

Health and Wellbeing Board Agenda



3.00 pm Thursday, 17 December 2020
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. Introductions/Attendance at Meeting.
2. Declarations of Interest.
3. To hear relevant representation (from Members and the General Public) on items on this Health and Wellbeing Board Agenda.
4. To approve the Minutes of the Meeting of this Board held on 3 September 2020 (Pages 1 - 4)
5. COVID-19 Local Outbreak Update –
Presentation by Director of Public Health
(Pages 5 - 26)
6. System Winter Plan Summary 2020/21 –
Report of Director of Performance, County Durham and Darlington NHS
Foundation Trust on behalf of County Durham and Darlington LADB
(Pages 27 - 48)
7. SUPPLEMENTARY ITEM(S) (if any) which in the opinion of the Chair of this Board are of an urgent nature and can be discussed at the meeting.
8. Questions.



Luke Swinhoe
Assistant Director Law and Governance

Wednesday, 9 December 2020

Town Hall
Darlington.

Membership

Councillor Clarke, Cabinet Member with Children and Young People Portfolio
Councillor Harker

Councillor Mills, Cabinet Member with Adults Portfolio

Councillor K Nicholson, Cabinet Member with Health and Housing Portfolio

Councillor Mrs H Scott, Leader of the Council

Penny Spring, Director of Public Health

Dr Posmyk Boleslaw, Chair, NHS Tees Valley Clinical Commissioning Group

David Gallagher, Chief Officer, NHS Tees Valley Clinical Commissioning Group

Michael Houghton, Director of Commissioning Strategy and Delivery, NHS Tees Valley Clinical Commissioning Group

Brent Kilmurray, Chief Executive, Tees, Esk and Wear Valley NHS Foundation Trust

Sue Jacques, Chief Executive, County Durham and Darlington Foundation Trust

Richard Chillery, Operational Director of Children's and Countywide Care Directorate, Harrogate and District NHS Foundation Trust

Alison Slater, Director of Nursing, NHS England, Area Team

Steve White, Interim Police, Crime and Victim's Commissioner, Police, Crime and Victims' Commissioner, Durham Police Area

Sam Hirst, Primary Schools Representative

Nick Lindsay, Head Teacher Longfield Academy, Secondary Schools Representative

Carole Todd, Darlington Post Sixteen Representative, Darlington Post Sixteen Representative

Rita Lawson, Chairman, VCS Strategic Implementation Group

Dr Amanda Riley, Chief Executive Officer, Primary Healthcare Darlington

Michelle Thompson, Chief Executive Officer, Healthwatch Darlington

Rachel Morris, Head of Department for Nursing and Midwifery, School of Health and Life Sciences, Teesside University

Since the last meeting of the Board, the following items have been sent to the Chair/Members of the Board:-

- Our Big Conversation continues - Campaign Toolkit TEWV – September 2020
- South ICP Stakeholder Briefing - #DoYourBit – October 2020

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 e-mail hannah.fay@darlington.gov.uk or telephone
01325 405801

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HEALTH AND WELLBEING BOARD

Thursday, 3 September 2020

PRESENT – Councillor K Nicholson (Cabinet Member with Health and Housing Portfolio) (Chair), Councillor Clarke (Cabinet Member with Children and Young People Portfolio), Councillor Harker, Suzanne Joyner (Director of Children and Adults Services), Miriam Davidson (Director of Public Health), Michael Houghton (Director of Commissioning Strategy and Delivery) (NHS Tees Valley Clinical Commissioning Group), Jennifer Illingworth (Director of Operations, Durham and Darlington) (Tees, Esk and Wear Valley NHS Foundation Trust), Emma Anderson (Harrogate and District NHS Foundation Trust), Sharon Caddell (Interim Chief Executive & Monitoring Officer) (Office of the Durham Police, Crime and Victims' Commissioner), Sue Jacques (Chief Executive) (County Durham and Darlington Foundation Trust), Dr Amanda Riley (Chief Executive Officer) (Primary Healthcare Darlington) and Carole Todd (Darlington Post Sixteen Representative) (Darlington Post Sixteen Representative)

ALSO IN ATTENDANCE – Hannah Fay (Democratic Officer)

APOLOGIES – Councillor Mills (Cabinet Member with Adults Portfolio), Councillor Mrs H Scott (Leader of the Council), Brent Kilmurray (Chief Executive) (Tees, Esk and Wear Valley NHS Foundation Trust), Richard Chillery (Operational Director of Children's and Countywide Care Directorate) (Harrogate and District NHS Foundation Trust), Sam Hirst (Primary Schools Representative), Rita Lawson (Chairman) (VCS Strategic Implementation Group), Michelle Thompson (Chief Executive Officer) (Healthwatch Darlington) and Stephen Cummings (Dean of School of Health and Life Sciences) (Teesside University)

HWBB1 DECLARATIONS OF INTEREST.

There were no declarations of interest reported at the meeting.

HWBB2 TO HEAR RELEVANT REPRESENTATION (FROM MEMBERS AND THE GENERAL PUBLIC) ON ITEMS ON THIS HEALTH AND WELLBEING BOARD AGENDA.

No representations were made by Members or members of the public in attendance at the meeting.

HWBB3 TO APPROVE THE MINUTES OF THE MEETING OF THIS BOARD HELD ON 28 NOVEMBER 2019

Submitted – The Minutes (previously circulated) of the meeting of this Health and Wellbeing Board held on 28 November 2019.

RESOLVED – That the minutes be approved as a correct record.

REASON – They represent an accurate record of the meeting.

HWBB4 RESPONSE TO COVID-19 & LOCAL OUTBREAK CONTROL PLAN

The Director of Public Health gave a presentation to update Board on the response to COVID-19 and on the Local Outbreak Control Plan.

Members were provided with details of the four stages of the response of the Council to the COVID-19 pandemic; the Local Outbreak Plan, which sets out measures to prevent and manage local outbreaks; and the seven themes of the plan were outlined. In relation to Theme 7: Governance, Members were advised that the Health and Wellbeing Board was acting as the COVID-19 Engagement Board.

Details were provided of the communication and engagement in place to prevent local outbreaks; and an example was provided of the Councils corporate branding that was due to be published.

Discussion ensued on partnership working; the importance of clear, consistent messaging to maintain the current position; and the need to focus on the wider health determinants.

RESOLVED – That the thanks of the Board be conveyed to the Director of Public Health for her informative presentation.

REASON – To convey the views of the Board

HWBB5 2020-21 TEES VALLEY WINTER PLAN

The Director of Strategy and Commissioning, NHS Tees Valley Clinical Commissioning Group gave a presentation to update Board on the 2020-21 Tees Valley Winter Plan.

Members were advised that the Winter Plan was part of an annual planning process in collaboration with the South Integrated Care Partnership (ICP) led by the Tees Valley Local AE Delivery Board; there were 4 ICP Winter Plans, those being North, South, Central and North Cumbria which all fed into an overarching Integrated Strategic Partnership Regional Winter Plan; the winter plan timetable was outlined; and the actions to progress the winter plan were summarised.

Reference was made to the NHS Phase III letter which set out the third phase of the NHS response to COVID-19 and came into effect from 1 August 2020; nine themes with 79 elements were in place to deliver the key NHS priorities; and details were provided of the elements of the 'Prepare for Winter' theme, which would be captured within the ICP Winter Plan.

Discussion ensued in respect of the implications of population behaviour on NHS services during the winter period.

RESOLVED – That the thanks of the Board be conveyed to the Director of Strategy and Commissioning, for his informative presentation.

REASON – To convey the views of the Board.

HWBB6 NHS TEES VALLEY CCG FLU VACCINATION UPDATE

The Director, NHS Tees Valley Clinical Commissioning Group submitted a briefing note (previously circulated) updating the Board on the Tees Valley Clinical Commissioning Group Flu Vaccination programme.

RESOLVED – That the update be noted.

REASON – To provide Board with an update on the Tees Valley Clinical Commissioning Group Flu Vaccination programme.

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COVID-19 in Darlington 17th December 2020

Penny Spring
Director of Public Health

Ken Ross
Public Health Principal





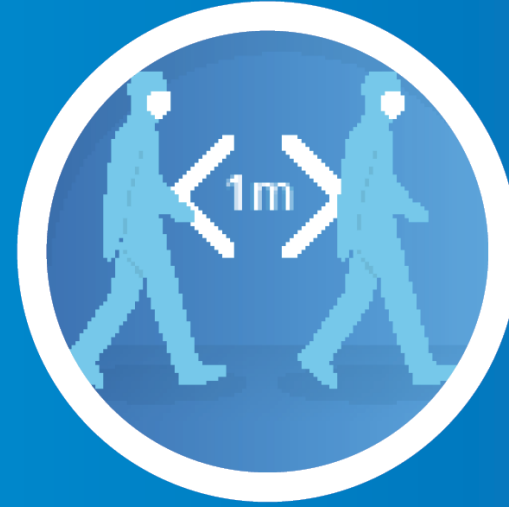
Wash Hands

Keep washing your hands regularly.



