

Health and Housing Scrutiny Committee Agenda



10.00 am Wednesday, 3
March 2021
Microsoft Teams

In accordance with Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020, this meeting will be held on a virtual basis. Members of the Public can view a live stream of the meeting at:

<https://www.darlington.gov.uk/livemeetings>

Members of the public wanting to raise issues/make representations at the meeting can do so by emailing hannah.fay@darlington.gov.uk 24 hours before the meeting begin

1. Introduction/Attendance at Meeting
2. Declarations of Interest
3. Tees, Esk and Wear Valley NHS Foundation Trust –
Presentation by Head of Planning and Business Development, Tees, Esk and
Wear Valleys NHS Foundation Trust
(Pages 3 - 30)
 - (a) Strategic Framework and Business Plan
 - (b) Quality Account 2020/21 and 2021/22
4. Integrated Care System –
Verbal update by Senior Communications Officer, North of England
Commissioning Support
5. To approve the Minutes of the meeting of this Scrutiny held on :-
 - (a) 16 December 2020 (Pages 31 - 36)
 - (b) 13 January 2021 (Pages 37 - 42)

6. COVID-19 in Darlington –
Presentation by Director of Public Health
(Pages 43 - 64)
7. Annual Report of the Director of Public Health 2020 - Darlington: In the Time of
COVID-19 –
Report of Director of Public Health
(Pages 65 - 86)
8. Work Programme –
Report of Managing Director
(Pages 87 - 104)
9. Health and Wellbeing Board –
The next meeting is scheduled for 18 March 2021
10. SUPPLEMENTARY ITEM(S) (if any) which in the opinion of the Chair of this
Committee are of an urgent nature and can be discussed at the meeting.
11. Questions



Luke Swinhoe
Assistant Director Law and Governance

Tuesday, 23 February 2021

Town Hall
Darlington.

Membership

Councillors Bell, Donoghue, Dr. Chou, Heslop, Layton, Lee, McEwan, Newall, Tostevin
and Wright

If you need this information in a different language or format or you have any other
queries on this agenda please contact Hannah Fay, Democratic Officer, Resources
Group, during normal office hours 8.30 a.m. to 4.45 p.m. Mondays to Thursdays and
8.30 a.m. to 4.15 p.m. Fridays email: hannah.fay@darlington.gov.uk or telephone
01325 405801



TEWV Presentation: Darlington – March 2021

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- a) Strategic Framework
- b) Quality Account

Agenda Item 3

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Purpose of this presentation

- 1) To discuss TEWV's new Strategic Framework and the planning work going on around this

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- 2) To feedback on the progress TEWV has made on our Quality Account priorities this year, and give a sense of what improvement priorities are likely to be in 2021/22 (though the QA document consultation and publication may be delayed again due to Covid-19)

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TEWV's new Strategic Framework and Business Plan

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What's happened so far...

- 
- Initial *Big Conversation* – lots of staff, service users, carer and partners feedback (over 2,100 people involved)
 - Board Workshops – including service user, carer and commissioner input
 - Development and testing of the new Strategic Framework via another round of the Big Conversation
 - Approval of the new Strategic Framework by the Board of Directors (January 2021)
 - Setting up of 5 planning groups
 - Testing of their initial plans in another Big Conversation (2nd-17th March) and through a Governor workshop

Our New Strategic Direction



TEWV: Who we are and what we want to be

This is why we do what we do:

We want people to lead their best possible lives.

This is what people have told us about the sort of organisation we were in 2020

We have a lot to be proud of, yet:

- **We don't always provide a good enough experience for those who use our services, their carers and their families;**
- **Our speed of response is too slow, too often;**
- **Too many of us are unclear about our direction;**
- **Our partners sometimes find us tricky to collaborate with;**
- **We don't provide a consistently good experience for our colleagues.**

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Our New Strategic Direction - Vision

NHS Foundation Trust



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This is the kind of organisation we want to be:

We will co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism, involving them and their carers as equal partners. We will listen, learn, improve and innovate together with our communities and will always be respectful, compassionate, and responsible.

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Our New Strategic Direction - Values



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<p><i>The most important way we will get there is by living our values, all of the time:</i></p>	<p>Respect</p> <ul style="list-style-type: none">• Listening• Inclusive• Working in partnership	<p>Compassion</p> <ul style="list-style-type: none">• Kind• Supportive• Recognising and celebrating	<p>Responsibility</p> <ul style="list-style-type: none">• Honest• Learning• Ambitious
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Goal 1



To co-create a great experience for our patients, carers and families

If you use our services, or care for someone who does, by 2025 you will experience:

1. Outstanding and compassionate care, all of the time
2. Access to the care that is right for you
3. Support to achieve your goals
4. Choice and control

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Goal 2



To co-create a great experience for our colleagues

If you work at TEWV, by 2025 you will experience:

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1. Proud, because your work is meaningful
2. Involved in decisions that affect you
3. Well led and managed
4. That your workplace is fit for purpose

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Goal 3



To be a great partner

*If you are a local, national or international partner of TEWV,
by 2025 we will:*

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1. Have a shared understanding of the needs and the strengths of our communities
2. Be working innovatively across organisational boundaries to improve services
3. Be widely recognised for what we have achieved together

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The Challenge



- How to turn these words into real change on the ground?
- Our Business Plan for 21-22 to 23/24 will contain a number of actions and milestones to do this
- The next few slides contain the current draft actions – these are likely to change as we think about what people said in the Big Conversation

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Co-creation Actions

1. Expand **peer support** (this includes developing the required support infrastructure)
2. Develop an integrated and comprehensive **involvement and leadership group**
3. Establish a **Lived Experience Advisory Board** - a strong, independent advisory group, who set their own agenda and priorities, but who can be used as a reference or advisory group to the Board

Clear Clinical Approach Actions

1. Ensure everyone is offered a **care plan** within an agreed timescale and that this is co-created to meet the person's needs
2. Ensure we have clear **care pathways**, which are evidenced, NICE compliant and Safe, and that the offer is clearly stated, available and accessible to staff, patients and referrers in each area.
3. Implement a **Human Rights Approach** in all clinical teams which supports the Trust values of compassionate and responsible care.
4. We will **understand the current state** of our specialist clinical offer to inform our transformation plans.
5. Lead the implementation of **Community Mental Health Framework** and adopt the principles to ensure transformation is realised within all specialist clinical services

System Leadership Actions

1. Ensure the views, needs of and inequalities experienced by people with mental health needs, a learning disability or autism are reflected in all system and place level discussions and decisions.
2. Support local systems and communities to work innovatively to increase communities' ability to support people with mental health needs, a learning disability or autism and their carers needs within it
3. Work collaboratively with local system partners to actively promote good public mental health and tackle stigma

A Great Place to Work Actions

1. Ensure the values are lived at organisational, team, and individual levels and our organisation is a psychologically safe place to be
2. Ensure that we are all engaged and committed to this new way of working together so that our culture is noticeably different across the organisation
3. Strengthen our people, leadership and talent development at scale to enable us all to develop and find our meaningful work with partners

Behind the Scenes (Infrastructure)

1. Ensure our plans connect the right people with the right expertise to work together to identify problems and create solutions
2. Ensure that our governance systems, processes and culture are transparent and support safe, simple and responsive decision making
3. Improve our digital offer, communications and information sharing



Questions and Comments on TEWV's new Strategic Framework and early thinking about our Business Plan?

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TEWV Quality Account 2020/21 and 2021/22

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Performance against Quality Metrics Q3 2020/21

Tees, Esk and Wear Valleys



NHS Foundation Trust

Quality Metrics <i>(Where data is unavailable, reporting was paused due to the Covid-19 pandemic)</i>		QUARTER 1 2020/21		QUARTER 2 2020/21		QUARTER 3 2020/21	
		Target	Actual	Target	Actual	Target	Actual
Patient Safety Measures							
Page 21	Percentage of patients reported 'yes 'always' to the question, 'do you feel safe on the ward' ?	88%	N/A	88%	N/A	88%	64.66%
	Number of incidents of falls (level 3 and above) per 1000 occupied bed days (for in patients)	0.35	N/A	0.35	N/A	0.35	0.13
	Number of incidents of physical intervention/restraint per 1000 occupied bed days	19.25	N/A	19.25	N/A	19.25	20.90

Q3 data is very slightly better than 20/21 Q4

Performance against Quality Metrics

Tees, Esk and Wear Valleys



NHS Foundation Trust

Quality Metrics		QUARTER 1 2020/21		QUARTER 2 2020/21		QUARTER 3 2020/21	
		Target	Actual	Target	Actual	Target	Actual
Clinical Effectiveness Measures							
	Existing Percentage of patients on Care Program Approach who were followed up within 7 days after discharge from psychiatric in-patient care	>95.00%	95.76%	>95.00%	96.22%	>95.00%	96.62%
5	Percentage of clinical audits of NICE Guidance completed <i>*There were no NICE Clinical Audits scheduled during 2020/21</i>	100%	N/A*	100%	N/A*	100%	N/A*
6a	Average length of stay (in days) for patients in Adult Mental Health and Mental Health Services for	<30.2	23.50	<30.2	22.92	<30.2	22.08
6b	Older People Assessment & Treatment Wards	<52	70.28	<52	50.40	<52	59.94

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Q3 data slightly worse for CPA, better for Length of Stay than 20/21 Q4

Performance against Quality Metrics

Quality Metrics <i>(Where data is unavailable, reporting was paused due to the Covid-19 pandemic)</i>		QUARTER 1 2020/21		QUARTER 2 2020/21		QUARTER 3 2020/21	
		Target	Actual	Target	Actual	Target	Actual
Patient Experience Measures							
Page 23	Percentage of patients who reported their overall experience as excellent or good	94%	N/A	94%	N/A	94%	93.21%
	Percentage of patients that report that staff treated them with dignity and respect	94%	N/A	94%	N/A	94%	86.77%
	Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment	94%	N/A	94%	N/A	94%	87.20%

Q3 data is very slightly better than 20/21 Q4



Quality Account Progress in 2020/21

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Quality Improvement Plans for 2021/22

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Quality Account Priorities 2021/22

- Improve the clinical effectiveness and patient experience at times of Transition from CYPS to AMH
- Improve the personalisation of Care Planning
- Reduce the number of Preventable Deaths
- Improve the proportion of inpatients who feel safe on our wards

Progress during 2020/21

- Progress against actions during 2020/21 has been limited due to the Covid-19 pandemic
- For the most part, the actions for this year will be carried forward into 2021/22
- Where progress has been made, this will be outlined in more detail in the Quality Account document for 2020/21

Priorities during 2021/22

- The following will be QA priorities during 21/22:

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- Care Planning
- Feeling Safe
- Compassionate Care (Title TBC)

Plans are currently being drafted

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Quality Account 2020/21

- Normal timescales remain the same at present; however **dates could yet be delayed due to NHS England/ Government guidance around Covid-19**
- *If the regulations are not changed this year:*
- Consultation on the draft will take place during in April / May 2021
- Publication will be by the end of June 2021

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Questions and Comments about the TEWV Quality Account

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HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 16 December 2020

PRESENT – Councillors Bell (Chair), Donoghue, Heslop, Layton, Lee, McEwan, Newall, Tostevin and Wright

APOLOGIES – Councillors Dr. Chou,

ABSENT – Councillors

ALSO IN ATTENDANCE – Councillors Dulston (Stronger Communities Portfolio), Gillian Curry (County Durham and Darlington Foundation Trust), Jo Murray (Tees, Esk and Wear Valley NHS Foundation Trust), Mark Pickering (NHS Darlington Clinical Commissioning Group), Robert Goddard (South Tees NHS Foundation Trust), David Welch (NHS Tees Valley Clinical Commissioning Group) and Michelle Johnson

OFFICERS IN ATTENDANCE – Penny Spring (Director of Public Health), Pauline Mitchell (Assistant Director Housing and Building Services), Elizabeth Davison (Assistant Director Resources), Ken Ross (Public Health Principal) and Hannah Fay (Democratic Officer)

HH35 DECLARATIONS OF INTEREST

Councillor Bell declared an interest as an employee of County Durham and Darlington NHS Foundation Trust; Councillor McEwan declared an interest as a Lay Member for Darlington Primary Care Network; and Councillor Tostevin declared an interest as a Member of the Board of Governors for County Durham and Darlington NHS Foundation Trust.

HH36 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON :-

(1) 7 OCTOBER 2020

Submitted – The minutes (previously circulated) of the meeting of this Scrutiny Committee held on 7 October 2020.

RESOLVED – That the Minutes of the meeting of this Scrutiny Committee held on 7 October 2020 be approved as a correct record.

HH37 21 OCTOBER 2020

Submitted – The minutes (previously circulated) of the meeting of this Scrutiny Committee held on 21 October 2020.

RESOLVED – That the Minutes of the meeting of this Scrutiny Committee held on 21 October 2020 be approved as a correct record.

HH38 MEDIUM TERM FINANCIAL PLAN

Submitted – A report (previously circulated) of the Chief Officers Executive which had

been considered by Cabinet at its meeting held on 8 December 2020, in relation to the Medium Term Financial Plan (MTFP) 2021/22 to 2024/25, including setting a budget and council tax increase for 2021/22.

It was reported that the Council had faced significant challenges over the last decade following the economic downturn and reduction in public sector spending; that to date, the Council had been successful in responding to these challenges but this was becoming increasingly difficult, particularly in respect of a growing elderly population, pressure in the children's social care sector and the major economic impact of Covid-19 which had a direct impact on the Council's finances this year.

The submitted report outlined details of the core offer budget, which had been agreed following a significant consultation exercise in 2016 and allowed reduced expenditure and services to a risk based minimum level with a small investment fund of £2.5m per year. It was noted that in subsequent MTFP's unallocated balances of £6.5m were invested in five areas, namely Community Safety, maintaining an attractive street scene, maintaining a vibrant town centre, developing an attractive visitor economy and neighbourhood renewal.

The submitted report highlighted areas of saving within the plan and areas of pressure, in particular the significant effect of Coronavirus pandemic on the Council's expenditure and income budgets. Reference was made to the pressures felt across leisure and culture facilities and it reported that estimates had been made on the direct service impact of the pandemic in 2021/22 with the assumption services would return to normal in 2022/23; and Members noted the projected expenditure for 2021/22 of £95m.

Details were provided on the projected income, including core grant funding to Local Government; in particular the continuation of the Sales, Fees and Charges recompense scheme from April to June 2021 which was estimated to be £0.616m; and the increase in Council Tax and National Non-Domestic Rates (NDR), which would provide an increase in income over the period of the MTFP. Members noted the projected income of £94m for 2021/2022.

The submitted report outlined details of the Futures Fund allocation, with £3.401m committed to the futures fund themes to date with a balance of £0.699m remaining; and Members noted the recommendation to utilise £0.914m of the unallocated balances to continue the Futures Fund ongoing priorities and commitments into 2024/25.

It was reported that by 2024/2025 the projected general fund balance was £3.504m however this relied on building around 433 Band D equivalent houses per year, no significant overspending, assumptions of a cash equivalent position materialising in the settlement and a Council Tax increase of 1.99 per cent and a further 3 per cent Social care precept totalling 4.99 per cent.

RESOLVED –That this Scrutiny Committee has no comment to make on the proposed schedule of fees and charges for those services within its remit; supports the Council Tax increase of 1.99 per cent plus the 3.00 per cent adult social care precept for the next financial year; and supports the Futures Fund continuation into 2024/25.

HH39 HOUSING REVENUE ACCOUNT

Submitted – A report (previously circulated) of the Director of Economic Growth and Neighbourhood Services which had been considered by Cabinet at its meeting on 8 December 2020, to propose the revenue budget, rent levels and service charges for the Council's Housing Revenue Account (HRA) for the financial year 2021/22 in the context of the HRA Medium Term Financial Plan to 2024/25 and the 30-year Business Plan.

It was reported that Local Authorities had the discretion to inflate rents by CPI plus 1%, which would mean an average £1.46 increase in weekly rents with an average social rent of £73.11 and affordable rent of £83.62; that 73% of tenants would have their rent and most services charges covered by benefit payments; and that the Local Authorities rent and service charges tended to be much lower than other Social Landlords operating in Darlington.

The submitted report stated that since the Government had lifted the borrowing cap on the HRA, the Council had been using the additional capacity to invest in building new homes; and planned to borrow an extra £8million in 2021/22 to fund the new build programme; and that this could be supplemented with Homes England grant with the overall plan being to provide 100 affordable homes per annum for the next ten years. It was also reported that over 237 households had already benefitted from the Council's current new build programme which had taken place at various locations around town and demand for these houses continued to be exceptionally high.

Reference was made to the priorities identified through the Housing Investment Plan and particular reference was made to the total investment of over £20m, with £13.385 to be spent on completing the new build programme; and that £1.000m had been set aside to support Energy Efficiency improvements and to contribute towards any match funding required as part of future potential Energy Grant bids. Members were advised of the closing balance of £9.784m for 2021/22.

Discussion ensued on the bad debt provision and the heating replacement programme; Members were assured that whilst it was a challenging time, Darlington was achieving the target of 3.4 per cent for rent arrears and compared favourably with other housing organisations; and that Darlington were part of the Northern Housing Consortium which was working to address the issues of retrofitting and that Darlington were actively seeking grant allocations.

RESOLVED – That this Scrutiny Committee supports the average weekly rent increase of 1.7 per cent for 2021/22, increases to the garage rents and services charges, the budget and Housing Business Plan, as appended to the submitted report.

HH40 LOCAL OUTBREAK CONTROL PLAN

The Public Health Principal and Director of Public Health gave a presentation updating Members on the Covid-19 situation in Darlington and in doing so reminded Members of the importance of the campaign regarding Hands, Face, Space as a

measure to control the spread of the virus.

Details were provided of the five measures used to assess the Tier levels; namely case detection rates in all age groups; case detection rates in over 60's; rate of cases falling or rising; positivity rate; and pressure on the NHS.

Members noted that there had been 3770 positive cases in Darlington since March; that cases peaked on 15 November with 361 cases per 100k and that the current rate was 193 cases per 100k. It was also reported that the 70-79 and 80-89 age groups had seen an increase in the number of cases in the last fourteen days, and that this increase could be attributed to an outbreak in a care home.

It was also reported that the bed occupancy and ICU occupancy had peaked in November and was starting to decline; and that the case rates across Darlington and the Tees Valley had decreased between 1 and 8 December 2020. Members also noted that Care Homes had reported 36 outbreaks since March 2020; and household transmission was the greatest source of positive cases.

Details were provided on the new government guidance; the lateral flow testing, which was underway in Darlington; and the Covid-19 vaccination programme was outlined.

Discussion ensued on community testing; the Director of Public Health advised Members that the initial supply of lateral flow tests was 20k; the tests were for anyone and everyone that was asymptomatic; the test site was launched on 14 December at the Dolphin Centre; the testing centre would remain open until 23 December, with tests recommencing on 11 January 2021; and a small increase in the number of positive cases was to be expected and this would help to reduce the number in relation to contact tracing.

RESOLVED – That the Public Health Principal and Director of Public Health be thanked for their update on the Covid-19

HH41 PERFORMANCE INDICATORS - QUARTER 2 2020/2021

The Director of Economic Growth and Neighbourhood Services and Director of Children and Adults Services submitted a report (previously circulated) to provide Members with performance data against key performance indicators for Quarter 2 2020/21.

It was reported that 36 indicators that reported to this Scrutiny Committee, six Housing indicators, six Culture indicators and twenty four Public Health indicators.

At Quarter 2, data was available for nine of the twelve Housing and Culture indicators. It was noted that one indicators which had a target to be compared against, HBS 013 – Rent arrears of current tenants in the financial year as a % of rent debit (GNPI 34) was showing performance better than target; and that, of the nine indicators with data available, one indicator was showing an improved performance compared to the same point in the previous year whilst eight indicators showed a performance not as good as that recorded at the same time in the previous year.

In relation to Public Health indicators it was reported that eight of the twenty-four indicators had new data available at quarter 2.

Following a question Members were advised that there were no rough sleepers in Darlington; that anyone who presented to the Council as homeless was placed in emergency accommodation as reflected by the indicator HBS025 – The number of days spent in bed, which increased from 883 in Quarter 2 2019-20 to 2633 for the same period this year.

