

# Adults Wellbeing and Health Overview and Scrutiny

7 July 2020

## County Durham Care Partnership System Response to the COVID-19 Pandemic



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### Report of Sarah Burns, Head of Integrated Strategic Commissioning and Lee Alexander, Head of Adult Care

#### Electoral division(s) affected:

Countywide

#### Purpose of the Report

- 1 To provide County Durham Adults, Wellbeing and Health Overview and Scrutiny Committee (AWHOSC) with an overview of the actions of the County Durham Care Partnership's response to the COVID-19 pandemic, in the period up to 10<sup>th</sup> June 2020 and plans for recovery and future service delivery.
- 2 The report outlines the key challenges and opportunities across, adult social care and commissioning, primary care, acute hospitals, care homes, mental health and learning disability services during the COVID-19 pandemic. It also outlines the opportunity for ongoing engagement with the local population.
- 3 The virus has had a profound effect on our County Durham communities and our workforce, both mentally and physically. There will be a need to provide ongoing support and resources in relation to this.
- 4 The County Durham Care Partnership (CDCP) acknowledges the sadness experienced across our communities for the loss of life there has been. The CDCP also gives thanks to all NHS and social care colleagues, care workers and key workers who have worked extremely hard throughout the pandemic to ensure continue service delivery.

## Executive summary

- 5 A novel coronavirus - severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) – was identified in Wuhan, China at the end of 2019. The virus is highly infectious and causes a respiratory illness called COVID-19.
- 6 The virus spread rapidly across the world, and was declared a global pandemic by the World Health Organisation on 11 March 2020. Organisations which make up the County Durham Care Partnership all had emergency and business continuity management planning frameworks in place, which enabled the system to respond promptly to the threat as it emerged. However, we have had to respond dynamically and innovatively revising our approach as the national coronavirus action plan, guidance and recovery strategy evolved.
- 7 The pandemic has had a significant impact on the way that health and care services are delivered to people in County Durham and it is likely that the impact will be ongoing for some time as long as covid remains a risk to health. Some of the changes we have seen are very positive and may become permanent.
- 8 The strong partnership arrangements in Durham have been critical in the collective response that the health and care system has made during the pandemic.
- 9 There have been significant changes to the operational delivery of Adult Social Care with a move to non-face to face working and increased use of technology. Services have coped with the changing demands placed on them and have worked flexibly to adapt to change.
- 10 Commissioning services have seen a focus on provider support, resilience and assurance. The team have adapted existing working practices and developed new tools to help to understand pressures in the market, coordinate support from partners and to deploy that support.
- 11 Primary care services have adapted very rapidly with a move to a total triage system and most activity taking place via telephone or video conferencing. Patients have adapted well to the changes ways of working. Further work is required to develop the new model of primary care.
- 12 Our main acute provider has re-designed services so that there is a separate flow for covid and non covid patients. Providers have continued delivery of urgent services such as cancer diagnosis and treatment. The focus is now on the re-start of services ensuring that they can continue to be delivered safely. The re-start of services will be based on clinical priorities.

- 13 Community services have also moved to a non-face to face delivery model wherever possible. Community nursing teams have provided significant support to care homes. There is now a focus on the re-start of services in line with clinical priorities.
- 14 Patient transport services have changed in line with national guidelines to prioritise urgent services and work within infection control guidelines. A number of benefits have been seen as a result of this.
- 15 A huge amount of support has been provided to care homes which has been coordinated across partners including DCC commissioning, social care, safeguarding, Infection Prevention Control, the Care Quality Commission, public health, community nursing services and community mental health services. Training, advice, guidance and support have been provided by all partners.
- 16 Mental health and learning disability services have adapted to non-face to face delivery where possible. There is a significant focus on recovery and the changing needs of the population for services as a result of covid-19.
- 17 There is an opportunity to engage with the public as part of a joined up approach to assess the impact of changes and to ensure that the needs of the whole population are considered.

### **Recommendation(s)**

- 18 Adults, Wellbeing and Health Overview and Scrutiny Committee is recommended to:
  - (a) note the contents of this report;
  - (b) acknowledge the work of the County Durham Care Partnership in response to the COVID-19 emergency;
  - (c) acknowledge the strength of relationship and partnership working in County Durham which has been invaluable during this period;
  - (d) recognise the outstanding efforts and response of all staff, volunteers and residents to the COVID-19 emergency.

