GP, but there was a concern regarding wait times for 111 and she asked for information on how appointments were allocated.

The Director of Commissioning Strategy and Development (Primary Care) advised that the 60 available appointments were ring fenced for 111, GP's and A&E who were able to alleviate pressures. Each practice had been allocated a number based on their size. If a practice exhausted those appointments and still had demand it would

The Chair asked whether this was being rolled out across the County and The Director of Commissioning Strategy and Development (Primary Care) advised that there were three hubs operating in Peterlee, Sedgefield and Bishop Auckland and similarly North Durham had evening and weekend hubs. In South Durham, it had

been recognised that there was a problem in the ED with patients attending to get GP advice and this had had led to creating this hub as a pilot.

Councillor Gunn commended all of the work done by the task group, which had occurred during a really challenging time and in particular wanted to mention the importance of the 111 service as most people would have used it and experienced being held in a queue. There were many pressures on general practitioners, which were exacerbated by the pandemic and the roll out of vaccines was highly commendable.

With regards to the Winter Access Fund, Councillor Gunn asked what £820k could do for County Durham, as in her opinion it was insufficient. The Director of Commissioning Strategy and Development (Primary Care) advised that the government had announced £240m and when split ICS system, the largest areas were North East and North Cumbria with £8m. Each CCG had to be allocated and this was approximately £800k, so prior to allocating, a bid for an additional £450k had been submitted which been approved and was predicted to amount to in excess of £1m. The Director of Commissioning Strategy and Development (Primary Care) advised that the cost to fund a year of the ED PCS hub, based on the current level of service, was £650k so acknowledged that this would not go very far, but he had advised primary care to submit bids at scale and where there were already overflow hubs, they could try and upscale with additional Nurse Practitioners and Doctors.

Councillor Hovells had concerns regarding telephone services which were unable to give repeat prescriptions and patients were having to sometimes travel to other villages which was costly for some and contributed to poverty and ill health. The Director of Commissioning Strategy and Development (Primary Care) confirmed that advice given was that a significant number of minor pharmacy and medication issues were disruptive to the telephone service so patients were being encouraged to use repeat prescription request slip or the web portal. There was also an issue with accuracy which was reduced by ordering non-verbally over telephone. He recognised that there were a number of people that were unable to post and that general practice needed to have exceptions for those house bound. There was a demand on telephones, which had been exacerbated by the pandemic and some practices were like call centres, but unlike experienced call centres who were equipped for high call volumes and had systems to cope, general practice had outgrown their service and needed adapting. The only way to cope was to reduce the amount of activity that could be done in other ways.

Councillor Hovvels' other concern was the pressures on post office because some NHS appointments were arriving a week out of date which was contributing to missed appointments. The Director of Commissioning Strategy and Development (Primary Care) advised that in secondary care, hospitals had a telephone back up system which sent automated calls to press one if attending and 2 if not. Primary care had changed a lot and the amount of letters that were sent had significantly

decreased. To book vaccinations, links were sent out to book flu jabs, or clinical appointments and this had reduced the amount of letters sent. Patients were able to now have more choice in the time of their appointments.

In response to a question from Councillor Earley regarding North Durham, the Director of Commissioning Strategy and Development (Primary Care) advised that the Shotley Bridge hub provided minor injury and Bishop Auckland,

In addition GP's Derwentside Federation, provided additional appointements 6-8 Monday – Friday and Saturday and Sunday mornings. If felt demand was such that those were not sufficient, they would be reviewed. With regards to whether Casualty would be extended, R Stray, CDDFT confirmed that she would ask for a response from Sue Jacques.

The Director of Commissioning Strategy and Development (Primary Care) advised that having a well-designed A&E with space to co-locate a hub with someone to navigate them would avoid patients sitting for hours to be told that they can access other services.

The Principal Overview and Scrutiny Officer advised that reference had been made to the 111 service and suggested that should Members require further information on the pressures and demand, they could consider an additional recommendation to invite NEAS to a future meeting of the Committee and consider the specific details.

Councillor Howey appreciated the hard work but there were complaints daily that patients were unable to see a Doctor and children having to go to A&E for treatment, there was also information given by staff that pre-bookable appointments were unable to be made due to COVID-19 measures. The Director of Commissioning Strategy and Development (Primary Care) advised that he had experienced similar complaints from patients where it was assumed by default that the practice had done something wrong but when it was investigated, people had refused to wear a face covering to enter the premises, including mothers who had children that needed to be seen. Those that would not adhere to that policy, despite being there to protect more vulnerable, had to be treated a suspected COVID-19 patient, brought through a fire exit and into covid hot room. Typically a child presenting, would be asked for a PCR test before arriving and these were seen to be reasonable procedures but there were some being reported different.

The Director of Commissioning Strategy and Development (Primary Care) advised that the issue of whether primary care was increasing the demand by means of only offering appointments on the same day would be considered by the task group. The COVID-19 protocols still applied, staff isolations were causing massive challenges but he acknowledged that advance bookings should be considered in more detail.

Councilllor Savory asked whether the information that the Committee had received could be communicated to the general public through either social media or newspaper as it was important that patients were kept up to date. The Director of Commissioning Strategy and Development (Primary Care) advised that he had asked the communications team how to convey the information and agreed that it was important when heading towards a bad winter.

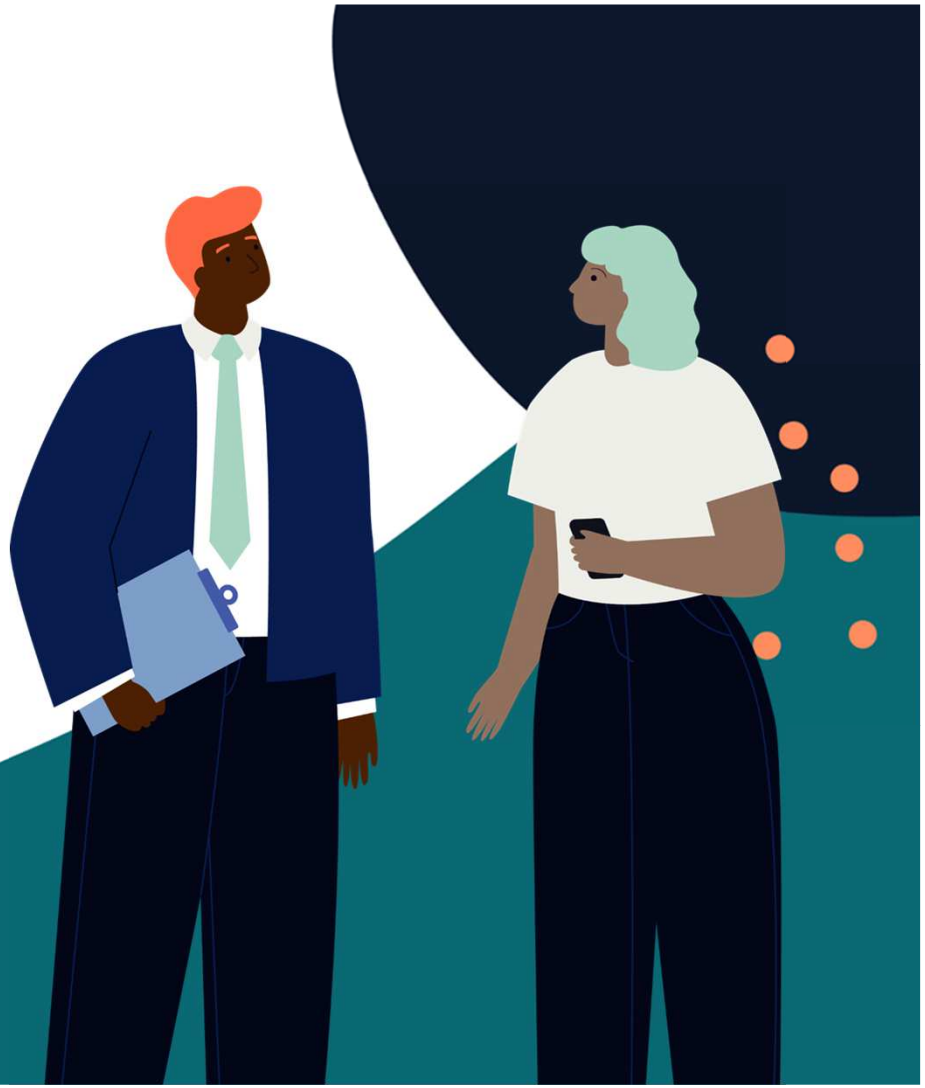
Resolved

That the report and presentation be noted.

kooth

Qwell

Online Mental Health & Wellbeing Service For Adults



Search Qwell.io

Aim of presentation

- Introduction
- Qwell Overview
- Q&A

About Qwell.io

- Qwell emerged in 2018. After seeing the impact we were having with Kooth, we wanted to replicate this service provision with adults to help increase adult access to digital mental health support
- Qwell is one of the only BACP accredited digital services for adults
- Over 1.5 million adults in the UK have access to Qwell

Qwell


Qwell
"I just want to say thanks again. I don't know where I would be if I hadn't opened up and had the support from you."
Qwell user
“I feel like I have made some good steps forward and have put some changes/controls in place which have really helped me”
Qwell user
“I find it useful. Sometimes you feel nervous talking to someone face to face. Sometimes I can express myself better in writing than I can by talking with someone.”
Qwell user

Contract Area Specifics

- County Durham & Tees Valley
- 18 +
- Durham, Darlington & Teesside NHS Mental Health & Learning Disability Partnership
- People can access our **FREE, SAFE and ANONYMOUS** service by signing up at Qwell.io

Prevention through to support for most vulnerable

Anonymous Users

Our users remain anonymous, giving them confidence to speak out and access support without the fear of judgement.

Therapeutic Choice

We offer a full mental health toolkit - giving our users the opportunity to choose what kind of support works for them.

Self-help resources

Goal Setting

Personal goals can be set and monitored in a safe moderated environment

Journal

A private yet simple and effective way to track mood and identify personal triggers.

Community Support

Discussion Boards

Our vibrant community interacts with other users via our peer to peer support forums

Magazine

Over 100,000 articles, pre-moderated and 70% user generated

Practitioner intervention

Live Chat

IMMEDIATE access to qualified counsellors through drop-in or pre-arranged online chat.

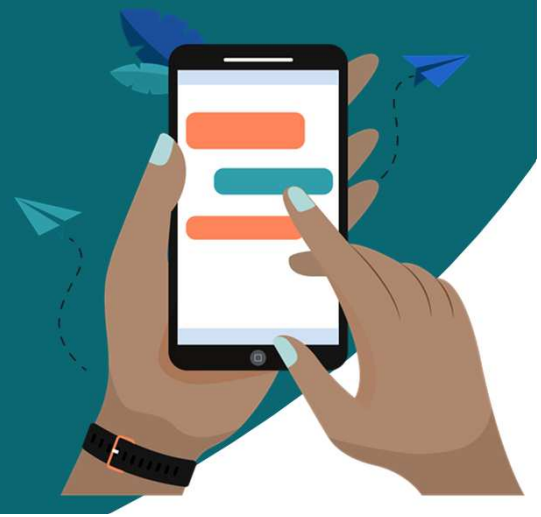
24-Hour Messaging

Message the counselling team at any time of the day to receive support

Online counselling & well-being support

- Text based support - live chat sessions and asynchronous messaging
- Access to our team of counsellors and emotional wellbeing practitioners
- Drop in chats and structured support
- First three sessions are assessment based - building a picture of need and presenting issues
- Open 365 days a year
- 12-10pm weekdays, 6-10pm weekends

Qwell



How Qwell supports service users

Practitioner led support pathways

Sessions with our service delivery team target a range of issues at different levels of complexity.

Assessment tools

At Kooth plc we use a range of appropriate assessment tools for Qwell to measure our treatment effectiveness.

Case Management

We keep thorough and encrypted case note records for all service users we support on Qwell.

Safeguarding

We are experienced in holding people in crisis and utilising safeguarding principles to govern practice.

Adults do not need to be referred to Qwell to access the service. Service users are invited and welcome to join our platforms as long as they fall within the cohort that that the service is available to in their area.

Qwell

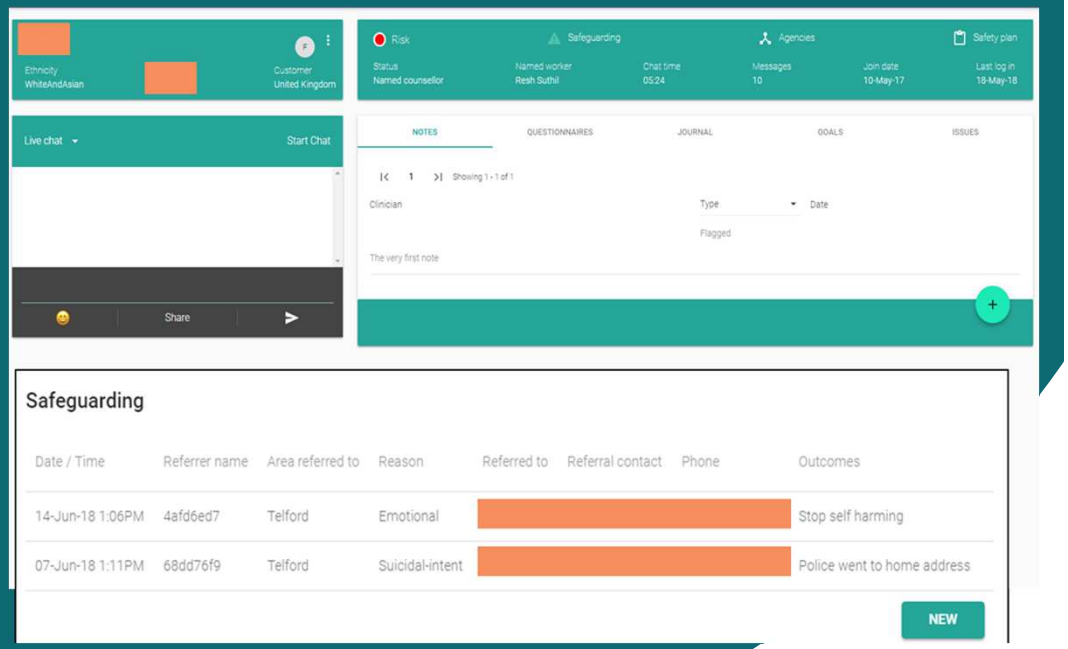
Safeguarding

Structured governance ✦ Clinical expertise ✦ Real-time supervision

Safeguarding is the core principle that encompasses everything we do at Kooth plc. It is a core value amongst our Qwell team.

The safeguarding team is the first point of contact for all concerns raised by staff and service users.

Safeguarding online is a balance of skillful engagement, robust clinical governance, clear protocols, guidance, risk management and seamless interdisciplinary work including external services.



Thank you
Any Questions?

Contact Details:
Jemma Austin
jaustin@kooth.com

Qwell

Adult Wellbeing and Health Overview and Scrutiny Committee

14 January 2022

Quarter 2: Forecast of Revenue and Capital Outturn 2021/22

Report of Corporate Directors

Paul Darby, Corporate Director of Resources

Jane Robinson, Corporate Director Adult and Health Services

Electoral division(s) affected:
Countywide

Purpose of the Report

1 To provide the Committee with details of the forecast outturn budget position for the Adult and Health Services (AHS) service grouping, highlighting major variances in comparison with the budget for the year, based on the position to the end of September 2021.

Executive Summary

2 This report provides an overview of the initial forecast of outturn, based on the position to 30 September 2021. It provides an analysis of the budget outturn for the services falling under the remit of the Overview and Scrutiny Committee and complements the reports considered by Cabinet on a quarterly basis.

3 The forecasts indicate that AHS will have a cash limit underspend of £2.350 million at the year-end against a revised revenue budget of £128.664 million, which represents a 1.8% underspend.

4 In arriving at the cash limit position, Covid-19 related expenditure of £3.026 million offset by Covid-19 related savings of £4.013 million have been excluded. Covid-19 costs are being treated corporately and offset by Government funding so far as possible.

5 Based on the forecasts, the Cash Limit balance for AHS as at 31 March 2022 will be £12.676 million.

6 Details of the reasons for under and overspending against relevant budget heads is disclosed in the report.

7 The AHS capital budget for 2021/22 is £1.210 million. As at 30 September 2021 there has been capital expenditure incurred of £71,000.

Recommendation

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

Background

9 County Council approved the Revenue and Capital budgets for 2021/22 at its meeting on 24 February 2021. These budgets have subsequently been revised to take account of transfers to and from reserves, grant additions/reductions, budget transfers between service groupings and budget reprofiling between years. This report covers the financial position for:

- *AHS Revenue Budget - £128.664 million (original £133.618 million)*
- *AHS Capital Programme – £1.210 million (original £1.210 million)*

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

Reason for Adjustment	**£'000**
Original Budget	133,618
Transfer from Contingencies – Transforming Care	371
Budget Transfer – Safeguarding Adults Board	149
Budget Transfer – Transitions	(150)
Budget Transfer – First Aid Training	(5)
Budget Transfer - CYPS	(4,500)
Budget Transfer – Partnerships to CYPS	(30)
Budget Transfer – Resources	(5)
Use of (+)/contribution to cash limit reserve (-)	(1,877)
Use of (+)/contribution to AHS reserves (-)	1,093
Revised Budget	**128,664**

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

Reserve	**£'000**
Use of AHS - Social Care Reserve	429
Use of Public Health Reserve	664
Total	**1,093**

12 The summary financial statements contained in the report cover the financial year 2021/22 and show: -

- The approved annual budget;
- The actual income and expenditure as recorded in the Council's financial management system;
- The variance between the annual budget and the forecast outturn;
- For the AHS revenue budget, adjustments for items outside of the cash limit to take into account such items as redundancies met from

the strategic reserve, capital charges not controlled by services and use of / or contributions to earmarked reserves.

Revenue Outturn

13 The updated forecasts show that the AHS service is reporting a cash limit underspend of £2.350 million against a revised budget of *£128.664 million* which represents a 1.8% underspend. This compares with the forecast cash limit underspend at June of £3.886 million.

14 The tables below show the revised annual budget, actual expenditure to 30 September 2021 and the updated forecast of outturn to the year end, including the variance forecast at year end. The first table is analysed by Subjective Analysis (i.e. type of expense) and the second is by Head of Service.