Discussion ensued on PBH046 – Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who receive an NHS Health Check, and Members were advised that the NHS Health checks were commissioned by the local authority and were managed by Primary Healthcare Darlington to ensure a consistency in the quality across all GP practices in Darlington; and that the incentive was in place as the health checks were not included in the existing GP contracts.

Regarding PBH009 – Low birth weight of term babies Members were assured that expectant mothers received booking in appointments with the midwifery service where extensive assessments were undertaken, including smoking status and alcohol consumption with support offered where necessary; and that the 24 week appointment focussed on post-delivery, reinforcing the messages in respect of smoking and drinking, and to offer support if required.

RESOLVED – That the performance data reported for Quarter 2 2020/21 be noted.

HH42 NON-ELECTIVE SPECIALIST UROLOGY PROVISION

The Clinical Director General Surgery and General Manager General Surgery, County Durham and Darlington NHS Foundation Trust; and Clinical Director Urology and Senior Service Manager, South Tees Hospitals NHS Foundation Trust submitted a joint report (previously circulated) informing Members of a change to the non-elective specialist urology provision.

The submitted report stated that to support patient access to specialist urology services, patients from Darlington, Bishop Auckland and surrounding areas who require non-elective urology care would be admitted to The James Cook University Hospital from 1 December; and that this would affect three patients a week.

It was reported that prior to the change to the provision patients would present to their GP or to Darlington Memorial Hospital, receive an assessment and (if required) be admitted under the care of the General Surgery team with care overseen by this team, with input from Urology Associate Specialist staff.

RESOLVED – That the non-elective specialist urology provision update be noted.

HH43 WORK PROGRAMME

The Managing Director submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's work programme and to consider any additional areas which Members would like to suggest should be included in the previously approved work programme.

Discussion ensued on the consultation process currently underway in respect of the document 'Integrated Care: next steps to build strong and effective integrated care systems across England', which sets out how NHS organisations, local councils, frontline professionals and others would join forces in an integrated care system (ICS) in every part of England from April 2021.

RESOLVED – (a) That the current status of the work programme be noted.

(b) That a task and finish group be arranged to enable this Scrutiny Committee to submit a response to the consultation on the document 'Integrated Care: next steps to build strong and effective integrated care systems across England'.

HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 13 January 2021

PRESENT – Councillors , Donoghue, Heslop, Layton, Lee, McEwan, Newall, Tostevin and Wright

APOLOGIES – Councillors Bell,

ABSENT – Councillors Dr. Chou

ALSO IN ATTENDANCE – Councillors K Nicholson

OFFICERS IN ATTENDANCE – Todd (Associate Director of Nursing (Patient Safety and Governance)), Gillian Curry (Head of Communications & Charity) and Hannah Fay (Democratic Officer)

HH44 DECLARATIONS OF INTEREST

Councillor McEwan declared an interest as a Lay Member for Darlington Primary Care Network; and Councillor Tostevin declared an interest as a Member of the Board of Governors for County Durham and Darlington NHS Foundation Trust.

HH45 COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST QUALITY ACCOUNTS 2020/2021

The Associate Director of Nursing (Patient Safety and Governance) submitted a report (previously circulated) to update Members on the progress against the agreed priorities for 2020/21 during the period of April 2020 to September 2020.

Members were advised that the Quality Accounts for County Durham and Darlington NHS Foundation Trust included indicators set by the Department for Health and local priorities agreed through consultation with staff, governors, local improvement networks, commissioners, health scrutiny committee and other key stakeholders.

SAFETY

Patient Falls

Members were advised that the number of acute falls had increased and noted that there were 6.52 acute falls per 1000 bed days which was over the threshold of 5.7 per 1000 bed days; and there were 7.36 community falls per 1000 bed days which was under the threshold of 8 per 1000 bed days.

Following a question by members it was confirmed that a falls assessment is undertaken for patients admitted to hospital which reviews a number of elements including the likelihood of the patient getting out of bed and suitability of bed rails; and that beds can be lowered if required.

Members were pleased to note that red zimmer frames had been introduced into key areas, and Members noted that the Falls Strategy for the next 3 years was in

development to be launched in April 2021.

Members requested that a breakdown of acute falls into different scenarios be included in future Quality Accounts.

Care of patients with dementia

Members welcomed the continued development and roll out of a dementia pathway and monitoring of care for patients with dementia and were pleased to note that an enhanced care team was in place, providing support on wards where required.

Healthcare Associated Infection

MRSA Bacteraemia – The Trusts target is zero and it was reported that there had been one case reported between April and September 2020.

Clostridium difficile – The target for Clostridium difficile infection (CDI) is no more than 44 cases and the trust had reported 27 cases between April and September 2020.

Pressure Ulcers

Members noted that the Trust was striving for zero tolerance and that there had been no cases of grade 3/4 pressure ulcers reported between April and September 2020 that were unavoidable.

Members were advised that COVID-19 was thought to be impacting on skin integrity of those patients that were unwell; the tissue viability team were providing education regarding the prevention of pressure ulcers and pressure relieving equipment in acute and community settings were available; and following a question by Members it was confirmed that pressure damage was monitored closely regardless of COVID-19.

Discharge Summaries

Members noted the target of 95 per cent and were advised that the Trust was at 90 per cent between April and September 2020. The work programme to improve timeliness of discharge summary completion continues.

Rate of patient safety incidents resulting in severe injury or death

National Reporting and Learning System (NRLS) showed that there had been a 3 per cent increase of incidents reported from October 2019 to March 2020 when compared to April to September 2019 and that CDDFT was still higher than the regional average of 48.8 incidents per 1000 bed days, with 50.1 incidents per 1000 bed days.

Improve management of patients identified with sepsis

Members noted that the actions in place to maintain improvement in relation to management of patients with sepsis were on track. The regional screening tool was integrated into electronic systems within the Trust and all patients within CDDFT were automatically screened for sepsis.

EXPERIENCE

Nutrition and Hydration in Hospital

Members noted that work continues to promote optimal nutrition and hydration for all patients. It was reported that quality metrics had been introduced, providing a monitoring tool to audit compliance with nutritional standards and that work continued with catering on hospital menu development and nutritional analysis.

End of life and palliative care

Members noted that the Trust had an effective strategy and measures for palliative care.

Members also noted the recent CQC inspection which rated End of life care services in the Trust to be outstanding

Responsiveness to patients personal needs

Members noted that the results from the national survey were not yet available.

Percentage of staff who would recommend the trust to family or friends needing care

Members noted staff survey results were not yet available as this was reported annually.

Percentage of staff experience harassment, bullying or abuse from staff in the last 12 months

Members noted staff survey results were not yet available as this was reported annually

Percentage of staff believing that the trust provides equal opportunities for career progression or promotion

Members noted staff survey results were not yet available as this was reported annually.

Friends and Family Test

Members noted that the new electronic version of Friends and Family test was due to be rolled out from September 2020; that due to COVID-19 the campaign was stood down nationally however the campaign was going to be relaunched.

EFFECTIVENESS

Hospital Standardised Mortality Ratio (HSMR) and Standardised Hospital Mortality Index (SHMI)

Members noted that the HSMR was below the national average however the SHMI

was higher than expected. A review undertaken on the SHMI identified depth of coding and acute kidney injury as the reason for the higher than expected figure; and that a review of coding was underway and acute kidney injury nurses were now in post.

It was reported that a Mortality Reduction Committee was now in place; the Trust adhered to the “Learning from Deaths” policy; and mortality reviews and patient safety incidents were triangulated to establish any learning.

Reduction in 28 day readmission to hospital

Members noted that the ambition for 2020/21 was 11 per cent and the work to implement effective and safe discharges continued.

Members requested a breakdown of readmission rates into most and least prevalent sectors.

To reduce length of time to assess and treat patients in Accident and Emergency department

Members noted the performance trends for Emergency Department, Urgent Care attends and 4 hour wait performance over the period of March to December 2020.

It was reported that the Emergency Departments at Darlington Memorial Hospital and UHND operated with separate covid and noncovid streams, supported by staff re-deployed from other services.

Members were pleased to note that during the COVID period, Darlington Memorial Hospital achieved the 4 hour wait standard of 95% every month between May – July 2020; whilst total reportable performance (including Type 3 Urgent Care) exceeded the 95% standard every month between April-July 2020.

Following a question, the Head of Communications and Charity advised Members that due to the increase currently seen in inappropriate visits, campaign materials and social media messages had been shared to address this; and Members highlighted the importance of Councillors as a mechanism for communicating key messages from health services to the residents of Darlington.

Patient reported outcome measures

Members noted that the results were not yet available.

Maternity standards

Members noted that monitoring for maintenance and improvement in relation to 12 week bookings, breastfeeding and smoking at delivery continued and these were all on track.

Paediatric care

Members were pleased to note that a dedicated paediatric unit had opened adjacent to emergency department and that paediatric pathway work stream continued.

Excellence reporting

Members noted that excellence reporting was embedded within care groups and that monthly reports were produced and shared.

Members also discussed one never event that had been reported between April and September 2020 and the actions taken.

Following a question by Members in respect of figures for vacancy rates and staff sickness levels, Members were advised that these were monitored daily by a Gold Command meeting and that a health and well-being hub had been established to support staff.

RESOLVED – (a) That the report be noted.

(b) That the Associate Director of Nursing (Patient Safety and Governance) be thanks for her informative report.

(c) That the Members be provided with:

- (i) Breakdown of acute falls into different scenarios;
- (ii) Breakdown of readmission rates into most and least prevalent sectors;
and
- (iii) Figures for vacancy rates and staff sickness levels

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**DARLINGTON
BOROUGH COUNCIL**

Health and Housing Scrutiny Committee

COVID-19 in Darlington

3rd March 2021

Penny Spring

Director of Public Health



Darlington situation report

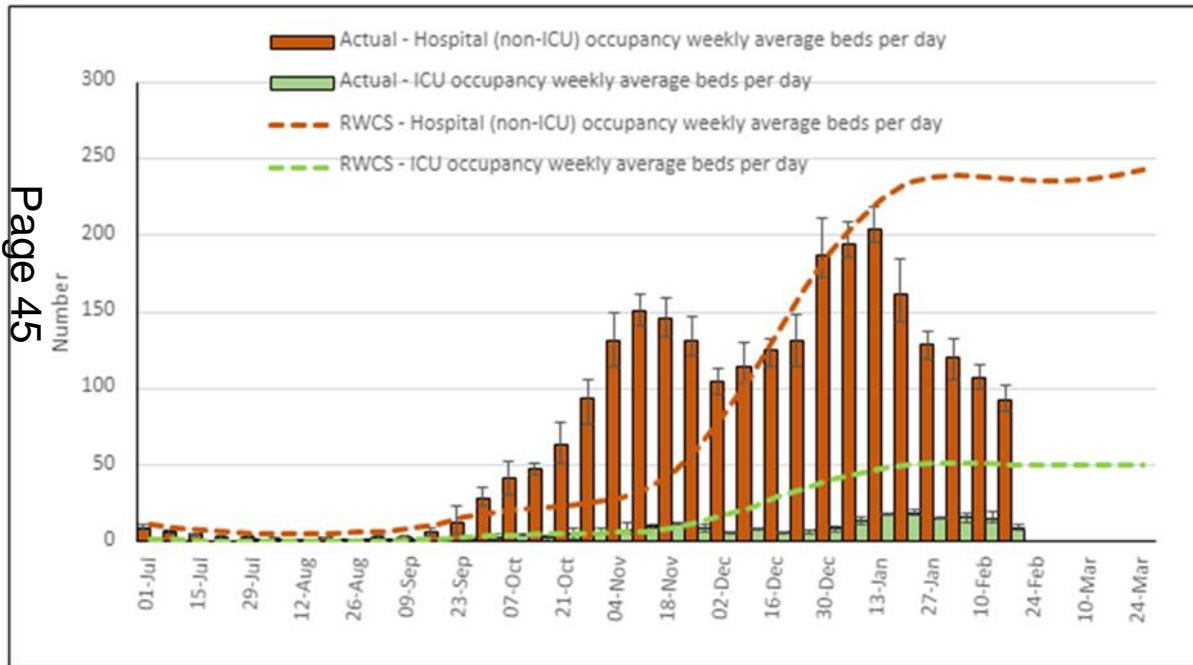
Test 1 The vaccine deployment programme continues successfully

In Darlington (as of 28th February)

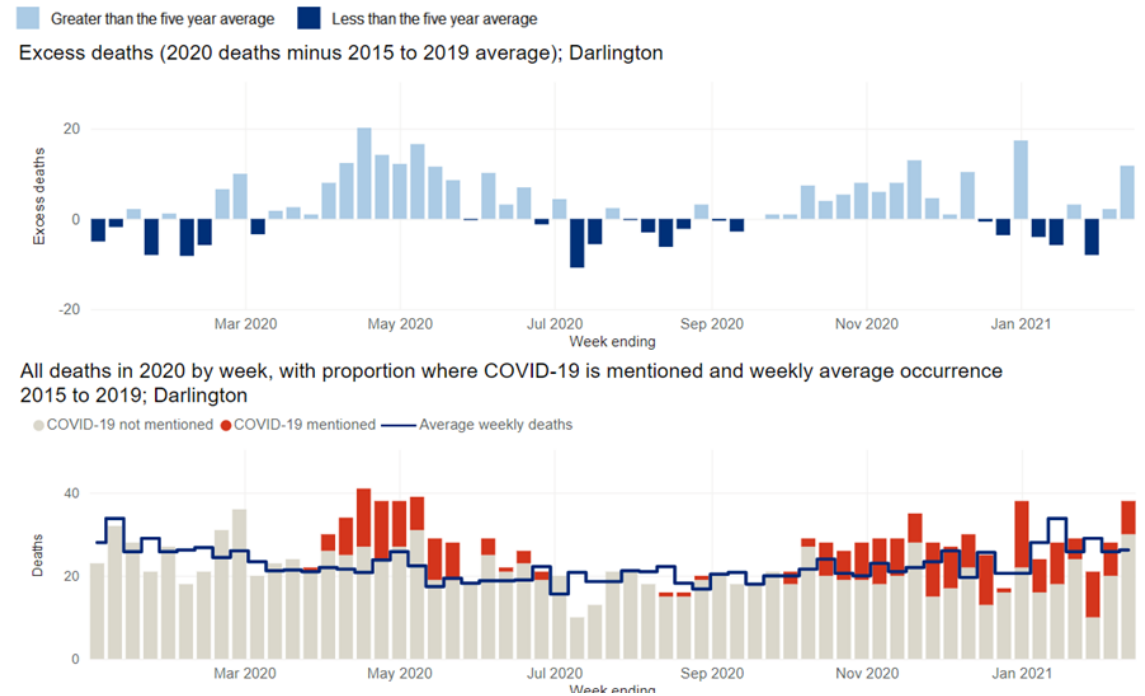
- 32,214 vaccines have been given.
- 94% of all those aged 70 years have received their first dose of vaccine
- 9 out of 10 residents in care homes have received their first dose of vaccine.
- Second doses of vaccines to start this month.
- Vaccination sites include:-
 - Feethams House – manned by local GPs
 - Mass Vaccination Centre – Darlington Arena (opened 1st March)

Test 2 Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated

Page 45



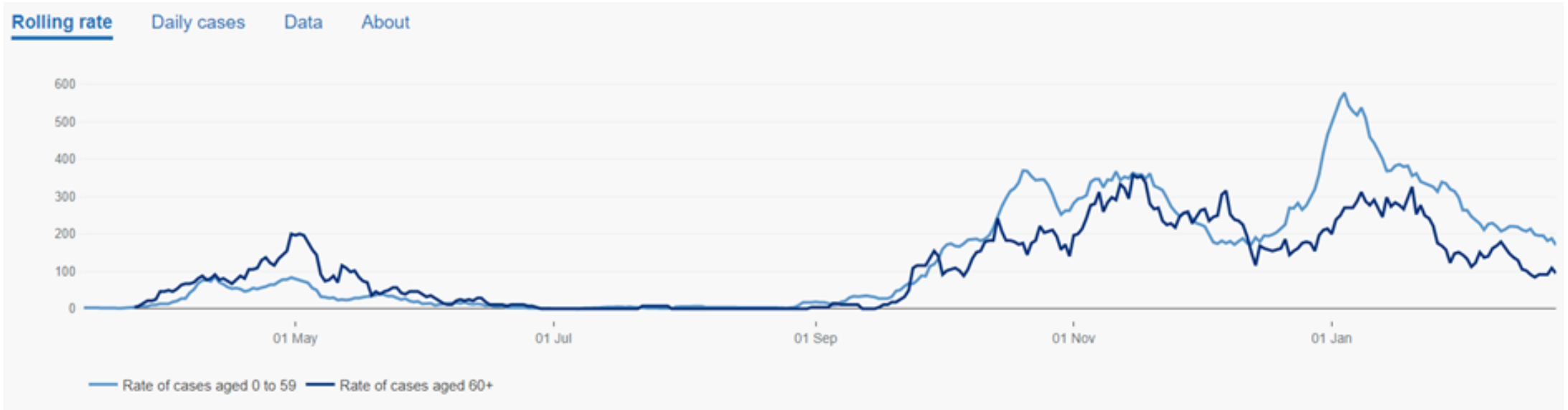
COVID-19 in patient bed occupancy by week – County Durham and Darlington Foundation Trust



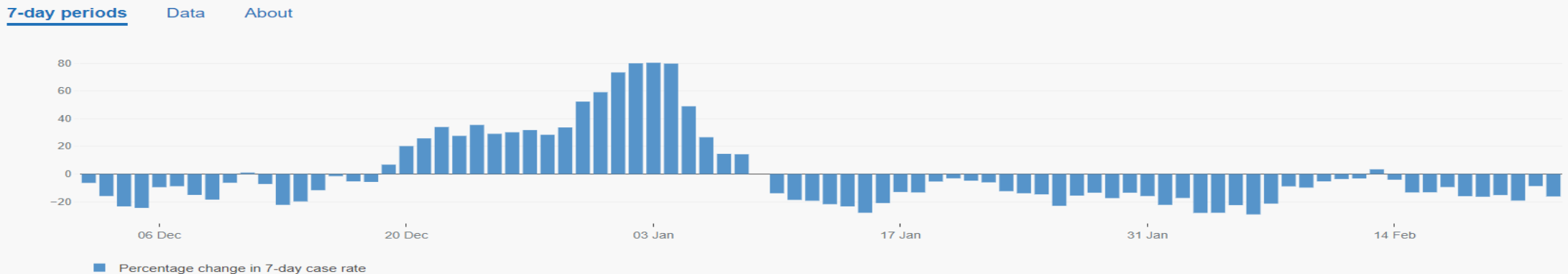
Excess deaths and proportion of deaths involving COVID – 19 by week

Test 3 Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS

Page 46



Rate of people with at least one positive COVID-19 test result (either lab-reported or lateral flow device) per 100,000 population in the rolling 7-day period ending on the dates shown. Rates and percentage changes are presented for the most recent 3 months, in order to provide transparency around decision making. Percentage changes are calculated by comparing to the previous non-overlapping 7-day period.



Test 4. Our assessment of the risks is not fundamentally changed by new Variants of Concern.