Cover Face

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

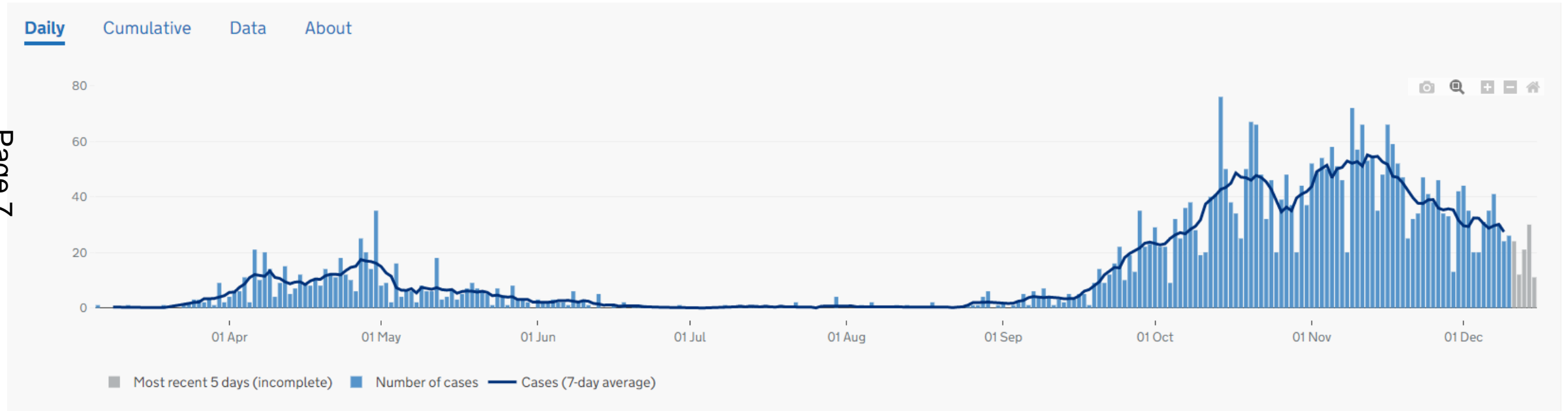


Make Space

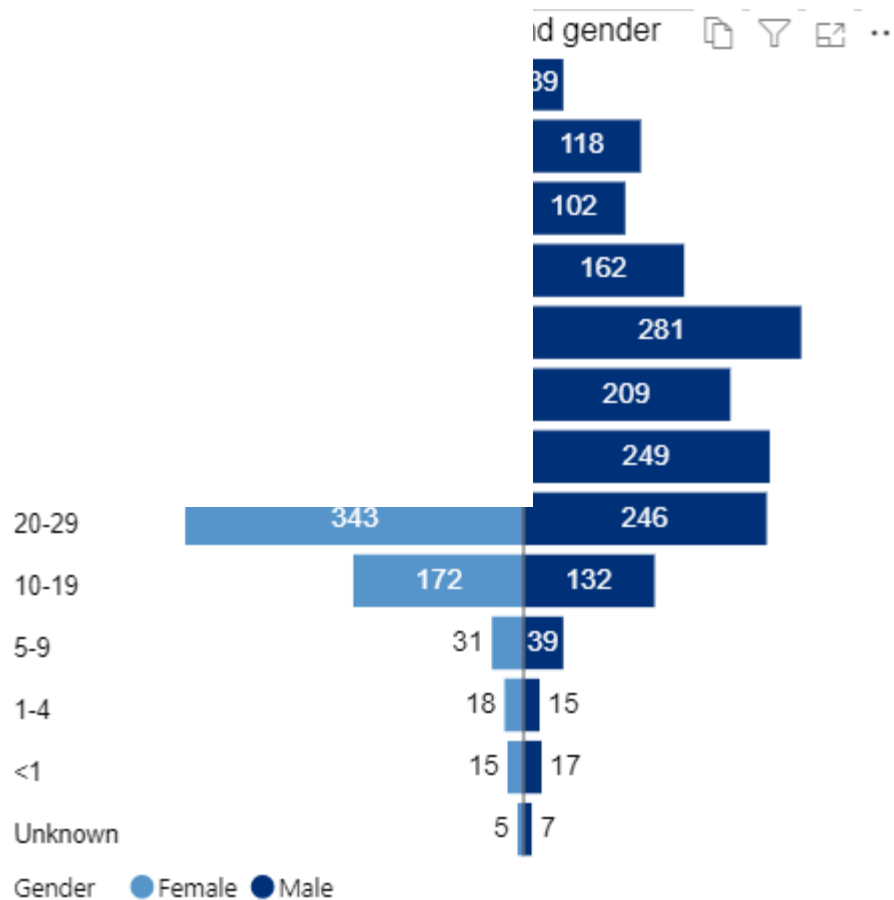
Stay at least one metre away from people not in your household.

1. Case detection Rate all age groups

Epidemic curve of daily confirmed COVID-19 cases over time in Darlington, by specimen date

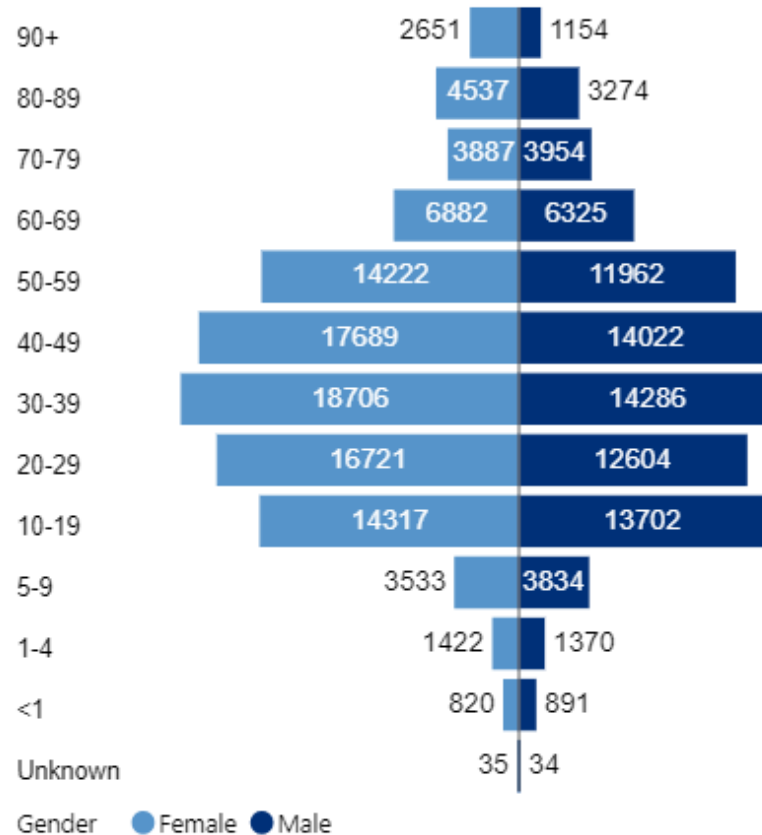


ned cases in past 14 days (November 24, 2020 to December 7, 2020) and
 /ember 23, 2020)

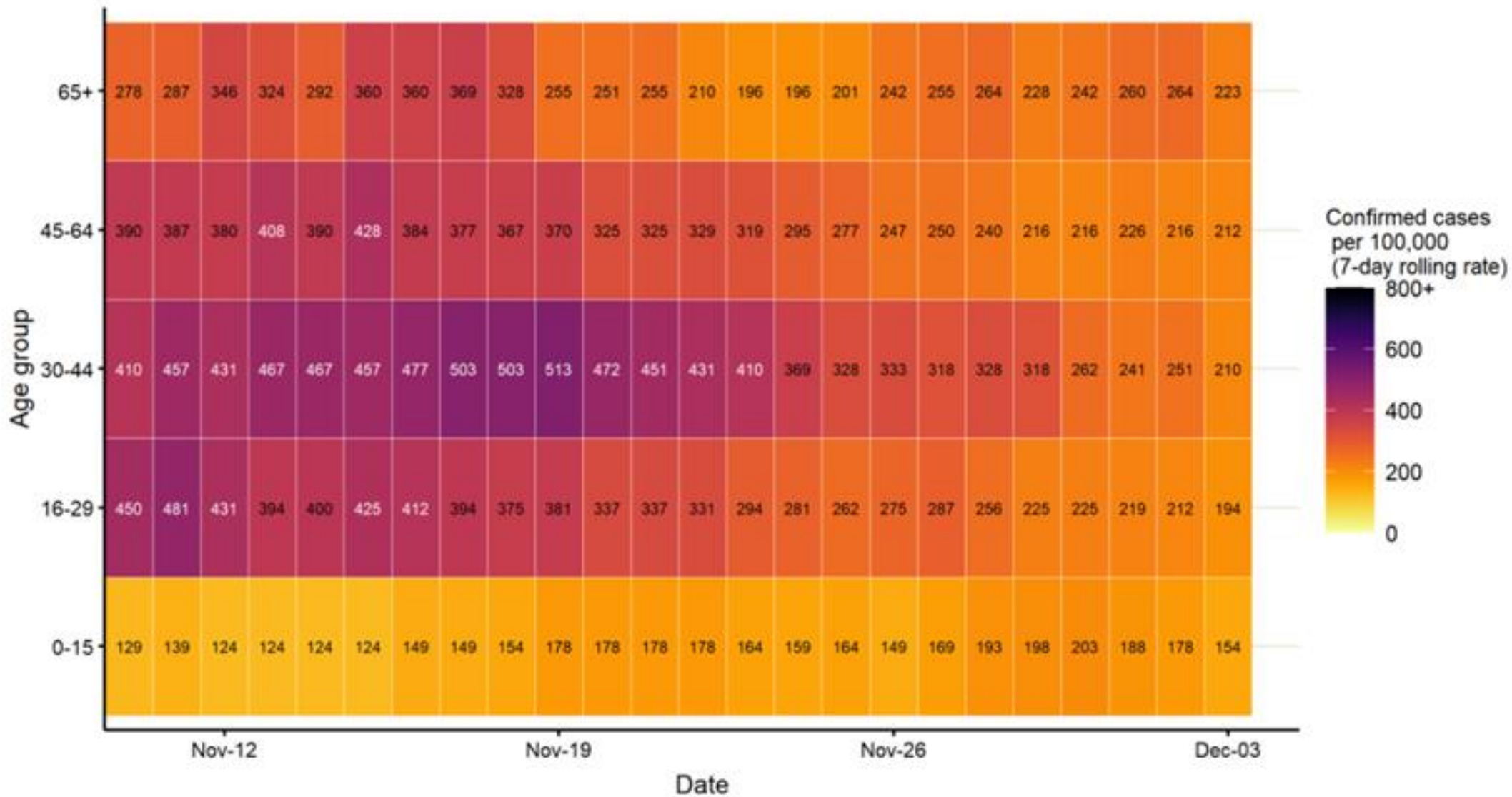


Last 14 days

Confirmed cases by age (in years) and gender

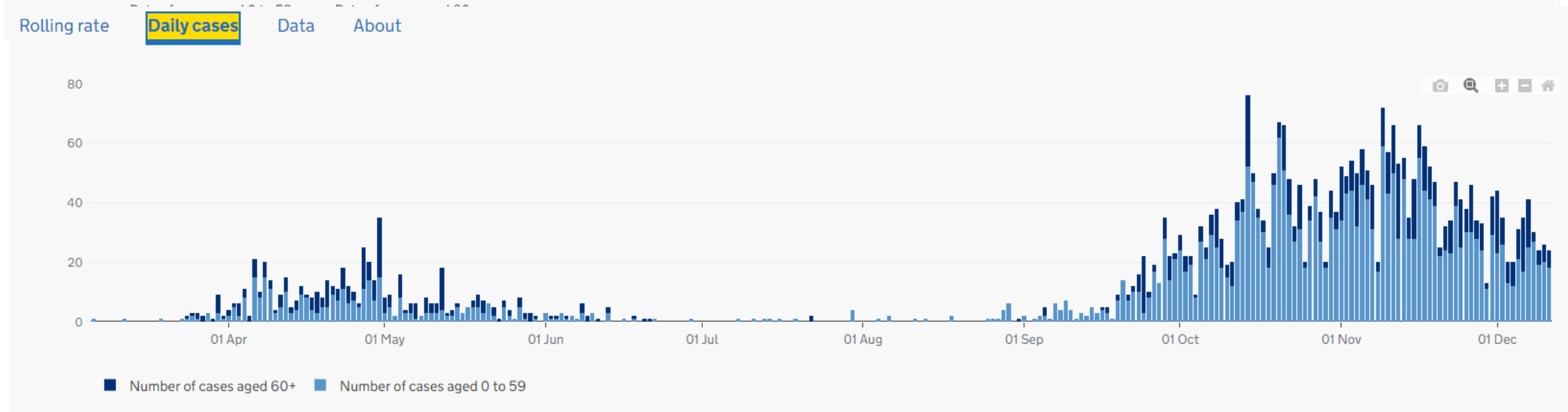
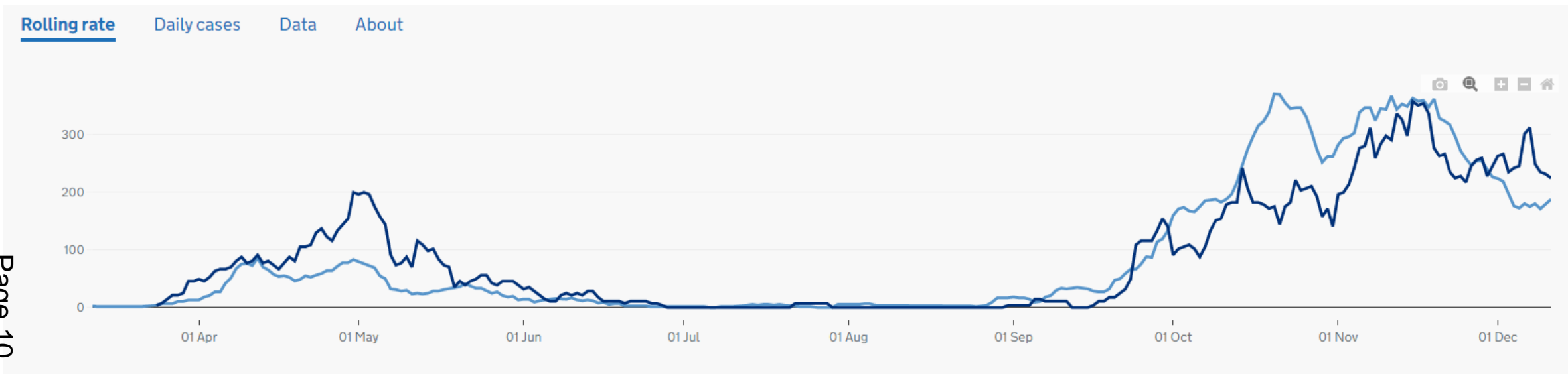