Subjective Analysis (Type of Expenditure)

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	COVID 19 Costs £000	COVID Under spends £000	Cash Limit Variance QTR2 £000	Memo-Forecast Position at QTR1 £000
Employees	38,653	18,208	37,884	(126)	0	(895)	(523)
Premises	2,111	317	2,229	0	0	118	89
Transport	2,255	517	1,499	0	680	(76)	(40)
Supplies & Services	4,944	3,284	6,114	(50)	0	1,120	822
Third Party Payments	291,945	113,930	292,987	(2,850)	0	(1,808)	(3,293)
Transfer Payments	11,278	5,169	10,350	0	0	(928)	(1,167)
Central Support & Capital	31,615	20,008	31,960	0	0	345	236
Income	(254,137)	(113,316)	(257,696)	0	3,333	(226)	(10)
Total	**128,664**	**48,117**	**125,327**	**(3,026)**	**4,013**	**(2,350)**	**(3,886)**

Analysis by Head of Service Area

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	COVID 19 Costs £000	COVID Under spends £000	Cash Limit Variance QTR2 £000	Memo-Forecast Position at QTR1 £000
Central/Other	10,762	(30,432)	10,447	0	0	(315)	(426)
Commissioning	4,640	7,004	4,427	0	41	(172)	(168)
Head of Adults	111,304	85,875	108,469	(3,000)	3,972	(1,863)	(3,292)
Public Health	1,958	(14,330)	1,984	(26)	0	0	0
Total	**128,664**	**48,117**	**125,327**	**(3,026)**	**4,013**	**(2,350)**	**(3,886)**

15 The table below provides a brief commentary of the forecast cash limit variances against the revised budget, analysed by Head of Service. The table identifies variances in the core budget only and excludes items outside of the cash limit (e.g. central repairs and maintenance) and technical accounting adjustments (e.g. central admin recharges and capital charges):

Service Area	Description	Cash limit Variance £000
Head of Adults		
Ops Manager LD /MH / Substance Misuse	£256,000 under budget on employees due to effective management of vacancies. £65,000 under budget in respect of supplies and services. £40,000 over budget relating to premises. £1.103 million net under budget on direct care related activity.	(1,384)
Safeguarding Adults and Practice Development	£27,000 over budget on employees. £65,000 under budget on professional fees. £14,000 under recovery of income.	(24)
Ops Manager OP/PDSI Services	£95,000 under budget on employees due to effective management of vacancies. £84,000 under budget linked to supplies and services. £0.272 million net under budget on direct care-related activity.	(451)
Ops Manager Provider Services	£55,000 net under budget across a range of headings including employees and transport.	(55)
Operational Support	£29,000 under budget on employees due to effective management of vacancies. £80,000 over budget on, Affinity System, Care Tech Enabled and extension of SOCITM.	51
		(1,863)
Central/Other		
Central/ Other	£0.315 million under budget mainly in respect of uncommitted budgets to support future operational activity.	(315)
		(315)
Commissioning		
Commissioning	£57,000 under budget on employees due to effective management of staff vacancies. £115,000 under budget in respect of effective contract management.	(172)
		(172)
Public Health		
General Prevention Activities	No material variances.	0
Healthy Communities Strategy and	Under budget on employees due to vacant Mental Health at work practitioner post (-£25,000).	(25)

Service Area	Description	Cash limit Variance £000
Assurance		
Living and Ageing Well	Fresh and Balance contract CDDFT over budget (+£26,000), historic inflationary Agenda for Change invoice (+£11,000). Smoke free manager post corrected income from Regional LA7 (-£53,000). Uncommitted base budgets relating to the Drug & Alcohol Recovery Service Ridgemount House, tenancy ended Mar 21 Temple Cross W-RAD (-£107,000) Dilapidation costs at Ridgemount House (+£4,000) Saddler house electricity costs (+£14,000) Tahmes House rates costs (+£12,000)	(93)
Public Health Grant and Reserves	Amount to balance the cash limit variance (+£307,000) made up principally of savings from vacant posts and contracts in each service area as described.	307
Public Health Team	Under budget on staffing – vacant posts within the Public Health Team and staff travel and supplies and services.	(158)
Starting Well and Social Determinants	Former Enuresis contract saving (-£40,000). Durham University evaluation project contract (+£9,000).	(31)
		-
AHS Total		**(2,350)**

16 The service grouping is on track to maintain spending within its cash limit. The forecast outturn position incorporates the MTFP savings built into the 2021/22 budgets, which for AHS in total amounted to £0.974 million.

17 The council continues to face significant additional costs in relation to the Covid-19 outbreak and significant loss of income. All additional costs and loss of income, net of Covid-19 related underspending, is being treated corporately and is therefore excluded from the cash limit.

18 The major area of additional cost in respect of AHS is £3.026 million for the additional financial support paid to providers. This support includes a temporary 2% uplift in specified fees to 30 September 2021, and targeted support being given to residential care homes where occupancy levels have dropped significantly (in excess of 10%).

19 The major areas of forecast Covid-19 related savings in respect of AHS are as follows (£4.013 million):

(a) £0.680 million in respect of short-term spot hire of vehicles and car allowances etc;

(b) A CDCCG contribution towards additional COVID-related arrangements is £3.333 million.

20 The cash limit reserve for Adult and Health Services is forecast to be circa £12.676 million after incorporating the 2021/22 forecast and transfers to other earmarked reserves.

Capital Programme

21 The AHS capital programme comprises two schemes, the Public Health drug and alcohol recover services premises upgrade and the upgrade of Hawthorn House respite centre in Provider Services.

22 Further reports will be taken to MOWG during the year where revisions to the AHS capital programme are required. The capital budget currently totals £1.210 million.

23 Summary financial performance to 30 September 2021 is shown below.

AHS	Actual Expenditure 30/09/2021 £000	Current 2021-22 Budget £000	(Under) / Over Spending £000
Provider Services – Hawthorn House	42	336	(294)
Public Health – Drug and Alcohol Premises Upgrade	29	874	(845)
	71	**1,210**	**(1,139)**

24 Officers continue to carefully monitor capital expenditure on a monthly basis. There has been £71,000 of expenditure incurred to date. At year end the actual outturn performance will be compared against the revised budgets, and service and project managers will need to account for any budget variance.

Background Papers

25 Cabinet Report 17 November 2021 – Forecast of Revenue and Capital Outturn 2021/22 – Period 31 September 2021.

Appendix 1: Implications

Legal Implications

The consideration of regular budgetary control reports is a key component of the Council's Corporate and Financial Governance arrangements. This report shows the forecast spend against budgets agreed by the Council in February 2021 in relation to the 2021/22 financial year.

Finance

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

Consultation

Not applicable.

Equality and Diversity / Public Sector Equality Duty

Not applicable.

Human Rights

Not applicable.

Crime and Disorder

Not applicable.

Staffing

Not applicable.

Accommodation

Not applicable.

Risk

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

Procurement

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

Adults, Well-being and Health Overview and Scrutiny Committee

14 January 2022

Quarter Two, 2021/22 Performance Management Report

Ordinary Decision

Report of Paul Darby, Corporate Director of Resources

Electoral division(s) affected:

Countywide.

Purpose of the Report

1 To present an overview of progress towards achieving the key outcomes of the council's corporate performance framework and highlight key messages to inform strategic priorities and work programmes.

2 The report covers performance in and to the end of quarter two, July to September 2021.

Performance Reporting

3 The performance report is structured around the three components.

(a) High level state of the County indicators to highlight areas of strategic significance. These are structured around the County Durham Vision 2035.

(b) Council initiatives of note against the ambitions contained within the vision alongside a fourth 'excellent council' theme contained within our Council Plan[1].

(c) A long list of key performance indicators against the themes of the Council Plan.

4 The Council Plan sets out how the Council will use the resources at its disposal to achieve the ambitions set out in the County Durham Partnership's vision for the County. It sets out the Counicl's amitions and key work areas to achieive these with high level performance indicators

[1] approved by full council October 2020

to measure progress. Appendix two of this report reflects this in the way it is set out.

5 It also includes an overview of the continuing impact of COVID-19 on council services, our staff, and residents.

Long and Independent Lives

6 Although the pandemic has caused a fall in life expectancy, recent research suggests it was already in decline in many areas in the North of England. Across County Durham, male life expectancy has fallen by seven months and female life expectancy by six months. Both remain lower than the national average.

7 The pandemic has also made it more difficult for people to participate in sport and activity. Over the last 12 months, 31% of adults across the authority area participated in less than 30 minutes exercise each week and are therefore classed as inactive. This compares to a national average of 27%.

8 Latest data (2019/20) shows slight increases in excess weight. 64.8% of adults (up from 63.3%) and 24.9% of children aged 4 to 5 (up from 24%) were classed as overweight or obese.

9 Across the county, smoking prevalence increased from 15% to 17%, 15% of mothers smoked at the time of delivery (8.9% nationally) and 29.1% were breastfeeding their babies at 6-8 weeks (48% nationally). There was also an increase in the suicide rate which remains higher than the national figure.

10 Poverty pressures continue to be a major issue and we expect the situation to deteriorate as basic living costs continue to rise, hitting those with little disposable income hard. We are aware 24% of children eligible for free school meals are not claiming them.

11 10.9% of people across the county reported a low happiness score (self-reported well-being), which is higher than last year (9.5%) and above the national figure of 8.7%.

12 We are continuing invest in walking and cycling infrastructure, work to tackle food poverty, provide focused activity across mental and physical well-being, and support smoking quitters.

13 During quarter two, we helped to support 180 households with food, and over the summer holidays, we delivered more than 100 projects as part of our Holiday Activity with Food programme.

14 70% of respondents reported they were satisfied with services for care and support, an increase on last year (68%) and higher than nationally

(64%). In addition, 78% of adult social care users report they have enough choice over the care and support services they receive, higher than last year (75%) and the national average (67%).

The impact of COVID-19

15 The COVID-19 pandemic has caused an unprecedented health emergency across the globe. Restrictions to contain the virus, minimise deaths and prevent health and social care systems being overwhelmed remain in place, and are continuing to impact our everyday lives, our health, and the economy.

16 However, roll-out of the UK's vaccination programme, which has reduced both hospital admissions and deaths, allowed the government to implement plans for a gradual and phased route out of lockdown.

17 Working with government organisations and within the context of national developments, we continue to protect our communities, support those affected by the pandemic, and develop plans for future recovery.

18 The COVID-19 surveillance dashboard can be accessed here.

Risk Management

19 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

20 That Adults, Well-being and Health Overview and Scrutiny Committee notes the overall position and direction of travel in relation to quarter two 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.

Appendix 2

Durham County Council Performance Management Report

Quarter Two, 2021

Long and Independent Lives

1 The ambition of Long and Independent Lives is linked to the following key objectives:

(a) County Durham will have a physical environment that will contribute to good health;
(b) We will promote positive behaviours;
(c) Health and social care services will be better integrated;
(d) 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;
(e) We will tackle the stigma and discrimination of poor mental health and build resilient communities.

National, Regional and Local Picture

2 Life expectancy for residents of County Durham has reduced and this reflects figures both for England and the North East region. The release of these data coincides with a report from Imperial College London which found that, in the five years prior to the pandemic (2014-2019), life expectancy across the country went down in almost one in five communities for women, and one in nine communities for men.

3 Recently published data from the Active Lives survey (May 2020 to May 2021) clearly shows the continued impact of the pandemic on people's ability to take part in sport and physical activity. In line with the national trend, reported levels of 'inactive' participation (<30 minutes a week) increased from the previous 12 months and is above national average (27.5%). With regard to 'active' participation levels (150+ minutes per week), we remain relatively static (at 58.7%) compared to the previous 12 months but below national average (60.9%).

Council Services

A physical environment contributing to good health

4 Work to develop a physical activity strategy for County Durham is currently being undertaken by the Physical Activity Strategy Committee. The strategy is being developed with stakeholder engagement across the system. Two further workshops are scheduled to be held in November 2021, with the strategy being presented to the Health and Wellbeing Board in January 2022.

5 The Active 30 Durham programme was relaunched to education settings on 16 September 2021. The programme now has a focus on 'getting active in the community' to encourage wider partners, such as the voluntary and community sector and holiday activity with food providers, to access a range of resources to

embed physical activity and well-being activities into delivery. A launch event provided education settings with an overview of the campaign for the new academic year. Thirty two schools have signed up to the programme during quarter two and work is ongoing to promote the programme across the county.

6 The Holiday Activity with Food programme continues to be delivered through Area Action Partnership (AAP) locality-based provision, contracted provision (area-based and countywide) and Durham County Council service providers (including schools, culture, sport and leisure services and 0-19 family centres). Over the 2021 summer holidays, more than 100 projects were delivered through AAPs, schools and family centre hubs. These included swim activity camps, including free swimming, healthy food and snacks.

7 Young people were encouraged to visit our leisure centres during summer holidays with free summer pool activities for children and young people aged 18 and under living in County Durham. Activities ranged from fun with inflatables to general swimming and was aimed to encourage children and young people to have fun and be more active.

8 Swimming pools in the county have received the highest possible rating following an inspection by the Royal Lifesaving Society. The charity recently completed its annual audit of our pools and gave them an overall rating of excellent. The inspection, which included a detailed review of the pool at the Louisa Centre, looks at equipment, staff skills and experience and the delivery of training courses.

Promoting positive behaviours

9 The Tobacco Control Alliance has continued to deliver against its dedicated action plan and has maximised the opportunity to address the negative outcomes around COVID for people who smoke. This included the implementation of a comprehensive communications plan helping to raise awareness of the impact of COVID on smokers.

10 Our Stop Smoking Service has maintained business continuity plans to ensure that the service has remained operational throughout the pandemic. A blended approach to service delivery has continued, to maintain client engagement via telephone consultations as the predominant method of support and distributing nicotine replacement therapy (NRT) through e-vouchers.

11 Support to treat tobacco dependency in pregnancy has continued during the pandemic and data from the Stop Smoking Service demonstrate an increasing number of clients referred and accessing the service to stop smoking. A proposal for a new incentive scheme to support pregnant women is being developed.

Enhanced NRT / behavioural support for pregnant women and their significant others is also being extended beyond the standard 12-week programme.

12 The Alcohol and Drug Harm Reduction Strategy Group (ADHRSG) has continued to meet on a quarterly basis during the pandemic and has proved a valuable network during COVID-19, with an opportunity to share updates with partners and work collaboratively to help reduce the harm of alcohol and drugs. The 2021/22 action plan has been refreshed with partners and was presented for approval to the ADHRSG with implementation ongoing.

Better integration of health and social care services

13 The Suicide Prevention Action Plan has been updated for 2021-24 and the Suicide Prevention Alliance continues to review it on a quarterly basis, bringing together a range of partners to support delivery of the plan. The Time to Change Hub also continues to provide small grants and funding opportunities, and the latest round of funding commenced in quarter two 2021/22.

14 The Real Time Data Surveillance system indicates that 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.

People will be supported to live independently for as long as possible

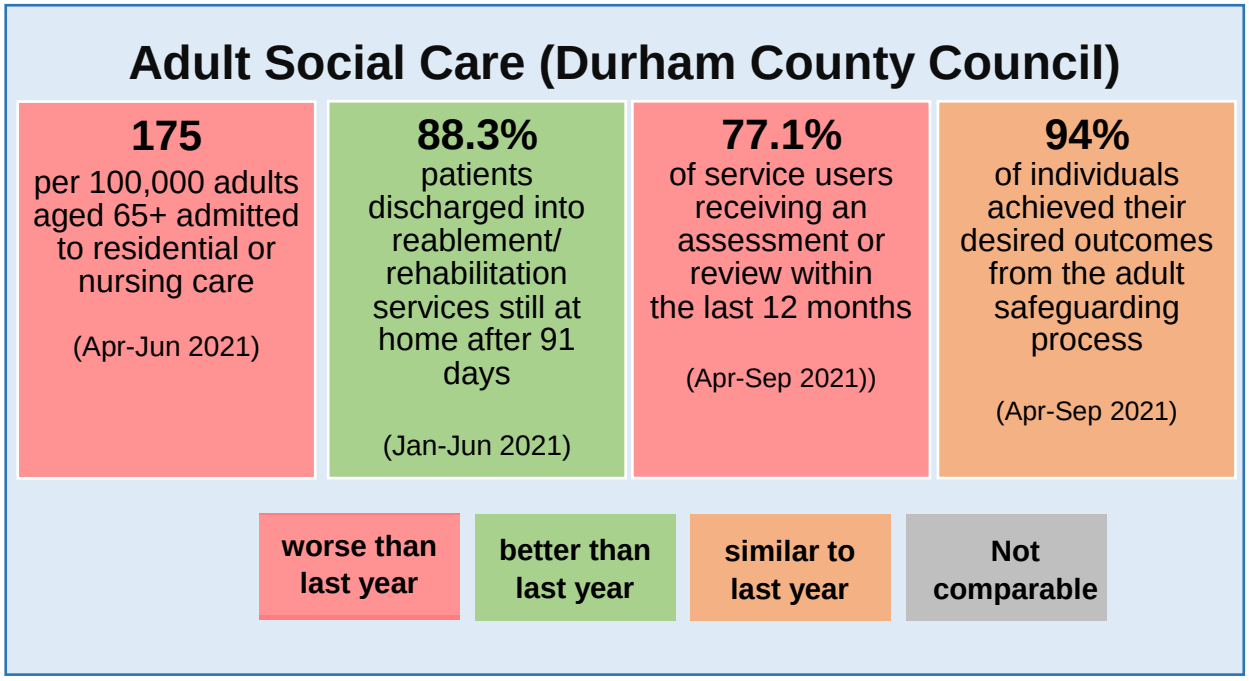
15 The adult social care service went live with AzeusCare, a new case management system on 23 June 2021. This coincided with the start of the quarter two reporting period. Whilst the transfer over from the old case management system, SSID, has been very carefully managed, there has always been an expectation that performance data would likely be affected by the transition.

16 The percentage of service users assessed or reviewed in the last 12 months fell from 86.7% at quarter one to 77.1% at quarter two. This is due to the increased administrative work placed upon social workers by the system change. Forms in SSID would be pre-populated by data already known. Whilst historic SSID records have been transferred over to AzeusCare, the difference between the systems meant it was not possible to pre-populate AzeusCare forms with historic SSID data. This has resulted in social workers being required to complete assessment and review forms in their entirety. Once data has been inputted into AzeusCare it, like SSID, also pre-populates forms with known data. Once the administrative burden lightens, performance is expected to improve.

17 Latest data on the rate per 100,000 population of adults aged 65+ admitted on a permanent basis to residential or nursing care is not available, this is due to the implementation of the new system, we are aiming to report it later in the year.

18 Latest data for the percentage of older people remaining at home 91 days after discharge from hospital into reablement services are the highest (88.3%) for over two years and significantly higher than the figure from the same period last year (82.5%). This percentage has continued to rise during the pandemic. We also continue to perform better than national and regional averages.

19 In terms of individuals achieving their desired outcomes from the adult safeguarding process we continue to perform well. 94.0% achieved their desired outcome and, whilst this is a slight deterioration from 94.4% over the same period last year, it remains similar to previous quarters.



Tackling the stigma of poor mental health and building resilient communities

20 Durham County Council and key stakeholders developed a programme of events to mark World Mental Health Day on 10 October 2021. This year's theme was 'Mental health in an unequal world'. The programme included events held internally and across the region, many of which are delivered by our colleagues in the voluntary and community sector. For 2021, these included partnership roadshow events; things to do for World Mental Health Day; social media campaigns; community engagement activities; provision of anti-stigma training; and the promotion of real life accounts from community members with lived experience.

21 Public Health continues to work with partners to deliver the North East Better Health at Work Award (BHAWA) and 79 organisations are now signed up to the award programme, reaching over 40,000 employees. In 2021, County Durham

was recognised as having recruited the highest number of workforce health advocates.

22 We now hold the ‘Continuing Excellence’ status for the BHAWA and work is ongoing to present a portfolio of evidence in support of an application for ‘Maintaining Excellence’ status. During quarter one, the council launched a staff health and well-being survey and this has been completed by approximately 2,500 staff. The survey results will be released in quarter three.