## **Background**

- 19 The Corona Virus pandemic has had an unprecedented impact on every aspect of health and social care provision across the UK. This has required the rapid development and implementation of emergency policy and guidance in an attempt to mitigate against the worst effects of the virus and to ensure continued service delivery.
- 20 National guidance has been issued and frequently updated for both health and social care. Services and operational teams have had to digest and disseminate this guidance and implement it rapidly.
- 21 In response to the national legislative and policy changes, senior managers across the system have been working on a Durham operational response. This document sets out the Adult Care, Commissioning and Provider response to covid-19 and how teams and services have reorganised to manage on-going service provision during the pandemic.
- 22 The initial peak of infections may have subsided, but it is unclear if and when there will be a second and potentially third peak of infection. Changes to service delivery will be required in the medium term to enable services to continue to operate amidst the risk of infection.
- 23 There has been a significant amount of change and innovation as teams work to maintain delivery during the pandemic. It may make sense to retain some of these changes on a permanent basis.

## **Response**

- 24 There has been an unprecedented response both nationally, regionally and locally to the pandemic outbreak. This is from both patients/service users and from staff delivering or commissioning services. The health and social care system in Durham has worked together more closely than ever to collectively address any issues that the pandemic has posed.

## **National**

- 25 In early March 2020 the NHS declared a “level 4 incident” which allowed NHS England to take command of all NHS resources across England. All CCGs were required to put in place local Incident Command Cells to manage the coordination of efforts at a local level.
- 26 A similar approach was put in place in Local Government, with Durham County Council putting in place governance arrangements to manage a similar coordination of efforts. Both approaches were supported by the County Durham and Darlington Local Resilience Forum.

- 27 The Government and advisory bodies subsequently developed and disseminated advice and guidance for the NHS and Local Government in response to the varying requirements. This guidance has been continually updated to reflect any new research, evidence or good practice identified.

## **Regional**

- 28 Led by the Association of Directors of Adult Social Services (ADASS) at regional level, Local Authorities have collaborated wherever possible, meeting regularly and sharing good practice for both commissioning and operational delivery of social care services.
- 29 The North East and North Cumbria Integrated Care System (NE&NC ICS) has continued to meet to meet and provide a similar function with coordination of NHS activity wherever possible.
- 30 A number of 'cells' were established by NHS England where experts in their field would come together to discuss guidance and practice in particular areas e.g. primary care, community care etc.
- 31 The local Public Health England team have offered support and coordination at a regional level and there has been close collaboration between Directors of Public Health.
- 32 The County Durham, Sunderland and South Tyneside Integrated Care Partnership (CDS&ST ICP) have been working together, particularly on delivery of acute services and ensuring that essential services such as cancer treatment can be maintained.

## **Local**

- 33 County Durham has a history of strong and effective partnership working with integrated arrangements in place for both adult health and care delivery and more recently commissioning. The strong partnerships have enabled the health and care system in Durham to work collectively and collaboratively throughout the pandemic.
- 34 The maturity of our partnership arrangements has enabled us to provide mutual support to each other and support parts of the system that are struggling wherever possible /appropriate.
- 35 The existing forum of the Local Accident and Emergency Delivery Board (LAEDB) chaired by the, Chief Executive of County Durham and Darlington Foundation Trust (CDDFT) was used as a daily system forum. Senior leaders from across the health and care system used this

forum to share intelligence, discuss challenging issues and develop collaborative solutions.

- 36 A daily system call was also implemented which included senior leaders from health and social care. This call was used to discuss any issues that had arisen during the day find resolution or escalate issues to Chief Officers. This proved to be an effective forum and also provided mutual support for staff that were operating under extreme pressure.
- 37 A mutual aid call group was also established across County Durham to predominantly discuss support available for independent providers. This is referenced in more detail later in this report.

### **Adult Social Care**

- 38 The pace at which circumstances changed in March, made it almost impossible to plan with any degree of confidence from an operational perspective. The Covid- 19 Hospital Discharge Service Requirements resulted in the need to instigate a service response from 8am to 8pm, 7 days per week.
- 39 To fulfil these requirements, we had to ensure we could provide a high degree of workforce agility, both in terms decision making and how we mobilise our resources in response to rapidly changing needs and circumstances.
- 40 In order to achieve the workforce flexibility required, the Head of Adult Care worked in tandem with the Head of People and Talent Management to develop Emergency Operating Terms – “Reorganisation of Adult Care and Commissioning to respond to the Coronavirus.” This coincided with the introduction of the councils Emergency HR policy COVID- 19. . Together these documents addressed the HR issues facing Adult Care and Commissioning in maintaining our service offer across an extended 7-day period during this emergency situation.
- 41 The approach taken complemented that of our system partners in community and acute health services. Our senior management functions were aligned to ensure 7 day/12 hour per day management cover including a daily system call became embedded. In doing so, we have been able to maintain effective partnership working, decision making and system leadership throughout the most challenging period of the pandemic.
- 42 Due to a sustained stability of service provision and workflow, we were able to step down the intensity of service availability at the beginning of

June. Our systems calls now take place Monday, Wednesday and Friday and most of our workforce have returned to 5 day working. The key to how we manage an uncertain future in terms of service demands is 'flexibility'. We have the agility to mobilise resource and increase staffing required to work across 7 days in the event of a second wave.