Heat maps of age specific incidence per 100,000 people



2. Case detection rates in over 60s

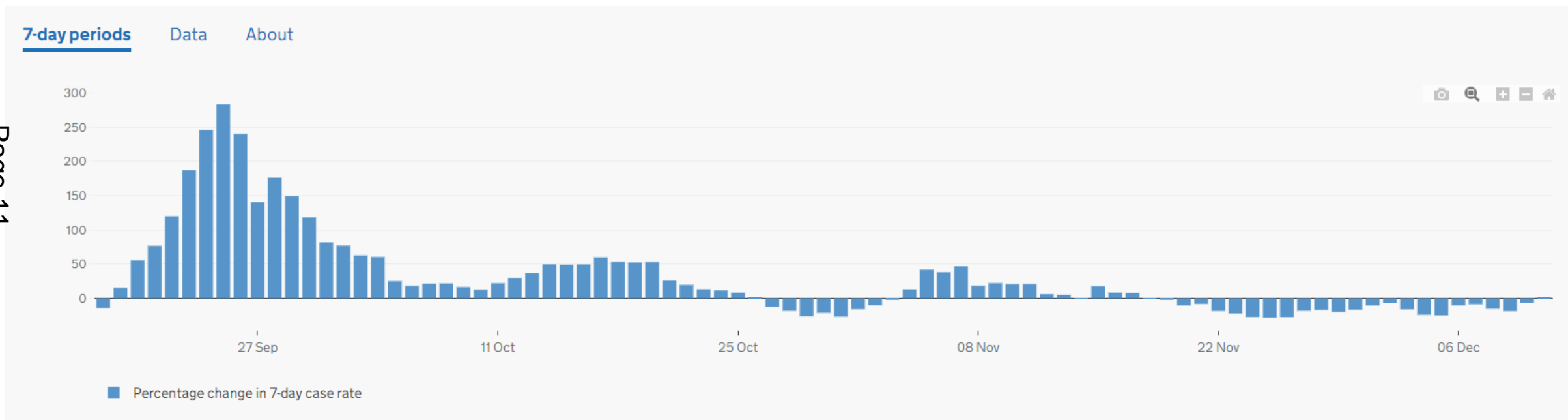
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3. The rate cases are rising or falling

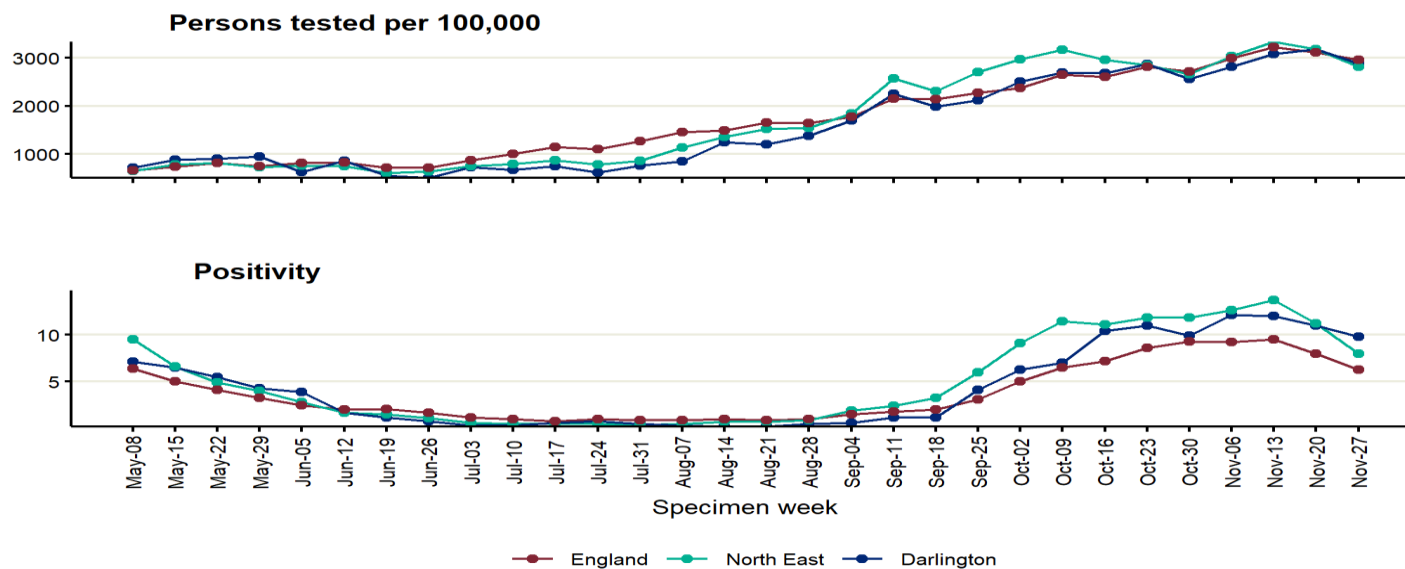
7-day case rates by specimen date - Percentage change

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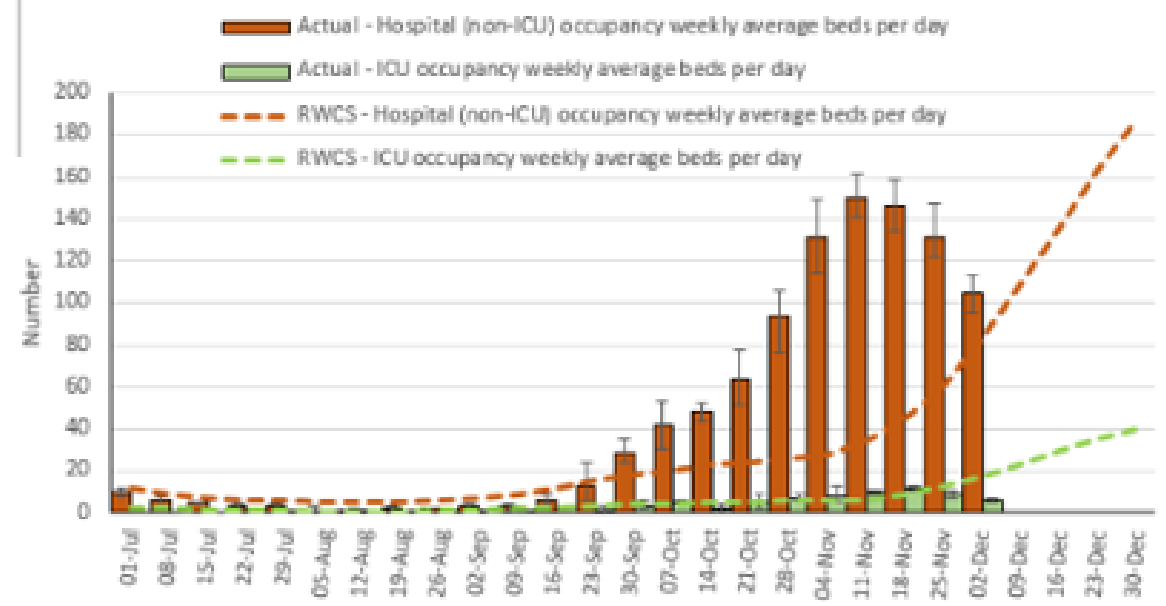
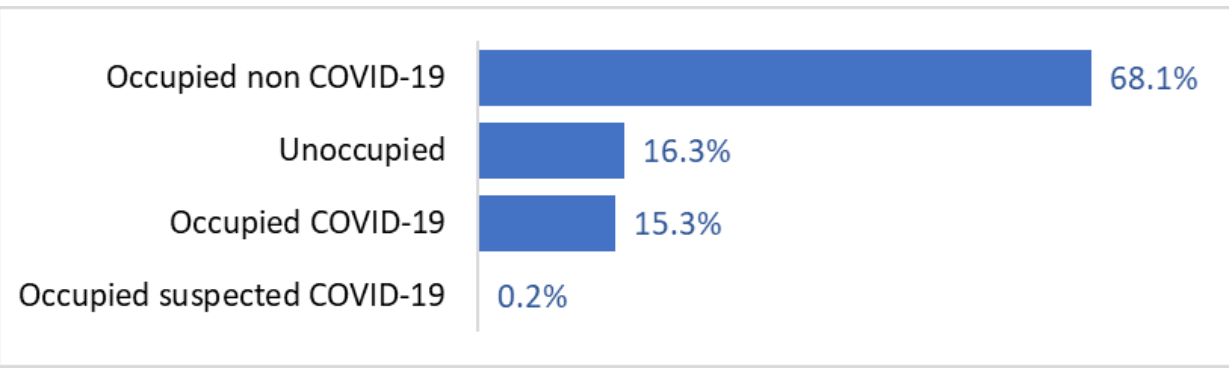
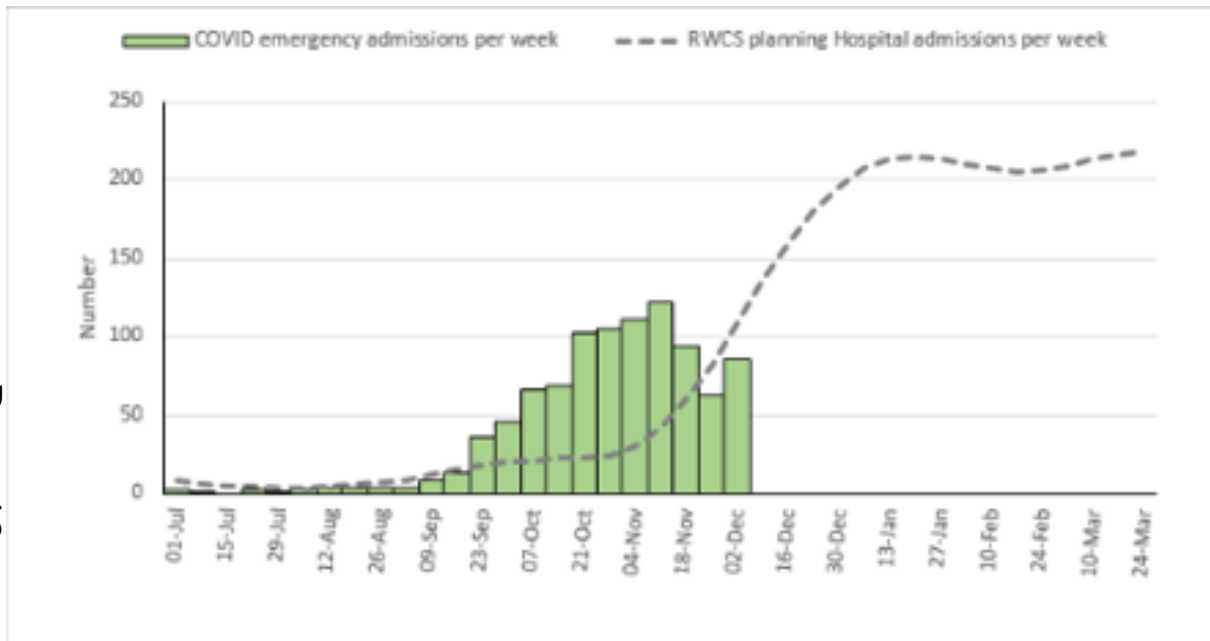
4. Positivity Rate