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	15.0	Jan-Mar 2021	14.7 (amber)	16.6 (green)	8.9 (red)	12.8 (red)	13.4 (red)		No
35	Four week smoking quitters per 100,000 smoking population	2,452 [1,830]	Apr 2020 - Mar 2021	Tracker	2,945 [2,198] (red)	1,670 (green)	2,213 (green)	2,736 (red)		Yes
36	Male life expectancy at birth (years)	77.8	2018-20	Tracker	78.3 (amber)	79.4 (red)	77.6 (green)	77.9 (amber)		Yes
37	Female life expectancy at birth (years)	81.2	2018-20	Tracker	81.8 (amber)	83.1 (red)	81.5 (amber)	81.6 (amber)		Yes
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)	64.8	2019/20	Tracker	63.3 (red)	62.8 (red)	67.6 (green)	69.6 (green)		No
41	Suicide rate (deaths from suicide and injury of undetermined intent) per 100,000 population	14.3	2018-20	Tracker	13.4 (red)	10.4 (red)	12.4 (red)	12.6 (red)		Yes
42	Prevalence of breastfeeding at 6-8 weeks from birth (%)	29.1	Apr-Jun 2021	Tracker	31.4 (red)	48.0 (red)	34.4 (red)	34.0 (red)	2019/20	Yes
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)		No
45	Participation in Sport and Physical Activity: active	58.7%	May 2020-May 2021	Tracker	58.1% (amber)	60.9% (amber)	59.7% (amber)			Yes
46	Participation in Sport and Physical Activity: inactive	31.3%	May 2020-May 2021	Tracker	30.6% (red)	27.5% (red)	28.9% (amber)			Yes

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	175.0	Apr-Jun 2021	N/a	97.0 (red)					No
48	% of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	88.3	Jan-Jun 2021	N/a	82.5 (green)	79.1 (green)	72.1 (green)	80.0 (green)	2020/21	Yes
49	% of individuals who achieved their desired outcomes from the adult safeguarding process	94.0	Apr-Sep 2021	Tracker	94.4% (amber)	94.8% (amber)	94.9% (amber)	96.0 (red)	2020/21	Yes
50	% of service users receiving an assessment or review within the last 12 months	77.1	Apr-Sep 2021	Tracker	92.4 (red)					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 additional relevant indicators

LONG AND INDEPENDENT LIVES

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

Ref	Description	Latest data	Period covered	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	76.0	Jan 2021	Tracker	75.8 (green)	82.6 (red)	82.6 (red)			No
25	Under-18 conception rate per 1,000 girls aged 15 to 17	19.0	2019	Tracker	26.4 (green)	15.7 (red)	21.8 (green)	21.5 (green)		Yes
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)		No
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)		No
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

**The National Child Measurement Programme ended in March 2020 when schools closed due to the COVID-19 pandemic. Comparisons to North East and Nearest Statistical Neighbours should be treated with caution as not all submitted of their measurements.

CONNECTED COMMUNITIES

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	34.6	Jul 2020-Jun 2021	Tracker	30.6 (green)	35.3 (amber)	30.7 (green)			Yes
86	% of successful completions of those in drug treatment - opiates	5.5	Jul 2020-Jun 2021	Tracker	5.6 (amber)	4.7 (green)	3.3 (green)			Yes

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
87	% of successful completions of those in drug treatment - non-opiates	38.1	Jul 2020-Jun 2021	Tracker	30.8 (green)	33.0 (green)	30.0 (green)			Yes

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County Durham Care Partnership

NHS County Durham Clinical Commissioning Group

Tees, Esk and Wear Valleys NHS NHS Foundation Trust

County Durham and Darlington Adult Mental Health (AMH) Rehabilitation and Recovery services; Reprovision of Primrose Lodge, Chester le Street inpatient service

1.0 Introduction

The purpose of this paper is to outline the proposal to relocate Primrose Lodge Inpatient Rehabilitation and Recovery unit from Chester le Street to Shildon. This relocation will reduce the community-based rehabilitation beds from 15 to 8. The paper sets out the reasons for the proposal and seeks support from the Local Authority Overview and Scrutiny Committee to proceed with required next steps and consultation. The proposal has been supported by the Durham, Tees Valley Partnership Board and County Durham Clinical Commissioning Executive Group. Following the OSC meeting and subject to that approval to proceed, the CCG, with TEWV support will carry out activities to meet the required level of public consultation.

2.0 Background

Primrose Lodge is a 15-bed stand-alone rehabilitation and recovery unit in Chester le Street and is leased from the Local Authority. The unit delivers supportive interventions to service users with often complex mental health needs. Focus is placed on facilitating further recovery through optimising medication regimes, engagement in psychological interventions, education and skills building allowing opportunities for future independent / supportive living.

Within TEWV there is also a 15 bed High Dependency Rehabilitation and Recovery unit, Willow Ward at West Park Hospital which provides support to more complex service users. As well as the Inpatient Rehabilitation wards there is a community rehabilitation team which works closely with the Inpatient wards and community teams to provide the rehabilitation function to service users in the community. The team have received circa £500k recurrent investment in 21/22 from community MH transformation funding which will enable the existing community service to expand and offer more comprehensive support and to a wider number of service users. This has enabled the service to consider how we continue to transform the model and enhance the community rehabilitation pathway to reduce the duration and reliance on bed-based interventions. The funding is also being used to establish closer and more effective working relationships with voluntary and third sector organisations who have also received additional funding to ensure a more holistic approach to service users' needs which is place based and will aid recovery in their local community.

The rehabilitation and recovery service has undertaken a number of service improvement events over the last 12 -18 months to review its role, function and pathway. The processes that have been implemented will support the recovery pathway for people using the service and to enable faster realisation of their recovery goals as they move through the significantly enhanced rehabilitation services. The team will now have the capacity to undertake recovery work with a larger caseload

with whom they can work with more intensely and they will also have the addition of access to a wider range of professional specialities to support the range of therapeutic interventions that can be offered. This is also a significant factor to help the service meet the objectives outlined in the Community MH framework and NHS Long Term Plan to offer place based care and reduce the ~~a~~ reliance on bed based interventions. Improvements to the rehabilitation service in respect of the physical environment have been a locality business plan priority in 2020/21 and 21/22.

As part of the rehab transformation we have carried out an options appraisal to identify the optimum model for community bed-based rehabilitation services, which has been enabled as part of the recent investment. Options considered were upgrading of the existing building, sourcing alternative premises within TEWV estate and external premises. The relocation to Shildon was the preferred option which will be further discussed in this paper.

3.0 Key Issues

Environment

Primrose Lodge is an old building and is not fit for purpose as a modern mental health rehabilitation facility, it does not have en-suite facilities and as such does not meet the required minimum privacy and dignity standards. CQC inspections (the most recent July 2021) have identified the accommodation as a concern due to the limitations regarding privacy and dignity and the building having poor lines of sight for patient observations. The unit does not meet the same environmental standards as other Trust premises and environmental risk assessments outline many ligature points. Significant investment would be required to upgrade the unit to meet the required standards and remove ligature points. Remaining within primrose Lodge would also not mitigate against patients with physical health concerns who can not mobilise around the building (sleeping facilities are not on the ground floor) due to poor or limited mobility and would also not improve the poor lines of sight within the building.

The service has worked with the Trusts capital team to explore clinically appropriate and cost-effective options to remedy the environmental limitations and safety risks associated with ligature points on the unit. This included an option to remain at Primrose Lodge and upgrade the accommodation to include bedrooms having access to en-suite facilities, this option would reduce the bed base from 15 to 9. This option was however discounted due to prohibitive costs for a leased building and limitations due to the physical layout of the upstairs which would still not fully address the poor lines of sight issue. Remedial options would also not address all of the ligatures within the building.

The preferred option is to relocate to the TEWV owned vacant unit at Shildon. This accommodation would only require some minor adaptations to meet the required privacy and dignity standards and significantly improve the physical environment whilst ensuring the principles of rehabilitation can be met. The ground floor accommodation would also improve access for patients with mobility issues. The premises were built in 1992 and initially functioned as an extended care unit, accommodating service users requiring longer term care and treatment. Latterly, the accommodation was upgraded and functioned as a Crisis House between 2014 and 2018. The building is configured

to support and meet the Trust Privacy and Dignity Policy, including Eliminating Mixed Sex Accommodation Requirements. There are 8 bedrooms which are gender zoned, have en-suite facilities and a female only lounge has been identified.

The Shildon unit provides 8 beds which represents a seven bed reduction based on current provision. Access to 15 rehabilitation beds at West Park Hospital remains unchanged. The pathway redesign events to improve the pathway and access to services, along with the significant investment in the community rehabilitation means that the service are confident, based on demand modelling that 8 beds would be sufficient and allows the adoption of a more person centred and less institutional therapeutic milieu than a larger 15 bedded unit.

Demand for inpatient provision

Data collected via the Trust's data collection system shows that bed occupancy at Primrose Lodge over the past 12 months is on average at 93%. Longer term data suggests that bed occupancy ranges from 64% to 100%.

There are a number of factors which have affected this position and are relevant to understand the current position and rationale to support the services ability to manage within a reduced bed complement.

- Occupancy figures and LOS includes patients who have a delayed transfer of care and longer length of stay due to a lack of community rehabilitation and bed pressures in other parts of MH services due to COVID. There have been 10 delayed transfers of care between April and August 2021. Therefore, the level of demand includes patients who do not need inpatient rehabilitation or whose needs can now be met in the community
- Significant pressure and demand on Acute MH Beds due to the COVID pandemic has meant that on occasions some patients have been transferred to rehab beds and therefore occupancy levels include these patients.
- Analysis of the admissions within the last 12 months shows that 11 of 20 admissions (55%) have been transferred into rehabilitation beds due to external factors such as pressures on acute beds, COVID flight restrictions and accommodation blockages
- Suitable and available accommodation is a significant factor in the services ability to transition patients from Primrose Lodge
- The small community rehabilitation service was unable to support all patients on Primrose Lodge whose length of stay would have been positively impacted if this support was available

The service proposals to mitigate these factors are through a range of actions and approaches across the health and care system:

- A significant increase in the community rehabilitation service allows for patients to be seen earlier and more intensively in the community. The staffing is shown below and includes TEWV and VCS roles.
- Improved liaison and increased investment into voluntary sector and housing support to improve the flow and range of support that is provided to meet people's needs. Additional investment has been prioritised to support

discharge planning within rehab services which in turn reduces the reliance on rehabilitation beds. Home Group, the local Housing provider have been commissioned to proactively works into rehab and acute settings to support the flow of patients out into the community. The service will continue to work closely with the new Durham Alliance contract to ensure that an improved range of support and alternatives to admission are proactively sought as early as possible which will have a positive impact on occupancy levels.

- Suitable and available accommodation is a significant factor in supporting the transition of patients from Primrose Lodge. Rehabilitation staff are a core member of a work-stream led by Durham County Council to identify any gaps in accommodation issues within the county which will support the availability of accommodation and packages of care that meet the needs of patients in the community.
- A larger community rehabilitation team is also able to provide more intensive support in the community. The team now have access to a wider range of professionals/disciplines which will allow them to be much flexible and responsive to the needs of the patient and to provide a greater range of therapeutic interventions to support the transition into community living or to keep them well in the community. Targeted investment in VCS organisations along with existing close and effective links with voluntary and third sector organisations will further increase the support available in the local community for people.
- Improvements have been undertaken within the Acute settings to improve flow of patients through acute services which in turn have a positive impact upon the appropriate use of MH Rehabilitation beds. Housing solutions and the Community rehabilitation team provide in reach into the acute mental health settings to support this flow. There is also a daily meeting with leadership teams across the hospital sites to address any barriers/delays to a patients' discharge. A single point of access into rehabilitation services has also been introduced which supports a consistent and needs led approach to the utilisation of MH rehabilitation beds and the enhancement of a patient's recovery from an acute setting to a rehabilitation setting.
- A 47% reduction from 15 beds to 8 is achievable based on our demand modelling work undertaken as part of the recent investment requirements for the development of our community service expansion.

Risk log and mitigation plan

The table below details the risks and risk rating with and without the mitigating actions.

RISK	RATING: (WITHOUT MITIGATION)	MITIGATION	RATING : (WITH MITIGATION)
Unable to manage demand within 8 beds	**Medium Risk**	A significant increase in the community rehabilitation service allows for patients to be seen earlier and more intensively in the community. They will inreach to the unit to support discharge and reduce length of stay.	**Low risk**
A limited range of alternatives to	**Medium Risk**	The enhanced community rehab team now have access to a wider range of professionals/disciplines which will allow	**Low risk**

admission to support patients		them to be much flexible and responsive to the needs of the patient and to provide a greater range of therapeutic interventions to support the transition into community living or to keep them well in the community. Targeted investment in VCS organisations along with existing close and effective links with voluntary and third sector organisations will further increase the support available in the local community for people.	
Awareness, engagement and availability of other support services in the health and care system	**Medium Risk**	Improved liaison and increased investment into voluntary sector and housing support to improve the flow and range of support that is provided to meet people's needs. Additional investment has been prioritised to support discharge planning within rehab services which in turn reduces the reliance on rehabilitation beds. Home Group, the local Housing provider have been commissioned to proactively works into rehab and acute settings to support the flow of patients out into the community. The service will continue to work closely with the new Durham Alliance contract to ensure that an improved range of support and alternatives to admission are proactively sought as early as possible which will have a positive impact on occupancy levels	**Low Risk**
Patients remain in the unit longer than needed as their accommodation needs cannot be met	**Medium Risk**	Rehabilitation staff are a core member of a work-stream led by Durham County Council to identify any gaps in accommodation issues within the county which will support the availability of accommodation and packages of care that meet the needs of patients in the community.	**Medium Risk**
Significant pressure and demand on Acute MH Beds due to the COVID pandemic has meant that on occasions some patients have been transferred to rehab beds	**High Risk**	Investment to urgent care service will enhance the range and flexibility of alternatives to admission (TEWV and VCS safe space provision). Continued support from the Home Group to support housing needs and maximise support provided by the Alliance Contract. Rehab pathway work has meant a more robust pathway with rehab staff working into acute wards to ensure appropriateness of bed useage in rehab services	**Medium Risk**

How to manage the discharges of 15 patients safely and effectively to meet the 8 bed provision	**High Risk**	We will have a phased transition to ensure that patients' discharges are planned in line with their needs	**Low Risk**
Loss of Chester le street community provision	**Medium Risk**	To continue to focus on place based support in all parts of County Durham and use VCS investment and Alliance contract to maximise the support available and tailor this to patient needs.	**Low Risk**

Changes to the Rehabilitation service pathway

Three improvement events have taken place across the rehabilitation services with the aim of improving the rehabilitation pathway, to ensure that pathways are needs led and individualised to support that transition into community living. Key outcomes from these events are:

- Improved processes and pathways to ensure that rehabilitation services (community and Inpatient) are offered appropriately to patients with rehabilitation needs
- An improved pathway which is recovery based and needs led
- Escalation procedures to support the flow of patients through rehabilitation services and reduce barriers to discharge
- Closer working relationships with local authority staff, TEWV colleague, housing providers and voluntary/third sector organisations to support the flow of patients through rehabilitation services
- Regular progress meetings to support the alignment of a patient's goals and the support required to achieve their goals
- Increase in staffing and an enhanced skill mix to support rehabilitation pathways
- In-reach into acute wards to support safe and more timely discharge into the community

The Community Rehabilitation team have had a significant financial investment following the priority to improve MH community rehabilitation services in the NHS Long Term Plan and the Community Mental Health Framework. The new staffing model is described below:

Staffing pre additional investment	**Staffing post additional investment**
3 x Specialist Practitioners	Team Manager
4 x Support Workers	5 Specialist Practitioners
	2 Liaison Clinicals
	7 x Support Workers
	2 x Occupational Therapists
	1 x Highly Specialist Psychologist
	1 x Assistant Psychologist
	1 x Physical Health care Practitioner
	2 x Physical Health care Associates
	1 x Activity Coordinator

The Community Rehabilitation team are a valued and effective element of the rehabilitation pathway. Prior to the recent additional funding, the team had a limited capacity as they offer an intensive service to service users across Durham and Darlington. This increase in capacity allows the team to manage a larger caseload and they can work with individuals more effectively on a needs led basis. The community rehabilitation team have made a positive impact upon supporting the flow of patients into the community from rehab wards and the acute wards, they also work closely with community teams to prevent admission. The team now have access to a wider range of professionals/disciplines which will allow them to be more flexible and responsive to the needs of the patient and to provide a greater range of therapeutic interventions to support the transition into community living or to keep them well in the community. Close and effective links have been established with voluntary and third sector organisations to further maximise the support available in the local community for patients.

Rehabilitation services have improved to ensure that services and organisations across health and social care settings are providing a whole systems approach to support an individual in their communities and reduce the reliance on bed based care away from peoples own homes. The new Alliance contract within the locality will also increase the range of support available to people. The inpatient services also work closely with housing providers to ensure that rehabilitation beds are not being inappropriately used due to any barriers to discharge relating to housing.

Access to Community services

The location of the Primrose Lodge unit has brought benefits from its good access to community venues and public transport. Social, leisure, education and health facilities are available which can be accessed by service users as part of their identified rehabilitation plan. It is important to recognise that access to these services will not cease due a relocation – the community rehabilitation team will support patients with accessing local amenities and activities within their local/home area. For example a patient who resides in North Durham will continue to be supported to establish links within their local area despite the relocation. Services have developed very good working relationships with voluntary and third sector organisations across County Durham to enhance the knowledge and awareness of support within local communities. A recent case study example of this was evidenced when the Community Rehabilitation Team supported a patient who at the time resided in Primrose Lodge. The team, as part of the individualised care plan, supported the patient to access a college course, attend AA support meetings and due to good local links with third sector organisations accessed a walking group and healthy eating group. These services were provided with the individuals' local area (outside the Chester le Street locality). Working with individuals in their local area helps establish local meaningful activities, friendships and support mechanisms to keep them safe and well in the community. The increased Community Rehabilitation provision allows for the team to support individuals achieve their goals in their local community regardless of the location of the Inpatient community Rehabilitation Unit.

The access to community facilities can be replicated within Shildon or neighbouring towns of Bishop Auckland and Newton Aycliffe. The town of Shildon also benefits from good public transport links operating to Durham, Darlington, Newton Aycliffe, Bishop

Auckland and across the whole county. The enhanced community rehabilitation team will provide a greater capacity to support patients within their local area, support the transition into the community and to establish links with community services which meet their needs. This approach means the team are working towards meeting the objective of place based integrated care as set out in the Community MH Framework and Long Term Plan.

Workforce

The relocation of the inpatient unit would alter the location of the base for staff working into Primrose Lodge and the community rehabilitation team who are currently based within the unit. A paper has been submitted to the Local Consultative Committee (LCC) outlining the proposal and formal organisational change requirements. This change has been supported. An additional base has been secured for the community rehabilitation team on the Lanchester Road hospital site to enable closer access to the north of the county .