- 43 Services have operated very differently. Our workforce has remained fully functional by working from home and by making fullest use of technology such as Microsoft teams.
- 44 The vast majority of service users contacts have taken place using video conferencing and telephone contact. Face to face contact has continued where necessary; strict guidelines on social distancing and the use of PPE have been observed throughout.
- 45 Perhaps the greatest operational concern during this period was the risk of our core services and functions becoming overwhelmed. Thankfully, in the middle of March activity levels (adult social care referrals and enquiries) reduced by approximately 25% across the board following lockdown. Activity remained around this level for approximately 4 weeks before gradually returning to now near normal levels.
- 46 A crucial factor in how we have successfully managed our resources since March is that we have had the full support of all our managers and employees to adapt and respond to these challenges. The commitment and flexibility shown by all concerned has been outstanding. As we look forward, we will continue to keep a close eye on emerging system pressures and will adapt our workforce response accordingly.
- 47 In addition to maintaining our statutory social care and safeguarding responsibilities, the council has followed national guidance and requirements in supporting the NHS with hospital discharges.
- 48 To cope with the anticipated increase in COVID-19 related hospital admissions, the NHS sought to increase the speed of hospital discharges to free-up hospital beds, in advance of the rapid increase in admissions and during the peak as in-patients were treated and well enough to return home. A 'discharge to assess' policy was introduced nationally whereby as soon as patients were assessed medically as being well enough to be discharged, they were moved off the wards and then discharged home within a matter of hours. Details on this guidance are included at Appendix 2 of this report.
- 49 Under this approach, care plans, which ordinarily are agreed and put in place prior to discharge, had to be rapidly developed after discharge by community and primary care services working in tandem with social care.

- 50 The County Durham Care Partnership put in place an Integrated Hospital Response Team to manage the discharge process, which adopted a Discharge to Assess (D2A) approach to facilitate hospital discharge.
- 51 Between 19 March and 10<sup>th</sup> June 2020, the team were involved in 1,205 hospital discharge referrals. 51% were discharged back to the community and received a domiciliary care package. 40% were admitted to a residential or nursing home; of which 44% were admitted to short term rehab bed. 9 % did not require a care package.
- 52 The Council has developed frameworks of financial and other support to ensure the ongoing viability of adult social care providers in the residential / nursing, domiciliary (including supported living / extra care) and day care sectors, with the primary objective of maintaining continuity of service during the COVID–19 emergency and the sustainability of market sufficiency in keeping with the Care Act 2014 duties and responsibilities.

### **Commissioning**

- 53 On 1<sup>st</sup> March the new integrated commissioning team for health and social care was formed. Much of the development work that takes place when bringing teams together has had to be paused while the team deals with covid response. There have already been benefits realised from working as a single team across health and social care such as reduced duplication, quicker decision making and generally more effective working. Providers have benefitted from a single response from commissioners too.
- 54 The integrated commissioning team introduced daily monitoring (7 day cover) and liaison calls from 23<sup>rd</sup> March 2020, with all commissioned front-line service providers including residential and nursing care homes and domiciliary care to ensure that they were supported through the pandemic and that operational pressures were identified and responded to as quickly as possible.
- 55 To date, over 13,600 calls have been made to providers to check their situation and to offer advice and help, including responding to additional Care Quality Commission (CQC) and Department of Health and Social Care (DHSC) monitoring requirements. A copy of the response that Durham County Council and County Durham CCG made to the DHSC in relation to care homes can be found at appendix 5.
- 56 A comprehensive OPEL (Operational Pressures Escalation Levels) tool was developed by commissioning to assess independent provider status. This covers infection rates, staffing cover across job specialisms, and PPE stock. The tool also gathers information on care home deaths

and occupancy, allowing senior managers to review the market position on a daily basis and quickly identify providers potentially requiring interventions. This is particularly important as AHS commissions from more than 250 front-line adult care services, including 137 care homes. A 3x weekly Care Home Mutual Aid meeting has been established to review the market position.

