# Health and Wellbeing Board

**Date** **Thursday 17 November 2016**
**Time** **9.30 am**
**Venue** **Committee Room 2, County Hall, Durham**

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## Business

## Part A

**Items during which the Press and Public are welcome to attend. Members of the Public can ask questions with the Chairman's agreement.**

1. Apologies for Absence
2. Substitute Members
3. Declarations of Interest
4. Minutes of the meeting held on 9 September 2016 (Pages 1 - 10)
5. 0-19 Healthy Child Programme County Durham - Report of Interim Director of Public Health County Durham, Adult and Health Services, Durham County Council (Pages 11 - 14)
6. Sustainability and Transformation Plans and Better Health Programme - Report of Chief Clinical Officer for North Durham, North Durham Clinical Commissioning Group (Pages 15 - 18)
7. Healthy Weight Alliance - Report of Interim Director of Public Health County Durham, Adult and Health Services, Durham County Council (Pages 19 - 24)
8. Smoke Free Tobacco Control Alliance - Report of Interim Director of Public Health County Durham, Adult and Health Services, Durham County Council (Pages 25 - 38)
9. County Durham Drug Strategy Action Plan 2014/2017 - Report of Interim Director of Public Health County Durham, Adult and Health Services, Durham County Council (Pages 39 - 42)
10. Durham Local Safeguarding Children Board Annual Report 2015/16 - Report of Independent Chair, County Durham Local Safeguarding Children Board (Pages 43 - 98)
11. Durham Safeguarding Adults Board Annual Report 2015/16 - Report of Independent Chair, County Durham Safeguarding Adults Board (Pages 99 - 152)

12. County Durham Health Profile/Child Health Profile 2016- Report of Interim Director of Public Health County Durham, Adult and Health Services, Durham County Council (Pages 153 - 164)
13. Joint Health and Wellbeing Strategy 2016/19 Performance Report - Report of Head of Planning and Service Strategy, Durham County Council (Pages 165 - 198)
14. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration
15. Any resolution relating to the exclusion of the public during the discussion of items containing exempt information

**Part B**

**Items during which it is considered the meeting will not be open to the public (consideration of exempt or confidential information)**

16. Pharmacy Applications - Report of Interim Director of Public Health County Durham, Adult and Health Services, Durham County Council (Pages 199 - 202)
17. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

**Colette Longbottom**
Head of Legal and Democratic Services

County Hall
Durham
9 November 2016

To: **The Members of the Health and Wellbeing Board**

**Durham County Council**
Councillors L Hovvels, J Allen & O Johnson

| | |
|---|---|
| J Robinson | **Corporate Director of Adult and Health Services, Durham County Council** |
| M Whellans | **Interim Corporate Director of Children and Young People's Service, Durham County Council** |
| G O'Neill | **Interim Director of Public Health County Durham, Adult and Health Services, Durham County Council** |
| N Bailey | **North Durham and Durham Dales Easington and Sedgefield Clinical Commissioning Groups** |
| Dr D Smart | **North Durham Clinical Commissioning Group** |
| Dr S Findlay | **Durham Dales, Easington and Sedgefield Clinical Commissioning Group** |
| Dr J Smith | **Durham Dales, Easington and Sedgefield Clinical Commissioning Group** |
| S Jacques | **County Durham and Darlington NHS Foundation Trust** |
| A Foster | **North Tees and Hartlepool NHS Foundation Trust** |
| C Martin | **Tees, Esk and Wear Valleys NHS Foundation Trust** |
| C Harries | **City Hospitals Sunderland NHS Foundation Trust** |
| C Gaskarth | **Healthwatch County Durham** |
| S Lamb | **Harrogate and District NHS Foundation Trust** |

**Contact: Jackie Graham** **Email: 03000 269704**

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# DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in Committee Room 2, County Hall, Durham on **Friday 9 September 2016 at 12.30 pm**

**Present:**

**Councillor L Hovvels (Chairman)**

Councillors J Allen and O Johnson and J Chandy, G Curry, C Gaskarth, A Foster, C Harries, M Houghton, J Robinson, S Lamb, C Martin, G O'Neill, Dr D Smart and M Whellans

**Also in attendance:**
Councillor J Robinson

## 1 Apologies for Absence

Apologies for absence were received from N Bailey, Dr S Findlay, S Jacques and Dr J Smith.

## 2 Substitute Members

J Chandy for Dr Findlay & Dr Smith, G Curry for S Jacques and M Houghton for N Bailey.

## 3 Declarations of Interest

There were no declarations of interest.

## 4 Minutes

The minutes of the meeting held on 26 July 2016 were agreed as a correct record and signed by the Chairman.

## 5 Sustainability and Transformation Plan and the Better Health Programme

The Board received a presentation from the Clinical Lead for the Better Health Programme (BHP), North Durham Clinical Commissioning Group (CCG) and the Director of Commissioning and Development, North Durham Clinical Commissioning Group (CCG) that gave progress on the Sustainability and Transformation Plan (STP) and the Better Health Programme (for copy see file of Minutes).

The Director of Commissioning and Development highlighted the following points in relation to the STP:

- Overview of STPs
- BHP – key elements
- North East STP 'Blueprint' Event
- Three gaps – Health & Wellbeing, Care & Quality, Funding & Finance
- STP key priorities – early intervention and prevention, integration, reconfigure hospital based services and technology.
- Timescales for final submission and ongoing discussions with NHS England and NHS Improvement.

Members were advised that Alan Foster, Chief Executive of North Tees & Hartlepool NHS Foundation Trust (NT&HFT) was the STP lead for the Durham, Darlington & Tees area. He advised that guidance on the STP was awaited and that there continued to be ongoing work on the STP until final submission.

The Clinical Lead for the Better Health Programme gave an update on the BHP, including:

- Governance Structure
- Scenario Development
- Modelling Process Overview
- Why the Status Quo is not an option
- Options and scenarios being considered under BHP
- Phase 3 engagement update
- Evaluation criteria including public and stakeholder views
- Voluntary sector input
- Next steps

The Chairman queried whether Health and Wellbeing Board comments would be fed into the STP. The Director of Commissioning and Development said that a summary of work produced would be fed into the STP development. He confirmed that all points would be considered. The Clinical Lead for the Better Health Programme stated that the STP would be amalgamated with the BHP.

It was highlighted that the University Hospital of North Durham was in the Northumberland, Tyne and Wear footprint. Local authority representation was included in both of the STPs. The Clinical Lead for the Better Health Programme said that this arrangement was for planning purposes.

The Clinical Lead for the Better Health Programme confirmed that 'out of hospital' services would fit into both STPs. He also confirmed that the people of Durham had been consulted on the changes.

Referring to the governance diagram, the Head of Planning and Service Strategy said that there was no mention of the Health and Wellbeing Board or local authority governance arrangements and suggested that they need to be included.

The Chief Executive of North Tees & Hartlepool NHS Foundation Trust (NT&HFT) advised that arrangements were in the transition phase and he gave assurances that the two STPs would ensure they work together for the benefit of patients. The STP would add value and build on what was already in existence. Any changes would ensure that the County had better and more robust services. In terms of planning, the Chief Executive of NT&HFT advised that he was communicating with the STP lead for the North, in order to make services as local as possible. The Board were advised that North Durham CCG would be involved in both STP areas.

The Chief Executive of NT&HFT concluded that the challenge was ensuring the right services were being provided and that the right people were involved, with integrated services being key. He said that public health and mental health issues would also be challenging.

The Interim Corporate Director of Adults and Health Services (AHS), Durham County Council advised that the 'not in hospital' services would impact on social care and would have an impact on the local authority. The Chief Executive of NT&HFT explained that residential and nursing home capacity would be a challenge and that he would work with the Interim Director and involve her in the work streams.

Councillor J Allen welcomed the approach taken of working with the Gypsy and Roma Traveller Community but said that more needs to be done in persuading the community to visit a GP rather than presenting at hospital. The Clinical Lead for BHP said that minority groups had been accounted for and that he would feed back further information when available. The Director of Primary Care, Partnerships and Engagement, NHS North Durham and Durham Dales, Easington and Sedgefield (DDES) CCGs advised that engagement groups work with the GRT community and advised that Helen Moore was the Clinical Lead for this area of work.

The Interim Corporate Director of Children and Young People's Services (CYPS), Durham County Council asked about the inclusion of the children's agenda in the STP process. The Director of Commissioning and Development advised that this was a key area within the STP and was a key priority in our patch.

The Interim Director of Public Health, AHS, DCC said that there had not been a lot of progress within the two STPs in terms of prevention and the Clinical Lead for BHP agreed that this area of work needed to be progressed further. The Chief Executive of NT&HFT said that every contact counted and there was a real opportunity to change lifestyles.

**Resolved:**

(i) That the presentation be noted.

(ii) That further updates in relation to the Better Health Programme at future meetings be received.

**6 Durham Dales, Easington and Sedgefield Clinical Commissioning Group - Consultation Feedback in respect of a proposed review of Urgent Care Services**

The Board considered a report of the Chief Clinical Officer, DDES CCG that provided details of the feedback received from the public consultation exercise undertaken in respect of the three proposed options for Urgent Care Services in DDES from April 2017 (for copy see file of Minutes).

The Director of Primary Care, Partnerships and Engagement, NHS North Durham and DDES CCGs gave a presentation that highlighted the following:

- Why Change – a refresh of why the services needed to change
- The consultation process – a good section of the population was reached with 2771 responses received
- How DDES CCG consulted – public meetings, roadshows, radio and video campaign and social media
- Thematic Analysis from the engagement
- The Outcome – ranking the options
- Estates – up to 3 hubs in each of the three localities
- Key Challenges & how they would be addressed
- Communication & engagement
- 3 phased approach to procurement of new services and milestones to achieve this
- Key messages –
    - GP First
    - NHS 111
    - A&E or 999 only if life threatening
- Enhancement of the 111 Service – ability to speak to a GP, nurse or clinician. Importance of keeping the directory up to date
- Workforce – important to have sustainable care. A number of initiatives had been developed including Pharmacists working in general practice and GP career start to increase the number of GPs for DDES
- Primary Care Access – working group set up to look at what is good access to general practice. Current demand would be measured and appointment availability
- Practice Sign up – support from GP practices and making the best use of the clinical staff available. The Patient Reference Group had played a vital role and were thanked for their input
- Measuring Success – with health issues being resolved on 1st contact with easier access and fairer to the whole population

Councillor Allen asked if a breakdown of constituent responses could be provided and was informed that more responses were received from the Dales area and that a more detailed response would follow.

The Chairman referred to people presenting elsewhere with health problems rather than the GP. She referred to transport being an issue raised by constituents, as it

had an impact as to whether people visited their GP. She referred to the pressure that pharmacists were under and the government funding cuts.

The Interim Director of Public Health County Durham suggested that using the pharmacist and self-care should be part of a choosing well campaign as a first point of contact and then the GP, rather than people presenting to the GP first.

**Resolved:**
That the report be received.

## 7 Wellbeing for Life Service

The Board considered a report of the Interim Director of Public Health County Durham, Adults and Health Services, Durham County Council, that provided an update and evaluation on the Wellbeing for Life Service (WBFL) conducted by Durham University (for copy see file of Minutes).

The Wellbeing for Life Manager gave a presentation on the WBFL Service that highlighted:

- The aim of the service and who it is run by
- Volunteering, training and group activities within the community
- Consortium Members
- The Legacy
- Facts and Figures – 2840 one to one service
- What difference is being made
- Why it matters – case studies of people before help and after help from the service

Councillor O Johnson pointed out that the rate for women taking up the service compared to men was 3:1. The Wellbeing for Life Service Manager advised that the service have just appointed 3 new health trainers to focus on working with men in the community.

The Interim Director of Public Health County Durham thanked the Wellbeing for Life Manager for the presentation and agreed that the service will continue to upscale the work.

The Chairman was aware through Area Action Partnerships (AAPs) of the amount of work been carried out through health trainers in the community and of all the one to one help provided.

The Wellbeing for Life Service Manager further added that they carry out work with the pharmacies and have a unique relationship in the Dales and Easington whereby clients are referred into the service.

**Resolved:**
(i) That the current position of the WBFL service be noted;
(ii) That the findings from the WBFL interim evaluation be noted.

## 8 Warm and Healthy Homes Project Annual Report 2015/16

The Board considered a joint report of the Interim Director of Public Health County Durham, Adults and Health Services, Durham County Council, and the Corporate Director Regeneration and Economic Development, Durham County Council that gave an update on the progress and developments outlined in the Warm and Healthy Homes Project Annual Report 2015/16 (for copy see file of Minutes).

The Chairman referred to housing providers as they had a big role in terms of this agenda. The Interim Director of Public Health referred the Board to the County Durham and Darlington Fire and Rescue Service safe and wellbeing visits and that they offer referrals for Warm and Healthy Homes.

**Resolved:**

(i) That the contents of the report be noted.

(ii) That the additional year being planned for the programme and the work planned to transit to pathway based approach be noted.

## 9 System Resilience update

The Board considered a report of the Chief Clinical Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group that provided an overview of the 2015/16 funded resilience schemes undertaken by County Durham and Darlington NHS Foundation Trust (CDDFT) and other providers, and the outcomes of these schemes following evaluation (for copy see file of Minutes).

The Director of Primary Care, Partnerships and Engagement, NHS North Durham and DDES CCGs informed the Board that the Systems Resilience Group (SRG) was to change and would transform into a Local A&E Delivery Board (LADB) from the 1st September 2016. This requirement is nationally mandated.

The chair of the Board is Sue Jacques, Chief Executive of County Durham and Darlington NHS Foundation Trust and Stewart Findlay, Chief Clinical Officer from DDES CCG is the vice chair.

The Head of Planning and Service Strategy, DCC asked what difference the change would make? The Chief Executive of NT&HFT explained that the four hour A&E target was led by the acute trust and the 'must do's' are driven nationally and similar arrangements would be in place for each CCG area.

The Interim Director of Public Health County Durham, AHS, DCC asked where system resilience planning would now take place and was advised that this would still be done but that it may become business as usual planning, between local NHS and local authorities.

The Interim Corporate Director of AHS, DCC asked if the terms of reference would be prescribed as a local delivery board. The Chief Executive of NT&HFT said that the political focus was on the A&E four hour waiting times, but that the terms of reference would have to reflect local issues. The question would be taken back and further information presented to the board when available.

**Resolved:**

(i) That the developments and achievements which have taken place be noted.

(ii) That the targets set in relation to ambulance handovers and delayed transfers of care be noted.

(iii) That the schemes which will be funded in 2016/17 be noted.

## 10 Children's Services update

The Board considered a report of the Interim Corporate Director of Children and Young People's Services (CYPS), Durham County Council that provided an update on the national and local developments in relation to Children's Services. In addition, the report included information on the outcome of the Ofsted Single Inspection Framework (SIF) Inspection of Children's Services carried out between 22 February 2016 and 16 March 2016 (for copy see file of Minutes).

The Interim Corporate Director, CYPS, DCC highlighted the key points within the report including the themes in the action plan to strengthen management and staffing, an opportunity to look at poverty through the forthcoming Life Chances Strategy, and the Ofsted deep dives being looked at in relation to neglect and domestic abuse.

Councillor Johnson assured the board that work had already begun to respond to the Ofsted judgement and that an improvement plan was in place. He pointed out that many areas within the Ofsted report were deemed as good, such as the adoption service, early intervention, care leavers, child sexual exploitation and missing children. He advised that the board would be kept updated as the action plan progresses.

Councillor Allen referred to a project underway to support children and young people who observe domestic abuse, to ensure they receive support through schools.

The Head of Children's Public Health Nursing County Durham, Harrogate & District NHS Foundation Trust referred to the provision of 0-19 contract commissioned by Public Health and advised of the introduction of a vulnerable parent pathway.

The Chairman referred to mental health as a specific issue for young people. The Interim Director of Public Health County Durham advised that five emotional wellbeing nurses had been appointed and would be embedded in schools to support young people.

The Board were advised that updates for maternity services giving the best start in life and bereavement services would be brought to a future meeting.

**Resolved:**

(i) That the contents of the report be noted.

(ii) That further updates in relation to the transformation of Children's Services be received on a six monthly basis.

## 11 Better Care Fund 2016/17

The Board considered a report of the Strategic Programme Manager – Care Act Implementation and Integration, Adults and Health Services, Durham County Council that gave an update on Quarter 3 2015/16 Better Care Fund (for copy see file of Minutes).

The Board were advised that performance against the six key metrics for quarter 1 shows a positive performance in the 'percentage of carers who are very/extremely satisfied with the support services they receive'. Performance against the other 5 key metrics was slightly below target.

The Head of Planning and Service Strategy, DCC referred to the permanent admissions of older people and advised that this would be a strategic issue going forward with pressure on budgets.

**Resolved:**

(i) That the report be noted.

(ii) That further updates in relation to the Better Care Fund be received.

## 12 Health and Wellbeing - Area Action Partnership Links

The Board considered a report of the Area Action Partnership Coordinator, Transformation and Partnerships, Durham County Council that provided an update in relation to the work taking place to enhance the interface between Area Action Partnerships (AAPs) and the Health and Wellbeing Board to improve the alignment of AAP developments and investments and the priorities of the Partnerships (for copy see file of Minutes).

The Area Action Partnership Coordinator highlighted the achievements and developments and advised that Healthy Horizons had been picked up within the Physical Activity Strategy and that the AAPs were still looking at tackling holiday hunger.

The Chairman said that it was important to share this good work that was ongoing throughout the County and although we were faced with austerity, good local work was still being achieved. She asked that a press release be prepared and sent out to promote the positive work.

The Interim Director of Public Health County Durham said that there were some fantastic pieces of work being carried out including the wellbeing for life work. She was keen to see prevention work being fed into the agenda.

The Head of Planning and Service Strategy, DCC said that it would be useful to see a link to the STPs and that the model used in AAPs for match funding and for attracting money could be used more strategically for the STP. The Chief Executive of NT&HFT said that they would use workstreams already in place and were keen to use good practice.

The Interim Corporate Director of Adults and Health Services, DCC said that it was good to see valuable work being utilised and linked in with communities and neighbourhood working.

Councillor Johnson agreed that work at a local level was very valuable and good practice should be shared.

**Resolved:**

(i) That the work that was taking place be noted.
(ii) That the improved alignment of work of the AAP's to the Health and Wellbeing Board be noted.
(iii) That work will progress through the Community Wellbeing Partnership.
(iv) That the AAP/public health supported projects in 2015/16.

## 13 Healthwatch County Durham Annual Report 2015/2016

The Board considered a report of the Chair of Healthwatch County Durham that presented the Annual Report for 2015-2016 (for copy see file of Minutes).

The Chief Executive, Pioneering Care Partnership (PCP) advised that a new provider was awarded the contract to deliver the Healthwatch service from July 2016. She introduced the Chair of Healthwatch to present the Annual Report.

The Chair of Healthwatch said that the views of the public had been gathered and comments, expertise and criticisms had been passed to the appropriate bodies during the 2015-2016 period.

The Chief Executive of the PCP advised that three people had been appointed to the new board and ideally they wanted to appoint eight to ten people to service the 500,000 population, with relevant skills and expertise.

She added that the organisation had a strong voluntary base. The appointment of a new Chair would help steer the board with a focus on research and intelligence. The contract was for two years with the option for a one-year extension and would help to influence service change and build upon the work already carried out.

Councillor Johnson asked what the general message was from the general public and was advised that feedback ranged from dentistry to GP appointments.

The Head of Planning and Service Strategy, AHS, DCC welcomed the new direction of Healthwatch and asked if the priorities in the Health and Wellbeing Strategy and the STPs were being looked at and linked in the work they will be doing. The Chief Executive of the PCP said that their actions would be timely and would look at how to influence change and the use of resources wisely.

**Resolved:**

(i) That the report and the progress which Healthwatch County Durham has achieved during its first year be received and noted.
(ii) That the organisation's ongoing work as consumer champion for health and social care services, be noted.

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**Health and Wellbeing Board**

**17 November 2016**

# 0-19 Healthy Child Programme County Durham

## Report of Gill O'Neill, Interim Director of Public Health, Adult and Health Services, Durham County Council

### Purpose of the Report

1 To provide an update to the Health and Wellbeing Board on the 0-19 Healthy Child Programme County Durham contract since the service transferred to Harrogate and District NHS Foundation Trust (HDFT) on 1st April 2016. Suzanne Lamb, Head of Children's Public Health Nursing County Durham, HDFT will deliver a presentation at the Health and Wellbeing Board meeting.

### Background

2 In October 2015 the 0-19 contract was tendered. A robust evaluation of bids was undertaken in November 2015 and on 7th December 2015 HDFT was awarded the contract. HDFT commenced the contract on 1st April 2016. Darlington Borough Council and Middlesbrough Council have also awarded their 0-19 contract to HDFT.

### Mobilisation and transition of contract and service delivery

3 A 0-19 mobilisation board managed and led the safe and effective transfer of the service and provided oversight of the mobilisation plan developed by HDFT. The board closely monitored all actions within the mobilisation plan during the process. Post commencement of the contract, the mobilisation board has morphed into a transition board and has meetings planned until January 2017.

### First two quarters of activity (April to September 2016)

4 All relevant 0-19 staff protected under Transfer of Undertakings (Protection of Employment) Regulations (TUPE) have been transferred from County Durham and Darlington NHS Foundation Trust (CDDFT) to HDFT without difficulty. Employees are now based within Durham County Council (DCC) premises to maximise opportunities for collaborative working with children's services. This integrated approach was a primary aim of the new specification.

5 Key performance indicators (KPIs) are being progressed as planned which is an encouraging start to the contract. In addition to quantitative information being received there are a number of high quality case studies being provided.

6 These case studies are a way of understanding in more detail the benefit of a universal service which aims to improve health outcomes and prevent child concerns from escalating.

**Governance of contract**

7 Six weekly meetings are held between DCC Public Health and HDFT's Head of Children's Public Health Nursing. This is to foster a strong relationship and a shared understanding that the 0-19 service is a central component of the public health workforce. In addition to this there are quarterly contract and performance meetings held to ensure targets remain on track.

**Healthy Child Programme (HCP) Board**

8 Within HDFT's tender submission there was a recommendation to establish a Healthy Child Programme (HCP) board chaired by the Director of Public Health. This board would provide an opportunity to bring a small multi-disciplinary strategic group around one table to discuss integrated working and develop a small number of shared objectives. Reducing health inequalities and delivering towards improved health and wellbeing outcomes for children and families would be the primary goals of this small strategic group. It is anticipated that task and finish working groups may fall out of this strategic HCP board pending priority areas of work to address. Whilst it is acknowledged that at this point in time there is a large County Durham Children and Families' Partnership board there is still benefit in scoping out, with partners, what the added value would be in creating a discrete HCP board as a sub group of the statutory Health and Wellbeing Board. HDFT incorporated an allocation of funding within their tender to contract an external facilitator to develop the HCP board and its small number of strategic priorities.

**Recommendations**

9 The Health and Wellbeing Board are recommended to:

- Note the contents of this report;
- Decide on the added value of the development of a Healthy Child Programme Board and consider whether this could be a sub group of the Health and Wellbeing Board;
- Note the continuation of the mobilisation / transition board to provide assurance of the safe and effective delivery of the specification for such a large contract;
- Receive and provide comment on the presentation given at the Health and Wellbeing Board meeting 17 November 2016.

**Contact: Gill O'Neill, Interim Director of Public Health**
**Tel: 03000 267 696**

## Appendix 1: Implications

**Finance –** Part of specification

**Staffing –** All employed by HDFT

**Risk –** Risk log managed as part of mobilisation / transition board. To date all risks other than estates/It have been mitigated.

**Equality and Diversity / Public Sector Equality Duty –** 0-19 service designed to ensure equitable service delivery

**Accommodation –** Estates issue in Stanley to be rectified. All staff need to move to 70% occupancy and mobile working before further health and safety assessments can be completed

**Crime and Disorder – NA**

**Human Rights - NA**

**Consultation –** Ongoing dialogue with all staff

**Procurement - NA**

**Disability Issues - NA**

**Legal Implications –** Legal part of mobilisation / transition board. Advice sought as and when required

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**Health and Wellbeing Board**

**17 November 2016**

# Sustainability and Transformation Plans and Better Health Programme

## Report of Dr Neil O'Brien, Chief Clinical Officer North Durham Clinical Commissioning Group

### Purpose of the Report

1 To provide an update to Health and Wellbeing Board on Sustainability and Transformation Plans and the Better Health Programme.

### Background

2 The NHS shared planning guidance asked every health and care system to come together to create their own ambitious local blue print for accelerating the implementation of the *Five Year Forward View*. Sustainability and Transformation Plans (STP) are place based, multi-year plans built around the needs of local populations. STPs are expected to support closing three gaps across health and care systems that were highlighted in the *Five Year Forward View:*

- Health and wellbeing
- Care and quality
- Funding and financial efficiency

3 There are two STP planning foot prints in the North East. The North STP covers Northumberland, Tyne and Wear and North Durham. The North STP is led by Mark Adams, Accountable Officer, Newcastle Gateshead CCG. The South STP covers Durham Dales, Easington and Sedgefield, Darlington, Teesside and Hambleton, Richmondshire and Whitby. The South STP is led by Alan Foster, Chief Executive, North Tees and Hartlepool NHS Foundation Trust.

4 Patient flow to services was considered in relation to STP foot prints. In North Durham the majority of patients use hospital services in Durham and to the north of Durham in Gateshead and Sunderland. Patient flow to specialist services is mostly to Newcastle rather than South Tees. To support the planning of hospital services, local and national NHS leaders have agreed that North Durham area should be part of the North STP planning foot print. North Durham will also continue to work closely with the South STP plan area to support service planning across the two footprints.

**Current Position Sustainability and Transformation Plans and Better Health Programme**

5 Draft STPs were submitted to NHS England on 21 October 2016 in line with the national timetable. Following feedback from NHS England it is anticipated that final STPs will be published by late November/early December 2016. There will be more formal engagement building on what has already been done to shape thinking around the STP. A communication and engagement plan will be published at the same time as the STP publication to outline the process and timescales.

6 The Health and Wellbeing Board has received updates on progress with the Better Health Programme (BHP). BHP is a key part of the Durham Dales, Easington and Sedgefield, Darlington, Teesside and Hambleton, Richmondshire and Whitby STP. Public engagement events on the BHP continue to take place across the area and there is communication about the programme through the media, press and social media mechanisms.

**Recommendations**

7 The Health and Wellbeing Board are recommended to:

- Note the contents of this report.

**Contact: Michael Houghton, Director of Commissioning and Development, North Durham Clinical Commissioning Group**
**Tel: 0191389 8575**

## Appendix 1: Implications

**Finance – N/A**

**Staffing – N/A**

**Risk – N/A**

**Equality and Diversity / Public Sector Equality Duty – N/A**

**Accommodation – N/A**

**Crime and Disorder – N/A**

**Human Rights – N/A**

**Consultation – N/A**

**Procurement – N/A**

**Disability Issues – N/A**

**Legal Implications – N/A**

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**Health and Wellbeing Board**

**17 November 2016**

**Healthy Weight Alliance**

## Report of Gill O'Neill, Interim Director of Public Health, Adult and Health Services, Durham County Council

### Purpose of the report

1 To provide the Health and Wellbeing Board (HWB) with an update from the Healthy Weight Alliance (HWA). The report will highlight the strategic approach to obesity as a result of County Durham becoming a national pilot for obesity.

### Background

2 In County Durham 24% of 4-5 year olds, 37% of 10-11 year olds and an estimated 72% of adults have excess weight. Obesity has significant health, financial, social and environmental impacts in County Durham.

3 The healthy weight strategic framework was developed through the healthy weight alliance, which aims to be a multi-agency group working to tackle obesity. This year's Director of Public Health annual report focused on obesity in an effort to promote wider involvement in the agenda.

### A strategic systems approach to tackle obesity

4 The Government Office for Science (2007) highlighted that as there are a significant number of factors that contribute towards obesity, approaches to tackle it must focus on multiple projects, at multiple levels, in multiple settings and for many groups of people. The National Institute for Health and Care Excellence (NICE) suggest that obesity needs to be tackled as a whole system and this became the overall strategic focus for the HWA.

5 The HWA secured support from the North East Leadership Academy for a pilot whole systems approach in the Four Together Area Action Partnership (AAP) area. The approach attempted to understand obesity, its causes and possible solutions within a specific geography. The intention was to involve a variety of representative organisations that are part of the local community, and was designed to engage with the local system to understand obesity through their eyes. Further detail around this approach is available on request.

6 There has been much learning from this early adopter area and following this, the HWA bid to be a pilot region in Public Health England's (PHE) three year programme into obesity systems, delivered by Leeds Beckett University (LBU). Over 70 applications were received from local authorities and County Durham is one of four to be identified to lead on obesity.

7 Work with LBU has identified a need for strategic actions that require multiple partners in order to encourage a system wide response. The strategic themes; 'leading by example', 'give every child the best start in life', 'improving play', and 'engaging the system' are being developed as a mechanism to progress. Approaches are informed from national guidance and evaluation will be continual, whilst acknowledging that at a population level obesity has no single cause or solution. Further details of projects to support these strategic themes are available on request.

**Leading by example**

8 Leading by example is an opportunity to work with HWB partners to continually improve the health of their workforces and our residents. The National childhood obesity plan published in August 2016 states that every public sector setting's food environment should be designed so that the healthy choice is the easy choice.

9 The food offer in Durham County Council (DCC) has been reviewed, Government buying standards for food are being adopted, the healthy choice is more readily available and food labelling is improving so employees and visitors can make informed choices. Vending machines where possible, have had their branding removed, in order to limit product promotion. Actions align to the evidence based recommendations in the national childhood obesity plan, and Public Health England's sugar reduction report.

10 Durham food partnership has been successful in achieving sustainable fish city status for Durham City.

11 New opportunities to integrate physical activity into the working day have been implemented. The StepJockey intervention proved successful in DCC and the HWA is encouraging other partners to utilise StepJockey.

**Best start in life**

12 The focus is on early years and preventing obesity from the antenatal period. Breastfeeding remains a priority and its impact on obesity is critical. UNICEF accreditation, breastfeeding cafes, and peer supporters are examples of the ongoing efforts. Health colleagues in County Durham and Darlington NHS Foundation Trust are leading the way in maternity, working in close partnership with Harrogate and District Foundation Trust (HDFT), yet there is still much to do within schools and communities to change breastfeeding attitudes.

13 In partnership with Newcastle University a project is being finalised which will assist in understanding the cultural challenges of weight gain in infancy. This three year programme will also focus on improving the early year's health professional's approach to discussing weight with parents.

14 A recent evaluation of the Families Initiative in Supporting Children's Health (FISCH) programme highlighted that the programme led to a reduction in excess weight prevalence. Further work is underway to consider how best to encourage greater uptake of the targeted programme.

**Increasing play through the County Durham physical activity framework**

15 DCC culture and sport have the lead on the development of a physical activity framework for County Durham. A physical activity board has been convened which will oversee the framework implementation, and the HWA is represented at this board to ensure the two agendas are aligned and synergistic. The groups are working to develop shared objectives and outcomes.

16 The slow to 20 for safer streets programme reduces traffic casualties and makes our communities safer places to play. Road safety education and cycling schemes are included, to equip children with the skills they need.

17 AAPs are instrumental in improving opportunities for physical activity within their communities. The 'Ready Sett Go' programme in South West Durham, aims to improve physical literacy amongst early years and work is now ongoing to consider how to expand the programme across County Durham.

**Engaging the whole system**

18 The HWA and County Durham Community Foundation have developed a match funded community grant to encourage community based initiatives, adopting systems methodology, to develop sustainable obesity programmes. This funding will be allocated in January 2017 and totals just under £300,000.

19 Primary care is an important setting. Community pharmacies assess and refer clients to weight loss companies, with 634 clients currently engaged and an average weight loss of 6lb per person, per current programme. There is a commitment to continue this programme.

**Next steps**

20 Consider a refresh of the healthy weight framework to provide a coherent set of common goals deliverable across a range of partners. Develop a unified and consistent approach across HWB members to address the obesogenic environment, and to change the culture associated with weight.

21 Work with partners such as LBU, PHE and Newcastle University on innovative approaches to healthy weight whilst capitalising on the skills that already exist within the local system. Work in partnership with the physical activity leadership board to ensure cohesive programmes such as 'Beat the Street'.

## Recommendations

22 The Health and Wellbeing Board are requested to:

- Provide leadership and support all partners in the continued delivery of the whole systems approach to obesity by actively participating in the LBU pilot work.
- Agree within their organisations to adopt a 'leading by example' approach to improve staff and residents' health and wellbeing.
- Agree to develop the public sector in County Durham; to make the healthy choice the easy choice, within a health promoting environment.
- Support building on local best practice and developing countywide approaches by scaling up what works.
- Progress evidence led brief interventions around obesity in front line or patient contact within primary and secondary care


| | |
|---|---|
| **Contact:** | **Chris Woodcock, Public Health Portfolio Lead, Durham County Council** |
| **Tel:** | **03000 267 672** |

## Appendix 1: Implications

**Finance:** Funding for Newcastle University study. Promoting healthier choices may have an impact upon retail.

**Staffing:** None

**Risk:** None

**Equality and Diversity / Public Sector Equality Duty:**
Public health aims to reduce inequalities and improve health outcomes by reviewing PH outcomes data and developing relevant policies, strategies and intentions as appropriate.

**Accommodation:** N/A

**Crime and Disorder:** N/A

**Human Rights:** N/A

**Consultation:** N/A

**Procurement:** Possible impact upon policy through 'leading by example' work.

**Disability Issues:** None

**Legal Implications:** None

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**Health and Wellbeing Board**

**17 November 2016**

**Smoke Free Tobacco Control Alliance**

## Report of Gill O'Neill, Interim Director of Public Health, Adult and Health Services, Durham County Council

### Purpose of the Report

1 This report is to update the Health and Wellbeing Board on the tobacco control activity undertaken in County Durham throughout the year, and present the latest tobacco control profile data used to monitor impact.

### Background

2 Smoking is the primary cause of preventable illness and premature death. Smoking harms nearly every organ of the body and reduces both quality of life as well as life expectancy. Smoking is the single biggest cause of inequality in death rates between rich and poor in the UK. Smoking accounts for half of the difference in risk of premature death between social classes.

3 Half of all life-long smokers die prematurely losing on average 10 years of life. For every death caused by smoking approximately 20 smokers are suffering from a smoking related disease.

4 Each year in County Durham smoking is estimated to cost society approximately £155.0m, that's £1,801 per smoker per year.[1] Tobacco is a key contributor to poverty and with roughly 61,279 households in County Durham with at least one smoker. This means 33% of these households fall below the poverty line. If these smokers were to quit, nearly 6,688 households would be lifted out of poverty.[2]

5 County Durham delivers tobacco control within an evidence based framework through the County Durham tobacco control alliance with local partners. Durham County Council is also the lead commissioner (on behalf of all 12 North East councils) of the regional tobacco programme 'Fresh' a model based on the highly successful evidence based approach from California, and which recognises that the goal is to change the broad social norms around the use of tobacco and to indirectly influence current and potential future tobacco users on a population level by creating a social environment and legal climate in which tobacco becomes less desirable, less acceptable and less accessible.

[1] ASH (2015) Ready Reckoner, Local cost of tobacco control (accessed 23/08/2016)

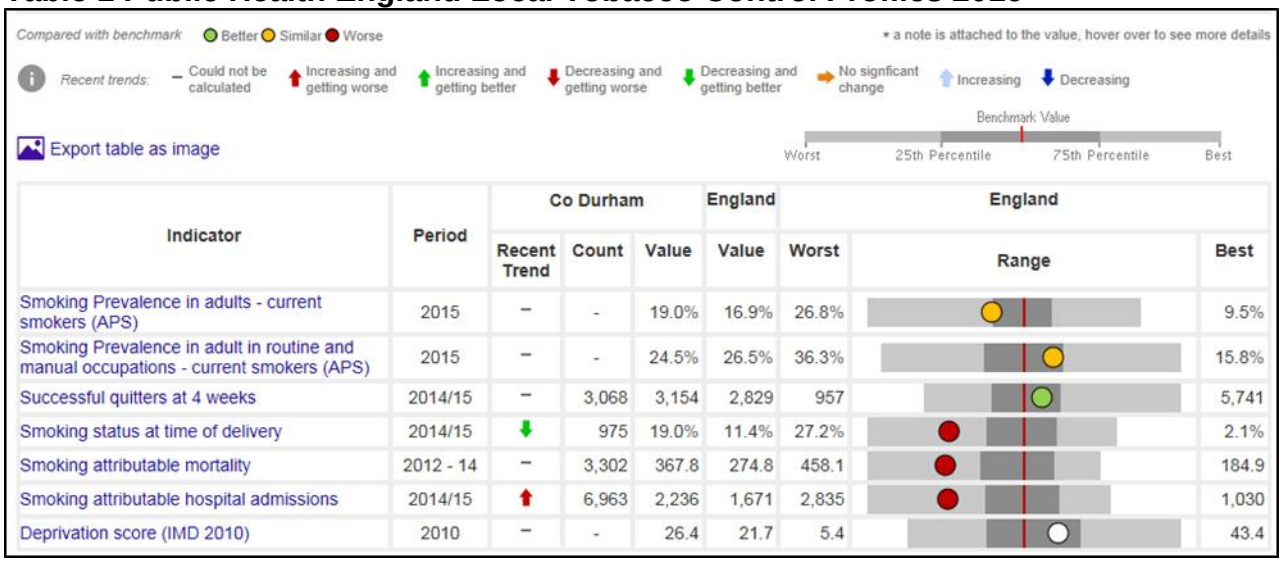
[2] ASH (2015) Smoking and poverty calculator (accessed 23/08/2016)

6 County Durham has an ambition to reduce smoking prevalence amongst adults aged 18 and over to 5% by 2030, and has adopted a vision statement to support the ambition.[3]

*"That a child born now in any part of County Durham will reach adulthood breathing smokefree air, being free from tobacco addiction and living in a community where to smoke is unusual. We owe it to our children to make this happen"*

7 The Public Health England Local Tobacco Control Profiles for England provides a snapshot of the extent of tobacco use, tobacco related harm, and measures being taken to reduce this harm at a local level.[4] These profiles have been designed to help local government and health services to assess the effect of tobacco use on their local populations. Table 1 compares County Durham against the England average on seven of the indicators.