Relocating from Primrose Lodge to Shildon will see a reduction in the bed base offered. There will be no reduction to the inpatient workforce; the resource will be used to increase care hours per patient day, improving interventions, supporting purposeful admission and discharge to community settings. The enhanced community team will continue to work closely to support transition, discharge and keeping people well in their local communities.

Engagement and involvement in rehabilitation developments

There has been a range of engagement with stakeholders regarding the proposed changes to rehabilitation services, including our community rehabilitation service users and the broader service improvements for rehabilitation services. The Locality Manager for Rehabilitation Services is a member of the Durham and Darlington Community MH Framework steering group and leads the Rehabilitation Task and Finish Group. This is a multi-agency group which includes Local Authorities, housing, Commissioners, voluntary/third sector organisations and rehabilitation clinical staff. Community rehabilitation service users have been engaged via a feedback questionnaire which has demonstrated the positive impact the team have upon service users. Interviews with patients and carers following a recent CQC visit has highlighted how valued the staff at Primrose Lodge are. These staff will all remain in place with the move to Shildon. The service will continue to work with service users and their families as part of the implementation group to ensure they are part of the change and transition is completed smoothly.

Timescale

Due to the length of stay within Primrose Lodge a phased reduction of occupied beds is proposed to allow for a safe and effective decrease in available rehabilitation beds. Subject to public consultation it is anticipated that the works required to move to Shildon could be completed by the end of March 2022 with a patient centred transition plan in place to re-locate patients throughout Q1 2022/2023. We will revisit the timescale once the Local Authority Overview and Scrutiny Committee has determined the type and extent of public consultation and the timescales to complete this and further report to OSC with the outcome of the consultation.

An Implementation group will be established in January 2022 to ensure a planned and safe transition to the new unit. The implementation group will meet fortnightly to

review each case and monitor progress towards discharge. Commissioners will be invited to join the group and to support transparency we can share the anonymised position with LA/CCG commissioners. The implementation group will oversee and determine the timing of the phased bed reductions to ensure this is incremental over a number of months which we believe gives flexibility to ensure safe and effective discharge planning

4.0 Conclusion

The Primrose Lodge rehabilitation unit is not fit for purpose to meet the requirements of a modern mental health facility. A number of options have been explored including upgrading the facility and looking at alternative accommodation. The preferred option is to relocate the facility to an 8-bed unit in Shildon which meets all environmental and privacy and dignity requirements. There will be no reduction to the inpatient workforce; the resource will be used to increase care hours per patient day, interventions, supporting purposeful admission and discharge to community settings.

The rehabilitation and recovery service have undertaken a range of improvement events to review their processes, pathway and to improve the pace of recovery. Significant investment into the community rehabilitation service is enabling the team to increase the support and range of interventions they can offer to service users. The investment is also being used to increase the range of community-based support from the voluntary sector to further support people in their local communities.

There are a number of factors which have contributed to the current level of demand on Primrose Lodge which does not reflect the accurate level of need for inpatient rehabilitation. This includes responding to pressure on acute MH beds, Covid and delayed transfers of care. However, the service is confident that the service development and mitigations outlined in the paper means that they can manage demand for admissions within 8 beds and that there will not be a negative impact on other parts of the mental health system. This is supported by:

- An improved rehabilitation model that will implement discharge planning at a much earlier stage in the patient's pathway to support recovery and mitigate against delayed transfers of care
- Closer working relationships with housing providers to minimise barriers to discharge across rehabilitation and acute inpatient services
- Improved pathways to ensure rehabilitation services are being accessed appropriately by patients with rehabilitation needs
- Close and effective working relationships with voluntary and third sector organisations to support patients to keep well in their local area
- A significantly increased community rehabilitation provision which can intensively work with rehabilitation and acute services to facilitate safe discharge and prevent admissions from community settings. This model is based on a reduction in the reliance on rehabilitation inpatient beds
- A phased bed reduction plan will support a safe transition to achieve the reduced bed base. Improved goal setting/care planning and discharged planning processes will ensure the patients that are currently residing at Primrose Lodge will progress through the service on a needs led basis. This combined with a robust assessment process would allow for a planned reduction in bed base within Q1 2022/2021. An Implementation group will be

established in January 2022 to ensure a planned and safe transition to the new unit. The implementation group will meet fortnightly to review each patient and monitor progress towards discharge. To support transparency we will invite commissioners to the group and can share the anonymised position with LA/CCG commissioners. The implementation group will oversee and determine the timing of the phased bed reductions to ensure this is incremental over a number of months which provides flexibility to ensure safe and effective discharge planning

- The risk log will be reviewed on a regular basis to ensure the mitigations for this proposal are effective.

5.0 Recommendations

- The Local Authority Overview and Scrutiny Committee is requested to receive the proposal to re-provide the Primrose Lodge unit from Chester le Street to Shildon with a reduction from 15 to 8 beds and the proposal is put forward for public consultation
- The Overview and Scrutiny Committee is requested to support the proposal and outline the level of public consultation required and timescale to complete.

Mike Brierley
Director of Mental Health & Learning Disability
Durham Tees Valley Partnership

Jennifer Illingworth
Director of Operations
County Durham and Darlington , TEWV

Director of Public Health Annual Report 2021

Putting life into living

Durham County Council

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Contents

Foreword

Amanda Healy

Welcome to my Annual Report for 2021. The last year has been one of the most challenging that any of us can remember and every part of our society has been affected by COVID-19. I am proud of the way that our communities and services across the county have responded to these unprecedented times. I want to express our thanks again to all NHS and social care colleagues, care workers, voluntary sector, key workers and our communities for their ongoing efforts to ensure that services continue in County Durham. I particularly want to thank my team for all their hard work and support throughout the pandemic.

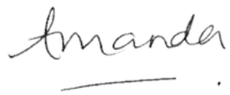
In this report, I want to consider how we have responded to outbreaks of COVID-19 in care homes, schools, workplaces and a range of community settings. In addition, we have seen very positive and above average take up of the vaccine programme in County Durham. We continue to work with partners to respond to government guidance, promote vaccine uptake and support other preventative measures to protect our population. I will highlight how we are preparing for the next phases of the pandemic as we learn to live safely with COVID-19 as well as outlining our plan to protect our local communities by preventing and controlling transmission.

Last year I introduced the County Durham Approach to Wellbeing. At the heart of the Approach to Wellbeing is that working with communities and empowering communities' results in better health outcomes, however this needs organisations to work differently. This year I look at how that approach has been implemented, including how the Wellbeing Principles that were developed as part of this work have helped the County Durham Together Community Hub to adapt to meet the changing needs of our communities throughout the COVID-19 pandemic.

In my first Annual Report four years ago, I set out seven priorities to promote and protect the health and wellbeing of the people of County Durham and I have focused on a selection of these priorities in each of my subsequent reports. This year I will be completing this work with an update on the last three priorities, which are promoting positive behaviours, high quality drug and alcohol services and better quality of life through integrated health and care services.

I have followed the progress of our "Taylor" family and their community over the last four years to understand how the work that we have carried out has made a difference to their lives and the lives of others across County Durham. This year will be the last for the Taylor family in my Annual Report, as we consider the final of our seven priority areas.

In the coming year we will continue to work closely with our partners as we recover from the impact of COVID-19. Our focus remains on reducing health inequalities, which have widened across the county due to the direct and indirect consequences of COVID-19. We continue to work hard to make County Durham a healthier and fairer place to live.



Amanda Healy
Director of Public Health

Health and wellbeing across County Durham

The Joint Strategic Needs Assessment (JSNA) in County Durham builds a picture of current and future health and wellbeing needs of local people. It's 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. We use it to shape joint commissioning priorities to improve health and wellbeing as well as reduce health inequalities in our communities. As we look beyond the COVID-19 pandemic it is vital that we understand the protective factors and strengths across communities is crucial. This combined view of both needs and assets (building on our Approach to Wellbeing) will allow us to build a broader understanding of health and wellbeing and how we can support and protect the health of our local communities.

Durham Insight

Durham Insight
Insight & intelligence to inform

Durham Insight is our publicly available shared intelligence, research and knowledge base platform for County Durham. We use it to inform strategic planning across the council and partnerships, not just the Health and Wellbeing Board via the JSNA content. The site contains a variety of data and intelligence including in-depth JSNA and insight factsheets, interactive content and infographics, maps and story maps. New content is regularly added, and the site is continuously being developed and improved. www.durhaminsight.info

COVID-19 surveillance

Data and surveillance have been central to informing our understanding and response to the pandemic. The key area of focus in terms of data and surveillance during the pandemic has been to integrate effectively national and local data and intelligence to provide the best available understanding and insight into the situation in County Durham.

The provision of pro-active, high quality, detailed, timely and locally focussed data and surveillance from both local and national sources has underpinned decision-making at all levels and has been a critical factor in enabling us to take informed action in preventing and managing outbreaks. This is essential for scenario planning, rapid response to outbreaks and to inform and support more effective targeting of interventions, and inform the vaccination process.

Recent updates include

- Continual development of our local COVID-19 dashboard to include case numbers, vaccinations, hospital occupancy and deaths
- Post COVID-19 economy content
- New interactive poverty and economic factsheet
- Poverty Dashboard and Interactive sub-County map
- Development and utilisation of a Spike Detector Tool (looking at exceedance at a small area level)
- Establishment of a Schools cases GIS dashboard and linked testing assurance process

Approach to wellbeing

At the heart of the Approach to Wellbeing is that working with communities and empowering communities' results in better health outcomes, however this needs organisations to work differently. By empowering local people to make decisions about issues that affect their communities, we acknowledge their valuable contribution and responsibility, enabling us to work together to discover the best solutions.

CASE STUDY

Blackhall Community Centre

County Durham Together Community Hub was introduced in March 2020 as part of the Local Resilience Forum (LRF) emergency response to the Coronavirus pandemic. Our initial response, was, of necessity, introduced very quickly but recognised the need to promote the building of resilience at both a community and individual level. It was also important to mobilise existing community assets/ resources.

The Community Hub is a single point of contact for people who live in County Durham who required support to remain at home either because they had been advised to shield or had to self-isolate due to being a confirmed case of COVID-19 or a close contact of someone with COVID-19. The remit of the Hub adapted to the need of communities through the different phases of the pandemic, based on continuous feedback and built on assets within communities..

Initially, the focus of the Hub was around provision of food; providing emergency food packages or doing shopping for people who were shielding and self-isolating. Over time, support was given to community led groups through the Area Action Partnerships (AAP's), enabling them to build their capacity to deliver these services.

As a result of continuous improvement, the Hub now takes a holistic person-centred approach to understand the individual/family's circumstances triggering their contact with the Hub. It has enabled us to work better together to achieve the greatest impacts.

The pandemic has also led to the expansion of Locate, an online directory which allows residents to connect with local services in their community. Locate can empower people, helping them to build their own resilience through local knowledge. It has strengthened working relationships across the county particularly with the voluntary and community sector in service delivery.

Finally, our approach has helped to determine the different resilience levels in communities and identified where we need to work differently to engage and support particular communities.

This approach to working with communities (not doing to) will see a significant shift and will put co-production very much at the centre of how services and solutions are explored and developed.

County Durham – our health roadmap

The health and wellbeing of the people in County Durham has improved over recent years but remains worse than the England average. Health inequalities remain persistent and pervasive. Levels of deprivation are higher and life expectancy is lower than the England average. There is also inequality within County Durham for many measures (including life expectancy, childhood obesity and premature mortality for example)

County Durham value (England average)

← County Durham figure

← England average

Where we live

- 14,100 businesses
- 21 green flags for parks and open spaces
- 2 in 5 residents living in rural areas
- 12 miles of coastline
- 150 miles of former railway paths
- Durham world heritage site

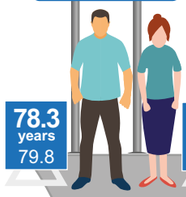
Our Communities

- Over 530,000 people live in County Durham
- 20% of the population are over 65 years old, and 19% are under the age of 18
- 30 Dementia friendly communities
- 43 CREEs*
- 14 area action partnerships
- 59,000 adult carers
- 38 mutual aid shops

Life Expectancy

78.3 years 79.8

81.8 years 83.4



14.1% (10.5) — People reporting long-term mental health problems

19.4% (22.3) — Adults who feel lonely

3.1% (1.9) — Chronic Obstructive Pulmonary Disease (COPD)

17% (13.9) — Smoking prevalence

Ageing Well

24.5% (17.6) — Living with a limiting long term health problem or disability

3.9% (4.0) — Dementia

17% (14.2) — Older people living in deprivation

13.6% (12.4) — Pensioners living alone

16.5% (12.9) — Living with low income

65.5% (66.4) — Physically active adults

71.4% (76.2) — People aged 16-64 in employment

Starting Well

16.8% (10.4) — Smoking status at time of delivery

1% (1.2) — Deliveries that are to teen mums

21.6% (15.6) — Children living in low income families

24.9% (23) — Children with excess weight (reception)

Living Well

7.3% (6.5) — Asthma

696 per 100,000 (644) — Hospital admissions attributable to alcohol

50.4% (67.4) — Baby's first feed breastmilk

27.8% (48.0) — Breastfeeding 6-8 weeks after birth

37.6% (35.2) — Children with excess weight (yr 6)

Our Services

- 224 primary schools, 32 secondary schools
- 4 colleges, 10 special schools, 14 enhanced mainstream schools
- 1 university
- 39 libraries
- 15 council owned leisure centres
- Around 170 breastfeeding friendly businesses
- 63 GPs
- 122 pharmacies

*A Cree is County Durham's version of Australia's Men's Shed. Crees aim to engage with those at risk of suicide by tackling social isolation and self-harm through skill-sharing and informal learning to promote social interaction. Although Crees were originally aimed at men, some have developed for women and young people.

COVID-19 – response and recovery

The COVID-19 pandemic is one of the greatest public health challenges in living memory. It has affected every part of our society throughout 2020 and 2021 and is likely to lead to lasting changes to how we live, work and enjoy our leisure time.

The virus is highly infectious and can cause severe respiratory illness. Please look at our covid dashboard for the most up to date figures www.durhaminsight.info/covid-19

Last year I wrote of the tremendous effort across all our health, social care and local authority settings, in addition to the valuable community contribution responding to the first wave of COVID-19 and building a support infrastructure. Last year's report also highlighted the incredible involvement of wider partners in all settings to our initial response.

In this year's annual report, I want to reflect on the next phase of the pandemic, how we have responded to further waves of the virus throughout 2020 and 2021 and the successful rollout of the COVID-19 vaccine programme.

By the time we came out of the first lockdown (June 2020) we had developed robust local outbreak management plans and governance across all settings and we continue to use this framework to deliver our COVID-19 response today and into the future.

County Durham COVID-19 Local Outbreak Management Plan

We have developed and continually refreshed a Local COVID-19 Outbreak Management Plan for County Durham to protect our local communities.

The plan includes:

- Working across key settings to rapidly detect and manage outbreaks and implement appropriate infection control measures.
- Emergency response to variants and mutations of the virus.
- The rollout of the COVID-19 vaccination programme.
- Our local COVID-19 testing offer.
- Compliance and enforcement work.
- Autumn and winter planning.
- Support to our communities, particularly those who are vulnerable or needing to self-isolate.
- COVID-19 Champions engagement activity.
- Utilised the Health and Wellbeing Board as a Member-led Local Outbreak Engagement Board
- Communication plans.

Our support to individuals, communities and businesses is strong. Personal control measures (Hands, Face, Space, Fresh Air) were well understood and adhered to and 'covid secure measures' across all sectors had been introduced.

Our clinical response and understanding of COVID-19 was continually improving and the development of the COVID-19 vaccine is happening at pace.

Over the course of the pandemic we have supported a range of setting (see schools example below) and responded to outbreaks of COVID-19 in care homes, schools, workplaces and a variety of community settings in County Durham.

Supporting Schools and Colleges

Since the start of the pandemic all education settings have had access to expert advice from the public health team, with over 1800 cases linked to education settings.

We have:

- Continued upskilling of education and school staff for case management and the development of an Outbreak Control Team approach to compliment case management.
- Introduced an Education Oversight Group to consider settings with 5 or more cases providing additional support, including a community response where required.
- Developed an Education Dashboard to improve daily surveillance and provide immediate response.
- Refreshed communications to Head Teachers, providing learning from cases, clusters and outbreaks in schools – see protect our summer example.
- Development of targeted communication for pupils (primary and secondary).

This support has contributed to the enormous effort and response the education community (Staff, Students, Parents and Carers) have delivered, not only to keep our children safe but to ensure high quality education continues to be provided.

Throughout the pandemic, we have worked with national and regional partners such as the NHS, Public Health England, the Local Resilience Forum, and the Civil Contingencies Unit to deliver local interventions such as the Local Tracing Partnership and to protect and support our residents, families, businesses, social care, community organisations, and NHS structures in County Durham.

Local Tracing Partnership

January 2021 saw the transfer of national NHS Test and Trace tracing services to County Durham Together under the umbrella of the Local Tracing Partnership.

Initially, the team received cases within 32 hours of a positive test result, where the national team had been unable to contact them. Following a successful pilot where the team achieved over 95% successful contact, in April 2021 we took on responsibility for all tracing services for County Durham residents.

As the pandemic has progressed, we have had to constantly review our approach to local tracing, and as numbers rose again in June 2021, we reverted to contacting calls where the national team were unable to make contact.

Given continuing high rates of transmission, we have begun prioritising geographies based on those areas with lower vaccine uptake, higher than expected rates of COVID-19 and those where engagement with NHS Test and Trace have been low.

"You hear about people with COVID being contacted all the time in the news – someone has come to the house to make sure I am OK and see if I need anything – I feel so valued."

"I was really poorly, I didn't have the energy to get help. Thank you so much for contacting me and for ringing my GP, I was taken into hospital things could have been a lot worse if you had not called. "

"It's not been easy for me or my family - your professionalism, guidance and expertise has been much appreciated."

The COVID-19 vaccination programme has seen the biggest and most intense vaccination rollout ever undertaken in the UK. Launched in December 2020 our first vaccination hubs were sited within University Hospital Durham and Darlington Memorial Hospital, which targeted priority groups 1 and 2 alongside NHS staff.

A network of smaller vaccination hubs aligned to GP surgeries opened in the first months of 2021 and County Hall was used as a dedicated vaccination site for health and social care staff, delivering over 40,000 vaccines in a 3-month period from February to March 2021. We opened a mass vaccination site in the heart of Durham in February 2021, and we reached the government milestone of vaccinating all the priority groups 1-9 by the middle of April 2021.

As the programme moved to target the wider eligible population, we have continued to shape our offer, such as no appointment walk-ins, vaccination 'pop-ups' at events and the introduction of the Mellissa vaccine bus used in targeted areas of inequality and vaccine hesitancy to achieve maximum uptake.

We have seen very positive and above average take up of the vaccine in County Durham with over 88% of our eligible population having received their first dose; over 79% fully vaccinated; and leaving 12% unvaccinated as at 2nd September 2021. Please look at our covid dashboard for the most up to date vaccination figures **www.durhaminsight.info/covid-19**

The vaccine has had a dramatic and positive effect on infections, serious illness and deaths. Couple this with the improvements in our clinical response and understanding of COVID-19 and we have seen the number of people needing hospital treatment reduce. Those that are admitted to hospital are spending less time as an inpatient due to new treatments and therapies, with less requiring intensive care and consequently fewer deaths. Our understanding of Long Covid continues to grow and we now have a number of Long Covid clinics in operation.