Surveillance overview

UK total distribution

Variant	Country in which first detected	<u>Genomically confirmed cases</u> **
VOC-202012/01	England, UK	-
VOC-202012/02	South Africa	193
VUI-202101/01	Brazil	35
VOC-202101/02	Japan ex Manaus, Brazil	0
VUI-202102/01	England, UK	58***
VOC-202102/02	England, UK	31^
VUI-202102/03	TBC	56

Percentage of new positive lab samples with the new variant (S gene target failure) present

UTLA LTLA hierarchy - UTLA	UTLA LTLA hierarchy - Area name	Cases with SGTF
PHE Centre	North East	100%
Darlington	Darlington	100%
Hartlepool	Hartlepool	100%
Middlesbrough	Middlesbrough	100%
Redcar and Cleveland	Redcar and Cleveland	100%
Stockton-on-Tees	Stockton-on-Tees	100%

**Genomically confirmed cases are those where all lineage defining positions can be assessed. Probable cases are those where the sequencing is of a lower quality and not all lineage defining positions are called

Testing – Cumulative Totals for Darlington

PCR Tests (Pillar 1&2)

- Total individuals tested= 47,526
- People tested +ve = 6,917
- People tested –ve =40,609

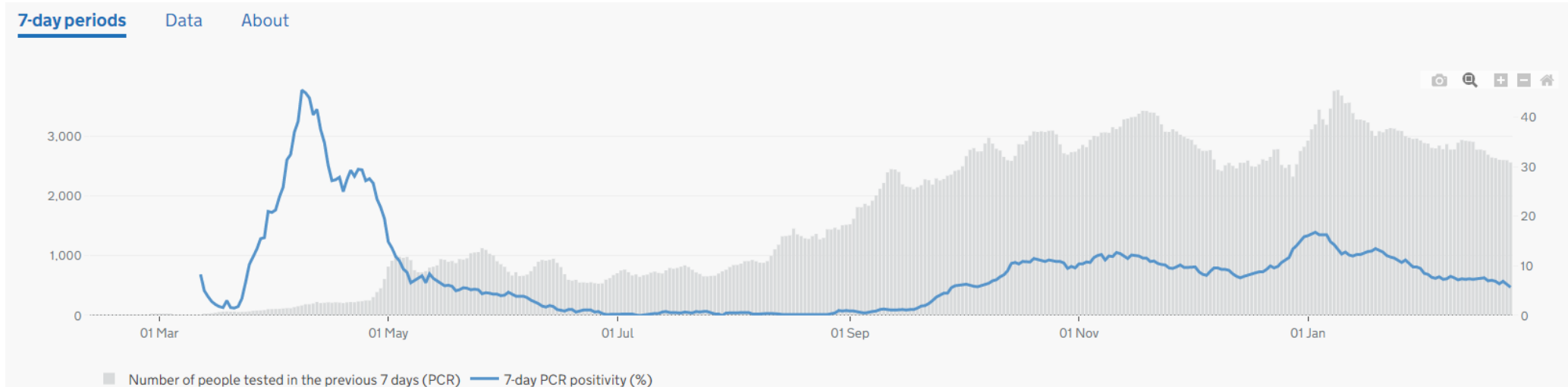
Lateral Flow Testing

- Community Testing (from Dec 14th)
 - Total Tests= 21,075
 - People tested +ve = 327
 - People tested –ve = 20,748
- School Based Testing (staff & Pupils)
 - Total tests = 4,737
 - Total tested +ve = 7
 - Total tested –ve = 4,370

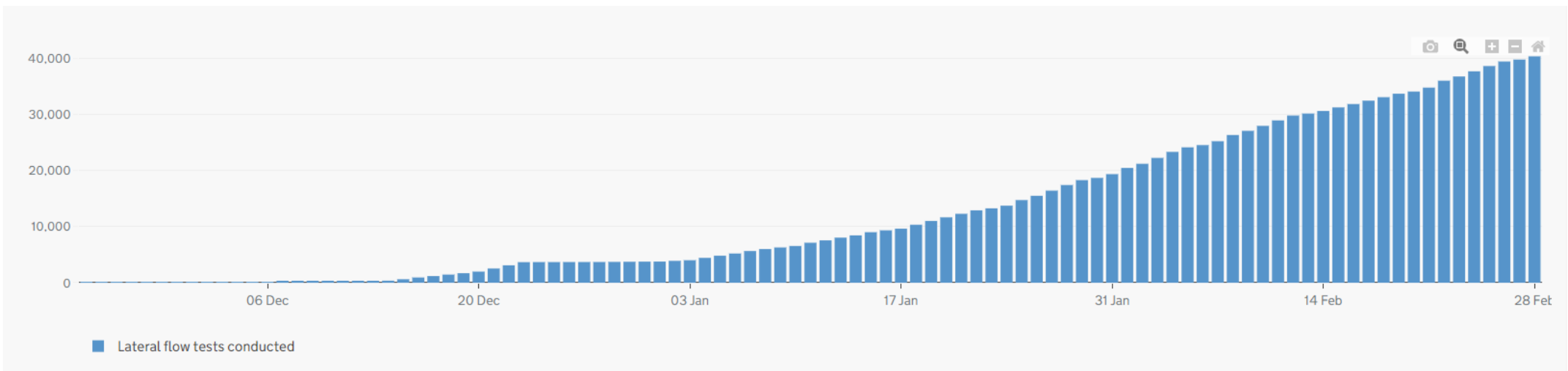
Testing – PCR and Lateral Flow Tests

PCR

Page 49



LFT



Testing – developments

The DHSC are currently planning an expansion of opportunities for testing in the coming weeks including :-

- Community Collect – programme to allow tests to be collected and undertake their own tests at home
- Institutional Testing – targeting larger employers (>50 employees) to enable them to undertake testing in their own workplace
- Schools Home Testing – parents provided with tests kits to take home and undertake tests at home prior to attending school

Roadmap: key points

- From 8th March, there is a plan for restrictions start to lift.
- To ensure a safe exit from lockdown restrictions will be eased in four steps with restrictions being lifted across the whole of England at the same time.
- These steps will be informed by the data to avoid the risk a surge in infections, hospitalisations and deaths.
- There will be a minimum of five weeks between each step: four weeks for the data to reflect changes and for these to be analysed; followed by one week's advance notice of further easements.



Test 1

The vaccine deployment programme continues successfully.



Test 2

Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated.



Test 3

Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS.



Test 4

Our assessment of the risks is not fundamentally changed by new Variants of Concern.






The four tests

Only when the Government is sure that it is safe to move from one step to the next will the final decision be made.






Decisions will be based on four tests.

Step 1 - from 8th/29th March

STEP 1: 8 March

-  Schools and colleges are open for all students. Practical Higher Education Courses.
-  Recreation or exercise outdoors with household or one other person. No household mixing indoors.
-  Wraparound childcare.
-  Stay at home.
-  Funerals (30), wakes and weddings (6).

29 March

-  Rule of 6 or two households outdoors. No household mixing indoors.
-  Outdoor sport and leisure facilities.
-  Organised outdoor sport allowed (children and adults).
-  Minimise travel. No holidays.
-  Outdoor parent & child groups (up to 15 parents).

Step 2 - after 12th April

STEP 2

At least five weeks after Step 1, no earlier than 12 April.

 <p>Indoor leisure (including gyms) open for use individually or within household groups.</p>	 <p>Rule of 6 or two households outdoors. No household mixing indoors.</p>	 <p>Outdoor attractions, such as zoos, theme parks and drive-in cinemas.</p>	
 <p>Libraries and community centres.</p>	 <p>Personal care premises.</p>	 <p>All retail.</p>	 <p>Outdoor hospitality.</p>
 <p>All children's activities, indoor parent & child groups (up to 15 parents).</p>	 <p>Domestic overnight stays (household only).</p>	 <p>Self-contained accommodation (household only).</p>	
 <p>Funerals (30), wakes, weddings, receptions (15).</p>	 <p>Minimise travel. No international holidays.</p>	 <p>Event pilots begin.</p>	

Step 3 - after 17th May

STEP 3

At least five weeks after Step 2, no earlier than 17 May.

 Indoor entertainment and attractions.	 30 person limit outdoors. Rule of 6 or two households indoors (subject to review).	 Domestic overnight stays.
 Organised indoor adult sport.	 Most significant life events (30).	 Remaining outdoor entertainment (including performances).
 Remaining accommodation.	 Some large events (except for pilots) - capacity limits apply. Indoor events: 1,000 or 50%. Outdoor other events: 4,000 or 50%. Outdoor seated events: 10,000 or 25%.	 International travel - subject to review.

Step 4 - after 21st June

STEP 4

At least five weeks after Step 3, no earlier than 21 June.
By Step 4, the Government hopes to be able to introduce the following
(subject to review):



No legal limits on
social contact.



Nightclubs.



Larger events.



No legal limit on all
life events.

Education wider reopening – Roadmap 22 February

- All **primary school** children will return on Monday 8 March, as staff continue to take two rapid coronavirus tests each week at home.
- All **secondary school and FE college** return to the classroom from the 8 March. Schools will have discretion on how to run their testing in the first week back – After the initial programme of three tests in school or college they will start testing at home (3-5 days gap between tests).
- **University students** on practical courses who need access to specialist facilities and equipment can return to in-person teaching and learning from 8 March. Review date before end of Easter holiday for remaining students.
- **Wraparound childcare** for primary and secondary pupils will resume where necessary to enable parents to access work, education or medical care.
- **Nurseries** remain open

Controls

*system of controls continues to **reduce the risk of transmission**.*

Already in place



- Secondary, FE and HE learners and staff wear **face coverings** in communal areas, where social distancing cannot be maintained
- **In primary** schools face coverings should be worn in communal areas where social distancing not possible. Primary school children do not need to wear face coverings
- **'Bubbles'** to minimise contact and transmission
- **Social distancing** is implemented in areas where it is possible to do so Enhanced **cleaning regimes** including more frequent cleaning of surfaces
- Stringent **hand washing** is actively encouraged particularly in primary schools

Additional measures



Staff and students in secondary schools and colleges are advised to wear **face coverings** in all areas, including classrooms, where social distancing cannot be maintained as a temporary extra measure

Twice weekly **home tests for all staff; testing on return** then twice-weekly testing at home for secondary and college students (on-site for universities)

All staff at **private, voluntary and independent nurseries** will have access to tests to use twice weekly at home (from 15 March), building on the testing already available to maintained nursery schools and school-based nurseries. **Childminders** can continue to access community testing

School discretion for Phased return of secondary age pupils during w/c 8 March to allow for testing (immediate return for primary)

As we progress...

Safe Behaviours

 <p>Wash hands frequently, for at least 20 seconds.</p>	 <p>Wear a face covering in enclosed environments.</p>	 <p>Maintain space with anyone outside your household or bubble.</p>
 <p>Meet with others outdoors where possible.</p>	 <p>Minimise the number of different people you meet and the duration of meetings, if possible.</p>	 <p>Let fresh air in.</p>
 <p>Download the NHS Test & Trace app.</p>	 <p>Get a test immediately if you have any symptoms.</p>	 <p>Self isolate if you have symptoms, have tested positive, or had contact with someone with COVID-19.</p>

Stay at Home campaign

Throughout all stages in the Road Map a national campaign will continue to reinforce key messages for the public to maintain vigilance. This campaign will cover topics such as:

- Safe behaviours
- Ventilation
- Wearing a face covering where appropriate

STAY HOME ▶ PROTECT THE NHS ▶ SAVE LIVES



Wash Hands

Keep washing your hands regularly.



Cover Face

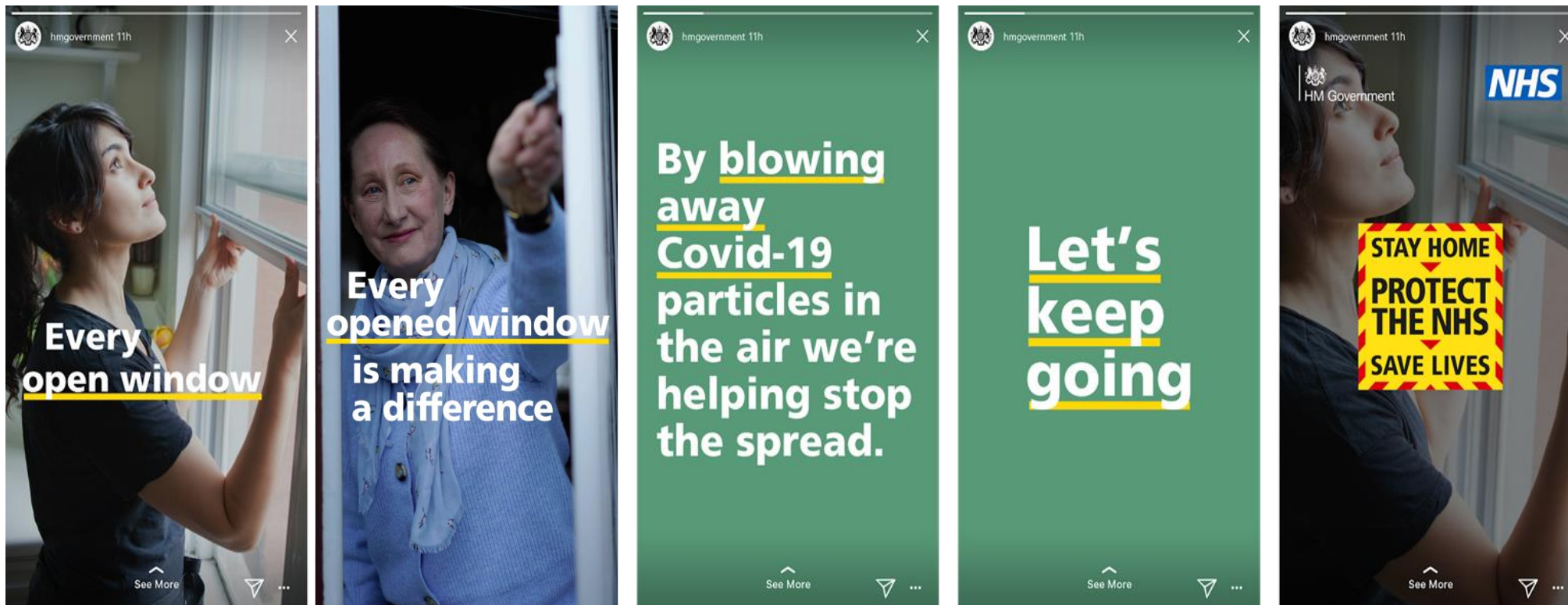
Wear a face covering over your nose and mouth in enclosed spaces.

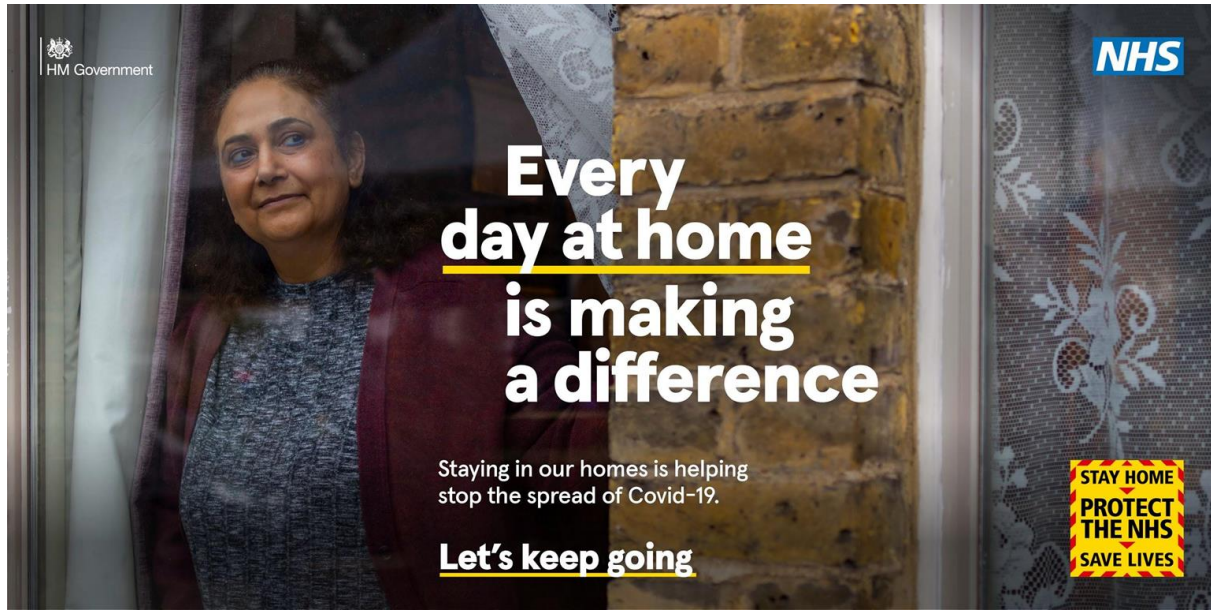


Make Space

Stay at least one metre away from people not in your household.

Stay at Home campaign





HM Government

Every day at home is making a difference

Staying in our homes is helping stop the spread of Covid-19.

Let's keep going

NHS

STAY HOME
PROTECT THE NHS
SAVE LIVES



HM Government

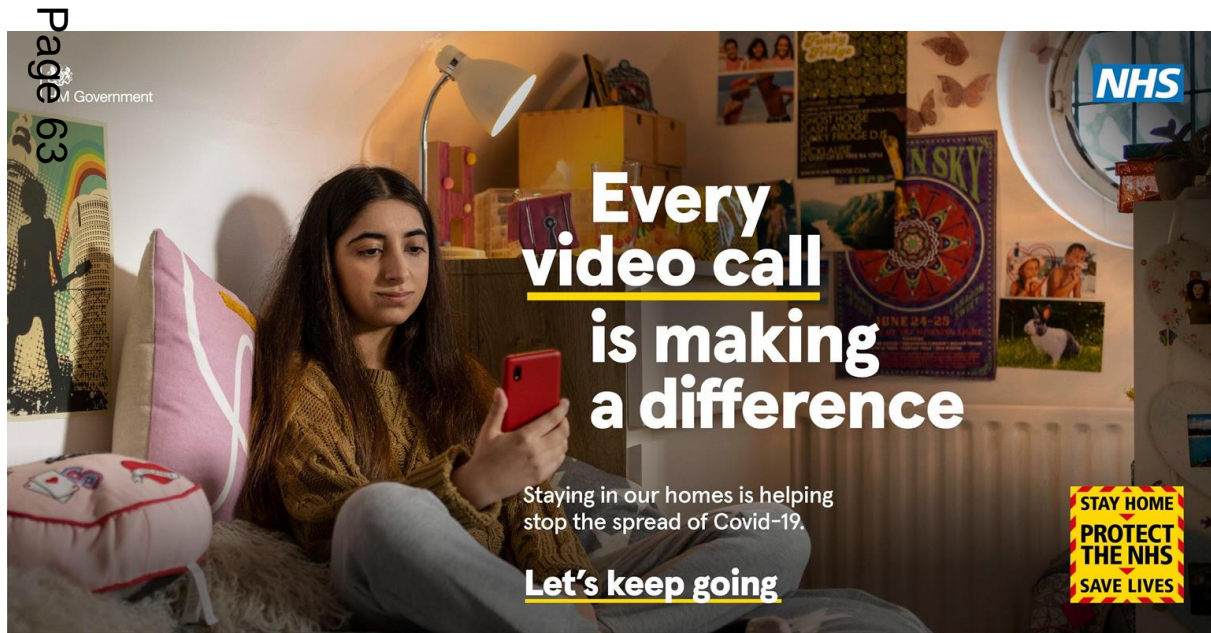
Every washed hand is making a difference

Washing our hands is helping stop the spread of Covid-19.

Let's keep going

NHS

STAY HOME
PROTECT THE NHS
SAVE LIVES



HM Government

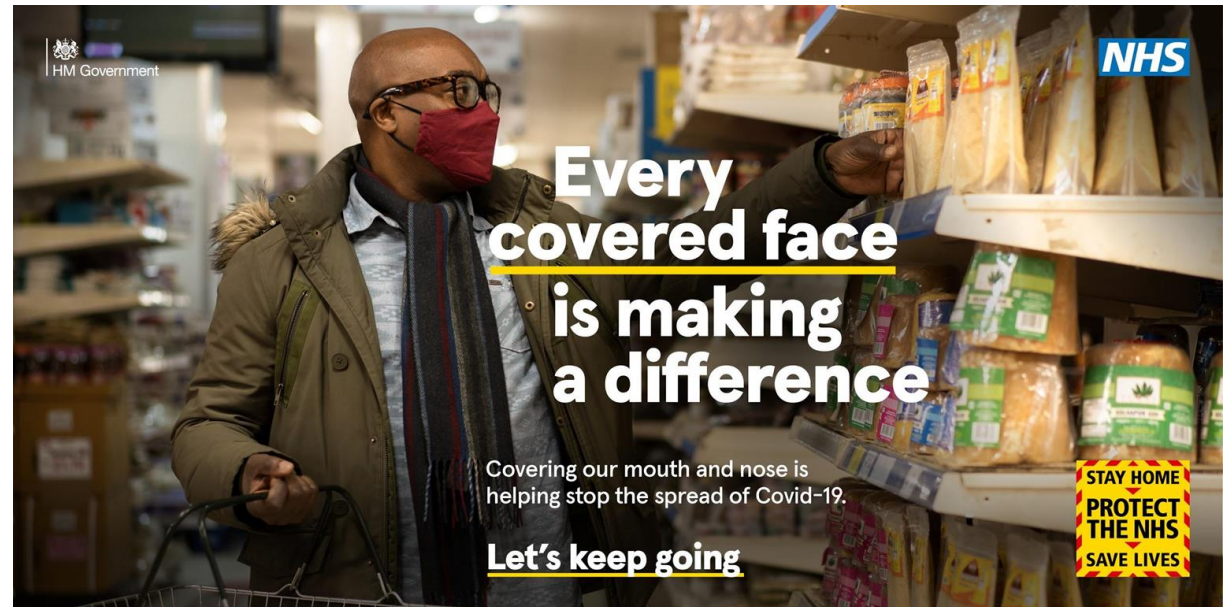
Every video call is making a difference

Staying in our homes is helping stop the spread of Covid-19.