- 57 Arrangements were also made for additional psychological support for care home staff should they need it, while during the peak of the food shortages at the beginning of the pandemic commissioning teams arranged for urgent food deliveries from the Council's school meals contract to care homes unable to access their usual food supply.
- 58 The council agreed a 10 percent temporary COVID specific funding increase for older persons care homes and domiciliary home care (increased initially from 5%) as well as increased general inflationary uplifts for these services. Learning disability and mental health providers have also been issued with COVID specific funding increases of between 5 and 10% in recognition that, though the impact on such services is not as acute as it is for older persons provisions, additional costs will be incurred. Care homes and home care services are also receiving COVID specific funding increases in respect of self-funders / private service users. This is in recognition of the need to support the whole market in line with our Care Act duties, despite such individuals not being the responsibility of the Council contractually. The Council has also issued £13 million of advance payments upfront, as opposed to in arrears in order to help with funding and cashflow issues.
- 59 In advance of the national and regional social care recruitment campaign, we launched our own local recruitment and development programme, through the County Durham Care Academy to encourage more people to pursue careers in the sector, helping providers with staff and skills shortages. To date we have had over 200 applications from people interested in training for roles in the care sector. Upon registering an interest, applicants are immediately contacted, with DBS checks fast tracked, followed by completing the remote training. This has enabled the council to develop a "bank" of individuals with clearances and training undertaken to draw on either within the council or in commissioned care services as required.
- 60 To support care homes to tackle and prevent the spread of infection in their establishments, we have established a multi-agency infection inspection team to review and support the implementation of effective infection control practice and procedures in the homes. Public Health England has also provided advice, guidance and initial swabbing of cases in care homes.

- 61 The supply of personal protective equipment (PPE) has been a major issue during the pandemic. Whilst commissioned service providers are responsible for meeting their own PPE needs, it has been necessary for the council to step-in and help providers by providing over 480,000 items of PPE to the social care sector from its own stock and that which we manage on behalf of the LRF. In total up to 27 May 2020, the council has delivered over 815,000 items of PPE.
- 62 The government has worked to provide LRFs with emergency PPE drops to address local shortages, and while these have been welcomed, the overall issues with PPE supply and distribution have affected the reliability of these drops, such that the council has had to work with other local authorities in the region to secure its own more reliable supply and in some instances, prioritise its own PPE use in order to direct supplies to support frontline social care services.

## Primary Care

- 63 Primary care has shown great resilience and adaptability in transforming its ways of working during COVID-19. Some of the key actions/changes made response to the pandemic are highlighted below.
- 64 **Appointments in General Practice:** One of the significant changes was the way in which appointments were offered to ensure the safety of both patients and staff:
- all practices moved to a 'total triage' system to limit the footfall into surgeries;
  - anyone who had a face to face appointment planned was contacted and triaged remotely before attending the practice;
  - appointments required following triage, where possible, were done remotely either via telephone, on line or video conferencing;
  - patients were still able to access a face to face appointment when deemed clinically appropriate through the triage process;
  - patients were not called into practice for routine appointments and practices did as much as they could to manage these patients remotely and safely.
- 65 **Video Consultation:** As part of our response to COVID-19, practices were enabled to offer video consultations as a matter of urgency. Early feedback from practices utilising the AccuRX video consultation has been positive and continues to be in place free of charge until March 2021 and is currently being used across all practices and care homes.
- 66 **Front door access into practices:** To keep both patients and staff safe, people were screened before entering practice premises. This

was managed through various methods including using an intercom before entry and use of a separate entrance to avoid cross-contamination.

- 67 **Remote working:** To ensure business continuity the CCG supported practices to work remotely providing laptop, smartcard readers and other equipment. This meant that if staff were shielding or had to self-isolate they could work from home, where appropriate staff had access patient records to support their work.
- 68 **Patients required to ‘shield’ for 12 weeks:** Practices were asked to identify their most at risk and clinically vulnerable patients who were not picked up by the central team and write to them to advise them on shielding. These patients were then able to register to access additional help and support via the local authority, for example, having essential groceries delivered by volunteers.
- 69 **Collaboration work - data sharing across practices:** There was an increased pressure on workforce during the early stages of the pandemic, due to staff having to self-isolate, shield or work from home due to issues with childcare. To improve resilience within primary care, GP practices were supported to implement processes for the sharing of patient data across practices within their respective Primary Care Networks, giving practices the opportunity to support one another should the need arise. These data sharing agreements and processes also supported practices in the development of the in hours hubs, so that practices could retract and free up staff to support the wider system as well as being able to more effectively manage the risks around face to face contacts
- 70 **Out-of Hours rota and Community Hospital cover:** Following a request from County Durham and Darlington NHS Foundation Trust, GPs volunteered to support the Out of Hours rota. This allowed Trust employed doctors to work in acute hospital wards to support demand management. GPs and nurses from practices also volunteered to cover sessions within the community hospitals. Training was made available so they were familiar with the Trust clinical system and relevant clinical updates.
- 71 **Online medication ordering:** All ppractices have been supporting the national push towards increased use of e-prescribing and repeat dispensing.
- 72 **Personal Protective Equipment (PPE):** Demand in primary care for PPE increased and as a result normal supply routes became congested. The CCG worked with County Durham and Darlington Local Resilience Forum (LRF) partners and wider Central Integrated Care

