DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held remotely via Microsoft Teams on **Tuesday 7 July 2020 at 9.30 am**

Present

Councillor J Robinson (Chair)

Members of the Committee
Councillors J Chaplow, A Batey, R Bell, L Brown, P Crathorne, R Crute, T Henderson, L Hovvels, K Liddell, S Quinn, A Savory, M Simmons, H Smith, J Stephenson, O Temple, T Tucker and M Wilkes

Co-opted Members
Mrs R Hassoon and D Logan

Also Present
Councillors L Hovvels and M Wilkes

1 Apologies

Apologies for absence were received from Councillors P Jopling, A Laing and A Reed.

2 Substitute Members

There were no substitute members.

3 Minutes of the meeting

The minutes of the meeting held on 5 March 2020 were agreed as a correct record with the following proposed changes and would be signed by the Chair.

There was an amendment to the minutes that on agenda item 7 – Health Protection Assurance Report 2018/19 on page 9 a new paragraph should be inserted after paragraph 4 to read.

Councillor Temple referenced the potential impact of coronavirus on the elderly and infirm and sought assurance that guidance would be provided to care homes and social care providers in respect of the virus especially in respect of those services that were commissioned for the sector by the County Council.

In the last paragraph on page 9 the member of the public introduced himself as a local GP and this should also be reflected in the minutes.

4 Declarations of Interest

There were no declarations of interest.

5 Any Items from Co-opted Members or Interested Parties

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

The Chair welcomed Dave Logan, the new representative from County Durham Healthwatch, to the meeting.

6 Update on the Impact of COVID-19 on Adults and Health Services

a Public Health Response to the COVID-19 Pandemic

The Committee received a report of the Director of Public Health, Durham County Council that provided members with on update on the public health planning, response and current recovery position in relation to the COVID-19 pandemic.

The Director of Public Health updated the committee on the key challenges and the opportunities across public health during the COVID-19 pandemic following a verbal update at the Adults, Wellbeing and Health Overview and Scrutiny Committee meeting on 5 March 2020. She recognised that although there had been outbreaks of Ebola and flu there had never been anything as severe as the current Covid 19 pandemic. She was happy to provide updates at future meetings to ensure members were kept up to date. She outlined the timeline from when the virus was realised in China in December 2019 to the World Health Organisation proclaiming the virus to be a pandemic to the eventual lifting of restrictions in July along with the responses to each stage on a regional, national and local level. She referred members to paragraph 25 of the report that outlined the statistics on a global level.

The Research and Public Health Intelligence Manager addressed the committee that there were weekly statistical updates on the members dashboard. He highlighted the number of positive cases, additional cases and the number of deaths in the UK. He added that the numbers did not reflect a surge in cases but more accurate reporting. He noted that statistics for Durham were higher than in England and in the North East with a peak in confirmed deaths in week 15 and a reduction by week 25 with Durham being the 9th highest care home related deaths nationally.

The Director of Public Health stressed that there had been a strong input of data into the public health team from a North East level which had ensured advice was given across the Council and partners alike. There had been a proactive response that focused on mental health and supporting the wellbeing of staff with people shielding or self-isolating. Support had continued with drug and alcohol clients, no smoking projects and sexual health clinics with meetings being held virtually online and additional support linked into the suicide and prevention team. She did note that the government had stopped testing in March but had reintroduced it as part of the recovery stage to live with Covid 19 to ensure that all key people were involved with the local outbreak management plan and the government test and trace scheme.

The Committee wished to thank and commend all staff within the council and health services who had done sterling work in responding to the Covid 19 pandemic to save lives and protect the community. The Chair extended gratitude to all emergency service workers including fire, police and ambulance workers and praised all schools that had remained open to allow key workers to work. He also applauded organisations like the post office delivery people who provided support to keep communities going.

Councillor Bell endorsed the report and wished to express his appreciation to all staff in particular those in the Public Health Team who had worked tirelessly in the current situation. He wanted to know from a regional response if the test and trace pilot fed results into the local management outbreak plans.