Period	Area	Pillar	Cases	Tests	Cases per 100,000	Persons tested per 100,000	Positivity
Most recent 14 days*	Darlington	Pillar 1	97	1380	90.8	1292.1	7.8
		Pillar 2	322	3965	301.5	3712.4	9.4
		Total	419	5345	392.3	5004.5	9.0
	North East	Pillar 1	1275	29616	48.0	1114.3	5.9
		Pillar 2	6653	102073	250.3	3840.3	7.2
		Total	7928	131689	298.3	4954.6	6.9
	England	Pillar 1	23194	818992	41.4	1463.1	4.3
		Pillar 2	133424	2252426	238.4	4023.8	6.4
		Total	156618	3071418	279.8	5486.9	5.9



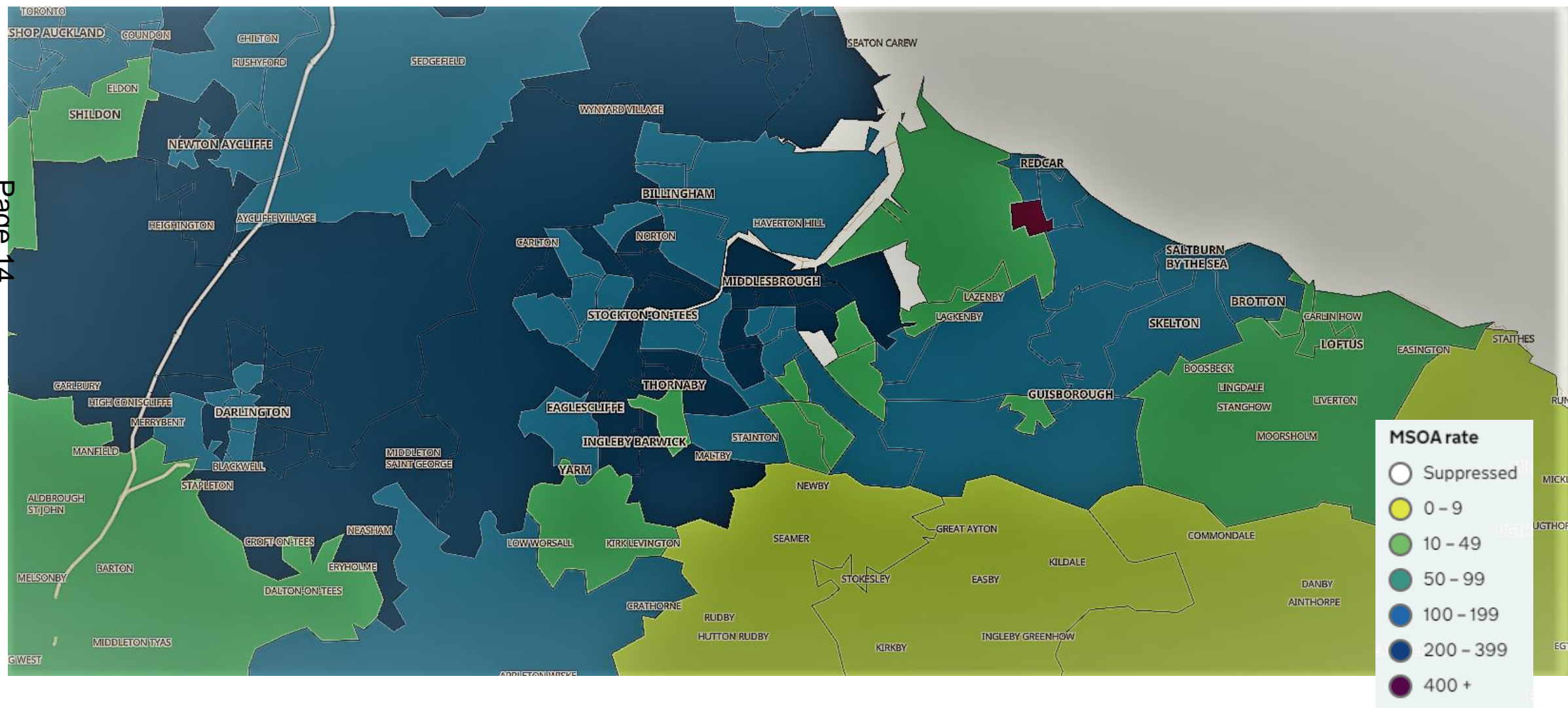
5. Pressure on the NHS

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Rates by MSOA 1st December 2020 (Darlington and Tees Valley)

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Rates by MSOA 8th December 2020 (Darlington and Tees Valley)

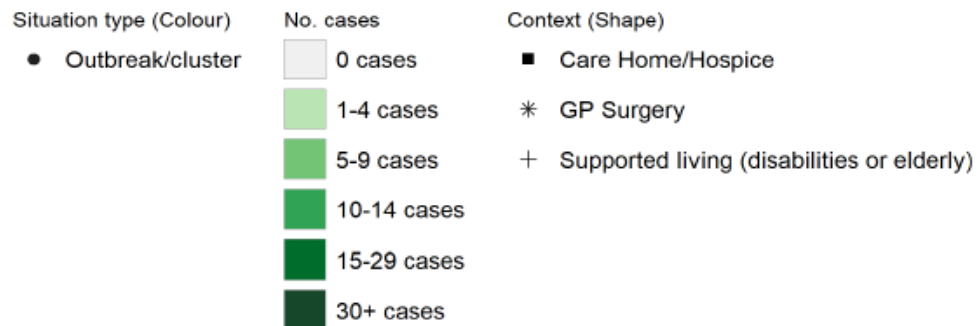
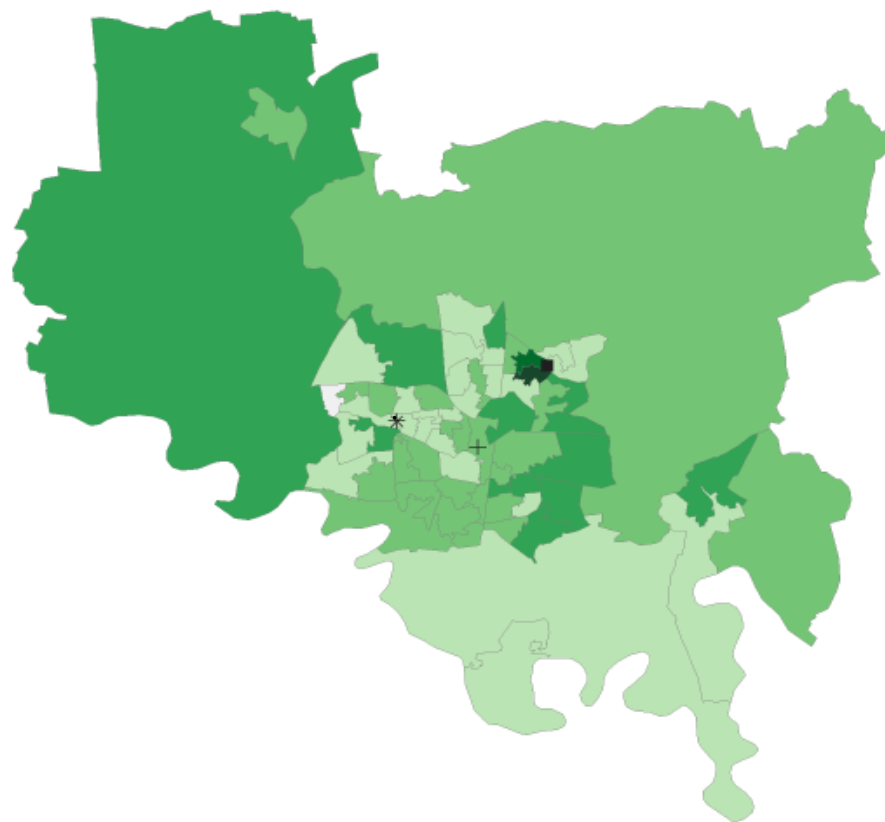


Outbreaks

Map of new COVID-19 cases by LSOA (Lower Layer Super Output Area) overlaid with new outbreaks/clusters in Darlington Past 14 days

(November 24, 2020 to December 7, 2020)

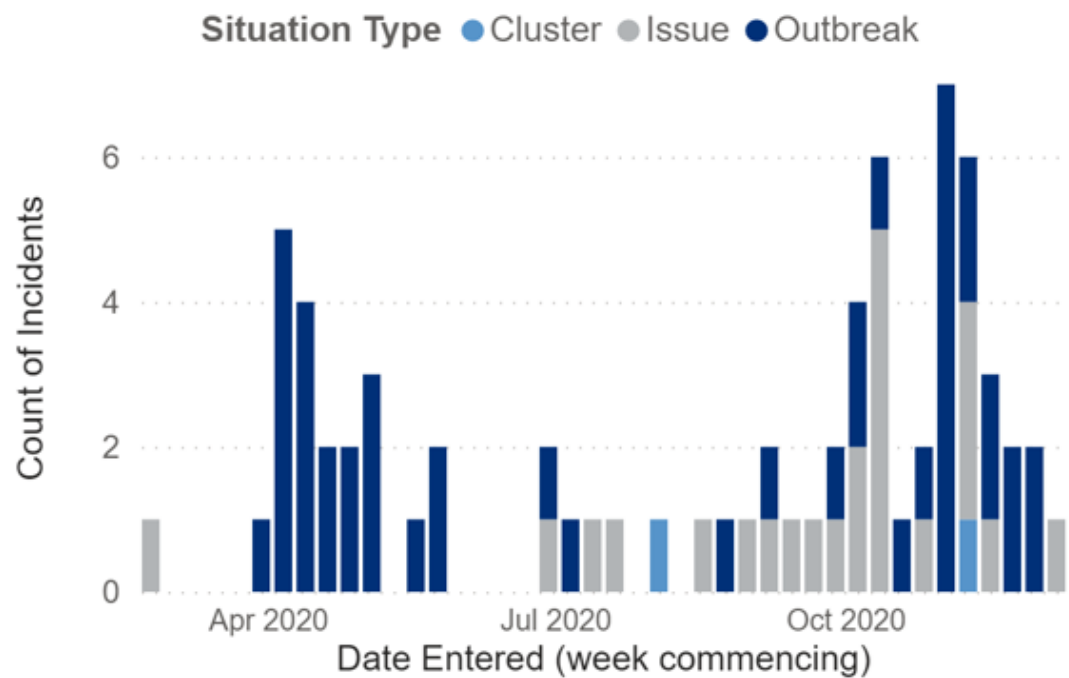
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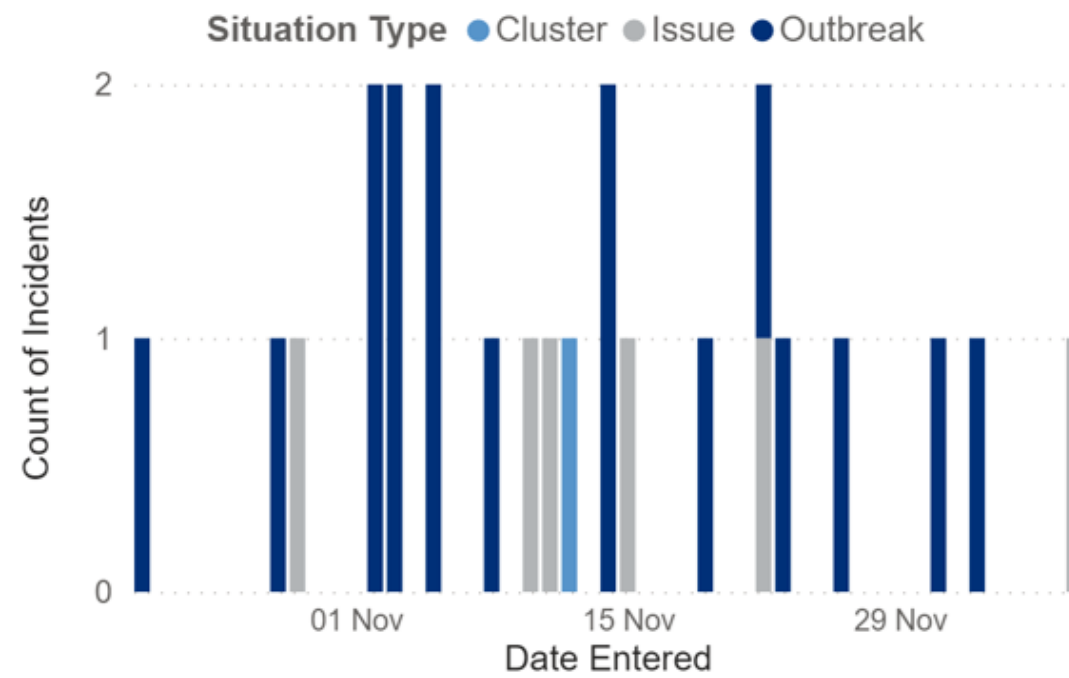
Epidemic Curves and Table by Type and Setting

