

**8 SEPTEMBER 2020**

**TITLE OF REPORT:** Covid19 Update

**REPORT OF:** Caroline O'Neill, Strategic Director, Children, Adults and Families

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## **SUMMARY**

This report sets out an overview of the Gateshead Health and Care System response to the Covid19 pandemic.

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### **Background**

1. Care, Health and Wellbeing Overview and Scrutiny Committee have asked for an update from Health and Social Care partners regarding their response to the Covid19 pandemic.
2. Throughout the pandemic partner organisations have worked in an integrated and seamless way to ensure a comprehensive and robust response was provided in Gateshead.
3. This report sets out the high level detail and presentations will be given by officers, to provide further information and to facilitate a discussion with Committee Members.

### **Overview of Covid19 response by Commissioning, Health, Public Health and Social Care**

4. Health and Social Care Partners in Gateshead have an excellent history of integrated working, including regularly scheduled meetings which provide strategic, tactical and operational oversight of our integration programme.
5. In our coordinated response to Covid19, all meetings were rescheduled as virtual meetings, and a number of additional meetings/cells were established to coordinate our response to the pandemic.
6. The meetings/cells covered a range of topics, including but not limited to:
  - Hospital Discharge – 7 day model, 8am – 8pm
  - Care Home Support
  - PPE
  - Testing
  - Workforce coordination
  - Infection Prevention and Control

- System oversight
- Care Home Tracker
- Epidemiology
- Community health and GP coordination
- 'Hot site' development
- Estates
- Technology
- Finance/payments to care providers
- Coordination with LA Hubs

Initially many meetings/cells met on a daily basis, seven days a week (including bank holidays), and whilst they continue to meet, most have now scaled back to one or two times per week.

7. The focus of the meetings/cells was to ensure a coordinated approach across the health and care system; ensure all agencies were working to the agreed national guidance; enable mutual aid across organisations; identify and escalate organisational or system risks; and provide assurance to Council and Partner Corporate Management Teams.

### **Best practice**

8. Examples of best practice demonstrated during the crisis included:
  - Testing of the health & care workforce and vulnerable people
  - Sharing/pooling of PPE during points of shortage
  - Hospital Discharge to Assess model
  - Workforce support across the statutory partners
  - Deployment of health 'clinic' employees to support Eastwood
  - Daily support to Care Homes
  - Outbreak control management
  - Referrals from/to health, care and the shielding hubs
  - Pooling and sharing of resources and donations
9. Teams across organisations rapidly adopted technological solutions, to enable virtual meetings, and in health and care settings, technology was deployed to reduce face to face contacts between professionals and members of the public.

### **Regional and National links**

10. Local teams also linked into national and regional networks across, commissioning, health, social care and public health, to ensure that best practice was understood and shared across a much wider network.

### **Learning and evolving**

11. The nature of the meetings/cells meant that rapid learning and review was enabled, so that the system response could adapt and evolve as the nature of

the pandemic changed and we learnt from what had worked well and what we could do better.

### **Current arrangements**

12. As noted, many of the groups continue to meet on a scaled back basis, but with the confidence that more regular meetings can be stood up, should there be a local spike in infections.
13. New guidance on Hospital Discharge and Continuing Health Care was published on 21<sup>st</sup> August 2020 to be introduced from 1<sup>st</sup> September 2020, and partners are working together to identify the changes that will be required (including the requirements in respect of those people who were discharged under the Covid19 funding arrangements).

### **Moving Forward**

14. Learning from the work that has been achieved during the pandemic is now feeding into our future developments as a Health and Care system, as we reset our objectives in the light of the pandemic experience.

### **Recommendation**

15. The Committee is asked to note the contents of this report and consider the actions of partners during the pandemic.

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