The Director of Public Health responded that Newcastle and Middlesbrough had been picked as part of the government's track and trace pilot. She confirmed that information from the pilot was shared locally to inform management outbreak plans that were in place especially around vulnerable groups. She noted that Leeds City Council Chief Executive Tom Riordan had been asked by the government to take a key role in its contact tracing programme across the country that would ensure arrangements were in place for linking contact tracing work at a local level.

Councillor Bell thought this sounded good but questioned where the data went and whether it did inform the outbreak management plans.

The Director of Public Health stressed that access to information was forthcoming on all positive cases in the NHS and through pillar two sources. She also stated that data was being acquired on postcodes to allow those who had tested positive to be matched up with local areas.

She explained that she was reliant on members of the Adults, Wellbeing and Health Overview and Scrutiny Committee, Businesses and Schools to raise any concerns with the Public Health Team who would in turn report findings to Public Health England for the protection of the wider community. She advised that data

available to the Public Health Team about local communities was analysed daily and used to prevent local lockdowns like in the case of Leicester.

Councillor Temple thanked the Director of Public Health for her profound report and referred members to paragraph 44 and 82 in the report and asked how reliable the developed PPE sources were and if there was another emergency immerge would there be enough supplies. He was aware that half the supply was sent to the local community and wondered if schools were included in the distribution of the other half. He recognised that there was a need to test residents and staff in care homes but queried if testing would move into other service areas like schools as children could be a natural source of transmission of the virus due to the environment in doors.

The Director of Public Health firstly responded to Councillor Temple's query regarding PPE that there had been a co-ordinated approach that linked to the Local Resilience Forum that had been created to consider the pandemic. She advised that work had been carried out with the NHS to ensure care homes and NHS staff had sufficient PPE along with schools who had also been supplied with PPE.

The Corporate Director of Adult and Health Services advised that the supply of PPE would be maintained and care homes, schools and Council staff had all been supplied with PPE. She added that excess stock would go forward if required should a potential second peak of the virus arise.

The Director of Public Health secondly responded to Councillor Temple regarding testing that pillar one were tested within the capacity of the NHS that included NHS staff and council staff on a local level. The testing was extended to include residents and staff within care homes in May 2020 as part of the national testing programme on a systematic basis. She noted that as part of the national testing programme mobile testing sites had been established and located in places like IKEA, Gateshead and rolled out to establish a base in Teesside for pillar two testing. She indicated that results were not as quick with pillar two testing as labs were located in places like Milton Keynes and this data needed to also look at asymptomatic testing. She advised that there was a precaution with testing in schools as they were more widespread and contact tracing only tested if someone displayed symptoms. The regional testing group looked at the overall strategy on testing.

The Chief Executive (CDDFT) emphasised the point that testing was very quickly put in place with facilities to test locally. The testing programme had been proactive to support the wider system with care homes and council staff and there were drive through facilities in Durham and Darlington that were safe and convenient for people to get tested. She noted that with pillar two testing people had to travel along way which put people off going. She advised that the

programme had tried to keep up local testing and put in place more to increase the capacity from hospital sites.

Councillor Tucker referred members to paragraph 98 in the report that identified seven themes to be addressed in the local outbreak plans and wondered how data integration and testing was incorporated. She asked if a person's medical record linked up with testing as she was aware of a multi-agency project working on a one patient one record scheme across the health service and wondered how effective this was with Covid 19 testing.

The Director of Public Health advised that Covid 19 infection was a notifiable disease and a GP would be required to report it to the local Public Health Team. She explained that the Biosecurity Centre used a difference system to collect data on Covid 19 testing. She felt that locally information needed to flow into the GP system and the 111 service that dealt with cases with Public Health England and the Public Health Team reporting individual or cluster of cases. She added that information from the test and tracing service was complex and was not tied to an employer or setting. Improvements were required so there was a better idea of where cases of the outbreak were.

The Research and Public Health Intelligence Manager believed that there needed to be a granular level of data produced that included postcodes to trace cases and identify local areas where there were high levels of infection. He clarified that work was ongoing with the GIS mapping system to create a layer on the map to identify areas of outbreaks to inform businesses and care homes of any potential risks. He notified the committee that the first version had been trialled.