Partnership PPE Mutual Aid cell to plug the gap in supply by obtaining a small amount of core PPE to support practices whose orders had not yet been fulfilled. A generic CCG PPE email inbox was later set up to allow practices to request emergency supplies directly when necessary. PPE supplies have been and continue to be distributed to practices across the CCG by a push /pull system, using the intelligence gathered from the practice welfare calls. CCG administrative and reception staff have been utilised to deliver supplies in a timely manner.

- 73 **Swabbing and Antibody Testing:** Staff testing is of high priority, due to the potential impact on workforce shortages resulting from the 14 day self-isolation guidance if a household member has symptoms suggestive of COVID-19. Practice staff have been supported to access COVID-19 swab testing, to see if they currently has the virus. The antibody testing programme for staff working in primary care was rolled out week commencing 8 June 2020. Antibody tests check whether a person has had the virus.
- 74 **Practice Funding:** In order to support the COVID-19 response NHS England has provided assurances that practices would be able to claim back any costs related to ensure that no practice is financially disadvantaged by supporting the response to the pandemic. There was also national confirmation that no practice will be financially penalised regarding Quality Outcomes Framework (QOF), Directed Enhanced Services (DES); which the CCG has also supported. Assurance was provided by the CCG that all practices are freed up to prioritise their workload according to what is necessary to prepare for and manage the outbreak.

## Acute Hospitals

- 75 On 17 March 2020, the NHS Chief Executive, and the NHS Chief Operating Officer, wrote out to all NHS organisations (copied to Local Authorities) setting out a series of actions that were to be implemented with immediate effect to deal with the intense pressure that was anticipated over the weeks to follow:
- 76 To enact these changes, a substantial number of interventions were implemented nationally, regionally and locally, including postponement of non-urgent elective care and a substantial increase in the emphasis on discharge arrangements, for medically fit patients. To support this, a number of changes were agreed around pathways, such as:
- all referrals subject to clinical triage;

- routine referrals and planned routine follow-ups managed through face to face consultations, virtual consultations, advice and guidance, deferment or discharge;
- urgent and 2 week wait referrals continued, but subject to consultant scrutiny to ensure 2 week wait criteria applied robustly; and
- Advice and Guidance (a national programme that provides a platform for advice to GPs by email) as the preferred default for any queries relating to existing cases or the urgency of new referrals.

77 There are some specific changes within County Durham and Darlington NHS Foundation Trust (CDDFT) to draw AWHOSC members' attention to:

- inpatient areas have been reconfigured iteratively to ensure separation between COVID positive and negative cohorts;
- separate areas within Emergency Departments (ED) and surgical suites for COVID and non-COVID patients;
- critical care capacity across CDDFT has been increased;
- all outpatients have been triaged which has resulted in either a face to face appointment, a virtual appointment (video, telephone, letter) or individuals were discharged with advice;
- provision of support via 'Advice and Guidance' was enhanced for routine referrals through the electronic referral service (ERS) system;
- elective cancer and clinically urgent surgery have continued, but elective capacity has been moved to support non-elective services;
- in diagnostics there has been a focus on urgent referrals and cancer pathways;
- reductions in screening programmes have been in line with national guidance; and
- both clinical and non-clinical staff have been redeployed to meet demand and to facilitate new ways of working.

78 Existing estate within CDDFT has been utilised to best effect and where possible additional capacity has been made available. The community hospitals across County Durham have increased their beds to accommodate additional patients to help facilitate improved flow.

79 Additional medical wards have been opened at Bishop Auckland Hospital to provide care for mainly frail elderly patients. The Trust have utilised existing and returning secondary care staff as well as GPs to manage patients in a controlled and safe environment. Primary care staff across County Durham volunteered to work in acute and

community hospitals as part of an agreed governance framework. In the main, many of those offers of support were not required (due to not reaching the feared demand); however, there are many examples of GPs working in hospitals. Where this has happened, the benefits for discharge management of patients and their transition into the community have been very positive.