OFFICIAL SENSITIVE

Weekly Count of Incidents (HPZone Situations)



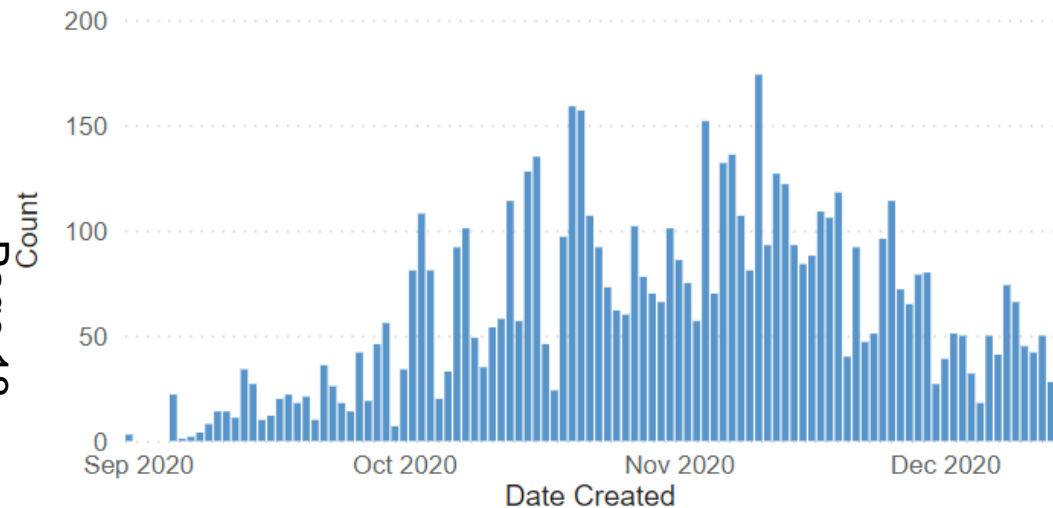
Daily Count of Incidents (HPZone Situations)



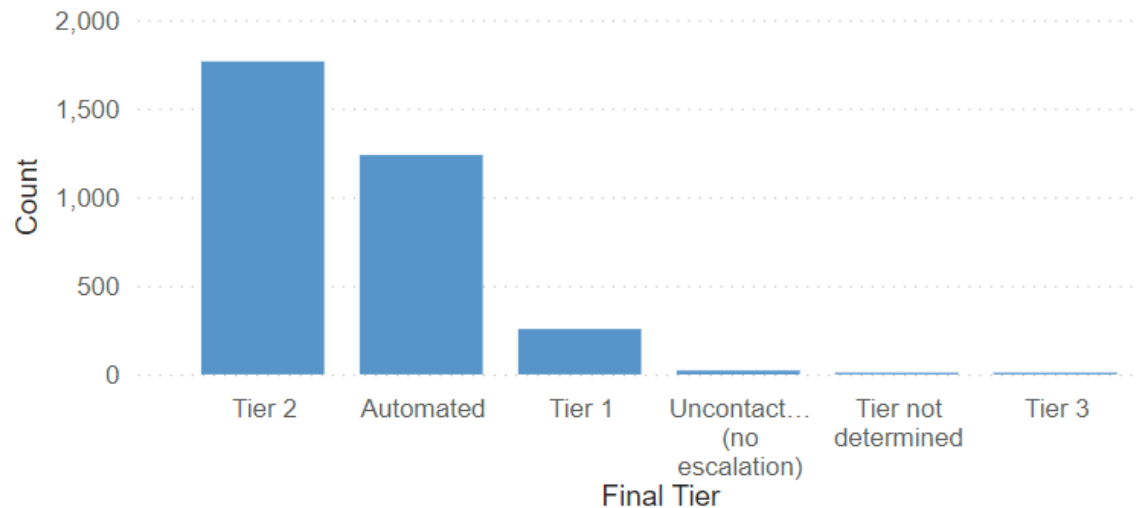
Setting	Cluster	Issue	Outbreak	Total
Care home			36	36
Community	1			1
Primary health care			1	1
School			1	1
Secondary health care			1	1
Supported living/hospice			2	2
Unknown/Other		23	2	25
Workplace	1		2	3
Total	2	23	45	70

Contact Tracing

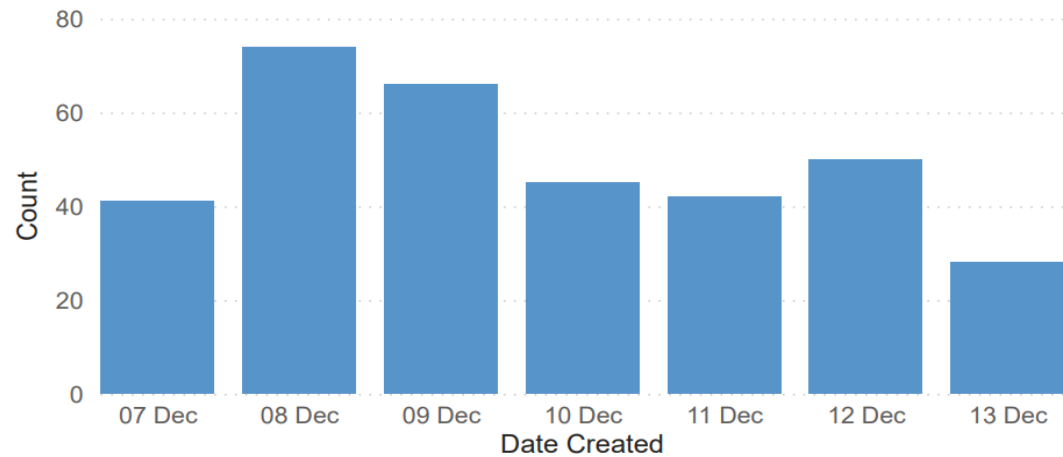
Number of Contacts by Date Created



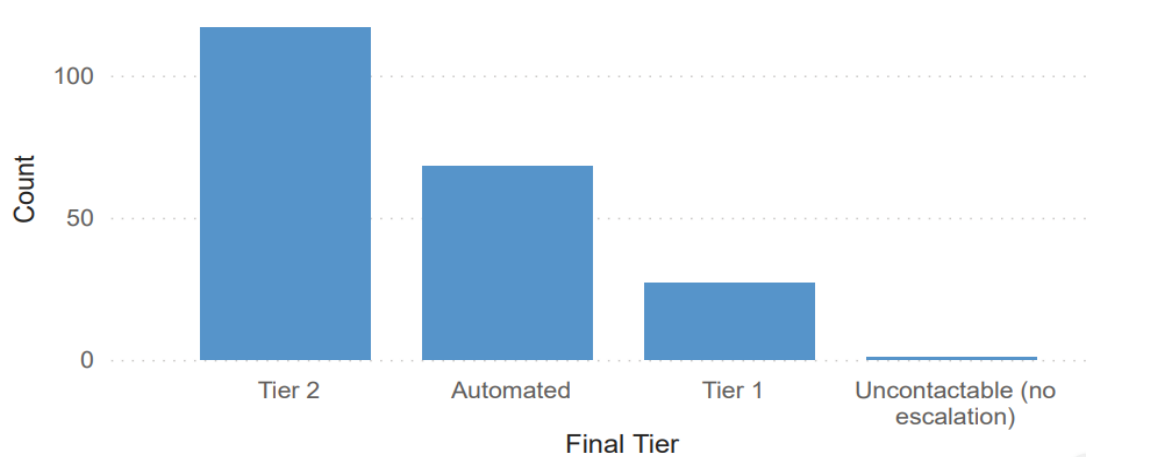
Cases By Final Tier



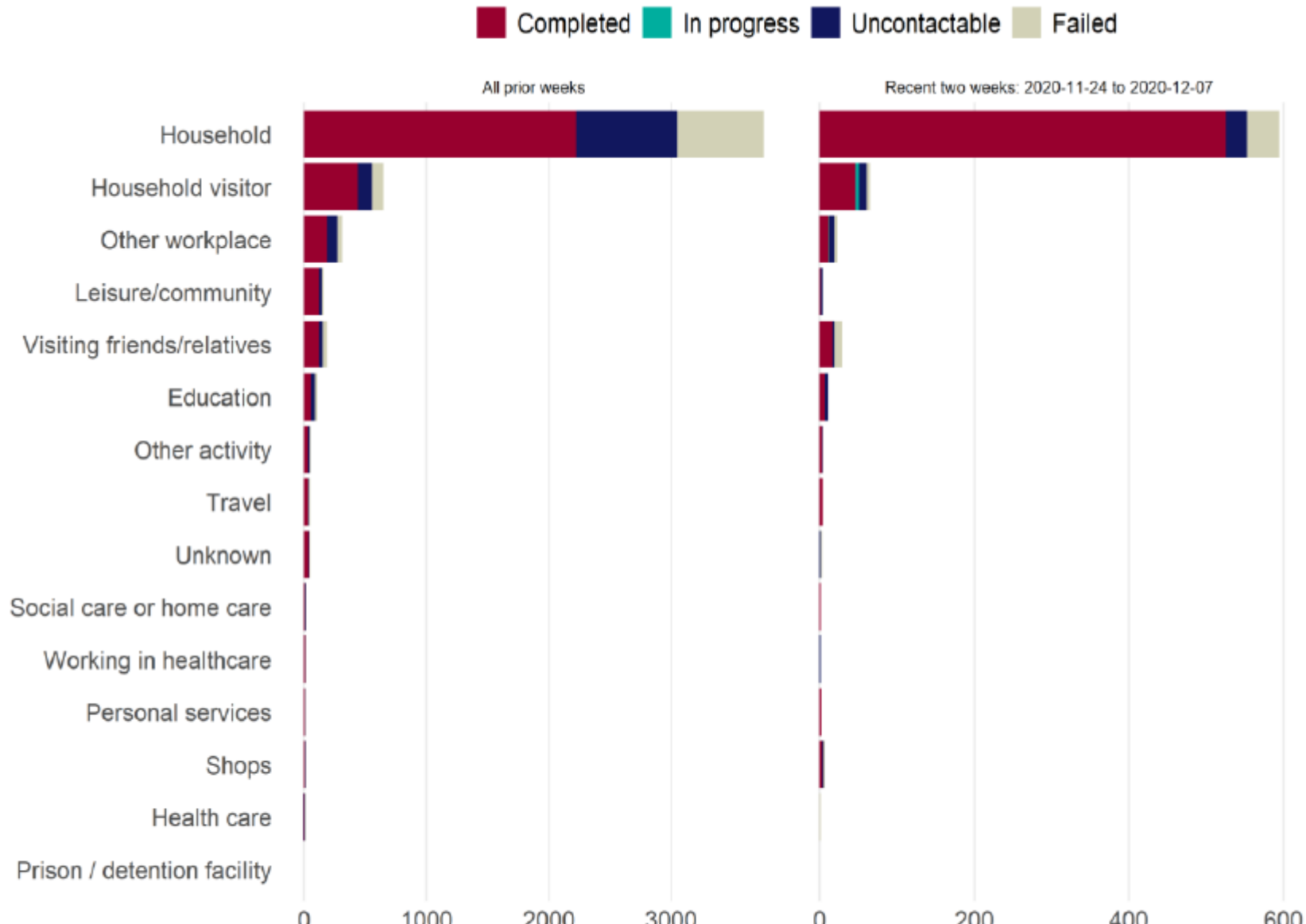
Number of Contacts by Date Created



Cases By Final Tier



Contacts by exposure/activity setting and current contact tracing outcome in Darlington (May 28, 2020 to December 7, 2020)



Tiers









- Tier 1: medium Alert
 - Remember - 'Hands. Face. Space
 - You can meet with friends and family you do not live with in a group of up to 6, indoors or outdoors. This is the 'rule of 6'
- Tier 2
 - Remember - 'Hands. Face. Space
 - You can only meet socially with friends and family indoors who you either live with or have formed a support bubble with
 - You can see friends and family you do not live with outdoors, in a group of no more than 6. This limit of 6 includes children of any age.
 - You can sit in a restaurant or pub for a meal- you can only consume alcohol with a 'substantial meal'
- Tier 3 Very High Alert
 - Remember, 'Hands. Face. Space
 - You must not meet socially indoors with anybody you do not live with or have a support bubble with
 - You must not meet socially in a private garden or at most outdoor public venues, with anybody you do not live with have a support bubble with
 - However, you can see friends and family you do not live with in some outdoor public places such as parks , in a group of up to 6.
 - Only takeaway meals allowed. You cannot sit on seats outside a venue and consume a meal.



