

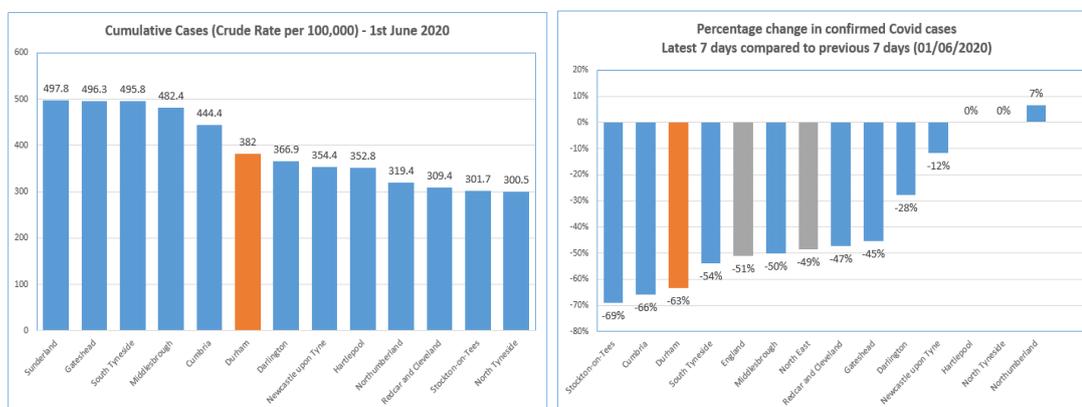
# COVID-19 – Update Report

## 1. Purpose

- 1.1 The purpose of this report is to provide members of the Governing Body with information and assurance on the CCG response to the COVID-19 pandemic, in the period up to 10 June 2020. The report outlines key changes across primary care, acute hospitals, care homes, mental health services and children and young people service in response to COVID-19.
- 1.2 Whilst the focus is on assuring the Governing Body of actions being undertaken by the CCG, it is important to note that partners across County Durham are contributing to the COVID-19 response by working together. The strength of relationships and partnership working in County Durham has been invaluable during this period.

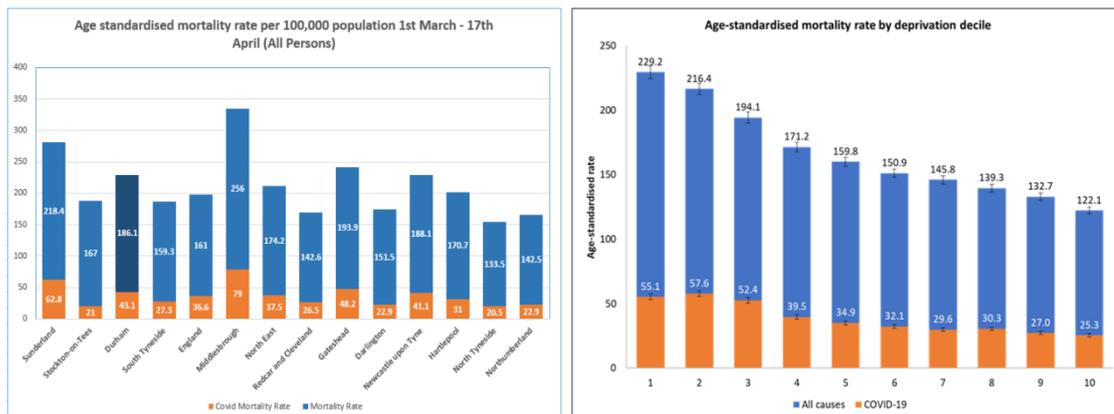
## 2. Context

- 2.1 Coronavirus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome corona virus 2 (SARS-CoV-2). It was first identified in December 2019 in Wuhan, China and has resulted in an ongoing global pandemic.
- 2.2 NHS England and NHS Improvement declared a Level 4 National Incident on 30 January 2020 in response to COVID-19, and consequently initiated the fastest and most far reaching repurposing of NHS services, staffing and capacity in the NHS history.
- 2.3 The charts below shows the County Durham total number of confirmed COVID-19 cases (up to the 1 June 2020) as a crude rate of the population per 100,000 and the percentage change in COVID-19 cases confirmed over the latest seven days, when compared with the previous seven days.



Source: NECS, Business Intelligence June 2020

- 2.4 There is a clear decrease in County Durham, similar to the national position. However, this could increase as testing continues and contact tracing is rolled out.
- 2.5 The charts below show the age-standardised mortality rates from COVID-19 (where there was any mention on the death certificate) and all-cause mortality per 100,000 population by local authority area, published by the Office of National Statistics; also the national age-standised mortality rate by deprivation decile where 1 = most deprived decile of the population, 10 = least deprived.