80 For the re-set of services CDDFT has developed a key set of principles:

- Retain 2 Emergency Department entrances and flow through the Acute Medical Unit (Respiratory and Non-respiratory) on both UHND and DMH sites
- Single multi-specialty non Covid-19 Same Day Emergency Care provision on the UHND and DMH sites co-located with the Emergency Department
- Covid-19 multi-specialty Same Day Emergency Care identified patients to be treated within respiratory Emergency Department / respiratory Acute Medical Unit clinical pathways
- Urgent Care will continue to provide face to face appointments, telephone advice and home visits for patients at all 5 centres
- Nothing remains / moves to Acute site that does not require Acute site provision (broad principle)
- No designs have accommodated for service growth potential
- Estate expansion is only included for those services required to accommodate Covid-19 activity e.g. Intensive Treatment Unit

81 CDDFT has been undertaking work to develop an approach to standing up services. This work is in development and there are a number of dependencies, which may result in changes to timeframes as discussions continue. These plans have been developed through engagement with teams and partners and in line with clinical prioritisation.

82 Services expected to be running by 31<sup>st</sup> July 2020 are:

- Rheumatology – Sever Inflammatory Arthritis
- Rheumatology – Giant Cell Arthritis
- Rheumatology – Vasculitis
- Medical Education – Research and Development
- Medical Education – SIM Centre

83 Services expected to be running by 31<sup>st</sup> October 2020 are:

- Outpatients – All
- Acute Frailty UHND & DMH – Elderly Care
- Ophthalmology – Cataract Surgery

- Ophthalmology – Diabetic Eye Screening Service
- Ophthalmology – Elective
- Orthoptists / Optician
- Elderly Care – Movement Disorder Services
- Rheumatology – General / Fibromyalgia
- Respiratory – General / Sleep
- Rehab after Critical Illness (RaCI)
- Radiology CT Capacity
- Radiology – Steroid Joint Injections
- Pathology - Microbiology
- Paediatric – Acute Outpatients
- Paediatric – Community
- Paediatric – Therapies
- Gynaecology – Pessary Clinics

84 Services expected to be running post covid are:

- All Elective
- All P4 Elective Surgery
- All Routine Clinics
- All Routine Diagnostics
- Care of the Elderly BAGH (Frailty Specialist Units)
- Elderly Care – Community Hospital Outreach Consultant Liaison
- Elderly Care – Frailty Rapid Access Clinics (BAGH & CLS)
- Discharge Lounge DMH
- Pathology – Andrology (post Vasectomy)
- Gynaecology – Infertility clinics for women >35 years or triaged as time critical

## **Community Services**

- 85 During the outbreak there has been a significant focus on the use of digital technology. Telephone or video appointments have been used as the default with face to face contacts for urgent patients only.
- 86 Community teams have been arranged teams into Covid and Non Covid each day where possible. The daily schedule of patient visits has been developed in order of risk (Shielding Non Covid first, then Non Covid, Shielding Covid, and finally Covid).
- 87 Services have implemented 7 day rotas for Senior Manager and clinical leads and increased 7 day working of clinical staff. The numbers of staff working in the overnight crisis response team have also been increased.

- 88 Restarting services is much harder than standing them down due to the geographical spread and number of community clinical delivery sites to be approved for use. Applying the new HSE guidance on “Working Safely Under Covid” is very time consuming and impacts significantly on productivity.
- 89 Most community services are still only providing urgent care and waiting lists are building for non-urgent cases. As a result cases that would have been dealt with as non-urgent are becoming urgent.
- 90 The high proportion of domiciliary activity carried out by community services leads to high use of PPE.
- 91 Community services continue to provide ongoing additional support to Care Homes.
- 92 Activity is gradually increasing again in most services which are developing a plan for reset / restart. There is a renewed focus on further integration of services and thinking creatively of how to do this safely to maintain patient outcomes but protect staff and patients from an infection control perspective.
- 93 The services are gradually stepping up non face to face activity, but are implementing videoconferencing and consultations. Work is ongoing to identify priority sites to restart face to face delivery from.
- 94 Over the next 12 months it is expected that community services will be:
- An increased use of videoconferencing/virtual meetings for non-clinical work
  - A strong focus on physical and psychological rehabilitation needs for post-Covid patients; there has been limited activity so far, but there is national concern over underlying problems people recovering from covid may experience
  - Reviewing the medical model for community hospital to attempt to maintain local GP leadership
  - Piloting the use of Smartphones in community nursing to enable videoconferencing in crisis domiciliary visits
  - Reviewing the role of Community Specialist Practitioner with Primary Care Networks to ensure the locality need is met whilst continuing to deliver high quality care.

### **North East Ambulance Service and Transport**

- 95 There have been additional vehicles on the road during the covid outbreak, mainly from third party providers. Demand for 999

ambulances has been similar to previous years with a slight increase in April.