Play Your Part

VERY HIGH ALERT TIER 3

From 2 December

MEETING FRIENDS AND FAMILY  <p>No mixing of households indoors, or most outdoor places, apart from support bubbles. Maximum of six in some outdoor public spaces (e.g. parks, public gardens).</p>	BARS, PUBS AND RESTAURANTS  <p>Hospitality is closed, with the exception of sales by takeaway, drive-through or delivery.</p>	RETAIL  <p>Open.</p>	WORK AND BUSINESS  <p>Everyone who can work from home should do so.</p>
EDUCATION  <p>Early years settings, schools, colleges and universities open. Childcare, other supervised activities for children, and childcare bubbles permitted.</p>	INDOOR LEISURE  <p>Open. Group activities and classes should not take place.</p>	ACCOMMODATION  <p>Closed (with limited exceptions)</p>	PERSONAL CARE  <p>Open.</p>
OVERNIGHT STAYS  <p>We advise against overnight stays other than with household or support bubble.</p>	WEDDINGS AND FUNERALS  <p>15 guests for weddings, civil partnerships and wakes; 30 for funerals. Wedding receptions not permitted.</p>	ENTERTAINMENT  <p>Indoor venues closed.</p>	PLACES OF WORSHIP  <p>Open, but cannot interact with anyone outside household or support bubble.</p>
TRAVELLING  <p>Avoid travelling outside your area, other than where necessary such as for work or education. Further exemptions apply. Reduce the number of journeys where possible. Plan ahead and avoid busy times and routes on public transport. Avoid car sharing with those outside of your household or support bubble.</p>	EXERCISE  <p>Classes and organised adult sport can take place outdoors, but people should avoid higher-risk contact activity. Group exercise activities and sports indoors should not take place, unless with your household or bubble. Organised activities for elite athletes, under-18s and disabled people can continue.</p>	RESIDENTIAL CARE  <p>COVID-secure arrangements such as substantial screens, visiting pods, and window visits. Outdoor/airtight visits only (rollout of rapid testing will enable indoor visits including contact).</p>	LARGE EVENTS  <p>Events should not take place. Drive-in events permitted.</p>

Find out what support you can get

For example, if you're out of work, need to get food, or want to take care of your mental health.
www.gov.uk/coronavirus

If you have any coronavirus symptoms:

A high temperature + A new, continuous cough
 A loss of, or change to, your sense of smell or taste
 Get a test and stay at home

For more information and detailed guidance visit:
www.darlington.gov.uk/coronavirus



New Guidance

- Self isolation – this has now reduced **for contacts** from 14 days to 10 days
- Between 23 and 27 December -you can form an exclusive '**Christmas bubble**' composed of people from no more than **three** households
 - you can travel between tiers and UK nations for the purposes of meeting your Christmas bubble
 - if you form a Christmas bubble, you should not meet socially with friends and family that you do not live with unless they are part of your Christmas bubble
 - In all other settings, people should follow local restrictions in the tier in which they are meeting.
 - If you do not form a Christmas bubble, you should continue to follow the guidance for the tier you are in.
- From 28 December, you must follow the guidance for the tier in your area. Christmas bubbles will no longer apply.

Testing Snapshot

Up to 6 December 2020

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Total tests undertaken

53,545

Throughout the pandemic



Total tests with +ve result

3,473

Throughout the pandemic



Test positivity

6.8%

Throughout the pandemic



Total individuals tested
in the last 14 days

5,317



Total tests with +ve result
in the last 14 days

449



Test positivity
in the last 14 days

9.6%



Community Testing – lateral flow testing

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Play Your Part Community Testing

Fast COVID Testing will be rolled out across Darlington next week

DARLINGTON BOROUGH COUNCIL

For more information and detailed guidance visit:
www.darlington.gov.uk/coronavirus

KEEPING DARLINGTON ON THE RIGHT TRACK

The poster features a blue background with a white hand holding a test tube labeled 'Coronavirus'. There are several virus icons scattered around. At the bottom, there are three circular icons: one showing hands being washed, one showing a person wearing a face mask, and one showing two people maintaining a 2m distance. The text 'Play Your Part' is in a red and white box, and 'Community Testing' is in large white letters. The Darlington Borough Council logo is at the bottom left, and the slogan 'KEEPING DARLINGTON ON THE RIGHT TRACK' is in a red box at the bottom.

- Testing those without symptoms
- Part of NHS Test and Trace
- Capacity to provide over 20,000 Lateral Flow Tests
- Simple swab to throat and nostril
- Fixed site 1 Based in Dolphin Centre
 - Launched on 14th December



CDDLRF COVID-19 Vaccination Programme 2020-21

NHS England/Improvement

National Vaccine Deployment Steering Group (LRF, NHSE, DHSC, MHCLG, LGA)

North East & North Cumbria (NENC) System Flu & COVID-19 Vaccination Board

Darlington HPAB

Darlington Vaccination Planning Group

National Vaccination Operations Centre (NVOC)

NHS COVID-19 Vaccination Centre (DHSC – Whitehall, Victoria)

DCC HPAB

Immunisations (Flu and COVID-19) Board

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CDDFT
Hospital Hub (Darlington Memorial)

System Vaccination Operations Centre (SVOC)
Regional Vaccination Operations Centre (RVOC) (Nightingale - Washington)

CDDFT
Hospital Hub (UHND)

Primary Healthcare Darlington (Federation)

Primary Healthcare Durham

Vaccination Centre (Feethams House)

Primary Care Network (11 GP practices)

CDDFT Community Services

Primary Care Network (13 GP practices)

Vaccination Sites

GPs GPs GPs GPs GPs GPs

Vaccination Sites

Care homes/housebound

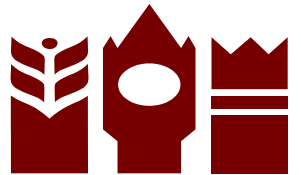
Vaccination Sites

GPs GPs GPs GPs GPs GPs



**DARLINGTON
BOROUGH COUNCIL**

Any questions?



HEALTH AND WELLBEING BOARD 17 DECEMBER 2020

SYSTEM WINTER PLAN SUMMARY 2020/21

Purpose of the Report

1. The purpose of this report is to update members of the Health & Wellbeing Board on the System's Winter Plan 2020/21.

Executive summary

2. Over the last few month's members of County Durham and Darlington LADB have been working on compiling the System Winter Plan for 2020/21.
3. The plan is based on each organisation's recovery and reset plans following the first wave of COVID-19, which take into account the need to continue with the full restoration of services, whilst managing winter pressures and the risk of a second COVID surge and/or local outbreaks.
4. The plan contains a combination of mitigations to be able to continue to provide safe levels of service provision against the plan risks which are amplified this year by COVID.
5. There are tried and tested internal processes in place across all partner organisations to keep the position throughout winter under review on a daily and weekly basis, with clear routes of escalation to the LADB to be able to rapidly take action to address any exceptional circumstances or issues that may arise.
6. Work is still ongoing to develop further mitigations and mutual aid responses across the ICP and ICS footprints, working with NHS England and the North East Commissioning Support Unit.
7. Additional guidance also continues to be released which will be incorporated in the plan.

Recommendation(s)

8. Members of the Health & Wellbeing Committee are recommended to:
 - (a) Receive the plan for assurance that a System Winter Plan has been put in place to protect services over the winter period and that there is robust daily oversight.

- (b) To note the increased levels of risk in relation to the winter period, given the combination of winter pressures and COVID.
- (c) To note that work is still ongoing to agree mutual aid responses across the North East and Cumbria Integrated Care System (ICS), and LADB partners continue to be rapidly respond to new guidance being released.

MAIN REPORT

Background

9. The System's Winter Plan is refreshed every year, building on learning from previous years and taking into account new requirements, services, developments and opportunities.
10. This year's refresh has been quite different, having to take account of COVID-19 and the requirement to put in additional plans and mitigations to protect the system from both winter, and the ongoing pandemic.
11. All organisations, following the first wave of the pandemic, have incorporated winter into their reset programmes.
12. A number of system wide planning sessions across County Durham and Darlington, and the rest of the North East region, has brought those plans together and partners have jointly addressed identified risks and gaps in the overall plan.
13. There is now a system wide plan in place, and work is ongoing to develop mutual aid responses at ICP and ICS levels.

Key objectives

14. The objectives of the winter plan aim to:
 - Ensure the system is able to effectively respond to winter and COVID-19 pressures.
 - Optimise all available system capacity, enhancing community service and primary care provision and care home support.
 - Maintain the highest standards of patient safety and patient experience.
 - Sustain high levels of performance in Urgent and Emergency Care Services, similar to those that have been experienced during the Pandemic ie >90% of patients seen within 4 hours.
 - Implement the Hospital Discharge Service Policy (new guidance from September 2020).
 - Minimise ambulance handover delays.
 - Enhance mental health support for patients and local populations.
 - Protect elective care as far as possible given the accumulation of appointment delays and high number of patients waiting for their operation following COVID-19 wave 1.
 - Continue to provide essential support to all key workers.
 - Promote and ensure high levels of uptake of the Influenza vaccination.
 - Maintain COVID-19 testing capacity.

Summary of plans

15. There are a number of initiatives as part of the plan that will help manage and mitigate anticipated system pressure over the next six months.

- Optimising capacity
 - Ongoing offering of extended access in primary care
 - ‘Hot clinics’ ready to be stepped up if required. These are for any symptomatic patient presenting /relating to COVID-19 care to enable other sites to continue to see routine patients.
 - Launch of Talk Before You Walk (TBYW) on 19 October 2020, encouraging patients to contact NHS 111 to be directed to the most appropriate service which may not be the Emergency Departments.
 - Community extended services.
 - Additional re-ablement packages.
 - Rapid response domiciliary care.
 - Development of the Care Home Capacity Tracker providing good visibility of capacity and pressure, with daily check in calls with all homes.
 - Additional G&A beds to cope with increased demand, and to allow a sustained protection of elective beds.

There is an expectation that systems put plans in place throughout winter to continue the restoration of all services, including the elective care position, as set in the Phase 3 Planning Guidance issued by NHSEI.