Councillor Tucker understood the Covid 19 element but probed to ascertain what was happening with the one person one record project. She requested information on whether a person's medical history on their records would be considered when offering a treatment plan if they tested positive for Covid 19.

The Director of Public Health was unable to answer but if a treatment pathway was offered then a patient would be looked at as a whole and supported positively.

The Chief Executive (CDDFT) advised that to a degree medical records for a patient were linked. She was aware of the project that Councillor Tucker referred to, namely the 'great north care record' that aimed to link all health services together. She informed the committee that with some Covid 19 patients they would have a long recovery back to health and within that period would be connected to different services like rehabilitation. She added that this would be seamless due to effective communication across services that were involved with the patient.

The Head of Integrated Strategic emphasised that when a Covid 19 patient was discharged from hospital they would be dealt with by the team around the patient (TAP) that was a multi-disciplinary team that included community nurses, GP's,

social care, mental health services to ensure that all their health needs were met while they fully recovered.

Councillor Smith followed on from Councillor Temple's comments regarding testing in schools and believed that it would be too widespread to carry out. She felt that the testing process that included taking nose and throat swabs was too invasive for children and that they should not be exposed to this form of testing unless it was absolutely necessary or a less invasive test was produced.

The Chair agreed that the local outbreak management plan was the way forward for the future and understood that it would need monitoring. He referred members to paragraph 99 in the report and queried why the Health and Wellbeing Board would be used as an engagement board as he felt that local members should be involved with communicating things to the public. He was concerned regarding the lock down of Leicester and wondered if there would be moves towards localised lockdowns if the rate of infections did not decrease.

The Director of Public Health maintained that the Health and Wellbeing Board was only put forward as an engagement board as it already had well-established reporting networks. She added that the Health Protection Assurance Group (HPAG) reported to the Health and Wellbeing Board so it had made sense for the board to oversee the engagement with the public as it fit into the existing arrangements for the statutory obligation. She informed the committee that the HPAG was a small group that had carried out work with care homes and workplaces throughout the pandemic to support communities and raise awareness of prevention measures. She noted that if there were high risks of an outbreak in an area the HPAG would develop local arrangements. She advised that at present there were no legal powers to carry out localised lockdowns and local members would always be kept up to date as a voice of the local community in prevention work.

The Chair understood the challenges of Covid 19 especially when things changed so quickly making it extremely difficult to manage.

Councillor Wilkes was concerned with the working practises of some factories in the Durham area that appeared not to have adhered to Covid 19 rules during lockdown forcing staff to work. He felt whistle blowers were being relied upon to inform him of the situation and questioned how much control there was with Health and Safety Executives to check if these factories were high risk.

The Director of Public Health advised that work was ongoing with Business Durham, Local Education Authorities and other partners about prevention measures, promoting hand hygiene and raising awareness of local intelligence to highlight any concerns.

Resolved:
That the report be noted.

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

The Committee considered a joint report of the Head of Integrated Strategic Commissioning (County Durham Integrated Community Care Partnership and the Head of Adult Care (Durham County Council) that provided an overview of the actions of the County Durham Care Partnership's response to the COVID-19 pandemic, in the period up to 10th June 2020 and highlight the plans for recovery and future service delivery.

The Head of Adult Care outlined the 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 and action taken. He acknowledged that the pandemic had had a huge impact in County Durham that had engaged the Strategic Partnership to merge and work together to respond. Working practices changed rapidly with some services being suspended and some being ran in different ways with less face to face interaction and more meetings carried out virtually using technology and software like Microsoft Teams. He advised that suspended services had now restarted but clinical priorities had changed and modifications had been put in place within the restoration and transformation stage. Significant focus had been placed on the private sector and care homes throughout the pandemic to ensure they were supported and supplied with training, advice, PPE equipment and financial support where needed. Although the first peak of the pandemic had been overcome there were concerns of a second and third peak but services were mindful and had put things in place to operate in an integrated way should this happen.