As well as these direct health consequences other areas of health and wellbeing have been affected by COVID-19 including a rise in demand for mental health support and specifically in children's mental health support. There are increased risks of social isolation in our vulnerable communities we continue to address with support from our Area Action Partnerships.

We have also seen both positive and negative changes in eating, drinking and physical activity behaviours and through a strong relationship with our Culture Sport and Tourism service we are sustaining the increases seen in positive physical activity, while reducing the impact on poor eating and drinking habits. You can read more about promoting positive behaviours on pages 16-19 of this report.

The wider health impacts are still unfolding, along with lasting concerns around the health of the economy, employment, education, businesses and socio-economic inequalities.

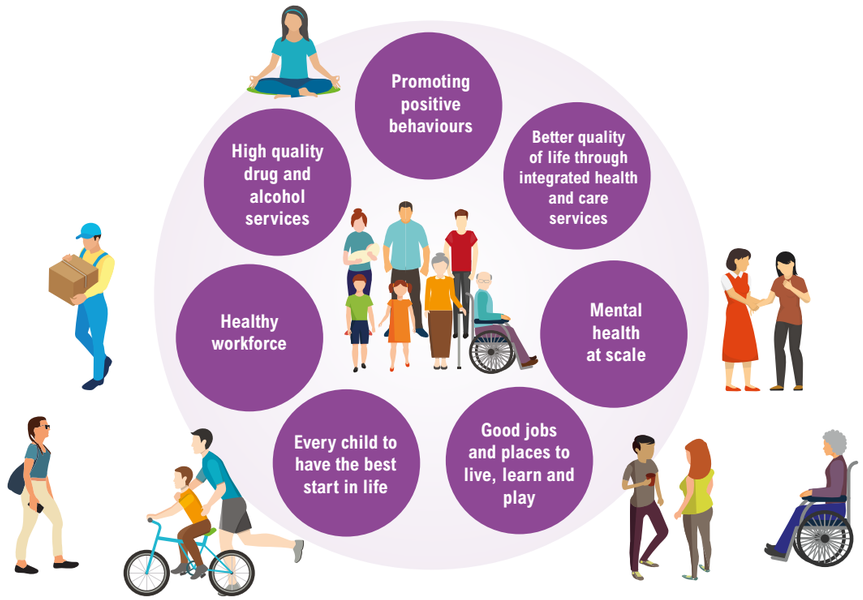
In summer 2021 the government roadmap saw the final restrictions lifted and in County Durham we have seen a gradual, cautious and safe return to open society. Our emphasis has been on learning to live with COVID-19, adapting our lives and the control measures we take, in response to the settings and situation we find ourselves in. Our 'Thank you County Durham' campaign acknowledges the effort we have all made to keep, ourselves, our loved ones and our communities safe.

Looking to the future, our Autumn and Winter plans recognise the continued risks mixing indoors brings and the re-emergence of winter illnesses such as flu, norovirus and other respiratory viruses in addition to the threat of covid variants.

We continue to reshape our overarching Local Outbreak Management Plan and the governance and supporting infrastructure to flex and respond to demand throughout the winter period and into 2022.

Update on strategic priorities

In my first annual report, I identified seven key public health priorities for the Taylor family and local communities to lead healthier lives. These were based on the Joint Strategic Needs Assessment (JSNA) but also evidence of 'what works' to make a difference. A recommendation from 2018 was to implement the actions for each priority working with partners across County Durham. Here are some examples of progress made.



Promoting positive behaviours, high quality drug and alcohol services and better quality of life through integrated health and care services is a focus for this annual report.

Every child to have the best start in life

Action

1. All schools in County Durham working towards healthy schools with emphasis on mental health.
2. Provide dedicated support for women smoking while pregnant and include support for their partners.
3. Introduce breastfeeding friendly venues.
4. To understand the health and wellbeing needs of children with special educational needs and disability.

Progress

1. The Health and Wellbeing Framework website has been launched and kept up to date with available resources to support around physical activity, mental wellbeing, healthy eating and other aspects that contribute to positive behaviours that improve health outcomes.
2. Continue to promote and roll out the Smokefree app to complement the existing pathway and support to treat tobacco dependency for both pregnant women and their partners.
3. The new breastfeeding friendly scheme has been in place within County Durham since 2018 with approximately 180 venues accredited to date.
4. Supported the 0-25 Family Health Service to improve their offer to children, young people with SEND and their families. This includes improving the quality of education, health and care plans to support children and young people to improve their outcomes.

Mental Health at scale

Action

1. Support small businesses to take action about mental health, and train staff to become Mental Health First Aiders
2. Get involved in *Time to Change* to reduce stigma due to mental stress.

Progress

1. The mental health training hub was launched in August 2020. Since the launch 13 First Aid for Mental Health courses have been delivered.
2. Over 20 local organisations in County Durham committed to change the way they act and think about workplace mental health by signing the Time to Change Employer Pledge. Whilst Time to Change announced the retirement of the pledge in May 2020 in conjunction with partners we are scoping a range of schemes that could replace the pledge and continue to promote the ongoing hard work and commitment to improve mental health and wellbeing across the county.

Good jobs and places to live, learn and play

Action

1. To develop health standards for private landlords to implement.
2. Older people to have support to ensure their homes are warm and safe and not at risk of fuel poverty.
3. Set out a plan to restrict the increase in take-away food.

Progress

1. The council's housing strategy is committed to maintaining and improving standards across all housing sectors to ensure health is integrated into housing initiatives. We have worked with Housing Solutions to ensure health information relating to warm homes initiatives, stopping smoking, substance misuse, domestic abuse, mental health and wellbeing services are all made available to landlords within in the private rented sector. This will be taken one step further and integrated into standards developed as part of the authorities Selective Licensing process if the status request is agreed by government.
2. Despite pressures on GP Practices from COVID-19, a total of 15 GP Practices wrote to their patients with COPD or Asthma to promote the Warm Homes and Health Service.
3. Following the implementation of a Hot Food Takeaway Policy within the County Durham Plan to restrict number of new takeaway premises across the county there have been no hot food takeaways approved within 400 metres of educational establishments.

Healthy Workforce

Action

1. Support organisations to promote the wellbeing of their staff
2. Reach more organisations with our Better Health at Work award (BHAWA).
3. Support a range of marketing campaigns to promote health and wellbeing award.

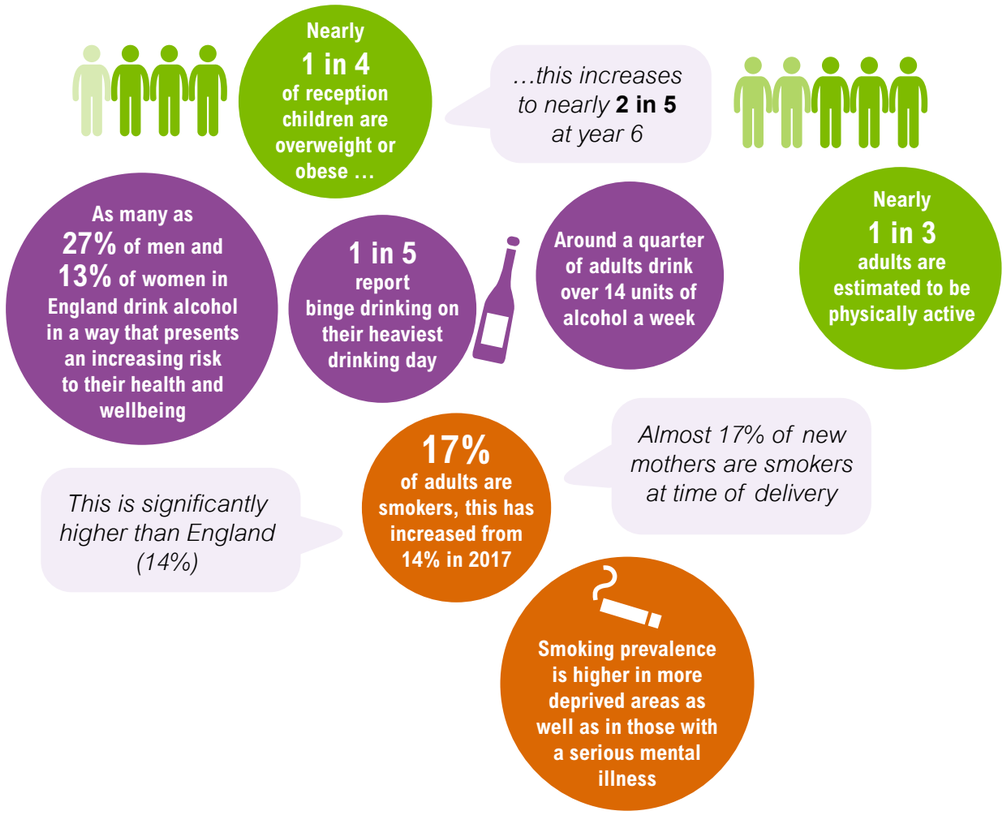
Progress

1. Launched a county-wide Employee Assistance Programme for small and medium sized businesses and the voluntary and community sector organisations based in County Durham to support staff wellbeing. Delivery of training to 132 health advocates across the county, in addition to this 680 people have received mental Health Awareness training and 882 people have received other health and wellbeing training.
2. A further 10 organisations signed up to the award. We are opening foundation support to organisations outside of the award with networking and signposting to encourage more organisations to achieve their award.
3. A range of public health campaigns and messages were delivered this year, linked to the wider public health calendar. There was a particular focus on COVID-19 response and support to organisations to manage a Covid secure workplace, increase testing, volunteers for vaccine centres and vaccine uptake.

Promoting positive behaviours

Action

1. Introduce the Active 30 to help children to become more active.
2. Reducing exposure to second hand smoke.
3. Increase awareness about the risks of alcohol.



Why is this important?

Promoting and supporting positive behaviours is a key priority across County Durham as we want to ensure all communities can achieve and sustain healthy lives. The environments in which people live, learn and play contribute to one's ability to lead a healthy life therefore it is important that opportunities for health are maximised across all settings.

We recognise that personal circumstances impact on people's ability to make healthy choices and health is affected by where people live, whether they have a job, income and education level and relationships with friends, family and the community. By working with partners and with our communities, we will build wellbeing and resilience across our communities to support positive behaviour change. We aim to make the healthy choice the easy choice by providing the necessary support and services to enable residents to live a healthy life.

Active 30

The Active 30 Durham is a partnership campaign aiming to help schools in County Durham to support every pupil to participate in the recommended 30 minutes of moderate to vigorous intensity activity every day at school. Those working with and using Active 30 resources will be better prepared to set children and young people up for lifetime of involvement in physical activity, something that is crucial to their long-term health beyond childhood.

To build on the success of the last year, an Active 30 community campaign has been developed to provide schools, home educators, parents/carers, families and community groups with an easy to access Active 30 Durham resource to encourage and support young people to be active during the 2021 summer holidays.

Some examples of how schools embed Active 30 in the school day

- Every morning young people take part in super movers daily challenges and brain gym activities to get them ready to learn
- Morning carousel of activities – young leaders trained to support other children to participate with the activities
- Early Years Foundation Stage and Key Stage 1 children take part in the Real Play project, encouraging them to engage their whole family in 30 minutes of activity each day
- Active 30 homework ball encourages children to continue to get their daily 60 minutes of activity over the weekend
- Whole school skipping project to encourage young people, staff and families to be more active in a fun and engaging way

CASE STUDY

Nettlesworth Primary School - Active 60 Homework Ball

The Project:

As a school we have an Active 60 homework ball for each class. The aim of this is to encourage children to continue to get their 60 minutes of physical activity each day over the weekend. During our physical education sessions class teachers are constantly monitoring and assessing progression. This then helps them decide which child will be nominated to receive the Active 60 homework ball over the weekend. Children are very enthusiastic about the ball and book that they get to take home, if chosen. Children can then record which activities they have completed over the weekend, using the ball as a starting point. All members of the family are encouraged to get involved.

The Outcome:

- It has helped encourage children to continue to improve and try their best in PE lessons.
- We receive lots of positive feedback from parents and children alike.
- We feel that this incentive has had a positive impact on physical activity within school as well as at home, costing us very little.

Reducing Exposure to Second-Hand Smoke

Smoking continues to be one of the biggest causes of death and increases risk of developing serious health conditions. Breathing in second-hand smoke also increases your risk of getting the same health conditions as smokers therefore we work closely with partners to reduce exposure to second-hand smoke.

County Durham Tobacco Control Alliance

Reducing the impact of smoking on families remains a key priority for the work of the County Durham Tobacco Control Alliance. The Alliance continued to meet throughout the course of the pandemic. Focused priorities for 2021/22 have been proposed by the Alliance as:

- Smokefree homes/second-hand harm
- Poverty
- Tobacco dependency in pregnancy
- Mental health

Smokefree Homes

A pilot scheme with Livin' housing in underway. Whilst timing of this pilot has proved challenging during the pandemic 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 will 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)

smokefree
county durham

Second-Hand Smoke Campaigns

In September 2020, Fresh launched its Second-hand Smoke is Poison campaign. In County Durham, the Fresh toolkit has been shared with 0-25 service and Children and Young People's Services across the county including paediatrics in County Durham and Darlington Foundation Trust.

Alcohol Harm Reduction Campaigns

In response to the impact COVID-19 has had on increasing alcohol consumption, we are continuing our work to support wider stakeholder engagement with Balance, the North East Alcohol Office in order to promote alcohol harm reduction campaigns across the county.

Alcohol - Not the Answer" was re-launched in February 2021 as a response to the concerns about rising levels of alcohol consumption during the pandemic especially among people who were already drinking above the Chief Medical Officer's low risk guidelines and who were likely to be drinking even more as a result of pressure and anxiety during COVID-19.

The campaign underlined the broad range of physical and mental health problems alcohol causes, why it is important to reduce drinking, and highlighted practical advice, tips and free tools to help people cut down. It was targeted at men and women of all ages who are drinking more during the pandemic.

Key Achievements

- 76 schools signed up to the Active 30 programme during the 2020/21 academic year
- As a result of staff training, Smokefree County Durham have already seen an uplift in the number of referrals from the housing provider
- Durham Licencing team have stepped up community work, engaging with retailers to support the campaign and display the What's the Harm resources highlighting the alcohol harms to children and promoting key messages via social media.

High quality drug and alcohol services

Action

1. To support people needing help with our drug and alcohol service.
2. To work with families to help them with drug and alcohol issues.
3. Promote awareness about sensible levels of alcohol intake.

Why is this important?

Harmful drinking and substance misuse both have wide-ranging effects on not only the individuals effected but their families and communities.

Both harmful drinkers and drug users can become dependent; dependency is a chronic, relapsing disorder characterised by compulsive alcohol/drug seeking and use despite adverse consequences.

Harmful drinking is a pattern of alcohol consumption that causes health problems, including psychological problems such as depression, alcohol-related accidents or physical illness such as acute pancreatitis.

Substance misuse related harm has a detrimental effect on both physical and mental health. It can be associated with poor cardiovascular and respiratory health, and depression as well as social issues such as low educational attainment, family breakdown and homelessness. Drug-related deaths can be a consequence and occur in a variety of circumstances.

Support people needing help with our drug and alcohol service

The County Durham Drug and Alcohol Recovery Service has been provided by Humankind since 2018. It offers ways for local people with drug and alcohol problems to become free from their dependence. The service also works to reduce the problems that substance misuse causes to families, friendships, workplaces and communities in County Durham.

The Drug and Alcohol Recovery Service is made up of different teams and services that are specialists in their area. These include:

Young People and families – support is provided to young people and young adults who have a range of different needs as well as their carer's and wider families.

Drug and Alcohol Recovery – reduce harm, support behaviour change promote recovery and comprehensive wraparound support

Sustained Recovery – a welcoming recovery community including recovery academies which enable those in recovery to develop positive life skills and peer mentoring and volunteering opportunities to gain confidence and skills to return to the workplace.

Criminal Justice – support to help those who are actively offending or who have historically offended to move towards a more positive lifestyle.

Clinical Services – clinical interventions including prescribing, detoxification and harm reduction needle and syringe programmes.

Health and Wellbeing – offering a range of health services, including healthy lifestyle advice, on site stop smoking services, flu vaccinations, identification and brief advice on a range of health topics.

Housing and Independent Living – support to vulnerable people to source the right accommodation and develop the skills to live independently.

Education and Employment – support for vulnerable people to identify and address any barriers to employment, in order to lead to healthier, positive and more stable lives.

CASE STUDY

Background

I first started drinking at the age of 17 which was what most other people my age did and like everyone else I went out and had a gallon. It was the culture back then and it weren't a problem.

My drinking first became heavy when my marriage broke down. One thing I would say is I never liked talking to anyone about my feelings. Growing up I was told men shouldn't talk about our feelings and that emotions were for women. I used to let emotions go round and round in my head and then bury them all in.

Recovery Journey

My drinking escalated and I was now drinking a bottle of vodka a day. Eventually my son who was 23 then walked out of the home because he'd had enough. So I decided to do something about it, and in 2019 I went into the recovery centre at Peterlee. To be honest I went in there for the wrong reasons, I went in for others. I reluctantly agreed to go but I didn't fully engage with the programme; I was closed off and defensive, keeping my emotions hidden.

Unfortunately, I had a major relapse for weeks just before I graduated. I started drinking a bottle of vodka a day again and sometimes a litre. Then I sat on the couch one Wed and decided I don't want to wake up anymore and took a load of tablets. I realized straight away what I done and went to the hospital and luckily, I was alright. After that I decided to go back to the service for the right reasons this time, for me. I did everything that was on offer and more importantly I was open and honest for the first time although I still had a little bit of guard over my emotions.

Recovery has given me my life back. I am living a better life now than I have lived for a very long time. Recovery has given me a clear mind, any problems that come up, even though I don't want to deal with them I can now do so logically and clearly. I am now an ambassador in DARS helping to facilitate groups. I really enjoy helping others although some things do pull on my heart strings."

Work with families to help them with drug and alcohol issues

A Women's Recovery Academy Durham has been established. This is part of the sustained recovery agenda and offers a structured day programme for women recovering from substance misuse. Previously this provision has only been offered in mixed sex groups and the need for a women only service was a direct response to client feedback.

The project will bring together the various services in the community providing interventions for issues key to women's wellbeing. These include drug and alcohol misuse, physical and mental health, sexual and emotional abuse, family support, housing, domestic abuse, education and training, employment, finance, benefits and debt advice, legal advice, counselling and re socialisation.

Drink Coach APP

The Drug and Alcohol Recovery Service have developed a new website aimed at encouraging people to assess their own alcohol consumption levels. The website is www.drinkcoach.org.uk

In Quarter 4 2020/21 2359 people visited the site leading to 1467 completing the audit tool. Of those 32% were low risk drinkers, 44% had increasing risk, 13% were high risk drinkers and 15% has possible dependence. 60 referrals into service have been generated since the launch of the website.