**Table 1 Public Health England Local Tobacco Control Profiles 2016**



Compared with benchmark: Better Similar Worse

* a note is attached to the value, hover over to see more details

Recent trends: – Could not be calculated; Increasing and getting worse; Increasing and getting better; Decreasing and getting worse; Decreasing and getting better; No signficant change; Increasing; Decreasing

Export table as image

Benchmark Value: Worst | 25th Percentile | 75th Percentile | Best

| Indicator | Period | Co Durham | | | England | England | | |
|---|---|---|---|---|---|---|---|---|
| | | Recent Trend | Count | Value | Value | Worst | Range | Best |
| Smoking Prevalence in adults - current smokers (APS) | 2015 | – | - | 19.0% | 16.9% | 26.8% | | 9.5% |
| Smoking Prevalence in adult in routine and manual occupations - current smokers (APS) | 2015 | – | - | 24.5% | 26.5% | 36.3% | | 15.8% |
| Successful quitters at 4 weeks | 2014/15 | – | 3,068 | 3,154 | 2,829 | 957 | | 5,741 |
| Smoking status at time of delivery | 2014/15 | ↓ | 975 | 19.0% | 11.4% | 27.2% | | 2.1% |
| Smoking attributable mortality | 2012 - 14 | – | 3,302 | 367.8 | 274.8 | 458.1 | | 184.9 |
| Smoking attributable hospital admissions | 2014/15 | ↑ | 6,963 | 2,236 | 1,671 | 2,835 | | 1,030 |
| Deprivation score (IMD 2010) | 2010 | – | - | 26.4 | 21.7 | 5.4 | | 43.4 |

8 County Durham has experienced a steady drop in smoking prevalence over the last three years, resulting in a 3.2% drop since 2012 (table 2).

**Table 2 Smoking prevalence in County Durham 2012 - 2015**

| All Adult smoking prevalence (APS Survey) | 2012 | 2013 | 2014 | 2015 | Change since 2014 | Change since 2012 |
|---|---|---|---|---|---|---|
| County Durham | 22.2% | 22.1% | 20.3% | 19.0% | -1.3% | -3.2% |

9 County Durham along with Fresh and the North East councils deliver a tobacco control package of eight key strands (building infrastructure, skills and capacity and influencing decision making through advocacy; media and communications; motivating and supporting smokers to stop; reducing exposure to tobacco smoke; tobacco regulation; reducing availability and supply e.g. on illicit tobacco; reducing advertising and promotion; research, monitoring and evaluation). The following information provides an account of activity undertaken by these key strands.

[3] County Durham Tobacco Control Alliance Action Plan 2013 - 2017

[4] PHE (2016) Local Tobacco Control Profiles

**Reducing exposure to secondhand smoke**

**Denormalizing smoking by increasing public support for smokefree areas.**

10 In 2015 DCC implemented a voluntary code making play areas in parks smokefree. The decision to make play areas smokefree came about as a request to Cabinet from the tobacco alliance. A consultation was launched in 2014 and there was overwhelming support with 81% of the 480 people surveyed supporting the measure.

11 The launch attracted media interest (radio and newspaper) and during the summer and Autumn 2015, smokefree signage was placed on railings at entrances to children's play areas and vinyl stickers placed on waste bins.

12 In May 2016 visitors to two destination parks (Hardwick Park and Riverside Park at Chester le Street) were questioned to ascertain if they knew about the code and if they had seen the signage. Visitors were also asked if they were in support of making play areas smokefree.

13 A total of 272 people were surveyed. Just under half of people surveyed 45% were aware that DCC have implemented a voluntary code to make children's play areas in parks smokefree. Awareness of signage was low 22% (n=59). This was particularly low amongst respondents who were not aware of the smokefree code.

14 There was overwhelming support for smokefree play areas which rose from 81% in 2014 to 99% in 2016 survey. This was also high 100% amongst current smokers. People reported asking smokers not to smoke in play areas, although numbers reporting this were low. Press releases attracted further media interest and resulted in an interview with Radio Tees and Heart Radio.

15 During the 2016 August school holidays a number of play parks will be visited and awareness raising of the voluntary code will be carried out. The survey will be repeated next year to ascertain if awareness has increased from 45%.

**Smokefree Families**

16 Smokefree Families is a regional developed initiative delivered locally by the County Durham stop smoking service. It is Brief Intervention/ Smokefree Families training which is designed for anyone who regularly works with communities, families and children. The initiative is designed to train front line workers to increase their awareness of the evidence associated with children's exposure to secondhand smoke and help them raise the issue in a non-confrontational way with their client group.


**Smokefree Families leaflet**

17 A training package has also been developed for Smokefree families information sessions which are aimed at parents/carers/general public and can be delivered in schools etc. as required/requested.

**Campaign to reduce smoking in bus stations**

18 Smoking is prohibited in all enclosed or 'substantially enclosed' public places and workplaces, including bus stations. Despite the law, there have been reports of people continuing to smoke in and around county bus stations. A survey was undertaken in the county's bus stations which revealed that over 71% of people surveyed have seen smoking in or around the sites.

19 Durham County Council officers carried out patrols at the county's five bus stations in January and February in a campaign which saw action taken against offenders smoking illegally. Arriva and Go North East also supported the initiative by spreading the message amongst their staff working at the sites.

20 The operation saw:

- 22 people spoken to at Stanley station for smoking in its entrance recess.
- One smoker was given a fixed penalty notice for smoking inside the station.
- At Durham station, one person was given two fixed penalties – the first for smoking on the indoor concourse and the second for littering, after being seen throwing his cigarette on the floor.
- At Consett, advice on the council's no smoking policy was given to two people found smoking around the station but not in an enclosed area and at Peterlee, two fixed penalties were issued for littering.
- Bishop Auckland saw one person given a fixed penalty for smoking in an enclosed bus shelter. Two people were given fixed penalties for littering.

21 Given the high footfall at the stations throughout the campaign, overall support for not smoking was very high. Monitoring of smoking at bus stations in County Durham will continue and further action taken where necessary.


**Improving compliance with smokefree NHS**

**Tees Esk Wear Valleys NHS Foundation Trust**

22 On 9th March 2016 (No Smoking Day) the Tees Esk Wear Valleys (TEWV) NHS Foundation Trust implemented their smokefree policy. The policy covers service users, staff, visitors and contractors who no longer can smoke tobacco on any trust premises. However the policy is much wider than a smokefree site provision, it is a policy that recognises that much needs to be done to address the high smoking rates and lower life expectancy amongst those living with mental health problems.

23 The trust recognises they have a duty of care to their service users and by going smokefree aims to significantly increase both the physical and mental health of service users. The policy does not allow staff members to accompany or support a service user to smoke at any time, and includes nicotine management and smoking cessation support for service users.

24 Pathways have been developed to support the identification of a smoker and provide nicotine abstinent support on admission. A total of 1,479 staff have been trained in smoking cessation brief intervention and a further 187 staff trained as champions on wards to give nicotine management support and provide Nicotine Replacement Therapy (NRT) e.g. patches etc. within 30 minutes of admission. A high proportion of the training has been delivered by the Durham County Council commissioned stop smoking service team.

25 The policy includes the use of E-Cigarettes which can be used by inpatients, however they have to self-purchase. Free e-cigarettes can be given in emergency admission situations.

26 Links and referral pathways have also been made with all community stop smoking services to enable referral of patients to their nearest stop smoking service on discharge, to enable patients to continue their smokefree journey.

## County Durham and Darlington NHS Foundation Trust

27 A hospital based specialist stop smoking service commissioned by DCC (previously County Durham PCT) has been in place since 2011. The service receives direct referrals from wards and departments. Patients are then seen initially on the ward, offered NRT to combat nicotine withdrawal and then offered continued support out in the community after discharge.

28 In 2015/16 a total of 1,226 hospital patients were referred to the stop smoking service, of which 11% (n=143) went on to set a quit date. At four weeks 69% (n=99) were quit.

29 Data on Quit Manager (the stop smoking service, patient management system) relating to the hospital service, provides evidence that a review of this service needed to be undertaken. Of the 1,226 referrals, 34% (n=422) received NRT and support for temporary abstinence whilst in hospital. NRT for temporary abstinence does not require the work of a specialist advisor and should be an integral part of the patient care pathway to receive support via NRT whilst in hospital to reduce nicotine withdrawal.[5]

30 In April 2016 Solutions4Health (S4H) became the new provider of the stop smoking service in County Durham (commissioned by DCC). S4H staff no longer provide cover on the wards. Instead S4H now support hospital staff to enable them to provide patients with nicotine withdrawal to fulfil the trust's obligation to implement NICE Public Health Guidance No.48 'Smoking: acute, maternity and mental health services and the care pathway 'Smoking cessation in secondary care'.

31 During April to October 2016 the stop smoking service saw an 80% drop in referrals from hospitals in comparison to the previous year. This has been raised with CDDFT's Director of Nursing. A briefing to senior staff of wards/departments will take place in November, and a plan to establish a working group to progress the work. S4H will also provide training to upskill nursing staff to enable them to support smokers whilst in hospital. This will ensure referrals to the stop smoking service are made for patients on discharge.

## Targeted Well-being approach to reducing smoking prevalence

32 A three year targeted well-being approach commenced in an area of Stanley (South Moor Quaking Houses) in 2013. The project is based on delivering an asset based approach engaging with the community on aspects relating to health and well-being that are important to them. An aspect of the evaluation is to ascertain if this approach has an impact on local smoking prevalence, reducing children's exposure to second hand smoke and access to stop smoking services. The evaluation of the project is part of a co-production with Durham University and Teesside University.

33 Local smoking prevalence was established which involved training local people to carry out a community survey of smoking and well-being. The results of which showed a 36% smoking prevalence in the area and 60% of children in the area being exposed to second hand smoke in their home.

[5] NICE (2013) Smoking: acute, maternity and mental health services guidelines [PH48]

34 The project has just commenced the second survey phase, of which results will be available later in the year.

## Stop Smoking Service

35 A total of 5,333 clients set a quit date with the service in 2015/16. Of which 54% (n=2,903) were quit at 4 weeks. The number of clients setting a quit date are down by 10% in comparison to 2014/15 and quitters are down by 5% in comparison to last year (Graph 1). This drop in access has been experienced over the years both national and regional. However, the drop in numbers accessing the Durham service has been smaller this year 10% in comparison to previous years (2013/14, 16%) and (2014/15, 27%). The percentage (proportion) of quitters achieved this year has increased to 54% from 52% last year (graph 2). This increase has continued over a five year period.

36 Public Health England guidance recommends that in a given year services should aim to treat at least 5% of their smoking population (NICE guidance for smoking cessation 2014). In County Durham this year the service treated 6.2% of the smoking population. The target was also to achieve 2,774 quitters. The service achieved 2,903 quitters, this is 129 above target.

37 A key factor of stop smoking services is to ensure they are having an impact in relation to reducing health inequalities and that services are delivered equitable. Compared to the 2007 stop smoking service Health Equity Audit (HEA)[6], the 2014 HEA[7] demonstrates there is a higher rate of people setting a quit date and quitting smoking in the more deprived Middle Super Output Areas (MSOAs) of County Durham.[8] This indicates that the County Durham Stop Smoking Service is contributing to a reduction in health inequalities.

38 In 2015 the contract for the County Durham stop smoking service went out for procurement. Solutions4Health are the new provider of the stop smoking service for 2016 to 2018. This report section is therefore the last report of activity delivered by County Durham and Darlington NHS Foundation Trust. Solutions4Health commenced the service 1st April 2016.

## Smoking in pregnancy

39 Smoking at Time of Delivery (SATOD) data 2015/16 reported 18.1% of woman in County Durham continue to smoke in pregnancy. SATOD is hospital data and is reported at Clinical Commissioning Group (CCG) level.[9]

40 SATOD data is showing a reduction for County Durham since 2009/10 (table 3). However this reduction is not equal across the two CCGs. There is a noticeable 5.6% difference in SATOD data between North Durham CCG and Durham Dales, Easington and Sedgefield (DDES) CCG (table 4).

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[6] Stop Smoking Service (2007) HEA, Durham and Chester le Street. County Durham Primary Care Trust.

[7] DCC (2014) A Health Equity Audit of the stop smoking service in county Durham.

[8] MSOAs are a geographic areas minimum population is 5000 and the mean is 7200.

[9] HSCIC (2016) Smoking at the Time of Delivery data.

**Table 3: Smoking at time of delivery over time**

| | 2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 | Change since 2011/12 (pre-babyClear) |
|---|---|---|---|---|---|---|---|---|
| England | 14.0% | 13.5% | 13.2% | 12.7% | 12.0% | 11.4% | 10.7% | -2.5% |
| North East | 22.2% | 21.1% | 20.7% | 19.7% | 18.8% | 18.0% | 16.7% | -4.0% |
| County Durham | 22.2% | 22.9% | 21.3% | 19.9% | 19.9% | 19.0% | 18.1% | -3.2% |

**Table 4: SATOD by CCG**

| **Clinical Commissioning Group** | **2015/16** |
|---|---|
| North Durham | 15.1% |
| DDES | 20.7% |
| **Total average** | **18.1%** |

## BabyClear

41 Regional research identified barriers faced by midwives in relation to smoking in pregnancy. The findings from this insight then informed a bid from Fresh to secure funding to deliver a regional approach 'babyClear' involving the provision of training and resources to maternity staff across all eight North East Foundation Trusts to support activity at the initial booking appointment and 12-week dating scan, as well as clarifying referral pathways into stop smoking support. BabyClear is being evaluated by Newcastle and Teesside University. A separate report produced by FUSE will be made available once the results have been peer reviewed.[10]

42 County Durham and Darlington NHS Foundation Trust (CDDFT) maternity services and the stop smoking service were the first to be involved in the regional babyClear project. Although the funding has now ceased, the legacy of babyClear has become embedded within both maternity and the stop smoking service.

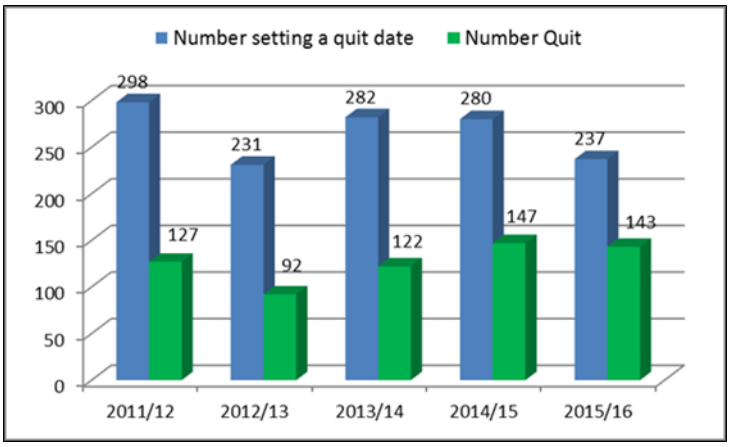
## Pregnant smokers and access to stop smoking services

43 The number of women setting a quit date with the service has fluctuated over the last five years (graph 1). However since the implementation of the babyClear pathway, the number of quitters has increased and the proportion (percentage) of pregnant smokers quitting with the service has increased over this time period (graph 2).

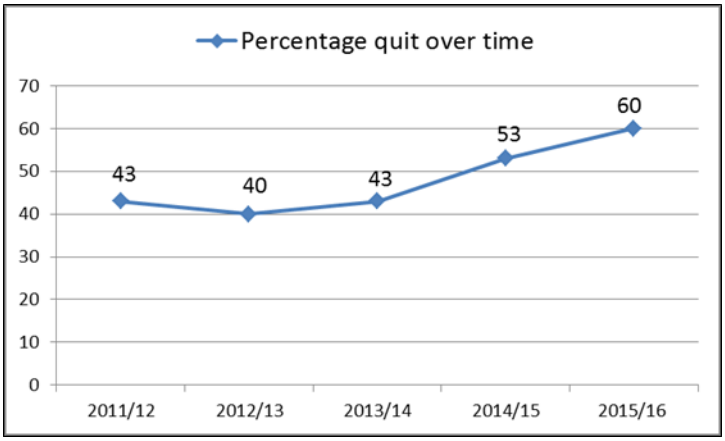
44 Prior to babyClear, the drop off rate in County Durham between referral and attending first appointment was 84%. In 2014/15 this reduced to 66% and in 2015/16 reduced to 57%.

[10] FUSE – Centre for Translational Research in Public health

**Graph 1: Pregnant smokers setting a quit date and quit, comparing four years 2011/12 to 2014/15**




**Graph 2: Percentage of pregnant smokers quitting 2011/12 to 2014/15**




## Media, communications, social marketing and education

45 The pooling of North East local authority budgets for 'Fresh' means County Durham can benefit from much larger campaigns at a fraction of the cost that a locality could afford otherwise. It is estimated that Fresh campaigns reach 65-80% of adults in the North East and the programmes generate all-year-round public relation content coverage to keep tobacco in the news. This creates millions of opportunities to see and hear messages among target populations. Combining regional and local media activity has resulted in the following coverage over the year:

- World No Tobacco Day
- Don't be the 1 (smoking and Chronic Obstructive Pulmonary Disease campaign)
- Stoptober
- No Smoking Day
- New Year's Health Harms
- 16 Cancers
- Smokefree Cars
- Smokefree Play areas
- Keep it out (illicit tobacco campaign)

## Partnership Working and Making Every Contact Count (MECC)

46 The County Durham and Darlington Fire & Rescue Service (CDDFRS) as part of their community safety work which involves visit to thousands of homes each year launched in February the new 'Safe and Wellbeing' visits. This now includes risk factors that impact on health and wellbeing and lead to an increase in demand for health and local authority services.

47 The intervention includes questions on smoking and smoking in the home. Smokers are also offered the opportunity to be referred to the County Durham Stop Smoking Service. Between February and August a total of 67 referrals have been made to the stop smoking service. The outcome of these referrals will form part of the programme evaluation. One success story is a client whose visit resulted in being referred to the stop smoking service has now been quit for nine weeks (at July 2016).


Stop smoking service quitter with Health and Wellbeing Safer Homes Coordinator and Specialist Stop Smoking Advisor

## Tobacco promotion and regulation

48 On October 2015 a law came into force in England making it illegal to smoke in cars carrying children under the age of 18 years. To support the new law the tobacco alliance engaged in a range of activity to raise awareness. Durham County Council traffic section agreed to place electronic road signs by the park and ride sites displaying the new law to alert the public.



49 Localised national leaflets and posters were produced. Car air fresheners developed with a reminder about the change in the law and information on the back on how to contact the local stop smoking service for support in quitting. A local Halfords store agreed to display leaflets on sales of new baby car seats and handed out information with purchases. School nurses linked with primary schools/children's centres to distribute posters and leaflets. Leaflets and air fresheners were also placed in the antenatal packs and the 2 to 2 1/2 year check.

Leaflets displayed in baby car seats in Halfords store

50 An important role of the tobacco alliance is to respond to consultations and lobbying activity. Throughout the year the alliance responded to the following consultations

- Regulations for standardised packaging
- Support for licensing of tobacco sales
- Tobacco Taxation (to increase tax on tobacco at annual budget)
- Tobacco Levy (taxing tobacco manufacturers on their profits)

**Reducing availability including illicit tobacco**

51 Illicit tobacco is often available at cheaper prices, undermining the effectiveness of taxation, making it harder for smokers to quit. Cheap tobacco also makes it easier for non-smokers to start and ex-smokers to relapse.[11] Illegal tobacco is available from a range of sources within some local communities, making it easier for children to start smoking and enabling them to become hooked at a young age.

52 Joint working between consumer protection team and Durham Constabulary has resulted in 463,840 cigarettes and 677 pouches of hand rolling tobacco been seized. These seizures have resulted in the prosecution of those carrying out this illegal activity.

[11] Illicit tobacco partnership http://www.illicit-tobacco.co.uk/ accessed 28/08/2016

53 To help raise awareness of the harms of illicit tobacco in our communities, the tobacco alliance commissioned a three day illegal tobacco unit to demonstrate how sniffer dogs can detect hidden tobacco in retail outlets. The unit visited Stanley Market, Bishop Auckland Market and Castlegate Shopping Centre, Peterlee in April 2016.


Photograph courtesy of BWY Canine Ltd

54 The roadshow had plenty of engagement from the public, with many questions being asked. Consumer protection officers also supported the three days and were able to gain local intelligence on other illicit products as well as tobacco that would be shared with the police and trading standards officers.

55 Trading standards also reported intelligence through crime stoppers in the three months leading up to the roadshows yielded 3 reports, one of which was a duplicate. Since April's roadshows, up until 14th August 2016 there have been 13 such reports, however, they are linked to areas where we held the roadshows, with Stanley showing the most significant increase. Due to the success of the three days plans are in place to repeat the roadshow in other areas next year.

**Illicit tobacco use in County Durham**

56 The Independent North East Illicit Tobacco Survey report for County Durham found not only has illicit tobacco purchase prevalence dropped between 2010 and 2015 within County Durham, but also the amount of illicit product buyers are purchasing has significantly fallen from 56% of consumption to 16%; this is in contrast to the rest of the North East where purchase prevalence has fallen while proportion bought has remained broadly unchanged between 2010 and 2015 (Table 5).[12]

[12] NEMS (2015) North East Illicit Tobacco Survey, County Durham report

**Table 5: Cheap tobacco purchase prevalence and volume shares in County Durham**

| | 2010 | | 2015 | |
|---|---|---|---|---|
| | Region | County Durham | Region | County Durham |
| Illicit buyers | 22% | 16% | 18% | 13% |
| Duty free buyers | 40% | 26% | 27% | 25% |
| Proportion of illicit bought | 46% | 56% | 48% | 16% |
| | | | | |
| *Volume share illicit tobacco* | *12%* | *13%* | *9%* | *3%* |
| *Volume share duty free* | *NA*[10] | *NA* | *4%* | *4%* |

*10 NA* = not available due to volume shares not being captured for duty free purchase in the 2009 and 2011 studies

## Monitoring Research and Evaluation

57 The alliance continues to monitor progress of partners via the alliance action plan and monitors the impact of tobacco using the PHE Local Tobacco Control Profiles. In 2015 the tobacco alliance underwent a 'CLeaR' thinking excellence in local tobacco control peer assessment, of which a report was presented to the Health and Well-being Board. As a result of the peer assessment the alliance has subsequently been successful in winning a 'CLeaR' Award in the 'Challenging Services' category.

## Recommendations

58 The Health and Wellbeing Board is requested to:

- Note the extent of tobacco control activity undertaken throughout the year;
- Note the reduction in smoking prevalence in County Durham, however this will not be equitable across the county;
- Note the success of the babyClear pathway in increasing uptake and proportion of quitters.

**Contact: Dianne Woodall, Public Health Portfolio Lead, Durham County Council**
**Tel: 03000 267671**

## Appendix 1: Implications

**Finance**
Not applicable.

**Staffing**
Not applicable.

**Risk**
Not applicable.

**Equality and Diversity / Public Sector Equality Duty**
Not applicable.

**Accommodation**
Not applicable.

**Crime and Disorder**
Not applicable.

**Human Rights**
Not applicable.

**Consultation**
Not applicable.

**Procurement**
Not applicable.

**Disability Issues**
Not applicable.

**Legal Implications**
Not applicable.

**Health and Wellbeing Board**

**17 November 2016**

# County Durham Drug Strategy Action Plan 2014/2017

## Report of Gill O'Neill, Interim Director of Public Health, Adult and Health Services, Durham County Council

### Purpose of the Report

1 The purpose of this report is to provide the Health and Wellbeing Board with an update on the County Durham Drugs Strategy 2014-17.

### Background

2 In line with the Government's *Drug Strategy (2010) Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life*. The County Durham Drug Strategy provides a framework from which all partners can work together to prevent harm, restrict supply and sustain a future for individuals to live a drug free and healthy life.

3 The vision for the Drug Strategy in County Durham is to recognise the impact of substance misuse on individuals, families and communities whilst appreciating that it is crucial to treat drug misuse and place recovery at the heart of its focus.

4 Public Health England has indicated that the publication of the new National Drug Strategy was autumn 2015, but this has not occurred. Public Health England is unable to give any further updates at this point in time.

### Strategy Update

5 The term for the County Durham Drugs Strategy is from 2014 to 2017. When the new national Drug Strategy is published the Durham County Council Public Health team will engage with partners to refresh the local strategy, aligning with national priorities, whilst also focusing on the delivery for local need.

6 The Drug Strategy Action Plan was refreshed in June 2016 and continues to be monitored on a quarterly basis. A copy of the Drug Strategy Action Plan is available on request.

7 From the objective set, the outcomes from each work stream are:

**Table 1: Drug Strategy Action Plan Performance Outcomes**

| Area of activity | Total number of objectives | Progress year to date. |
|---|---|---|
| **Objective 1:** To increase awareness and understanding of drugs in order to reduce drug misuse across the population | **14** | **13 Green**<br>**1 Amber** |
| **Objective 2:** To have fewer people taking up drug use and break the inter-generational path to drug misuse and dependency | **8** | **4 - Green**<br>**4 –Amber** |
| **Objective 3:** To reduce the supply of drugs and number of drug related incidents impacting upon communities and families | **7** | **6- Green**<br>**1 – Amber** |
| **Objective 4:** To ensure recovery is understood and visible in the community | **8** | **8 - Green** |
| **Objective 5:** To support people to successfully recover from their dependency, addressing both their health and social needs arising from their drug misuse | **12** | **10 - Green**<br>**2- Amber** |
| **Objective 6:** To involve and support families and carers living with drug related issues | **2** | **1 – Green**<br>**1 – Amber** |

8 New actions introduced into the objectives set within the Drug Strategy Action Plan for 2016/17 include:

- **Objective 1** – to promote awareness of the new legislation regarding novel psychoactive substances across County Durham.
- **Objective 1** - Refresh of partnership approaches to reduce young people's alcohol seizures by targeting schools.
- **Objective 1** – Identifying the need to integrate alcohol and drug services into the Multi-Agency Safeguarding Hubs and One Point hubs to help manage substance misuse within the family.
- **Objective 2** – integrating the drugs and alcohol agenda into the DCC Early Intervention Strategy for Children and Young People Services.

9 Discussions have been initiated to explore opportunities for the merger of the Drug Strategy (2014-17) with the Alcohol Harm Reduction Strategy (2017-20) to develop a holistic approach to substance misuse. There are six associated action plans for substance misuse within Durham County Council:

- **Drug Strategy** – Drug Strategy Action Plan
- **Alcohol Harm Reduction Strategy** – Altogether Stronger, Altogether Healthier, Altogether Wealthier, Altogether Greener, Altogether Better for Children and Young People Action Plans.

10 The merger of the drug and alcohol strategies would provide an opportunity to scope out a wider 'addictions prevention and treatment strategy'. This could also include tobacco as many of the illegal sales, licencing and tackling social norms have similar objectives and partners involved.

**Future considerations**

11 The timeframe for the publication of the national Drugs Strategy will require monitoring to ensure any local strategy refreshed in 2017 is aligned with national priorities.

**Recommendations**

12 The Health and Wellbeing Board is recommended to:

- Note the content of the report and associated action plan performance outcomes.
- Agree the merger of the drug and alcohol strategies.
- Agree the development of an addictions prevention and treatment strategy. This will also be discussed at the Safe Durham Partnership

**Contact: Jane Sunter, Public Health Portfolio Lead, Durham County Council**
**Tel: 03000 266 897**

## Appendix 1: Implications

**Finance and Governance**
Drug and Alcohol budget needs to contribute £1.3 m to the Public Health budget reduction programme for 2017/18; this may reduce capacity in some area of delivery indicated by any new local Drug Strategy.

**Staffing**
N/A

**Risk**
There may be a reduction in performance in any provider capacity as a direct result of budget reductions. This may have direct implications for the achievement of annual targets if set at current levels of activity.

**Equality and Diversity / Public Sector Equality Duty**
Public health aims to reduce inequalities and improve health outcomes by reviewing PH outcomes data and developing relevant policies, strategies and intentions as appropriate.

**Accommodation**
N/A

**Crime and Disorder**
A reducing numbers of clients accessing support in the area in which services have been reconfigured may have a direct impact on increased rates of crime and disorder in that area.

**Human Rights**
None

**Consultation**
Any requirement for a new drug strategy will require a full consultation with the Drug Strategy Group.

**Procurement**
N/A

**Disability Issues**
None

**Legal Implications**
N/A

**Health and Wellbeing Board**

**17 November 2016**

# Durham Local Safeguarding Children Board Annual Report 2015/16

## Report of Jane Geraghty, Independent Chair - Durham Local Safeguarding Children Board

### Purpose of the Report

1 The purpose of this report is to present the Health and Wellbeing Board with the Durham Local Safeguarding Children Board Annual Report 2015-16 (attached at Appendix 2). Also included is a LSCB summary 15-16 infographics poster (attached at Appendix 3).

### Background

2 Durham Local Safeguarding Children Board (LSCB) is a statutory body established under the Children Act 2004. As required by Statute, the LSCB is independently chaired and consists of senior representatives across all the principle stakeholders working together to safeguard children and young people in County Durham.

3 Its statutory objectives are to:

- Coordinate local work to safeguard and promote the welfare of children;
- Ensure the effectiveness of its work.

4 The LSCB's primary responsibility is to provide a way for local organisations with a responsibility in respect of child welfare to agree how they will work together to safeguard and promote the welfare of children in County Durham as well as ensuring that they do so effectively.

5 Working Together to Safeguard Children, a guide to inter-agency working published by the Government in 2015, requires each LSCB to produce and publish an Annual Report evaluating the effectiveness of safeguarding in the local area.

6 The LSCB has had a year of development during 2015/16. Following the Local Government Association peer review in October 2014, a self-improvement plan was implemented which culminated in a "good" Ofsted rating in May 2016.

## Current Position

7 The Durham LSCB Annual Report 2015/16 sets out the work of multi-agency partners to ensure effective arrangements are in place to safeguard and protect vulnerable children and young people from abuse and neglect.

8 The report describes the work undertaken against the 2015-16 priorities and sets out the future priorities for 2016-19. It describes the local governance arrangements and structure of Durham LSCB; the linkages to other strategic partnerships across County Durham; and working with other LSCBs.

9 The report also provides an overview of the performance monitoring framework as well as providing a brief summary of safeguarding privately fostered children; the use of restraint in secure centres; Serious Case Reviews; Child Death Reviews; and the single and multi-agency training provision.

## LSCB Priorities for 2016-19

10 Durham LSCB held a development day in February 2016 to review progress on the priorities; consider key challenges; and to set its future priorities. In setting the priorities for 2016-19 the Board considered a number of presentations and information sources which resulted in reaffirming the following strategic priorities:

- Reducing Child Sexual Exploitation (CSE);
- Improving Early Help;
- Reducing Neglect (contributory factors are domestic abuse; alcohol misuse; substance misuse; parental mental health);
- Reducing self-harm and improving young people's self-esteem;
- Increase the voice of the child;
- Ensuring that each agency is accountable for delivery of its own safeguarding responsibilities.

## Achievements and Progress Highlights

11 Below are some examples of achievements and progress made by the LSCB in 2015/16:

- Refreshed the Early Help and Neglect Strategy to include more focus on Hidden Harm (domestic abuse; alcohol misuse; substance misuse and parental mental health);
- Developed the Early Help and Neglect Practice Guidance to provide updated toolkits and strategies for practitioners to use and implement;
- Revised the 0-19 Level of Need threshold document which provides a quick-reference guide to support professionals in their decision-making;
- Development and launch of the 'ERASE' brand and website has increased our capability to raise awareness about CSE;
- Delivered taxi driver awareness training of CSE with over 1,000 trained to date;

- Delivered a comprehensive training plan for frontline staff and managers and extending the number of e-learning packages available with the aim of impacting on frontline practice;
- Revamped the performance scorecard to provide a realistic number of outcome measures that are aligned to our priorities;
- Completed the section 11 audit which provided evidence that organisations safeguard and promote the wellbeing of children and young people and followed this with a number of Challenge Clinics to hold organisations to account;
- Completed a number of multi-agency audits including attendance by relevant organisations at Section 47 Strategy Meetings;
- Increased visibility and partnership working through implementation of the LSCB Marketing and Communication Strategy, including revising the LSCB website and developing a LSCB Newsletter;
- Increased the voice of the child by widening the engagement networks for children and young people;
- Developed and implemented a child death review database. This allows the LSCB to identify and monitor developing trends through better analysis of data;
- Carried out a number of Lessons Learned events for managers and frontline staff following publication of Serious Case Reviews.

**Areas for Development – Ofsted Inspection**

12 Following the Ofsted inspection an action plan was put in place to address the recommendations made to the LSCB which included:

- Ensuring that quality assurance and performance management processes are further developed to offer a detailed and comprehensive picture of the quality and impact of frontline practice in all service areas to underpin strategic understanding, challenge and development;
- Ensuring that quality assurance and audit work contribute to understanding the impact of training and the embedding of lessons learned from Serious Case Reviews;
- Developing more effective feedback processes from children, young people and families who have received child protection services to support ongoing service improvement;

**Conclusion**

13 The Durham LSCB Annual Report 2015-16 was agreed at the LSCB Board Meeting on the 22 September 2016.

14 The report is available on the Durham LSCB Website www.durham-lscb.org.uk and will be disseminated through partners own organisational governance structures.

## Recommendations

15 The Health and Wellbeing Board is recommended to:

- Note the content of this report.
- Accept the LSCB Annual Report for information as an overview of the work undertaken in 2015/16 and priorities for action in 2016/17.

| | |
|---|---|
| **Contact:** | **Jacqui Doherty, LSCB Business Manager** |
| **Tel:** | **03000 263989** |

## Appendix 1: Implications

**Finance**
Yearly financial contributions to Durham LSCB are received from partner agencies and are detailed in the LSCB Annual Report.

**Staffing**
The priorities identified in the LSCB Annual Report will be delivered using existing resources. Durham County Council will contribute to the delivery of the priorities in partnership with other responsible authorities.

**Risk**
No adverse implications.

**Equality and Diversity/ Public Sector Equality Duty**
The LSCB Annual Report identifies the actions to safeguard the needs of vulnerable children and young people.

**Accommodation**
No adverse implications.

**Crime and disorder**
The LSCB Annual Report reflects priorities and action that impact positively on crime and disorder in County Durham. The report shows effective partnership working with the Safe Durham Partnership.

**Human rights**
No adverse implications.

**Consultation**
Consultation with partner agencies and stakeholders has been undertaken as part of the development of the LSCB Annual Report.

**Procurement**
No adverse implications.

**Disability Issues**
No adverse implications.

**Legal Implications**
Durham Local Safeguarding Children Board (LSCB) is a statutory body established under the Children Act 2004. Working Together to Safeguard Children (Statutory Guidance) requires each Local Safeguarding Children Board to produce and publish an Annual Report evaluating the effectiveness of safeguarding in the local area.

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Durham
Local Safeguarding Children Board

# Annual Report

## 2015 / 2016

## Safeguarding Children in County Durham






**Safeguarding is everyone's responsibility**

# Contents

## 1. Foreword by Independent Chair

This is the second Annual Report published since I became the Independent Chair of Durham Local Safeguarding Children Board (LSCB). The role of the Chair is to bring independent scrutiny and challenge to the work of the LSCB. Since being appointed I have immersed myself in scrutinising the work and development of the Durham LSCB and I am continually encouraged by the good work of our partners in County Durham.

2015/16 has been a year of huge progress for Durham LSCB. Following the peer review in October 2014 we have embarked on a journey of self-improvement which culminated in a rigorous and successful Ofsted inspection in February 2016.

Whilst the inspection by Ofsted rated Durham LSCB as 'Good' there is no room for complacency and I will continue to scrutinise, challenge and ask the difficult questions of partner organisations. I will do this constructively and will always seek continued improvement in services. The recommendations made by Ofsted will be implemented as part of our Business Plan for 2016/17.

The LSCB Annual Report 2015/16 provides local people with an account of the Board's work over the past year to improve the safety and wellbeing of children and young people across County Durham. The report reflects the activity of Durham LSCB and its sub-groups against its priorities for 2015/16.

Over the last year we have improved performance in key areas and responded to continued reforms and changes to public services in a way that strengthens our partnership working.

The annual report covers the major changes and improvements of our partners' service delivery, where they link with the Board's overall strategies and the impact we have had. It also reports on the Serious Case Reviews and Child Death Reviews undertaken and identifies the priorities we will take forward into 2016/17.

As always, the children and young people of County Durham are at the heart of all we do and our vision of '**Every child and young person in County Durham feels safe and grows up safe from harm**' continues to drive us forward.

We will continue to increase the 'voice of the child' in our plans and actions and to understanding more fully the experience of the child or young person receiving help and support.

My thanks go to the many partner agencies for their hard work and dedication during a time of huge demand and whose commitment and motivation helps deliver our shared priorities.

I would also like to welcome two new lay members; Elaine Trotter and Amanda Taylor-Saunders to the Durham LSCB Board along with NHS England, Harrogate & District NHS Foundation Trust and City Hospitals Sunderland NHS Foundation Trust as new member organisations.

Jane Geraghty
Independent Chair

# 2. Introduction

Durham Local Safeguarding Children Board has a statutory duty to prepare and publish an Annual Report which describes how our partners safeguard vulnerable children and young people in County Durham. Our primary responsibility is to provide a way for the local organisations that have a responsibility in respect of child welfare, to agree how they will work together to safeguard and promote the welfare of children in County Durham and to ensure that they do so effectively.

Section 3 of the report highlights some statistical information about County Durham and provides a local context for our work.
It provides information on our local challenges that drive local work and innovation.

In Section 4 we describe the local governance arrangements and structure of Durham Local Safeguarding Children Board, the linkages to other strategic partnerships across County Durham and working with other LSCBs.

In Section 5 we highlight some of the achievements and the progress that has been made in the last year as well as reporting on the work undertaken against the 2015/16 priorities.

Section 6 covers our Performance Monitoring Framework and Quality Assurance Plan. It describes the multi-agency audits we have undertaken. It also provides an overview of safeguarding privately fostered children, the use of restraint in Aycliffe Secure Services Centre, Serious Case Reviews and Child Death Reviews.

Section 7 outlines our single and multi-agency training provision. It describes the work we have undertaken to strengthen and enhance the quality of training while avoiding duplication and promoting the importance of inter-agency working. This section also describes the marketing and communication activity of the LSCB.

Lastly, Section 8 provides the priorities Durham LSCB will take forward into 2016/17.

The Annual Report 2015/16 demonstrates the extent to which the functions of the Durham Local Safeguarding Children Board, as set out in the national statutory guidance 'Working Together to Safeguard Children' (March 2015) are being effectively discharged.

*The information presented in this Annual Report is drawn from a wide range of sources from across the County Durham Partnership. These include the County Durham Integrated Needs Assessment (INA); Lessons Learned from local Serious Case Reviews; the Local Child Sexual Exploitation Profile; the Child Death Review Annual Report; the Safe Durham Partnership Strategic Assessment; Durham Constabulary Threat and Tactical Assessment; and a range of Durham LSCB strategy documents and action plans.*

## Ofsted Inspection of Durham LSCB

Ofsted carried out an inspection of Durham County Council's Children's Services and a review of Durham LSCB over a four-week period in February and March 2016. The inspection is part of a Single Inspection Framework (SIF) introduced by Ofsted in 2013.

