

Adults, Wellbeing and Health Overview and Scrutiny Committee

7 July 2020

Public Health Response to COVID-19



Report of Amanda Healy, Director of Public Health

Electoral division(s) affected:

Countywide

Purpose of the Report

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

Executive summary

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

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

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

Recommendation(s)

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

Background

Virus and disease

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

Spread

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

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

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

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

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

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

Response

National

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

⁴ <https://covid19.who.int/>

⁵ <https://coronavirus.data.gov.uk/>

⁶

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

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

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

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

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

Regional

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

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

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

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

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

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

Local

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

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

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

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

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

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

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

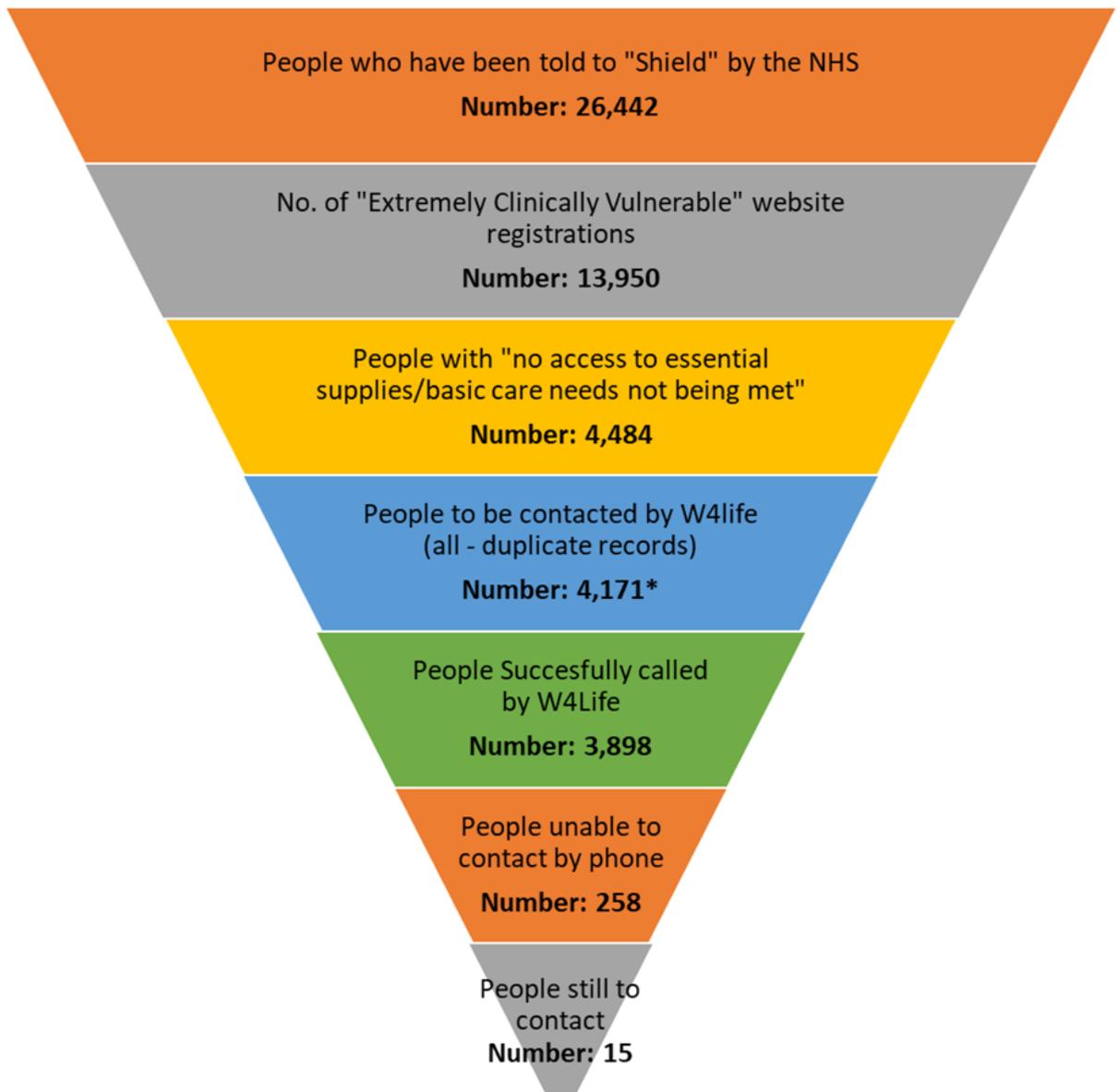
- 60 National guidance in relation to the pandemic is issued and amended daily in line with national policy announcements and changes. Each day this is reviewed, key guidance documents analysed, important actions identified and shared with the relevant workstreams, or service areas for information and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

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

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

Population health management

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



Public health commissioning

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

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

Testing and outbreak management

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

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

Recovery Planning

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

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

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

Local COVID-19 Outbreak Control Plans

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

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

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

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

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

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

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

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

Conclusion

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

- 104 This will continue as the Government lifts many of the restrictions and a recovery from COVID-19 is underway seeking to support those affected by the virus and those affected by the impact of the virus.
- 105 The continued focus on detection and prevention of transmission of the will need to continue as there is currently no cure and no vaccine.

Background papers

- None

Other useful documents

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Appendix 1: Implications

Legal Implications

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

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

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

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

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

Finance

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

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

Consultation

Not applicable.

Equality and Diversity / Public Sector Equality Duty

Not applicable.

Climate Change

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

Human Rights

Not applicable.

Crime and Disorder

Not applicable.

Staffing

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

Accommodation

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

Risk

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

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

Procurement

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

Appendix 2: Chronology of Government announcements

10 February 2020

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

25 February 2020

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

3 March 2020

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

6 March 2020

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

12 March 2020

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

16 March 2020

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

18 March 2020

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

20 March 2020

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

23 March 2020

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

25 March 2020

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

2 April 2020

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

6 April 2020

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

16 April 2020

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

23 April 2020

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

4 May 2020

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

10 May 2020

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

11 May 2020

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

13 May 2020

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

24 May 2020

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

25 May 2020

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

Appendix 3: Examples of local community support initiatives

Bishop Auckland and Shildon

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

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

Bishop Middleham, Chilton, Ferryhill and West Cornforth

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

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

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

Brandon and Esh Winning

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

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

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

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

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

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

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

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

Crook, Willington and Tow Law

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

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

Durham City

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

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

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

East Durham

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

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

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

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

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

Lanchester

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

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

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

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

Newton Hall

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

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

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

Spennymoor

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

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

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

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

Stanley

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

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

Upper Teesdale and Weardale

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

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

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

Appendix 4: Examples of business support initiatives

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

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