Let's keep going

NHS

STAY HOME
PROTECT THE NHS
SAVE LIVES



HM Government

Every covered face is making a difference

Covering our mouth and nose is helping stop the spread of Covid-19.

Let's keep going

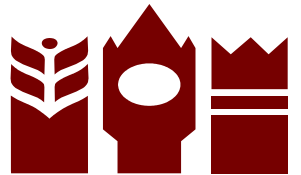
NHS

STAY HOME
PROTECT THE NHS
SAVE LIVES



**DARLINGTON
BOROUGH COUNCIL**

Any questions?



HEALTH AND HOUSING SCRUTINY COMMITTEE 3 MARCH 2021

ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2020 DARLINGTON: IN THE TIME OF COVID-19

SUMMARY REPORT

Purpose of the Report

1. To share the Annual Report of the Director of Public Health 2020 which has a particular focus on Darlington: In the time of Covid-19.

Summary

2. Under the 2006 NHS Act (inserted by section 31 of the Health and Social Care Act (2012)) each Director of Public Health is required to produce, and the relevant local authority to publish, an annual report. The subject for discussion in the Annual Report 2020 is Darlington: In the time of Covid-19.
3. The report documents a point in time which discusses the early stages of Covid-19, the North East response, and our local Darlington response. There are chapters detailing the Local Outbreak Control Plan and its key themes, and appendices featuring extracts of data from North East quality Observatory Service for Darlington.
4. The report was written by Miriam Davidson, our previous Director Public Health and is submitted for information.

Recommendation

5. It is recommended that: -
 - (a) Health and Housing Scrutiny Committee receive the Annual Report of the Director of Public Health 2020 and note the focus on legacy of the programme.

Penny Spring
Director of Public Health

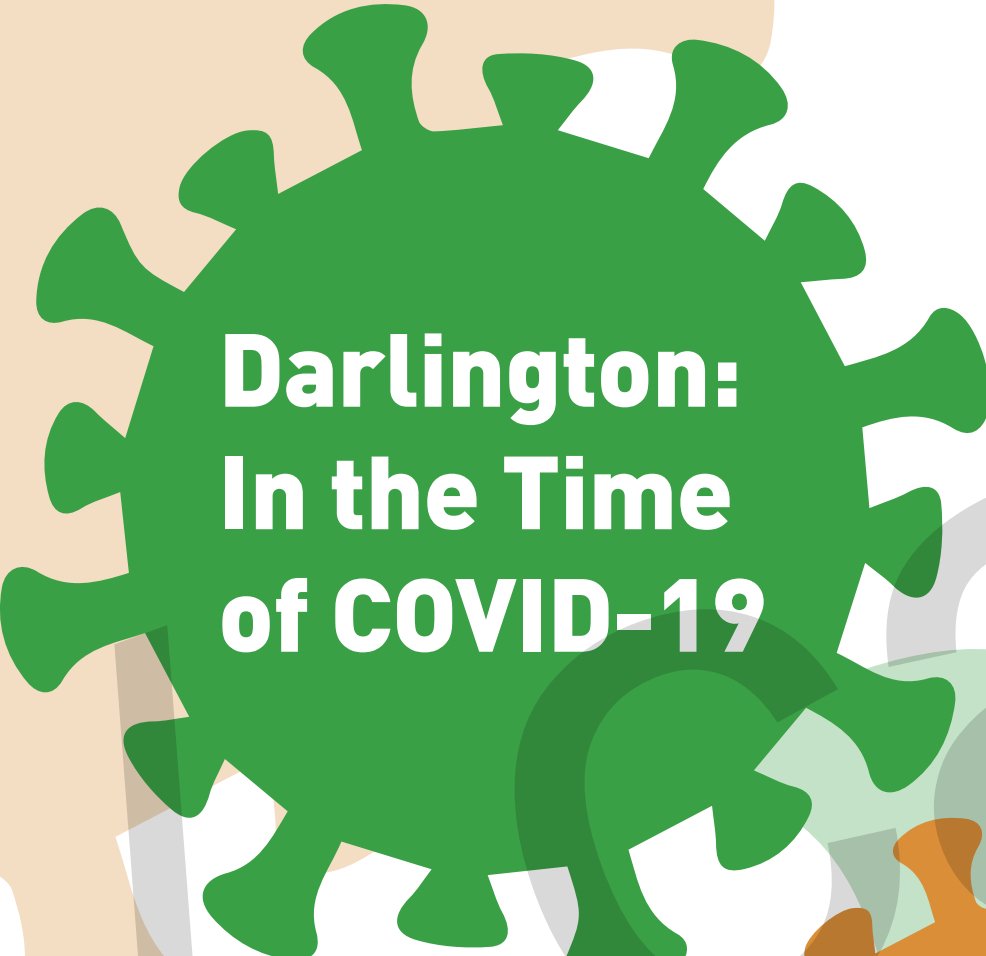
Penny Spring : Extension 6203

S17 Crime and Disorder	No specific impact
------------------------	--------------------


Health and Well Being	The key themes of the Healthy New Towns programme are wider determinants of health.
Carbon Impact and Climate Change	No specific impact.
Diversity	No specific impact.
Wards Affected	All
Groups Affected	A population approach.
Budget and Policy Framework	Not applicable
Key Decision	No
Urgent Decision	No
One Darlington: Perfectly Placed	The Healthy New Towns programme was aligned to the One Darlington: Perfectly Placed strategy.
Efficiency	Shared models of working across sectors
Impact on Looked After Children and Care Leavers	No specific impact.

MAIN REPORT

**Please see full Annual Report of the Director of Public Health 2020
Darlington: In the time of Covid-19**



**Darlington:
In the Time
of COVID-19**



**Annual Report
of the Director
of Public Health
2020**

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Foreword

Welcome to the Annual Report of the Director of Public Health, Darlington.

This is my last report before I retire and welcome Penny Spring as the incoming Director of Public Health for Darlington.



It has been a privilege to work with so many people who strongly believe that health is for all, not just a few.

I could not have predicted the terrible epidemic of COVID-19 would dominate my last year as Director of Public Health, but there is much to celebrate.

As I leave I reflect on the improvements made to sexual health services, a new emphasis on recovery in drugs and alcohol services, a strong focus on mental health in our schools and colleges and a valued relationship with GPs and Practice teams in Darlington. The Healthy New Town legacy includes stronger relationships between the NHS, Local Authority planners and an understanding of the importance of place in health and wellbeing.

There are MANY challenges ahead but Darlington is full of resourceful, creative people and I am optimistic for the future.

October, 2020

Thank you to the Public Health Team

My great thanks go to the Public Health Team who have worked to tremendous effect all through this time of COVID.

Ken Ross, Abbie Metcalfe, Jane Sutcliffe and Emily Crathorne-Tennick.

Acknowledgements

Many thanks to Professor Paula Whitty, NEQOS, Natasha Telfer, Toni Geyer and Xentrall.



The early stages of the spread of COVID-19

Coronaviruses (CoV) are a large family of viruses that cause respiratory illness. A novel coronavirus (nCoV) is a new strain that has not previously been identified in humans.

On 31 December 2019 a cluster of pneumonia cases of unknown cause was reported in Wuhan City, Hubei Province, China. The World Health Organisation (WHO) named the novel coronavirus as “severe acute respiratory syndrome Coronavirus 2” (SARS – COV -) while the coronavirus disease associated with it is referred to as COVID-19.

As with other respiratory illnesses, symptoms of COVID-19 can include a new cough, fever, runny nose and other symptoms, including loss of smell or taste. Most people experience mild to moderate illness and recover without needing specialist treatment. It can be more severe for some people.

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As the disease has progressed the understanding of it has grown. A number of additional symptoms are now considered to be indicators of COVID-19.

Older people and people with pre-existing medical conditions (e.g. heart disease, diabetes) appear to be more vulnerable to becoming seriously ill. Public Health England published a review of disparities in the risk and outcomes from COVID-19, (June 2020). The review of data confirmed that the impact of COVID-19 has replicated existing health inequalities and in some cases has increased them. The largest disparity was by age. Among people already diagnosed with COVID-19, those who were 80 years or older were 70 times more likely to die than those under 40 years. The risk of dying among those diagnosed with COVID-19 was higher in males than females; higher in those living in more deprived areas than those living in the least deprived; and higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups. The existence of co-morbidities are strongly associated with the risk of death from COVID-19 and are likely to explain some of the differences.

By the end of January 2020 the outbreak was declared a public health emergency and spread globally.

The current number of reported cases in the UK as of 28 October 2020:

942,275 with **45,675** reported deaths.

Darlington cumulative confirmed cases were

2044 as of 27 October 2020 a rate of

294.9 per 100,000.

International, national and local statistics are available from the following sites:

<https://covid19.who.int>

<https://coronavirus.data.gov.uk>

<https://lginform.local.gov.uk/reports/view>

https://lga_research/covid-19-case-tracker

See Appendix 1 for examples of information

Response

In the UK the national response has been led by the Department of Health and Social Care (DHSC) with Chief Medical Officers (4) providing public health advice to all agencies.

The Scientific Advisory Group for Emergencies (SAGE) is responsible for ensuring co-ordinated scientific advice is provided to decision makers in COBR (the Civil Contingencies Committee which convenes in the Cabinet Office Briefing Rooms).

In England the tripartite partnership of DHSC, Public Health England (PHE) and NHS England provides strategic oversight and direction for the health and adult social care response to a pandemic with Department for Education (DfE) leading on the Children’s social care response.

In the initial stages of the outbreak, the NHS and PHE were proactive in contacting people who had been at risk of being infected, testing them, and where people tested positive tracing who they may have come into contact with and managing/treating the cases.

Public Health England, supported by staff at regional centres, provides specialist technical expertise and advice. Darlington Borough Council has been in regular contact with these agencies.

DHSC launched a UK-wide public information campaign to advise the public on how to slow the spread of the virus and reduce the impact on NHS services. Information promoting important hygiene messages appeared in print, broadcast and social media.

DHSC worked across government to produce sector-specific guidance, to reflect the challenges across a number of settings, for example, transport, education, social care and hospitality. As the outbreak spread and more was learned about the disease guidance was revised.



Policy announcement milestones

[Note, this is not an exhaustive description the following are the key milestones mostly relating to public health related response]

North East Response



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On 3 March 2020 the government published its Coronavirus (COVID-19) Action Plan which set out a four-phase response:

Contain: detect early cases and follow up.

Delay: slow the spread, lower the peak impact, push away from Winter.

Research: learn about the disease, innovate response, diagnostics, drugs and vaccines.

Mitigate: care for people who are ill, support hospitals, maintain essential services.

On 12 March 2020 the government published “stay at home” guidance. The government recognised the virus was spreading generally throughout the country, no longer being contained therefore shifting the plan from ‘Contain’ to ‘Delay’.

A UK-wide lockdown was announced on 23 March 2020, the instruction was “Stay at home, Protect the NHS and Save Lives”. The government advised that

police would enforce the rules re social distancing and closure regulations.

The first NEQOS report containing cumulative rates per 100,000 population, with data up to 28/4/2020.

Five Tests

On 16 April it was confirmed that lockdown would be extended and set out “five tests” that must be met to allow easing of restrictions:

- Evidence that the NHS can cope.
- A sustained fall in death rates (daily).
- Evidence that the Reproduction number (R) is decreasing.
- Confidence in testing arrangements, enough PPE to meet demand.
- No risk of a second peak.

“Our Plan to Rebuild the UK (COVID-19 Recovery Strategy)” was launched on 11 May 2020. This set out a five point scale to indicate the level of threat to society due to COVID-19 and included a phased approach to recovery, with incremental steps to relax control and public protection measures.

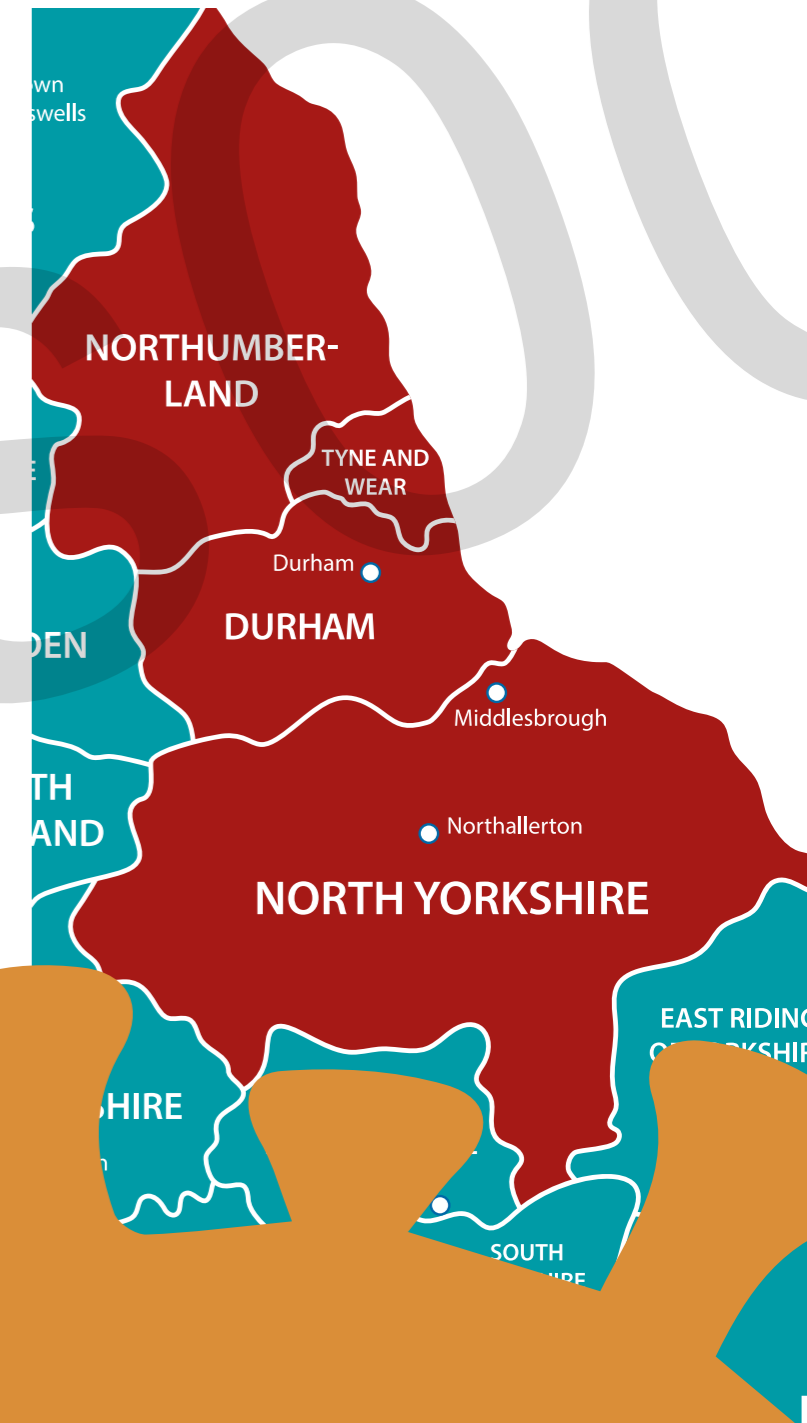
In the North East, the initial emergency preparedness, resilience and response to COVID-19 was structured around the established North East Pandemic Influenza Framework, which had developed by NHS England (NHSE) and Public Health England (PHE) and adopted by all three Local Resilience Forums (LRFs) in the region.

Initially, the command and control arrangements in the framework operated on a precautionary shadow basis, before the regional Health Strategic Coordination Group was stood-up formally in early March 2020 when the outbreak began to escalate in the region.

Public Health England took the lead in issuing public information and guidance and advice to partners in the local health system, universities, local boarding schools, prisons, LRFs, airports and ports. Detection and contact tracing also took place in the early phase of the pandemic until early March when the national plan shifted from ‘contain’ to ‘delay’.

How did the Council and local partners respond?

The council responded locally, working with PHE, ensuring that local stakeholders received the necessary guidance and that information and advice was shared with services within the council. The council worked very closely with PHE on detection and tracing of cases during the early phases of the outbreak providing advice to those affected. Links to the national coronavirus information and advice from government and PHE were provided via our website and we supported the national public information campaign via our social media channels.



The council is a major Local Resilience Forum (LRF) partner and has played a significant role at all levels of response - participating in the strategic coordinating groups (SCG) and tactical coordinating groups (TCG) and chairing and resourcing all of the multi-agency support cells established to manage our response:

- **Community Support** – developing and coordinating support mechanisms for vulnerable people and those shielding from COVID-19, including facilitating and supporting volunteering and local community action;
- **Excess Deaths** – working with GPs, hospitals, mortuaries, registrars, crematoria, funeral directors, town and parish councils and faith groups, to manage the increased number of deaths while supporting the bereaved;
- **Intelligence and Data** – collecting, processing, analysing and interpreting local, regional and national data to inform LRF (and council) planning and decision-making;
- **Media** – developing and coordinating the communication of consistent messages and public information across LRF agencies as well as monitoring broadcast, print and social media and responding to media enquiries;
- **Multi-agency Information** – providing a one-stop-shop for agency information, producing daily situation reports, threat assessments and feedback reports for and on behalf of the SCG;
- **PPE** – establishing a distribution hub for emergency supplies of PPE, receiving government PPE drops, securing our own more reliable supply lines of PPE and processing and responding to requests for PPE from the social care sector and organisations in difficulty;
- **Recovery** – planning for recovery and restoration, undertaking impact assessments and coordinating multi-agency programmes to support individual, communities and businesses

Governance and Response

Council Chief Officers established governance arrangements meeting daily as a COVID-19

Response Executive to monitor the spread and impact of the pandemic, receive regular reports from service areas and review emerging national guidance.

Cabinet members and the leaders of the council's political groups continued to receive briefings on key issues. In addition, regular email briefings have been provided to all Elected Members.

The council's Public Health team led the initial planning and response to the outbreak, liaising with NHSE and PHE on the regional command and infection control arrangements, in line with the North East Influenza Pandemic Framework.

The team has been proactive in assessing guidance, providing public health advice to council services and partner organisations.

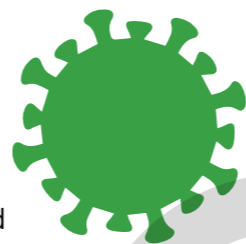
Infection Prevention Control

Through our collaborative approach to public health, County Durham and Darlington Councils have in place a dedicated, public-health commissioned community infection prevention and control team, which has been at forefront of our efforts to contain and mitigate the pandemic, not exclusively but largely supporting care homes.

Community Hub

On the 20 March 2020 each Local Authority was instructed to establish a 'Hub' to support those at risk in the area who had no access to a support network. The Darlington Community Support Hub became operational on 24 March 2020 including a Help Line offering a seven-day service.

Much of the energy in the early stages of the response was focussed on establishing the HUB to respond to local need and to meet government guidance to support the shielded community. Information flows and the ability to gain much needed food supplies were initially very challenging, but our team responded well, achieved all deadlines and provided much needed support to the community of Darlington. This support provided by many seconded Council staff was significantly supplemented by groups of volunteers



and the voluntary sector across the Borough. The Community Support Hub assisted over 8000 people across 6 months.

Social Care and Care Homes

COVID-19 presents a challenge for social care. The council built on its local knowledge of the sector when developing a mandated "COVID-19 Local Care Home Support Plan". This is published on the Council website.