The Independent Sector in the region continues to contribute to this programme of work, dedicating outpatient and operating capacity to the NHS until end March 2021.

- Enhanced provision of Same Day Emergency Care (SDEC).
- Step up plan for additional crisis or liaison capacity.
- Optimising uptake of flu vaccination.
- A Task and Finish Group is up and running to roll out the latest discharge practice guidance, aiming to avoid any delays to patients being transferred to their next destination regardless of where that is.
- There is a myriad of support packages and services in place
 - 24/7 mental health support line
 - The development of a standard, regional self-monitoring tool for wellbeing for use across our whole population. The aim will be to normalise responses and match care and treatment, when required, with the appropriate level of need.
 - Cancer Services Helpline established during wave 1, which can be increased if needed.

- Various employee resilience and support programmes such as provision of psychological support to staff, creation of a Wellbeing Hub to support and encourage self-help and to provide tools, interventions and advice to staff, through staff reviews and appraisal processes all staff receive a wellbeing conversation.
16. The plan has been developed in the context of being able to continue to safely provide optimum levels of elective care and diagnostic activity in line with NHSEI Phase 3 Planning guidance and in support of recovery.
 17. It has also been essential to plan in parallel a range of actions in response to the pandemic across all sectors, such as:
 - access to appropriate levels of PPE, equipment and other consumables
 - increased isolation capacity within Critical Care
 - embedding of new processes, such as segmented management of patients based on clinical risk and priorities.
 18. Durham and Darlington Local Resilience Forum (LRF) continues to be integral to winter/COVID Pandemic planning, and tracking and forecasting activity.

COVID planning

19. Specifically in relation to the ongoing management of the COVID incident a number of actions were initiated/ put in place during Wave 1. These will remain and include:
20. A number of regional developments were put in place during the first wave, including:
 - The stepping up of the well-established regional Critical Care Network to provide daily intelligence and hold regional oversight to ensure there was sufficient capacity to cope with demand.
 - The Nightingale Hospital was also established during Wave 1, situated in Sunderland, with a Managing Director appointed. The facility is readily available should demand require it, subject to deployment of a workforce.
21. More recently the Lighthouse Lab is being developed to support increased testing capacity for the region.

Main implications

22. The plan has been developed on the basis that winter pressures are likely to be amplified this year, presenting a higher level of risk than in previous years. The key risks include:
 - Increased levels of staff absence, due to COVID, Test and Trace, seasonal flu and the pressures of work, directly impacting on all health and social care service provision.
 - 2nd and 3rd Waves of COVID driving up demand above anticipated levels, directly impacting on emergency and urgent care performance and the elective care programme.

- Increased incidence of mental health arising from the impact of COVID and lockdown.
 - Reduced capacity in care homes, care sector due to COVID.
 - Reduced transport capacity due to social distancing to support hospital discharging.
 - Reduced bed capacity due to:
 - the requirement to safely isolate and cohort patients presenting with infectious diseases including COVID, Norovirus, VRE, which results in the temporary closure beds.
 - long turn-around times to obtain COVID test results to support the transfer of patients from assessment areas to a relevant base wards/ cubicles.
23. The plan aims to mitigate the risks described and should any of these materialise at unprecedented levels, escalation will firstly be made to the Local A&E Deliver Board (LADB) and then subsequently to the Central/ South ICP to secure additional actions and mutual aid.
24. Regional system oversight as in previous years will be provided by NHSEI and the regional surge team (NECS) operating as a triumvirate in a single virtual winter room. They will undertake a daily performance function and manage all regional correspondence. The LADB will maintain local system oversight and the LRF will continue to remain an integral partner in the ongoing incident response.

Conclusion

25. The most optimal plan has been developed using the physical and workforce resources that are available to ensure as safe as a provision of services as possible throughout the winter period. The system has been developed iteratively and was approved by the LADB in October.
26. Whilst the plan puts the system in a strong a position as possible to cope, it is unknown how COVID demand will impact, and this remains the sole significant risk to the overall plan.
27. Internal processes are in place across all partner organisation on a daily and weekly basis to keep the position throughout winter under review and for action to be taken in a timely manner to address any exceptional circumstances or issues that may arise.
28. It will remain the responsibility of the LADB to keep appropriate levels of oversight of the system and if necessary activate appropriate escalation to respond to circumstances beyond the capacity of the local system to deal with.

Background papers

- Implementing phase 3 of the NHS response to the COVID-19 pandemic, 7 August 2020, Publications approval reference: 001559

Other useful documents

- Other documents are embedded within the Winter Plan, Power Point document attached at **Appendix 2**.

Author

Nichola Kenny, Director of Performance, CDDFT on behalf of County Durham and Darlington LADB

Appendix 1: Implications

Legal Implications

N/a

Finance

Winter financial planning is aligned to each partner organisations own plans.

Consultation

N/a.

Equality and Diversity / Public Sector Equality Duty

Social and Health Inequalities is a key feature of organisational reset plans.

Climate Change

N/a

Human Rights

N/a

Crime and Disorder

N/a.

Staffing

The plan is inclusive of organisation staffing plans and associated risks.

Accommodation

N/a

Risk

The plan is inclusive of key risks

Procurement

N/a

Appendix 2: Winter System Plan and Flu Update



CDD LADB Winter
Plan 2020-21 v9.ppt



10.
HWB_LADB_Flu_Upc

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Winter Planning 2020/2021

County Durham & Darlington Local A&E Delivery Board (CD&D LADB)

v1.9

What is in place?

<p>CDDFT – ACUTE</p> <ul style="list-style-type: none"> • ED segregated pathways supported by Snr FoH decision making (COVID and Multi-specialty Area (MSA)) • Segregated COVID hospital pathways • Senior Nurse 7 day matron model • SDEC • Protection of elective programme - Cancer Care Surgical Hub and ongoing collaborative working, ongoing use of Independent Sector up until Dec and potentially to March 2021 • Vocera live in UHND ED • Overseas recruitment • Enhanced on call support 	<p>ADULT AND SOCIAL CARE</p> <p>DARLINGTON</p> <ul style="list-style-type: none"> • Flexed use of Reablement Spot Beds • Rapid Response Dom Care – 70hrs per week commissioned with a 2hr response & some night capacity • Extra Reablement Packages • Continued effective use of resources, moving staff to respond to pressure points • Home from hospital - Care Connect • 7 day social work assessment Weekend/Bank Holiday working over Xmas • Increased Occupational Therapy support • Continue to use Assistive Technology to reduce unnecessary admissions to hospital as well as supporting discharge • Daily contact with all care home providers to identify any key issues • Use of capacity tracker data to inform system wide position • Local Staff deployment arrangements for Care Homes • Regional Care Home Deployment Hub 	<p>PRIMARY CARE</p> <ul style="list-style-type: none"> • Reporting of daily OPEL levels • Direct booking for NHS111 appointments • GP improved access provided 365 days per year, extended access
<p>Page 38</p> <p>DFT - COMMUNITY</p> <ul style="list-style-type: none"> • 7 day services • First contact physio • DN team support until midnight • Community extended services; Crises, community wards, IC beds, Discharge Management 	<p>DURHAM</p> <ul style="list-style-type: none"> • Continued effective use of resources, moving staff to respond to pressure points • Communication to all DBC, ASC staff in ensuring pathway flow. All hospital/ community hospital discharges are a priority. • DBC Adult Social Care, Social work interface at DMH, supporting communication between hospital and community colleagues • Spot reablement community beds accessible across weekends /Bank Holidays, by Health and Social care as part of Trusted assessor. • Assistive Technology – Lifeline • Care Connect • Rapid Response Dom Care - 7 days • Re-ablement: Improved 7 days pathway • Exploring increased ASC social work/OT availability • Enhanced Health Care in Care Homes system wide strategic steering group • Durham Care Academy have been actively recruiting staff for registered care providers since the start of the pandemic, with over 200 applications to date. Staff are available for employment by providers, inc care homes • http://www.durham.gov.uk/media/33110/County-Durham-Covid-19-Local-Outbreak-Control- 	<p>TEWV</p> <ul style="list-style-type: none"> • Daily monitoring of demand for acute liaison services with capacity to flex as needed • Daily monitoring of demand for crisis services with capacity to flex as needed • Proactive monitoring of community team caseloads across all specialties • Trust wide flu vaccination programme well planned with vaccination offered to all staff. Take up rates increasing year on year • Good staff management plans in place to ensure all teams have adequate cover through rosters • 24/7 Crisis Service with hub and spoke model in place, leading to greater call handling capacity • Single crisis number for whole Trust • Acute Liaison services in place 24/7 with ability to flex capacity across acute sites depending on demand • Daily monitoring of acute liaison KPIs (1 hour response time for A&Es) – currently performing well • Close liaison between acute liaison and crisis services to minimise delays and re-work where admission to a TEWV bed from A&E may be required or where intensive home treatment may be helpful to prevent admission • Close working with VCS to develop range of offers across wider crisis pathways • Mechanisms in place to monitor any surge in COVID specific demand • Mechanisms in place to re-establish business continuity arrangements as required for any further COVID waves
<p>PUBLIC HEALTH</p> <ul style="list-style-type: none"> • Joint flu programme • Cold Weather Plan 		
<p>NEAS</p> <ul style="list-style-type: none"> • REAP Framework/Escalation policy • Winter Plan • Demand Management Plan • On call arrangements in place • Adverse weather plan • Managed outbreak plans 		
<p>OTHER JOINT WORKING</p> <ul style="list-style-type: none"> • Discharge Management Teams established system wide through teams, evidenced as good mechanism in managing discharge • Discharge Pathways successfully implemented • Trusted Assessor model now in place • EHICH Steering Group • Daily calls to care homes • Operational support for accelerated discharge across Care homes 		

Plans for Winter

Ongoing developments linked to Reset Programmes - living with COVID

Acute and Community

- Increase in G&A Bed Capacity c28% (Expansion of specialty frailty pathway into Bishop Auckland Hospital)
- Critical Care Bed escalation, cubicle development
- Expansion of Same Day Emergency Care (SDEC) activity, reducing admissions
- Frailty Care, front door assessment (DMH)
- Embedding of 7 day integrated discharge management (commenced during COVID)
- Further transition to a sustained 7 day working model
- Step up options into Community Hospital beds
- Additional diagnostic equipment ie CT scanner to support flow through ED
- 7 day specialist palliative nursing care
- Flu vaccination – more housebound delivery

NEAS

- Talk before you Walk (North pilot)
- Plans for improving flu vaccinations
- trained Health Advisors working within alternative roles (i.e. support services) will be called upon to assist
- Senior Health Advisors, who, during periods of pressure, can take 999 and 111 calls
- Clinicians are also trained across NHS 111, 999 and Primary Care telephone assessment, this clinical workforce can be flexed across support for ambulance dispatch safety management,

PRIMARY CARE

- Working with CCGs - plan to improve increase in flu vaccination uptake
- From 31st July each Care Home will be aligned to a Primary Care Network (PCN)
- To access “enhanced care” residents in the care home have to re-register with the aligned PCN
- PCNs will work as part of MDT with community services, pharmacy, mental Health and LA
- Structured medication reviews
- Social prescribing link workers
- Care navigation
- DVT pathway
- paramedic clinical support

TEWV

- Improved processes for access prior to COVID has led to reduced waiting times – exploring how this can be extended and sustained including development of Access +/-PCN level capacity
- Significant learning within IAPT re different ways to manage capacity to minimise waits – will be critical to sustain with predicted increases in demand
- Backlog management – modelling underway to help local planning/contingency management
- System-wide – revisiting RCRP initiatives; working with PCNs, VCS, wider system to prioritise early intervention and improved pathways
- LRF HIA analysis and TEWV modelling – predicting activity
- New ways of working – embedding learning from lockdown
- Implementation on track for 24/7 mental health support line across Durham and Darlington (commissioned prior to the pandemic). Builds on the mental health support line in place through NEAS from April. Recruitment should be complete by end of July
- Ability to step up additional crisis or liaison capacity, but this may risk drawing from community services. Contingencies being discussed internally