The Chief Executive (CDDFT) updated the committee that a daily call system had been established that involved senior leaders meeting virtually on a regular basis to share intelligence and problem-solving challenges as they arose. With effective mechanisms and working closer together senior management were available seven days per week, twelve hours per day throughout the pandemic. She advised that the workforce had changed rapidly within 4-5 days rather than 2-3 months in normal ways of working. Policies were clarified around hospital discharges meaning that if patients were medically deemed fit they would be discharged from the ward within hours. Principles had not changed but the system did things faster to keep up with the constant changes. She noted that services had developed unusual ways of working to manage staff working from home to ensure service continuity with flexibility being crucial.

The Head of Integrated Strategic Commissioning stated that there had been a new integrated commissioning team established in March 2020 but the normal development of the team had been paused due to Covid 19. She noted that this joined up working had been beneficial for the health and social care sector with calls being made to providers to ensure they were supported and provided with PPE when they had struggled to get supplies. There had been a collaboration between the partnerships to share information and work together to discuss issues and find resolutions in relation to the outbreak.

The Head of Integrated Strategic Commissioning informed the committee that GP surgeries had changed to a total triage model to limit the number of patients going into surgeries with video and telephone consultations taking place instead that increased the amount of appointment slots offered. Patients who were shielding or self-isolating were identified so they could register for additional help and support. She added that agreements were put in place to allow data sharing across primary care networks to allow a more flexible way of working.

The Head of Integrated Strategic Commissioning notified the committee that various changes had also occurred in acute hospitals with increased critical care capacity, wards separated into Covid-19 and non Covid-19 wards, additional hospital beds created and changes made to discharging policies. The main challenge now was restarting services to ensure patient and staff safety was at the forefront with outpatients reopening in July and others shortly following suit. She added that hospitals would not be able to work to the same capacity as before. Work would start to emerge around the new services for the Shotley Bridge Hospital with engagement work to be carried out in the Autumn. She agreed to keep members updated.

The Head of Integrated Strategic Commissioning stated that there had been challenging times for the ambulance service with a huge number of calls to the 111 service. Additional vehicles were used including third party providers with response times increased due to social distancing rules and the time it took to disinfect vehicles before they could be used again. Care homes were monitored throughout the pandemic with support being provided in numerous areas around finances, PPE equipment and redeployment of staff if there were staff shortages. She advised that Mental Health and Learning Disability Services continued to take referrals throughout the pandemic and had also adapted to new ways of working with a crisis number put in place for both adults and children to use should they need it.

The Chair felt that the work carried out had been exceptional and it had displayed greater partnership working to put the good of the community at the forefront.

Councillor Temple welcomed reassurance that there was still a commitment to the Shotley Bridge project. He was concerned that past milestones had not been met as it had been stated that a business case would be produced by June 2020 and put out to consultation in September 2020. He was aware that the Covid 19 pandemic had created a huge impact on organisations but he believed that local residents would appreciate a time scale of when the consultation would commence. He appreciated that local members had been kept well informed but it had been under a veil of confidentially that could not be shared with the public. He felt that the wider people needed to know.

The Head of Integrated Strategic confirmed that communications would be sent out to local residents with an update on the Shotley Bridge Hospital project after the meeting.

The Commissioning and Development Manager (NHS County Durham CCG) acknowledged that there had been a few challenges with the timeline for the Shotley Bridge Hospital project due to purdah and Covid 19 that had left the model and the implications to be reviewed. She noted that some engagement work had taken place in the Autumn of last year with things changing to reflect what people had put forward that had been built into the solution. She felt that the timeline had been set back by approximately six months but work had been carried out behind the scenes. She informed the committee that communication would be sent out after the meeting and the reference group that had been set up to look at the project was aware of commitment.

Councillor Temple thought that the work of the NHS partners and Durham County Council staff was fantastic. He understood that it was a challenge and questioned what might have been done better with regards to action over the pandemic. He referred to paragraph 51 in the report that highlighted figures of patients discharged from hospital and asked how many had not been tested before being discharged. He had recently been sent information that quantified that 16 had not been tested before discharge. He had reservations regarding the information that he had received and what was contained in the report. He questioned what the real proportion of people had been discharged into care homes without knowing if they had Covid 19 infection.