Ofsted rated the effectiveness of Durham LSCB as **'Good'**. In their inspection document Ofsted reported that:

- Durham Local Safeguarding Children Board is an ambitious and reflective Board whose effectiveness and functioning has significantly improved since the peer review of October 2014
- There is a culture of openness and challenge
- Durham LSCB has clear governance arrangements with partner Boards, with whom there are aligned priorities
- An appropriately resourced and well-managed business unit provides good support to the Board
- A timely and thorough Section 11 audit and challenge process ensures that safeguarding is a priority
- The Early Help offer is well resourced and embedded, with clear strategic direction
- Responses to child sexual exploitation are well coordinated at both a strategic and operational level
- Effective processes are in place for reviewing and disseminating learning from serious, child death and other case reviews
- The Board has effective systems for the planning, monitoring and oversight of training activity, clearly linked to Board priorities, and training requirements arising from Serious Case Reviews

Following the Ofsted review an action plan was put in place to address the recommendations, this includes:

- Ensuring that quality assurance and performance management processes are further developed to offer a detailed and comprehensive picture of the quality and impact of frontline practice in all service areas to underpin strategic understanding, challenge and development
- Ensuring that quality assurance and audit work contribute to understanding the impact of training and the embedding of lessons learned from case reviews
- Developing more effective feedback processes from children, young people and families who have received child protection services to support ongoing service improvement

Ofsted raising standards improving lives

GOOD

Ofsted Inspection rated Durham LSCB as **'Good'**

***Download:*** Ofsted Inspection of Durham LSCB 2016.

## 3. Local Data

In 2015, there were an estimated 519,695 people living in County Durham. The county stretches from the rural North Pennine Area of Outstanding Natural Beauty in the West to the Heritage Coastline in the East and is the home to a range of treasures including Durham Cathedral and Castle, a UNESCO World Heritage Site.

The County has 12 major centres of population including Durham City, Chester-le-Street, Newton Aycliffe, Consett and Peterlee.

Between 2001 and 2015, the 0-17 population in County Durham has fallen by 5.9% compared to a national increase of 4.2% over the same period.

The fall in the 10 to 14 age group is due to low birth rates in the period 2000/2002. However, an increase in births since 2008 has meant a rise in the number of children aged under 10 years.

These changes will have future implications with regards to school place provision which is mapped through the work of Durham County Council in its pupil projection work.

Projections for the county indicate that the number of children and young people will grow, increasing from 5.6% growth by 2024 to 7.6% growth by 2039. Growth across England will continue to rise over this period, with 8.6% growth by 2024 and 10.6% growth by 2039.

Data source: Office for National Statistics (ONS)

Child poverty in County Durham is higher than the England average, with 22.5% of children under 16 years living in poverty. Growing up in poverty has a significant impact on the development of children and young people both during their childhood and beyond. Work is being undertaken to address child poverty through a Poverty Action Group chaired by Durham County Council.


## Children on a Child Protection Plan

**Provisional data** at 31 March 2016 indicates that 350 children were subject to a Child Protection Plan (34.9 per 10,000 population aged 0-18).


The percentage of Child Protection Plans that lasted two years or more is **provisionally** 2.7%.

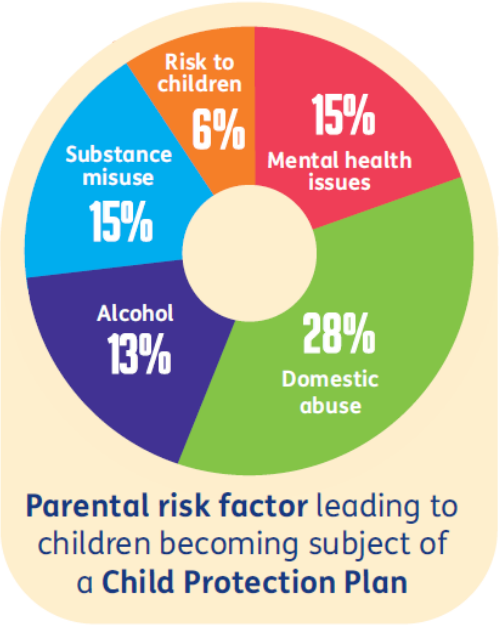
The figures for children on a Child Protection Plan for a second or subsequent time, within two years of the previous plan have fallen to 7.6%. This is a reduction of 2.5% on 2014/15 figures.

**Provisional figures** for the most frequent reason for children being placed on a Child Protection Plan in 2015/16 was Neglect (301/466).

**Provisional figures** show that **61.7% of children** who were made subject of a Child Protection Plan under five years old, (2015-16) were made so due to Neglect.

**Provisional figures** shows that domestic abuse continues to be the main parental risk factor leading to children becoming subject of a Child Protection Plan, accounting for **28% of child protection conferences** recorded for 2015/16.

Parental mental health, substance misuse and alcohol misuse, are the next most common.




## Looked After Children

When children become Looked After it is important to provide them with placement stability and provide opportunities to improve outcomes and equip them for life beyond the care system. We know that by understanding the reasons why children become Looked After enables agencies to target their early help and family support services.

**Provisional figures** state that the number of Looked After children at 31 March 2016 was 680. This is 67.8 per 10,000 of the population aged 0-18.

# 4. Governance and Structure

## Local Safeguarding Children Board

Each local area is required by Law to have a Local Safeguarding Children Board. The LSCB is a statutory body established in legislation (Children Act 2004) and works according to national guidance 'Working Together to Safeguard Children 2015'.

Our primary responsibility is to provide a way for the local organisations that have a responsibility in respect of child welfare, to agree how they will work together to safeguard and promote the welfare of children in the locality, and to ensure that they will do so effectively.

The functions of the LSCB are:

- **To develop policies and procedures for safeguarding and promoting the welfare of children in the area**

This includes:

  - the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention
  - training of persons who work with children or in services affecting the safety and welfare of children
  - recruitment and supervision of persons who work with children
  - investigation of allegations concerning persons who work with children
  - safety and welfare of children who are privately fostered
  - investigation of allegations concerning persons who work with children
  - co-operating with neighbouring children's services authorities and their Board partners

- **To communicate and raise awareness of the need to safeguard and promote the welfare of children**
- **To monitor and evaluate the effectiveness of what is done by the local authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advise them on ways to improve**
- **To participate in the planning of services for children in the area of the authority**
- **To undertake reviews of serious cases and advising the authority and their Board partners on lessons to be learned**

To fulfil this role, Durham LSCB uses data to:

- assess the effectiveness of the help being provided to children and families, including Early Help
- assess whether LSCB partners are fulfilling their statutory safeguarding obligations
- quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned
- monitor and evaluate the effectiveness of training, including multi-agency training to safeguard and promote the welfare of children

## LSCB Membership and Governance

Local Safeguarding Children Boards are a statutory partnership made up of local agencies. In County Durham there is a longstanding and a high level of commitment amongst partner agencies to develop and improve arrangements to protect and safeguard children from harm and to share responsibility and accountability for those services.

In 2015/16 NHS England, Harrogate & District NHS Foundation Trust and City Hospitals Sunderland NHS Foundation Trust have been added as new member organisations.

A full membership list is available in this annual report at Appendix 1.

Over the last year Durham LSCB has undertaken a governance review, this included refreshing the Terms of Reference; reviewing and widening the Lay Member role; identifying gaps in membership and refreshing the local safeguarding framework.

The governance and effectiveness arrangements form the formal agreement between the Board and all partner agencies. It outlines accountability; key purposes; functions and tasks; membership; and agreed standards and expectations of LSCB members.

A Safeguarding Framework has been agreed jointly with Durham LSCB; Durham Safeguarding Adults Board; the Health and Wellbeing Board, the Children and Families Partnership and the Safe Durham Partnership and details how the partnerships work together to protect vulnerable children and adults from harm.

Durham LSCB continues to be chaired by an independent person, an arrangement that has been in place since 2011. Jane Geraghty became the Independent Chair of the Board in October 2014, and is supported by the Vice Chair Gill Findley, Director of Nursing, Durham Dales, Easington and Sedgefield Clinical Commissioning Group (CCG) and North Durham CCG.

The Chair has a crucial role ensuring the Board operates independently, to challenge senior representatives and agencies whilst scrutinising services to seek continued improvement.

The Board is supported by the LSCB Business Unit which sits in Planning and Service Strategy within the Local Authority. This has improved the links with other partnership structures and strengthened the joint working on a range of strategies such as the County Durham Domestic Abuse and Sexual Violence Strategy, the Alcohol Harm Reduction Strategy, the Honour Based Violence, Forced Marriage and Female Genital Mutilation Practice Guidance and the Early Help and Neglect Strategy.

## LSCB Board Meetings and Attendance

The Durham Local Safeguarding Children Board meets bi-monthly and attendance is monitored and reported annually as part of the Board's governance and effectiveness arrangements.

The Board continue to experience good attendance with new members adding value.

## Learning and Improvement

Durham LSCB continually monitors the quality, timeliness and effectiveness of multi-agency practice through the Performance Management Framework.

Where gaps are identified, implications for the LSCB are considered and progressed through business planning arrangements and the work of the LSCB sub-groups.

LSCB action plans against priorities and performance are reported, monitored and challenged.

We will continue to:

- monitor partner compliance with the statutory requirement to have effective safeguarding arrangements in place (Section 11)
- carry out multi-agency audits and identify lessons to be learned and make recommendations for future improvement
- produce a series of multi-agency audit reports to inform the LSCB Board of the quality of work being undertaken and its impact on outcomes for individual children and young people
- develop a series of performance scorecards for priority areas

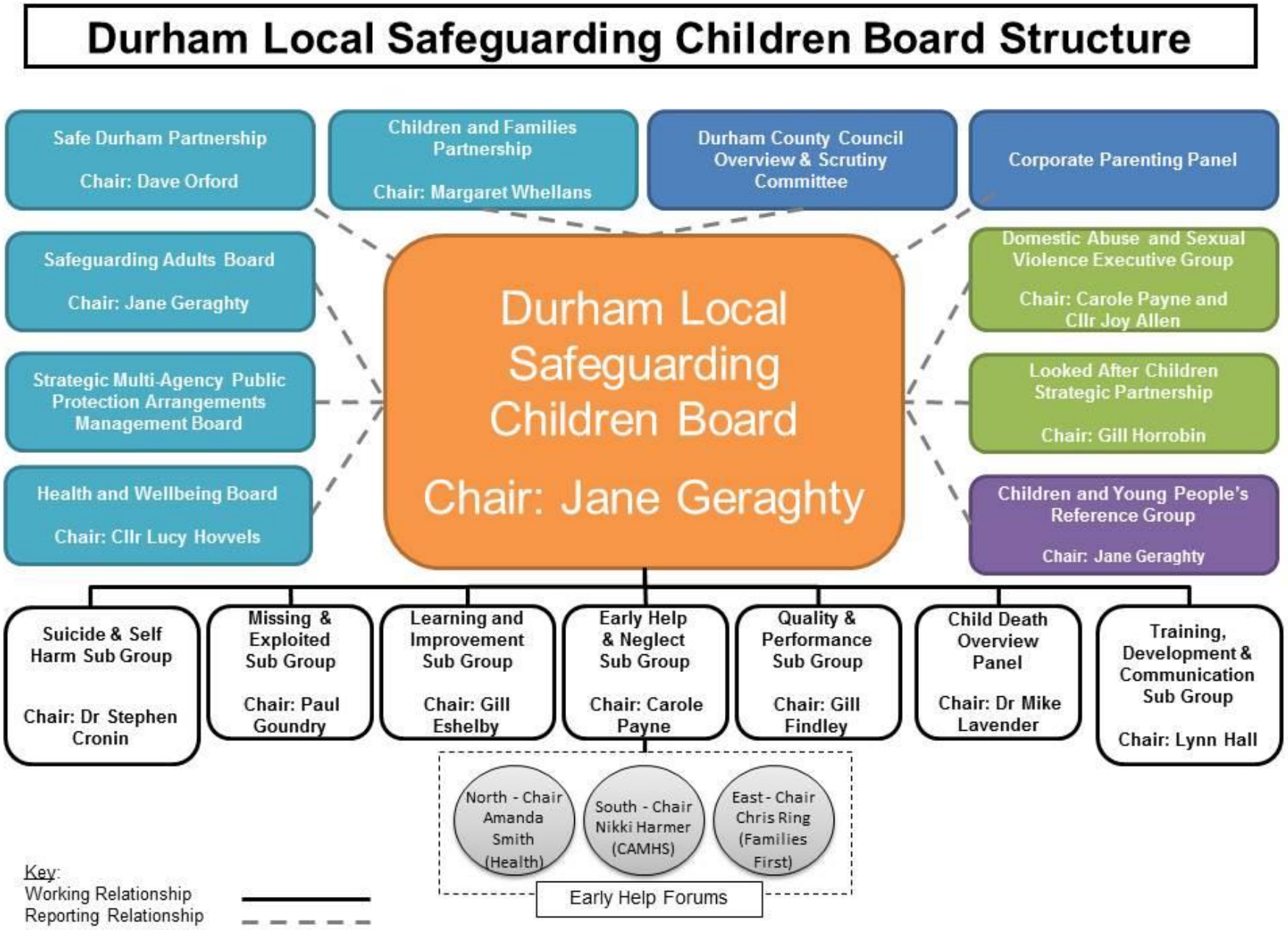
We continue to implement the recommendations from Serious Case Reviews and host learning events where key messages and the lessons learned from the published Serious Case Reviews we have undertaken are shared with practitioners and agencies.

Serious Case Reviews are published on the Durham LSCB website for a period of 12 months.

Outcomes and findings feed into our learning and improvement structures to promote a culture of continuous improvement across the LSCB.

The Child Death Overview Panel for Durham and Darlington share key learning from child deaths. Action plans are implemented and reviewed by the Child Death Overview Panel at each meeting.

## LSCB Structure & Links to other Strategic Groups



## Sub Groups

Durham LSCB has in place a number of sub-groups, taking forward the priorities of the Board. Each group delivers on identified actions, projects and initiatives. Regular updates and performance are reported into the LSCB.

**Suicide and Self Harm Sub-group –** This group is developing a support pathway for practitioners and tackles the causal factors for suicide, attempted suicide and self-harm issues for young people.

**Missing and Exploited Sub-group –** This group focusses on monitoring activity and improving services and responses to reported missing and absent children and Child Sexual Exploitation.

**Learning and Improvement Sub-group –** This group considers serious incidents, commissions Serious Case Reviews (SCR), oversees and monitors progress on agreed actions from SCRs.

**Early Help and Neglect Sub-group –** This group reviews and improves the referral pathways and access to help and support for families at an earlier stage of need and thereby reduce the number of families entering the system in crisis. This group supports three Early Help Locality Forums for a range of multi-agency practitioners.

**Quality and Performance Sub-group –** This group oversees the quality and standards of safeguarding practice across the partnership to ensure that the LSCB fulfils its statutory function. Performance is monitored and analysis of the effectiveness of procedures is undertaken through LSCB audits. The group plans and monitors the LSCB audit programme.

**Child Death Overview Panel (CDOP) –** This is a joint group of both Durham and Darlington LSCBs. It has responsibility for reviewing the available information on all child deaths and ensures that a review of every death of a child normally resident in County Durham is undertaken.

**Training, Development and Communications Sub-group –** This group reviews, plans and develops the delivery of multi-agency training programmes using information from Learning Lessons Reviews, Serious Case Reviews as well as national and regional guidance. This group also has responsibility for the development and delivery of the LSCB Marketing and Communication Strategy.

**Children and Young People's Reference Group –** This group has been set up to actively engage with children and young people and seek their views on a range of safeguarding issues.

In addition the following groups have links to the LSCB Board.

**Looked After Children Strategic Partnership –** This group has a reporting relationship to the LSCB; it aims to improve educational achievements; to improve post-16 services and to improve the health and emotional well-being of Looked After children and young people.

**Corporate Parenting Panel –** The Corporate Parenting Panel monitors and ensures the well-being of children who are Looked After by the Council. The LSCB Annual Report is presented to this group.

## Linkages across other partnerships and services

Durham LSCB works with a wide range of agencies from across the Children and Families Partnership, Health and Wellbeing Board and Safe Durham Partnership. Together these Partnerships, (along with Environmental and Economic themes), work under the County Durham Partnership towards the overarching vision of an 'Altogether Better Durham'.

Each of the five thematic partnerships has a specific focus:

- ***The Children and Families Partnership -*** Works to ensure effective services are delivered in the most efficient way to improve the lives of children, young people and families in County Durham
- ***The Health and Wellbeing Board -*** Promotes integrated working between commissioners of health services, public health and social care services, for the purposes of improving the health and wellbeing of the people in the area
- ***The Safe Durham Partnership -*** Tackles crime, disorder, substance misuse, anti-social behaviour and other behaviour adversely affecting the environment and seeks to reduce re-offending
- ***The Environment Partnership -*** Aims to transform and sustain the environment within County Durham, maximising partnership arrangements to support the economy and the wellbeing of local communities
- ***The Economic Partnership -*** Aims to make County Durham a place where people want to live, work, invest and visit whilst enabling our residents and businesses to achieve their potential

We will continue to engage and challenge these partnerships where appropriate to safeguard and promote the welfare of children in County Durham.


***More Information:*** Find out more information about the County Durham Partnership.

## Working with other LSCBs

Durham LSCB works collaboratively with other Local Safeguarding Children Boards to share learning and agree safeguarding policies and procedures which impact on children and families and cross our Local Authority boundaries.

There is work across the region promoting good practice in areas such as Child Sexual Exploitation, training, policies and procedures and lessons learned. We are an active member of the LSCB Regional Business Managers Group.

The regional priorities identified focus on the key issues of Child Sexual Exploitation and neglect.

## Information Sharing

This remains an important issue highlighted in learning from Serious Case Reviews both nationally and in County Durham.

We will continue to keep a focus on information sharing supporting and promoting good practice across multi-agency teams.

We continue to maintain and promote the local 'Collaborative Working and Information Sharing between Professionals to protect Vulnerable Adults, Young People and Children' protocol. This provides guidance for professionals on sharing information with others, both within and outside of their organisation.

## Wood review of the role and functions of Local Safeguarding Children Boards

In December 2015 the Prime Minister announced a review of Local Safeguarding Children Boards (LSCBs), in England.

The review sets out a new framework for improving the organisation and delivery of multi-agency arrangements to protect and safeguard children. The review argues that *'on a scale of prescriptive to permissive arrangements, the pendulum has locked itself too close to a belief that we should say how things should be done as opposed to what outcomes we want for children and young people*'.

The review also covers the role and function of LSCBs within the context of local strategic multi-agency working, including the Child Death Review process and a proposed centralisation of Serious Case Reviews.

Although there are potential implications to consider from both the Wood review and the Government's response, the Durham LSCB Board will wait for further information to become available.

The arrangements set out in the Children and Social Work Bill do not at present cover the reviews or any provisions relating to LSCBs.

***Download:*** Wood report: review of the role and functions of local safeguarding children boards

***Download:*** The government's response to the Wood's review

# 5. Achievements and progress against 2015/16 Priorities

## LSCB Priorities 2015/16

The Durham Local Safeguarding Children Board agreed the following priorities for 2015/16:

- Reducing Child Sexual Exploitation
- Improving Early Help
- Reducing Neglect (contributory factors are domestic abuse; alcohol misuse; substance misuse; parental mental health)
- Reducing self-harm and improving young people's self-esteem
- Increase the voice of the child
- Ensuring that each agency is accountable for delivery of its own safeguarding responsibilities


## Achievements and Progress Highlights

- We have refreshed the Early Help and Neglect Strategy to include more focus on Hidden Harm (domestic abuse; alcohol misuse; substance misuse and parental mental health)
- We have developed the Early Help and Neglect Practice Guidance to provide updated toolkits and strategies for practitioners to use and implement
- The 0-19 Level of Need threshold document has been revised and provides a quick-reference guide to support professionals in their decision-making, including conducting further assessments, referring to other services and understanding the likely thresholds for higher levels of intervention
- We have reviewed the Single Assessment Procedures to reflect the added focus on Neglect and Hidden Harm
- The Home Environment Assessment Tool has been developed and piloted giving practitioners a better understanding of external influences on the family
- The development and launch of the ERASE website has increased our capability to raise awareness about CSE
- The creation of a multi-agency ERASE team to tackle CSE and disrupt offenders
- We have delivered taxi driver awareness training of CSE with over 1,000 trained to date
- We have worked with Durham Police to develop a proportionate response to issues of 'Sexting' and without criminalising children

- Intervene to Protect a Child training (identifying and targeting perpetrators of CSE) has been supported with over 1,000 trained so far
- Multi-agency inspections of Durham Police found (LSCB) partnership work in tackling CSE as 'excellent'
- The performance scorecard has been revamped to provide a realistic outcome measures that are aligned to our priorities
- A new risk register and a risk reporting methodology has been developed to support the use of a live risk register with effective controls and assurances
- We have completed the Section 11 audit and a number of multi-agency audits. We have followed this up with a number of challenge clinics to hold organisations to account
- We have robust planning and monitoring of Serious Case Reviews and sharing of learning. This has led to specific Learning Lessons events for GPs and Early Years services
- We have engaged with young people who want to share their first-hand experience. They have delivered sessions as part of our Lesson Learned events and other conferences
- Increased visibility and partnership working through the LSCB Marketing and Communication Strategy
- Thematic reviews are built into the Child Death Overview Panel (CDOP) process
- A child death review database has been developed and implemented. This allows us to identify and monitor developing trends through better analysis of data

## Challenge and Impact

The LSCB has a role as a responsible authority for monitoring licence applications under the Licensing Act 2003. We challenge applicants on their actions to protect children and young people if they are not in line with our licensing objectives. The impact of this can be seen when the LSCB or its partners instigate a licensing review for failure to uphold licensing objectives. A licensing review may result in a licence being revoked or amended.

The LSCB Risk Register and Challenge Log has been established requiring partners to present mitigating actions to reduce risks and record challenges made to agencies. This is reviewed at each Durham LSCB Board meeting.

A challenge from the Chair of the LSCB was to improve the voice of the child. This has resulted in collaborative work with children's groups, voluntary and community sector, Area Action Partnerships, the Youth Offending Service and other services such as 'Investing in Children' with the development of the Children's and Young People's Reference Group for the LSCB as a central point of engagement.

These young people have met with members of the LSCB and their views have been taken into account in the LSCB work plan and our priority setting arrangements. An example of a direct impact of listening to these young people is the continued inclusion of the self-harm priority for the LSCB and the community visits undertaken.

The Children's and Young People's Reference Group works to establish and record young people's views. The LSCB then

challenged partners to include and use these views to develop and change services and practice.

The Early Help and Neglect Sub-Group continue to challenge partners to improve the Early Help responses; this has led to the introduction of domestic abuse workers based with One Point teams and drug and alcohol workers engaging in the Early Help Forums and within the Police Central Referral Unit.

The Child Death Overview Panel (CDOP) challenges agencies if agreed actions from recommendations are not progressed in time and escalation processes are in place. This includes convening an extraordinary meeting to address themes identified through the CDOP process.

Similarly, the Learning & Improvement Sub Group monitors actions for learning following a Serious Case Review– challenge letters are sent to Chief Officers to ensure actions are progressed in a timely way.

We monitor and challenge the use of restraint in secure settings and provide an update in this Annual Report.

We have introduced challenge clinics to hold organisations to account following the Section 11 audit and multi-agency audits in 2015/16.

Challenge also takes place at a senior level through a Chief Officers Safeguarding Group which includes the County Council's Chief Executive, Independent Chair of the LSCB, Corporate Director of Children and Adults Services, Chief Officers of the Clinical Commissioning Groups, the local NHS Foundation Trust, Harrogate and District NHS Foundation Trust and Police Chief Constable as well as other senior managers.

This forum allows the opportunity to challenge and share information to ensure line of sight on safeguarding issues including:

- Child Sexual Exploitation
- Ensure training programmes are joined up with the LSCB's
- Ensure quality of frontline practice
- Share outcomes of multi-agency audits and action plans

We have strengthened our joint working with a range of partnerships on shared or similar priorities. Examples include:

- **The Safe Durham Partnership** – working together and contributing to the development of actions in respect of domestic abuse; alcohol misuse, substance misuse. Aligning and improving work within sexual violence, child sexual exploitation and female genital mutilation
- **The Children and Families Partnership** – working together to increase the voice of the child such as the student voice survey, young people who offend and Early Help provision
- **The Health and Wellbeing Board** – through greater integration of self-harm and suicide prevention agenda and contributing to the development of the self-harm and suicide pathway

## Progress on LSCB priorities 2015/16

## Priority 1 – Reducing Child Sexual Exploitation

Child Sexual Exploitation (CSE) can have a serious long-term impact on every aspect of children's lives, health and education. It damages the lives of families and carers, which can lead to family break-ups.

Our 2015 analysis of CSE in County Durham found strong links between sexual exploitation and those young people who are reported missing from home. There are a range of risks associated with missing children including sexual exploitation, mental health, alcohol or drug misuse issues with the motivation for going missing including family conflict or relationship issues.

Online CSE continues as the most common model. The local offender profile is one of 'street grooming' and use of social media to exploit children.

The analysis suggested that community intelligence being gathered or submitted could be improved. In response we have begun to develop stronger relationships with communities through Area Action Partnerships (AAP), raising awareness of Child Sexual Exploitation and how to report concerns or intelligence of CSE.

All 14 AAPs have featured CSE in their newsletters which have a reach in excess of 12,600 people. We have planned to attend all 14 AAPs Board meetings throughout 2016 to deliver CSE messages to community leaders.

🖱 ***More Information:*** Find out more information about Area Action Partnerships.

We have carried out LSCB audits for both CSE incidents to assess child protection practice and improve outcomes for children who go missing. This has led to the introduction of a dedicated multi-agency ERASE team that focusses on early identification and support of young people at risk of CSE and tackles suspected offenders using problem solving tactics.

We continue to implement the County Durham Child Sexual Exploitation and Action Plan to prevent, protect and pursue all forms of CSE including online child abuse as well as contact offences.

As part of the CSE marketing plan we have created the 'ERASE' brand (Educate and Raise Awareness of Sexual Exploitation) to tackle Child Sexual Exploitation.


In January 2016 we launched the ERASE website and offers professionals, parents and carers advice on how to communicate with their children about who they speak to on and off-line.

NEW! Launched new ERASE website

Durham Constabulary became the first Force in the UK to adopt a new training package aimed at protecting children from abuse. 'Intervene to Protect a Child' (IPC) is a proactive training tactic which has had significant success in the United States. Over 1,000 police officers and other agency staff such as children and adult services, housing, neighbourhood wardens and probation officers have been trained in this innovative technique.

We have widened our CSE training and awareness to those services not traditionally associated with safeguarding. This has led to a programme of training for taxi drivers with over 1,000 trained to date. We contributed to a review of the taxi licensing conditions and in March 2016 safeguarding training was made a mandatory condition.


The taxi driver CSE and safeguarding children training has had a positive impact and resulted in a taxi driver who attended the training taking action to prevent an 11 year old from being exploited.

The training will continue throughout 2016 and will extend the invitation to other external services such as hotels, take away outlets, off-licence trade and internally to staff such as Housing, Environmental Services and Neighbourhood Wardens.


***Download:*** County Durham Child Sexual Exploitation Strategy.

Further activity includes:

- The Missing and Exploited Group has increased its membership to include a representative from the National Probation Service, County Durham Safeguarding Adults Board and DISC representing Lesbian, Gay, Bisexual & Transgender young people
- Developed ERASE materials on the prevention and awareness of CSE
- Education Services and the Police have delivered joint training to secondary schools, further education colleges and a number of alternative providers to raise awareness of CSE
- Delivered an ERASE Young People's Conference in June 2015 in conjunction with Stanley AAP. The event saw Year 9 pupils attend workshop sessions based on CSE, grooming, online safety, and appropriate relationships. The young people then planned actions to provide feedback to their individual schools
- Delivered an ERASE practitioner problem solving conference with the voice of the child visible in the testimonies from victims of the Rotherham child abuse investigations
- Agreed key messages from the LSCB Communication Strategy on Missing Children and Child Sexual Exploitation
- CSE and online safety awareness sessions have been delivered with Out of School activity leaders

***More Information:*** Find out more information about Child Sexual Exploitation on the ERASE website.

The region continues its commitment to addressing Child Sexual Exploitation and has established a North East Tackling Exploitation Board. It includes representatives from Local Authorities, the Police, NHS England and a local academic. Durham is represented by the Head of Children's Services and the Detective Superintendent Lead for Safeguarding.


The National Police Chief Council (formerly ACPO) has begun to develop a regional problem profile and Durham LSCB partners have contributed extensively to this.

In February 2016 the Government began a consultation exercise to update the definition of Child Sexual Exploitation. The proposed changes are intended to remove any ambiguity and ensure that across all sectors practitioners are working to the same definition. The proposed definition reflects the increased understanding of this form of abuse. Durham LSCB and its partners have contributed to this consultation and will adopt the final new statutory definition once it has been published.

## Priority 2 – Improving Early Help

The majority of children and young people in County Durham will grow up and reach their potential in a supportive environment. However, some children, young people and their families face difficulties and problems. Additional help and support needs to be available at the earliest opportunity to stop these challenges from escalating and negatively impacting on their future.

Durham LSCB recognises Early Help as a key priority area for making significant impact on outcomes for children. Early Help has been embedded as a key principle in a broad range of partnership work and has many cross cutting themes and objectives promoted by the LSCB.

**Early Help and Neglect Strategy**

Over the last year we have refreshed and updated the Early Help and Neglect Strategy to reflect our ongoing progress and make the link between Neglect and Hidden Harm (e.g. substance misuse) more explicit.

The Early Help and Neglect Strategy provides an overarching framework for the work of all partners in County Durham. It links to a suite of more detailed practice tools to enable practitioners to respond effectively to identified need.

Children, young people and their families have different levels of need depending on their individual circumstances and quite often these change over time with some families moving between universal, targeted and specialist services.

Children can be helped in three broad ways:

1. **Prevention** ⇨ So that problems do not arise in the first place
2. **Early Intervention** ⇨ So that problems are cut off at an early stage
3. **Protection/ Targeted intervention / treatment** ⇨ So that something is in place for needs or problems that are serious or will endure.

At any of the three stages, there will be a need for some level of help which requires services to be equipped and able to respond to these changing needs and demands.

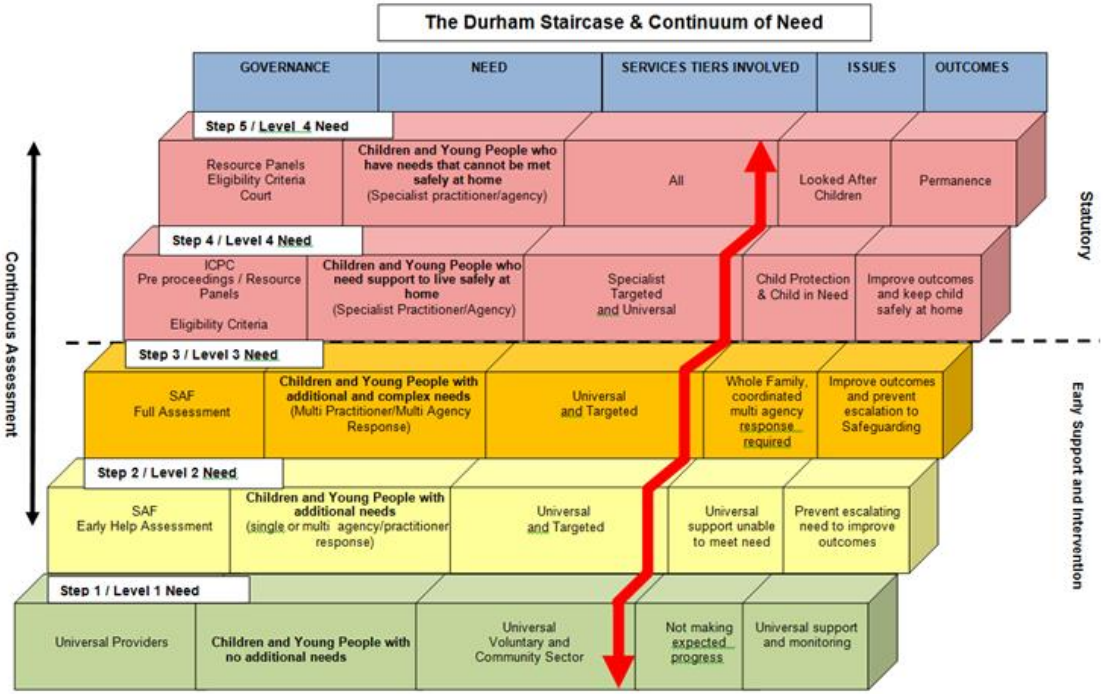
Central to this approach is a focus on increasing independence for families and communities, supporting and building resilience. It is a way of thinking and working that views children, young people and their families as equal partners with an emphasis on doing 'with' rather than doing 'to'.

***Download:*** Early Help and Neglect Strategy.

**Durham Continuum of Need and the 0-19 Level of Need**

Following on from the refreshed strategy the Durham Continuum of Need and the 0-19 Level of Need have been extensively reworked and published.

The continuum of need is designed to reflect the fact that children and young people's needs and those of their families may change over time. Regardless of which 'step' children, young people and families are identified on they will be supported at the earliest opportunity and continue to be supported by the relevant services as they move up and down the staircase.



The 0-19 threshold indicators are designed to provide practitioners with an overarching view on what level of support and intervention a family might need and provide a quick-reference guide to support professionals in their decision-making, including conducting further assessments, referring to other services and understanding the likely thresholds for higher levels of intervention.

The impact of the Early Help intervention can be seen through a range of activity in Children's Centres, One Point, Families First services and the continued development of the Multi-Agency Safeguarding Hub (MASH).

The national Troubled Families Programme (known as Stronger Families in County Durham) has been extended for a further five years from 2015/16 and will reach an additional 400,000 families across England.


For Durham this means an additional 4,360 families will be supported. The expanded programme continues to reach out to families with a broad range of problems, including poor school attendance, unemployment, youth crime, domestic abuse, substance misuse and mental health problems. We know these are indicators of neglect and Durham LSCB will continue to support and challenge the work of the Stronger Families Programme.

***More Information:*** Find out more information on the Stronger Families Programme.

**Early Help Forums**

The Early Help Forums are now well established across the County and is used as a line of communication between the LSCB and frontline practitioners. It has facilitated effective communication and collaborative working arrangements as well as identifying gaps in Early Help provision for children and families.

The forums highlight and problem solve ongoing challenges in the implementation and delivery of effective Early Help provision. All outstanding challenges which are not mitigated through the Early Help Forums are escalated for the attention of the Early Help and Neglect Sub Group. Ongoing challenges include engagement with schools and adult mental health services.

The forums have conducted three multi-agency audits covering attendance at Team Around the Family; chronologies; and school referrals in to First Contact.

Forums have also undertaken an annual joint development event focussed on Sandstories. (Sandstories bring insight and understanding on the impact of the neglect and maltreatment of children providing staff with a unique view of family lives which may be damaging to children).

Furthermore the forums show potential in addressing gaps in delivery by identifying services provided through the voluntary and community sector and facilitating access to these services.

***Download:*** 0-19 Level of Need.

## Priority 3 – Reducing Neglect

The greatest single cause of children needing protection and care in County Durham is neglect. **Provisional figures** show that 466 children became subject to a Child Protection Plan in 2015/16 and 230 were under five years old when they became subject to a Child Protection Plan. Neglect is a long term, chronic form of harm to children, and services offering Early Help should be able to impact positively on outcomes for this group of children – either in reducing levels of neglect or in reducing delay that many children experience before decisions are made about 'good enough' parenting.

Parental issues of domestic abuse, mental health, alcohol misuse and substance misuse continue to be key issues which cause neglect in County Durham and are known collectively as Hidden Harm factors.

Durham LSCB continues to challenge partners to improve responses to Early Help and Neglect. In 2015 we have seen the introduction of domestic abuse outreach workers in the One Point and Families First teams and the Multi-Agency Safeguarding Hub. We have carried out an audit of agency cooperation where substance misuse is identified as a parental risk factor contributing to a Child Protection Plan. Drug and alcohol workers and domestic abuse outreach workers are now engaged in the Early Help Forums.

Plans for 2016 include the role out in October of Operation Encompass – to provide early sharing of information with schools to enable the provision of timely care and support for the child. If a domestic incident occurred the previous evening and a child was in the house, the police will contact a nominated key adult at the school the child attends prior to the start of the school day. Appropriate support will then be available for that child.

We have implemented the provision of specialist training for multi-agency practitioners supporting children identified as at risk or subject to neglect by their parent/carers. We have used improved national guidance and lessons learned from Serious Case Reviews to develop this training further and cover Early Help, child development and the long term impact of Neglect on children.

To support the refreshed Early Help and Neglect Strategy we have developed a Neglect Practice Guidance to assist practitioners across services to identify early signs of neglect and develop more responsive and timely interventions to address concerns about neglect. The practice guidance seeks to ensure that practitioners focus their attention on:

- patterns of parental behaviour and the impact this behaviour may be having on the child's physical, emotional, psychological and behavioural development and wellbeing
- reducing the effect of growing up in poverty and assessing a family's economic wellbeing
- the impact on the child's attachment behaviours
- the child's day to day lived experience over time

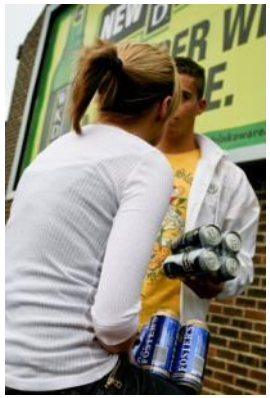
To complete this work a new Home Environment Assessment Tool will be launched in 2016.

***Download:*** Neglect Practice Guidance and the Single Assessment Procedures.

## Contributory factors of neglect

### Alcohol

Children and young people experience poor outcomes due to *parental alcohol misuse* including foetal alcohol syndrome, school attainment, inferior health and wellbeing, neglect, greater likelihood of exposure to crime and alcohol-related domestic violence. Balance (the North East Alcohol Office) estimate that the number of children living with a parent(s) who drink alcohol at high risk levels in County Durham is 49,353.



Alcohol is a common vulnerability factor in incidence of Child Sexual Exploitation and grooming.

The amount of young people drinking in the UK is reducing however, those young people who do drink alcohol are drinking more in volume and more frequently.

Durham LSCB has strong links to the Alcohol Harm Reduction Group and have contributed to the closer working of treatment services, Early Help and services to support children, young people and their families.

Over the last year a young people's worker has been integrated into the Multi-Agency Safeguarding Hub (MASH).

***More Information:*** Find out more information on alcohol in County Durham.

### Domestic Abuse


Domestic abuse is the main parental risk factor leading to a Child Protection Plan. In County Durham the levels of domestic abuse related incidents reported to the police have seen a continuous but small increase since 2009/10. Domestic abuse continues to be under-reported.