- 96 There has been no statistically significant change in the number of heart attacks and strokes that they have dealt with compared with this time last year, however initial indication suggest that people have experienced poorer outcomes as they may have delayed calling for help.
- 97 A number of GPs and other clinicians have been supporting the NEAS Clinical Advice Service to help deal with the number of calls received. This has reduced in improved call handling performance.
- 98 The number of occasions where the patient is 'seen and treated' as opposed to conveyed to hospital has increase significantly. This is believed to be due to patient expectation but also crew confidence as they are now supported by registered staff in the call centre. Ambulance crews are reporting that it is much easier to contact GPs who are all doing phone call/video consults which is meaning they can keep more patients at home.
- 99 Over next 12 months NEAS is able to transport one patient at a time, then the vehicle must go "off the road" to be fully disinfected. This will be the case for a considerable time.
- 100 Scheduled transport has been significantly impacted by covid-19. Vehicles can only transport one patient at a time due to social distancing. Work is taking place between NEAS and acute hospitals to understand when clinics will be re-started and to identify the impact that video conferencing will have on demand for patient transport.
- 101 Government guidance meant that all non-essential transport was stopped. The numbers of volunteer drivers available to convey people decreased as a number were shielding or isolating. Taxis have often not had access to PPE to be able to convey people.
- 102 Third party providers delivering NHS contracts aren't classed as "NHS" by the government so are still having difficulties accessing PPE, and swab tests for staff. As such most of them are simply saying "no covid journeys". CDDFT are having to supply PPE to all their third-party contractors (including ambulance providers). NEAS have no problem as they are NHS.
  - Durham County Council transport booking team agreed to help NEAS with the weekly calls to patients to cancel all non-essential PTS bookings.

- NEAS chose to offer PTS to all cancer related appointments not just chemo treatment across the whole of the North East. This has been very much appreciated.

## Care Home Support

- 103 The [letter](#) sent out by NHS England and NHS Improvement on 1 May 2020, outlined the model of support to care homes and the proactive action needed to be taken by the end on May 2020. The model comprises of three key elements, namely:
- delivery of a consistent, weekly 'check in', to review patients identified as a clinical priority for assessment and care;
  - development and delivery of personalised care and support plans for care home residents; and
  - the provision of pharmacy and medication support to care homes.
- 104 There is now an increased focus on the care and protection of people within care homes. The CCG, alongside the local authority and provider organisations, is increasing the support available to care home environments to strengthen their ability around Infection Prevention and Control and ensure that they are in a position to manage outbreaks should they occur. This work is multifaceted and is interdependent with national steer regarding swabbing and testing.
- 105 An action plan has been developed in response to COVID-19. A team consisting of staff from both the CCG and local authority are working together on the delivery of the plan.  
<http://www.durham.gov.uk/article/23496/Care-home-support-plan>
- 106 Care home situation reports are currently being submitted to NHS England on a weekly basis.
- 107 Financial support and a mutual aid package has been developed and offered to all care homes across County Durham, including:
- cash advance payments to aid cash flow;
  - 2020/21 contract uplifts for nursing and residential homes increased to 5% (from 4.5%), and will be paid from April 2020;
  - development of a system wide approach to 'mutual aid' including redeployment of staff to cover areas / providers experiencing significant pressures as a result of COVID-19 and access to fast track recruitment opportunities through Durham Care Academy;
  - Older persons providers will be paid a further 10% uplift on the 2020/21 fees, separately in advance, for both funded and self-funded residents (until at least end June); and

- support to maintain market capacity through block purchase of vacant beds to enable 'step up' service for people in the community requiring 24 hour care and 'step down' for people being discharged from hospital.
- Ongoing distribution of the Government's recently announced Infection Control Fund to front-line adult social care providers.

- 108 The IPCT support into care homes and hospices has increased since the pandemic was declared. The IPCT's initial response to the COVID-19 pandemic was to practically support the care home sector by distributing relevant information regarding hand hygiene (poster) and advice regarding Coronavirus and to reiterate our contact details, via Durham County Council. The IPCT had continued to work closely with the Local Authorities to ensure consistent messages in relation to Infection Prevention and Control reflecting the continually changing and evolving national guidance, especially in relation to the required Personal protective equipment (PPE). This proved to be a challenge when changes were occurring on an almost daily basis. We have worked closely with our colleagues in Durham County Council at identifying risk areas and targeting those homes that may require more support.
- 109 In April 2020 the IPCT identified a small number of care homes had residents who required Aerosol generating procedures to be undertaken on them, these homes were informed of the extra measures required to protect staff that deal with these residents and were supported to obtain the correct PPE and training.
- 110 Virtual training has been delivered by the IPCT 'super trainers' either via zoom or via telephone conferencing to trainers in 140 of our homes over a three week period, the training covered COVID-19 transmission, hand hygiene, cleaning, waste disposal, PPE, screening and outbreaks. Staff were shown the correct technique to don and doff PPE and were asked to practice whilst on the training to ensure they felt confident to train other staff within their homes. All care homes in County Durham have been sent the slides and training resources used in the zoom training. The IPCT has been in contact with most of the Care homes in County Durham including learning disability care homes, (we have tried to contact all homes but have had failed response from four).
- 111 Care homes that have reported outbreaks or have been identified as being at OPEL 4 and 3, on the care home mutual aid call have been contacted and supported more frequently, targeted training has been offered to those homes who felt they required more input. The IPCT continue to support care homes and hospices on a daily basis as issues arise.