Plans to manage surge in activity

DARLINGTON

- Exploring increased ASC social work/OT availability
- The Darlington Rapid Response is a service that is able to operate flexibly and respond to a surge in domiciliary care discharges over and above (if required) the available hours of 70 per week.
- Residential and Nursing Care Home occupancy levels and vacancies are closely monitored on a weekly basis– any significant reduction in capacity over the bank holiday weekend will be escalated to senior management.
- Establish processes and protocols now in place, as evidenced during the covid pandemic, allowing, among others areas, redeployment of staff into key areas
- EHiCH
- Infection Control Fund support

DURHAM

- 3x per week data collection from all front-line social care providers – managed by Integrated Commissioning Service
- OPEL Tool for RAG rating providers
- Financial Support package for providers, covering occupancy and additional COVID19 costs
- Significant system input into registered social care providers, particularly care homes – Commissioning, IPCT, care home liaison team, DN's, Practice Improvement etc
- Advice, guidance and support package

TEWV

- Implementation on track for 24/7 mental health support line across Durham and Darlington (commissioned prior to the pandemic). Builds on the mental health support line in place through NEAS from April. Recruitment should be complete by end of July
- Ability to step up additional crisis or liaison capacity, but this may risk drawing from community services. Contingencies being discussed internally
- Daily lean management in place in all services to allow timely responses and decision making across service areas
- **Internally**
- Daily Lean Management and regular report outs – timely and rapid escalation of any issues
- Emergency Planning/Business continuity arrangements being reviewed to capture learning from COVID
- Key theme is ability to quickly step back up activity and different ways of working if needed
- **Externally**
- Lessons from COVID – importance of triangulation of multi agency intelligence to pre-empt possible issues
- Making best use of system wide structures and comms flows

CDDFT

- Elective pacing
- OPEL
- Major incident –emergency planning
- Opening of identified escalation wards (BAH & Community)
- Talk before you Walk (subject to pilot and funding)

LADB Escalation Plans

- Escalation plans are in place to provide operational, tactical and strategic responses.



Microsoft Word
Document

Escalation Plans – specific to COVID

Primary Care

- Designated “hot clinics” ready to be stepped back up in primary care if required, any symptomatic patient/patient presenting relating COVID related care would attend here and free up other sites to see routine appointments
- COVID Virtual ward
- County Durham Primary Care Pandemic Plan developed at PCN level – this sets out clear contingency plans should some sites need to close due to staffing levels across the PCN
- Ongoing review of current OPEL Framework

LAs

- Mutual Aid from staff in wider system in place for providers in crisis (most likely care homes) – dom care, day services staff. Nursing cover has been arranged via CDDFT in emergency situation only
- Financial Support package for providers, covering occupancy and additional COVID19 costs
- Significant system input into registered social care providers, particularly care homes – Commissioning, IPCT, care home liaison team, DN’s, Practice Improvement etc
- Advice, guidance and support package

TEWV

- Detailed forecasting and modelling work complete within Trust, linking to HIA, which will help us plan for any surge in advance of winter.
- Cohorting arrangements for wards across all specialties in place and can be stepped up/down
- Embedded processes re PPE
- Community team RAG rating of caseloads to allow more segmented management of clinical risk established
- Site management arrangements across 7 days can be stepped up/down as required
- Specific support to care homes and the wider system in terms of managing mental health demand but also supporting staff

Acute & Community

- Stepped increased of COVID wards/beds within segregated pathways
- Critical Care Expansion plan in support of increased isolation areas.
- Sustained two ED pathways – COVID and non-COVID
- Step down of routine activity (pending volumes) ie elective surgery, outpatients, step up of enhanced respiratory and critical care teams and wider ward teams
- Opening up of resilience wards in BAH and in the community

NEAS

- An FFP3 respirator should be worn by frontline staff when carrying out a potentially infectious aerosol-generating procedure. Where a patient is known/suspected to have an infection spread via the aerosol route or when caring for patients known/suspected to be infected with a newly identified respiratory virus.

Plans for Winter 2020/21

Plan risks

Risk	Current mitigation	Residual Risk
Activity peaks to/above pre-covid levels	Communications campaign to use UEC services appropriately Extended primary care access All available physical bed capacity has been identified and every effort being made to recruit staff to support these. Elective pacing OPEL Major incident –emergency planning Opening of identified escalation wards (BAH) Talk before you Walk (subject to pilot and funding)	H
Second/ third Wave of COVID 19	Pandemic plan (See COVID headline related surge actions) Step up use of community beds usage and bring into action identified escalation wards (BAH) to support additional segregated pathways	H
Risk of insufficient staffing /staff burnout during the winter pressures and increased staff absence due to work pressures/flu /COVID (also leading to loss of bed capacity)	Health and well-being programmes actively promoted and made available Rolling recruitment of Qualified Workforce throughout the year, including overseas recruitment. Working to 1:8 ratio (nursing) Daily assessment of safe staffing and prospective view of staffing. Maximum number of additional beds to be opened to minimise impact on workforce. Resilience training and team support Robust flu vaccination programme	H

Plans for Winter 2020/21

Plan risks

Risk	Current mitigation	Residual Risk
Delay of funding to support capital schemes in relation to critical projects including ward and ITU expansion, Elective Surgical Units, SDEC, Endoscopy and CT scanner	<p>Developments critical to reset programme</p> <p>Key schemes prioritised to secure funding (both capital and revenue)</p> <p>Robust project management of all schemes</p> <p>Timely recruitment in support of scheme go live dates</p>	M
Increased incidence of mental illness arising from impact of COVID-19	TEWV undertaking modelling exercise to evaluate impact. Work just being completed now (end of June) through internal modelling and via the D&D Health Impact Assessment to understand the COVID-specific impact on mental health services and mental health demand. Plans for winter may need to be adapted to reflect anything that arises from that work.	tbc
Unknown Flu volumes	Planning for flu activity in line with last three years average.	M
Ongoing reduced capacity of discharge transport to maintain social distancing	<p>Temporary transport solution in place to transfer HRW patients</p> <p>Reduced need for transport in outpatients due to move to a %age of e-consultations in support of switching to discharge activity.</p>	H
Risk of transfer of patients to Care home due to COVID	<p>Build confident in testing</p> <p>Capacity tracker shows isolation capability and capacity.</p> <p>Daily calls with Care Homes.</p>	M

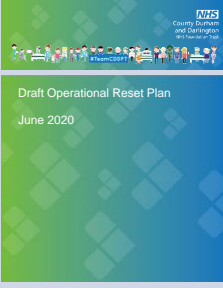








Plans for Winter 2020/21

Testing of plans – strengthening of plans for multiple care home failure

Risk	Current mitigation
<p>Care home failure</p>	<p>1 Commissioning</p> <p>Capacity Tracker and daily contact with care homes to identify potentially vulnerable care homes so that early action can be taken and will support them in gaining access to agency/bank staff</p> <p>Further review of the Contingency Plan previously submitted to the ICB to take account of multiple failures to avoid patient harm and admissions to acute sites</p> <p>The Contingency Plan to cover i) containment ii) support from Integrated Commissioning, IPC and PH Teams iii) workforce support iv) temporary moves to other care homes v) use of Community Hospitals</p> <p>Action Cards setting out contacts and the escalation and response process will be produced for and communicated to Emergency Duty, Patient Flow and On Call Teams</p> <p>2 Workforce</p> <p>Process of deployment support of CDDFT registered workforce into care homes</p> <p>A list of adult social care staff list based on skills and experience to be deployed to support care homes</p> <p>Wider pool of support being identified by partners who could offer support e.g. GPs, TEWV</p>

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Detailed documents for reference

CDDFT	Public Health Cold Weather Plan	Primary Care OPEL Framework	Adult and Social Care Durham	LADB OPEL	ICP OPEL
	<p>Cold weather plan deadline for sign off is 11 October</p>  <p>Adobe Acrobat Document</p>	 <p>Microsoft Word Document</p>	<p>Included in the cold weather plan</p>	<p>Document under review</p>  <p>Microsoft Word Document</p>	<p>Work in progress</p>
NEAS	Communications	Darlington PCN Flu Contingency	Adult and Social Care Darlington	Regional Flu Programme	TEWV summer/winter preparedness plan
 <p>Microsoft PowerPoint Presentat</p>	<p>TBYW to be added</p>  <p>Microsoft PowerPoint Presentat</p>	 <p>Microsoft Word Document</p>	 <p>Microsoft Word 17 - 2003 Document</p>		 <p>Adobe Acrobat Document</p>

The County Durham and Darlington Flu Prevention Board is co-chaired by a Medical Director from County Durham CCG and a Consultant in Public Health from DCC.

The Board seeks assurance that the local health system is working to deliver a safe, effective and equitable flu vaccination programme.

It includes membership from commissioners and providers of the flu vaccination programme and primary and secondary care, including NHS England, CDDFT, TEWV, HDFT, and pharmacy.

The Board has met fortnightly during in 2020 to maintain energy and focus on delivering flu vaccinations in the context of COVID-19.

It has established a separate communications workstream to ensure a well-coordinated local campaign that aligns with the local plans of commissioners and providers.

The Board has overseen key activities to support the safe, effective and equitable delivery of flu vaccinations including:

- DCC corporate management agreeing flu vaccination for all staff.
- GP increasing their current adult flu vaccine order by an additional 10%, with any associated losses to be covered by the CCG.
- The CCG also agreed to underwrite 10% unused flu vaccine stock for pharmacies that had placed additional orders early.
- Total estimated vaccine capacity (within GP practices and pharmacy) in County Durham to vaccinate 87-88% of the eligible population aged 18 and above.
- Mapping of care homes to practices, to ensure full coverage of residents in care homes between practice and community nursing teams, and to minimise the number of people entering the homes.
- Commissioners to monitor uptake of flu vaccination amongst care home staff.
- Joint letter signed by the Director of Public Health and Chief Clinical Officer of County Durham CCG encouraging eligible patients in the local population to take up their vaccination (dependent on individual GP practices providing consent to share patient data).
- Comprehensive set of FAQs developed for use by partners in local communications.
- Development of a more streamlined referral pathway for housebound eligible patients into Community Nursing Teams.
- Development of a dedicated Learning Disability plan delivered in conjunction with TEWV.
- Collaboration to promote vaccination to and engage with vulnerable groups such as Gypsy, Roma and Traveller communities and people who are homeless.
- Midwives trained to provide the vaccine, with fridges to stock the vaccine, and administering vaccinations at CDDFT clinics as well as community clinics.
- Collective understanding shared on use of PPE in administration of flu vaccine.
- NHSE exploring the possibility of commissioning PharmOutcomes as the tool for informing GP practices of vaccine administration by pharmacies.
- Successful delivery of flu clinics in COVID-secure settings, not requiring support for large venues brokered through partner organisations.

At the time of writing, it is early in the delivery of flu vaccinations. Initial demand appears to be high, with community pharmacies in the North East already having vaccinated 40% of the eligible NHS patients that came forward for a pharmacy vaccination during the whole of last year's campaign. Some community pharmacy chains have announced that they are no longer taking further bookings for Flu vaccines, particularly for private flu vaccinations.

At the time of writing, no reports were available through PHE's ImmForm portal to show uptake amongst eligible groups.

There remain some matters to be resolved during the current season. Two key issues are the size and availability of NHS stock, and whether vaccines are going to be available for people aged 50 to 64, and if so how the programme would be delivered.

The intermittent availability of Pneumococcal vaccine remains an ongoing concern for both the prevention of respiratory disease, and on a practical level as many practices usually vaccinate at the same time.