In May 2021 Balance launched the 2021 **"What's the Harm?"** campaign aimed at helping North East parents to understand Chief Medical Officer guidance around children and alcohol. This year's campaign is bringing forward more the voice of schools. The campaign ran May - July 2021 on radio, facebook and point of sale retailer displays and its aim is to encourage parents to have a conversation with their child about alcohol, the facts, the risks, the myths and encourages downloading a free parents' guide from the Balance website.

Durham Licencing team have stepped up community work, engaging with retailers to support the campaign and display the What's the Harm resources highlighting the alcohol harms to children and promoting key messages via social media.

During 17th May – 16th July 2021, the Whats the Harm campaign received good engagement through online channels, generating 33,063 clicks during the 9 week period and over 49,000 post engagements via boosted posts on facebook.

Key Achievements

Drug and Alcohol Recovery Service

- Establishment of outreach facilities in the local community to ensure it is accessible for those most in need.
- Improvement across key performance indicators including how many people they support and how many are successful in recovery.
- Increasing the bespoke offer for underrepresented groups e.g. women, children and young people.

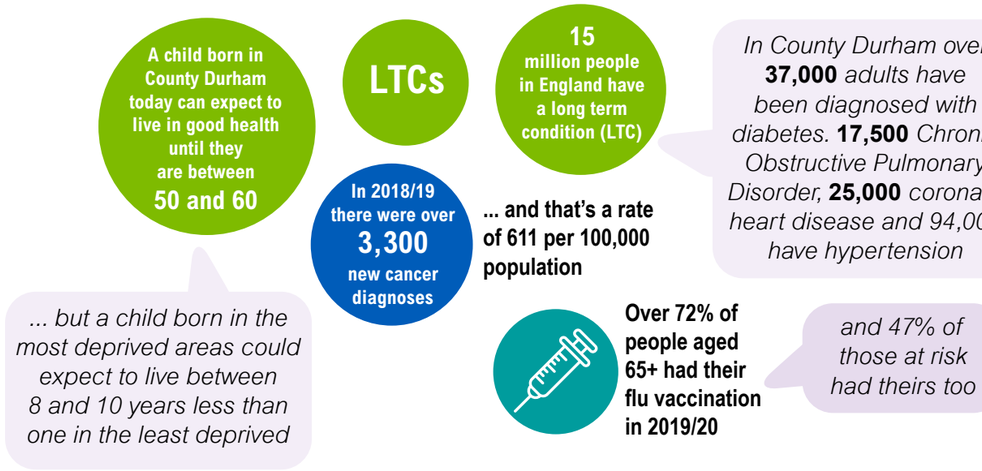
Working with families

- Positive partnership wide engagement in the Alcohol and Drug Harm Reduction Group to ensure a joined up systems wide approach across County Durham
- Supporting licensing to utilise innovative approaches to licensing, which promote Public Health objectives including the vision of an alcohol free childhood.
- A health needs assessment of long term opiate clients has been completed and recommendations implemented to ensure appropriate medication and mental health pathway

Better quality of life through integrated health and care services

Action

1. Encourage people to have the flu vaccination.
2. To work with health and social care organisations to integrate services to improve quality of life.
3. Support people to get involved in local social and physical activities to reduce social isolation.



Why is this important?

As previously highlighted, there is a gap between the healthy life expectancy and overall life expectancy in County Durham for both men and women. This means that, on average, people are living, quite often with several long-term conditions for around 20 years which can adversely impact on their quality of life. Living with a long-term condition can impact upon a person's job, home, education, finances, relationships and sense of wellbeing.

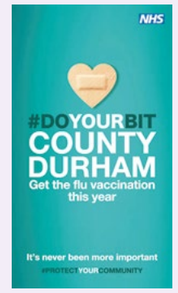
By working together in a joined-up way, local health and social care services, benefits and advice agencies as well as the voluntary and community sector can ensure that the needs of people living with long-term conditions, their families and carers, are met at the right time and in the right place.

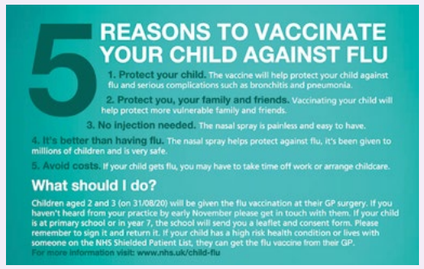
Effective partnership working, through the County Durham Care Partnership, is already driving forward system-wide integrated models of care and providing opportunities to join up care to benefit the people of County Durham including the launch of a new community service model, wrapped around GPs and primary care, as well as an emerging integrated approach to commissioning services.

Flu Vaccinations

Encouraging people to take up the offer of a flu vaccination is as, if not more, important during the COVID-19 pandemic. Across County Durham, our Flu vaccination campaigns have been undertaken, with an increasing voracity during the COVID-19 pandemic.

As a Local Authority, we have a responsibility for providing appropriate advocacy with key stakeholders and challenge to local arrangements to ensure access to flu vaccination and to improve its uptake by eligible populations.





We Are Undefeatable

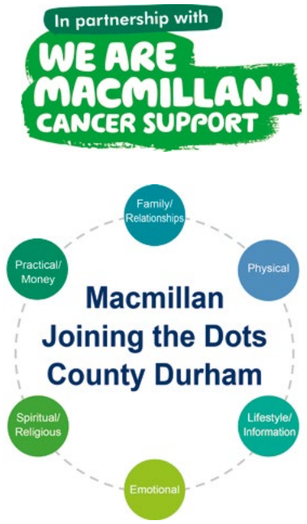
County Durham has been chosen as 1 of 10 pilot areas across the country to deliver a place-based We Are Undefeatable programme. This is a national campaign to support the 15 million people who live with one or more long-term health conditions in England. Launched in August 2019, it aims to help those with conditions such as diabetes, cancer, arthritis and parkinson's to build physical activity into their everyday lives.

Taking our demographics of people with long-term health conditions and the likelihood that they will live for 16 years longer than average in poor health, Ferryhill and Chilton is the initial area of our focus. The programme will see primary care partners supporting people to move more despite their long-term conditions, linking with the council's leisure services and the vast array of voluntary and community sector organisations who offer exercise programmes closer to home.

Macmillan Joining the Dots

The Macmillan Joining the Dots programme was part of a national Macmillan Cancer Support and local authority programme of work. County Durham was chosen to be one of five flagship areas which include Dundee, Fife, Manchester City and Tower Hamlets.

Complexities of the cancer treatment pathways in County Durham can have a negative impact on the experience, outcomes and quality of life for someone living with cancer. People, who have lived experience of cancer, designed and developed the Macmillan Joining the Dots service.



CASE STUDY

Macmillan Joining the Dots

John was referred to Macmillan Joining the Dots from his Macmillan Palliative Care Nurse for practical and financial support following a recent diagnosis of Stage 4 Oesophageal cancer.

The service looked holistically at his situation to understand what was important to him. John highlighted that he was struggling financially, especially when it came to rising heating costs. He had been using hot water bottles to try and keep warm however these were causing extensive bruising from the pressure to the skin and there were also concerns in relation to scalding. John said he would like to purchase an electric blanket but he could not afford one. He was in receipt of Universal Credit and had only recently received guidance from the Welfare Rights team on his financial entitlements following a late-stage diagnosis and the funding had not yet been obtained.

During discussions, John also identified he was unable to swallow any solid food due to his tumor. This meant blended food for smoothies of fruit/vegetables was necessary to enable John to eat, but again his finances were unable to stretch to the purchase of a blender.

John agreed to apply for a Wellbeing for Life Microgrant, which was completed by the Macmillan Joining the Dots facilitator and marked as an emergency.

After a successful application, John was able to purchase an electric blanket throw-over. John was thrilled he could use it wherever he was - when in bed or on the sofa. He was also able to purchase a blender so that he could have a more varied diet but in liquid form.

John was also able to gain financial support with his living costs, heating and travel expenses through a Macmillan Cancer Support Grant applied for and submitted by his Macmillan Joining the Dots Facilitator.

John is now able to live safely, comfortably and independently and has an improved quality of life.

Wellbeing for the time being

In summer 2021, County Durham and Darlington NHS Foundation Trust secured funding for a prehabilitation programme for people waiting for surgery or diagnosed with cancer. The programme will optimise the health and wellbeing of those people currently waiting for surgery and those who have been diagnosed with cancer. This will improve surgical outcomes and speed up recovery.

The programme will encompass shared decision making, ensuring that a comprehensive prehabilitation plan is coproduced between the person awaiting treatment/surgery and the Wellbeing Practitioner to address identified risk factors. There will be a four-tier offer:

- **Universal offer** – information on the different support that is available and general awareness campaigns.
- **Level one** – telephone emotional resilience and brief advice/ motivational support on staying well.
- **Level two** – 8-week programmes – which can be repeated, of basic exercise programmes - this can be accessed in person or via YouTube.
- **Level three** – individual support whereby a personised health plan is developed with a wellbeing coach for the lead-in to surgery.

Social prescribing link workers

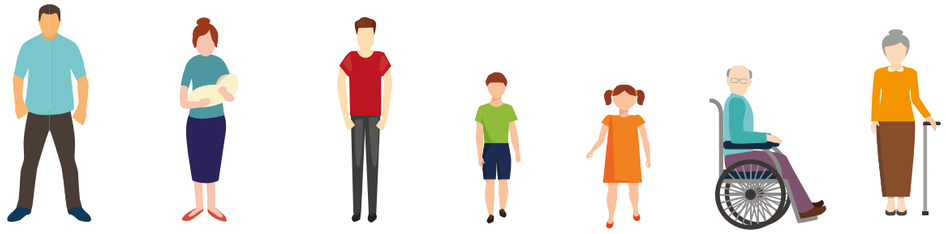
It is estimated that one in five GP appointments focus on wider social needs, rather than acute medical issues. In areas of high deprivation, many GPs report that they spend significant amounts of time dealing with the consequences of poor housing, debt, stress and loneliness.

Social prescribing is an all-age model that encompasses both mental and physical health support. It takes a whole-system approach, integrating services around the person. Social prescribing can support a wide range of people, including (but not exclusively) people:

- with one or more long-term conditions
- who need support with their mental health
- who are lonely or isolated
- who have complex social needs which affect their wellbeing

Key achievements

- We have developed approaches to target flu vaccinations at children and young people with clinical risk factors, working age adults through workplace schemes and worked with existing services to reach vulnerable groups with health and social risk factors.
- Over 1,200 people have benefitted from Macmillan Joining the Dots. Most of these have been people who have a diagnosis of cancer, but there is also a strong element of support for family and carers.
- The social prescribing link workers have supported over 5000 people including many people who were identified as clinically extremely vulnerable from COVID-19.



Revisiting the Taylors with some examples of real life case studies

In my previous reports, we have been following the Taylor family, a fictional family who experience the common challenges and opportunities for health and wellbeing in County Durham. Below is an update on the Taylor family with some examples of real life case studies in County Durham.

John - John struggled with his mental health during the COVID-19 lockdowns but he continued to work and was able to access support through the Employee Assistance Programme that his employer has signed up to. He was still smoking at the start of the pandemic but he decided to try another quit attempt when he saw the Secondhand smoke is poison campaign. This time he was successful and he has started to engage in more sport and physical activity with Callum and Olivia.

CASE STUDY

Dave works full time and has a busy home life with a partner and 3 children. He struggles with the pressures of a busy workload and family stresses and challenges. He has accessed mindfulness sessions through better health at work which has given him insight into ways to improve his own wellbeing.

"Following the sessions I have practised mindfulness which has helped me accept my thoughts and feelings from being overwhelmed with family and workload pressures. I am much more accepting of my feelings and am able to move forward and deal with these in a more positive way."

Sarah and Charlie - Sarah received support for her post-natal depression via her health visitor and was referred to a local mums and toddlers group where she was able to make friends with other mums of young children. Charlie is meeting all developmental milestones and is now up to date with all childhood vaccinations.

Dan - The swimming pool where Dan volunteers was closed for several long periods due to COVID-19 restrictions. Dan decided to volunteer through the County Durham Together COVID Champions Programme to support the local response to the pandemic. He continues to run on a regular basis to maintain his fitness.

CASE STUDY

When Richard Hornby heard about the County Durham Together COVID Champions programme, he stepped forward to volunteer and help his community stay safe during the coronavirus pandemic.

Richard was given the opportunity to volunteer on the vaccination bus, which is being used a mobile clinic to deliver vaccinations in areas where uptake is lower and improve access for people who may find it difficult to get to a designated vaccination centre.

Richard said "Supporting the vaccination bus was simultaneously one of the hardest and the most rewarding days of my life. For every minute I was there, I was playing a part (albeit a very small one) in helping our county become a little bit safer."

Callum and Olivia - Callum and Olivia continue to be active at school through the Active 30 programme. They particularly enjoy learning new skills. This has helped to increase Callum's confidence at school and Olivia maintains a healthy weight.

George and Jean - Jean's local classes were stood down due to COVID-19 and without them she became isolated, lonely and depressed. Her GP referred her to their Social Prescribing Link Worker who was able to refer her to a befriending service. George continues to regularly engage with his local CREE, which he finds offers him support as Jean's dementia worsens.

CASE STUDY

Barry is a fairly active man of 70 who lives alone. He has some caring responsibilities for his elderly mother who is housebound. Throughout the lockdown the Men Shed kept in contact with Barry as he was particularly vulnerable in terms of his mental and emotional wellbeing. When the guidance allowed, they worked with him on a one-to-one basis and within a small group setting.

"The Men shed has been a lifeline to me over these last few months. I don't know what I would have done without it. I love coming down on a Monday morning. It gives me something to look forward to"

Update on recommendations from 2020

Good jobs and places to live, learn and play

1. **Work with housing and planning colleagues to implement health interventions that aim to raise health and living standards and reduce fuel poverty.**
   The Warm Homes and Health Service have worked jointly with partners to promote ways of making people's homes warmer. Since April 2020 the service have assisted 775 households and provided grants for new heating boilers and insulation measures equating to over £958,000 of grants. The Councils Managing Money Better service also assisted 362 households to reduce their energy bills and provide support with fuel debts from energy supply companies.
2. **Include housing support for older people in a Healthy Ageing Strategy**
   Work has been undertaken to assess the need for the development of a new Ageing Strategy for County Durham. A health needs assessment on the ageing population will commence in autumn 2021/22, which will include priority areas for investigation such as poverty action, housing, employment, transport, mental health, physical activity, dementia and equitable access to health care.
3. **Engage with hot food takeaways to promote healthier changes to cooking practices and menu options across Takeaways across County Durham.**
   Plans are in place to deliver training sessions with independent takeaways to promote healthier changes to cooking practices and menu options. This work will focus on engaging with takeaway establishments across County Durham by offering a training session for staff of independent takeaway food outlets to promote healthy cooking practices and menu options. Due to the pandemic, the training sessions have not been able to take place as yet due to them being face to face delivery. These are to be rearranged for a later date when it is safe to do so.

Every child to have the best start in life

1. **Increase the number of schools and settings working towards the Health and Wellbeing Framework**
   Since the soft launch in April 2021, due to the impact of COVID-19, there have been 35 education settings that have signed up to the framework. A larger launch event is planned for September 2021 with education settings encouraged to sign up, work towards their own personal self-assessment and identify an area of health development for the academic year.
2. **Reduce the number of women who smoke during pregnancy.**
   Smoking at the time of delivery across County Durham continues to maintain a downward trend reducing, however it remains higher than both the regional and national averages.

   Supported the Family Health Service to procure a number of carbon monoxide monitors to enable them to progress the smoke free homes agenda and continue to track progress for those women and their families who stopped smoking whilst pregnant.
3. **Increase the number of businesses and venues signed up to the breastfeeding accreditation scheme.**
   Due to the pandemic it has been difficult to progress this work with many businesses and venues closed or with limited access for the duration of the period. A review of the breastfeeding action plan will be undertaken which will include assessing the feasibility of delivering the accreditation scheme in its current format or whether there are opportunities to improve how the accreditation programme is delivered following learning from the use of digital resources and remote learning, which will increase the uptake.

Recommendations for 2021

Promoting positive behaviours

1. Increase the number of schools signed up to Active 30 and target communities most impacted by COVID-19 to promote and embed daily physical activity habits
2. Implement measures with housing and other providers to reduce the risk from second-hand smoke in the home
3. Produce a communications campaign to raise awareness of the health and social impacts of increased alcohol intake on individuals, families and the wider community

Better quality of life through integrated health and care services

1. Shape and engage in the Integrated Care Partnership ensuring County Durham is at the forefront to benefit from any changes
2. Implement the County Durham Together transformation programme
3. Build on the personalised care developments in cancer for other long-term conditions

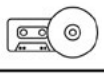
High quality drug and alcohol services

1. Increase co-production within drug and alcohol services to ensure delivery is inclusive
2. Build on and improve the current working relationship with criminal justice partners to ensure a co-ordinated whole systems approach to drug harm reduction
3. Begin work towards implementing the recommendations in Dame Carol Black's Independent report, 'Review of drugs part two: prevention, treatment and recovery'

Smoking recommendation

In my 2018 annual report we had a focus on smoking with a recommendation to continue with the ambition of only 5% of our local residents smoking by 2025. Our levels of smoking are at 17% (compared to 22.1% in 2013). However they did reduce to 14% and have since increased so we need to refocus our efforts on this priority moving forward.

Please ask us if you would like this document summarised in another language or format:

 Braille,  Audio,  Large print.

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polski Polish, ਪੰਜਾਬੀ Punjabi, Español Spanish,
বাংলা Bengali, हिन्दी Hindi, Deutsch German,
Français French, Türkçe Turkish, Melayu Malay.