The Corporate Director of Adult and Health Services recognised that the number of deaths in care homes was a sensitive area and it was complex around data sources and the time of data received. She was aware of the data that Councillor Temple had received and confirmed that the data was specific to County Durham Foundation Trust discharges. She explained that data contained in the report referred to all hospital discharges not just data regarding Darlington. She clarified that the data was from two different sources and that was why there was a difference in the figures.

The Chief Executive (CDDFT) made it clear that the figures were from the Trusts data and of the 16 patients who were not tested came in line with the new national guidance that came into effect after 18 April 2020. She had examined the information and it was unclear if two of the patients had been tested or not as the results were not added to the system.

The Corporate Director of Adult and Health Services acknowledged that it had been a challenging time and things may have been done differently in terms of data collection. She highlighted the positive message on how well partners had responded and the action they had taken. She informed the committee that the situation was constantly being reviewed and work was ongoing with flexible arrangements to be able to adapt to all guidance that was issued from the government.

The Head of Integrated Strategic Commissioning recognised that the main challenge throughout the pandemic was technology and being able to ensure that everyone had access to it especially in the NHS with secure emails. She remarked that the specialist nurses within the infection prevention control team had proved invaluable with the support that they had offered. Support had been given to everyone via virtual training to guarantee that contact was made on a regular basis with the Acute Trust and mental health trust providing additional support to schools. She commented that Durham had fared well with technology unlike other authorities who had experienced issues.

Councillor Temple was relieved that clarity was given over figures and data collected and that it came from a wide range of hospitals. He admitted that he could have done things better in the past as he had never asked the direct leadership of care homes their views on items even though they were a huge part of the committee's work.

The Corporate Director of Adult and Health Services notified the Committee that Durham also worked with Sunderland and South Tyneside NHS FT and North Tees and Hartlepool NHS FT when dealing with hospital discharges into County Durham and suggested that information in this respect be sought from wider NHS FTs.

Councillor Tucker referred members to paragraph 59 in the report regarding the national and regional social care recruitment campaign through the County Durham Care Academy. She was amazed that there had been so many applicants which had been encouraging but she pointed out that hospitals, GP's, Care providers and Domiciliary Care had always struggled with issues with staffing. She wanted to know what career or training progression there was in place to ensure that was enough staff in the future. She was concerned that the age range got higher with senior positions and speculated what could be done to encourage the young generation to remain working in the care sector long term.

The Head of Integrated Strategic Commissioning assured the committee that the health service had the work force in the care programme pre the Covid 19 pandemic. She advised the committee that data had been collected to understand the impact and pressure Covid 19 had placed in the work within the care sector due to staff self-isolating or shielding and to establish what needed to put in place to resolve them. There were a range of models of care and delivery through integrated partnership working and work was in progress around care homes to ensure they were sustainable for the medium to long term for care delivery.

Councillor Tucker referred members to paragraph 64 of the report regarding appointments in GP surgeries. She had found it helpful knowing that people had ascertained appointments in different ways through the system that may have been difficult prior to the Covid 19 pandemic. She was relieved that shielding and self-isolating patients had been considered to ensure all patients could seek help and guidance should they need it. She queried if the new system had been effective.

The Commissioning and Development Manager (NHS County Durham CCG) responded that a survey was being undertaken across Sunderland, South Tyneside and County Durham ICP to evaluate the new ways of working to see what impact these had on all staff. She agreed she would share the findings with the committee once finalised to build on the effectiveness and efficiency of the new models of working.

The Head of Integrated Strategic Commissioning reiterated that there had been new models of working introduced to cope with the Covid 19 pandemic to ensure all options of care were covered. She explained that there was a trade-off for GPs and nurses by looking at trends in different areas and redeploying staff accordingly. She added that GPs and nurses in quieter surgeries had been redeployed to work in hospitals like in Chester le Street which had worked well and had clinical value or within the 111 service where calls had increased. The pressure in different areas allowed staff to be moved around the system to have service continuity that also showed how all services could work together differently in the most effective ways possible to make a difference.

Councillor Bell was curious about the NHS estates and the capacity of space to create more beds at Bishop Auckland, Richardson and Sedgefield Hospitals. He thought that hospital estates charged money and wanted to know if there was capacity to expand or whether estates were grossly under used to configure services adequately.