Harbour is commissioned by Durham County Council and provides a holistic service focussed on early intervention. In addition, domestic abuse support workers are integrated into Families First teams and the Multi-Agency Safeguarding Hub (MASH).

Durham LSCB has links to the County Durham Domestic Abuse and Sexual Violence Executive Group (DASVEG) and we will continue to promote the need for domestic abuse services to support children, young people and their families.

Our LSCB training programme in relation to domestic abuse focusses on improving the understanding of risk factors; equipping practitioners with knowledge and skills to undertake effective risk assessment and ensuring practitioners are clear about referral pathways and key points of contact. Durham LSCB and the Safe Durham Partnership domestic abuse training were aligned in 2015 with a multi-agency set of trainers now delivering the training.

***More Information:*** Find out more information on domestic abuse services in County Durham.

## Priority 4 – Reducing self-harm and improving young people's self-esteem


Self harm is a key issue for the county. The number of 10-24 year olds admitted to hospital due to self-harm (523.5 per 100,000 population) is higher than the England average (412.1 per 100,000).

In the 2014/15 Annual Report we reported as a direct impact of listening to these young people the inclusion of the self-harm priority for the LSCB. We made links with the County Durham Health and Wellbeing Board's work to tackle the causal factors for suicide, attempted suicide and self-harm.

This resulted in some innovated work including young people speaking about their own personal experiences of self-harm at a Durham LSCB Lessons Learned event and the County Durham Suicide Prevention Conference.

A Self-Harm Sub Group has now been established to develop a self-harm support pathway, practice guidance and training package for practitioners in line with the level of need threshold work done for Early Help.


The pathway is aimed at practitioners and tackles the causal factors for suicide, attempted suicide and self-harm issues of children and young people.


The Child and Adolescent Mental Health Service (CAMHS) has reviewed service provision and will develop a Single Point of Access in 2016/17.

We will continue with partners and services to work with families on prevention and improving the quality of mental health care across the county. This will include involvement in the development of Children and Young People's Mental Health, Emotional Wellbeing and Resilience transformation plan across partners.

***More Information:*** Find out more information about County Durham Suicide Prevention.

## Priority 5 – Increase the voice of the Child

Durham LSCB actively engages and seeks the views of children and young people on wider safeguarding issues.

We continued to improve the way we involve young people, throughout 2015/16 and worked collaboratively with 'Investing In Children' and the Children and Young People's Reference Group.

Members of the LSCB Board have conducted community visits alongside these young people to see first-hand their concerns. The young people meet with members of the LSCB on a regular basis and their views have been taken into account in the LSCB work plan and our priority setting arrangements such as the continued inclusion of the self-harm priority for the LSCB 2015-16. Durham LSCB is scheduled to receive Investing in Children status in June 2016.


The Student Voice survey was commissioned by the Children & Families Partnership and is undertaken with Secondary Schools to seek the views of children and young people in County Durham on a range of relevant issues to assist Partnerships and Schools create an evidence base to assist future planning, service development and performance activities.

The survey was undertaken electronically by students in Years 7, 9 and 11, and also Year 13 where schools have a sixth form, with responses received from 8,148 individual students in total.

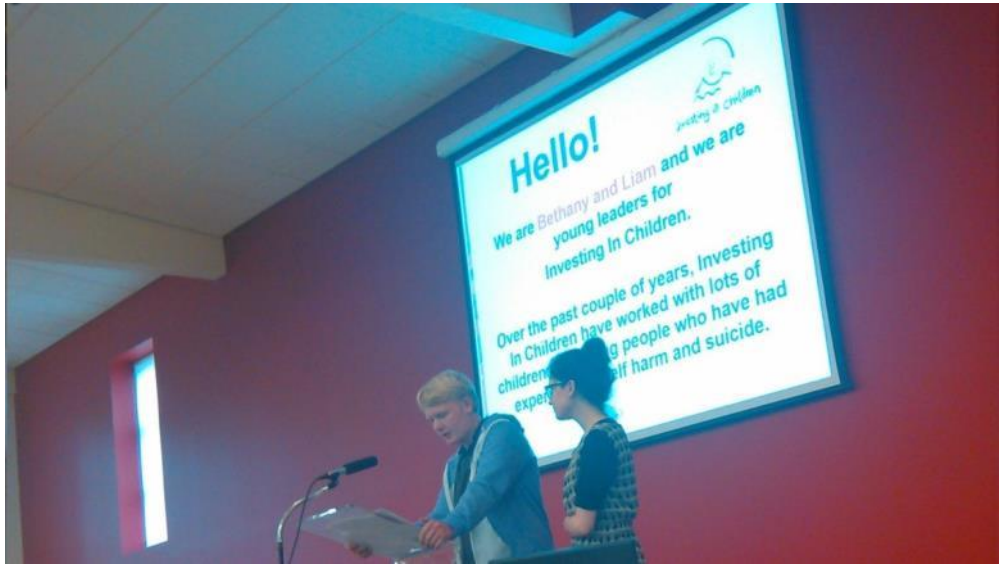
The survey highlighted issues such as:

- Over 10% of students identified themselves as a Young Carer This reinforces the importance of the Young Carers Charter in County Durham and the need for schools to safely identify and support young carers in their school
- 33% of students stated they have been bullied. Public Health and Education are working closely on the resilience programme including working with schools to tackle bullying
- Over half of the 369 students who responded that they are unhappy stated that they have no-one to talk to when feeling vulnerable. Schools are being supported to work on a whole school approach to mental wellbeing
- 23.3% of Year 11 students responded that they drink 'during the week', 'most weekends', 'every weekend' or 'every day'. The Alcohol Harm Reduction Strategy includes a focus on the Altogether Better for Children and Young People theme and

specific actions for the Drug and Alcohol Service to support schools in tacking drug and alcohol issues

We will continue to use the evidence base provided by the Student Voice survey to challenge partners and support the continuous improvement of services for children and young people.

We have engaged with young people who want to share their first-hand experience. They have delivered sessions as part of our Lesson Learned events, the County Durham Suicide Prevention Conference and the ERASE development and problem solving conference.




"I wanted to express my own heartfelt appreciation for the rare opportunity, as a professional, to hear the accounts of actual people whose lives have been so massively impacted upon."

The result of this involvement by young people and their openness to share has been very effective. Feedback from practitioners has been very positive and has improved the learning of those involved.

"Both as a professional and a parent, their stories preyed on my mind for the rest of the day. They provided a more thought provoking human element and a deeper comprehension of their far reaching experiences and for that I feel very privileged."

We have actively engaged young people from various backgrounds and abilities within identified vulnerable groups that face additional barriers for example, lesbian, gay, bisexual or transsexual, special educational needs and gypsy, roma traveller children. Durham Community Action has carried this engagement work and shared this with Durham LSCB.

Engagement activities were appropriate to the audience and included a mixture of interactive discussions, post-it note feedback, decision stickers, etc. The majority of the children and young people who took part feel safe most of the time and it is specific situations where they feel they need support either due to perceptions or due to incidents they or their peers have experienced.

This direct link to young people and understanding the 'Voice of the Child' has brought a positive and different perspective into the LSCB. It has directly shaped new actions across all LSCB sub groups and challenged the development of service provision such as the planned interventions of Early Help services.

***More Information:*** Find out more information about Investing In Children.

## Priority 6 – Ensuring each agency is accountable for delivery of its own safeguarding responsibilities

This priority is delivered through scrutinising the audit function of Durham LSCB and is covered in more detail in Section 6 Performance Monitoring and Quality Assurance.

The LSCB Board recognises the importance of self-improvement, to be effective it needs to continuously learn from its own experiences and that of others. For example the LSCB Chair has met with a range of frontline staff to discuss issues, ideas and improvements.

Partners have undertaken a range of steps to develop joint practice and values to improve our effectiveness - keeping the child's journey at the forefront of what we do.

We have clarified our business objectives and aligned our LSCB operations against our objectives. Over the last year we have:

- improved our performance reports and implemented a new dataset to better reflect priorities
- strengthened the scrutiny and challenge role and have developed a framework for evidencing impact and difference
- strengthened the engagement and participation of children and young people in the work of the Board
- aligned the Board's activities with other partnerships
- improved the visibility and influence of the Board
- strengthened the engagement and participation of frontline staff including involvement in audit work

## Emerging issues - Cyber Crime

Cyber Crime was highlighted as an emerging issue for the Safe Durham Partnership in 2015. There are strong links with Durham LSCB priorities in its work to prevent vulnerable young people being drawn into terrorism and sexual exploitation through the use of social media and the internet.

Representatives from Durham Constabulary Cyber Crime Team, Durham County Council Community Safety Team and the Local Safeguarding Children Board have delivered seminars covering Child Sexual Exploitation, Counter Terrorism and Cyber Crime. The seminars were attended by 120 professionals from the out-of-school sector.

A task and finish group is now in place and has developed a Cyber Crime Action Plan. The LSCB will contribute to this work in areas such as cyberbullying, grooming and other safeguarding issues.

The regional police forces have secured the services of Get Safe Online with the development of a 'Get Safe Online in Durham' website which has an extensive safeguarding section.


***More Information:*** Find out more information on Get Safe Online in Durham.

***More Information:*** Find out more information on Counter Terrorism and the Prevention of Violent Extremism

# 6. Performance Monitoring and Quality Assurance

## Section 11 Audit

The Section 11 Audit is Durham LSCB's primary audit to examine the safeguarding arrangements within agencies and provides the Board with assurance that agencies are doing what they can to ensure the safety and welfare of children and young people.

Agencies identified a total of 80 separate actions compiled into a Section 11 action plan to be monitored by the LSCB Board.

The responses received provide the LSCB with an overview of what the main issues and challenges are for agencies and also outlines key areas of service development. These responses will inform the questions to be included in the 2016/17 audit.

**Section 11 Audit Findings**

- Senior management commitment to safeguarding and promoting children's welfare is strong but further guidance on appropriate evidence should be included in future audits
- There is a clear commitment to communicate to staff and service users an agency's responsibilities towards children
- Agencies identified the need to the need to keep their policies up to date
- Good practice relating to structural awareness of safeguarding responsibilities within organisations was seen. Structure charts and named roles were consistently highlighted throughout the responses
- Activity to engage with children and young people in the development of safeguarding services was inconsistent and provides potential for further challenge
- There is strong commitment to ensuring staff maintain safeguarding knowledge and access to a broader range of development opportunities as well as mandatory safeguarding training
- Further evidence will be required in future Section 11 audits to show the level of understanding of the content of relevant policies / procedures
- There is a good level of compliance in effective inter-agency working to safeguard and promote the welfare of children
- There is consistent awareness of the importance of information sharing

## Multi-Agency Audits

We have developed a new audit toolkit, based on examples of good practice, to enable its use over a wide range of circumstances. Questions reflect the scope and the specific needs of the children, or processes being audited to meet the requirements of the planned audit.

In 2015/16 we carried out five multi-agency audits covering the following subjects

- Child Protection Strategy Meetings
- Agency cooperation where substance misuse is identified as a parental risk factor contributing to Child Protection Plan
- Team Around the Family Meetings
- Multi-Agency Chronologies
- School Referrals for Early Help

**Child Protection Strategy Meeting Audit**
The main findings from the child protection strategy meeting audit showed compliance with procedures has been subject to interpretation while IT systems can leave a gap in recording the progression to Initial Child Protection Conference if there is any variability in the lead-in to a conference.

A review of the procedures regarding Strategy Meetings will be undertaken in 2016/17 and a further audit will be planned for the end of 2016.

**Agency Cooperation Audit**
The audit of agency cooperation where substance misuse is identified as a parental risk factor contributing to a Child Protection Plan, found the majority of cases audited there was good evidence of proper and appropriate multi-agency co-operation. The audit also found variability in the IT systems used for recording client data across the different LSCB partner agencies.

The drug and alcohol service will undertake a review of their data systems as a wider review of their service in 2016. This audit will then be repeated following the review.

**Audit of Team Around the Family Meetings**
The audit of Team Around the Family (TAF) meetings found strong evidence that the child's needs had been identified appropriately and interventions were planned to improve things.

In all cases family improvement milestones were identified with good examples found such as a family agreement in place; improved attendance and behaviour in school; implemented daily routine; self-esteem and confidence building opportunities; parental skills training; financial and household management and improved home environment conditions.

However, these milestones did vary in quality and there was little evidence of comments from parents. Results of the audit were shared with the Early Help and Neglect Sub Group. An action plan was developed for those areas that required improvement with assigned managers and remedial action progressed within their service area.

**Audit of Multi-Agency Chronologies**
The audit of multi-agency chronologies found the general standard of completion was very high and all chronologies were up-to-date.

Not all chronologies audited showed that a chronology commenced when an agency first started their involvement with a child or family, however, all chronologies did begin when a first 'significant' event happened.

A best practice example was identified and circulated to all Early Help Forums and the Early Help and Neglect Sub Group.

**Audit of School Referrals for Early Help**
The audit of school referrals for Early Help found that each referral made by the school was appropriate. The cases examined highlighted the complexity of cases with clear evidence that convening of a Team Around the Family (TAF) as early as possible when concerns arise, is beneficial.

It noted that identifying a TAF Lead Professional through the school holidays should be highlighted in the LSCB and school safeguarding training so that a Lead Professional is clearly identified and a handover planned.

Since the audit the LSCB and school safeguarding training has been reviewed to cover the requirement of an identified TAF Lead Professional through the school holidays.

## Safeguarding Privately Fostered Children

The Durham LSCB Board monitors the local arrangements for safeguarding children who are privately fostered.


On an annual basis the Board is provided with a full report setting out Durham County Council's strategy and specific arrangements to raise awareness in the community monitor and support children who are in such placements.

The main considerations of the report identify that notifications remain low and these children remain a hidden and possibly vulnerable population. Durham LSCB has challenged the Local Authority and partners to increase the number of new notifications through targeting of awareness raising in key agencies who are most likely to become aware of the changing nature of households.

Other actions include:

- monitoring of compliance with visiting to be incorporated into monthly performance clinics
- improving compliance with the statutory responsibilities on visiting
- gathering the views of parents / carers / children and young people in relation to their private fostering arrangement

***Download:*** Annual Private Fostering Report.

***More Information:*** Find out more about Private Fostering.

## The Use of Restraint – Safeguarding Young People in Secure Settings

County Durham is among a small number of Local Authorities who have secure services within its boundaries.

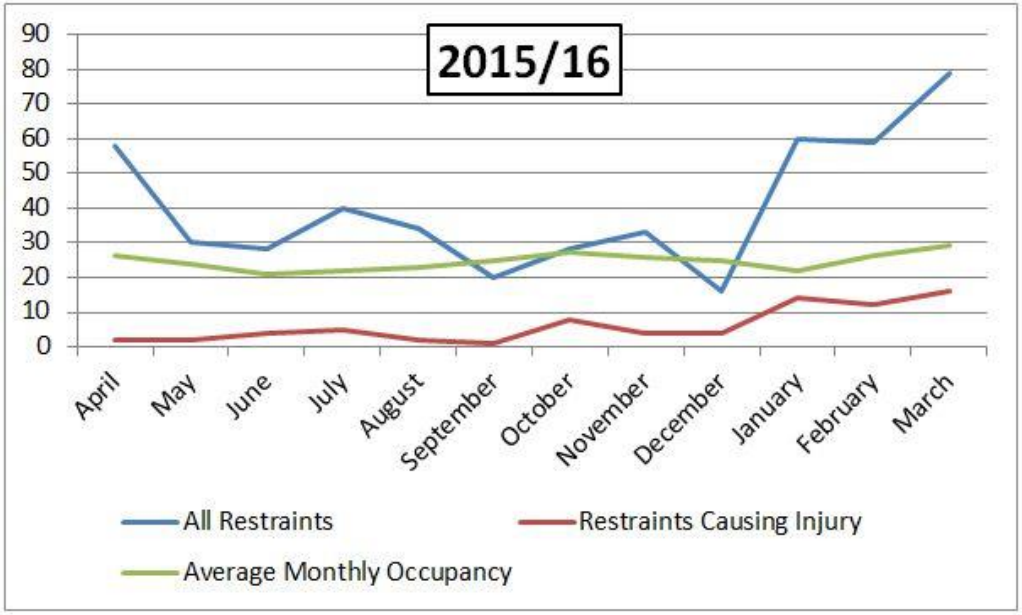
In conjunction with Durham County Council, Durham LSCB monitors the use of restraint at Aycliffe Secure Services Centre. Many of the children are placed by Local Authorities outside the area and by the criminal courts. Since 2011 and in line with Working Together guidance we have reported on the use of restraint within County Durham.

Aycliffe Secure Services Centre houses a changing population of young people aged between 11 and 17, both male and female, who have been referred through the courts because they are a risk to themselves or others, or because there is a concern about their involvement with criminal activities.

The centre has five children's homes and a 'step down' facility with an additional 24 beds commissioned by the Youth Justice Board.

Local Authorities from outside of the area can also commission places for young people on welfare grounds if the courts decide that young people meet the legislative criteria required to place them in a secure setting.

Restraint incidents with all young people had seen an overall trend reduction throughout 2015. However, there was a sharp increase early in 2016.




This increase was largely due to changes in the resident population with several young people leaving and being replaced by young people new to Aycliffe Secure Services Centre.

This disruption to routine and group dynamics amongst young people within the centre can lead to an increase in incidents and the centre management constantly seek to identify in advance, events that might lead to unrest.

Due to the nature of secure settings, planned events are often subject to unexpected disruption relating to issues such as court proceedings and available resources within partner agencies.

Injuries as result of restraint are graded using the set criteria:

**Level 1 – Minor Injury -** no medical treatment such as red marks on the skin, welts, superficial cuts and scratches, bruises which do not require medical treatment, including first aid

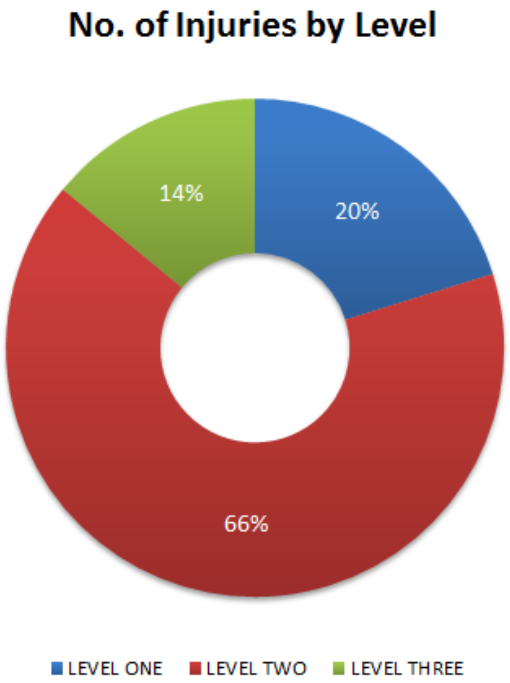
**Level 2 – Minor Injury -** requiring medical treatment such as significant cuts, scratches, grazes, bloody noses, concussion, serious bruising and sprains where medical treatment is given by staff/nurse

**Level 3 – Serious Injury requiring hospital treatment -** includes serious cuts, fractures, loss of consciousness and damage to internal organs.

There were a total of 485 incidents which required restraint during 2015-16; this is fewer than in 2014-15 (494).

These restraints led to 74 injuries to young people, more than the previous year with a ratio of three injuries to every 17 restraints.

57% of all injuries occurred between January and March 2016 when the spike of restraint incidents were recorded.




Throughout 2015/16 Aycliffe Secure Services Centre staff have been implementing alternative approaches to practice to try and minimise the use of restraint overall.

This includes positive reinforcement techniques with staff and key-workers specific targeted work to develop positive working relationships with young people.

Staff, key-workers and managers of the centre work with young people to understand the causes and effect of their challenging behaviour and work together to develop strategies designed to prevent restraint.

Working together, the staff and young people have focused on effective communication, coping mechanisms, likes and dislikes and de-escalation techniques that the young person feels will work.

In addition, all young people who are placed on behaviour support plans or are at a higher risk of forcing a restraint is put on an engagement and activity / development plan.

This clearly identifies the activities on offer to the young person and is used as incentives to re-engage and re-integrate them back into the group.

***More Information:*** Find out more information about Aycliffe Secure Centre.

## Serious Case Review Function

We have instigated one Serious Case Review in 2015/16 and one Learning Lessons Review.

We have also delivered eight Learning Lessons events in 2015/16 for practitioners and agencies with two specific events for Early Years staff and GPs.

These have provided time for professional reflection of key messages and recurrent themes running through the published Serious Case Reviews.

These are:

- the role of males within a family setting / household who have contact with children and young people
- multi-agency engagement with safeguarding processes
- information sharing and professionals working in silo
- increasing the voice of the child
- over reliance upon the social worker - lack of professional challenge
- the importance of cross-referencing, checking previous records, and taking account of historical information in making decisions

We continue to implement the recommendations from Serious Case Reviews both multi-agency and single agency recommendations. Action plans are reviewed by the Learning and Improvement Sub Group bi-monthly.

We will continue to host a range of learning lessons events following Serious Case Reviews publications.

***More Information:*** Find out more information about Serious Case Reviews.

## Child Death Overview Panel

It is the responsibility of Local Safeguarding Children Boards to ensure that a review of every death of a child normally resident in their area is undertaken by a Child Death Overview Panel (CDOP).

A joint CDOP has been agreed by Durham Local Safeguarding Children Board and Darlington Safeguarding Children Board. The Child Death Overview Panel is a sub-committee of both Durham and Darlington LSCBs. It is responsible for reviewing the available information on all child deaths and is accountable to the LSCB Chair.

There are two interrelated processes for reviewing child deaths:

- **Rapid Response** by a group of key professionals who come together for the purpose of enquiring into and evaluating each **unexpected death**; and
- An overview of **all deaths** up to the age of 18 years (excluding both those babies that are stillborn and planned terminations of pregnancy carried out within the law) in Durham and Darlington areas, undertaken by a panel

The Child Death Overview Panel continues to undertake its role with sensitivity and has identified and implemented a range of recommendations that are improving child safety and welfare.

There were 36 child death reviews in County Durham in 2015/16.
Of the 36 child deaths there were:

- 20 Rapid Responses (this is a process for gathering key professionals to enquire into and evaluate circumstances of a sudden and unexpected death)
- 26 deaths that have been or will be considered at a Local Case Discussion meeting (for most unexpected deaths a local case discussion takes place when all the information has been gathered and all agencies involved with the child and family before and at the time of their death are invited to the meeting.)

**Analysis of Key Findings**

The key findings of the Child Death Reviews are summarised below:

- Where cases were subject of a Serious Case Review and a robust action plan was developed which will be monitored by the Learning & Improvement Group. Key points include the relaunch of the Early Help & Neglect Strategy and the development of a suicide / self-harm pathway and education package
- Seven cases were subject of a Root Cause Analysis and an action plan developed which will be monitored by the Child Death Overview Panel until its completion. For example, management of discharge, monitoring of babies during labour and delivery, and regular update of training around neonatal resuscitation
- One review identified the need to formalise the information sharing process for children who are expected to die at home prior to discharge to ensure that there are no safeguarding issues. A multi-agency working group has been formed to progress this and Durham Constabulary has formulated draft guidance for expected deaths. New guidance will be finalised in 2016/17

**Areas of Good Practice**

**Example 1.** County Durham and Darlington NHS Foundation Trust were inspected by the Human Tissue Authority in 2015. This successful inspection noted the dialogue / inspection of child death processes which involved the Rapid Response team.

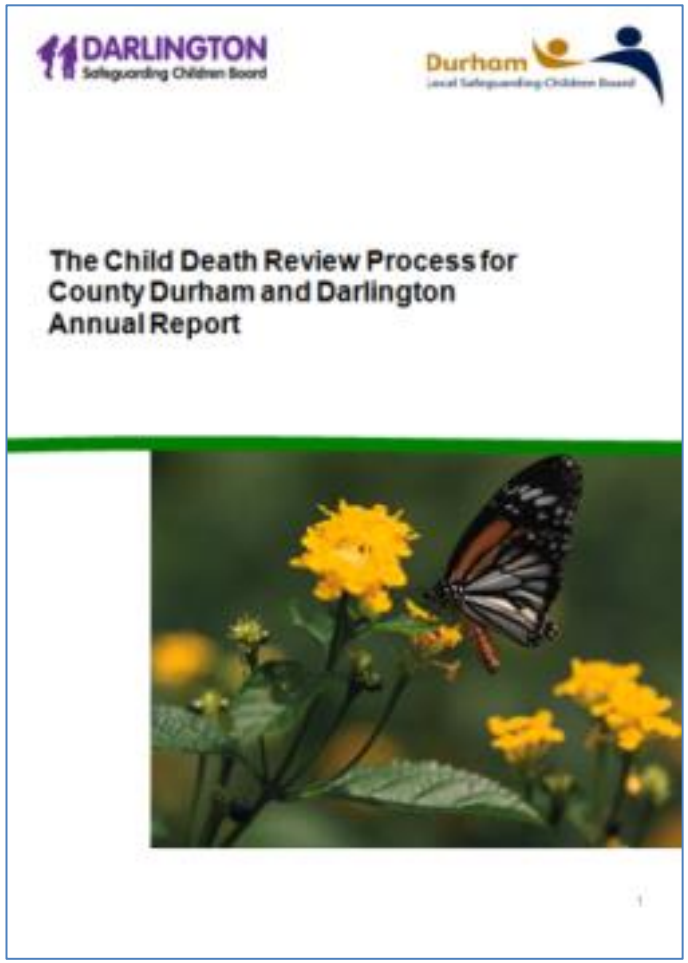
**Example 2.** Following a tragic accident, Durham County Council commissioned an assessment of water safety in the river (and all water ways in County Durham) in keeping with the Royal Society for the Prevention of Accidents guidelines. This information has been shared with colleagues from the Environmental Agency and Fire & Rescue Service to ensure awareness of the areas in relation to the topography.

A range of safety measures have been put in place; signs have been installed at both entrances to the site of the incident; information leaflets have been sent to all local residents about water safety awareness; and regular inspections of drainage/safety pathways at the site are carried out.

Water safety education for schools was provided in advance of Water Safety Week in targeted areas.

The Child Death Overview Panel considered it commendable that the Local Authority promptly took appropriate measures to ensure the protection of children and young people in the area with regards to water safety.

The Child Death Review Annual Report is published each year and is available on both LSCB websites.




***Download:*** Child Death Review Annual Report 2015-16.

## Policy and Procedures

Durham LSCB proactively reviews policies and procedures as systems change and are developed. A range of procedures and practice guidance have been updated in 2015/16. These include:

- Updated Single Assessment Framework and referral form
- Refreshed Early Help and Neglect Strategy
- New Neglect Practice Guidance
- New 0-19 Level of Need thresholds document
- New Home Environment Risk Assessment Tool
- Updated CSE intelligence information submission form
- Updated Missing Children Procedures
- New Marketing and Communication Strategy
- New Multi-agency Audit Tool

We will also implement the recommendations of the Ofsted inspection for example a time limited task and finish group has been established in 2016 for the procurement of new online child protection procedures.

## Performance Monitoring Quality Assurance Forward Plan

The multi-agency audit and quality assurance forward plan lays out the planned work to be undertaken and its impact on outcomes for individual children and young people. In 2016/17 we will:

- develop an on-line version of Section 11 audits
- undertake an annual governance review of the LSCB
- maintain consistent use of auditing tools and processes
- identify and develop areas for auditing
- develop reporting formats to include case studies and make the voice of the child more visible
- refine the scorecard and reporting arrangements
- maintain the risk register and the risk reporting methodology with effective controls and assurances
- carry out challenge clinics to hold organisations to account
- develop additional ‘Quality’ reporting to include areas such as complaints, Serious Case Reviews and child death overview monitoring

# 7. Training and Communication

## Single and Multi-Agency Training Provision

All agencies working with children either directly or indirectly are required to provide training in order to carry out their own roles and responsibilities. This includes being able to recognise and raise concerns about children's safety and welfare.

During the year the LSCB training programme has seen an increased collaboration with a range of organisations; most notably the County Council's Learning and Development Team; County Durham & Darlington NHS Foundation Trust; Tees, Esk and Wear Valleys NHS Foundation Trust, Durham Constabulary, Harbour and Barnardos; in the planning, design and delivery of training.

This has strengthened and enhanced the quality of training while avoiding duplication and promoting the importance of inter-agency working.

Durham LSCB continues to support the private, voluntary and community sector through the provision of targeted safeguarding training for example Early Year's providers. We have also incorporated lessons learned from Serious Case Reviews into our training in order to support practitioners and managers to improve their learning, understanding and assessment skills.

All new and existing courses have been updated to reflect the refreshed policy and procedural work undertaken over the last year.

## Courses delivered in 2015/16

The LSCB currently offer 13 core courses including Safeguarding Processes and Intervention, Engaging with Families, Child Sexual Exploitation and Neglect.

In addition to the core courses training sessions were also delivered on Honour Based Violence, Forced Marriage and Female Genital Mutilation, in collaboration with HALO and County Durham and Darlington NHS Foundation Trust (CDDFT).

The LSCB has also hosted three training sessions on Multi-Agency Public Protection Arrangements (MAPPA), delivered by the National Probation Service; two sessions on Hidden Sentence which were delivered by NEPACS and funded by Think Family and one training event on 'Think Family' delivered in collaboration with Think Family Mentors.

A total of **88 courses** were delivered in 2015-2016. The courses were attended by a total of **1,637 staff and volunteers**.

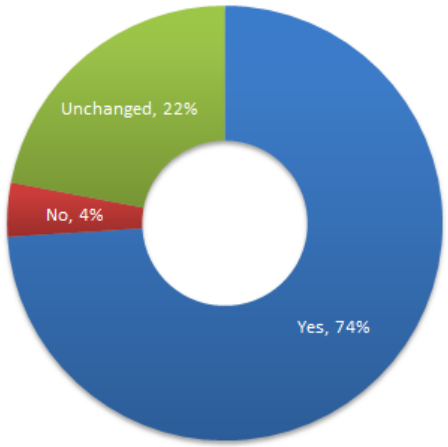
## Impact and Evaluation


The training courses received very positive feedback with 71% of attendees marking the training they received as excellent.

"I now feel confident in asking challenging questions at home visits. In a recent referral following this course, I have no doubt I made the right judgement call"

Follow up evaluations are carried with staff in the three months after attending a training session to assess the longer term impact of training. 98% of those surveyed stated that the training had fulfilled their personal objectives set out within the training.

When asked the question 'Has the learning impacted on your practice?' 74% said yes, 4% said no and 22% were unchanged.




"Explaining to parents involved in separation or child/parent/school related issues that their children have a voice…providing time and space so the child can be heard"

## e-Learning

There are a range of e-learning courses available on the Durham LSCB website including; Awareness of Child Abuse and Neglect, Safeguarding Children from Abuse by Child Sexual Exploitation and PREVENT – Counter Terrorism awareness.

Since the e-learning courses became available:

- **3,352 people** have completed the Awareness of Child Abuse and Neglect
- **2,537 people** have completed the Safeguarding Children from Abuse by Child Sexual Exploitation
- **Over 6,000 people** have completed the PREVENT – Counter Terrorism e-learning

"I have been able to engage and respond to my service users more effectively"

"It has enabled me to support clients to access the correct level of support for their family"

Durham LSCB has purchased a 'total package' of e-learning from Virtual College for 2016/17.

This offers a wide variety of safeguarding courses available to staff and volunteers with an unlimited licence available on each course.

***More Information:*** Find out more information about LSCB Training Programme.

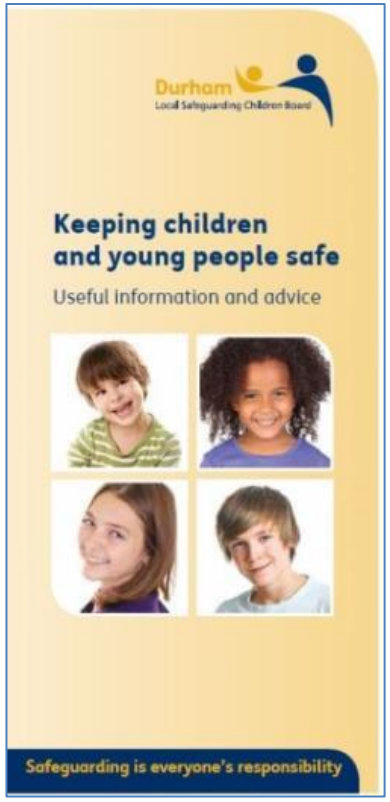
## Marketing and Communications Activity

In 2015 the Training, Development and Communications Sub Group was tasked with developing a Marketing and Communications Strategy.

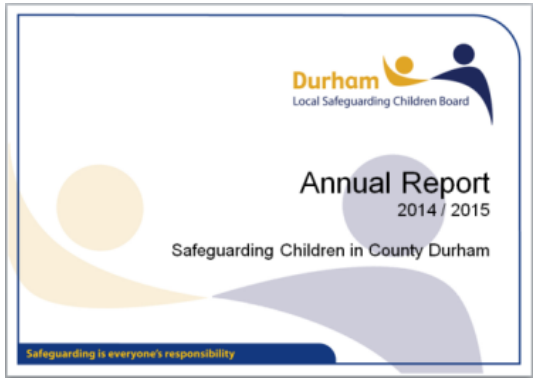
The aim of the strategy is to raise the awareness and increase knowledge and understanding of safeguarding across the LSCB agencies; wider partnership structures in County Durham and the general public.