Source: NECS, Business Intelligence June 2020

- 2.6 From the data, it is clearly evident that the pandemic is having a greater impact on the most disadvantaged population groups.

### 3. System Response

- 3.1 In managing the COVID-19 response, NHS County Durham CCG has worked closely with partners and established a governance arrangement in line with best practice for Joint Emergency Services Interoperability Principles (JESIP) and Emergency Planning, Resilience and Response guidance.
- 3.2 An Incident Command and Control Centre was set up, as directed by NHS England to lead on all COVID-19 issues. All non-essential local work was stopped and CCG staff were instructed to work remotely from home. Clinical staff re-deployment to built capacity into system. Pre-existing partnership arrangements came to the fore, to ensure a coordinated system wide response in a rapidly changing situation.

### 4. Communications

- 4.1 The CCG established a wide range of communications to ensure up to date information was shared with key stakeholders on a regular basis.
- 4.2 A rapid shift to remote ‘virtual’ meetings took place and a process for practice daily briefings via the ‘COVID newsletter’ in Headlines was established.

## 5. Primary Care Response and Resilience

- 5.1 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.
- 5.2 **Practice Business Continuity Plans:** The CCG, aware of the developing situation, had warned member practices in January 2020 that there was going to be a pandemic. This head-start had provided time for practices to update their business continuity plans. By the time the pandemic reached County Durham everyone had been well prepared.
- 5.3 **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.
- 5.4 **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.
- 5.5 **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.
- 5.6 **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.
- 5.7 **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.

- 5.8 **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
- 5.9 **COVID-19 Hot Hubs:** The CCG supported the rapid set up of 'hot hubs' across most of County Durham, to ensure that patients with COVID-19 symptoms could be assessed and receive treatment, whilst reducing the risk of spreading the virus in other health care settings. To support Primary Care Networks and practices in setting up the hot hubs, the pro rata funding allocated for Network Contract DES Extended Hours Access and the CCG commissioned Extended Access was repurposed to finance the staffing of the hubs. The hot hubs were staffed by practices on a rota basis to provide a service from 18:00 to 23:00 weekdays and 08:00 to 23:00 weekends. In Derwentside, practices opted to provide 'hot' and 'cold' areas of their practices for their own patients – covering the same hours. Activity in the hot hubs was monitored on a daily basis and provided for senior managers to aid the COVID-19 response work. This provided valuable insight to demand to assist the decisions in flexing/stepping down the hot hubs when appropriate.
- 5.10 **Increased appointment slots made available to NHS 111:** NHS 111 was commissioned nationally to provide a dedicated COVID-19 response service to enable practices to focus on managing those most at risk of complications from COVID-19. Where the outcome of NHS 111 assessment shows that the patient cannot be managed remotely and requires face-to-face assessment by local primary care services, the National COVID-19 Response Service are able to 'book' patients into a work list with patients advised that they will be contacted by their practice with further information about the follow-up and not given a specific appointment time. To ensure that appointment slots are available to book into, practices were mandated to increase the minimum number of appointments made available for NHS 111 direct booking from 1/2000 to 1/500 patients. This requirement will remain in place until at least 30 June 2020. All practices in County Durham CCG have demonstrated compliance with this requirement.
- 5.11 **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.

- 5.12 **Online medication ordering:** All practices have been supporting the national push towards increased use of e-prescribing and repeat dispensing.
- 5.13 **CCG Funded Pharmacists:** Medicines Optimisation pharmacists were intended to be employed or contracted via Primary Care Networks/practices in 2020-21 with their funding from the CCG based on delivery of a work plan. In response to the COVID-19 pandemic the CCG has supported Primary Care Networks/practices by standing down non-essential activity, including the Medicines Optimisation work plan for six months, to September 2020. The CCG has agreed to continue paying for pharmacists that are contracted or employed for Medicines Optimisation work to enable this pharmacist resource to remain within practice in County Durham. Practices have been able to utilise this resource from the CCG to support delivery of frontline services during COVID-19.
- 5.14 **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.
- 5.15 **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.
- 5.16 **Training of CCG staff to support practices:** A number of CCG staff were trained in basic SystemOne and EMIS functions in preparation to support practices. Training included navigating patient records, booking and amending appointments and sending and completing tasks. In addition CCG staff also received infection prevention control, safeguarding adults and children training.
- 5.17 **Branch closures:** The CCG had a mechanism in place via the practice daily calls to record when practices needed to temporarily close their branch surgery due to staffing issues. This was a temporary measure and practices are no longer reporting any issues.