In response to Councillor Bell the Head of Integrated Strategic Commissioning replied that estates had to be paid for whether they were used or not. She advised that government guidance and legislation meant that ways had to be addressed to

deliver the same services but in fewer ways as not to leave a large footprint when delivering services from bigger estates. She noted that Covid 19 had been around for some time and services had to be configured for the medium term for changes to be beneficial to see what could be kept for the longer term. She acknowledged that estate charges were an issue along with staffing but this was being monitored to ensure knowledge was acquired to know how to deliver services in the future.

The Chief Executive (CDDFT) reiterated that having several community hospitals had been advantageous and the additional estates enabled the creation of 400 extra beds which had been helpful as they were paid for regardless. She added that within the community hospitals like Shotley Bridge, Chester le Street and the Richardson different models of working had been implemented to accommodate the staffing of different buildings within the estate with Orthopaedic Surgeons running A&E services and retired consultants returning to run the Bishop Auckland out patients service. She noted that at the peak of the outbreak there had been less patients than anticipated that did not require the additional 400 beds. She was unsure if there would a second wave of the pandemic or as Winter approached if the seasonal flu virus would have an impact on casualties but either way services needed to be scaled up to ensure there were physical bed spaces available if required.

Councillor Batey thanked everyone for their hard work. She welcomed the outbreak local plan and wondered if lessons had been learned from experiences so far. She was concerned that business premises were to reopen and questioned if the Infection Prevention Control Team would provide advice and guidance to businesses like community centres for them to stay safe when reopening to the public.

The Director of Public Health responded to Councillor Batey that the Infection Prevention Control Team did not offer direct support to the community. She added that there were teams within the Council that offered support and guidance and risk assessments to businesses that community centres could tap into. She felt that the IPCT had come into their own within the health care facilities and special education care. She highlighted that the role of the local councillor could be built upon to ensure advice and guidance was circulated to the public and places like community centres to help them reopen safely with due care and attention.

The Chair considered the impact that the Covid 19 pandemic had had on funerals. He felt that the impact on families should also be reflected upon.

Councillor Tucker thought that it was would be helpful if all members were given information on who to contact regards premises reopening to the public safely as this would also help after school clubs reopen when schools returned in September.

Councillor Wilkes referred members to paragraph 51 in the report as he was concerned with the discharge figures relating to people discharged from hospital into care facilities. He was aware how sensitive the topic was but wanted to know whether all patients discharged freed beds and why there was a need to discharge patients back into care homes if testing had not taken place. He was troubled that County Durham had one of the highest death rates in care homes due to the Covid 19 virus. He queried if there had been any analysis of data for care homes and the correlation between discharged patients and those care homes who had seen a high number of corona virus related deaths.

The Chief Executive (CDDFT) stated that data was collected based on patients admitted to hospital and discharged to the address that was given on admission to hospital. She confirmed that data was composed of every discharge since March 2020 into social care homes within Durham and Darlington. She noted that if a patient presented at A&E but was not admitted to stay overnight in a hospital bed then this information was not recorded.

The Head of Integrated Strategic clarified that all factors were required to be examined in relation to deaths in care homes as outbreaks were not down to discharging patients from hospitals alone. She stressed that some care homes had admitted no patients to hospital but still had an outbreak of the virus. She advised that there was no evidence to suggest that discharged patients brought the virus into care homes as asymptomatic staff could be the cause. She stated that it would be impossible to prove the correlation between patients discharged and the number of deaths in care homes.

The Head of Adult Care stated that in his experience although he was not an expert into the spread of infectious diseases knew that there were several multi-faceted reasons as to why care homes had experienced such high deaths but they would never know why the infection found its way into the facilities.

The Corporate Director of Adult and Health Services stressed that a lot of work had gone into the safety aspects of care homes within County Durham ensuring that staff followed all guidance that had come from government to remain safe. She found that it had been a challenging time for all concerned and thanked everyone involved for all their dedication to ensure safety was paramount.