In developing the refreshed Marketing and Communications Strategy the Training, Development and Communications Sub Group has undertaken a range of actions in 2015/16 including:

- refreshing the LSCB brand and styling
- producing and disseminating safeguarding printed materials (leaflet posters, etc.) for use by all partners (over 6,786 leaflets distributed to venues including One Point Hubs, libraries, GP surgeries, Health Centres and Customer Access Points)
- identifying key communication pathways and themes based on the LSCB priorities (use of appropriate social media to raise awareness and articles in newsletters and publications, etc.)
- uplift of Department for Education 'Together we can tackle child abuse' campaign
- the promotion of ERASE Child Sexual Exploitation website
- developing 'key messages' for use by partners
- developing standard templates to enable consistent branding and messages
- updating LSCB website content (188,582 page views in 2015/16)








**More Information:** Find out more information about LSCB Leaflets and Posters

# 8. Future Priorities

## LSCB Priorities 2016/17

The Durham Local Safeguarding Children Board agreed and retained the following priorities for 2016/17:

- Reducing Child Sexual Exploitation
- Improving Early Help
- Reducing Neglect (contributory factors are domestic abuse; alcohol misuse; substance misuse; parental mental health)
- Reducing self-harm and improving young people's self-esteem
- Increase the voice of the child
- Ensuring that each agency is accountable for delivery of its own safeguarding responsibilities

## Priority areas of work

Alongside the identified priorities above the LSCB has highlighted priority areas of work for 2016/17:

*Leadership*

- Benchmark ourselves against 'outstanding' and continue to seek improvements in practice and outcomes
- Expand the voice of the child to show how we listen and respect the views of children
- Update the child protection procedures
- Deliver and support communication campaigns / learning events / factsheets and publications

*Challenge*

- Undertake Section 11 audits to ensure agencies have processes and procedures in place to the required standard
- Undertake multi-agency audits to ensure partners are fulfilling their statutory obligations including auditing of Early Help
- Record and report single agency audits to the LSCB Board
- Refine and embed the Performance Management Framework to show how children's lives have been improved
- Focus our self-harm work on secondary school support
- Provide more local narrative in the Child Death Overview Panel (CDOP) Annual Report

*Learning*

- Publish Serious Case Reviews and continue to disseminate and implement learning providing evidence of the impact / change in practice due to Serious Case Review learning
- Continue to develop, deliver and refine the training plan
- Understand the impact of training on practice by developing an impact analysis of training
- Improve the learning and effect of child poverty and neglect
- Conduct an academic seminar to inform practice

*These priorities reflect a number of drivers including the 2016 Ofsted inspection of Durham LSCB, Learning Lessons and Serious Case Reviews and the LSCB annual development session.*

## Plan on Page

Our 'Plan on a Page' identifies actions for 2016-17

| Outcome and Business Priorities | Objectives for 2016-19 | Actions in 2016-17 |
|---|---|---|
| Reducing Child Sexual Exploitation | Ensure services are targeted, responsive and effective<br><br>Embed the prevent, protect and pursue agenda into practice and service | 1) Complete the delivery of CSE taxi driver awareness sessions in County Durham<br>2) Deliver CSE awareness sessions to licence premises and fast food outlets<br>3) Develop an agreed protocol to ensure young people's (up to 23 years of age) needs are met in relation to CSE<br>4) Develop an escalation process for out of area children at risk<br>5) Implement Operation Encompass to support children and young people at school who witness domestic abuse and consider links with self-harm<br>6) Update online safety awareness – including Prevent principles<br>7) Educate and support schools in relation to CSE<br>8) Secure funding for the ERASE team |
| Improving Early Help | Ensure services support families at an earlier stage to prevent child protection intervention<br>Reduce the number of young people subject to child protection plans | 9) Continue to address the Early Help action plan<br>10) Develop staff to ensure the outcomes framework is embedded into practice |
| Reducing Neglect (contributory factors are domestic abuse; alcohol misuse; substance misuse; parental mental health) | Ensure that services are targeted, responsive and efficient for children suffering from neglect<br>Reduce the impact of neglect contributory factors on the outcomes of children and young people suffering from neglect | 11) Ensure that young people (aged 16+ years of age) are incorporated into the Early Help and Neglect Strategy<br>12) Audit the outcome of the implementation of the home environment risk assessment |
| Reducing self-harm and improving young people's self-esteem | Ensure services are targeted, responsive and effective | 13) Complete the Self Harm/Suicide pathway<br>14) Implement an agreed education package<br>15) Audit the implementation and impact of the education package<br>16) Develop an online communication tool |
| Increase the voice of the child | Views of children and young people are used to inform services and best practice | 17) Obtain Investing in Children status<br>18) Review Cafcass Young People's Charter<br>19) Broaden the voice of the child and harder to reach<br>20) Employ an apprentice<br>21) Children and Young People's Reference Group to be expanded<br>22) Voice of the Child to be evident across all priority areas<br>23) Improve the Voice of the Child within the child protection process |
| Ensuring that each agency is accountable for delivery of its own safeguarding responsibilities | Continued development of Leadership, Challenge and Learning (as below) | 24) Audit the information sharing protocol<br>25) Improve Information sharing across all priority areas |
| Leadership | Ensure collective leadership across all agencies<br>Increase access of data and analysis and improve understanding<br>Expand collective learning and improvement<br>Develop effective policies and procedures across all agencies | 26) Deliver refreshed LSCB business plan<br>27) Deliver a set of SCR themed Lessons Learned events for 2016/17<br>28) Update the child protection procedures<br>29) Deliver and support communications, factsheets and publications<br>30) Ensure Annual Report provides a rigorous assessment of local services. |
| Challenge | Develop effective systems, processes and polices through audits<br>Use evidence of impact to challenge<br>Ensure audits of practice | 31) Develop an escalation process of themes and concerns for CDOP<br>32) Develop an escalation process for the CDOP Action Plan<br>33) Undertake multi-agency audits to ensure that partners are fulfilling their statutory obligations including auditing of Early Help<br>34) Record and report single agency audits to the LSCB Board<br>35) Refine and embed the Performance Management Framework / Scorecard including performance reporting of Early Help<br>36) Provide more local narrative in the Child Death Overview Annual Report |
| Learning | Ensure that the skills and knowledge of practitioners is effective, using learning from Serious Case Reviews (SCR) | 37) Publish Serious Case Reviews and continue to disseminate and implement learning<br>38) Evidence the impact within Serious Case Review learning<br>39) Progress the thematic tool for Serious Case Reviews<br>40) Continue to develop, deliver and refine the Training Plan<br>41) Understand the impact of training on practice by developing an impact analysis<br>42) Link in with school communication and consultation meetings with young people |

# LSCB messages to Professionals and Community

## Children and Young People

- Nothing is more important than making sure you are safe and well cared for. This is about you and we want to know more about how you think young people can be better protected
- If you are worried about your own safety or that of a friend, speak to a professional you trust or speak to ChildLine on 0800 1111

## Parents and Carers

- Public agencies are there to support you; getting early help before things get worse really does help
- Tell us what works and what doesn't when professionals are trying to help you and your children
- Make sure you know about the best way to protect your child and take time to understand some of the risks they can face

## The Community

- You are in the best place to look out for children and young people if you have a concern call First Contact on **03000 267979** or the NSPCC helpline on **0808 800 5000**
- We all share responsibility for protecting children - if you see something, say something

## Frontline Staff and Volunteers working with Children

- Make sure children and young people are seen, heard and helped, whatever your role
- Your professional judgement is what ultimately makes a difference and you must invest in developing the knowledge, skills and experiences needed to effectively safeguard children and young people
- Attend all training required for your role
- Be familiar with, and use when necessary, Child Protection Procedures and the Single Assessment Framework
- Understand the importance of talking with colleagues and sharing information. If in doubt, speak to your manager

## Local Politicians

- You are leaders in your local area. You can be the eyes and ears of vulnerable children and families. Keep the protection of children at the front of your mind

## Chief Executives and Directors

- You set the tone for the culture of your organisation. When you talk, people listen – talk about children and young people
- Ensure your workforce attend relevant LSCB training courses and learning events
- Ensure your agency contributes to the work of Durham LSCB and be Section 11 compliant

## The Police

- Robustly pursue offenders and disrupt their attempts to abuse children
- Ensure officers and police staff have the opportunity to train with their colleagues in partner agencies
- Ensure that the voices of all child victims are heard, particularly in relation to listening to evidence where children disclose abuse

## NHS Trusts and Clinical Commissioning Groups

- Health services have a key role in scrutinising the governance and planning for safeguarding across a range of services. Ensure that the voice of the child is heard
- Discharge your safeguarding duties effectively and ensure that services are commissioned for the most vulnerable children

## Head Teachers and Governors of Schools

- Ensure that your school / academy / educational establishment is compliant with ‘Keeping Children Safe in Education’ (DfE, 2015)
- You see children more than any other profession and develop some of the most meaningful relationships with them
- Keep engaged with the safeguarding process and continue to identify children who need early help and protection

## The Local Media

- Communicating the message that safeguarding is everyone’s responsibility is crucial - you can help do this positively

# Appendix 1 – LSCB Membership and Staffing

## Durham LSCB Membership

- The Board is chaired by an independent person commissioned by the Durham County Council Chief Executive
- National Probation Services – represented by the Head of Durham
- Durham Tees Valley Community Rehabilitation Company – represented by Head of Services County Durham and Darlington
- North Durham, Dales, Easington & Sedgefield Clinical Commissioning Groups – represented by:
    - Director of Nursing (Vice-Chair of Durham LSCB)
- Designated Nurse Safeguarding Children and Looked After Children
- Designated Paediatrician
- NHS England – represented by the Deputy Director of Nursing
- Tees, Esk & Wear Valleys NHS Foundation Trust – represented by the Associate Director of Nursing (Safeguarding)
- County Durham & Darlington NHS Foundation Trust – represented by:
    - Associate Director of Patient Experience & Safeguarding
    - Head of Children and Families
- North Tees & Hartlepool Hospitals NHS Foundation Trust – represented by the Deputy Director of Nursing
- Harrogate & District NHS Foundation Trust – represented by the Deputy Director of Nursing
- City Hospitals Sunderland NHS Foundation Trust
- Cafcass (County Durham) – represented by the Service Manager
- County Durham Council represented by:
    - Corporate Director, Children & Adults Services
    - Head of Children's Services
    - Head of Adults Care
    - Head of Education
    - Strategic Manager - Youth Offending Service
    - Director of Public Health County Durham
    - Housing Solutions Manager
- National Offender Management Service – represented by Public Protection Manager
- Durham Constabulary – represented by the Force Lead for Safeguarding (Superintendent Level)
- The Voluntary & Community Sector – represented by the Voluntary Sector Representative
- Schools represented by:
    - Durham Association of Secondary Heads

- Durham Association of Primary Heads
- Durham Association of Special Schools

- Further Education – represented by the Head of Student Services, Bishop Auckland College
- Lay Members – represented by three members of the community whose role is to support stronger public engagement in local child safety issues and to challenge the LSCB on the accessibility by the public and children and young people of its plans and procedures
- Lead Member – represented by the Portfolio Holder for Children and Young People Services (participant observer)
- Faith Communities – represented by the Safeguarding Lead for Durham Diocese

## LSCB Advisors

The Board is advised by:

- A member of Durham County Council Corporate & Legal Services nominated as the Board's legal advisor
- The Durham LSCB Business Manager
- Head of Planning and Service Strategy, Children and Adult Services, Durham County Council
- Strategic Manager Policy Planning and Partnerships, Children and Adult Services, Durham County Council

# Appendix 2 – LSCB Staffing and Budget

## Staffing

The LSCB is supported by the following officers:

- LSCB Business Manager
- LSCB Quality & Performance Co-ordinator (deputises for Business Manager)
- LSCB Strategy and Development Officer
- LSCB Training Co-ordinator
- LSCB Admin Co-ordinator
- LSCB Administrator
- LSCB Admin Apprentice

## LSCB Budget

The financial contributions from partner agencies are as follows:

| **Partner** | **2015/16 Contribution** | **2016/17 Contribution** |
|---|---|---|
| Durham County Council | £171,604 | £171,604 |
| Clinical Commissioning Groups | £95,097 | £95,097 |
| Tees, Esk & Wear Valleys NHS Foundation Trust | £2,680 | £2,680 |
| County Durham & Darlington NHS Foundation Trust | £2,680 | £2,680 |
| North Tees & Hartlepool NHS Foundation Trust | £2,680 | £2,680 |
| Harrogate and District NHS Foundation Trust | - | £2,680 |
| Durham Constabulary | £29,285 | £29,285 |
| Durham Tees Valley Community Rehabilitation Company | £1,340 | £1,340 |
| National Probation Service | £1,340 | £2,032 |
| Further Education Colleges | £2,100 | £2,100 |
| Cafcass | £550 | £550 |
| **Total** | **£309,356** | **£312,728** |

**Durham LSCB Annual Report 2015 / 2016 - Safeguarding Children in County Durham**

The Durham Local Safeguarding Children Board has a statutory duty to prepare and publish an Annual Report which describes how our partners safeguard vulnerable children and young people in County Durham. Our primary responsibility is to provide a way for the local organisations that have a responsibility in respect of child welfare, to agree how they will work together to safeguard and promote the welfare of children in County Durham and to ensure that they do so effectively.

The children and young people of County Durham are at the heart of all we do and our vision of '**Every child and young person in County Durham feels safe and grows up safe from harm**' continues to drive us forward.

This Annual Report gives an account of the Board's work over the past year to improve the safety and wellbeing of children and young people. The report reflects the activity of the LSCB and its sub-groups against its priorities for 2015/16. It covers the major changes and improvements of our partners' service delivery, where they link with the Board's overall strategies and the impact we have had. It also reports on the Serious Case Reviews and Child Death Reviews undertaken and identifies the priorities we will take forward into 2016/17.

**Equality and Diversity**

Durham LSCB strives to promote equal access to safeguarding services, particularly for those children who are unable to communicate, due to their age, disability or first language, with those people or services that are able to protect them.

Please ask us if you would like this document summarised in another language or format.

Braille | Audio | AAA Large print

العربية Arabic | (中文 (繁體字)) Chinese | اردو Urdu

polski Polish | ਪੰਜਾਬੀ Punjabi | Español Spanish

বাংলা Bengali | हिन्दी Hindi | Deutsch German

Français French | Türkçe Turkish | Melayu Malay

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A copy of this report is available on www.durham-lscb.org.uk

Durham Local Safeguarding Children Board

**Safeguarding is everyone's responsibility**

# LSCB Annual Report
## Summary 2015/16

**www.durham-lscb.org.uk**

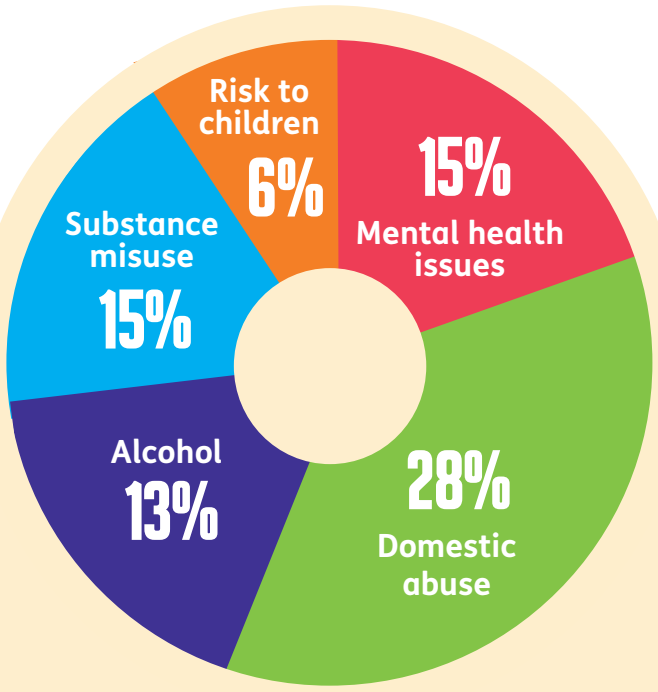
Durham
Local Safeguarding Children Board

**HIGHER**

The number of 10-24 year olds admitted to hospital for **self-harm** is **higher than England average**

**GOOD**

Ofsted Inspection rated Durham LSCB as **'Good'**




**Parental risk factor** leading to children becoming subject of a **Child Protection Plan**

**1000+**

people trained in **'Intervene to protect a child'**

**TAXI**

**OVER 1000**

Taxi drivers have attended **Child Sexual Exploitation Awareness Training**

**350 CHILDREN**

DOWN 3%

were subject to a **Child Protection Plan** down 3% on last year


**NEW!** Launched new **ERASE website**

**2.7%**

of **Child Protection Plans** have lasted 2 year or more


### Communications

**188,582** website page views

**11,158** pieces of awareness raising literature distributed, this includes:

**6,786** leaflets
**322** posters
**4,050** contact cards

### Serious Case Reviews

**1** Serious Case Review instigated

**1** Learning Lessons Review

**6** Multi-agency Learning Lessons events delivered

**2** Single agency Learning Lessons events for GPs and Early Years

### Training

**88** training courses attended by **1,637** staff

**11,889** e-learning courses completed

**98%** rated training good or excellent

**74%** had changed their practice as a result

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**Health and Wellbeing Board**

**17 November 2016**

# Durham Safeguarding Adults Board Annual Report 2015/16

## Report of Jane Geraghty, Independent Chair - Durham Safeguarding Adults Board

### Purpose of Report

1 To present the Safeguarding Adults Board (SAB) Annual Report 2015/2016 in line with statutory requirements to the Chair of the Health and Wellbeing Board and in doing so provide information on the current position of the County Durham Safeguarding Adults Board and outline achievements during the year 2015/2016. The Safeguarding Adults Board (SAB) Annual Report 2015/2016 is attached at Appendix 2.

### Background

2 With the introduction of the Care Act 2014, Safeguarding Adult Boards are placed upon a statutory footing.

3 A statutory requirement placed upon the Safeguarding Adults Board is to produce and publicise an annual report.

4 Revision to the Care and Support Statutory Guidance (March 2016) informs that the Safeguarding Adults Board Annual Report should have prominence on each core member's website and be made available to other agencies.

5 In addition to core member's making the report accessible, a number of areas are highlighted within the statutory guidance that the report should evidence:

- Community awareness of adult abuse and neglect and how to respond;
- Analysis of safeguarding data, to better understand the reasons that lie behind local data returns and use the information to improve the strategic plan and operational arrangements;
- What adults who have experienced the process say and the extent to which the outcomes they wanted (their wishes) have been realised;
- What front line practitioners say about outcomes for adults and about their ability to work in a personalised way with those adults;
- Better reporting of abuse and neglect;
- Evidence of success of strategies to prevent abuse or neglect;
- Feedback from local Healthwatch, adults who use care and support services and carers, community groups, advocates, service providers and other partners;
- How successful adult safeguarding is at linking with other parts of the system, for example children's safeguarding, domestic violence, community safety;

- The impact of training carried out in this area and analysis of future need;
- And how well agencies are co-operating and collaborating.

6 There are a number of specific areas covered by the Annual Report which are as follows:

- Safeguarding in the national and local context;
- Achievements and impact during the year 2015/2016;
- Looking ahead, future actions and the refreshed Strategic Plan for 2016/17;
- Perspectives of the key partners;
- Key data on safeguarding activity in County Durham is throughout.

7 The format of this annual report has changed from previous years, mindful of the widened arena and audiences with regards to its publication. The report reflects the extensive body of work undertaken by the SAB and its partner agencies during this reporting period.

8 It is intended that a condensed version of this report will be produced, making it more accessible to a wider readership.

9 Recognition was given to the key partners of the Board for their contributions to the formulation of the documents. Subsequent feedback and comments were received for the draft annual report in September 2016, which was approved by SAB in October 2016.

**Recommendations**

10 It is recommended that the Health and Wellbeing Board:

- Receive the annual report and note the ongoing developments achieved in this important area of work.

**Contact: Lesley Jeavons, Head of Adult Care, Durham County Council**
**Tel: 03000 267356**

## Appendix 1: Implications

**Finance** – Continuing financial pressures on public services remains a challenge for agencies of the Board, particularly in relation to how responses to the safeguarding agenda are agreed. The Board monitors risks and challenges through its governance arrangements; Durham County Council ensures it includes any such areas in those arrangements.

**Staffing** – The sustaining of adult safeguarding activities requires continued priority to staffing to ensure adequate resources are maintained. The continued contribution to staffing from partner agencies supports the sustainability of dedicated safeguarding adults posts/ functions.

**Risk** – The risks associated with not appropriately managing responses to safeguarding are extremely high and include risks of ongoing abuse and neglect and the risk of serious organisational damage to statutory and non-statutory agencies in County Durham.
The Safeguarding Adults Board puts considerable effort into training and awareness-raising to ensure that abuse and neglect is recognised and reported. All reports of concerns are screened and directed so they receive the most appropriate response. Any risks identified are included within risk arrangements under the umbrella of the Board reviewed quarterly, and the impact of training is regularly explored and reported upon annually.

**Equality and Diversity** – Adult safeguarding is intrinsically linked and this is covered in the SAB policies and procedures with equalities impact assessments undertaken where appropriate.

**Accommodation** – N/A

**Crime and disorder** - Adult safeguarding is intrinsically linked, and this is covered in the SAB policies and procedures. There is a close working relationship to the Safe Durham Partnership, and annual review of the Safeguarding Framework outlining working arrangements across a range of partnerships. Durham Constabulary is a statutory partner of the SAB.

**Human rights** - Adult safeguarding is intrinsically linked and this is covered in the SAB policies and procedures. Human rights is fundamental to the work of the SAB and its related partners in the context of safeguarding and adult protection.

**Consultation** – Report available for all partner agencies.

**Procurement** – The adoption of safeguarding principles in the procurement of health and social care services is essential.

**Disability issues** – Safeguarding Adults procedures apply to ‘adults at risk’, who are adults with needs for care and support, whether or not the local authority is meeting those needs.

**Legal implications** – Statutory requirement to publicise annual reports and publication of an annual report from 1st April 2015 in line with the Care Act 2014 and any Safeguarding Adult Reviews in that period, lessons learnt and any actions incomplete.

County Durham
SAFEGUARDING ADULTS
INTER-AGENCY PARTNERSHIP

# Safeguarding Adults Annual Report 2015/16

www.safeguardingdurhamadults.info

Working with The Safe Durham Partnership *Altogether safer*

# Contents

# Message from the Chair

Welcome to this my second annual report as Independent Chair of Durham Safeguarding Adults Inter-Agency Partnership Board. As part of my role and remit I continue to bring an impartial view to the work of the Board offering scrutiny and challenge across all partners.

This document, I hope will offer an insight into the progress the Board has made against its priorities and its 3 year strategic plan. It also highlights our key achievements and our challenges ahead within the arena of safeguarding adults. I hope it demonstrates the openness and transparency with which Durham Safeguarding Adults Board operates.

Over the last year we reviewed our three year strategic plan and as a result have shaped the working groups in moving that plan forward. Much of the work over the last year has been as a result of meeting the statutory requirements placed upon the Board as set out within the Care Act 2014, and the subsequent Care & Support Statutory Guidance 2015 and 2016. I would also like to extend our thanks to Claire Bearder, Group Manager, Safeguarding & Access - Nottinghamshire County Council for her contribution and support to our work in 2015-2016 and particularly our development session in March 2016.

Our vision is: ***"We will support adults at risk of harm to prevent abuse happening; when it does occur, we will act swiftly to achieve good outcomes."***

As Chair of the Board, I am passionate that local practice continues to put the adults at the centre of achieving good outcomes, with a desire to seek the views of users and carers to inform our work, and that all partners continue to support the work of the Board and its vision. This in itself brings challenges with many partners of the Board working in an ever-changing environment with additional challenges of organisational restructures and for some increasing resource constraints. As Chair, I recognise the continued commitment of partners to ensure adults are safe from abuse and neglect in our locality. I am confident that Durham SAB will continue to rise to those challenges ahead and in meeting its priorities as set out within its plan by continuing to work together with practice that is both innovative and forward thinking, that places the individual at the heart of all that we undertake. I would also like to welcome our new partners to the Board and its work, and to extend that welcome to the newly appointed Lay Members of the Board, Chris Cunnington-Shore and Jean Meredith who join Susan Harrison in continuing to bring an independent view and challenge to the work of the Board.

*Jane Geraghty, Independent Chair*

# Message from the County Durham Safeguarding Adults Board (SAB)

SAB was placed upon a statutory footing in April 2015 by the implementation of the Care Act 2014. This has strengthened our arrangements and enabled us to evidence our work through statutory annual reporting. SAB maintains links to wider forums such as the Health & Wellbeing Board and the Safe Durham Partnership, whose work helps to inform annual reports. SAB is supportive of the County Durham Sustainable Community Strategy for an **Altogether Better Durham** by 2030, and of its commitment to listening to and working with local people to meet their needs and aspirations. This echoes the six underpinning principles for safeguarding adults, which are:

| | |
|---|---|
| **Empowerment** | **"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."** |
| **Prevention** | **"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."** |
| **Proportionality** | **"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."** |
| **Protection** | **"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."** |
| **Partnership** | **"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."** |
| **Accountability** | **"I understand the role of everyone involved in my life and so do they."** |

# Our Work

**SAB vision**

Our vision that *"We will support adults at risk of harm to prevent abuse happening; when it does occur, we will act swiftly to achieve good outcomes".*

Preventing and protecting adults from harm is what we do. This report highlights some of that work including short case studies and client feedback, which we hope will help to demonstrate our commitment to achieving good outcomes. We chart progress against our strategic plan and the areas of challenge for us in moving forward.

The main aims of the County Durham SAB are:

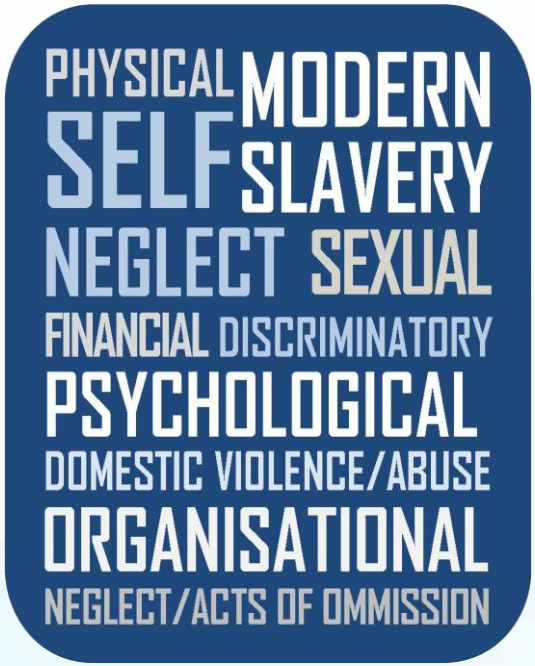
- **Safeguarding** and **promoting** the **health and wellbeing** of **adults with needs for care and support** and **carers** through **effective collaborative working** to achieve their **desired outcomes**;
- **Raising awareness** of safeguarding adults and safeguarding adult issues and the promotion of **public confidence**;
- **Communicating** effectively with internal and external partner agencies;
- **Monitoring** the application, compliance and effectiveness of the locally agreed **policies and procedures** across multi-agency practice and each organisation of the Board;
- **Reviewing** and **analysing** safeguarding **activity** across the partnership and identifying **achievable improvements**;
- Undertaking **Safeguarding Adult Reviews** (SARs) in line with statutory requirements, **learning lessons** and **sharing learning**;
- Sharing learning from Domestic Homicide Reviews, Serious Incidents and exploring and embedding 'good practice' and in the promotion of a **multi-agency learning culture**;
- Seeking **assurance of safeguarding training provision**, through regular training needs analysis, delivery standards, quality assurance and evaluation; and in **monitoring** the **impact of learning**;
- **Maintaining links and reporting to relevant forums**, such as, the Local Safeguarding Children Board, Safe Durham Partnership, and Health and Wellbeing Board and Overview and Scrutiny Committees;
- Working in cohesive and collaborative ways with statutory and non-statutory partners;
- Engaging with adults, and communities of interest, to **ensure 'the voice' of adults with care and support needs is heard**, and is used to inform the work and improvements of the County Durham SAB;
- Annual **review** of the County Durham SAB **governance arrangements**.

**Who do we support?**

**Statutory duty - Care Act 2014**

The **local authority** must carry out safeguarding enquiries about:

- Any adult with needs for care and support, **and**
- who is experiencing, or is at risk of abuse or neglect, **and**
- as a result of those care and support needs is unable to protect themselves from either the risk of or experience of abuse or neglect


Collaborative working with partner agencies enables the local authority to fulfil its duty.

The Care Act has introduced additional categories of abuse: domestic abuse, modern slavery and self-neglect.

SAB has considered how data gathered can help to develop preventative strategies, with an emphasis upon domestic abuse, modern slavery and self-neglect. In looking ahead for 2016-2017, SAB identified a task and finish group to explore sexual exploitation of adults.

# The National & Local Context

Since the implementation of the Care Act 2014 there have been further legal and policy updates including:

- The second issue of the Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework in 2015, which reiterates NHS England commitment to safeguarding.

- A mandatory reporting duty for Female Genital Mutilation introduced via the Serious Crime Act 2015. SAB has engaged with colleagues within the Safe Durham Partnership and Local Safeguarding Children Board to ensure appropriate assurance links are in place for the safeguarding of adults. Further multi-agency government guidance is expected in April 2016.

- In December 2015 the Home Office issued guidance that outlines the statutory framework relating to a new offence of coercive and controlling behaviour in intimate and familial relationships, introduced into the Serious Crime Act 2015. Linked closely to the category of domestic abuse, this new offence serves to support and better protect victims of continuous abuse.

- Revised Care Act guidance was issued, see https://www.gov.uk/guidance/care-and-support-statutory-guidance/safeguarding.

In September 2016 joint inspections via the HM Inspectorate of Constabulary will take place, with focus upon how local authorities, police, probation and health services are working together to protect children living with domestic abuse. This work and any subsequent publications may inform the future work of the SAB.

**Local Context**

In 2014, an estimated 517,773 people were living in 228,000 households in the County Durham area. Latest data from the Office of National Statistics (ONS) tells us that this is likely to grow by a further 4.2% by 2024, to 539,500 people. This is an increase of 21,600 people.

The County extends across 862 square miles covering 12 major centres of population, including Durham City, Barnard Castle, Bishop Auckland, Chester-Le-Street, Newton Aycliffe, Consett and Peterlee.

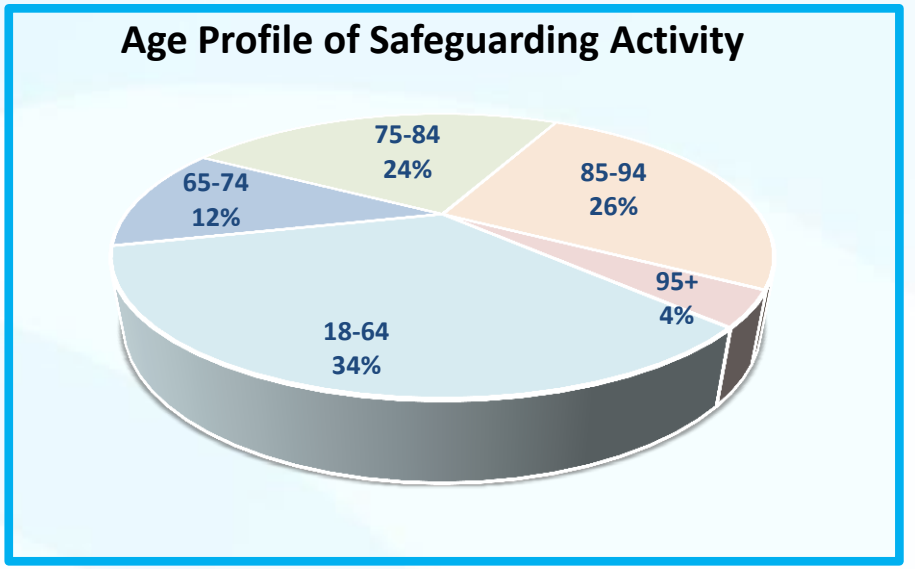
# Safeguarding Adults Annual Report 2015/16

There are 316,000 people aged 18 to 64 living in County Durham. Latest predictions from ONS tell us that this number will fall by 1.1% (-3,600) by 2024 to 312,400.

Predictions are that people aged 65 and over will increase over the same period by19.3% from 101,500 to 121,100.

Increases are also anticipated for the 85 and over age group of 36.9% (+4,300) to 15,900 from 11,600.

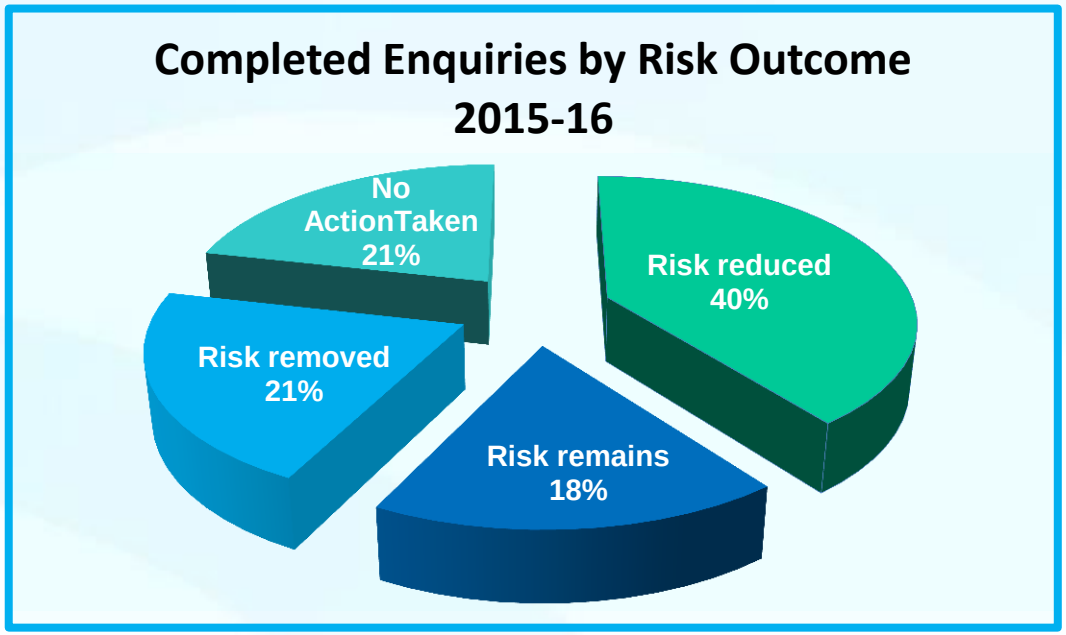
In the context of safeguarding, there were 1,660 reported concerns for older people in Durham for 2015 – 2016. This amounts to 66% of all reports made, and this is consistent with the 2013-2014 and 2014-2015 figures.




**Managing Risk**

The revised Care Act guidance strengthens the message of promoting wellbeing, and in particular protection from abuse and neglect,. The guidance also highlights that the identification and management of risk is fundamental to practice, echoed by the local authority's Adult Care commitment to the development and delivery of 'risk' training for 2016 – 2017.

The local authority is required to provide annual data returns to the Health & Social Care Information Centre (HSCIC) about the outcomes of its safeguarding enquiries. The HSCIC provide guidance on the data to be collected year on year.




For 2015 – 2016, risk had reduced or been removed for 61% of safeguarding enquiries, this is in line with the 2014 – 2015 HSCIC published statistics (63% combined).

'Risk remains' accounted for 18%, higher than the national figure of 8% for 2014-2015. However a case in which risk remains can represent a situation in which an individual chooses to live with a level of risk.

'No action taken' accounts for 21% of enquiries, lower than the 2014-2015 national figure of 30%. It illustrates instances of no action taken, or where action may have taken place but no risks were identified. Collectively, the national figures for 'risk remains' and 'no action taken' is 38% for 2014-15 and locally it is 39% for this year.

**Transformational Change – Adult Care**

Durham County Council Adult Care continues to work towards its vision for Care and Support. Much of the work undertaken in 2015 – 2016 has explored strengthening the partnership arrangements, developing and improving performance measures and exploration of user/carer voice that is reflective of achieving good outcomes. This work reflects the SAB aim of safeguarding and promoting the health and wellbeing of adults with needs for care and support and carers through effective collaborative working to achieve their desired outcomes.

**Safeguarding & Access Service**

During 2015-2016, transformation within the adult care service brought about further changes and the formation of the Safeguarding, Practice Development & Access Service. Within this service is the Principal Social Worker for Adults who provides a link with front line practice to enable key strategic messages relating to safeguarding and social work practice to be delivered to the workforce.

Briefing notes have been published to support the wider workforce across Adult Care about issues ranging from independent advocacy and adult protection to self-neglect, and key changes from the Care Act.
We reported upon our 'step up' approach in 2014-2015 for adult protection. The term 'adult protection' will be used to define those cases that require the consideration of a full inter agency investigation.

From April 2016, our Adult Protection Lead Officers will support all multi-agency safeguarding work through a centralised adult protection team.

**Deprivation of Liberty (DoLS)**

Significant resources continue to be made available for support the DoLS process so that the rights of the vulnerable are protected.

**Housing Solutions**

In September 2015, Durham County Council Housing Solutions (HS) introduced a Safeguarding Single Point of Contact (SPOC) to co-ordinate a safeguarding programme to ensure a consistent approach to safeguarding.

Safeguarding policies and procedures have been reviewed, mandatory safeguarding inductions introduced, including training on 'Making Safeguarding Personal' and a reformed Safeguarding Training Strategy implemented. Safeguarding has been included in all job descriptions when advertised and highlighted in any procurement of services specification.

# SAB Governance & Structure

The Care and Support Statutory Guidance describes the main objective of the Safeguarding Adults Board as "*to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area*" who meet the safeguarding criteria as set out in the Act. SAB must also:

i) publish a strategic plan for each financial year;
ii) publish an annual report detailing what the SAB has done during the financial year;
iii) conduct any Safeguarding Adult Reviews.

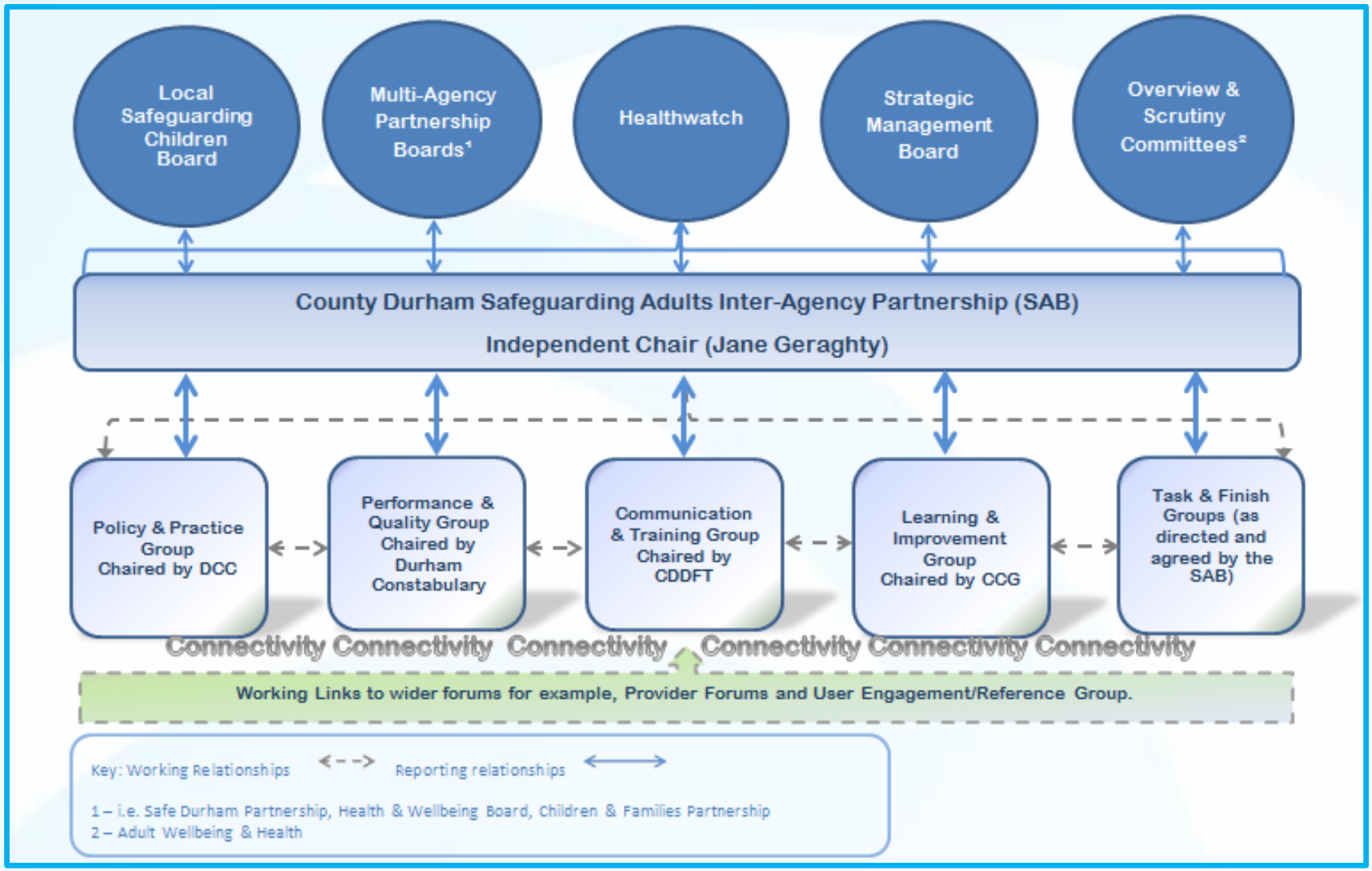
The SAB annual report should have prominence on each core member's website and be made readily available to other agencies.

The Care Act requires Durham County Council Chief Executive to appoint a Chair whom the authority considers to have the required skills and experience, and in doing so, will consult with key stakeholders. In Durham we have an Independent Chair, Jane Geraghty, who also chairs the Local Safeguarding Children Board.

SAB has a formal agreement in place that outlines its governance arrangements, including accountability, functions, membership, and standards and expectations of the Board as a whole and individual responsibilities. Annual review of our governance arrangements is undertaken. A Board governance review for 2015 – 2016 identified actions to take forward in 2016 – 2017.

# Safeguarding Adults Annual Report 2015/16

## SAB Structure 2015-2016



## SAB Membership

The Care Act 2014 specifies that there are three core members, the Local Authority; Clinical Commissioning Groups (CCGs) and the Police. Appendix 1 illustrates the membership for 2015-2016.

## SAB Meetings

SAB and its working groups continue to meet on a quarterly basis. In 2015 – 2016 SAB improved upon its compliance reporting on attendance levels, with six-monthly updates to SAB. In addition, it has begun to receive reports upon a wide range of SAB activities and partner contributions to the work of the SAB, which has served to strengthen commitment to achieve its objectives

Attendance levels are part of the performance framework with a target of 100% (this includes deputy representation). SAB regularly reviews its composite action logs across all of its work streams. There is regular discussion and evidence at each Board meeting of the monitoring of any current or emerging risks, and of challenges identified.

## Independent Chair Engagement

The Independent Chair meets quarterly with Chief Officers through Chief Officer Safeguarding Meetings. This meeting is attended by the County Council's Chief Executive, Corporate Director of Children and Adults Services. Chief Officers of the Clinical Commissioning Groups, NHS Foundation Trust and Police also attend. This forum offers further opportunities for challenge at the most senior level.

In addition to meeting with Chief Officers, our Chair adopts a proactive approach to engagement with

| Agency | Number of Meetings |
|---|---|
| Cabinet Member & Portfolio Holder Adult & Health Services | 2 |
| Clinical Commissioning Groups | 1 |
| Durham Constabulary | 3 |
| Durham County Council - Commissioning | 1 |
| Durham County Council – Housing | 1 |
| Durham County Council Children & Adult Services | 3 |
| Lay Member | 1 |
| NHS North England | 1 |

partners of the Board on a one to one basis; meetings for 2015/16 shown above.
Our Chair also takes on an active role in meeting all new members to the Board, as part of their induction. In 2016/17 the Chair will meet with the Adult Care, Principal Social Worker and Adult Protection Lead Officers (APLO's).