- 5.18 **Bank Holiday Opening:** There was a national ask that Good Friday and Easter Monday and the Early May Bank Holiday were all treated as a normal working week day within general practice. As such the GP contract was been updated centrally to reflect this and our member practices were supported to remain open during these times.
- 5.19 **Practice Funding:** The CCG has agreed to reimburse reasonable costs that are directly related to COVID-19 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.

## 6. Hospital Care

- 6.1 On 17 March 2020, Simon Stevens, NHS Chief Executive, and Amanda Pritchard, 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:
- free-up the maximum possible inpatient and critical care capacity;
  - prepare for, and respond to, the anticipated large numbers of COVID-19 patients who would need respiratory support;
  - support staff and maximise their availability;
  - play our part in the wider population measures newly announced by the Government;
  - stress-test operational readiness; and
  - remove routine burdens, so as to facilitate the above.
- 6.2 The letter is available here: <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/20200317-NHS-COVID-letter-FINAL.pdf>
- 6.3 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.

6.4 There are some specific changes within County Durham and Darlington NHS Foundation Trust (CDDFT) to draw Governing Body 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.

6.5 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.

6.6 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.

6.7 The following table gives an indication of the impact of these changes, and of the changes in patient behaviour during the COVID period, across the County Durham and Darlington Hospitals.

County Durham and Darlington Hospitals	April 2019 Pre-COVID-19	April 2020 During COVID-19	Difference
Type 1 A&E Attendances (A&E)	11,321	6,786	<b>-4,535</b>
Type 3 A&E Attendances (UTC)	6,255	1,425	<b>-4,830</b>

Average General & Acute Beds Available	887	966	79
Average General & Acute Beds Occupied	770	447	-323
Average General & Acute Beds % Occupied	86.89%	46.25%	-40.6%
Average Critical Care Beds Available	21	49	28
Average Critical Care Beds Occupied	15	17	2
Average Critical Care % Beds Occupied	74.71%	34.59%	-40.1%
Long Stay Patients (7 days+)	323	177	-146
Long Stay Patients (14 days+)	240	90	-150
Long Stay Patients (21 days+)	110	51	-59

Source: NECS, Business Intelligence June 2020

## 7. Care Home Support

- 7.1 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.
- 7.2 The immediate implementation of COVID-19 care home support is a significant acceleration of the Network Direct Enhanced Service (DES) Enhanced Health in Care Homes, which was due to be implemented, in the main, by October 2020.
- 7.3 The CCG are continuing to work with Primary Care Networks to establish this model ‘at pace’; and can report that all 144 care homes across County Durham have now been aligned to a Primary Care Network and GP practice with a named clinical lead.
- 7.4 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.
- 7.5 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.
- 7.6 Care home situation reports are currently being submitted to NHS England on a weekly basis.
- 7.7 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 made by Durham County Council;
- 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 experience significant pressures as a result of COVID-9 and fast track recruitment through Durham Care Academy;
- 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.

## **7.8 Infection Prevention and Control Team (IPCT) service To Care Homes COVID19 Response**

- 7.8.1 To provide some background context, the IPCT have provided both training and audits to care homes in County Durham for the last ten years. We have a network of Infection Prevention and Control champions in 97 of our care homes (we constantly try to recruit more), these champions help to deliver the Infection Prevention and Control message and ensure IPC standards within the homes are maintained. The IPCT have also organised and run a yearly conference for these champions for the last four years. We have well established relationships with all of the homes within County Durham.
- 7.8.2 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.
- 7.8.3 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.
- 7.8.4 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).

- 7.8.5 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.

## 8. Mental Health Services

- 8.1 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.
- 8.2 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;
- 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.

- 8.3 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.
- 8.4 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
- 8.5 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.

## 9. Children and Young People

- 9.1 Supporting children and young people via Special Education Need and Disability (SEND) work was undertaken to map young people via dynamic risk register and service registers and caseloads. Partners worked together to risk assess all children and young people on caseloads. Plans were established to support all children and young people deemed most at risk. This was linked with the NHS England list of shielded and vulnerable children and Council caseloads to ensure educational, social and health support was offered to all vulnerable children and young people and their families taking account of any safeguarding and other known risks. There are 540 children who are shielded and vulnerable in County Durham as of early June, 108 of whom have an Education, Health and Care Plan.
- 9.2 Partners worked together with families who were shielding to ensure appropriate support was provided. This included resolving gaps in service which had occurred as parts of the system were stood down from delivering face-to-face contact.
- 9.3 The CCG were also approached by Anna Freud Centre for Mental Health with an offer to support schools; two workshops will be offered during June and July in order to help schools identify new and emergent issues when schools start to return to full capacity. This work has been shared across the Durham Darlington Teesside Mental Health and Learning Disability Partnership and is establishing workshops in all areas.
- 9.4 Voluntary and community sector providers commissioned for children and young people have responded well during COVID-19 with the majority of services adapting their offer. Situation reports via provider management team ensure any risks are identified early, however, while some services have

furloughed staff the majority have had positive unintended consequences such as learning new ways of offering support e.g. virtually.