PPE

The government has worked to provide LRFs with emergency PPE drops to address local shortages. Issues with PPE supply and distribution have caused the council to work with other local authorities in the region to secure more reliable supply and in some instances, prioritise its own PPE use in order to direct supplies to support frontline social care services

Public Health non-COVID services

Local Authority commissioned public health services including – stop smoking, sexual health, 0-19 years and substance misuse services have maintained service delivery.

Education

The Education service has been proactive in providing advice and guidance to schools and parents through all stages of the pandemic. Schools received relevant public health advice during the initial weeks of the pandemic before the national decision to close schools for the majority of pupils. They continue to be supported as they plan for future delivery. Once fully open schools have accessed advice and support in daily "clinics" and weekly strategy meetings.

Testing

A key element of the national response has been the introduction of testing to monitor and enable

containment of the spread of the virus and to develop intelligence which can support the development of treatments and vaccines.

The Director of Public Health has worked with regional colleagues from NHSE, Public Health England and local NHS Foundation Trusts to develop and coordinate local testing programmes for NHS workers, social care staff and key workers from LRF responding organisations including the council.

Since the end of April 2020, the council has worked with the LRF on the use of Mobile Testing Units (MTUs) under the National Testing Programme. The Council has also expressed an interest in developing a Local Testing Site.

National NHS Test and Trace Service

The NHS Test and Trace Service was introduced on 28 May 2020. The purpose is to trace the spread of the virus, isolate new infections and interrupt the further spread of COVID-19.

In order to do this the Test and Trace service will:

- Ensure people who develop symptoms of COVID-19 can be quickly tested to find out if they are infected.
- Trace contacts of people who test positive for coronavirus and, if necessary, advise them to self-isolate.

Contact tracing is expected to be the responsibility of Public Health of England, North East Health Protection Team while the Council is responsible for the management of the impact of cases or contacts in a range of settings. However there continues to be a wide debate about the benefits and costs to delivering a locally "enhanced" system of contact tracing. The National Test and Trace Service has developed an "offer" locally whereby the Council would "pick up" contact tracing where the national service has failed to make contact. The "offer" however requires additional significant resource which to date has not been part of the offer.

Local Outbreak Control Plan

“Local authorities will develop, maintain and implement their own local outbreak control plans to contain outbreaks in the community”.

(Department of Health and Social Care)

The Local Outbreak Control Plan (LOCP) describes how Darlington Borough Council works with partners to prevent and control COVID-19, at a population level, in complex settings, with communities of interest and through the Test and Trace service where there are complex local outbreaks of COVID-19. The plan builds on existing relationships across Council and partnership planning and response to COVID-19.

The plan sets out the role of partners in preventing and controlling COVID-19 with a focus on robust management of clusters and outbreaks. The plan describes how, as national lockdown measures are eased, local surveillance aims to prevent and reduce the spread of COVID-19 within Darlington.

The aim of the plan is to reduce transmission of COVID-19 in Darlington and ensure provision of an effective and timely response to cases in complex settings.

Public Health leadership: this plan is based upon a public health approach, which includes:

- **Surveillance:** so that action is informed by an understanding of the needs of the people of Darlington.
- **Evidence:** actions should be based on the evidence of what works.
- **Policy and strategy development.**
- **Collaborative working for health and wellbeing:** The expertise and capacity of the whole local public health system – including the Council’s Public Health team, other colleagues across the Council and Public Health England regional health protection functions – are central to the design and implementation of the plan, and this plan is tied into existing roles, responsibilities and governance structures, particularly the Health and Wellbeing Board.

A whole system approach: the capabilities of the whole system need to be mobilised in preventing and managing outbreaks. Each agency should be clear on its role and responsibilities. The voluntary sector, the NHS and many other bodies all need to work together as no single organisation has the resources or expertise to make the plan work. Strong public engagement is also crucial to building confidence and trust and maintaining compliance with public health. Councillors have an essential role here.

An efficient system: there needs to be clear communication and timely access to – and sharing of – information, data and intelligence amongst local agencies and between local, regional and national systems to inform action, monitor outcomes and deliver clear arrangements for rapid and proactive management of outbreaks.

A properly resourced response: each agency will have the necessary capability, both financial and in respect of skills and expertise, to carry out their responsibilities. We have been allocated £778,834 from Government to support implementation of this plan.

The national approach to contact tracing was set out in announcements on 27 May (public information on the process can be found at: <http://www.gov.uk/guidance/nhs-test-and-trace-how-it-works>).

The normal contact tracing approach used in other outbreaks was being scaled up, was the responsibility of NHS Test and Trace and operated at 3 levels:-

- (a) Tier 3: A newly recruited staff group (approximately 15000 nationally) of contact tracing call handlers based within a national call handling system providing phone-based contact tracing.
- (b) Tier 2: A group (approximately 3000 nationally) of trained contact tracing specialists providing phone-based contact tracing to be recruited through a national recruitment approach. These staff include returning NHS professionals.
- (c) Tier 1b: A regional offer providing contact tracing and outbreak control support in relation to complex settings, cohorts and individuals/households. This was through the established Public Health England Regional Health Protection Teams, including the team based in Newcastle.
- (d) Tier 1a: A national co-ordinating function leading on policy, data science, and quality assurance of the service.

Timely access to robust and effective data and intelligence is crucial to effective outbreak management. Locally we need to be able to predict and intervene in outbreaks.

Testing Data

There are several different data sources (and agencies) that produce statistics on testing. Some are collated centrally by the Department of Health and Social Care.

Examples of Incoming Testing Data

- Public Health England Pillar 1;
- Public Health England Exceedance Report;
- Public Health England Contact Tracing Report;
- NHS Digital Testing Dashboard;
- Public Health England Care Home Outbreaks;
- Public Health England COVID-19 Report.

COVID-19 tests are carried out via a number of routes:

- (a) Pillar 1: Swab testing in Public Health England laboratories and NHS hospitals for those with a clinical need, and health and care workers. Pillar 1 data for England is provided by the NHS and Public Health England.
- (b) Pillar 2: Swab testing for the wider population. Pillar 2 data is collected by commercial partners.

COVID-19 Mortality in Darlington

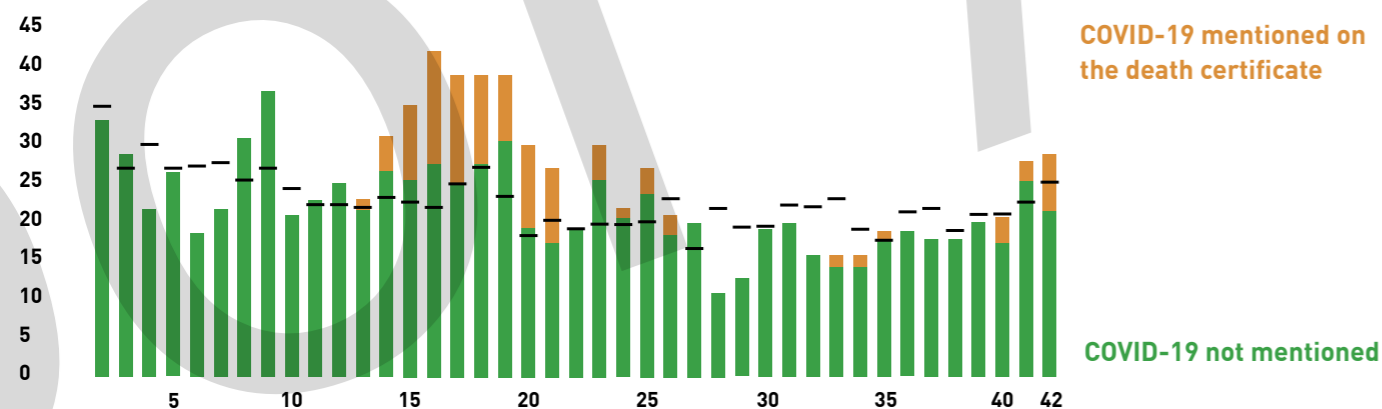
Mortality (or deaths) and particularly excess mortality are important measures of the effect of the COVID-19 pandemic. Excess deaths are the additional deaths in a given time period compared to the number usually expected. Not all excess deaths will be directly due to COVID-19; some may be caused indirectly through pressure on the health system or by people not accessing health care when they need it.

The Office for National Statistics publishes provisional weekly and monthly mortality data.

A total of 976 deaths occurred in Darlington up to 16th October 2020 (weeks 2 to 42 inclusive). Coronavirus (COVID-19) was mentioned on the death certificate in 105 (10.8%) of these deaths.

Excess deaths occurred in Darlington in weeks ending 3, 5, 8, 9, 11 to 21 inclusive, 23 to 25 inclusive, 27, 30, 35, 41 and 42. Excess deaths are those above the weekly average, shown by the green line in the figure below. In weeks 2, 4, 6, 7, 10, 22, 26, 28, 29, 31 to 34 inclusive and 36 to 40 inclusive the number of deaths in Darlington was below the 5-year average (i.e. the number of deaths in these weeks was below the average for this period).

All Deaths in 2020 by week with proportion where COVID-19 is mentioned



ONS - Deaths registered weekly in England and Wales. Provisional Death occurrences in week 42

Excess death occurrences in week 42 (using 2015 - 19 weekly averages)

Death occurrences mentioning COVID-19 in week 42

Death occurrences mentioning COVID-19 in weeks 1 to 42

28

4

7

105

Figure: Week 42 Darlington, death occurrences

Excess deaths (2020 deaths minus 2014 to 2018 average) up to 16th October)

(Note: Week 1 is currently not being displayed. Average counts were lower than expected and this is being investigated) Historic average weekly deaths are presented here as the mean of the years 2015 to 2019

Local Information

The Health Protection Board needs local information at a level where it can take preventative measures as well as responding to outbreaks. The Board requires the following data:-

- (a) Data to prevent and manage outbreaks;
- (b) Data to inform local testing capacity;
- (c) Data to support vulnerable people;
- (d) Data to understand effectiveness of contact tracing.

Other data, non-clinical information will be used to increase understanding of the local situation. Partner organisations are asked to share information or concerns to keep the Health Protection Board with decision making. Non-clinical data may include:-

- (a) Information from Ward Councillors;
- (b) Information from social media;
- (c) Press and media coverage;
- (d) Information from council services and the community sector.

The Information Governance Access to personally identifiable clinical and nonclinical data is restricted to Public Health and other council professionals for the sole purpose of implementing COVID-19 control arrangements outlined in this plan. Identifiable information will be subject to strict data sharing agreements to ensure protection of individual data and appropriate legal use for purposes of infection control.

LOCP Governance Framework

We were required to put in place a Health Protection Board as part of the outbreak governance. The Health Protection Board takes management responsibility for the Local Outbreak Control Plan. The purpose of the Health Protection Board is to lead, co-ordinate and manage work to prevent the spread of COVID19. The Health Protection Board uses Public Health England North East Outbreak Control guidance and the Standard Operating Procedure (SOP) for outbreaks, developed by Public Health England in collaboration with local authorities.

On a day to day basis the Public Health team identifies actions that may be required, consider the range of information that has been gathered and task the Outbreak Response Group. A strong working arrangement exists between the Director of Public Health, Public Health England Health Protection Team and many Council Chief Officers.

The Health Protection Board is accountable to the Darlington Health and Wellbeing Board. The Health and Wellbeing Board has an inclusive membership of statutory partners, as well as representatives from NHS, Education, Community, and Police Crime Commissioner. The Chair is the Cabinet Portfolio Lead for Health and Housing. The Health Wellbeing Board also acts as the Engagement Board.

The Health Protection Board is an officer group, chaired by the Director of Public Health. Officers with an input to the Board include Public Health, Education, Environmental Health, Communications, Commissioning, Emergency Planning, Housing, Community Services, Strategy and Performance and the Darlington Partnership. Key strategic stakeholders have input to the Board including NHS E/I, Clinical Commissioning Group and NHS Foundation Trusts and Healthwatch.

The Health Protection Board reports formally to the Health and Wellbeing Board. The Health and Wellbeing Board is the Member-led board, engaging with residents, providing leadership on communication and engagement with communities in Darlington.



Outbreak Response Group

In the event of an outbreak the Director of Public Health or Public Health Principal activates the Darlington Outbreak Response Group. The Council works closely with HPT (PHE) when an Outbreak Control Team meeting is required. The Outbreak Response Group (ORG) implements the operational response for Darlington.

The membership of the local ORG depends on the setting or group of people affected. The meeting operates to a standard agenda, but the leads vary. An ORG meeting may focus on a care home outbreak, workplace, education setting or vulnerable community setting. Since the beginning of October 2020 ORG meetings take place twice a week.

Local Resilience Forum

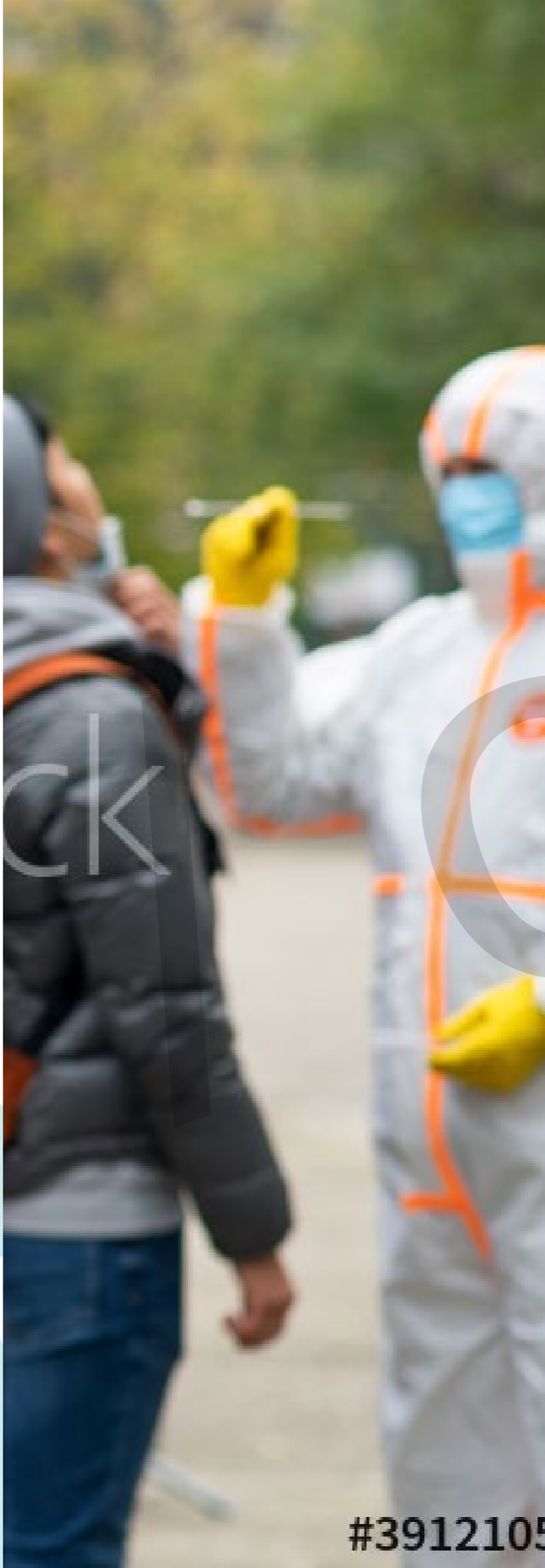
In line with government guidance on developing Local Outbreak Control Plans a relationship must be clear with the Local Resilience Forum (LRF). County Durham and Darlington LRF established a Strategic Command Group (SCG) with supporting cells and groups in response to COVID-19.

Darlington senior officers have been members of the LRF SCG and supporting groups.

On standing down the SCG a Strategic Recovery Group (SRG) has been established. Close liaison with the LRF will provide oversight of local outbreak management.

Joint Biosecurity Centre

A Regional Liaison or Oversight Group has been established which acts as a link between the Local Authority and the Joint Biosecurity Centre. The role of the ROG will be to support the arrangements in each Local Authority by providing a regional overview on new infections of COVID-19 across the region, share good practice, peer review and sector-led improvement.



Local Outbreak Control Plan - Key Themes:



Care Homes and Schools

There are 32 registered Care Homes across the Borough. This includes homes for older people, people with physical sensory impairments, learning disabilities and mental ill health.

Planning for outbreaks in care homes, requires definition of monitoring arrangements, development of potential scenarios in Darlington and planning the required response by developing a Standard Operating Procedure (SOP). (Note: In draft at 24/06/2020).

There are 27 primary schools, 7 secondary schools, 1 secondary school with sixth form provision, 2 colleges, 2 "free schools", and a university satellite site in Darlington. Local working arrangements with schools and early years settings are well established. Planning for outbreaks in education settings involves the same processes i.e. monitoring arrangements, scenario development and SOP procedures.

High risk places, locations and communities

We continue to identify and plan how to manage high-risk places, locations and communities of interest in Darlington. This includes workplaces where activity has increased as lockdown eases. Liaison with voluntary and community organisations is crucial to defining monitoring arrangements and planning required response.

Risk Management

Workplaces

As restrictions are eased, more workplaces have re-opened. Government guidance exists to assist employers in making reasonable adjustments to their working arrangements to help employees and other people on their premises to keep safe. It is important to have the ability to see the early signs or indicators of an outbreak e.g. absenteeism in the workplace, as part of understanding the local situation.

We are considering methods of local testing to provide a swift response that is accessible to the whole population. Define how to prioritise and manage deployment of Mobile Testing Units (MTU's). Consider delivering tests to isolated individuals, (draw upon Community Hub model). A 24/7 DHSC Ops Line is in place to mobilise MTUs to support Outbreak Management.

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Contact Tracing in Complex Settings

DarlingtonSPOC@darlington.gov.uk

A Darlington Borough Council Single Point of Contact (SPOC), 0800 hrs – 2000 hrs 7 days/week is required to work with the NE Health Protection Team and respond to urgent queries. The structures in the plan will manage outbreaks short of those needing an LRF Gold Command Response.

Data Integration

The local authority has progressed on integrating information from all sources to do the following:

- (a) Contact tracing information from Health Protection Team (and local intelligence);
- (b) Infection mapping and surveillance;
- (c) Epidemiological analysis to inform outbreak management;
- (d) Monitor effectiveness and impact.

Vulnerable People

Outbreak control and management may be more complex in certain settings and communities. The complexities can be because of vulnerabilities or circumstances of different groups or settings including:

- (a) Potentially complex settings, including schools, care homes, residential children's homes, sheltered and supported housing or houses of multiple occupation.
- (b) Potentially complex cohorts e.g. rough sleepers.
- (c) Potentially vulnerable individuals and households (including clinically shielded, learning disability, mental illness, domestic abuse victims and those in complex social-economic circumstances).

Communication needs to operate in ways that build, maintain or restore trust between the public and appropriate organisations.

Risk Assessment

Risk assessment is fundamental to the management of all outbreaks of communicable disease. The purpose of the risk assessment is to collect and review information about the outbreak and the risk of further spread of COVID-19 in order to plan and implement measures that will minimise the changes of further spread and protect the health of the community. A risk assessment will be undertaken for all outbreaks of COVID-19 or for cases where there are complicating factors (e.g. a confirmed case in a workplace or school).

Each risk assessment will take account of:

Factors associated with the outbreak to understand the risk of transmission of COVID-19. This will include an assessment of:

- (a) The environment including the proximity, duration and nature of contact between people.
- (b) Mitigating factors to reduce spread, including social distancing, hygiene measures and personal protective equipment.
- (c) Specific risk factors, including risks to people who are at particular risk of serious infection.

Community Transmission of COVID-19

The risk of further spread depends on the current transmission of COVID-19 in the local community. This includes a review of surveillance data and intelligence about:

- (a) Current community transmission of COVID-19 at a regional and local authority level.
- (b) Transmission of COVID-19 within the specific setting.

Risks Associated with Control Measures

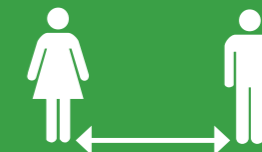
The risks or unintended consequences of any mitigation or control measures are considered. For example, the full or partial closure of a school may have adverse effects on the emotional and educational wellbeing of students, and this is considered within the risk assessment in order that actions are proportionate and reasonable.

Risk Communication

Communicating risk is an important aspect of the management of outbreaks or similar situations. The outbreak control group ensures that the risk to those in the particular setting and the wider community is communicated appropriately.