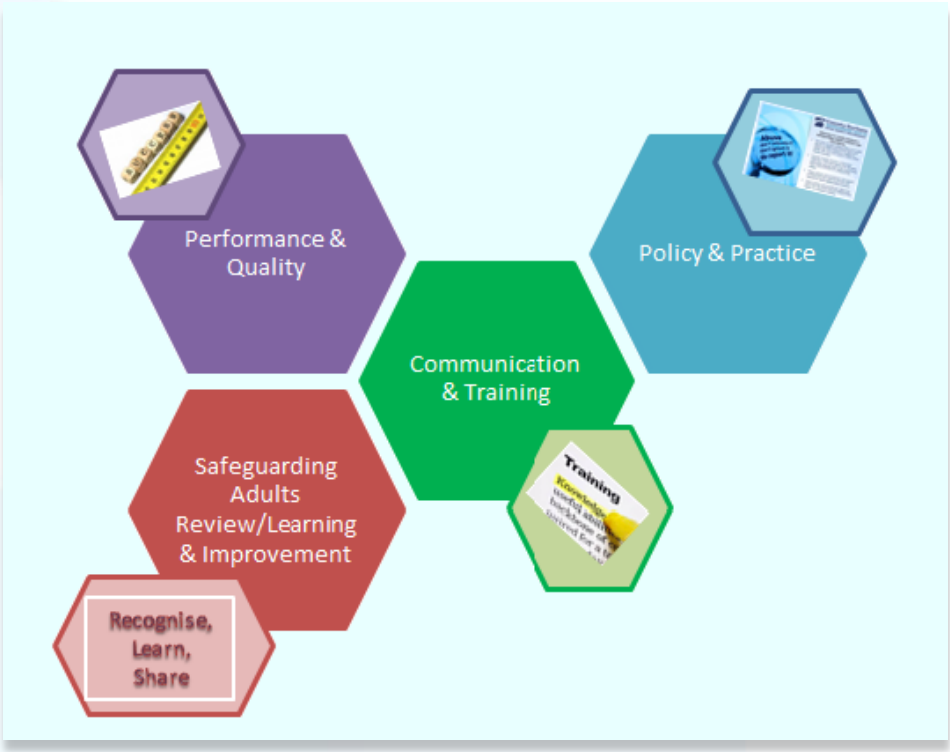
## Sub-Groups

Our sub-groups play a pivotal role in driving forward the work of SAB and its functions. In 2015-2016, SAB had four key working groups and a time-limited task and finish group:

### Communication & Training

Focusing on:

- Safeguarding and promoting the health and wellbeing of adults at risk and carers remains a focus of all learning and development.
- Effective communication strategies inform and educate the public about recognising abuse and neglect of adults with care and support needs, and how to report concerns.
- Workforce competency and confidence in addressing safeguarding adult issues.




### Policy & Practice Group

Focusing on:

- Awareness of local and national guidance or recommendations.
- Ensuring policies and procedures meet all legislative requirements.

- Developing a suite of tools related to a broad range of safeguarding adult issues to support practice across all agencies.
- Profile raising and promoting locally agreed multi-agency policy and procedures across the voluntary sector and wider communities.

**Performance & Quality Group**

Focusing on:

- Developing and establishing reporting links within the partnership, with a particular focus upon 'relevant' data and its monitoring and evaluation.
- Building on the performance framework to ensure it is reflective of local needs and demographics in line with the Care Act 2014

**Safeguarding Adults Review/Learning & Improvement Group**

Focusing on:

- Ensuring that SAB operates within the framework of the Care Act 2014 and County Durham Safeguarding Adults Inter-Agency Partnership Policies and Procedures, which includes the Safeguarding Adults Review (SAR) guidance.
- Disseminating lessons learned from case reviews, both locally and nationally ensuring that appropriately action is taken across agencies
- To ensure learning from serious concerns investigations across all partners agencies is shared and actioned
- To hold SARs to account to timescales and related agency action plans.

**User/Carer Task & Finish Group (time-limited)**

Focusing on:

- Developing and improving engagement of adults and carers involved in safeguarding intervention through 3 key identified themes:
    1. User/carer engagement.
    2. Making Safeguarding Personal and achieving good outcomes.

3. Wider engagement opportunities.

This group made significant progress in a short timescale (see key achievements), and further related work is embedded within thematic sub-groups for 2016-2017.

## SAB Relationships

**County Durham Partnership** interface with the SAB, Safe Durham Partnership, Health & Wellbeing Board and Local Safeguarding Children Board.


The Children and Families Partnership is working towards ensuring effective services are delivered in the most efficient way to improve the lives of children, young people and families in County Durham. SAB continues to ensure that any issues of note will be shared appropriately.

The Health & Wellbeing Board promoting integrated working between commissioners of health services, public health and social care services, for the purposes of improving the health and wellbeing of the people in the area. SAB is committed to taking forward any actions of the Joint Health and Wellbeing Strategy in relation to its objective to 'protect vulnerable people from harm'.



The Safe Durham Partnership tackles crime, disorder, substance misuse, anti-social behaviour and other behaviour adversely affecting the environment and seeks to reduce re-offending. SAB continues to link with the Safe Durham Partnership Plan in respect of adults with care and support needs and carers, providing a copy of its ratified annual report and strategic plan on an annual basis. SAB has recently linked with the Safe Durham Partnership and the Local Safeguarding Children Board to explore 'related abuse agendas' and the governance arrangements to take forward into 2016-2017.


Both Safeguarding Boards are committed to ensuring there is a Think Family Approach to ensuring those most vulnerable within the community are safeguarded, benefiting from sharing the same Chair.

SAB continues to engage and participate in regional activities through its connection to ADASS North East.

This regional network encompasses 11 local authority areas, and continues to explore a range of work through its forward plans, for example, engagement and participation, Care Act 2014 implementation audits, Quality Assurance and Peer Reviews. It also contributes towards the development of Safeguarding Adults Boards through a range of development opportunities.

## Equality & Diversity

SAB continues to be fully committed to the importance of equality and diversity, and specifically in relation to access to safeguarding services. SAB recently undertook an annual Equalities Impact Assessment of its strategic plan and continues to revise its documentation, access to information and training programmes with equality and diversity at the fore.

# Our Achievements and Progress 2015/16

SAB agreed 7 priorities for its strategic plan, taking into account the key drivers inclusive of but not exhaustive to, the Care Act 2014 and the wellbeing principle, Making Safeguarding Personal, and use of advocacy.

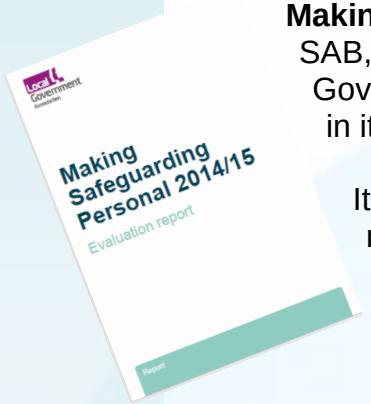
| SAB Priorities 2015 – 2018* | |
|---|---|
| **Strategic Priorities** | **What we will achieve** |
| **1. Performance Framework** | Establish a performance framework that prescribes targets that are then met across the strategic priority areas of this plan and meet national performance requirements. |
| **2. Care Act/ Legislative Compliance** | Ensure our adult protection processes comply with legislative requirements and are person centred and outcome focussed. |
| **3. Prevention** | Support people to identify and report signs of abuse and suspected criminal offences. This will involve training staff and considering how we make our local community safer in all out work. When abuse occurs, we will provide support aimed at removing or reducing risks or reoccurrence. |
| **4. User/Carer Voice** | Ensure the user's voice is heard throughout the adult protection process and user feedback is used to inform future practice. Where an individual lacks capacity, we will act in their best interests. |
| **5. Awareness** | Establish and maintain a wide range of awareness raising initiatives across partner agencies that provide individuals with the right information about how to recognise abuse and how to keep themselves safe. |
| **6. Partnership Engagement** | Ensure that partners are fully engaged and fulfilling their resources in achieving the objectives of SAB. In doing so, foster a 'one team' approach that places the welfare of individuals before the 'needs' of the system. |
| **7. Learning Lessons and Improvement** | Ensure learning from serious concerns investigations, including domestic homicide reviews influences practice development across all partner agencies. |

*Annual review is undertaken year on year of strategic priorities in this 3 year plan, for 2016 – 2017.

**Key Highlights**

- Reviewed a range of SAB documents, for example, the Safeguarding Framework that outlines links to partnerships and the Terms of Reference across all working groups.
- Formation of a SAB Business Unit with appointed Business Manager and newly appointed Training & Development Officer.
- Developed Partner Activity reporting in line with strategic priorities and strengthened compliance reporting.

- Joint Lay Member recruitment with the Local Safeguarding Children Board.
- Full membership review to ensure the 'right people are in the right place'.
- Developed Induction Packs for newly appointed Board and Lay Members to aid understanding of the Board, its structure and work, and individual responsibilities.
- Review of the Self-Assessment Tool for partners and embedded strategic priorities to glean evidence and formulate actions for 2016-2017.
- Developed surveys and attended a range of user forums to gain feedback on the impact of SAB raising awareness activities.
- Introduced a forward calendar for the SAB that includes 'horizon scanning' to ensure it remains informed.
- Introduced composite action logs to ensure connectivity across all working groups of the SAB.
- Review of the local authority Social Services Information Database (SSID) to ensure Care Act compliance and in the meeting of statutory annual reporting requirements.
- Multi-agency audit of safeguarding practice.
- Revised the performance framework with a continual focus upon the development of a multi-agency data set.
- Stocktake of Making Safeguarding Personal through a development session.
- Review progress of the strategic plan, and identified actions for 2016-2017 and revised the forward plans for all working groups.
- SAB governance review of 2015-2016 and identified actions for 2016-2017.




**Making Safeguarding Personal** is a well-established initiative and it continues to be a key driver for the SAB, supportive of one of its key priorities of User/Carer voice. In November 2015, the Local Government Association published its evaluation of Making Safeguarding Personal which SAB reviewed in its development day in March 2016

Its primary purpose was to establish the impact of Making Safeguarding Personal across key themes namely, outcomes for people using safeguarding services, the impact of the approach on ways of working and professional culture in safeguarding and partnership working and culture change.

The local authority will participate in a Making Safeguarding Personal temperature check in May 2016.

Joan resides in her own home, she receives support from a domiciliary care service. A concern was reported that Joan was being financially abused by a Domiciliary Care worker.

A social worker visited Joan, and discussed with Joan what her concerns were and what support she may need. Joan told the Social Worker that she had shared her financial details with the Care Worker and this resulted in financial hardship for Joan.

Joan was supported through adult protection and provided vital evidence to support a police investigation. A social worker supported Joan in keeping her details safe, and in understanding the risks of financial abuse to prevent further risk.

Supporting individuals in the least intrusive way is just one element of effective safeguarding, balancing the need for prevention and protection are also fundamental to that practice.

The lives of adults can be very complex.

Where individuals lack capacity, decisions are made in their best interests.

SAB is committed to ensuring its partners and the wider workforce demonstrates a good understanding of applying the **Mental Capacity Act (2005),** and access to advocacy. SAB has developed strong links to the local advocacy provider forum, and receives regular advocacy updates.

Looking ahead into 2016-2017, dedicated training for the SAB and its partners will take place. The one-day training event through ADASS North East, will focus upon the Care Act, and will include a session on the role of the independent advocate.

A district nurse reported an incident of aggression between Anne and her partner Ben.

The Adult Protection Lead Officer, working with a Social Worker, was able to organise an adult protection visit to Ben and Anne in their home. Ben was struggling at times to cope with caring for Anne, and in meeting her needs. The Social Worker was able to sensitively explore solutions to support Anne and Ben during the visit. The Social Worker discussed options to support them including the introduction of a home care service.

Anne now receives additional support and continues to reside with Ben; he feels able to access support when needed for his own wellbeing. By including both Anne and Ben, the safeguarding intervention was able to achieve positive outcomes for both, and take their wishes into account.

# Progress on Priorities

SAB has ensured that each sub group takes responsibility for identified priorities contained within the strategic plan. Our March development session was an opportunity for all sub-group Chairs to evidence their achievements and identify actions to take forward which contributed to the identification of actions for 2016-2017 (see also - Looking Ahead in 2016-2017).

A set of key questions were posed to each sub-group Chair to establish a framework to challenge the work of each group and to provide focus for future actions in meeting the priorities of the strategic plan:

1. Taking into account the strategic plan and performance framework what has the sub group **achieved** during 2015-2016, and how has it **made a difference**?

2. What are the **challenges** you have faced/are facing and what support do you need to overcome these challenges?

3. What elements of the performance framework are you delivering; **what are the gaps** and what plans are in place to address the gaps?

4. What is the proposed work plan for the coming year **2016 -2017** to achieve the strategic priorities and what will the outcomes be?

The following sections explore each of these areas for all working groups of the SAB.

## Performance & Quality

**Achievements & Impact against Strategic Priority 1 Performance Framework**

- Terms of Reference revised for the group.
- Amendments to sub-group reporting arrangement to incorporate and apply action log
- Development of qualitative approach to capturing performance information, which encompasses the six key principles, as well as the priorities of the strategic plan.

- Multi--agency audit of safeguarding case work focusing on Care Act requirements and the involvement of inter-agency partners. Changes to local authority system and recording practices will 'go live' in April 2016.
- The Self-Assessment tool was revised in line with the strategic plan priorities and to reflect learning from LGA peer reviews and an Adult Safeguarding Improvement Tool
- Briefings for accessing advocacy in line with the Care Act were produced and cascaded by the Policy group. An advocacy survey has been developed, with particular focus upon whether 'outcomes' are achieved. It offers opportunity for advocacy services to feedback on safeguarding practice to aid practice improvement.
- Guidance tips were developed and included on the local authority in-house case recording system (SSID) to ensure a consistent approach to recording outcomes for cases in line with HSCIC guidance for risks removed/reduced/remains. Clear analysis of the outputs of these outcomes provides SAB with a measure of the effectiveness of safeguarding/adult protection arrangements (see also, Page 10).

**"We did not know about safeguarding or guidelines."**

Adult Protection Survey 2015/16

**"I was extremely impressed with the sense of urgency with which my problem was given. The problem was reported and a satisfactory resolution found within the same day. Follow up liaison did occur and the outcome of the investigation was relayed to myself restoring my trust in the provision of care for the elderly."**

Adult Protection Survey 2015/16

**Challenges**

- Despite austerity partners have continued to be committed to ensuring safeguarding requirements are met
- A challenge for the group is ensuring the performance framework contains range of data from all partners that is meaningful, with further work needed. The Police are working towards making changes and have provided examples of internal audit schedules and availability of further information in the future, as have other partners. SAB welcomes new membership from the County Durham & Darlington

Fire & Rescue Service who are actively engaged in the work of the group and the development of a multi-agency data set.

- Making Safeguarding Personal has continued to be a feature of the self-assessment tool for 2015-2016. The Making Safeguarding Personal Evaluation report 2015 and the challenges facing partners to embed MSP have identified actions for 2016-2017.

**Performance Framework Links**

- Capturing information about whether risk are reduced, removed or remain will begin to inform SAB of the effectiveness of safeguarding arrangements in relation to meeting outcomes in protecting adults and how this links to individuals' choice and control.
- Making Safeguarding Personal is embedded in the new statutory annual returns with an emphasis on achieving outcomes. Future reporting in 2016-2017 will assist the Board in measuring the effectiveness of its arrangements.

**Preventing further risk**

Notably, repeat instances of abuse have reduced significantly since 2011-2012, which reassures SAB that safeguarding intervention and solutions are effective.

| Percentage of invoked referrals which are repeats | | | | | |
|---|---|---|---|---|---|
| % 2011-12 | % 2012-13 | % 2013-14 | % 2014-15 | % 2015-16 | Trend |
| 13.25 | 8.60 | 5.38 | 6.13 | 4.50 | ↓ |

## Policy & Practice

**Achievements & Impact against Strategic Priorities 2 & 3 Care Act/Legislative Compliance & Prevention.**

- Terms of reference revised for the group.
- Amendments to the sub-group reporting arrangement to ensure capture of incomplete actions, and evidence of actions taken to address.
- Briefings on the SAB agreed step up approach of adult protection were cascaded.
- Provider service interface- briefings for commissioned service providers to inform them of their requirements in cooperating with Safeguarding/ Adult Protection enquiries were shared with partners.
- Web-based policies and procedures fully revised and updated in line with the Care and Support Statutory Guidance issued under the Care Act 2014.
- Revision to all literature including Staying Safe, Stop Abuse Now and What happens when abuse is reported (providing information in accessible ways).
- Extensive review undertaken of the Risk Support Tool, with consultation and testing through Social Care Direct, the point of contact for reported concerns and has since been launched.
- Revisions of the Safeguarding Adult Review protocol to reflect Care Act changes, and incorporate new terminology of Safeguarding Adults. It is reflective of participative processes with adults and carers and appropriate representatives, and those who may have caused harm (e.g. peer on peer instances).
- A Designated Adult Safeguarding Manager (DASM) was appointed and a process and referral route is in place. The DASM/LADO annual report is presented to SAB. This role is subject to change in 2016 following the new Car e & Support Statutory Guidance.

**"The case studies were appropriate – as a police officer we could acknowledge the actions taken following procedures."**

Safeguarding Care Act & You

**"Entered into this with some trepidation, possibly, some 'training' weariness, quite a lot going on at present, but felt positive at conclusion of training today and valued the training"**

Safeguarding Care Act & You

**"Awareness of new categories of abuse and risk tool will be extremely helpful; most of the content of today will be used within my daily practice."**

Safeguarding Care Act & You

**Challenges**

- The Care Act 2014 has created an increased demand on statutory safeguarding in the context of austerity and service reductions across a range of agencies. This will continue to potentially be an area that brings challenges to the progress and buy-in of partners. Any potential risks and challenges will continue to be evidenced through SAB Risk & Challenge Log and Compliance Reporting activity.

**Performance Framework Links**

- Prevention and Care Act Compliance priorities directly link to the Policy & Implementation Group, Durham County Council – Adult Care internal systems have undergone changes to capture information on 'desired' and 'achieved' outcomes as well as Making Safeguarding Personal.
- The performance framework includes exception reporting from commissioners, key to ensuring that the Board remains assured of the provision of services and standards, and of any steps taken to address issues. Additional actions have been identified for 2016 – 2017.
- Reported concerns will continue to feed into the framework.
- Repeat instances of abuse continue to be monitored in the performance framework, a recent audit of those cases has been undertaken and the Board will receive a report in July 2016, this is supportive of the Prevention priority.
- A range of briefings have been produced and disseminated that include, raising awareness of the Care Act 2014, and the use of advocacy. SAB has received reports in relation to access to advocacy and of surveys sent to advocacy providers, the findings will be analysed by the Performance & Quality group

## Communications & Training

**Achievements & Impact against Strategic Priorities 5 & 6 Awareness and Partnership Engagement.**

- Terms of Reference revised for the group.
- Amendments to the sub-group reporting arrangement to ensure capture of incomplete actions, and evidence of actions taken to address.
- Revision of the Level 1 Workbook, and re-launch on the website (reflecting changes from the Care Act 2014).

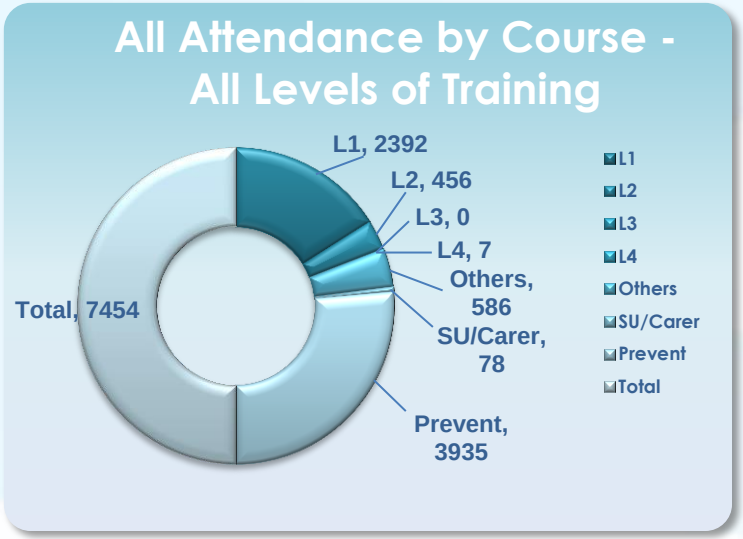
- The website has undergone a refresh and hits continue to increase year on year with an 85% increase on the page 'how to contact us', hits on the website overall increased by 65%.
- Refresh and reprint of SAB documents, posters and contact cards with new imagery and guidance.( These changes are supportive of advice and information requirements in line with the Care Act 2014 and will promote awareness).
- Posters and contact cards provided to a range of events inclusive of the Big Tent Event, the Holocaust event and Women's Day.
- Durham led on a regional initiative for the provision of training for the SCIE Learning Together Model which supported the SAB commitment to learning and improvement
- DCC in partnership with the police and Harbour have provided half day training sessions on Domestic Abuse (new category under the Care Act 2014).


- The CCG has delivered GP Practice Leads development sessions in October and January, and safeguarding events incorporating Prevent sessions at Derwentside in November and a planned practice learning time event for 17th March.
- An article was publicised in the Carers Echo and GP Team Net.
- A training needs survey was developed, cascaded to all partners, to establish training needs and future training development

"A total of 93% of respondents stated in their response that they were either very confident or quite confident in relation to their awareness of adults at risk and of abuse or neglect and how to report a concern".

"The majority of respondents (79%) knew who their designated lead was in their organisation"

# Safeguarding Adults Annual Report 2015/16




The graph shows details of numbers attending all safeguarding training, across all levels and includes Prevent and Service User/Carer training.

**Challenges**

- The main challenge posed has been the vacant post for Training & Development Officer for the period 2015-26. Training continued to be delivered. Partners' single-agency training also continued across the year. Full details of training delivery and its impact are available via our Training Annual Report.
- There is a need to strengthen e-briefing activities with focus upon partner updates, as to how information is being cascaded internally, e.g. intranet/internet updates and their impact, this will be captured through reporting arrangements of the group.
- A potential gap highlighted was engagement with the voluntary sector to broaden the input on communication initiatives. A forward calendar is now in place to support and target key events throughout 2016-2017. Durham Voice is also a member of SAB and actions have been agreed in consultation for 2016-2017 to promote SAB and its work with the wider voluntary sector.

**Performance Framework Links**

- Training attendance figures and their collation needs to be more robust across the partnership. Actions to explore data capture tools to support partners to meet elements of the performance framework identified for 2016-2017.

- Non-attendance continues to be an area of challenge with 123 delegates failing to attend training over 2015 -2016. A recommendation of the Training and Development Officer is to explore a Training Charging Policy to support the local training offered and reduce impact of non-attendance and its associated costs. The Board will receive a proposed charging structure early in 2016-2017.

- Durham County Council have delivered a number of events including "Safeguarding, the Care Act and You" - 289 trained up to March 2016. Opportunities to access the training were offered to partners and new Lay Members as part of their induction in 2016-2017.
- A Peer Review sits within the performance framework, and SAB will agree a way forward for 2016-2017 from options provided.

**"Presenter was key to this being an enjoyable session – very knowledgeable, good tone & communication. Made a 'dry' subject enjoyable in a non-sensational , appropriate manner."**
Safeguarding Training Evaluation

**"Useful and in-depth. Relaxed atmosphere so easy to join in discussions etc."**
Safeguarding Training Evaluation

**"Facilitators were friendly & approachable videos were good examples of abuse & bad practice"**
Safeguarding Training Evaluation

## User and Carer Task & Finish Group

**Achievements & Impact against Strategic Priority 4 User/Carer Voice**

SAB agreed in January 2016 to form a user/carer task & finish group and to explore engagement and views of individuals as a priority. The group met in March 2016 initially to agree key strands of work that included

User/Carer engagement, Making Safeguarding Personal and wider engagement achievements are shown below.

- Developed a structured and robust task and finish group work plan.
- Reviewed and amended the Adult Protection Survey with an opportunity for adults/carers to give feedback on key agencies involved in their case.
- Updated the Adult Protection Survey with a key statement from our Independent Chair.
- Updated the victim leaflet to raise awareness of the survey.
- Devised a short engagement survey with six questions to gain information of the awareness of safeguarding adults in the wider community;
- Developed a Communications and Engagement Strategy with a forward plan of engagement opportunities (the Strategy being launched in 2016 – 2017).
- SAB presence at a range of events to promote and raise awareness of abuse and neglect, the SAB and its work;
- Planned survey activities at engagement forums throughout May 2016, which include Mental Health Support & Recovery, Older Adults Engagement Forum and the Fulfilling Lives Event.


**Challenges**

- Improving response rates to surveys continues to be an area of challenge for SAB. It is anticipated that the formation of a dedicated centralised service for adult protection will aid improvements in this area.
- Achieving a proportionate and least restrictive response are key safeguarding principles that link closely to adult protection intervention. SAB will continue to explore a range of ways to gain feedback. Development of a user/reference group is key to this work progressing in 2016-2017.

**Performance Framework Links**

- User/Carer voice is a fundamental element to the performance framework, survey feedback is incorporated on a quarterly basis, and qualitative feedback included to inform the Board.
- The Adult Social Care Outcomes Framework is also included, as it is so closely linked.

| Adult Social Care Outcomes Framework (ASCOF) Measure 4B<br>**Do care and support services help you in feeling safe?** | | | | |
|---|---|---|---|---|
| **Durham 2015-16** | **North East 2014-15** | **England 2014-15** | **Good =** | **Trend** |
| **91.4%** | **88.8%** | **84.5%** | **High** | ↑ |

## Safeguarding Adult Review/Learning & Improvement Group

**Achievements & Impact against Strategic Priority, 7 Learning Lessons**

- The group met initially in April 2015 as a scoping exercise to determine the remit, with an ethos that 'learning and improvement' in relation to safeguarding adult reviews should be the key focus with strong connectivity across the working groups of SAB.
- The group spent time developing the Terms of Reference, ensuring that the learning from a range of reviews was included for example, Domestic Homicide Reviews.
- Several partners and board members attended a Sharing Lessons Learned from a recent Mental Health & Domestic Homicide event in September 2015 hosted by NHS England.
- The group reviewed the SCIE Learning Together Model, Safeguarding Adult Review regional learning event that was attended by partners and colleagues across the region, and organised by Durham through ADASS NE funding.
- The group looked at a range of reviews, to ensure learning from serious concerns investigations, including domestic homicide reviews influenced practice development across all partner agencies:

- A range of briefings and updates are developed and cascaded as a result of learning from local cases; some examples are included with the local context section of this report.

**Challenges**

- Austerity measures and cost implications of instigating Safeguarding Adult Reviews in a range of forms, which has been addressed through risk monitoring at the Board.
- Several SAB members attended an NHS England Serious Incident Event In March 2016. The event provided a brief outline of the different types of reviews/investigations and their similarities and discussed the potential challenges and benefits of undertaking one overall review in some cases. Going forward this will need consideration to reduce duplication and ensure a smoother process for the adults, carers or families involved. Exploration of joint commissioning is included within the Safeguarding Adult Review revised protocol of 2015.
- Ensuring there is a heightened awareness of how to report a case locally in line with the agreed Safeguarding Adult Review protocol, and the actions needed to address this (see next section).

**Performance Framework Links**

- When developing the performance framework for 2015 -2016, partners agreed that learning lessons and improvement should be included within monitoring arrangements. Moving forward into 2016 -2017 the two most significant local cases will form part of future SAB Development sessions. The learning from these instances will be presented, with opportunities for peer review and challenge.

# Safeguarding Adult Reviews

The Care Act 2014 places statutory requirements upon Safeguarding Adult Boards in relation to Safeguarding Adults Reviews (SARs). SABs must undertake SARs where an adult has died as a result of abuse or neglect, whether known or suspected, or is alive and suffered serious abuse or neglect, and there is concern for how the partner agencies have worked together to protect the person.

SAB may also undertake reviews for of any other case involving an adult in its area with needs for care and support as it deems appropriate. The SAB must within its Annual Report provide details of any SAR's undertaken, the actions taken completed or not and any intended actions in relation to those reviews.

During 2015-2016 there have been no SARs undertaken. One case being considered against the local Safeguarding Adult Review protocol and taken forward as a review under another arrangement led by NHS England. This review is yet to conclude but any lessons learned will be actioned and reported in our 2016-2017 Annual Report. The quality assurance and monitoring of any related actions will sit with the SAR/Learning & Improvement group of the SAB.

SAB is committed to learning and improving and for lessons learned and good practice to be a key focus of practice development across all partners. Durham County Council has drawn upon lessons and case studies in the development and delivery of Safeguarding, the Care Act and You training, attended by partners of the SAB. Actions identified for 2016-2017 include heightened awareness of the locally agreed Safeguarding Adult Review protocols and reporting of cases.

**"Excellent update, informative to enhance my knowledge which hopefully will influence my work in the prisons."**

Safeguarding, Care Act & You

**"Very clear key messages for practitioners – useful drawing from lessons from local cases to embed learning."**

Safeguarding, Care Act & You

**"Golden thread of the day 'person centred' and grass roots social work/joint working the bread and butter stuff and the cultural shift for safeguarding."**

Safeguarding, Care Act & You

# Key Partner Perspectives

**Durham Constabulary**

Durham Constabulary is a leading force which delivers excellent policing to the people of County Durham and Darlington, inspiring confidence in victims and our communities, by: Protecting Neighbourhoods, Tackling Criminals and Solving Problems.

The force continues to have a designated Detective Sergeant (DS) and Detective Chief Inspector (DCI) for safeguarding. The force is focused upon mental health and in 2016 has taken on-board a suicide prevention initiative where all incidents of attempted suicide or threatened suicide are not only referred into adult services and mental health teams but 100 Police Community Support Officers (PCSO's) have been trained in suicide prevention and available support pathways. These PCSO's work in our communities and visit those adults in need of help and use their training to assess and signpost those in need.

The force in conjunction with the Police Crime Commissioner has commissioned a piece of work to understand exploited adults, in part adults exploited through the sex trade. The profile of Durham and Darlington is complete and looks towards multi-agency processes to safeguard these individuals. As a starting point the force has agreed the ERASE team will work with adults who have just crossed over into adulthood until the risk is reduced.

The force is moving toward qualitative measures and has commissioned Leicestershire police to carry out victim satisfaction surveys in regard to sexual/domestic assaults. Durham is the only force in country to do this and the first feedback from surveys has been actioned to the Sexual Assault Referral Centre (SARC) manager for consideration.

Durham now have a top 10 complainants address list that is looked at and issued to localities for vulnerability issues in those calling for a service, in order for Neighbourhood Policing Teams to use Problem Orientated Policing. This will identify vulnerable adults who are calling police on numerous occasions or where others are calling regarding them and are intended to establish a safety net to prevent serious harm to those individuals.

<u>Areas of learning and improvement</u>

Durham Constabulary has been successful in a bid for £750,000 for a Child Advocacy Centre after identifying that service pathways for child victims of sexual assault are subject to silo activity between agencies when

dealing with the most vulnerable. The strategic board and project manager are being identified for this 2 year innovation proof of concept pilot between agencies to run 2016-2018.

Areas of good practice

Her Majesty's Inspectorate of Constabulary inspection results published February 2015 identified Durham Constabulary were GOOD at identifying repeat and vulnerable victims.

- Our victim live link to Crown Court has been deemed best practice nationally so victims of serious sexual assault can give evidence preventing trauma of court appearances.
- Force has adopted a new victims charter so dedicated DC's deal with vulnerable victims and create a bespoke plan with the victim at the heart of the plan. This plan is monitored through the supervision process and ensures timely updates. Note: victim satisfaction for Durham Constabulary stands at 89%, 3rd in the country.
- Supervision complete telephone ring-backs to victims within the safeguarding arena for feedback, case progressions and concerns ensuring a victim voice to assist with improvements and identifying good processes.

Areas of challenge for 2016/2017

- Managing increasing demand in times of austerity
- Implementation of the Child Advocacy bid.

**North Durham & Durham Dales, Easington & Sedgefield Clinical Commissioning Group**

Clinical Commissioning Groups (CCG's) are statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards adults at risk of or experiencing abuse or neglect. North Durham (ND) and Durham, Dales, Easington & Sedgefield (DDES) CCG's are committed to the safeguarding agenda and work closely with provider organisations to ensure that robust systems and processes are in place.

The CCGs support the work of the Board in working towards achieving its strategic plan by active contribution and participation. It has further supported the Board by means of contributions for staffing resources for the periods 2015/2016 and 2016/2017. Over the last year the CCGs have worked with the local authority safeguarding staff in the audit of safeguarding cases and scrutiny of performance data.

The CCG actively participated and contributed to a user/carer task and finish group with a strong focus upon user/carer feedback.

Primary Care Practice Lead Development sessions with a focus upon learning were held in October 2015 and January 2016 with an expectation that the lead from each practice would attend one of the sessions. Topics covered included:

- Safeguarding adults update.
- Experience of lead role to date.
- Radicalisation in our region/Local Police Prevent lead in attendance.
- CQC inspections/adult safeguarding/CQC National Safeguarding lead.
- Discussion around primary care safeguarding referrals to date.

A number of focussed practiced visits have also been undertaken to raise awareness and inform on a range of safeguarding adult topics, inclusive but not exhaustive to individual, collective and organisational responsibilities as well as policies, and access to training.

The Director of Nursing supported by the Designated Nurse continues to take the strategic lead for safeguarding adults. As part of their statutory responsibilities the CCGs continue to play a key role in core board business, with the Designated Nurse actively participating in the working groups of the Board, and taking on a role as Chair for the Learning & Improvement Group Chair and moving forward into 2016/2017 the Communication and Training group; thus, supporting a clear commitment to continued partnership engagement**.** In line with the expectations of the Local Safeguarding Adults Board (LSAB) the CCG is a key partner. The Durham executive LSAB representative is the Named GP for DDES.

The CCG, through the contractual clinical quality review process and commissioner assurance visits, looks for assurance that providers are meeting their contractual requirements, safeguarding referrals are being received and acted upon and those without capacity are being care for in their best interest. Failure to comply with such standards is measured and acted upon through the quality requirements of the NHS contract schedule. Themed safeguarding reports are received into the quality review process as requested by the CCG.

Areas of learning and improvement

- To continue to use information from the quality team at North East Commissioning Support Unit to identify areas for concern and/or learning to cascade across providers.
- To continue to respond to weekly reports for Serious Incidents where action is needed.
- To continue to monitor key provider action plans through Clinical Quality Review Groups, and identify learning or key messages.
- To continue to act upon key messages from the Board, actively engage and share areas of learning and improvement and share impact of learning with related functions of the Board.

Areas of good practice

As a result of a gap analysis of the safeguarding framework in 2015, the CCG have developed a policy for managing allegations against staff. The purpose of the Policy is to provide a framework for managing cases where allegations are made about CCG staff that indicate that children, young people or adults at risk are believed to have suffered, or are likely to suffer, significant harm or where there is concern for the behaviour of staff or their suitability to work with children, young people or adults at risk.

Adoption of a domestic abuse in the workplace policy initiated by the Police and Crime Commissioner to address gaps in some areas and ensure there is a heightened awareness.

Revision to Domestic violence and abuse/safeguarding adults policies for GP practices, reflecting the changes introduced by the Care Act 2014 and acting as support tool for practice safeguarding leads.

The CCGs for ND and DDES held public engagement events**;** Safeguarding Adults public information was available at those events.

Areas of challenge for 2016/2017

- Continue to support primary care to strengthen their safeguarding practices and provide advice and guidance on the requirements of the intercollegiate document once published that will outline the competency requirements for training, for NHS organisations, providers and their staff.
- To continue to work with the Local Safeguarding Adult Board Training & Development Officer and related working groups to inform multi-agency training programmes.

- To continue to work with key providers to ensure information in relation to channel referrals is included in Quality Review Group reports.
- To monitor and deliver the requirements of the Intercollegiate document once published.
- To complete identified actions arising from the NHS England assurance process for adult safeguarding.
- To further promote the Designated Nurses role in relation to the commissioning of services within the CCG.
- To continue to work with the Continuing Health Care Team in North East Commissioning Support to ensure delivery in relation to the Judicial DoLS agenda.

**Tees, Esk & Wear Valley NHS Foundation Trust**

Tees Esk and Wear Valleys NHS Foundation Trust provide a range of community and in patient specialist Mental Health and Learning Disability services across a large geographical area.

Our vision is to be a recognised centre of excellence with high quality staff providing high quality services that exceed expectations. Providing excellent services working with the individual users of our services and their carers to promote recovery and wellbeing

The Trusts safeguarding activity continues to be monitored internally by the SGA Sub Group chaired by the Executive Director of Nursing and Governance which reports to the Trusts Quality Assurance Group, which in turn reports to the Trust Board.

The Trusts safeguarding adults performance is also monitored by Clinical Commissioning Groups via the Clinical Quality Review Group meetings. The Trust attends and actively participates in the work of the Safeguarding Adults Board and associated sub groups.

The Trust Safeguarding Adults team made up of; 1x Associate Director of Safeguarding, 1x Head of SGA, 3x SGA Senior Nurses and 2x SGA Advisors as well as 2x MARAC Advisors who provide specialist safeguarding support, advice, supervision and training to all Trust staff.

At the end of 2015/16 compliance rates of Trust Staff meeting the mandatory training requirements for Level 1 training was 97% and Level 2 training compliance was 92%.

The Trust Safeguarding Adults Protocol was revised in light of the changes required by the Care Act and in response to external audit recommendations.

The Trust carried out routine audit work to monitor the Trusts compliance with Making Safeguarding Personal.
The Trust also routinely monitors compliance with the SGA Protocol via an annual case file audit.
The Trust also contributed to multi agency SGA audit activity.