## Mental Health and Learning Disability Services

- 112 As a result of the COVID-19 pandemic, the Mental Health strategy is of even greater importance and there have been immediate actions to support people living with emotional and mental health need in County Durham during the lock down.
- 113 Adult services within TEWV continue with adaptations. Again, as national reporting has been stood down no data is available but we are aware that services continue in adapted ways to support physical distancing. TEWV update (number 11) gives a broad update, highlights are;
- Mental Health Act assessments under the Mental Health Act 1983 by Mental Health Practitioners (AMHP) have continued throughout the COVID-19 emergency.
  - Talking Changes continue to accept referrals through the Single Point of Access, with average time from referral to assessment one working day. The service continues to be able to offer both Step 2 and Step 3 interventions across Durham and Darlington, including Cognitive Behavioural Therapy (CBT), Counselling for Depression, Interpersonal Therapy and Eye Movement Desensitisation and Reprocessing (EMDR) Therapy and waiting times continue to reduce.
  - We are now (as expected) starting to see a gradual increase in referrals to secondary care now across Durham and Darlington, and continue to assess as many referrals as possible, either using available technology or face to face contact depending on clinical urgency
  - All community teams continue to provide phone, video and face to face contact depending on need and risk. All our teams remain available as normal should anyone need to contact them.
  - We are beginning to see an increase in people requiring admission so are keeping this position under close daily review in each locality and Trustwide.
  - Our single crisis number - 0300 0200317 - is now in place and working well. This includes access for children and young people, older aged adults and those with learning disabilities and/or autism.
- 114 Within learning disability 'Keeping People Connected' has ensured that adults with autism and/or a learning disability are supported via proactively contacting them by phone and ensuring their needs are met. This data is monitored weekly and while Durham calls are lower than some other areas we are aware that a number of at risk adults have been identified as part of this process. The voluntary sector

providers in County Durham linked to this work are currently seeking funding via Area Action Partnership to establish the work for a further 12 weeks.

115 Care home support including care homes with a mental health and/or learning disability continue to be supported via community teams with each TEWV locality being involved in a local multi agency mutual care home response

116 As work now enters a recovery stage, plans are being established by providers and as a system to continue to support emotional wellbeing and mental health and prepare for post COVID-19 challenge. While mental health needs will be greater understood over the coming weeks and months it is felt that the factors affecting mental ill health such as financial worries, isolation, etc. will create an increase in demand on services.

## **Recovery Planning**

117 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'.

118 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

119 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.

120 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.

- 121 Recovery work is developing and ongoing , the County Durham Care Partnership will look for opportunities for alignment where appropriate

## **Engagement With the Public and Stakeholders**

- 122 As part of the response to COVID the local system has had to adapt its working practices. The aim is to develop a strategy which focusses on County Durham as a system and which articulates an ongoing programme of engagement
- 123 Partners are working with communications and engagement leads across County Durham including those from CDDFT, TEWV, DCC, Healthwatch and NECS to maximise our existing capacity
- 124 Our aim is to understand people's perceptions of health and social care within CD which will help inform our future priorities. As part of this process we will engage with staff across the system as well as public on an ongoing basis.
- 125 We are also working to understand the impact of new ways of working due to COVID on the public. We are going to engage with the public on this in the coming weeks across primary and secondary care, mental health and social care and we are working with Healthwatch to develop a proposal on this.

## **Conclusion**

- 126 The covid-19 pandemic has had a significant impact on health and care services in terms of both delivery and commissioning. A range of changes have been made to adapt to both Government guidance and the changing situation.
- 127 The health and care system will need to continue to adapt over the coming months and potentially years to operate in an environment that protects people from the risk of infection.
- 128 Partners will continue to work together to deal with challenges as they arises and also to capitalise on opportunities and improvements.

## **Background papers**

**None**

## **Other useful documents**

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## **Appendix 1: Implications**

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### **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 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.

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## **Appendix 2: Chronology of Government announcements**

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### **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.

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## **Appendix 3: Examples of local community support initiatives**

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### **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.

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## Appendix 4: Examples of business support initiatives

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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.

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## **Appendix 5: Care Home Support Letter to DHSC**

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