Do your bit!

Keep a safe distance from others



Wash your hands regularly for at least 20 seconds



Catch it, bin it, kill it!



For more ways to stay safe go to [gov.uk/coronavirus](https://www.gov.uk/coronavirus)

Communication

Communication is key throughout all the processes to manage outbreaks. The Health Protection Board together with the Local Engagement Board manages the appropriate dissemination of critical information across relevant organisations. Communications must be in ways that build, maintain or restore trust with the public.

Communication about local outbreak response is shared with key stakeholders, the wider community and support broader public understanding by responding to media requests and planning proactive messages. A Strategic Communication Plan to support a “contain” strategy is in development centrally. The Local Engagement Board is key in sharing consistent ‘contain’ messages.

A communications protocol has been developed to detail the steps to respond to an outbreak, identify stakeholders and develop clear messaging. The protocol details response times for updates and incident recording.

The communication protocol includes briefings for the Leader and Cabinet, Elected Members, and Chief Officers Executive and Chief Officers Board.

The plan is shared with the Community Safety Partnership a multi-agency board with a focus on community safety, community confidence and public protection.

Local Authority COVID-19 Test and Trace Service Support Grant

Local authorities in England have been provided with additional funding to support them develop and implement action plans to mitigate against and manage local outbreaks of COVID-19. The grant for Darlington is £778,834. There are a number of key areas which require support.

The combination prevention approach relies on interventions at a range of levels:

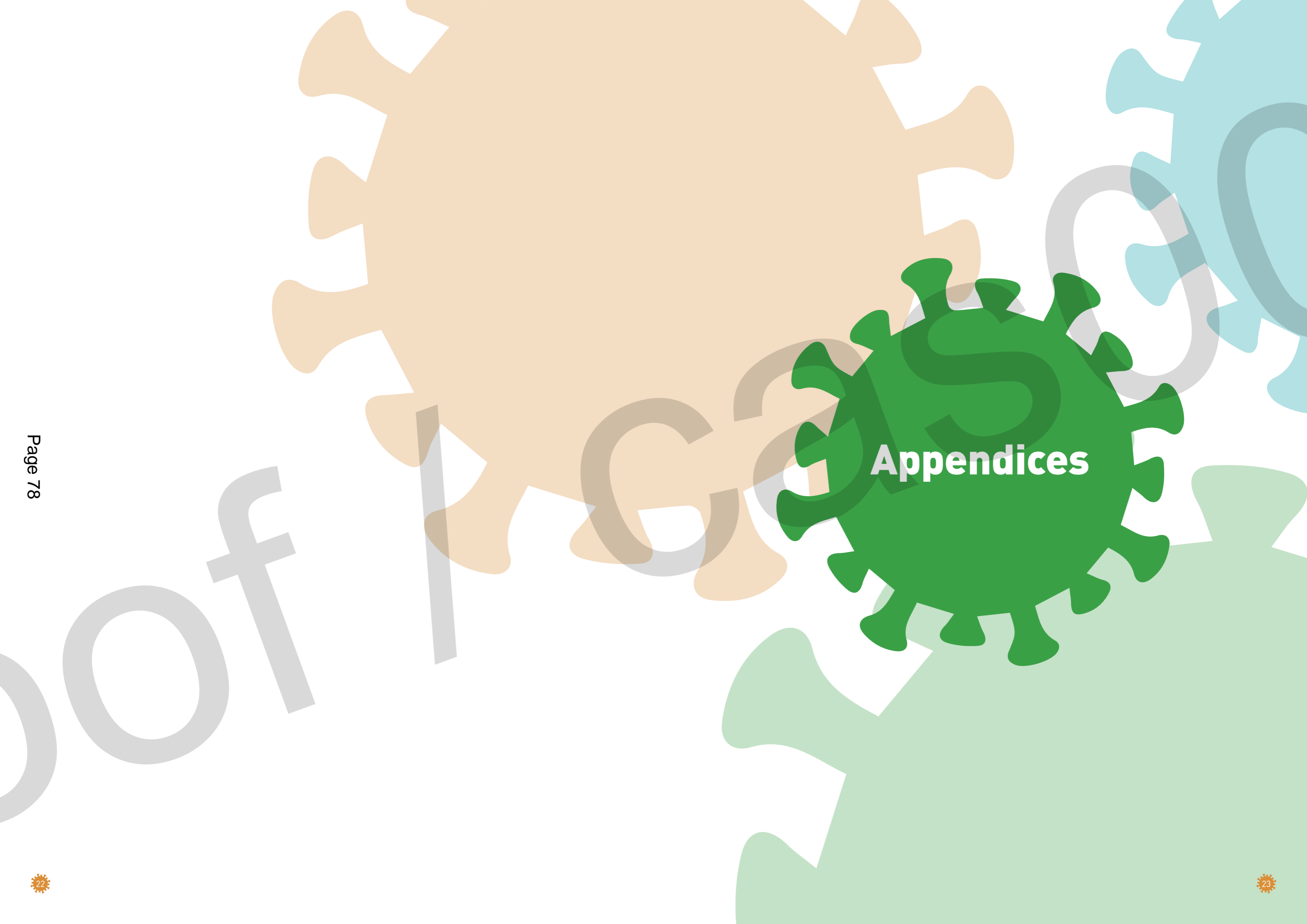
- BIOLOGICAL (e.g. vaccination);
- SOCIAL (e.g. physical distancing, social norms);
- ENVIRONMENTAL (e.g. COVID-secure workplace);
- LEGISLATIVE (policy and law).

The approach recognises that a focus on enforcement will not build community capacity which is needed to confidently prevent COVID-19 transmission by preventing infection and spread, recognising symptoms, accessing testing and self-isolating, with support if required.

A key requirement of the Local Outbreak Control Plan is to protect and support vulnerable people in all settings, including care homes.

A key next step is to build a further understanding and commitment with communities in Darlington. Working with the voluntary and community sector is critical to developing a community based understanding of actions to keep well, stay connected with others and contribute to a strong borough.





Appendices

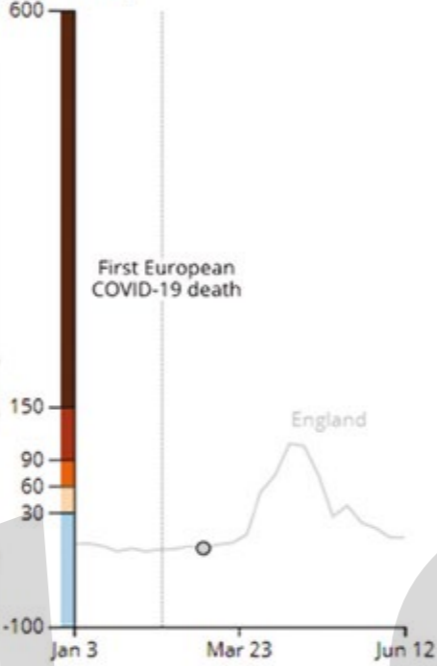
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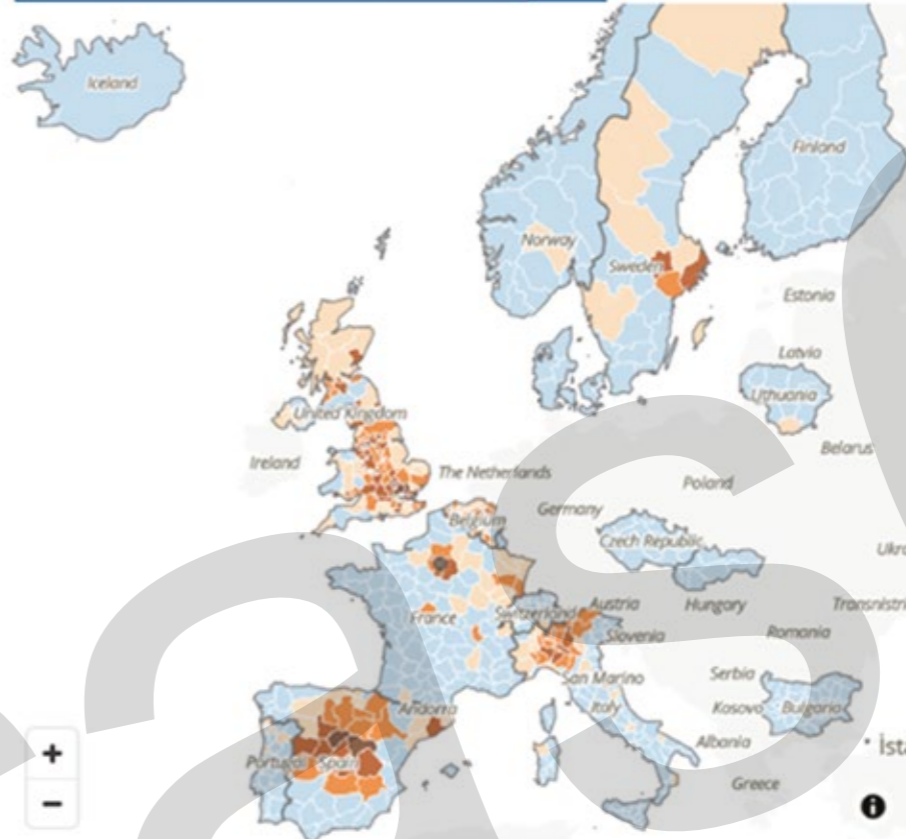
Mar 6



% difference from expected mortality (all deaths)



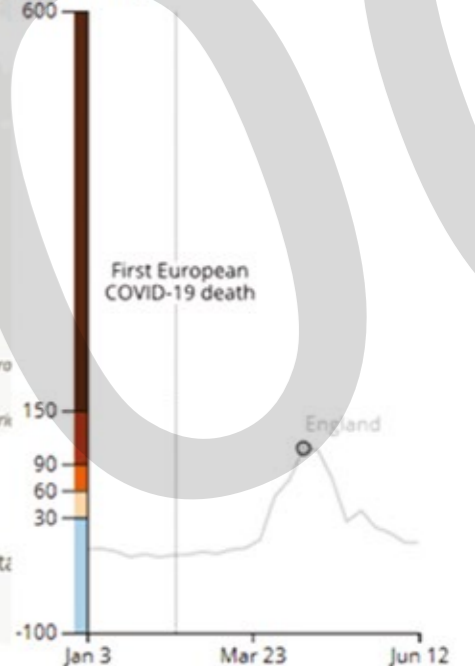
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Apr 17



% difference from expected mortality (all deaths)



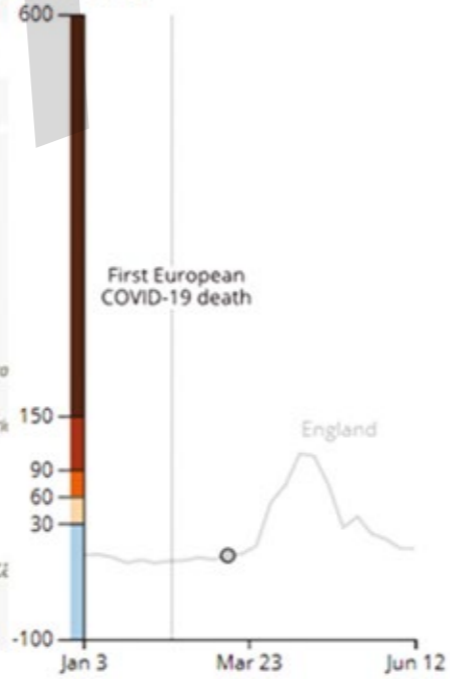
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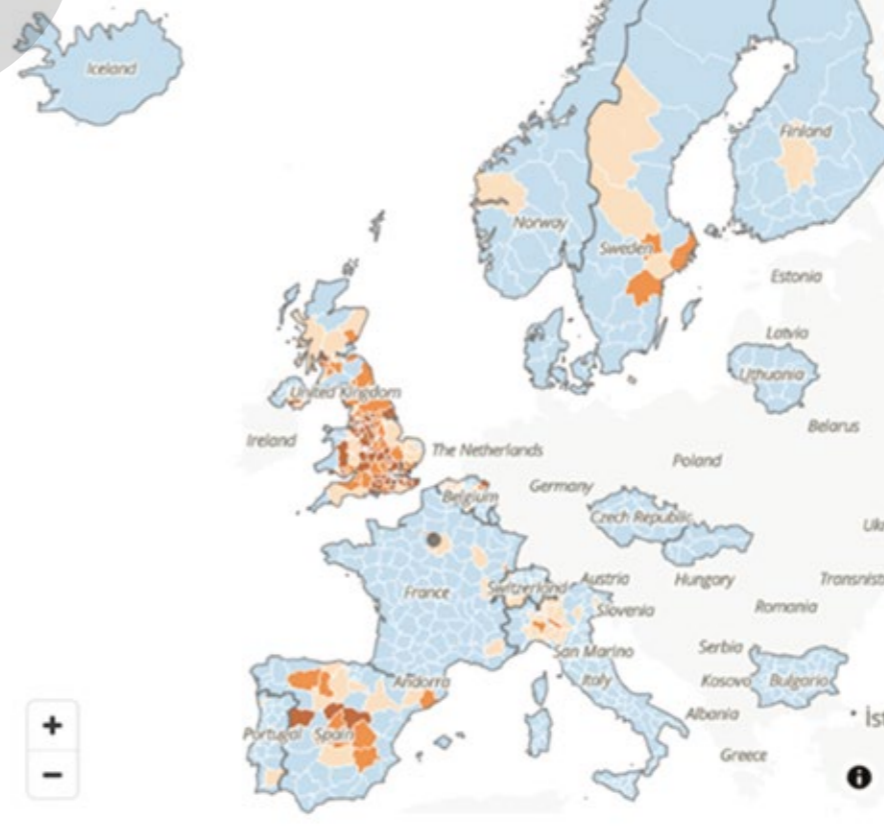
Mar 13



% difference from expected mortality (all deaths)



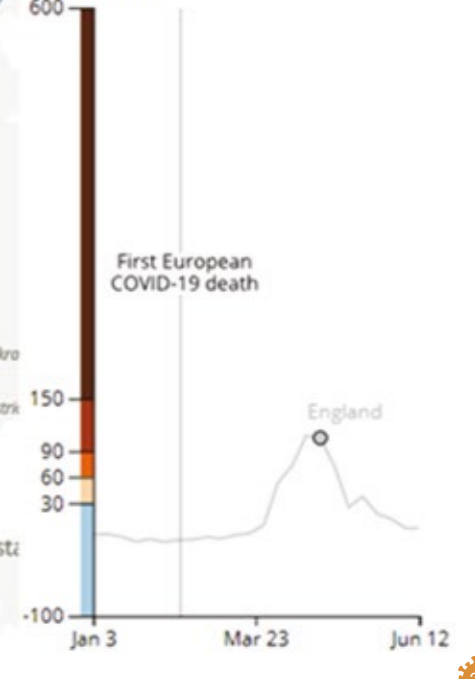
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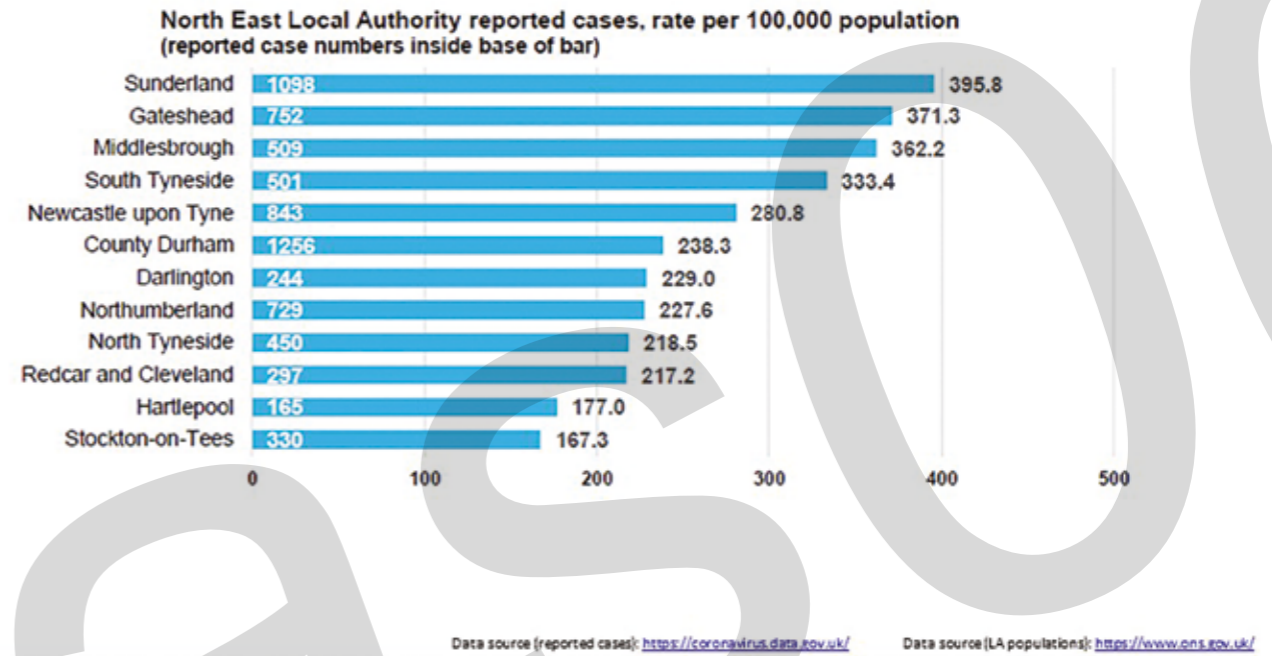
Apr 24



% difference from expected mortality (all deaths)