- 9.5 The Designated Clinical Officer has worked with special and mainstream schools to support the return of the most vulnerable children into school. This has included responding to queries and co-ordinating support to children, for example those whose behaviour challenges by means of spitting and smearing as well as supporting risk assessments undertaken by individual settings.
- 9.6 Pre-existing strong links with paediatric therapies and community paediatricians have been essential in ensuring that we understood how many very vulnerable children we had in County Durham, who they are, whether they are in school or not and how they are being supported. Meetings with therapists were increased in frequency and Partnership meetings were set up to look, across Public Health, Social Care, Education and the CCG, at how we supported vulnerable children and their families, identifying and meeting need.
- 9.7 As normal contract management reporting systems have been stood down, information was provided by individual services for assurance purposes. TEWV provided a weekly COVID-19 response.
- 9.8 Children's Continuing Care (CCC) services have continued throughout the pandemic although face to face assessments and reviews were ceased in favour of telephone or video contact. CCC providers found that families frequently did not want care workers in their homes due to the increased risks to medically vulnerable children and so those providers were added to the Council frameworks to provide support into Care homes should the need arise. Respite support services, both day services and overnight services, which are frequently included in jointly funded packages of care for children entitled to CCC have been closed during the pandemic and alternative provisions have been offered to families. This affected 116 families in County Durham. The take up of the alternatives has been varied.

## 10. Recovery Planning

- 10.1 The CCG will continue to work with partners over the coming weeks to understand how they can function in the longer- term, given that COVID-19 will remain for an indefinite period of time.
- 10.2 Lessons learned have been captured at local level and shared across the Integrated Care Partnership. Some examples of what we would like to keep as we move forward include:
  - care homes to be seen as part of the system;
  - accelerated and strengthened partnership working - whole system working achieves more, in less time, than single agency approaches
  - agile, flexible and dedicated workforce;
  - rapid and effective deployment of clinical and operational staff supported by training across the system; and the

- opportunity to test new models of delivery and ways of working – service change can be rapidly prototyped and operationalised, being flexible and learning as you go is necessary for effective service delivery.
- 10.3 From a primary care perspective, initiatives such as the triage system, greater access to online, remote consultations along with the enhanced digital offer are some of the elements we are keen to maintain and build on further as we enter recovery planning. We appreciate that we will seek the views of patients and the wider public to understand their experience of access services to ensure that any permanent changes are informed by this.
- 10.4 A Primary Care Survey was launched to ask staff about changes to working practices catalysed by COVID-19 that they would like to continue or develop further. In total 152 responses were received to the survey, work is in process to analyse the results. It is anticipated that emerging themes will inform both recovery planning and the refresh of the County Durham Primary Care Strategy 2020-25.
- 10.5 As part of our recovery planning, it will be even more importance than ever to focus the most vulnerable and disadvantaged residents of County Durham.

## 11. Risks

- 11.1 Access to PPE continues to be a significant risk. As a result of uncertainty in daily PPE stock availability there is a risk that staff will not have appropriate PPE resulting in delays to patient care.
- 11.2 There is a risk that patient do not access timely diagnosis and treatment resulting from ether a perception that services are not available or a fear of an increased risk of contracting COVID-19. To mitigate, we are working closely with partners on recovery plans and clear communications to our population on how to access services.
- 11.3 Given the high numbers of vulnerable adults living in close proximity in care homes, COVID-19 significant increased the risk of infection within the care home population. To mitigate this, a joint approach was agreed across all partners to support care homes and minimise the impact of COVID -19. An action was developed across organisations to ensure a quick response.
- 11.4 There is a risk that recovery of services could cause confusion and lead to increasing health inequalities for our population. Future work plans will aim to recover services in ways which address population differences which have been exacerbated by COVID-19.

## 12. Recommendations

- 12.1 The Governing body is asked to:

- note the contents of this report;
- recognise that recovery planning is currently being progressed; and
- acknowledge the outstanding efforts of our member practices, staff, volunteers, residents and patients and partner organisations who have gone above and beyond the call of duty during the Covid-19 pandemic.

**Date:** June 2020

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