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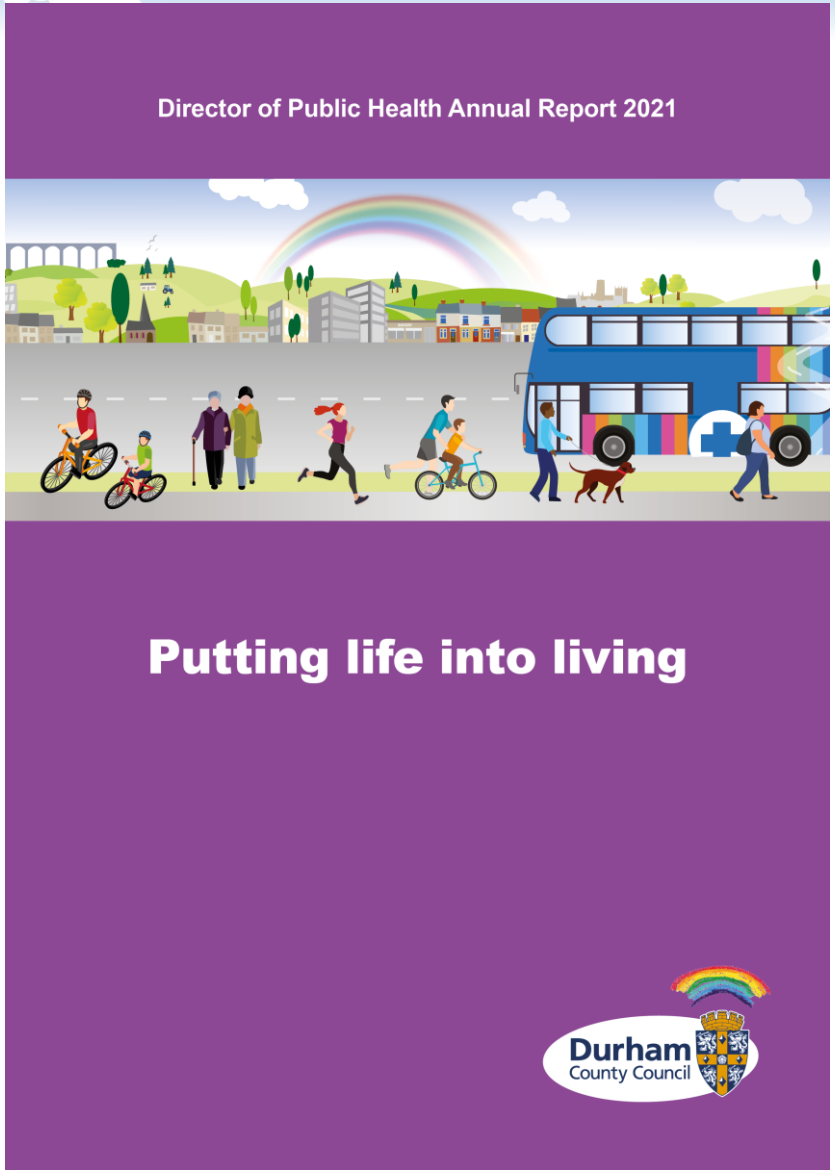
Director of Public Health Annual Report 2021

Adults, Wellbeing and Health Overview and Scrutiny Committee

14 January 2022

Amanda Healy
Director of Public Health



Health and wellbeing across County Durham

County Durham value (England average)
← County Durham figure
← England average

Where we live

- 14,100 businesses
- 21 green flags for parks and open spaces
- 2 in 5 residents living in rural areas
- 12 miles of coastline
- 150 miles of former railway paths
- Durham world heritage site

Our Communities

- Over 530,000 people live in County Durham
- 20% of the population are over 65 years old, and 19% are under the age of 18
- 30 Dementia friendly communities
- 43 CREEs*
- 14 area action partnerships
- 59,000 adult carers
- 38 mutual aid shops

Life Expectancy
78.3 years 79.8
81.8 years 83.4

Starting Well

- 16.8% (10.4) Smoking status at time of delivery
- 1% (1.2) Deliveries that are to teen mums
- 21.6% (15.6) Children living in low income families
- 24.9% (23) Children with excess weight (reception)
- 50.4% (67.4) Baby's first feed breastmilk
- 27.8% (48.0) Breastfeeding 6-8 weeks after birth
- 37.6% (35.2) Children with excess weight (yr 6)

Living Well

- 14.1% (10.5) People reporting long-term mental health problems
- 71.4% (76.2) People aged 16-64 in employment
- 16.5% (12.9) Living with low income
- 19.4% (22.3) Adults who feel lonely
- 3.1% (1.9) Chronic Obstructive Pulmonary Disease (COPD)
- 65.5% (66.4) Physically active adults
- 17% (13.9) Smoking prevalence
- 7.3% (6.5) Asthma
- 696 per 100,000 (644) Hospital admissions attributable to alcohol

Ageing Well

- 24.5% (17.6) Living with a limiting long term health problem or disability
- 3.9% (4.0) Dementia
- 17% (14.2) Older people living in deprivation
- 13.6% (12.4) Pensioners living alone

Our Services

- 224 primary schools, 32 secondary schools
- 4 colleges, 10 special schools, 14 enhanced mainstream schools
- 1 university
- 39 libraries
- 15 council owned leisure centres
- Around 170 breastfeeding friendly businesses
- 63 GPs
- 122 pharmacies

*A Cree is County Durham's version of Australia's Men's Shed. Crees aim to engage with those at risk of suicide by tackling social isolation and self-harm through skill-sharing and informal learning to promote social interaction. Although Crees were originally aimed at men, some have developed for women and young people.

COVID-19 – response and recovery

Over the course of the pandemic we have supported a range of settings and responded to outbreaks of COVID-19 in care homes, schools, workplaces and a variety of community settings in County Durham.

Local Tracing Partnership

January 2021 saw the transfer of national NHS Test and Trace tracing services to County Durham Together under the umbrella of the Local Tracing Partnership.

County Durham Together

Better for everyone

COVID-19 Vaccination Programme

We have seen very positive and above average take up of the vaccine in County Durham. For the most up to date vaccination figures. www.durhaminsight.info/covid-19

We continue to reshape our overarching Local Outbreak Management Plan and the governance and supporting infrastructure to flex and respond to demand throughout the winter period and into 2022.

Our priorities

Our priorities and progress towards them

Priority	Action	Progress
Mental health at scale	Support small businesses to take action about mental health, and train staff to become Mental Health First Aiders.	The mental health training hub was launched in August 2020. Since the launch 13 First Aid for Mental Health courses have been delivered.
Every child to have the best start in life	All schools in County Durham working towards healthy schools with emphasis on mental health.	The Health and Wellbeing Framework website has been launched and kept up to date with available resources.
Healthy workforce	Reach more organisations with our Better Health at Work award; (BHAWA).	A further 10 organisations signed up to the award.
Good jobs and places to live, learn and play	Set out a plan to restrict the increase in takeaway food.	There have been no hot food takeaways approved within 400 metres of educational establishments.

Promoting Positive Behaviours

Why is this important?

Nearly **1 in 4** of reception children are overweight or obese …

…this increases to nearly ***2 in 5*** *at year 6*

This is significantly higher than England (14%)

17% of adults are smokers, this has increased from 14% in 2017

What we have done

- 76 schools signed up to the Active 30 programme
- Smokefree County Durham have seen an uplift in the number of referrals from the housing provider
- Durham Licencing team have stepped up community work, engaging with retailers to support the campaign and display the What's the Harm resources

High quality drug and alcohol services

Why is this important?

In 2019/20 there were over 3,600 admission episodes for alcohol-specific conditions, a rate of 696 per 100,000

3,600 admissions

This is significantly higher than the rate for England (644 per 100,000) but lower than the North East average of 936 per 100,000

60% of opiates and/ or crack cocaine users are estimated to be in treatment

864 years of life lost

In 2018, it is estimated that the total years of life lost due to alcohol-related conditions for those under 75 across County Durham was 864

What we have done

- Establishment of outreach facilities in the local community to ensure it is accessible for those most in need.
- Increasing the bespoke offer for underrepresented groups e.g. women, children and young people.
- Supporting licensing to utilise innovative approaches to licensing

Better quality of life through integrated health and care services

Why is this important?

Over 72% of people aged 65+ had their flu vaccination in 2019/20

and 47% of those at risk had theirs too

In 2018/19 there were over 3,300 new cancer diagnoses

... and that's a rate of 611 per 100,000 population

What we have done

- Developed approaches to target flu vaccinations
- Over 1,200 people have benefitted from Macmillan Joining the Dots.
- The social prescribing link workers have supported over 5000 people including many people who were identified as clinically extremely vulnerable from COVID-19.

Revisiting the Taylors with examples of real life case studies

Dan - The swimming pool where Dan volunteers was closed for several long periods due to COVID-19 restrictions. Dan decided to volunteer through the County Durham Together COVID Champions Programme to support the local response to the pandemic. He continues to run on a regular basis to maintain his fitness.

Real life case study

Richard said "Supporting the vaccination bus was simultaneously one of the hardest and the most rewarding days of my life. For every minute I was there, I was playing a part (albeit a very small one) in helping our county become a little bit safer."

George and Jean - Jean's local classes were stood down due to COVID-19 and without them she became isolated, lonely and depressed. Her GP referred her to their Social Prescribing Link Worker who was able to refer her to a befriending service. George continues to regularly engage with his local CREE, which he finds offers him support as Jean's dementia worsens.

Real life case study

"The Men shed has been a lifeline to me over these last few months. I don't know what I would have done without it. I love coming down on a Monday morning. It gives me something to look forward to"

Recommendations

Promoting positive behaviours

1) Increase the number of schools signed up to Active 30 and target communities most impacted by COVID-19 to promote and embed daily physical activity habits
2) Implement measures with housing and other providers to reduce the risk from secondhand smoke in the home
3) Produce a communications campaign to raise awareness of the health and social impacts of increased alcohol intake on individuals, families and the wider community

Better quality of life through integration of services

1) Shape and engage in the Integrated Care Partnership ensuring County Durham is at the forefront to benefit from any changes
2) Implement the County Durham Together transformation programme
3) Build on the personalised care developments in cancer for other long-term conditions

Recommendations

High quality drug and alcohol services

1) Increase co-production within drug and alcohol services to ensure delivery is inclusive
2) Build on and improve the current working relationship with criminal justice partners to ensure a co-ordinated whole systems approach to drug harm reduction
3) Begin work towards implementing the recommendations in Dame Carol Black's Independent report, 'Review of drugs part two: prevention, treatment and recovery'

Smoking

To continue with the ambition of only 5% of our local residents smoking by 2025. Our levels of smoking are at 17% (compared to 22.1% in 2013). However they did reduce to 14% and have since increased so we need to refocus our efforts on this priority moving forward.

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Adults, Wellbeing and Health

Overview and Scrutiny Committee

14 January 2022

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 Adults Wellbeing and Health Overview and Scrutiny Committee to receive an update on the Local Outbreak Management Plan, the Health Protection Assurance Board and the current local COVID-19 activity. In addition, this report includes an update on the Government's Autumn and Winter Plan, Contain Framework and Plan-B guidance.

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 UK Health Security Agency (UKHSA) 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 and is presented to the Health and Wellbeing Board at every meeting. Recent updates relate to current activity; data, outbreak control, Local Tracing Partnership, vaccination programme, testing programmes, funding; regional collaboration, communications, Covid Champions and national updates.

4 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.

5 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.

Recommendation

6 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

7 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 UKHSA North East Health Protection Team.

8 The Local Outbreak Management Plan is managed by the Local Health Protection Assurance Board which currently meets fortnightly. The plan is presented at every Health and Wellbeing Board along with the current activity update.

9 Throughout the pandemic the plan has continued to be updated to include areas of work including the vaccination programme; developments to the NHS Test and Trace Service including the localisation of delivery through the Local Tracing Partnership; responding to Variants of Concern (VOCs); the role of Non-Pharmaceutical Interventions (NPIs), including social and physical distancing, good hygiene and face coverings; self-isolation support and the ongoing work to support those most vulnerable and impacted by inequalities within our population.

10 National guidance such as the Contain Framework and the Autumn and Winter Plan help the effective planning and deployment at local level and underpins what the Government is hoping to achieve. That is, living safely with the virus and acknowledging it will not be eradicated but will become endemic and will continue to circulate in pockets in the community.

Local Outbreak Management Plan (LOMP)

11 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.

12 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.

13 The plan's objectives are to:

- Protect the health of our local communities through:
  - Provision of clear prevention messages in relation to COVID-19.
  - Rapid detection of COVID-19 cases, clusters and outbreaks including any new variant of concern or interest.
  - Preventing onward transmission.
- Provide support to those who need to self-isolate.
- Develop and apply intelligence, including the knowledge and insight provided by our local communities.

14 In addition, the plan addresses:

- Responding to Variants of Concern (VOC).
- Action on enduring transmission.
- Enhanced Contact Tracing, in partnership with HPT.
- Ongoing role of Non-Pharmaceutical Interventions (NPIs), including social and physical distancing, good hygiene and face coverings
- Interface with vaccines roll out

- Activities to enable ‘living with COVID’ (COVID secure)

15 The updated COVID-19 Local Outbreak Management Plan is currently being revised with updated guidance, the Contain Framework and Winter Plans and a revised version will be shared at the next Adults Wellbeing and Health Overview and Scrutiny Committee. The Contain Framework and Autumn/Winter Plan presentation is attached at appendix 2 for information.

16 Since October the Government has published the Autumn and Winter Plan and revised the Contain Framework. This provides the information required to prepare the Local Outbreak Management Plan for Autumn and Winter season.

17 Both the revised Contain Framework and national Autumn and Winter Plan aim to sustain the progress made and prepare the country for future challenges, while ensuring the National Health Service (NHS) does not come under unsustainable pressure – Plan B.

18 The documents made no changes to the roles and responsibilities for local authorities, and reinforced that while COVID-19 continues to present an unprecedented challenge, well-established local, regional and national arrangements for public health and emergency planning and response continue to form the basis of the response.

19 Regular updates are provided to the Health and Wellbeing Board and the Overview and Scrutiny Committee to reflect the dynamic situation the current pandemic presents, revised policy and guidance and new developments and their impact on the local delivery of the LOMP.

Recent LOMP activity includes:

- Implementation of Plan-B restrictions.
- Surveillance of cases continues to ensure the NHS and Social Care are not overwhelmed.
- Maximising uptake of the Covid vaccine, booster programme and 12-15 vaccinations.
- Continue to support Test and Trace to identify and isolate positive cases to limit transmission while providing support for self-isolation.
- Supporting the most vulnerable to prevent increased inequalities.

- Promoting Covid Safe measures Hand, Face, Space, Fresh Air, isolate, vaccinate, to enable the public to make informed decisions.

- Continued support for setting such as workplaces, schools and university aligned to working safely guidance.

- Supporting the uptake of Flu vaccine as the flu season and other respiratory viruses are expected to be high. This winter we are faced with the double threat of both Covid-19 and flu.

- Continued communication campaigns covering the Autumn and Winter plans.

Role of the Local Health Protection Assurance Board

20 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.

21 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 educations, 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

Current overview aligned to the Local Outbreak Management Plan (LOMP)

Covid-19 Data

22 As of 4th January 2022, County Durham's 7- day rate is 1442.0 per 100,000. Rapid case rises have been driven by the omicron variant which is now the dominant variant within the North East and across the country. Our emergency departments remain under pressure, so we continue to encourage people to follow Hands, Face, Space and Fresh Air guidance to limit the risk of exposure and reduce transmission.

23 The latest public figures please can be accessed through our local County Durham COVID-19 dashboard which provides a summary of cases by rates, ages and Middle Super Output Area (MSOA) along with current vaccination data, hospital bed occupancy and a summary of Covid-19 deaths.

Outbreak control and community transmission

24 COVID-19 outbreaks follow agreed UKHSA joint management arrangements set out in an overarching Standard Operating Procedure (SOP) which covers a number of different settings. The Director of Public Health provides oversight and leadership of all Outbreak Control Teams.

25 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. They work closely with the HPT in PHE, supporting formally-convened OCTs.

26 To retain the health protection expertise gained within the team during the pandemic the council has committed to fund a Protecting Health team, consisting of 3 posts to manage the ongoing COVID-19 outbreaks, other emerging and arising health protection issues, including climate change.

Reintroduction of some mandatory restrictions – Plan B

27 From Friday 10 December, face coverings became mandatory for most indoor public venues including places of worship, theatres and cinemas, as well as in shops and on public transport. Face covering will not be needed in hospitality settings.

28 From Monday 13 December, people are instructed to work from home if they can.

29 From Wednesday 15 December (subject to parliamentary approval), people will need an NHS Covid Pass - or a negative lateral flow test - to gain entry to:

- Nightclubs
- Indoor unseated venues with more than 500 people
- Unseated outdoor venues with more than 4,000 people
- Any venue with more than 10,000 people

30 From the 22nd December the self-isolation advice for people with coronavirus (COVID-19) has changed. It is now possible to end self-isolation after 7 days, following 2 negative LFD tests taken 24 hours apart. The first LFD test should not be taken before the sixth day. The guidance also applies to children and young people who usually attend an education or childcare setting.

31 From 4th January - updated face coverings guidance to include the use of face coverings in classrooms for Year 7 and above, in additional to guidance for face coverings to be worn by pupils, staff and adult visitors when moving around the premises, outside of classrooms and on school transport (to be reviewed 28th January).

Covid-19 vaccinations

32 All adults are to be offered COVID-19 boosters by end of January 2022. Joint Committee for Vaccination and Immunisation (JCVI) advice for people aged 18 years and over, and those aged 16 years and over who are at risk (including health and social care workers) will be offered a booster dose of coronavirus (COVID-19) vaccine. Everyone who is currently eligible will be able to book their jab from three months after their second dose.

COVID-19 vaccination – 3rd dose for those people who have a severely weakened immune system

33 A third dose of the COVID-19 vaccine is being offered to all those aged 12 years and older who had a weakened immune system around the time they had their first two doses.

34 One extra dose for people who have a severely weakened immune system will be given to improve their protection. The extra (third) dose should be given at least 8 weeks after the second dose. This should be followed by a booster dose approximately 3 months after the extra (third) dose.

Change to testing for International Travellers

35 All travellers arriving into the country from 30 November are required to take a PCR test on or before day 2 and self-isolate until they have received a negative test result.

Local NHS Test and Trace – Local Tracing Partnership

36 The Local Tracing Partnership (LTP) continue to operate a local Test and Trace service on behalf of the NHS with priority postcodes within County Durham. A matrix has been developed to underpin which postcodes are prioritised. This is based upon localities:

- Vaccination status
- Case prevalence over time
- Compliance with Test and Trace contact

37 As capacity in the LTP has increased and cases have stabilised the LTP have increased the number of areas covered in the county, from 15 November to 20 Middle Super Output Areas with coverage almost at 50%.

38 It is anticipated that demand will likely increase over December and January and the LTP will be focussing resources to ensure sufficient staff capacity.

Covid-19 Vaccination Programme

39 The Covid-19 vaccination programme continues to be rolled out successfully and at speed across County Durham. The Government announced on 29 November to expand the vaccination programme and the NHS issued guidance on 3 December 2021 that all people over 18 will be offered a vaccination appointment by the end of January 2022.

40 Of the eligible population in County Durham 86% have received their 1st dose; 80% are fully vaccinated with 14% unvaccinated as of 4th January 2022. Currently activity includes:

- Health and care partners continue to address increased demand using GPs, the Arnison Mass Vaccination Centre, community services and community pharmacies.

- Community Services Teams continue to visit the housebound to give both the flu and Covid booster vaccinations.

- The 12-15yr vaccination programme reports that 43.4% of 12-15 yrs. and 65.9% for 16-17 yrs are now vaccinated. Phase 1 was completed 30 November with phase 2 planned from 6-17 December and takes into account the original uptake at schools, associated MSOAs where coverage is less than 60% and vulnerable groups.

- 12-15yrs will be offered 2nd dose of the Pfizer vaccine at least 12 weeks following their 1st dose; 2nd dose programme to take place early 2022.

- A move to weekend appointments for young people has been popular and increased rates of vaccination in this age group.

- The 'leaving no-one behind' programme utilised the Melissa Bus to target areas where vaccination uptake was less than 70% and delivered a communication and community engagement programme to reinforce messages, raise awareness and support confident conversations to address a large variation in vaccination uptake across the county by deprivation, gender and age.

Covid-19 Testing Programmes

Testing Oversight Group

41 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.

- Surge Testing: processes in place through the LRF

42 The government have signalled that testing remains a key strand through the content provided in the Contain Framework, the Autumn and Winter Plan and the Education Contingency Framework.