Areas of learning and improvement

- Internal Audit report and Making Safeguarding Personal routine audit work recommended the Trust SGA Protocol needed revision
- Commissioners highlighted compliance with Level 2 training needed to be improved
- Making Safeguarding Personal audit reported not all patients felt fully involved in the safeguarding processes and didn't feel they were always kept informed of decisions
- Making Safeguarding Personal and Protocol Compliance audits highlighted the amount of paperwork for staff in recording safeguarding incidents

Areas of good practice

- Patient Experience survey work highlighted: Feeling safe in inpatient areas is a category of concern. To understand this further, "feel safe' focus groups have been held with patients and the majority said they felt the ward to be safe and staff to be approachable; the issue was much more related to their own personal feelings of safety and was not reflective of the ward environment.
- The Trust monitors its compliance with 'Making Safeguarding Personal' by routine patient survey work and uses the findings from this work to continually improve practice.
- The Trust promotes learning from all incidents and has in place a 'Learning Lessons' bulletin that is issued on a monthly basis and is distributed to all staff. The bulletin incorporates any learning from internal incidents, local incidents SGA Learning Reviews or Safeguarding Adult Reviews. It also includes any learning from national serious incidents.
- Commissioners noted improvements in training compliance figures at year end 2015/16

Areas of challenge for 2016/2017

- Ensuring the Trust is able to implement safeguarding adult priorities of all 5 Safeguarding Adult Boards within its geographical boundaries.
- Further improve Making Safeguarding Personal by emphasising in SGA training, improved information on Trust website and Intranet and posters in all clinical and reception areas. Routine monitoring via patient feedback systems.
- Incorporate the intercollegiate guidelines for SGA training into the Trust training programme once they are published.
- Continue to work with partner agencies in line with the requirements of the MARAC processes and the Domestic Abuse NICE Guidance.
- Work on the Trusts electronic record keeping system to improve safeguarding incident reporting and record keeping and improvements in reporting of safeguarding activity to be completed.

**County Durham & Darlington NHS Foundation Trust**

County Durham and Darlington NHS Foundation Trust is one of the largest non-teaching trusts in the NHS.

Our vision is to deliver excellent healthcare in hospital, home and community, and we have two strategic priorities to help us achieve this:

- To sustain and develop our position as the healthcare provider of choice for the people and communities of County Durham & Darlington
- To become the best Foundation Trust in the NHS

We provide general hospital services from two main sites University hospital North Durham and Darlington Memorial Hospital .We also provide community hospital services as well as a range of outpatient, community and outreach services

During 2015-16 the Trust internal Safeguarding meeting has continued to meet with a wide representation of staff across the organisation.

In 2015-16 due to the changes in mandatory training 95% of staff received awareness training within the organisation which has been an increase from previous years.

The Trust actively participates in SAB. The Safeguarding Adult Lead has supported the sub groups of the board and actively promotes safeguarding within the culture of the organisation providing support to staff and patients.

The Trust has supported the development of new roles such as Dementia Specialist Nurse to improve knowledge and care for a highly vulnerable patient group. The Trust continue to provide support for patient with Learning Disabilities, this is an integrated programme with TEWV. The initiative has delivered a number of key aspects such as education, patient support & mortality reviews.

An audit of Safeguarding Adult records has taken place to review practices.

The Trust supports campaigns and events throughout the year and actively promotes safeguarding adults in line with Local Authority.

Areas of learning and improvement

- Review from the Commissioners identified that some staff were not aware of the responsibility of social care in the safeguarding process.
- Training reports demonstrate lower compliance with training for level 2 & 3 than desired.
- Annual review indicated that the trust strategy needed to be reviewed and action plans updated.

Areas of good practice

- The Dementia work has seen changes to outpatient waiting rooms and signage in the organisation. The team have also delivered training on sensory awareness and targeted work specifically on dementia awareness.
- The Learning Disabilities team have been involved with patient council, actively engaging with service users to understand any issues that arise, with the implementation of reasonable adjustments.

Areas of challenge for 2016/2017

- To continue progress with training
- Continue to raise awareness of designated role responsibilities, specifically matrons.
- Review and develop strategy with appropriate action.

# Looking Ahead in 2016-2017

The SAB Development Session in March 2016 was an opportunity to reflect on our 3 year strategic 'plan on a page' and related priorities. Chairs of the working groups considered the proposed work plans for the coming year **2016 -2017** to achieve the strategic priorities with a focus upon outcomes.

Below are just some of the actions identified to take forward into 2016-2017 (see Appendix 2); each sub group has a clearly defined work plan for 2016-2017:

- To continue to consider the emerging agendas and practice issues with a view to ongoing innovation and development in operational practices and interfaces.
- To explore with partners their role in relation to risk management, recognising risk and links to failing/unsafe service provision as a result of local learning
- To continue to strengthen the information sharing forums and the 'soft intelligence' sharing opportunities that exist and support the prevention agenda.
- To continue to develop practice guidance and toolkits that will inform and link to other working groups; this includes links between learning and improvement group.
- To ensure actions from the self-assessment submissions are addressed and incorporated into quality assurance activity inclusive of governance review actions.
- To explore a range of audit activities and produce a forward plan of partner audits, undertaking audits and analysing the data.
- To strengthen the correlated link with the learning and improvement group for the purpose of informing work plans and sharing for example, findings from audits, survey activities and performance monitoring that may direct changes to policy, practice and/or training.
- Training & Development to undertake quality assurance activities.
- To use the findings from the Training Needs Survey 2015-2016 and act on the recommendations.
- To promote active engagement with providers through learning and development opportunities such as Train the Trainer.
- To link with Commissioners in the development of self-assessment type activities.
- To further explore and agree the SAB approach to sexual exploitation of adults.
- To strengthen links with local Healthwatch and develop a User/Carer forum to ensure wider opportunities for engagement, consultation and participation exist and report upon the impact of that forum to Board.

# Conclusion

The annual report is reflective of the body of work undertaken for 2015 – 2016. This year's report has undergone a transformation of the styling and format in part to reflect the new statutory requirements of the Care Act 2014, and Statutory Guidance (2016). Recognition must be given to the contributions of Board members in the formulation of this report.

Key successes to note over the last reporting period includes the widening of Board membership and new relationship links including but not exhaustive to County Durham & Darlington Fire & Rescue Service and North East Ambulance Service (NEAS). Both provided levels of assurance, through self-assessment and statements, and a commitment from NEAS to attend Board on an annual basis. It is particularly reassuring with the continuing pressures faced by public bodies as a result of austerity that the Board has continued to go from strength to strength. Through the continued commitment of agencies involved the Board can evidence that the highest priority is given to the safeguarding adults agenda indicative of the vital importance it has been afforded by the our partners. An expression of thanks is offered to all members of the Board for that continued commitment and support to the Board and its work.

# Appendices

**Appendix 1.**

| Organisation | Designated Role |
|---|---|
| | Independent Chair |
| Durham County Council | Head of Children's Services |
| | Head of Adult's Services |
| | Head of Commissioning |
| | Safeguarding & Practice Development Manager |
| | Strategic Manager Housing |
| Durham County Council | Cabinet Member and Portfolio holder for Adult & Health Services |
| Tees, Esk & Wear Valleys NHS Foundation Trust | Associate Director of Nursing Safeguarding |
| County Durham & Darlington NHS FoundationTrust | Associate Director of Nursing (Patient Experience and Safeguarding) |
| North Durham Dales, Easington and Sedgefield Clinical Commissioning Groups | Designated Nurse Safeguarding Adults |
| NHS England | Director of Nursing (via NDCCG Designated Nurse) |
| POLICE | Detective Chief Inspector |
| Care Quality Commission | Inspection Manager |
| Her Majesty's Prison Service | Head of Offender Management |
| National Probation Service | Head of Durham National Probation Service |
| Portfolio Holder | Councillor |
| Lay member | Lay Member |
| Age UK | Deputy Chief Executive |
| Healthwatch | Chief Executive |
| *Board membership is subject to continual review, for the period 2016 – 2017 membership includes, two new Lay Members, Higher/Further Education, Fire Service, Durham | |

Appendix 2

County Durham SAFEGUARDING ADULTS INTER-AGENCY PARTNERSHIP

# Strategic Plan 2015 – 2018

**Our Vision** "We will support adults at risk of harm to prevent abuse happening; when it does occur, we will act swiftly to achieve good outcomes."

| Strategic Priorities | Subgroup Leads | What we will achieve | Actions for 2016-2017 |
|---|---|---|---|
| 1. Performance Framework | Performance & Quality | Establish a performance framework that prescribes targets that are then met across the strategic priority areas of this plan and meet national performance requirements. | 1. Revisit and revise the format of the performance report i.e. incorporate partner data;<br>2. Refresh the annual self-assessment tool to include MSP.<br>3. Plan inter-agency challenge events on an annual basis to peer review self-assessment tools;<br>4. Identify a range of audit activities (inclusive of partners and develop a forward work plan of audits) |
| 2. Care Act/ Legislative Compliance | Making Safeguarding Personal/Post Care Act T&F | Ensure our adult protection processes comply with legislative requirements and are person centred and outcome focussed. | 5. Monitor outcomes in line with national changes specifically in relation to risk reduced, removed, or remains; to ensure the analysis of qualitative information captures the autonomy of individuals/choice and control in line with MSP and the Care Act 2014;<br>6. Monitor and report on the impact of legal literacy training. |
| 3. Prevention | Communications & Training; User/Carer Reference; Sexual Exploitation T&F. | Support people to identify and report signs of abuse and suspected criminal offences. This will involve training staff and considering how we make our local community safer in all our work. When abuse occurs, we will provide support aimed at removing or reducing risks or reoccurrence. | 7. Analysis of Training Needs Survey to establish a baseline for development of the multi-agency training strategy;<br>8. Monitoring and evaluation of the impact of training to be included in an annual Training Report that illustrates and evidences wider workforce knowledge<br>9. Embed feedback from users/carers to inform learning and development.<br>10. Monitor and report on proposed the sexual exploitation e-learning training. |

| | | | |
|---|---|---|---|
| **4. User/Carer Voice** | **Performance & Quality; User/Carer T & F; User/Carer Reference.** | Ensure the user's voice is heard throughout the adult protection process and user feedback is used to inform future practice. Where an individual lacks capacity, we will act in their best interests. | 11. Rollout of Advocacy survey to establish illustration of advocacy view on safeguarding processes and achieving outcomes;<br>12. Development of a user/carer engagement/reference group to include (not exhaustive to) experts by experience, voluntary sector, faith communities, hard to reach groups and Healthwatch.<br>13. Development of communication and engagement strategy by the user/carer task and finish group; complete;<br>14. Engagement opportunities/events to be devised in forward event plan to complement strategy – progressed;<br>15. Analysis of engagement, consultation and participation and its impact to be included in reporting to Board. |
| **5. Awareness** | **Communication &Training; User/Carer Reference.** | Establish and maintain a wide range of awareness raising initiatives across partner agencies that provide individuals with the right information about how to recognise abuse and how to keep themselves safe. | 16. Improve awareness and responses to safeguarding surveys through consistent approach following LA restructure, and Communication & Engagement strategy and work of User/Carer Task & Finish group;<br>17. Peer review training to be undertaken by Business Manager and peer review activity to be planned;<br>18. Annual event to be organised and promotion of radio campaign |
| **6. Partnership Engagement** | **Communication & Training; Performance & Quality** | Ensure that partners are fully engaged and fulfilling their resources in achieving the objectives of SAB. In doing so, foster a 'one team' approach that places the welfare of individuals before the 'needs' of the system. | 19. Explore broadening membership to CRC's, faith communities, Fire Service, voluntary sector.<br>20. Completion of self-assessment tools;<br>21. A composite action plan to be developed from self-assessment tools (and to ensure carry over actions from previous tool are incorporated).<br>22. Further development of MA training strategy and programmes;<br>23. Reinvigorate regional training group;<br>24. Work with commissioners to develop safeguarding elements for provider self-audits;<br>25. Explore reciprocal audit opportunities with partners;<br>26. Embed attendance reporting within performance report and strengthen compliance reporting on six monthly basis with partner contributions to work plans.<br>27. Include partner activity reporting into forward calendar for SAB. |
| **7. Learning Lessons and Improvement** | **Learning & Improvement** | Ensure learning from serious concerns investigations, including domestic homicide reviews influences practice development across all partner agencies. | 28. Work with NHS to develop process for mortality reviews, provide a report to SAB outlining options;<br>29. Explore joint reviews processes where Mental Health is a feature (e.g. MHH reviews, DHR's, SAR's and SCR's);<br>30. Develop high impact presentation methods for key learning e.g. SARs, reports. |

# Glossary

**Abuse** includes physical, domestic, sexual, psychological, financial, material, modern slavery, discriminatory, organisational, neglect, acts of omission, self-neglect.

**ADASS** (Association of Directors of Adult Social Services) is the national leadership association for directors of local authority adult social care services.

**Adult Protection process** refers to the decisions and subsequent actions taken on receipt of a referral. This process can include a strategy meeting or discussion, an investigation, a case conference, a care/protection/safety plan and monitoring and review arrangements.

**Advocacy** is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.

**Alert** is a concern that an adult at risk is or may be a victim of abuse or neglect. An alert may be a result of a disclosure, an incident, or other signs or indicators.

**Alerter** is the person who raises a concern that an adult is being, has been, or is at risk of being abused or neglected. This could be the person themselves, a member of their family, a carer, a friend or neighbour or could be a member of staff or a volunteer.

**Capacity** is the ability to make an issue specific decision about a particular matter, at the time the decision needs to be made.

**Care setting/services** includes health care, nursing care, social care, domiciliary care, social activities, support setting, emotional support, housing support, emergency housing, befriending and advice services and services provided in someone's own home by an organisation or paid employee for a person by means of a personal budget.

**Carer** refers to unpaid carers, for example, relatives or friends of the adult at risk. Paid workers, including personal assistants, whose job title may be 'carer', are called 'staff'.

**CQC** (Care Quality Commission) is responsible for the registration and regulation of health and social care in England.

# Safeguarding Adults Annual Report 2015/16

**DoLS** (Deprivation of Liberty Safeguards) are measures to protect people who lack the mental capacity to make certain decisions for themselves. They came into effect in April 2009 using the principles of the Mental Capacity Act 2005, and apply to people in care homes or hospitals where they may be deprived of their liberty.

**Investigation** is a process to gather evidence to determine whether abuse took place. This is co-ordinated by the Safeguarding Lead Officer.

**Lead Officer** is primarily a manager within Adults, Wellbeing and Health who co-ordinates the Safeguarding Adult strategy meeting, investigation, review, debriefing process and lessons learned from safeguarding.

**Mental capacity** refers to whether someone has the mental capacity to make a decision or not.

**NHS** (National Health Service) is the publicly funded healthcare system in the UK.

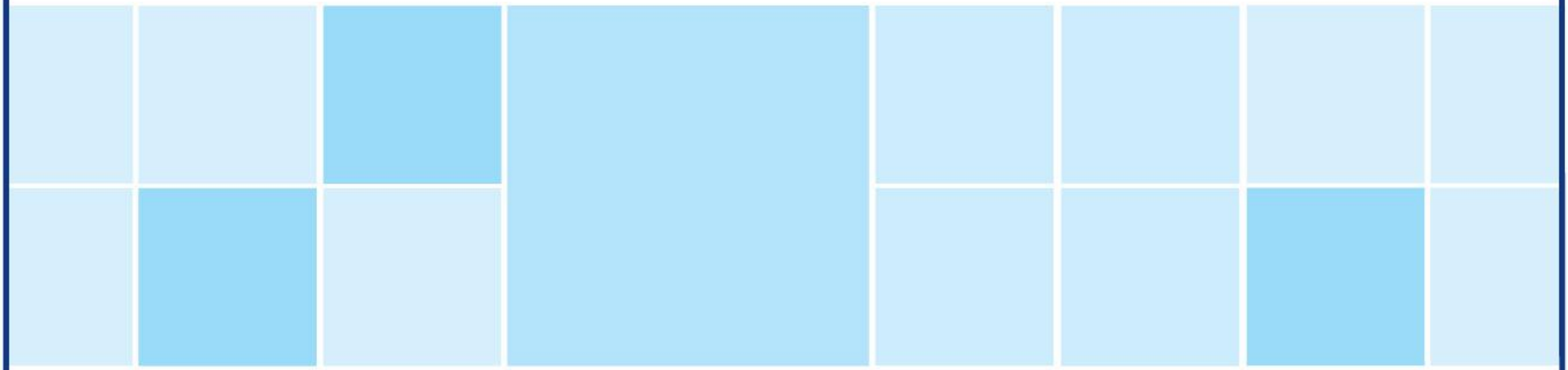
**SAB** (Safeguarding Adults Board) represents various organisations in a local borough who are involved in safeguarding adults.

**Safeguarding Adults Review** is undertaken by a Safeguarding Adults Partnership Board (SAPB) when a serious case of adult abuse takes place. The aim is for agencies and individuals to learn lessons to improve the way in which they work.

**SI** (Serious Incident) is a term used by the National Patient Safety Agency (NPSA) in its national framework for serious incidents in the NHS requiring investigation. It is defined as an incident that occurred in relation to NHS funded services resulting in serious harm or unexpected or avoidable death of one or more patients, staff, visitors or members of the public.

**Wilful neglect** is an intentional or deliberate omission or failure to carry out an act of care by someone who has care of a person who lacks capacity to care for him/herself.

# Safeguarding Adults Annual Report 2015/16



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CAS17230 Children and Adults Services, CMI Team 2016

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**Health and Wellbeing Board**

**17 November 2016**

# County Durham Health Profile/Child Health Profile 2016

## Report of Gill O'Neill, Interim Director of Public Health, Adult and Health Services, Durham County Council

### Purpose of the Report

1 To summarise the County Durham Health Profiles 2016 and compare indicators against the previous time period. It should be noted that many indicators have been calculated using an updated methodology, and many of the rates reported in the 2015 Health Profile have been amended. The indicators used in the profile do not necessarily represent the most recently available performance data, as it is not performance management tool. It presents a snapshot in time, and all indicator time periods are dated. This report does not look at specific actions (current or planned) to address any of the issues highlighted within the profiles. These details are included in the relevant routine service updates.

### Background

2 Health Profiles provide a snapshot of health and wellbeing in County Durham. Originally produced annually using key indicators, these profiles enable comparison locally, regionally and nationally. The aim of the Health Profiles has been to improve the availability and accessibility of health and wellbeing related information, whilst helping local government and health services make plans to improve local people's health and reduce health inequalities. The profiles have now evolved from an annual pdf snapshot report to also include an online, interactive Health Profiles tool (PHE Fingertips) which allows data to be updated regularly (the online tool is updated quarterly with the latest information available).

3 The health and wellbeing outcomes of an area are greatly shaped by a wide variety of social, economic and environmental factors (such as poverty, housing, ethnicity, place of residence, education and environment). It is clear that improvements in health outcomes cannot be made without action in these wider determinants. Health inequalities are disparities between population groups that are systematically associated with these socio-economic and environmental factors. Such variations in health are avoidable and unjust.

4 There is a clear social gradient to many health outcomes. The more deprived an area is, the poorer health outcomes that would be expected. Overall the health and wellbeing of people living in County Durham is generally worse than the England average, as are the levels of deprivation.

**County Durham Health Profile 2016**

5 Of the 31 indicators included in the 2016 profile:

- 4 are significantly better than the England average.
- 6 are not significantly different to the England average.
- 17 are significantly worse than the England average.
- Significance was not tested for deprivation score, cancer diagnosed at early stage, suicide rate and deaths from drug misuse.

6 Appendix 2 summarises the 2016 County Durham Health Profile, benchmarks against the England average using a dark blue/amber/light blue scheme to show whether the local measure is significantly different to the England average. Progress over time (against the previous Profile or time periods in this instance) is shown through a white or black box.

**County Durham Child Health Profile 2016**

7 Of the 32 indicators included in the 2016 profile:

- 5 were significantly better than England
- 17 were significantly worse than England
- 8 showed no significant difference to England
- 1 had no data supplied

8 Appendix 3 summarises the 2016 County Durham Child Health Profile and benchmarks against the England average using a dark blue/cream/light blue scheme to show whether the local measure is significantly different to the England average.

**Strategies to address the issues identified in the Health Profiles**

9 A summary of the strategies which are in place to address the issues identified in both the Health Profile and the Child Health Profile 2016 can be found at Appendices 4 and 5 respectively.

10 The appendices also indicate the lead thematic partnership in terms of governance arrangements and where the issues are included in partnership plans (Joint Health and Wellbeing Strategy, Children, Young People and Families Plan and Safe Durham Partnership Plan) in addition to noting how County Durham compares to the England average.

11 It should be noted that strategies are in place or in development to cover all the issues identified in both the Health Profile and the Child Health Profile.

**Recommendations**

12 The Health and Wellbeing Board is requested to:

- Note the content of this report
- Note that the priorities in the Joint Health and Wellbeing Strategy are being addressed and that strategies are in place to address the issues identified in the County Durham Health Profiles (Appendices 4 and 5).


| | |
|---|---|
| **Contact:** | **Michael Fleming, Public Health Epidemiologist, Durham County Council** |
| **Tel:** | **03000 267664** |

## Appendix 1: Implications

**Finance:** None

**Staffing:** None

**Risk:** None

**Equality and Diversity / Public Sector Equality Duty:**
Public health aims to reduce inequalities and improve health outcomes by reviewing PH outcomes data and developing relevant policies, strategies and intentions as appropriate.

**Accommodation:** None

**Crime and Disorder:** None

**Human Rights:** None

**Consultation:** None

**Procurement:** None

**Disability Issues:** None

**Legal Implications:** None

## Appendix 2: County Durham Health Profile 2016 summary

| No. | Indicator | Rate or % | 2016 Health Profile | | | | Previous period | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | 2016 HP | | Sig* worse than England? | Period & Source | | | Sig* worse than England? | Period & Source |
| | | | Measure | No. | | | Measure | No. | | |
| 1 | Deprivation score (IMD 2015)** | % | **25.7** | | **Not Compared** | 2015 | **No comparison available, new indicator** | | | |
| 2 | Children in low income families (under 16s) | % | **22.5** | 19,815 | **Yes** | 2013 | **22.7** | 20075 | **Yes** | 2012 |
| 3 | Statutory homelessness* | CR/1000 | **0.3** | 65 | **No** | 2014/15 | **0.48** | 109 | **n/a** | 2013/14 |
| 4 | GCSE achieved (5A*-C inc maths and english) | % | **55.6** | 2950 | **Yes** | 2014/15 | **Indicator changed** | | | |
| 5 | Violent crime (violent offences) | CR/1000 | **10.3** | 5334 | **No** | 2014/15 | **8.2** | 4204 | **No** | 2013/14 |
| 6 | Long term unemploment | CR/1000 | **6.0** | 1972 | **Yes** | 2015 | **10.1** | 3327 | **Yes** | 2014 |
| 7 | Smoking status at time of delivery | % | **19.0** | 975 | **Yes** | 2014/15 | **19.9** | 1049 | **Yes** | 2013/14 |
| 8 | Breast feeding initiation | % | **57.6** | 2943 | **Yes** | 2014/15 | **57.4** | 3006 | **No** | 2013/14 |
| 9 | Obese children (year 6) | % | **21.4** | 1104 | **Yes** | 2014/15 | **21.3** | 1038 | **Yes** | 2013/14 |
| 10 | Alcohol-specific stays (under 18) | CR/1000 | **65.5** | 197 | **Yes** | 2012/13-2014/15 | **69.9** | 70 | **Yes** | 2011/12-2013/14 |
| 11 | Under 18 conceptions | CR/1000 | **28.5** | 243 | **Yes** | 2014 | **33.8** | 293 | **Yes** | 2013 |
| 12 | Smoking prevalence in adults* | % | **19.0** | n/a | **No** | 2015 | **20.32** | n/a | **Yes** | 2013 |
| 13 | Physically active adults* | % 16+ | **57.3** | n/a | **No** | 2015 | **55.5** | n/a | **n/a** | 2014 |
| 14 | Excess weight in adults* | % | **69.0** | n/a | **Yes** | 2012-2014 | **Indicator changed** | | | |
| 15 | Cancer diagnosed at an earlier stage** | % | **49.6** | 1,105 | **Not Compared** | 2014 | **47.31** | 1013 | **n/a** | 2013 |
| 16 | Hospital stays for self harm | DASR/100,000 | **239.1** | 1217 | **Yes** | 2014/15 | **287.7** | 1471 | **Yes** | 2013/14 |
| 17 | Hospital stays for alcohol related harm | DASR/100,000 | **746** | 3827 | **Yes** | 2014/15 | **788** | 4053 | **Yes** | 2013/14 |
| 18 | Recorded diabetes | % | **7.0** | 31056 | **Yes** | 2014/15 | **6.9** | 30506 | **Yes** | 2013/14 |
| 19 | Incidence of TB | CR/1000 | **2.3** | 35 | **No** | 2012-2014 | **1.9** | 10 | **No** | 2011-13 |
| 20 | New sexually transmitted infections (STI) | CR/100,000 | **554** | 1816 | **No** | 2015 | **611** | 2050 | **No** | 2013 |
| 21 | Hip fractures in people aged 65 and over | DASR/100,000 | **574** | 589 | **No** | 2014/15 | **674** | 662 | **Yes** | 2013/14 |
| 22 | Life expectancy - male | Years | **78.1** | n/a | **Yes** | 2012-2014 | **78** | n/a | **Yes** | 2011-13 |
| 23 | Life expectancy - female | Years | **81.4** | n/a | **Yes** | 2012-2014 | **81.3** | n/a | **Yes** | 2011-13 |
| 24 | Infant mortality* | DASR/100,000 | **3.4** | 56 | **No** | 2012-2014 | **3.31** | 56 | **n/a** | 2011-13 |
| 25 | Killed & seriously injured on roads* | DASR/100,000 | **37.5** | 581 | **No** | 2012-2014 | **38.5** | 594 | **n/a** | 2011-13 |
| 26 | Suicide rate* | DASR/100,000 | **14.8** | 202 | **n/a** | 2012-2014 | **15** | 204 | **n/a** | 2011-13 |
| 27 | Deaths from drug misuse** | DASR/100,000 | **5.8** | 86 | **n/a** | 2012-2014 | **4.8** | 71 | **n/a** | 2011-13 |
| 28 | Smoking related deaths* | DASR/100,000 | **367.8** | 3302 | **Yes** | 2012-2014 | **374.8** | 3306 | **n/a** | 2011-13 |
| 29 | Under 75 mortality rate: CVD* | DASR/100,000 | **81.7** | 1156 | **Yes** | 2012-2014 | **88.34** | 1232 | **n/a** | 2011-13 |
| 30 | Under 75 mortality rate: Cancer* | DASR/100,000 | **168.6** | 2407 | **Yes** | 2012-2014 | **166.6** | 2347 | **n/a** | 2011-13 |
| 31 | Excess winter deaths* | Ratio | **16.8** | 849 | **No** | Aug 2010 - Jul 2013 | **18.99** | 848.5 | **n/a** | Aug 2011 - Jul 2014 |

* The methodology has changed for these indicators, from previous profiles. Information for previous periods calculated with new methodology.
** New indicator

| | |
|---|---|
| | Indicator has improved from previous profile |
| | Indicator has not changed from previous profile |
| | Indicator has deteriorated from previous profile |

| | |
|---|---|
| **Yes** | Indicator value is statistically significantly worse than England |
| **No** | Indicator value is not statistically significantly worse than England |

# Appendix 3: County Durham Child Health Profile 2016 Summary

| Indicator | | | Measure | Polarity what's best? | 2016 Profile | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | Period | No. per year | Value | England ave. | Improvement from previous period? |
| Preventable mortality | 1 | Infant mortality rate (less than 1 year) | Rate/1,000 live births | Lower | 2012-14 | 19 | 3.4 | 4.0 | No |
| | 2 | Child mortality rate (age 1-17 years) | DASR/100,000* | Lower | 2012-14 | 10 | 10.3 | 12.0 | Yes |
| Health protection | 3 | MMR immunisation (one dose, by age 2) | % | Higher | 2014/15 | 5,529 | 97.2 | 92.3 | No change |
| | 4 | Dtap/IPV/hib vaccination(by age 2) | % | Higher | 2014/15 | 5,620 | 98.8 | 95.7 | Yes |
| | 5 | Children in care immunisations | % | Higher | 2015 | 410 | 95.3 | 87.8 | No |
| Wider determinants of health | 6 | Children achieving a good level of development at the end of | % | Higher | 2014/15 | 3,639 | 63.5 | 66.3 | Yes |
| | 7 | GCSE achievement (5A*-C inc maths & english) | % | Higher | 2014/15 | 2,950 | 55.6 | 57.3 | Revised definition |
| | 8 | GCSE achievement (5A*-C inc maths & english) for children in care | % | Higher | 2014 | - | - | 12 | No data |
| | 9 | Not in education, employment or training (age 16-18) | % | Lower | 2014 | 1,160 | 6.7 | 4.7 | Yes |
| | 10 | First time entrants to the youth justice system | Rate/100,000 | Lower | 2014 | 212 | 483 | 409 | No |
| | 11 | Children living in poverty (age < 16 years) | % | Lower | 2013 | 19,815 | 22.5 | 18.6 | Yes |
| | 12 | Family homelessness | Rate/1,000 | Lower | 2014/15 | 117 | 0.5 | 1.8 | No change |
| | 13 | Children in care | Rate/10,000 | Lower | 2015 | 620 | 62 | 60 | No |
| | 14 | Children killed or seriously injured in road traffic accidents | Crude rate/100,000 | Lower | 2012-14 | 22 | 24.9 | 17.9 | Yes |
| Health improvement | 15 | Low birthweight of term babies (changed from all babies) | % <2,500 grams | Lower | 2014 | 132 | 2.7 | 2.9 | No |
| | 16 | Obese children (age 4-5 years) | % | Lower | 2014/15 | 542 | 9.3 | 9.1 | Yes |
| | 17 | Obese children (age 10-11 years) | % | Lower | 2014/15 | 1,104 | 21.4 | 19.1 | No change |
| | 18 | Children with one or more decayed, missing or filled teeth | % | Lower | 2011/12 | - | 27.2 | 27.9 | Not updated |
| | 19 | Hospital admissions for dental caries (1-4 years) | Rate/100,000 | Lower | 2012/13-2014/15 | 33 | 141.9 | 322 | New indicator |
| | 20 | Teenage conception rates (age <18 years) | Rate/1,000 | Lower | 2013 | 293 | 33.8 | 24.3 | Not updated |
| | 21 | Teenage mothers (age <18 years) | % | Lower | 2014/15 | 92 | 1.7 | 0.9 | Yes |
| | 22 | Hospital admissions due to alcohol specific conditions | Crude rate/100,000 | Lower | 2011/12-13/14 | 70 | 69.9 | 40.1 | Not updated |
| | 23 | Hospital admissions due to substance misuse (age 15-24 years) | DASR/100,000* | Lower | 2012/13-14/15 | 204 | 99.2 | 88.8 | No |
| Prevention of ill-health | 24 | Smoking at time of delivery | % | Lower | 2014/15 | 975 | 19.0 | 11.4 | Yes |
| | 25 | Breastfeeding initiation | % | Higher | 2014/15 | 2,943 | 57.6 | 74.3 | Yes |
| | 26 | Breastfeeding at 6-8 weeks | % | Higher | 2014/15 | 1,572 | 28.9 | 43.8 | Yes |
| | 27 | A&E attendances (age 0-4 years) | Crude rate/100,000 | Lower | 2014/15 | 19,765 | 685.4 | 540.5 | No |
| | 28 | Hospital admissions due to injury in children (0-14 years) | Crude rate/100,000 | Lower | 2014/15 | 1,459 | 176.2 | 109.6 | No |
| | 29 | Hospital admissions due to injury in young people (15-24 years) | Crude rate/100,000 | Lower | 2014/15 | 1,138 | 165.3 | 131.7 | Yes |
| | 30 | Hospital admissions for asthma (age <19 years) | Crude rate/100,000 | Lower | 2014/15 | 253 | 237.6 | 216.1 | No |
| | 31 | Hospital admissions for mental health conditions | Crude rate/100,000 | Lower | 2014/15 | 112 | 111.7 | 87.4 | No |
| | 32 | Hospital admissions as a result of self harm | DASR/100,000* | Lower | 2014/15 | 424 | 440.3 | 398.8 | Yes |

* Directly age standardised rate

| | |
|---|---|
| | Statistically significantly worse than England |
| | Not statistically significantly different to England |
| | Statistically significantly better than England |
| | Statistical significance not tested |

| | |
|---|---|
| Yes | Significantly worse than England, improved since previous period |
| No | Significantly worse than England, not improved since previous period |

| | |
|---|---|
| | Significantly higher than England |
| | Not significantly different to England |
| | Significantly better than England |

## Appendix 4: Strategies in place to address indicators in the County Durham Health Profile 2016

| Health Profile Indicator | Strategy | Lead Board | Inclusion in Partnership plans | | | County Durham comparison to England average |
|---|---|---|---|---|---|---|
| | | | JHWS | CYPFP | SDPP | |
| Children in low income families (under 16s) | Poverty Action Plan for County Durham | CDP | X | X | | Worse |
| GCSEs achieved | Educational Development Service Plan | CFP | | X | | Worse |
| Long term unemployment | County Durham Skills Strategy 2014-18 | CDEP | | | | Worse |
| Smoking status at time of delivery | Tobacco Control Alliance Action Plan | HWB | X | X | | Worse |
| Breastfeeding initiation | Healthy Weight Strategic Framework | HWB | X | X | | Worse |
| Obese children (Year 6) | Healthy Weight Strategic Framework for County Durham | HWB | X | X | | Worse |
| Alcohol-specific hospital stays (under 18) | Alcohol Harm Reduction Strategy | SDP | X | X | X | Worse |
| Under 18 conceptions | Teenage Pregnancy Action Plan | CFP | X | X | | Worse |
| Excess weight in adults | Healthy Weight Strategic Framework for County Durham | HWB | X | | | Worse |
| Hospital stays for self-harm | No Health Without Mental Health County Durham Implementation Plan<br><br>County Durham Transformation Plan for Children and Young People's Mental Health, Emotional Wellbeing and Resilience | HWB | X | X | X | Worse |
| Hospital stays for alcohol related harm | Alcohol Harm Reduction Strategy | SDP | X | X | X | Worse |
| Recorded diabetes | Joint Health and Wellbeing Strategy<br>National Diabetes Prevention Programme pilot | HWB | X | | | Worse |
| Life expectancy – male | Joint Health and Wellbeing Strategy | HWB | X | | | Worse |
| Life expectancy – female | Joint Health and Wellbeing Strategy | HWB | X | | | Worse |
| Smoking related deaths | Tobacco Control Alliance Action Plan | HWB | X | | | Worse |
| <75 mortality rate: CVD | Joint Health and Wellbeing Strategy<br>CVD Prevention Strategic Framework | HWB | X | | | Worse |
| <75 mortality rate: Cancer | Joint Health and Wellbeing Strategy<br>Macmillan Partnership Project – Joining the Dots Service in development | HWB | X | | | Worse |

| Health Profile Indicator | Strategy | Lead Board | Inclusion in Partnership plans | | | County Durham comparison to England average |
|---|---|---|---|---|---|---|
| | | | JHWS | CYPFP | SDPP | |
| | | | | | | |
| Smoking prevalence in adults | Tobacco Control Alliance Action Plan | HWB | X | X | | **Similar** |
| Percentage of physically active adults | Physical Activity Framework<br>Healthy Weight Strategic Framework for County Durham | HWB | X | | | **Similar** |
| Hip fractures in people aged 65 and older | Joint Health and Wellbeing Strategy | HWB | X | | | **Similar** |
| Infant mortality | Child Death Overview Panel Annual Report<br>LSCB Business Plan | LSCB | | | | **Similar** |
| Killed and seriously injured on roads | Safe Durham Partnership Plan | SDP | | | X | **Similar** |
| Excess winter deaths | Joint Health and Wellbeing Strategy<br>Affordable Warmth Strategy | HWB | X | | | **Similar** |
| Statutory homelessness | Homelessness Strategy<br>Joint Protocol for homeless 16/17 year olds is in place | Homeless Action Partnership | X | | | **Better** |
| Violent crime (violent offences) | Safe Durham Partnership Plan | SDP | | | X | **Better** |
| Incidence of TB | Health Protection Annual Assurance Report | HWB | | | | **Better** |
| New sexually transmitted infections (STI) | Health Protection Annual Assurance Report | HWB | | | | **Better** |
| Deaths from drug misuse | County Durham Drug Strategy | SDP | X | | X | **Not tested** |
| Suicide Rate | Joint Health and Wellbeing Strategy<br><br>No Health Without Mental Health County Durham Implementation Plan<br><br>County Durham Transformation Plan for Children and Young People's Mental Health, Emotional Wellbeing and Resilience | HWB | X | X | X | **Not tested** |
| Cancer diagnosed at an earlier stage | Macmillan Partnership Project – Joining the Dots Service in development | HWB | X | | | **Not tested** |

## Appendix 5: Strategies in place to address indicators in the County Durham Child Health Profile 2016

| Child Health Profile Indicator | Strategy | Lead Board | Inclusion in Partnership plans | | | County Durham comparison to England average |
|---|---|---|---|---|---|---|
| | | | JHWS | CYPFP | SDPP | |
| Children achieving a good level of development at the end of reception | Early Years Strategy | CFP | | x | | Worse |
| GCSE achievement (5A*-C inc. English & maths) | Educational Development Service plan | CFP | | x | | Worse |
| 16-18 year olds not in education, employment or training | Believe, Achieve and Succeed: Increasing the Participation of Young People in Learning Plan | CFP | | x | | Worse |
| Teenage mothers | Teenage Pregnancy Action Plan | CFP | x | x | | Worse |
| Under 18 conceptions | Teenage Pregnancy Action Plan | CFP | x | x | | Worse |
| Breastfeeding initiation | Healthy Weight Strategic Framework | HWB | x | x | | Worse |
| Breastfeeding prevalence at 6-8 weeks after birth | Healthy Weight Strategic Framework | HWB | x | x | | Worse |
| Smoking at time of delivery | Tobacco Control Alliance Action Plan | HWB | x | x | | Worse |
| Hospital admissions for mental health conditions | County Durham Transformation Plan for Children and Young People's Mental Health, Emotional Wellbeing and Resilience | HWB | x | x | | Worse |
| Hospital admissions as a result of self-harm | County Durham Transformation Plan for Children and Young People's Mental Health, Emotional Wellbeing and Resilience | HWB | x | x | x | Worse |
| Obese children (10-11) | Healthy Weight Strategic Framework for County Durham | HWB | x | x | | Worse |
| A&E attendances (0-4 years) | Strategy for Prevention of Unintentional Injuries in Children and Young People (0-19 years) | HWB | x | x | | Worse |
| Hospital admissions caused by injuries in children (0-14) | Strategy for Prevention of Unintentional Injuries in Children and Young People (0-19 years) | HWB | x | x | | Worse |
| Hospital admissions caused by injuries in young people (15-24) | Strategy for Prevention of Unintentional Injuries in Children and Young People (0-19 years)<br><br>Alcohol Harm Reduction Strategy | HWB<br><br>SDP | x | x | x | Worse |

| Child Health Profile Indicator | Strategy | Lead Board | Inclusion in Partnership plans | | | County Durham comparison to England average |
|---|---|---|---|---|---|---|
| | | | JHWS | CYPFP | SDPP | |
| Hospital admissions due to alcohol specific conditions | Alcohol Harm Reduction Strategy | SDP | x | x | x | **Worse** |
| First time entrants to the youth justice system | County Durham Youth Offending Service Youth Justice Plan | SDP | | x | x | **Worse** |
| Children killed or seriously injured in road traffic accidents | Safe Durham Partnership Plan | SDP | | | x | **Worse** |
| Children living in poverty (under 16s) | Poverty Action Plan for County Durham | CDP | x | x | | **Worse** |
| Children in care | Sufficiency Strategy for Looked After Children and Care Leavers 2015-2018<br><br>Care Leavers Strategy | CFP | | x | | **Similar** |
| Low birthweight of term babies | Healthy Weight Strategic Framework for County Durham | HWB | x | | | **Similar** |
| Obese children (4-5) | Healthy Weight Strategic Framework for County Durham<br><br>Physical Activity Framework | HWB | x | x | | **Similar** |
| Hospital admissions due to substance misuse (15-24) | County Durham Drug Strategy | HWB | x | x | x | **Similar** |
| Children with one or more decayed, missing or filled teeth | Oral Health Strategy currently in development | HWB | x | | | **Similar** |
| Infant mortality | Child Death Overview Panel Annual Report<br><br>LSCB Business Plan | LSCB | | | | **Similar** |
| Child mortality rate (1-17) | Child Death Overview Panel Annual Report<br><br>LSCB Business Plan | LSCB | | | | **Similar** |
| Hospital admissions for asthma (under 19 years) | This is part of Clinical Commissioning Groups paediatrics care pathway work which is in currently in development | | | | | **Similar** |
| MMR vaccination for one dose (age 2) | Health Protection Annual Assurance Report | HWB | | | | **Better** |
| Dtap / IPV /Hib vaccination (age 2) | Health Protection Annual Assurance Report | HWB | | | | **Better** |
| Children in care immunisations | Health Protection Annual Assurance Report | HWB | | | | **Better** |

| Child Health Profile Indicator | Strategy | Lead Board | Inclusion in Partnership plans | | | County Durham comparison to England average |
|---|---|---|---|---|---|---|
| | | | JHWS | CYPFP | SDPP | |
| | Sufficiency Strategy For Looked After Children and Care Leavers | CFP | | | | |
| Hospital admissions for dental caries (1-4) | Oral Health Strategy currently in development | HWB | x | | | **Better** |
| Family homelessness | Homelessness Strategy<br><br>Joint Protocol for homeless 16/17 year olds is in place | Homeless Action Partnership | | | | **Better** |
| GCSE achievement (5A*-C inc. English & maths) for children in care | Educational Development Service plan | CFP | | x | | No data |

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**Health and Wellbeing Board**

**17 November 2016**

# Joint Health and Wellbeing Strategy 2016/19 Performance Report

**Report of Peter Appleton, Head of Planning and Service Strategy, Durham County Council**

## Purpose of the Report

1 To report the progress being made against the priorities and outcomes set in the County Durham Joint Health and Wellbeing Strategy (JHWS) 2016-19.