Extracts from NEQOS COVID-19 dashboard for Darlington Local Authority

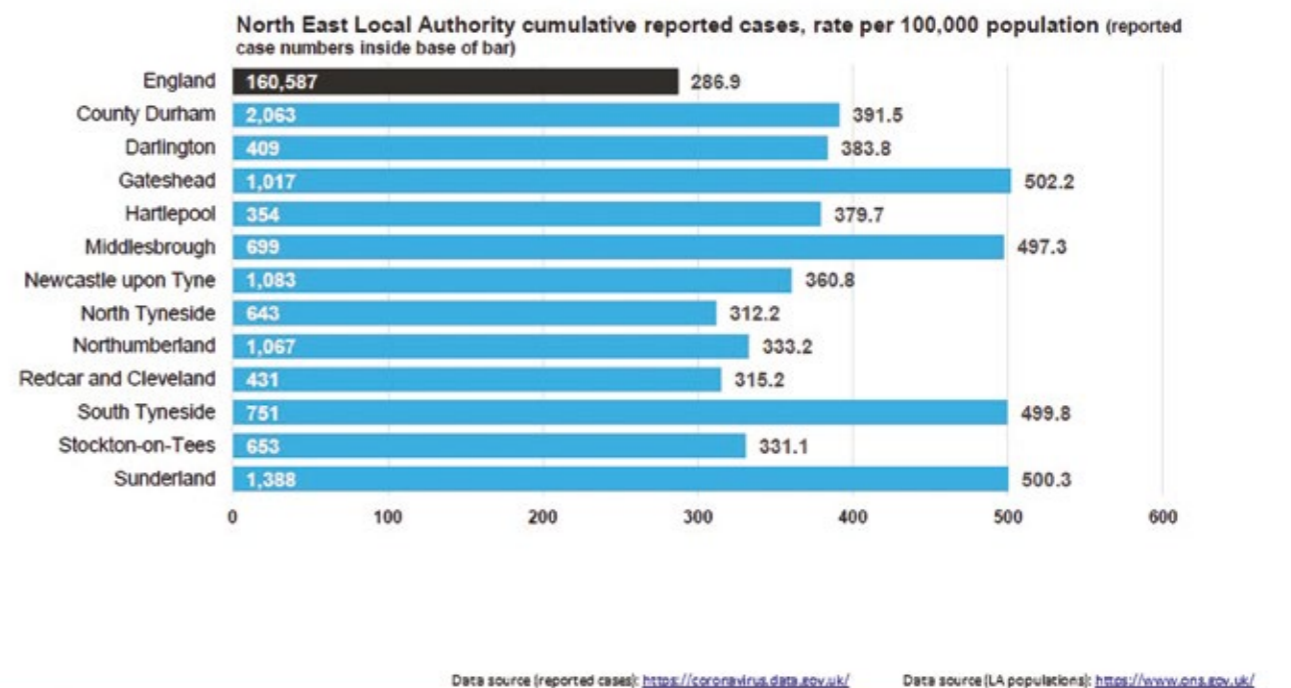
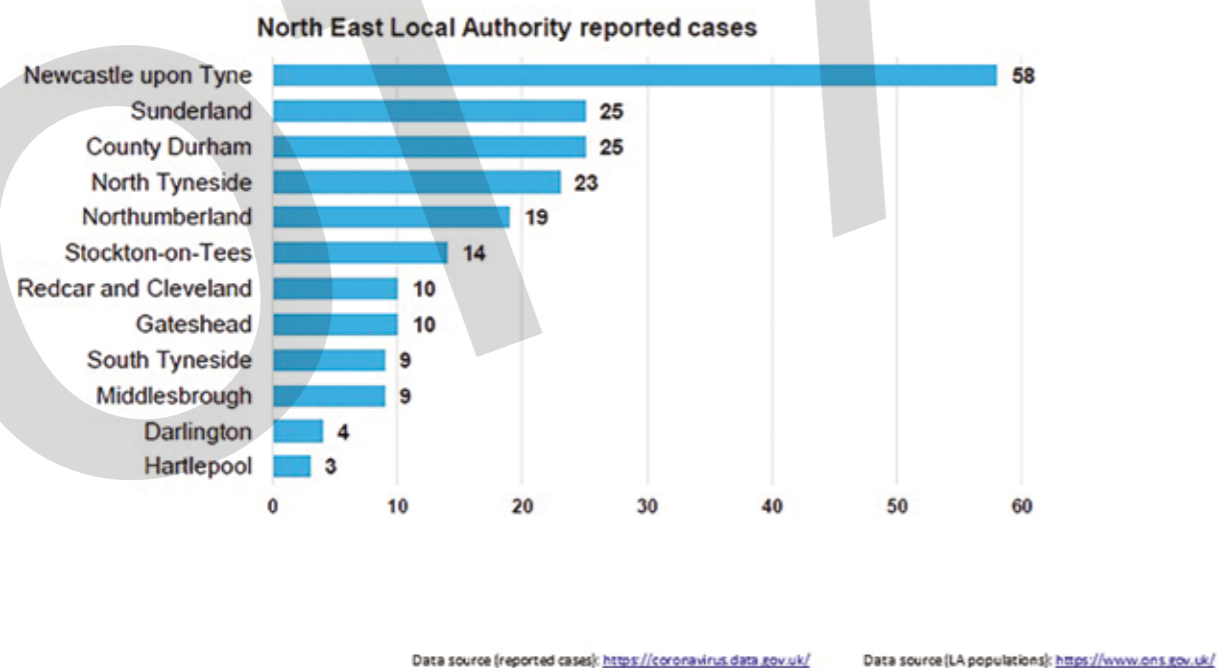


Better Knowledge Better Care Better Outcomes

NE Local Authority reported cases (cumulative numbers) - Data to 25/3/20

Better Knowledge Better Care Better Outcomes

NE Local Authority cumulative reported cases, rate per 100,000 - data to 30/6/20



Better Knowledge Better Care Better Outcomes

Better Knowledge Better Care Better Outcomes

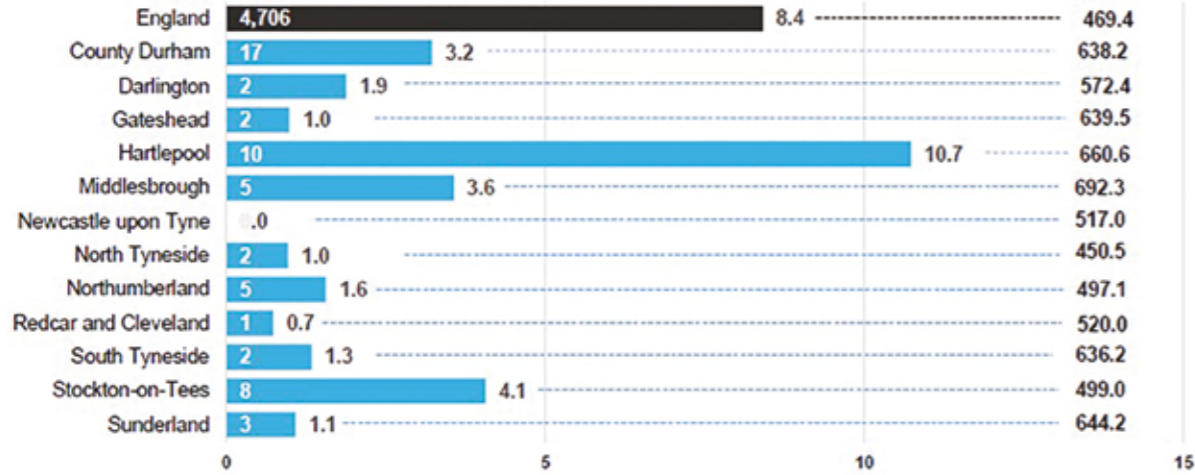
NENC Local Authority reported cases, rate per 100,000 - data to 2/8/20



North East Quality Observatory Service

North East Local Authority reported cases, rate per 100,000 population

Bars represent incidence rate between 22/07/20 and 28/07/20, number in bar is number of new cases in this period (by specimen date), number on the far right is the cumulative total prevalence rate per 100,000



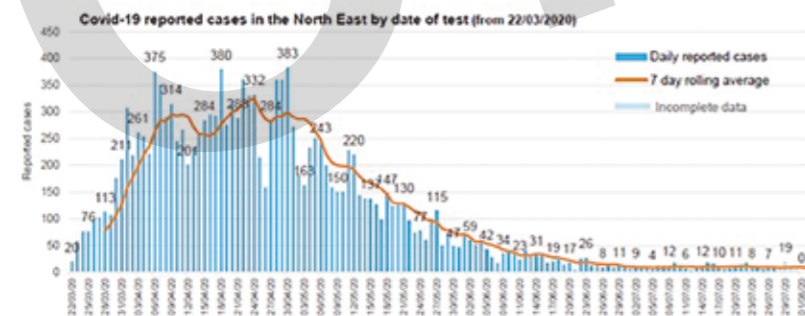
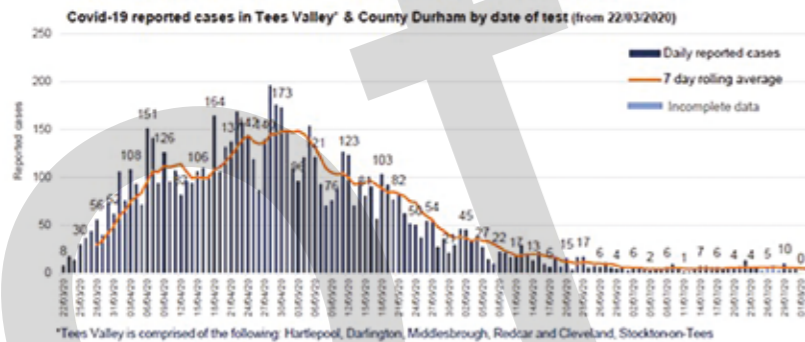
Data source (reported cases): <https://coronavirus.data.gov.uk/> Data source (LA populations): <https://www.ons.gov.uk/>

Better Knowledge Better Care Better Outcomes

NENC Local Authority reported cases, rate per 100,000 - data to 2/8/20



North East Quality Observatory Service



Better Knowledge Better Care Better Outcomes

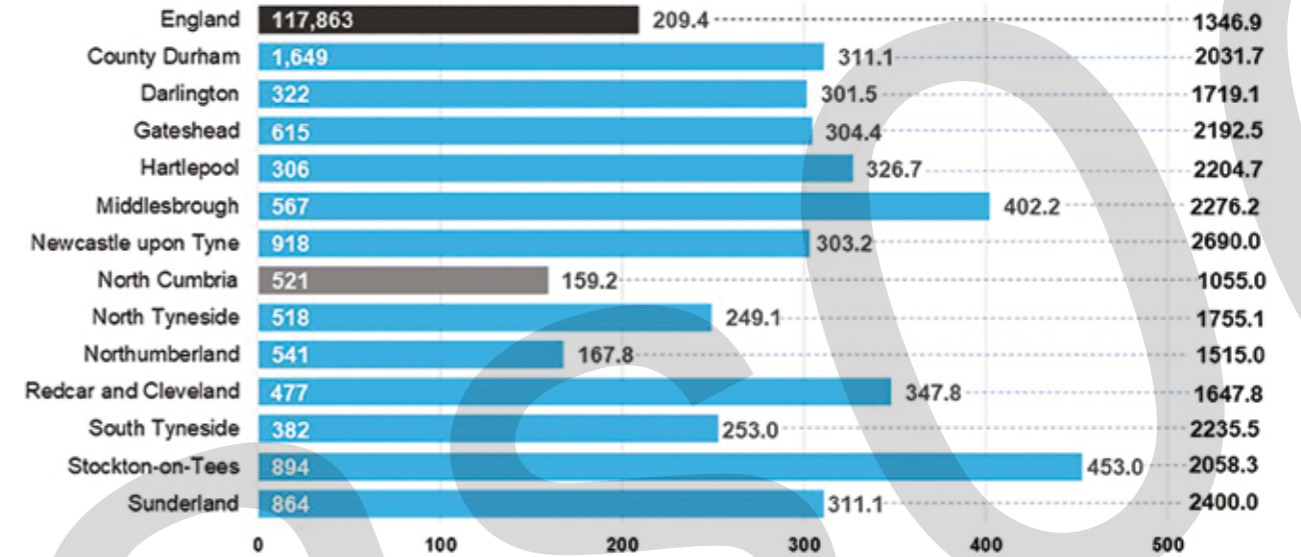
NENC Local Authority reported cases, rate per 100,000 - data to 21/10/20



North East Quality Observatory Service

North East and North Cumbria Local Authority reported cases, rate per 100,000 population

Bars represent incidence rate between 15/10/20 and 21/10/20, number in bar is number of new cases in this period (by specimen date), number on the far right is the cumulative total prevalence rate per 100,000



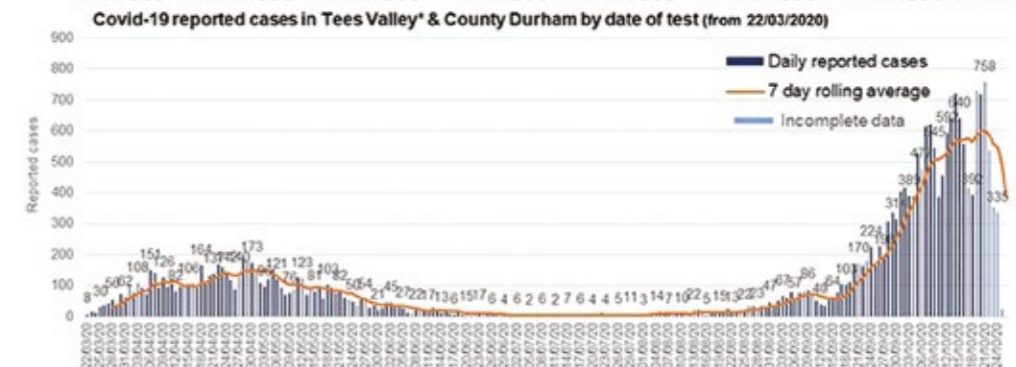
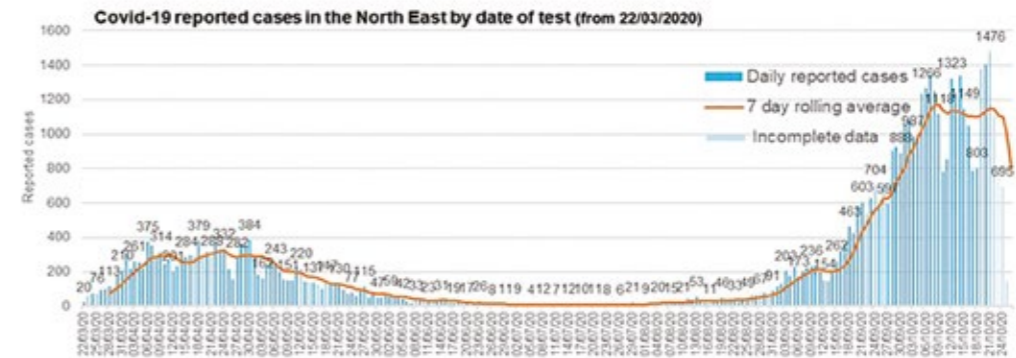
Data source (reported cases): <https://coronavirus.data.gov.uk/> Data source (LA populations): <https://www.ons.gov.uk/>

Better Knowledge Better Care Better Outcomes

NENC Local Authority reported cases - data to 24/10/20



North East Quality Observatory Service



Data source (reported cases): <https://coronavirus.data.gov.uk/>

Better Knowledge Better Care Better Outcomes

Impact of COVID-19 in Darlington

2/10/20

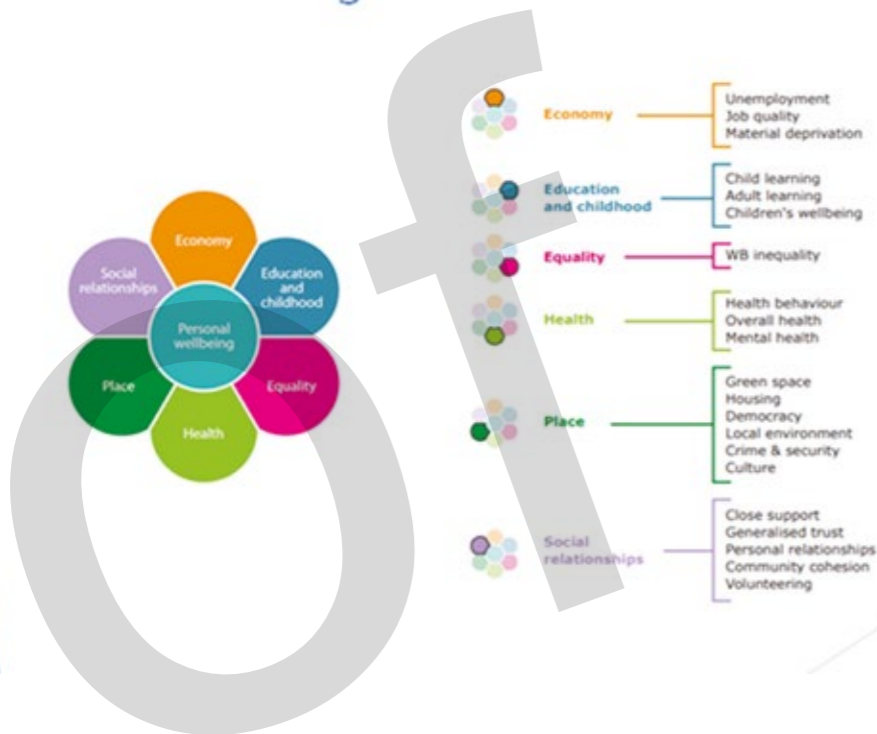


Economy

- UK officially in recession:
 - Largest decline in GDP on record (20% fall in Q2) and largest of G7 countries
 - Slight bounce back in June but still 1/6th below February level
 - Likely to last min. 12-18 months but effects will be felt much longer
- Productivity, investment (including local enquiries) and consumer confidence down significantly
- Town centres facing significant challenges - footfall / office demand / disposable income / dependency on shutdown sectors e.g. leisure and retail etc. for employment in Darlington
- Brexit will pose further risks such as tariffs
- However, currently no signs of major business casualties in the Borough with a lot of major employers being in the Public Sector



Local Wellbeing Framework



Economy

- Employment/Unemployment**
 - No. employees on UK payrolls fell 695k from March to August
 - Darlington claimant count increased by more than a half March to July to 7.2% - highest since 1995
 - New claimants concentrated amongst shutdown sectors (and low paid / young / renters)
 - 24% of Darlington jobs estimated to be at risk
 - UK vacancies fell nearly 60% from April to a record low in June (rebounded 30% in July and August but still 40% below Feb level)
 - 14,300 (30%) Darlington employees furloughed and 3,000 self-employed individuals (77%) on equivalent support scheme - at risk when these end (despite recently announced replacement initiatives)
 - Particular issues for education leavers (harder to find work / longer scarring effects)



Economy

- Job Quality
 - Average UK weekly hours worked down by a record 28% from the start of 2020 to the end of April. Rebounded 23% by the end of July but still down 12% overall.
 - Shutdown sectors especially affected (already poor quality)
 - Nearly half new UC claimants are still in-work and 12% furloughed - also being used to top up low pay and hours resulting from COVID
 - Further negative impacts anticipated for pay and conditions from recession
 - Link identified between job quality and local outbreaks i.e. Leicester garment factories
- Material Deprivation
 - Significant increases recorded for support with essential costs and further growth anticipated e.g. >400 DBC website searches in 1st week of August for support with school uniform costs leading to a response by the Council to provide a uniform exchange service.
 - Disproportionate impacts on already struggling groups including previously 'just about managing' families highly susceptible to debt
 - Child poverty expected to increase by a further 5%
 - Private renters a key group of concern, particularly when evictions freeze ends in September

Health

- Health Overall
 - Growth in unmet needs e.g. urgent cancer referrals fell 60% in April
 - At least some delays due to concerns regarding infection / desire not to overburden services
 - NHS waiting list could increase from 4.2m pre-COVID to 10m by end of year
 - Serious health impacts for survivors
 - Likely further waves as UK enters winter
- Mental Health
 - Increased reports of anxiety, stress, depression during first lockdown, esp. young people, women, parents and low income groups
 - Preliminary evidence suggests impacts will be sustained and recession is likely to have further effects; TEWV estimates 52% of children and young people, 23% of adults and 22% of older people in Darlington will present with mental health system or secondary care needs over the next five years
- Health Behaviours
 - Nationally, improvements in smoking but overall expected to have exacerbated inequalities
 - Locally there has been an increase in first time presentations for alcohol treatment services

Education and Childhood

- Adult Learning
 - 60% employers had stopped new apprentice starts in May - young people particularly affected
 - A quarter of UK providers have reported being at significant risk of closure
 - Education leavers will face particular challenges and are more likely to suffer scarring effects
- Child Learning
 - Better-off families estimated to have spent 30% more time on home learning and more able to provide required resources
 - School closures estimated to further have increased the attainment gap by more than a 3rd
 - Risk of growth in absence / exclusions etc. without significant support
- Children's Wellbeing
 - Already vulnerable children disproportionately impacted
 - Growth in emotional and behavioural issues, especially primary aged children; locally there has been an increase in children known to social care displaying such issues over recent weeks
 - Nationally, children requiring foster care increased 44% and referrals of children to care homes 50%, but - conversely - during lockdown child protection referrals fell by more than 50% in some areas
 - No. Darlington children attending childcare has been increasing but still less than half of pre-COVID levels

Place

- Crime & Security
 - Local incidents down 9.3% between Q1 and Q2
 - Increases in ASB and Drugs (nationally, fraud / cyber crime / hate crime)
 - Concerns re: domestic abuse - slight decrease in local reports since start of lockdown but high demand for support services nationally and recent upticks in incidents, support service referrals and homelessness presentations for domestic violence in Darlington
 - Compliance with government guidance continuing to fall - just 18% of people with symptoms are estimated to actually self-isolate
 - Evidence of link between crime levels and inequality - potential increase as recession develops

Place

- Housing
 - Growth in homelessness presentations during lockdown with emergency presentations up 10% initially but falling now due to introduction of triage
 - Homelessness presentations by reason show:
 - Increase in non-violent relationship breakdowns and property disrepair
 - A reduction in the end of Assured Shorthold Tenancies due to the evictions freeze however these are expected to rise again now the courts are back in session
 - The 6 month notice period has been extended to May and a further temporary ban on evictions will be introduced between 11 December and 11 January
 - Almost 250k UK private renters are thought to have fallen into arrears since the start of the pandemic and 174k threatened with eviction
 - 55k England households were served eviction notices Mar-Aug and 33k expected to be activated immediately
 - Illegal evictions nationally are estimated to have increased by 50%
 - Housing sales and development activity have declined nationally and a similar decline locally will undermine the MTFP and growth plans.