43 Symptomatic (PCR) testing will continue to be available with some realignment of sites planned for January 2022 and no current end date. Targeted Asymptomatic Community Testing (LFD) is referred to throughout the Autumn and Winter with a possible end date or reduction of offer from March 2022.

44 The Department for Education guidance requires all secondary schools to prepare to test pupils once on-site on return in January 2022. Tests, PPE and funding will be provided to support schools. After the test on return, pupils should continue to test in line with government guidelines.

45 Testing regimes in higher-risk settings such as the NHS, social care, and prisons and testing programmes overseen directly by DHSC such as Daily Contact Testing continue with no suggested end date.

PCR Testing (Polymerase Chain Reaction)

46 PCR testing is the gold standard of test where swabs are processed in labs and results are reported within 24hrs. The Testing Oversight Group supports the planning and direction of PCR testing resources to high Covid-19 rate areas identified by the Spike Identification Tool and in response to any testing requests from individuals outbreak control meetings.

47 We currently 3 fixed Local Testing Sites (LTS) with 4/5 mobile testing units (MTUs) which can be deployed to one of 10 sites across the county as demand and rates require.

48 LTS and MTUs have moved to winter opening hours – LTS: 8am - 6pm; MTU: 9am – 3pm.

49 Winter maintenance for testing site have been agreed and the promoting of home testing kits has been added as a mitigation for any periods of severe weather.

50 DHSC has notified us of Christmas and New Year MTU operating hours; 3 hours opening on 25 and 26 December and 1 January with LTS sites operating throughout on shorter hours giving north, east and south west of the county provision. The Locomotion, Shildon may potentially open as a PCR site New Year's day.

51 In January 2022 work to reshape the local and regional PCR footprint that delivers the right PCR capacity to managed demand will commence. It is

expected this will remove underused sites from the system. County Durham has 3 LTPs currently, if any sites are lost we have the capacity to fill any gap with our available MTUs.

52 The MTU sites have been involved in a pilot where Mobile Processing Units (on site PCR lab) provide a PCR test result in 2 hours.

Lateral Flow Device (LFD) Testing

53 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.

54 From July 2021 testing was re-shaped to deliver a mobile assisted testing site (ATS) service, with a smaller/casual workforce, responding to spikes, high rates, targeting high prevalence area and identified vulnerable groups has been implemented. This service is also available for backup assisted testing responses for surge, schools and workplace testing. Work in this area include:

- Updated Guidance: Covid-19 Restrictions ‘What you can and cannot do’ has moved away from advising twice weekly LFD testing to a risk based approach.

- Our local Targeted Community Testing (TCT) focused on targeted groups, such as: low income households; men; people with disabilities; young families; Drug and Alcohol Recovery Services; Gypsy Roma Traveller service, Domestic Abuse and brief interventions provided by the Covid Awareness Team at events, vaccination sites and high footfall areas.

- There continues to be over 180 LFD collection points in County Durham including; DCC customer access points; Cultural venues; Libraries; Leisure Centres and 124 Pharmacy Collect sites.

- Currently there are no community assisted LFD testing sites delivering in County Durham and assisted testing site for Aycliffe Secure staff.

- The last collated figures show that from April to October 2021 we have issued 39,860 packs of 7 tests issued (that’s 279,020 individual tests).

Education Testing

- Twice weekly testing for students and staff continues (year 7 and above) with anecdotal evidence of high local testing up-take. The testing process seems to have reached a steady rhythm.

- DfE guidance requires all secondary schools to test pupils once on-site in the new term in January 2022. After the initial test on return, pupils should continue to test twice weekly in line with government guidelines.

- Outbreak testing is set out in the Education Contingency Framework. Schools and FE colleges with a positive case have been recommended that identified close contacts take a PCR test and test daily (LFDs) for 7 days to suppress transmission.

- Durham University committed to full testing programme until the end of term and testing on arrival for January 2022 and though to March 2022 dependant on government guidance in the new year.

- Since 25 Sept 2021 the university have undertaken 127,000 LFD tests averaging 2,100 tests per day with a positivity rate of 1.2 per 1,000 tests

Surge testing

55 Work to develop local surge testing plans were led by the Local Resilience Forum (LRF) and approved by CMT, the LRF and HPAB. At the present time there has been no requirement for large scale surge testing within County Durham.

Variant of Concern (VoCs)

56 When new variants of COVID-19 are identified, such as the omicron variant, 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.

57 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). When required, this group has met 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.

COVID-19 funding

58 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’.

59 The Outbreak Funding Budget Group continues to oversee the process for managing expenditure from funding received through the Test and Trace Grant and Contain Outbreak Management Fund (COMF) providing monthly updates on expenditure and bi-monthly project updates to the Health Protection Assurance Board and CMT to ensure those receiving funding follow the Outbreak Funding Briefing and Procedure regarding expenditure, recharge, monitoring and reporting.

60 A detailed programme of work report has been submitted to CMT and HPAB in November to provide an activity update on current bids to date, including detail of current spend.

61 20 bids have been completed to date with total bid value of £2.3 million.

62 A revised RAG rated system has been agreed for bids flagged as red and was implemented from the October monitoring from returns These will capture risks associated with bids where spend is in the later part of quarter 3 and 4.

63 A further position statement will be undertaken in quarter 4 to ensure funding will be spent by March 2022 and to identify any underspend.

Projects in progress include;

- Development of long COVID clinics.
- Grants to education providers.
- Grants to grass roots sports and activities providers.
- Domestic abuse system improvement.
- Housing – vulnerable, prison leavers, temporary secure accommodation
- AAPs and community buildings – Covid Recovery.

Recognition of contribution to Public Health Award

64 Our local Public Health team have introduced this award to recognise the actions made by countless staff across many organisations and private individuals who have contributed to the local Covid-19 response.

65 Nominations can be submitted by email to PublicHealth@durham.gov.uk with the reasons for the nomination and an example of work.

66 A thank you letter and a certificate will be awarded in recognition of their contribution to Public Health.

67 The award is 'always on' meaning there is no deadline for submission, and we would encourage all readers to nominate anyone who has contributed to the local Covid-19 response. Some examples already awarded include:

- 90yr old lady of Little's Newsagents, Hunwick During 1st lockdown up at 4am daily for papers, provided a bigger range of groceries, ensuring those who were shielding and those who didn't feel safe to travel to large supermarkets could buy what they needed.
- Local 17yr old student 'modelled' for our DCC Get Tested posters as part of the Covid Safe County campaign. Admirable as given her age and the risk of being judged or embarrassed by her peer group, she saw the importance of the message and put aside her own concerns to help others and promote the importance of testing
- Girls football team created food parcels for their vulnerable girls and parcels for key workers delivering these to care homes making sure those staff in such a hard time felt needed. They protected the mental health of their young girls with check in calls and zoom quizzes to ensure the girls and their families were ok and safe.
- Pupil from Shotton Hall Academy used his money saved for his birthday and pocket money to buy supplies to create over 1,000 coronavirus survival packs which he delivered to youngsters across Co Durham and created special VE Day bags for care home residents.

Regional Collaboration LA7

68 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.

69 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.

70 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.

71 These have been revisited in light of the revised policy and guidance:

- To protect our communities and mitigate the significant health inequalities as a direct or indirect impact of covid
- Built on early intervention, strong public health collaboration, resources to initiate the actions
- To protect those most vulnerable, keep our schools open and support our businesses and economy and public services
- To live safely with covid-19 as restrictions are lifted
- Continued implementation of local outbreak management plans and all actions/support within these
- Support NHS colleagues to maintain standards
- Implement Govt guidance
- Agree updated testing strategy
- Ensure support for those unable to make personal choices

72 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.

Communications

73 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. The Drummond Beat Covid North East campaign has now moved to an 'Acts of Kindness' messaging campaign since mid-August.

74 Communication activity focus has included:

- Promotion of pop-up testing sites and the Melissa bus is ongoing.
- Targeted comms in low vaccine take up areas and locations of pop up sites.
- Refresh of hands, face, space assets with the message changed more to thank residents for thinking of others and continuing to wear a mask, keep their distance etc.
- Communications for return to school and twice weekly assisted testing in the autumn term.
- Focus on return to work/office encouraging twice weekly LFD testing symptomatic PCR test for close contacts
- Mandatory vaccines for staff and changes to self-isolation
- Collective push on testing
- Ongoing communications; get tested; self-isolate; vaccinations; 'Let's keep life moving'; community collect
- Autumn/winter planning

75 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

76 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.

77 Covid Champions have supported our communities to progress through the steps of the roadmap, informing local communities on self-isolation, promoting our testing sites to encourage people to test regularly and supported the vaccine programme, targeting areas for further communication where there have been increases in positive cases.

78 The Champions programme continues to share generic and targeted key messages and provide feedback to inform future action. The work of the programme is guided by the Community and Settings Oversight Group. Covid Champions continue supporting the Melissa Bus and wider vaccination programme.

79 The evaluation of the Summer Fun and Food Holiday activity programme has been completed reporting a reach of 302 young people engaged. Further training was given to an additional 6 organisations to support the October holiday programme, based on feedback from the evaluation.

80 Feedback from the Junior Champions insight work showed that in the 12 and over – the majority of young people gained Covid-19 updates from News channels, with 85% not connected to DCC social media. NHS campaigns resonated strongest. While the under 11's got their covid information from family and school and they were more aware of community comms. Further Comms work is planned to develop messages to reach children and young people.

81 The Young Champions model will be used to gain insight and intelligence on the 12+ vaccine programme.

Conclusion

82 The Local Outbreak Management Plan (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.

83 The Outbreak Control Team are revising the LOMP based on updated guidance, the Contain Framework and Winter Plans so that we are ready to work through Autumn/Winter and will be shared at the next Adults, Wellbeing and Health Overview and Scrutiny Committee meeting.

Background papers

- Included in presentation.

Other useful documents

- None

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Appendix 1: Implications

Legal Implications

N/A. Health Protection: Legal and Policy Context[1]

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

Crime and Disorder

[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*

N/A.

Staffing

Staff time across 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: Contain Framework and Autumn/Winter Plan Presentation

Contain Framework and Autumn/Winter Plan presentation – See separate file

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COVID-19 Response

Contain Framework
October 2021

Durham County Council

COVID-19 contain framework: a guide for local decision-makers

Key Notes

- **National Government will continue to set the overall framework for the COVID-19 response** with a national communications strategy, enabling and supporting the local response, **including provision of funding and for ongoing oversight and intervention** where necessary.
- **No changes to roles and responsibilities for local authorities** – *While COVID-19 continues to present an unprecedented challenge, well-established local, regional and national arrangements for public health and emergency planning and response continue to form the basis of the response.* - All local authorities are engaged in activities designed to respond to COVID-19 in their areas.
- It sets out how **national, regional and local partners should continue to work with each other**, the public, businesses, and other partners in their communities to prevent, manage and contain outbreaks
- The COVID-19 regional partnership teams led by **UKHSA and the Office for Health Improvement and Disparities will play a pivotal role** in connecting the national and local response. UKHSA will set strategic and policy direction, clinical governance guidelines for community interventions, regulatory and compliance standards.
- The framework applies to the autumn and winter period and **underpins the delivery of the Autumn and Winter Plan.**

www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks

Updated 07 October 2021

Durham County Council

Timelines

Summer Response July 2021

- sets out the arrangements that will be put in place following the removal of covid restrictions.

Autumn and Winter Plan Sept 2021.

- To sustain the progress made and prepare the country for future challenges, while ensuring the NHS does not come under unsustainable pressure.

Spring Response Feb 2021

- Spring Response provides the roadmap out of the current lockdown (Steps 1-4).

Contain Framework Aug 2021

- Roles and responsibilities LAs.
- Core components of outbreak management.
- LOMP.
- The support LA can expect.

Contain Framework Oct 2021.

- Re-written to underpin the delivery of the Autumn and Winter Plan and reflect changes to PHE restructure.

Recap of the Autumn and Winter Plan

The National Autumn and Winter plan aims to sustain the progress made and prepare the country for future challenges, while ensuring the National Health Service (NHS) does not come under unsustainable pressure.

The key themes are:

1) Building our defences through pharmaceutical interventions

2) Identifying and isolating positive cases to limit transmission

3) Supporting the NHS and social care

4) Advising people on how to protect themselves and others

5) Pursuing an international approach: helping to vaccinate the world and managing risks at the border.

6) Contingency (Plan B)

We have reviewed and identified a key set of local actions agreed by the HPAB (23 Sept 2021)

www.gov.uk/government/publications/covid-19-response-autumn-and-winter-plan-2021

The core COVID-19 response outlined in the Contain Framework

Tracing

- Efficient tracing is **critical step** in the control of community transmission.
- Continue to deliver the **local tracing partnership** model alongside the national trace team.

Testing

Local authorities have **a key role delivering** Symptomatic (PCR), Asymptomatic (LFD) and Targeted Community Testing (LFD). **Testing available throughout Autumn and Winter – March 2022.** The framework covers:

- Delivering testing
- Regional and local test sites
- Prioritising and directing the use of mobile test units
- Communicating with the public about the availability of testing and encouraging uptake

The NHS Covid-19 App will

- Continue **to advised potential contacts** who are vaccinated to take a PCR test rather than self-isolate, inline with self-isolation policy changes.
- **Key metrics from the app** available (https://stats.app.covid19.nhs.uk) at local authority level to support decision-making and planning, including where to target marketing and communications.

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The core COVID-19 response outlined in the Contain Framework

Self Isolation

- Since **16 August 2021**, contacts who are fully vaccinated, under the age of 18, clinical trial participants or who cannot be vaccinated for clinical reasons no longer have to self-isolate.
- **Self-isolation remains vital for people with COVID-19 symptoms**, those who test positive for COVID-19 and close adult contacts who are not fully vaccinated.
- **Supporting people on low incomes who are required to self-isolate** by delivering financial assistance via the Test and Trace Support Payment (TTSP) scheme and Practical Support Payment (PSP) schemes.

Vaccines

- Vaccine is **seen as the main line of defence for controlling the virus**, over lockdown.
- Work closely with National Screening and Immunisation Teams to **understand the population of an area**.
- Increase vaccination rates overall and especially among people **in disproportionately impacted groups**.
- **Offer a booster** to individuals who received vaccine in Phase 1 (Priority groups 1-9)
- Support a **school based vaccination programme.**

The core COVID-19 response outlined in the Contain Framework

Funding

- The **Contain Outbreak Management Fund (COMF)** is the primary source of funding to support local authorities to deliver their outbreak management plans and implement measures to tackle enduring transmission, and enhanced response activity.
- TTSP, PSP and the Medicines Delivery Service will **continue to the end of March 2022**.

Surveillance and Data

- Surveillance will **continue to play a critical role** in preventing, understanding and responding to outbreaks.
- The National Surveillance Programme, provides the necessary information and intelligence to **develop shared situational awareness to prioritise the ongoing planning** and response to COVID-19.

Communications and Engagement

- Local authorities will continue to **tailor local public health messaging appropriately in their areas**, considering a range of factors including the surveillance and intelligence data, settings and community intel, and the nature of the outbreak.
- Communications should also focus **on building community resilience** by providing the knowledge and resources **to enable individuals to protect and care for themselves and others**.
- The government will make available a **comprehensive and up-to-date range of assets**.

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The core COVID-19 response outlined in the Contain Framework

Compliance and Enforcement

- The Health and Safety Executive (HSE) and Local Authorities are the **lead enforcement authorities** for business related COVID-19 compliance and enforcement.
- Legal measures have **moved to advice and guidance**, however **Local Authorities will still have an important role in supporting businesses** and public places to be COVID-safe.
- Under the government's COVID-19 Response: Autumn and Winter Plan local authorities will **retain powers under the No. 3 Regulations until 24 March 2022** and will also play a role in ensuring that employers comply with their obligations under the self-isolation regulations.

Plan B – Autumn and Winter

- Local Authorities would hold the **compliance and enforcement responsibility** with respect to businesses and events organisers implementation of mandatory **vaccine-only COVID-19-status certification** in certain settings.
- Local authorities would also play a role in compliance and enforcement of **mandatory face coverings** in business settings.
- Decisions regarding face coverings in **education settings** are not in scope here and should follow the principles set out in the **Education Contingency Framework**.
- Contain Framework **doesn't mention WFH –** we presume there'll be a national instruction.

Autumn and Winter Plan

6) Contingency

If Plan A is not sufficient to prevent unsustainable pressure on the NHS and that further measures are required, the **Government has prepared a Plan B** for England.

- Communicating clearly and urgently to the public and businesses that the level of risk has increased and **setting out the steps that they should take to manage the increased risks** of the virus.
- Introducing **mandatory vaccine-only COVID-status certification** in certain settings.
- Legally **mandating face coverings** in certain settings
- The Government would also consider asking people once again to **work from home if they can, for a limited period**.
- Variants of Concern

County Durham Actions

- Maintain targeted testing/surge vaccination plans
- Develop local contingency plans (LRF) that has the flexibility to respond to escalating situations

The core COVID-19 response outlined in the Contain Framework

More Contingency

- As set out in the autumn and winter plan contingency measures would be introduced if the **NHS was likely to come under unsustainable pressure**.
- In the event of these measures being required **more substantial restrictions could be implemented**. These include:
    - **closing businesses** and venues in whole sectors or geographies
    - imposing general **restrictions on people's movements** or gatherings
    - **restricting** or closing local or national **transport systems**

Local Outbreak Management Plan (LOMP)

- Local plans **should be regularly refreshed to reflect learning** from exercises, incidents, good practice and remain aligned with the overall national response as it evolves.

The core COVID-19 response outlined in the Contain Framework

Operational support

- Local authority **activity, using local resources** in line with individual LOMPs, will remain **the primary mechanism to respond to incidents and outbreaks** of COVID-19 through the autumn and winter period.
- **National support will continue to be available** to help respond to some outbreaks, depending on the speed and scale of response required.

Education Support

- Outbreak management in education settings and any further measures in education settings to reduce transmission should follow the principles set out in the **Education Contingency Framework**.

Enhanced Response Area

- **UKHSA will provide enhanced support to local areas** facing challenging disease situations, where the evidence suggests short-term additional support could slow or bring rates down.

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The core COVID-19 response outlined in the Contain Framework

Enduring Transmission

- Enduring transmission is **linked to wider socio-economic challenges**, rather than being a short-term outbreak and is **linked to long-standing patterns of deprivation and health inequalities**.
- **UKHSA will offer support** to Local Authorities experiencing enduring transmission.
- A Local Authority which has **exhausted their COMF** can discuss making a separate case for **additional funding**.

Variants

- Local Authorities play a **critical role in responding to variant outbreaks** through the processes **set out in their LOMP**. Health Protection Teams (HPTs) and Local Authorities work with their local community and partners to **investigate cases and clusters** and may establish an incident management team if needed.

Next Steps for the Framework

- This Framework will be **reviewed in the spring of 2022** and updated as necessary, considering developments and lessons in the response to COVID-19.
- UKHSA will work collectively with partners to **develop a future engagement framework** that best supports regional and local teams to deliver against public health threats and to facilitate the co-design of future policies and responses.