

HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 15 July 2020

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

APOLOGIES – Councillor Dr. Chou

ABSENT –

ALSO IN ATTENDANCE –

OFFICERS IN ATTENDANCE – Miriam Davidson (Director of Public Health), Pauline Mitchell (Assistant Director Housing and Building Services), Lisa Soderman (Head of Leisure), Michael Houghton (Director of Commissioning Strategy and Delivery), Jennifer Illingworth (Director of Operations, Durham and Darlington), Diane Lax (Healthwatch Operations Manager) and Hannah Fay (Democratic Officer)

HH8 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 Trust; and Councillor Tostevin declared an interest as a Member of the Board of Governors for County Durham and Darlington NHS Foundation Trust and North East Ambulance Service.

HH9 COVID UPDATE

The Director of Children and Adults Services and Director of Economic Growth and Neighbourhood Services submitted a report (previously circulated) providing Members with an overview of the COVID-19 pandemic, and the Council's response with a focus on health protection and outbreak management by implementing government policy; and updating Members on decisions taken with regard to the services relevant to this Committee.

The submitted report provided details of the virus, including symptoms and spread; that on 11 March 2020 the World Health Organisation declared the COVID-19 outbreak as a pandemic, with Europe becoming the epicenter for the disease by mid-March; and a number of links to international, national and local statistics were provided.

Reference was made to the national, regional and local response to the outbreak; on 16 April, 2020, lockdown was extended and that five tests, 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; and no risk of a second peak, must be met to allow easing of restrictions.

The local response, led by the County Durham and Darlington Local Resilience Forum (LRF) focused on a number of workstreams to respond to the pandemic, namely community support; excess deaths; intelligence and data; media; multi-

agency information; PPE; and recovery.

Testing was a key element of the national response; a local agreement with CDDFT made available COVID-19 testing for all council employees with coronavirus symptoms, with tests and results provided quickly. This offer was extended to Care Home Staff; NHS workers and other key workers from LRF responding organisations; and this was not a national offer.

Details were provided in respect of Housing Services; rent arrears in May had increased from 2.8% at year end to 3.3%, however due to continued support from Housing Income, this increase was lower than other social housing providers; and support continued to be provided to ensure payment plans and tenancies were maintained, particularly as the number of claims for Universal Credit increased by 66.5% when compared to the same period last year.

It was reported that there had been a significant increase in the number of presentations for homelessness, rough sleeping or at risk of being homeless; Housing Options had worked with over 300 clients and had placed 57 households in temporary accommodation for the period of April and May 2020.

Reference was made to the work of the Lifeline Team during the outbreak; staff had been present throughout at sheltered housing, extra care and good neighbours schemes; and virtual activities had been delivered to reduce social isolation during the period.

It was reported that the Dolphin Centre and Eastbourne Sports Complex were closed to the public on 17 March 2020; Leisure teams were redeployed to various essential roles within Darlington's Community Hub; the Dolphin Centre had been opened for town centre toilet use; Eastbourne Sports Complex opened on 9 June with a staggered programme of outdoor activity introduced in a phased approach; and school meals and community catering service continued throughout the pandemic. Following the announcement by Government that Gyms and swimming pools could reopen, a safe system of work had been developed and was awaiting sign off by Health and Safety, Public Health England and Unions.

Discussion ensued on bereavement support. Members were advised of the work being undertaken as part of TEVV's recovery plans; frontline and IAPS were being equipped to manage the anticipated increase in new patients with bereavement needs; and work was being undertaken with GPs including signposting to Cruse Bereavement Care.

Regarding testing for key workers it was confirmed that testing was now widely available; a repeat testing programme for care home staff was fully implemented; testing was also in place for patients being discharged from hospital to care home settings and for those patients being placed in a care home from their own homes.

Following a question by Members, it was confirmed that the home coaching service was still in the development phase; and that the next phase would involve liaison with GP's; and that social prescribing ensured patients were connected to other services for the health and wellbeing needs.

Members raised concern in respect of access to toilets in the town centre for residents that held 'no waiting' cards and felt further work was required to educate shops and businesses in the town.

Concern was also raised regarding the reopening of play areas and the difficulties in monitoring usage. Members were advised that although this was difficult to monitor, the Local Outbreak Control Plan would help ensure clear messaging for public engagement and population safety; outdoor exercise was lower risk than indoors; and that the message to wash hands should be reinforced.

RESOLVED – (a) That the report be noted.

(b) That the thanks of the Scrutiny Committee to NHS, Council and other key workers be recorded.

(1) DARLINGTON LOCAL OUTBREAK CONTROL PLAN

The Director of Public Health introduced the Local Outbreak Control Plan (previously circulated), and in doing so advised Members that Darlington's Local Outbreak Control Plan (LOCP) was in place following the requirement from the Department of Health and Social Care; the LOCP described how Darlington Borough Council would work with partners to prevent and control COVID-19; setting out the role of partners in preventing and controlling COVID-19 with a focus on robust management of clusters and outbreaks through local surveillance.

The LOCP outlined the principles that underpinned the prevention and management of the transmission of COVID-19; there were seven key themes covered in the LOCP, Care Homes and Schools; high risk places, locations and communities; workplaces; local testing capacity; contact tracing in complex settings; data integration; and vulnerable people.

A Health Protection Board, consisting of multi-agencies was in place, taking management responsibility of the LOCP; its purpose was to lead, co-ordinate and manage work to prevent the spread of COVID19; and was accountable to the Health and Well Being Board.

Discussion ensued in respect of the time lag for Pillar 2 data and the potential impact on response to an outbreak; Members were assured that the information was now being received more timely and that some postcode data was being received through the test and trace service.

Following a question by Members regarding the number of deaths in Care Homes, it was confirmed that there had been 52 deaths in care homes in Darlington; this equated to 58 per cent of COVID-19 deaths in Darlington and that this fit with the national picture. Members noted that the NHS Infection Prevention and Control Team provided support and advice to care homes during the outbreak and were in daily contact with care homes in Darlington during the peak of the outbreak.

Reference was made to areas in Darlington that were frequented by an increasing number of residents, particularly during warmer weather; Members were advised that anecdotal information should be fed into the multi-agency group to help identify

potentially high-risk places, locations and communities in Darlington; and Members queried whether the planning for outbreaks in education settings included private facilities in Darlington.

Concern was raised in respect of the mixed messages in respect of social distancing and the requirement to wear masks; it was felt that increased resources into communications was needed, with support from stakeholders and ward councillors.

RESOLVED – That the Local Outbreak Control Plan be noted.

HH10 TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST RECOVERY/'BUILD BACK BETTER' PLANS

The Director of Operations Durham and Darlington, Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) submitted a report (previously circulated) providing Members with details of the Recovery/'Build Back Better' plans.

It was reported that when the pandemic started, TEWV changed the way they delivered their services, with a focus on remote delivery via telephone or a digital platform; that memory clinics and autism diagnoses were paused at the start of the pandemic but were now being revisited; and TEWV were working to plan for Phase 3 and 4 of the pandemic.

Details were provided of the work undertaken in relation to developing plans; a model was being developed to forecast for the expected increased COVID-19 related; along with a backlog of clinical activity; exacerbation and relapse of mental health conditions; and long term impact of socioeconomic consequences. A Health Impact Assessment was being finalised and would provide a system-wide picture of the possible impact of Covid and lockdown on the local Darlington community.

Discussion ensued on the need for increased budgets for mental health services in the town; support for children of primary and secondary ages; and Members were advised of the plans for increased resources in schools, including mental health workers.

RESOLVED – That the report be noted.