Equality

- Health
 - Stark - death rates in disadvantaged areas more than 2x as high
 - Men more likely to die from but women more likely to catch COVID-19
 - BME populations and older people much more likely to be affected
- Income
 - Single parents and ethnic minorities have seen largest income shocks
 - Particularly affected groups include:
 - People in-work but on low pay
 - Younger people
 - Women
 - BME
 - Lone parents

Social Relationships

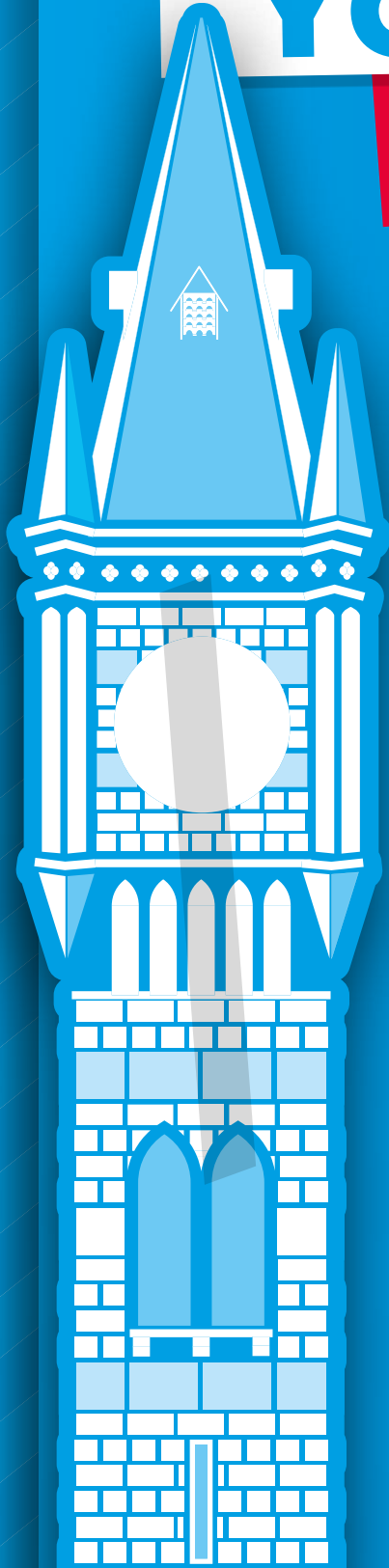
- Close support
 - Digital exclusion has proven to be a significant barrier for many residents' ability to access formal and informal support
 - Significant growth in unpaid carers (up 50%) nationally during lockdown
 - Impact on VCS as vital support provider:
 - 31 organisations have received at least 42 grants totalling almost £304k since March, including grants from the council's VCS Hardship Fund
 - CDCF have advised:
 - middle sized voluntary organisations and smaller community-based organisations who have gone off their radar since the start of lockdown are likely most at risk
 - The real financial pressures will start after March 2021 when reduced funding from donations / fundraising / trust funds starts to be felt
- Volunteering
 - More than 500 local residents signed up to support vulnerable people during lockdown - great opportunity to harness public interest in volunteering

Conclusion

- COVID has increased the challenges faced by Darlington's population in terms of increasing the gaps in life opportunities for many and increasing the numbers who are struggling to "make ends meet"

Play Your Part

**Stay COVID-19
safe in Darlington**



WASH HANDS

Keep washing your hands regularly.



COVER FACE

Wear a face covering over your nose and mouth in enclosed spaces.



MAKE SPACE

Stay at least one metre away from people not in your household.

Don't forget to download the
NHS COVID-19 App.
Use it to check in when out & about



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HEALTH AND HOUSING SCRUTINY COMMITTEE 3 MARCH 2021

WORK PROGRAMME

SUMMARY REPORT

Purpose of the Report

1. To consider the work programme items scheduled to be considered by this Scrutiny Committee during the 2020/21 Municipal Year and to consider any additional areas which Members would like to suggest should be added to the previously approved work programme.

Summary

2. Members are requested to consider the attached draft work programme (**Appendix 1**) for the remainder of the 2020/21 Municipal Year which has been prepared based on Officers recommendations and recommendations previously agreed by this Scrutiny Committee.
3. Any additional areas of work which Members wish to add to the agreed work programme will require the completion of a quad of aims in accordance with the previously approved procedure (**Appendix 2**).

Recommendations

4. It is recommended that Members note the current status of the Work Programme and consider any additional areas of work they would like to include.
5. Members' views are requested.

Paul Wildsmith
Managing Director

Background Papers

No background papers were used in the preparation of this report.

Author: Hannah Fay

S17 Crime and Disorder	This report has no implications for Crime and Disorder
Health and Well Being	This report has no direct implications to the Health and Well Being of residents of Darlington.
Carbon Impact and Climate Change	There are no issues which this report needs to address.
Diversity	There are no issues relating to diversity which this report needs to address
Wards Affected	The impact of the report on any individual Ward is considered to be minimal.
Groups Affected	The impact of the report on any individual Group is considered to be minimal.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision
One Darlington: Perfectly Placed	The report contributes to the Sustainable Community Strategy in a number of ways through the involvement of Members in contributing to the delivery of the eight outcomes.
Efficiency	The Work Programmes are integral to scrutinising and monitoring services efficiently (and effectively), however this report does not identify specific efficiency savings.
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

MAIN REPORT

Information and Analysis

6. The format of the proposed work programme, attached at **Appendix 1** has been reviewed to enable Members of this Scrutiny Committee to provide a rigorous and informed challenge to the areas for discussion.
7. Each topic links to the outcomes and the conditions in the Sustainable Community Strategy – One Darlington Perfectly Placed:-

SCS Outcomes:

- a) Children with the best start in life
- b) More businesses more jobs
- c) A safe and caring community
- d) More people caring for our environment
- e) More people active and involved
- f) Enough support for people when needed
- g) More people healthy and independent
- h) A place designed to thrive

Three Conditions:

- a) Build strong communities
- b) Grow the economy
- c) Spend every pound wisely

8. In addition, each topic links to performance indicators from the Performance Management Framework (PMF) to provide robust and accurate data for Members to use when considering topics and the work they wish to undertake. There are some topics where appropriate PMF indicators have not yet been identified however; these can be added as the work programme for each topic is developed.

Forward Plan and Additional Items

9. Once the Work Programme has been agreed by this Scrutiny Committee, any Member seeking to add a new item to the work programme will need to complete a quad of aims, attached at **Appendix 2**.
10. A copy of the Forward Plan has been attached at **Appendix 3** for information.

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HEALTH AND HOUSING SCRUTINY COMMITTEE WORK PROGRAMME

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
Local Outbreak Control Plan – COVID-19 in Darlington	3 March 2021	Public Health	A safe and caring community More people healthy and independent Enough support for people when needed	Build strong communities		To receive regular updates and undertake any further detailed work if necessary.
Director of Public Health Annual Report and Health Profile	3 March 2021	Penny Spring	More people healthy and independent			Annual report
Integrated Care System (ICS) (Formerly Sustainability and Transformation Plan (STP) including the Better Health Programme (BHP))	Engagement and Communication Strategy 3 March 2021	Simon Clayton, NECS	More people healthy and independent	Spend every pound wisely Build Strong Communities		To scrutinise and challenge progress of the principles underpinning the ICS and BHP and timelines for progress
Our Big Conversation – Strategic Framework and Business Plan	3 March 2021	TEWV				To update Scrutiny Members undertake any further work if necessary.

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
Drug and Alcohol Service Contract (Joint with Communities and Local Services Scrutiny Committee)	14 April 2021	Ken Ross	A safe and caring community More people healthy and independent	Build Strong Communities Spend every pound wisely		To update Scrutiny Members undertake any further work if necessary.
Customer Engagement in Housing Services - Customer Engagement Strategy 2021-2024	14 April 2021	Pauline Mitchell	More people active and involved	Build strong communities		To look at work being done within communities and how the Customer Panel engage with new communities.
NHS Clinical Commissioning Group Financial Challenges and Impact on Services	14 April 2021	Mark Pickering, NHS Darlington CCG	More people healthy and independent	Build Strong Communities Spend Every Pound Wisely		To scrutinise and monitor the CCG to ensure delivery of the necessary QIPP required in order to achieve its financial duties and service delivery

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
<p>Performance Management and Regulation/ Management of Change</p> <p>Regular Performance Reports to be Programmed</p>	Year End/Q4 August 2021	Relevant AD	<p>A safe and caring community</p> <p>Children with the best start in life</p> <p>More people healthy and independent</p>	<p>Build strong communities.</p> <p>Spend every pound wisely</p>	Full PMF suite of indicators	To receive biannual monitoring reports and undertake any further detailed work into particular outcomes if necessary
<p>Review of the Housing Allocations Plan</p>	To be agreed	Pauline Mitchell/ Janette McMain	Enough support for people when needed	<p>Spend every pound wisely</p> <p>Build strong communities</p>		To update Members on the implementation of the Housing Allocation Policy
<p>CCG Stroke Services/Review of Stroke Rehabilitation Services</p>	To be agreed	Katie McLeod CCG	More people healthy and independent	Spend Every Pound Wisely	To be determined	To scrutinise and challenge the CCG's and review of Stroke Rehabilitation Services in the community following discharge from Bishop Auckland Hospital
<p>Monitoring Outcomes from the Medium Term Financial Plan 2016-20</p> <p>Impact of ceasing/ reducing the following and has there been any cost</p>			<p>A safe and caring community</p> <p>Children with the best start in life</p>	<p>Build strong communities.</p> <p>Spend every pound wisely</p>	Full PMF suite of indicators	

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
shunting to other areas within the Council as a result of:- Voluntary Sector Funding	Joint briefings 14 October 2020 and 10 March 2021	Christine Shields	More people healthy and independent			To update Members following the monitoring and evaluation of this funded projects
Primary Care (to include GP Access to appointments) To include:- Digital Health (formerly Telehealth)	Last considered 31 October 2019 Last considered 19 December 2018 ; and by Review Group 16 Nov 2016	Rebecca Thomas CCG/ Amanda Riley PCN Ian Dove CDDFT	More people healthy and independent More people active and involved	Build Strong Communities Spend Every Pound Wisely		To scrutinise development around Primary Care Network and GP work, including digital health and its application, including signposting to services.

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
Childhood Healthy Weight Plan (Childhood Obesity Strategy)	Last considered 30 January 2020	Ken Ross	Children with the best start in life	Spending Every Pound Wisely Build Strong Communities		To review the effectiveness of the Childhood Healthy Weight Plan on childhood obesity and mental health links in children and young people.
<p>Monitoring Outcomes from the Medium Term Financial Plan 2016-20</p> <p>Impact of ceasing/reducing the following and has there been any cost shunting to other areas within the Council as a result of:-</p> <p>Healthwatch Darlington - Streamlined Service offered by HWD since April 2017 - The Annual Report of Healthwatch Darlington</p>	Last received 2 September 2020	Michelle Thompson, HWD	<p>A safe and caring community</p> <p>Children with the best start in life</p> <p>More people healthy and independent</p>	<p>Build strong communities.</p> <p>Spend every pound wisely</p>		To scrutinise and monitor the service provided by Healthwatch – Annual
Better Care Fund	Last received 2 September 2020	Paul Neil				To receive an update on the position of the Better Care Fund for Darlington

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
Homelessness Strategy and the Homelessness Reduction Act	Last received 21 October 2020	Pauline Mitchell	A safe and caring community Enough support for people when needed	Build strong communities		To look at the impact following the introduction of the Act. Update on current position within Darlington
Crisis Service Changes	Last received 21 October 2020	Jennifer Illingworth, TEWV	Enough support for people when needed	Spend every pound wisely		To receive a briefing and undertake any further detailed work if necessary.
Right Care, Right Place	Last received 21 October 2020	Jennifer Illingworth, TEWV	Enough support for people when needed	Build strong communities. Spend every pound wisely		To receive a briefing and undertake any further detailed work if necessary.
Tenancy Policy	Last received 21 October 2020	Pauline Mitchell	Enough support for people when needed	Build strong communities		To consider the updated Tenancy Policy.
Non Elective Urology Briefing	Last received 16 December 2020	CCG	Enough support for people when needed			To receive a briefing and undertake any further detailed work if necessary.

JOINT COMMITTEE WORKING – ADULTS SCRUTINY COMMITTEE

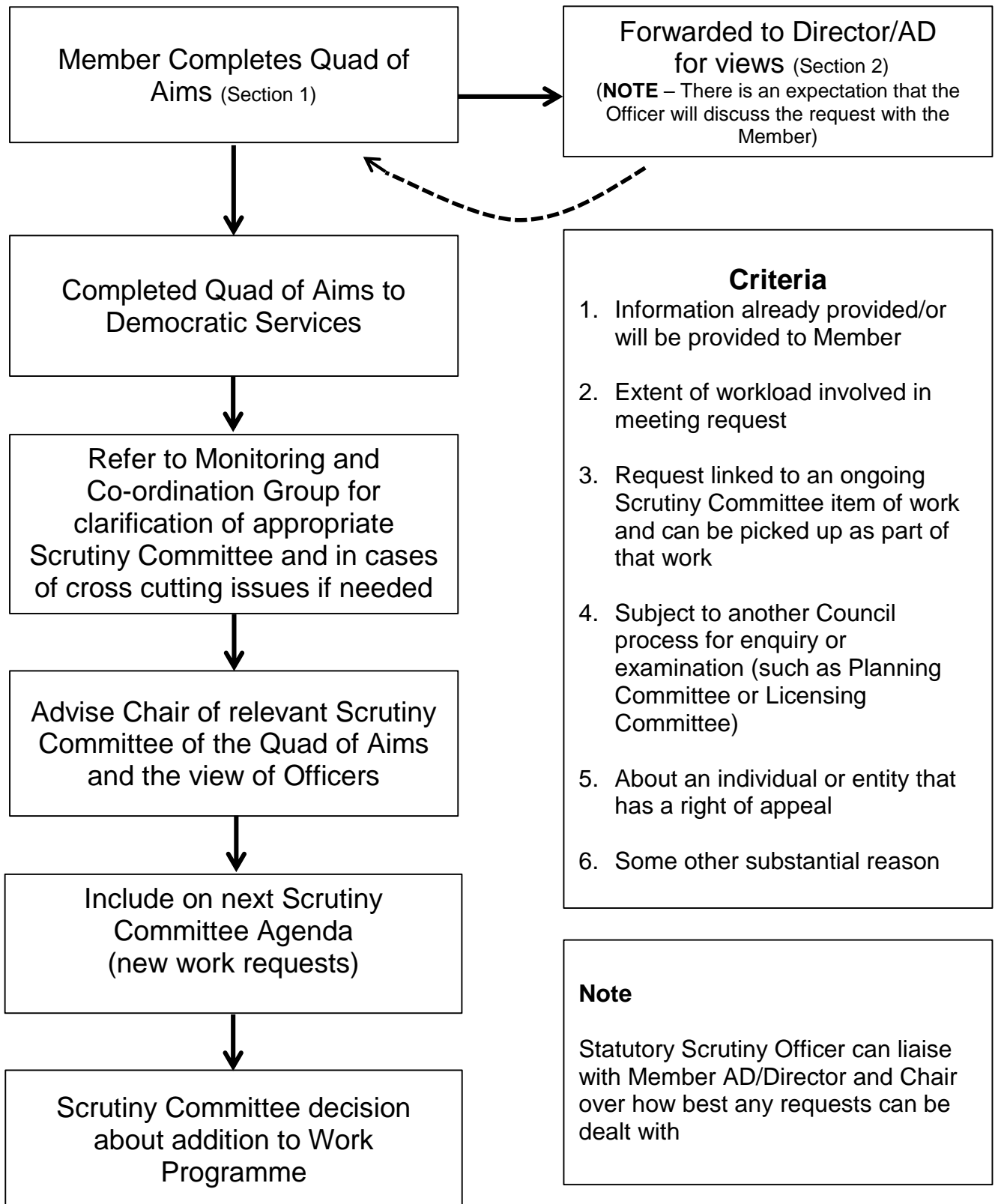
Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
Loneliness and Connected Communities Adults and Housing to Lead	Scoping meeting 28 January 2020 Meeting on 5 October 2020 Meeting on 15 December 2020					
CQC Ratings in the Borough of Darlington Health and Housing to lead	Scoping Meeting held 18 November 2019 Briefing note circulated 21 October 2020					To monitor and evaluate CQC scoring across the Borough for heath and care settings.

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JOINT COMMITTEE WORKING – CHILDREN AND YOUNG PEOPLE SCRUTINY COMMITTEE AND ADULTS SCRUTINY COMMITTEE

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
Autism Provision Review Group	Scoping meeting held 2 March 2020 Meeting scheduled for 24 February 2021		Enough support for people when needed			To review the provisions and services and contractual arrangements between this Council and our providers who provide the Autism provisions, diagnoses and support services for Darlington.

PROCESS FOR ADDING AN ITEM TO SCRUTINY COMMITTEE'S PREVIOUSLY APPROVED WORK PROGRAMME



PLEASE RETURN TO DEMOCRATIC SERVICES

QUAD OF AIMS (MEMBERS' REQUEST FOR ITEM TO BE CONSIDERED BY SCRUTINY)

SECTION 1 TO BE COMPLETED BY MEMBERS

NOTE – This document should only be completed if there is a clearly defined and significant outcome from any potential further work. This document should **not** be completed as a request for or understanding of information.

REASON FOR REQUEST?	RESOURCE (WHAT OFFICER SUPPORT WOULD YOU REQUIRE?)
PROCESS (HOW CAN SCRUTINY ACHIEVE THE ANTICIPATED OUTCOME?)	HOW WILL THE OUTCOME MAKE A DIFFERENCE?

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Signed Councillor

Date

SECTION 2 TO BE COMPLETED BY DIRECTORS/ASSISTANT DIRECTORS

(NOTE – There is an expectation that Officers will discuss the request with the Member)

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	Criteria
1. (a) Is the information available elsewhere? Yes No If yes, please indicate where the information can be found (attach if possible and return with this document to Democratic Services)	1. Information already provided/or will be provided to Member
(b) Have you already provided the information to the Member or will you shortly be doing so?	2. Extent of workload involved in meeting request
2. If the request is included in the Scrutiny Committee work programme what are the likely workload implications for you/your staff?	3. Request linked to an ongoing Scrutiny Committee item of work and can be picked up as part of that work
3. Can the request be included in an ongoing Scrutiny Committee item of work and picked up as part of that?	4. Subject to another Council process for enquiry or examination (such as Planning Committee or Licensing Committee)
4. Is there another Council process for enquiry or examination about the matter currently underway?	5. About an individual or entity that has a right of appeal
5. Has the individual or entity some other right of appeal?	6. Some other substantial reason
6. Is there any substantial reason (other than the above) why you feel it should not be included on the work programme?	

Signed **Position** **Date**

PLEASE RETURN TO DEMOCRATIC SERVICES

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**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title	Decision Maker and Date
Annual Audit Letter	Cabinet 9 Feb 2021
Calendar of Council and Committee Meetings 2021/22	Cabinet 9 Feb 2021
Darlington Capital Strategy including Capital Programme	Cabinet 9 Feb 2021
Housing Revenue Account	Council 18 Feb 2021 Cabinet 9 Feb 2021
Medium Term Financial Plan	Council 18 Feb 2021 Cabinet 9 Feb 2021
Project Position Statement and Capital Programme Monitoring - Quarter 3	Cabinet 9 Feb 2021
Revenue Budget Monitoring - Quarter 3	Cabinet 9 Feb 2021
Schools Admissions 2021/22	Cabinet 9 Feb 2021
Treasury Management Strategy and Prudential Indicators	Council 18 Feb 2021 Cabinet 9 Feb 2021
Acquisition of Land at Snipe Lane, Darlington	Cabinet 9 Feb 2021
Schedule of Transactions	Cabinet 9 Feb 2021
Climate Change - Update	Cabinet 9 Mar 2021
Local Transport Plan	Cabinet 9 Mar 2021
Regulatory Investigatory Powers Act (RIPA)	Cabinet 9 Feb 2021
Annual Procurement Plan 2021/22	Cabinet 13 Apr 2021
Special Educational Needs and Disabilities (SEND) Capital Projects	Cabinet 13 Apr 2021

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