Cllr Wilkes referred to paragraph 50 in the report that mentioned significant financial assistance to care providers since the start of the pandemic. He was concerned that some care homes had been asked to sign new funding agreements and queried whether Officers had shown these documents to Cabinet Members before being sent out to providers. He added that the first agreement had been sent out on 15 April 2020.

The Chair referred members to the letter attached to the report at appendix 5.

The Corporate Director of Adult and Health Services notified the committee that care providers were not required to sign any documents in relation to additional Covid19 funding. In addition, Councillor Hovvels, Cabinet Members and Opposition Leaders had all been updated throughout the whole process.

Councillor Wilkes asked again whether the funding documents or the wording of the documents that had been sent out to care home providers had been shown to Cabinet Members initially before they were sent out.

The Corporate Director of Adult and Health Services stressed that the council had followed all government guidance in relation to Covid 19 and had kept all members updated.

Resolved:

(i) That the report be noted;
(ii) That the work of the County Durham Care Partnership in response to the COVID-19 emergency be acknowledged;
(iii) That the strength of relationship and partnership working in County Durham which has been invaluable during this period be acknowledged;
(iv) That the outstanding efforts and response of all staff, volunteers and residents to the COVID-19 emergency be recognised.

The Chair of the Adults Wellbeing and Health Overview and Scrutiny Committee proposed a number of additional recommendations. It was further:-

Resolved:

(i) That the immense contribution local communities had made to the response and the cooperation of County Durham residents throughout this unprecedented situation be acknowledged.
(ii) That the contribution the council's employees and strategic partners had made to the response be acknowledged.
(iii) That the Local Outbreak Management plan be subject to regular reporting to and monitoring by the AWHOSC be agreed.

7 Refresh of the Work Programme 2020/21 for the Adults Wellbeing and Health Overview and Scrutiny Committee

The Committee received a report of the Corporate Director of Resources that provided the Adults Wellbeing and Health Overview and Scrutiny Committee with a suggested work programme for 2020/21.

The Principal Overview and Scrutiny Officer outlined the proposed work programme for 2020/21 and the different elements that would be covered within scrutiny role. He noted that it had the essential flexibility to respond to items that may arise from the Covid 19 pandemic.

The Principal Overview and Scrutiny Officer invited members of the committee to agree the work programme for the coming year. He highlighted several key areas of work that under the current circumstances would be delivered through formal virtual meetings via teams and by emailing reports to members for comment.

Councillor Temple praised the work programme but felt that the social care sector had been left out and should be included for investigation. He admitted that he had never raised social care sector as an issue or proposed the notion to talk to social care providers. He felt that the committee should be on the front foot to address concerns in this setting as he was concerned that occupancy had decreased from 87% to 77%.

The Corporate Director of Adult and Health Services informed the committee that there was a review ongoing nationally into the social care sector. She agreed that the committee considered the broadest context of social care and the review would look at the impact into the fullest context.

The Chair emphasised that there were a lot of care workers that cared for people in their own homes that would need to be included.

The Principal Overview and Scrutiny Officer was happy to incorporate the social care sector into the work programme as recommended by Councillor Temple. He proposed that a dedicated session should focus on the social care sector as a wider approach.

Councillor Tucker agreed to the proposal as she informed the committee that she had groups in her local area that provided care in County Durham and queried who the best person would be to take these on.

Councillor Crute asked Councillor Tucker if she could provide details of the groups so they could be included.

Councillor Tucker agreed to forward the information on to the Principal Overview and Scrutiny Officer for inclusion.

Councillor Bell also approved the recommendation but felt that it was a broad field and would require focus. He deemed that if the government was already reviewing the sector it may be pointless scrutinising the system that was already going to change. He added that the committee had scrutinised the health service but it had taken months for change to be implemented. He considered that the approach would need to be flexible when looking into care homes and the social sector setting.

The Principal Overview and Scrutiny Officer agreed to incorporate the social care sector into the work programme with the required flexibility.

The Chair wished the NHS a happy 72nd birthday and longed it to continue.

Resolved:

(i) That that the report and proposed work programme for the Committee be agreed.

(ii) That flexibility be offered to emerging issues within the work programme for 2020/21 as attached at appendix 2 including an item covering Adults Social Care sector.