## Background

2 The Health and Wellbeing Board Performance Report is structured around the six strategic objectives of the JHWS and reports progress being made against the strategic actions and performance outcomes identified. This includes performance indicators linked to the Better Care Fund (indicators are labelled as 'BCF') and Clinical Commissioning Group Quality Premium Indicators (indicators are labelled as 'QPI').

3 The Performance Scorecard, which includes all of the performance indicators within the JHWS, is attached at **Appendix 2**.

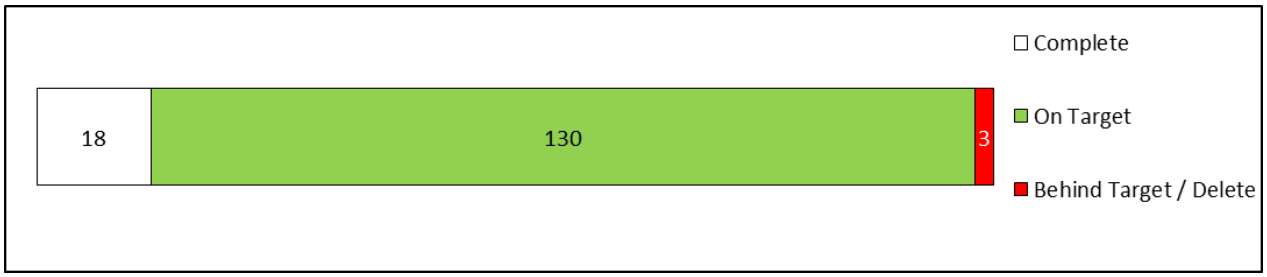
4 Due to the nature of the performance data being reported, there is significant variation in the time periods associated with each indicator. For example, several indicators have a time lag of over 12 months. This report includes the latest performance information available nationally, regionally and locally.

5 The following rating system is used for performance indicators and is consistent with the rating system used by the County Durham Partnership:

| Performance Against Target | Direction of Travel | Performance Against Comparators | Banding |
|---|---|---|---|
| Target achieved or exceeded | Improved/Same | Better than comparator | |
| Performance within 2% of target | Within 2% of previous performance | Within 2% of comparator | |
| Performance more than 2% away from target | Deteriorated by more than 2% | More than 2% worse than comparator | |

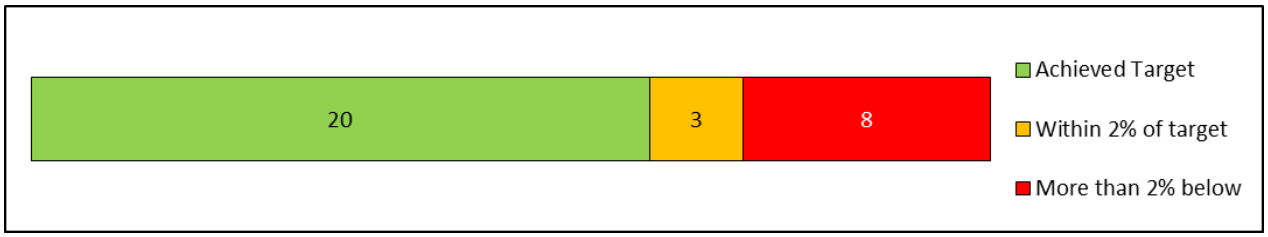
## Overview of Performance

6 There are 151 actions within the JHWS 2016-19 Delivery Plan. Progress is as follows:




7 There are 92 Indicators in the JHWS Performance Scorecard. Since the last report, updated data is available for 59 indicators.

8 There are 31 indicators with targets where updated data is available and included in the report. **Performance against target** is as follows:



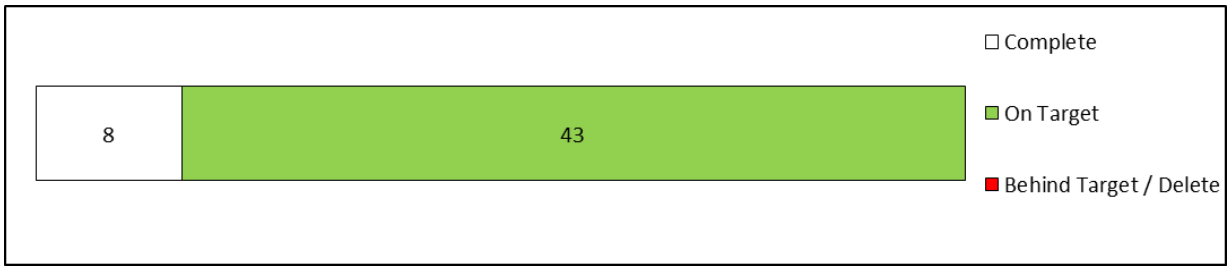

9 There are 40 indicators where updated data is available and it is possible to track **Direction of Travel.** Performance is as follows:


10 The following sections of the report are structured by JHWS Objective and provide updates about the following:

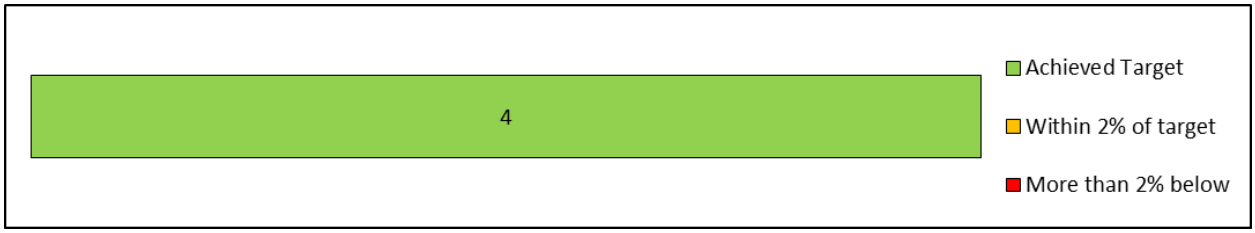
- Delivery Plan actions where revised dates have been agreed
- Performance indicators more than 2% behind target
- Other areas for improvement i.e. where performance has a significantly deteriorating trend and/or is significantly behind the national average
- Highlights and achievements

## Objective 1: Children and young people make healthy choices and have the best start in life

11 There are 51 actions under Objective 1. Progress is as follows:




12 There are 4 target indicators under Objective 1 for which new data is reported. Performance against target is as follows:




*Areas for Improvement*

### Breastfeeding

13 Both breastfeeding PIs (initiation and prevalence) are below latest national and regional performance. Breastfeeding prevalence also has a declining trend compared to the previous year.

| Previous Data | Indicator | Latest Data | Target 2016/17 | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| 54.9% (Jul-Sep15) | Breastfeeding initiation | **57.4%** (Jul-Sep16) | Tracker | 74.3% (2014/15) | 60.1% (2014/15) | ⇧ |
| 29.6% (Jul-Sep15) | Prevalence of breastfeeding at 6-8 weeks from birth | **26.1%** (Jul-Sep16) | Tracker | 43.5% (2015/16) | 31.3% (2015/16) | ⇩ |

14 Public Health have completed a breastfeeding Health Equity Audit which aims to provide a better understanding of the population who are choosing to take up breastfeeding compared to those who are not and at what point mothers are most likely to stop breastfeeding. This will be used to inform targeted programmes and interventions to improve breastfeeding rates for County Durham. Findings will be presented to the Health and Wellbeing Board at the January meeting.

15 As part of the national and world breastfeeding awareness weeks in June and August 2016, health visitors instigated daily phone calls to all breast feeding

mothers once the midwife has transferred their care. This is to provide ongoing daily support during the first few weeks when mothers are most likely to stop breastfeeding.

16 Following discussions with One Point, the Infant Feeding Team, a service dedicated to supporting and promoting breastfeeding and safe formula feeding practices in line with UNICEF's Baby Friendly Initiative (BFI), are keen to support Children's Centres to achieve an appropriate form of breastfeeding accreditation, such as the UNICEF BFI Level 3, to ensure a high-level of breastfeeding support is available across the county.

**Percentage of children classified as overweight or obese**

17 Latest data from the National Child Measurement Programme identifies that the percentage of children both aged 4-5 and 10-11 years old who are classified as overweight or obese has increased and is above the national average. Latest data is similar to the North East regional average.

| Previous Data | Indicator | Latest Data | Target 2016/17 | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| 23% (2014/15 | Percentage of children aged 4-5 classified as overweight or obese | **24.3%** (2015/16) | Tracker | 22.1% (2015/16) | 24.6% (2015/16) | ⇧ |
| 36.6% (2014/15) | Percentage of children aged 10-11 classified as overweight or obese | **37.2%** (2015/16) | Tracker | 34.2% (2015/16) | 37% (2015/16) | ⇧ |

18 An update from the Healthy Weight Alliance (HWA) highlights the strategic approach to obesity being taken as a result of County Durham becoming a national pilot for obesity. This update will be presented at this meeting of the Health and Wellbeing board. The report identifies strategic themes for tackling obesity as:

- Leading by example
- Give every child the best start in life
- Improving play, and
- Engaging the whole system

19 The report also highlights progress being made and makes recommendations for future action.

**Mothers smoking at time of delivery (SATOD)**

20 Although the percentage of mothers smoking at the time of delivery (SATOD) has achieved target and reduced, it remains higher than regional and national averages. Between April and June 2016, 217 of 1,310 mothers were smoking at time of delivery.

| Previous Data | Indicator | Latest Data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| 18.1% (Apr-Jun15) | Percentage of mothers smoking at time of delivery | **16.6%** (Apr-Jun16) | 17.2% | 10.2% (Apr-Jun16) | 15.6% (Apr-Jun16) | ⇩ |

21 In County Durham, SATOD ranges from 11.3% in North Durham CCG to 20.6% in Durham Dales, Easington and Sedgefield CCG. In total there were 217 mothers in the period who were SATOD, with 153 in DDES CCG which has the second highest SATOD rate in the North East and ninth-highest of all CCGs in England.

22 SATOD data is not currently available to a lower geographic area than CCG-level. The provision of data from all hospitals in the region is to be discussed at the next regional Public Health Intelligence leads meeting.

23 Fresh, the regional tobacco control programme, commissioned the 'babyClear' initiative to reduce exposure to smoke for unborn babies during pregnancy and to work with midwives and Foundation Trusts to ensure pregnant women who smoke get the best help to quit. Midwives in County Durham offer advice and support, including systematic carbon monoxide testing, as part of the routine tests all women receive at their first booking appointment.

**Proportion of five year old children free from dental decay**

24 The proportion of five year old children free from dental decay is 64.9%, which is lower than national and regional averages.

| Previous Data | Indicator | Latest Data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| Not available | Proportion of five year old children free from dental decay | **64.9%** (2014/15) | Tracker | 75.2% (2014/15) | 72% (2014/15) | N/A |

25 An Oral Health Strategy for County Durham has been drafted by the Oral Health Strategy group. The strategy addresses the 21 recommendations to improve the oral health of our communities from the National Institute for Health and Care Excellence (NICE) Public Health 55 Guidance.

26 The draft strategy was agreed for consultation by the Health and Wellbeing Board at the July 2016 meeting. The final version will be presented to the Board at the January 2017 meeting for agreement.

27 The Oral Health Strategy aims to:

- reduce the population prevalence of dental disease – and specifically levels of dental decay in young children and vulnerable groups;
- reduce the inequalities in dental disease;
- ensure that oral health promotion programmes are evidence informed and delivered according to identified need.

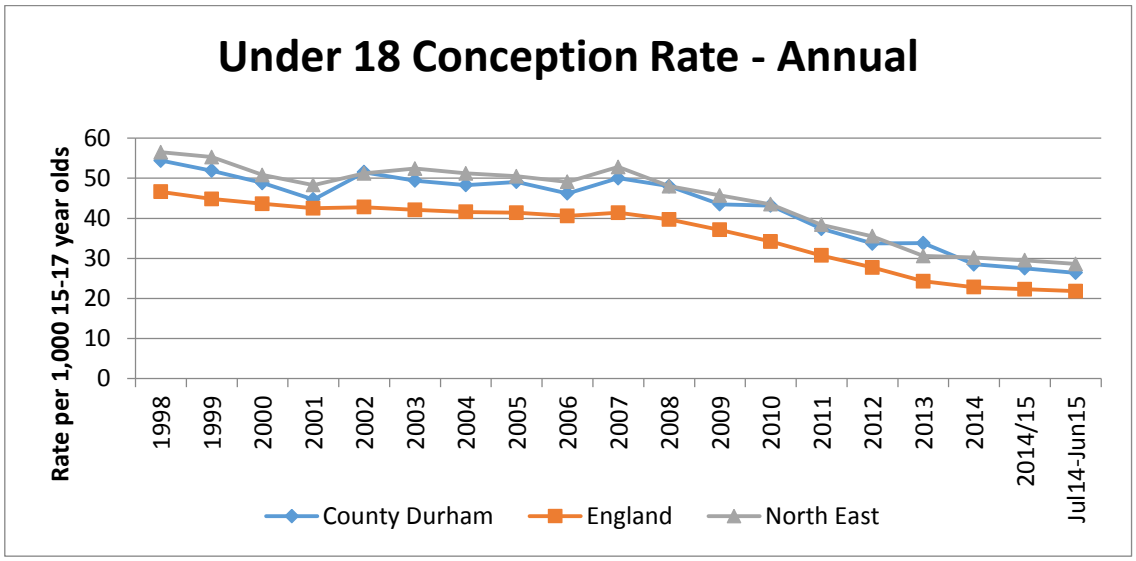
*Performance Highlights*

**Under 18 Conception Rate**

28 The under 18 conception rate in County Durham is at its lowest level since reporting first began in 1998. There were 222 conceptions in July 2014 - June 2015 compared to 499 in 1998.

| Previous Data | Indicator | Latest Data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| **29** (Jul13-Jun14) | Under 18 conception rate per 1,000 15-17 year olds | **26.4** (Jul14-Jun15) | Tracker | 21.8 (Jul14-Jun15) | 28.6 (Jul14-Jun15) | ⇩ |

29 The chart below shows the trend since 1998:



### Young Person's Treatment for Substance Misuse

30 The percentage of exits from young person's drug and alcohol treatment which are planned is 87% (33 of 38). This is exceeding target, has increased from the same period last year (77%) and is higher than the national average.

| Previous Data | Indicator | Latest Data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| **77%** (Apr-Jun15) | Percentage of all exits from young person's treatment which are planned (alcohol and drugs) | **87%** (Apr-Jun16) | 80% | 83% (Apr-Jun16) | Not available | ⇧ |

### Emergency admission rate for children with asthma (QPI)

31 Both CCGs are meeting QPI targets in relation to emergency admission rates for children with asthma for the April – August 2016 period.

| Previous Data | Indicator | Latest Data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| N/A | Emergency admission rate for children with asthma per 100,000 population aged 0-18 *(QPI)* - ND | **66.84** (Apr-Aug16) | 95 | Not available | Not available | Not available |
| N/A | Emergency admission rate for children with asthma per 100,000 population aged 0-18 - *(QPI)* - DDES | **91.10** (Apr-Aug16) | 93.1 | Not available | Not available | Not available |

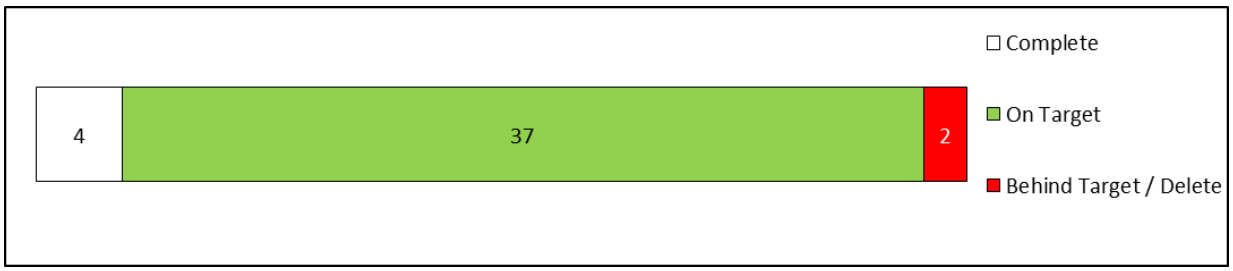
### Child and Adolescent Mental Health Services (CAMHS) Waiting Times

32 Between April and September 2016, 83.1% of young people referred to CAMHS were seen within 9 weeks. In quarter 2 (Jul-Sep16) this was 94.1%.

| Previous Data | Indicator | Latest Data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| 77.3% (2015/16) | Number of young people referred to CAMHS who are seen within 9 weeks | **83.1%** (Apr-Sep16) | Tracker | Not available | Not available | ⇧ |

## Objective 2: Reduce health inequalities and early deaths

33 There are 43 actions under this objective. Progress is as follows:




34 The 2 actions where performance is behind target are as follows:

- **Complete the Health Equity Audit for cancer and implement refreshed actions which are identified in this process (ND and DDES CCG)**

  - The Cancer Health Equity Audit (HEA) is not yet complete due to issues accessing the cancer mortality data at sub-County Durham level, which have now been resolved. The HEA will be shared with partners once complete with a revised target date from September 2016 to November 2016.

- **Develop a local diabetes strategy based on the strategic framework model for cardiovascular disease to target those people in County Durham who are most at risk by working with consultants and GP practices to deliver improved health outcomes for people with Diabetes (ND and DDES CCG)**

  - Target date revised from August 2016 to April 2017. In North Durham during 2016/17 GP Federations and GP Practices will begin to work towards achievement of the overall service aims and objectives. This will initially focus on developing the skills of Practice Staff, facilitating care provided in GP Practice settings, developing integrated working relationships with Secondary Care Consultants, Specialist Medical Practitioners and Diabetes Specialist Nurses and proactively contributing to the work of the Diabetes Groups and Diabetes Governance Board in preparation to deliver the service from 1st April 2017.

  - In DDES CCG, the new diabetes model has been rolling out in a phased approach within, with clinics operating under the new model in Durham Dales since July, and in some Sedgefield practices since August. In Easington and the remaining Sedgefield practices a series of initial practice visits is on-going, with specialist staff working with primary care staff to agree an action plan for implementation. Practices have shown great enthusiasm for providing this innovative new care model for their patients, and locality groups have been meeting monthly to address issues, share good practice and ensure practices are supported during this transition.

35 There are 9 indicators with targets under Objective 2 for which new data is reported. Performance against target is as follows:


Performance indicators more than 2% below target:

**Percentage of the eligible population who receive a health check**

36 Between April and June 2016, 1.9% of the eligible population (2,990 of 158,690) have received a health check. This is slightly below target and in line with national and regional averages.

| Previous Data | Indicator | Latest Data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| 1.9% (Apr-Jun15) | Percentage of the eligible population who receive a health check | **1.9%** (Apr-Jun 16) | 2% | 2% (Apr-Jun16) | 1.8% (Apr-Jun16) | ⇔ |

37 A total of 2,990 health checks were undertaken between April – June 2016. Of these, 135 were undertaken on those patients identified as at high-risk of cardiovascular disease on GP Practice Registers.

38 In addition, a further 1,066 Mini Health 'MOTs' were undertaken in County Durham. These are not full health checks and are therefore not included in the nationally reported data, but are an important part of the Check4LIfe programme.

39 The current targeted approach will continue throughout 2016/17, with providers receiving £35 for a high risk patient health check.

40 A detailed report on the NHS Health Check programme within County Durham was presented to the Board at the 26 July 2016 meeting. This outlined proposals for a new delivery model to be commissioned from 1 April 2017. It was agreed that once the new delivery model is developed it will be presented to a future Health Wellbeing Board meeting.

## Cancer Waiting Times – First Treatment within 62 Days

41 The proportion of patients who receive first treatment for cancer within 62 days within DDES is not within 2% of the national 85% target.

| Previous Data | Indicator | Latest Data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| 82.9% (Apr-Jun15) | % of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer - DDES CCG | **81.5%** (Apr-Jun16) | 85% | 82.2% (Apr-Jun16) | Not available | ⇩ |
| 79.9% (Apr-Jun15) | % of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer - ND CCG | **83.7%** (Apr-Jun16) | 85% | 82.2% (Apr-Jun16) | Not available | ⇧ |

42 The 62 day cancer waiting times standard remains an area of focus for both CCGs and providers in County Durham. Performance continues to be monitored through contract meetings and the CCG performance framework. Patient level breach analysis of the 62 day standard is being undertaken by both CCGs and providers to identify underlying causes and trends to help inform actions to improve patient pathways. The most common breach reasons identified are complex diagnostic pathways, capacity issues and 'other' reasons.

43 Initially, all providers were expected to achieve the cancer standards by the end of 2015/16. However the 2016/17 Planning Guidance has revised this to March 2017.

44 The performance of the main local hospital FTs in relation to this indicator is presented below. All of the main local providers to County Durham are performing above the national average. County Durham and Darlington NHS Foundation Trust (CDDFT) in particular are exceeding the national target.

| Trust | Q1 (Apr-Jun16) |
|---|---|
| County Durham and Darlington NHS Foundation Trust | 85.6% |
| North Tees and Hartlepool NHS Foundation Trust | 83.4% |
| City Hospitals Sunderland NHS Foundation Trust | 82.9% |
| *All English Providers* | *82.2%* |

## Successful completions of drug treatment – Opiates

45 The number of people in drug treatment for opiate use between March 2015 and February 2016 was 1,493 with 77 successfully completing i.e. they did not re-present within the 6 months up to the end of August 2016. This equates to a 5.2% successful completion rate. This is below the target range, performance from the same period in the previous year and the national average.

| Previous Data | Indicator | Latest Data | Target | National Average | Top Quartile | Direction of Travel |
|---|---|---|---|---|---|---|
| 6.8% | Percentage of successful completions of those in drug treatment - opiates | **5.2%** (Mar15-Feb16 - Representations to Aug16) | >8.16% | 6.7% (Mar15-Feb16 - Representations to Aug16) | 8.16% - 16.80% | ⇩ |

### Successful completions of drug treatment – Non-Opiates

46 The number of people in drug treatment for non-opiate use between March 2015 and February 2016 was 622 with 140 successfully completing i.e. they did not re-present within the 6 months up to end of August 2016. This equates to a 22.5% successful completion rate. This is below the target range, performance from the same period in the previous year and the national average.

| Previous Data | Indicator | Latest Data | Target | National Average | Top Quartile | Direction of Travel |
|---|---|---|---|---|---|---|
| 40.9% | Percentage of successful completions of those in drug treatment – non-opiates | **22.5%** (Mar15-Feb16 - Representations to Aug16) | >40.87% | 36.8% (Mar15-Feb16 - Representations to Aug16) | 40.87% - 56.51% | ⇩ |

### Alcohol Treatment

47 The number of people in alcohol treatment between September 2015 and August 2016 was 1,068 with 291 successfully completed. This equates to a 27.2% successful completion rate, against the target of the national average (39.3%). It is also lower than in the same period last year.

| Previous Data | Indicator | Latest Data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| 28.7% (Sep14-Aug15) | Percentage of successful completions of those in alcohol treatment | **27.2%** (Sep15-Aug16) | 39.3% | 39.3% (Sep15-Aug16) | Not available | ⇩ |

48 Public Health have developed a performance plan for Lifeline, the council's commissioned drug and alcohol treatment provider, which continues to be closely monitored on a monthly basis.

49 A new IT system went live on 3 October 2016 which it is anticipated will improve case management and enable enhanced local monitoring of successful completions.

*Other areas for improvement*

**Estimated smoking prevalence of persons aged 18 and over**

50 The estimated smoking prevalence of persons aged 18 and over in County Durham has fallen to 19%, this however remains above regional and national averages.

| Previous data | Indicator | Latest data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| 20.3% (2014) | Estimated smoking prevalence of persons aged 18 and over | **19%** (2015) | Tracker | 16.9% (2015) | 18.7% (2015) | ⇩ |

51 The Smokefreelife County Durham service, commenced on 1 April 2016, and is now available seven days a week, with services including a mobile clinic offered alongside a free telephone Quitline, text, email and traditional face-to-face support. The existing team have transferred over to the new provider to ensure continuity of care and a continuing strong relationship with pharmacists, GPs, midwives, hospital consultants, health care and voluntary sector professionals.

*Performance Highlights*

**Proportion of physically active adults**

52 In the 2015 Active People Survey, the proportion of physically active adults in County Durham was 57.3%, which is higher than national and regional averages and has improved from 2014.

| Previous data | Indicator | Latest data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| 55.5% (2014) | Proportion of physically active adults | **57.3%** (2015) | Tracker | 57% (2015) | 52.9% (2015) | ⇧ |

**Cancer Treatment within 31 Days**

53 Over 97% of patients in both CCGs received their first definitive treatment for cancer within 31 days of diagnosis (Decision to treat date). This exceeds target (96%) and meets the national average (97.5%).

| Previous data | Indicator | Latest Data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| 98.4% (Apr-Jun15) | Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis (decision to treat date) - DDES CCG | **97.5%** (Apr-Jun16) | 96% | 97.5% (Apr-Jun16) | N/A | ⇩ |
| 98.5% (Apr-Jun15) | Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis (decision to treat date) - ND CCG | **99.4%** (Apr-Jun16) | 96% | 97.5% (Apr-Jun16) | N/A | ⇧ |

**Smoking Quitters**

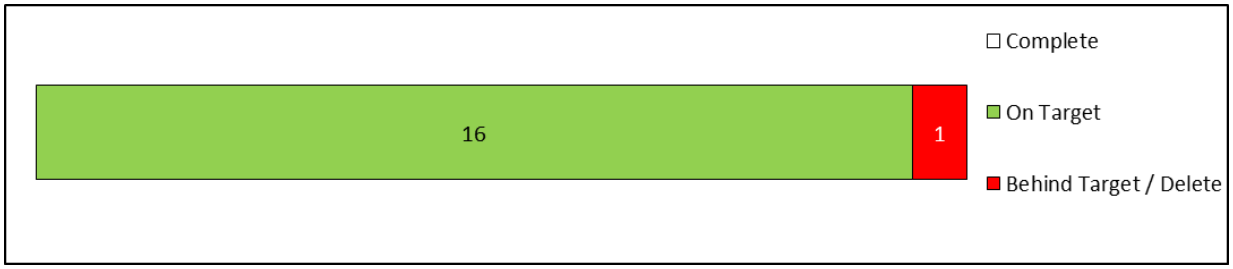
54 Between April and June 2016, 644 people quit smoking following support from the stop smoking service (SSS). This has achieved the SSS' contracted quarterly target of 555 quitters, however is lower than the 672 at the same point last year.

| Previous data | Indicator | Latest data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| 712 [672 quitters] (Apr-Jun15) | Four week smoking quitters per 100,000 18+ smoking population [Number of quitters] | **682.4** [644 quitters] (Apr-Jun16) | 588 [555 quitters] | N/A | N/A | ⇩ |

55 There has been a reduction in the overall number of quitters compared to last year. NHS Digital identify an increase in the use of e-cigarettes 'which have become widely available' as a potential factor. They also state that the 'fall in smoking prevalence' generally may also be contributing to the decline in use of smoking cessation services.

## Objective 3: Improve the quality of life, independence and care and support for people with long term conditions

56 There are 17 actions under this objective. Progress against the actions is as follows:




57 The 1 action where performance is behind target is as follows:

- **Deliver a sustainable service to people in care homes, hospitals and supported living are cared for in the right way to regarding to ensure Deprivation of Liberty Safeguards (DoLS) are met.**
    - There is currently a backlog of DoLS applications within Adult Care. Additional staff have been appointed to assist and it is anticipated the backlog will be cleared by the revised target date of September 2017.

58 There are 15 indicators with targets under Objective 3 for which new data is reported. Performance against target is as follows:


Performance indicators more than 2% below target:

**Increase in the proportion of GP referrals made by e-referrals (QPI)**

59 As at July 2016, the proportion of GP referrals made by e-referrals for DDES CCG was 74.8% which is below the QPI target of 80%. North Durham CCG is exceeding the target.

| Previous data | Indicator | Latest Data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| Not available | Increase in the proportion of GP referrals made by e-referrals (QPI) - DDES | **74.8%** (Jul16) | 20% increase on Mar16 outturn@ Mar17 or 80% @ Mar17 | Not available | Not available | N/a |
| Not available | Increase in the proportion of GP referrals made by e-referrals (QPI) - ND | **85.7%** (Jul16) | 20% increase on Mar16 outturn@ Mar17 or 80% @ Mar17 | Not available | Not available | N/a |

60 When GP Practices are unable to book secondary care outpatient appointments on the e-referrals system “Choose and Book”, the referral is ‘deferred to provider’ who then books a slot when available but this appointment does not appear in the utilisation figures. This is the main reason the 80% target has not been achieved in DDES CCG area and it is not due to non-use of the system by practices.

61 DDES CCG e-referrals performance level is not linked specifically to one hospital. DDES have a large number of practices over a large geographical area. This complex picture includes sites where the ‘slot issues’ are significantly high resulting in a lower e-referral utilisation rate.

*Other areas for improvement*

**Adults aged 65+ admitted to residential or nursing care (BCF)**

62 Between April and September 2016 the rate of 65+ permanent admissions to residential or nursing care per 100,000 populations is higher than the Better Care Fund target and has increased from the same period in 2015/16.

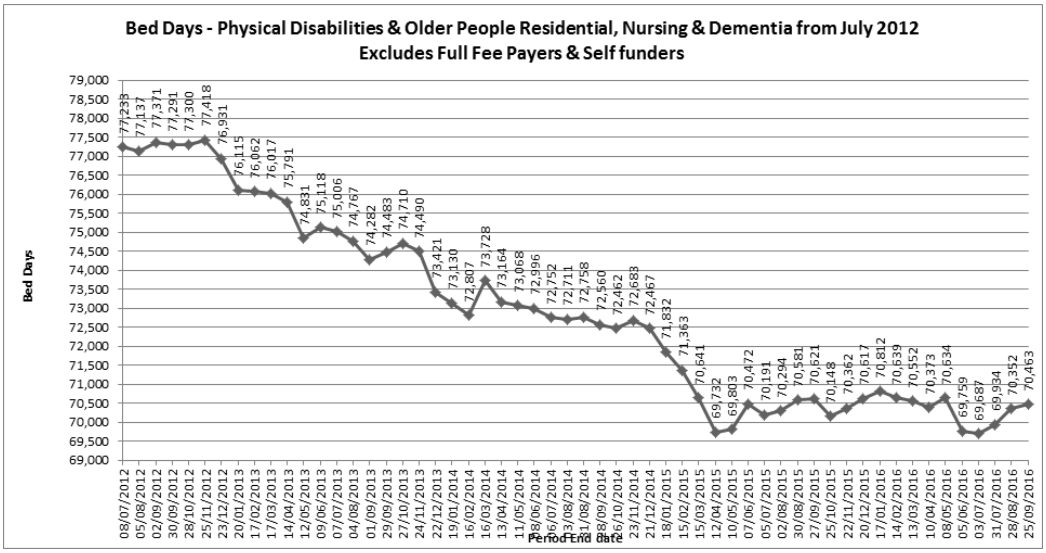
| Previous data | Indicator | Latest Data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| 356.2 (Apr-Sep 16) | Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care | **367.8** (Prov) (Apr-Sep16) | 362.2 | 628.2 (2015/16 Adult Social Care Outcomes Framework [ASCOF]) | 843.0 (2015/16 ASCOF) | ⇧ |

63 The rate of 367.8 per 100,000 adults aged 65 and over relates to 387 actual admissions to permanent residential and nursing care. This is 6 more than the target of 381 and higher than the 371 admissions in the same period of 2015/16.

64 Of the 387 admissions, 138 were direct to specialist dementia care and 42 to nursing care. Complexity of care is increasing with an additional 16 admissions to dementia care compared to the same period last year. The average age of the 323 older people admitted to residential and nursing care this quarter was 85.4 years.

65 Panels continue to scrutinise permanent admissions to residential or nursing care homes in order to ensure that those who are unable to be supported safely at home are admitted to permanent care.

66 The following chart highlights the reduction in the number of bed days purchased by the council and that this is now plateauing; over the last 12 months the number of bed days purchased in each 4 week period has remained fairly consistent.



**Avoidable emergency admissions per 100,000 population (BCF)**

67 Between April and June 2016, there were 2,993 avoidable emergency admissions to hospital per 100,000 population. Performance is slightly above the Better Care Fund target of 2956 and is similar to the same period in the previous year.

| Previous data | Indicator | Latest Data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| 2987 (Apr-Jun15) | Avoidable emergency admissions per 100,000 population (BCF) | **2993** (Apr-Jun16) | 2956 (Apr-Jun16) | Not available | Not available | ⇧ |

68 A new condition imposed by NHS England is that a proportion of the BCF allocation is invested in NHS commissioned out-of-hospital services. This replaces the previous payment for performance linked to delivering a reduction in non-elective admissions in 2015/16.

69 Both ND and DDES CCG's continue to work on a range of projects aimed at reducing inappropriate demand on A&E and Urgent Care, particularly for vulnerable, frail and elderly patients at higher risk of admission.

70 Following the review of Intermediate Care+ services revised delivery models have been agreed. In particular, the Intermediate Care bed model has been revisited and will include provision of this function in a community hospital setting in the Dales locality. The independent sector provision for the rest of the county has been re-procured and the new contract started on 1 September 2016.

71 The Better Health Programme is underway to improve 'Not in Hospital' Services, looking closely at how primary, community and social care are connected in our area and how this can be improved in the future to meet increased demand. Locally, the priority themes for 2016/17 are:

- Discharge to Assess
- Development of Integrated Community Hubs

*Performance Highlights*

**Telecare (BCF)**

72 There has been an increase in the number of people in receipt of Telecare when compared to the same period in 2015 and this has exceeded the Better Care Fund quarterly target.

| Previous Data | Indicator | Latest Data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| 335.6 (At 30 Sep 15) | The number of people in receipt of Telecare per 100,000 (BCF) | **506.4** (At 30 Sep16) | 454 | Not available | Not available | ⇧ |

**Older People at Home 91 Days after Hospital Discharge following Reablement/ Rehabilitation Services (BCF)**

73 Between January and June 2016, 86% of older people were still living at home 3 months after they were discharged from hospital into reablement / rehabilitation services. This has exceeded target and is better than national and regional benchmarking figures.

| Previous Data | Indicator | Latest Data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| 88% (Jan-Jun15) | Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (BCF) | **86%** (Jan-Jun 16) | 86% | 82.7% (2015/16 ASCOF) | 85.5% (2015/16 ASCOF) | ⇩ |

**Delayed transfers of care from hospital (QPI and BCF)**

74 Performance against all delayed transfers of care measures is positive in County Durham. Both DDES and ND CCGs are meeting QPI targets and the BCF measure is expected to achieve the April – September target.

| Previous Data | Indicator | Latest Data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| 4.9 (Apr-Aug15) | Delayed transfers of care from hospital per 100,000 population (ASCOF) | **3.8** (Apr-Aug 16) | Tracker | 12.1 (2015/16) | 5.6 (2015/16) | ⇩ |
| 742.4 (Apr-Aug15) | Delayed transfers of care from hospital per 100,000 population (BCF) | **572.1** (Apr-Aug 16) | 814 (Apr-Sep16) | Not available | Not available | ⇩ |
| Not available | Delayed transfers of care from hospital per 100,000 population aged 18+ - DDES *(QPI)* | **547.01** (Apr-Aug16) | 632.6 (Apr-Aug 16) | Not available | Not available | Not available |
| Not available | Delayed transfers of care from hospital per 100,000 population aged 18+ - ND *(QPI)* | **545.89** (Apr-Aug16) | 631.2 (Apr-Aug 16) | Not available | Not available | Not available |

75 There are a number of different measures of delayed discharges which are used for different purposes. Definitions for the indicators above are as follows:

- Measure 1 (Adult Social Care Outcomes Framework [ASCOF]): The average number of **people** per 100,000 population who are medically fit for discharge from a hospital bed (both acute and non-acute settings) where the discharge has been delayed and is attributable to either health or social care. Calculation is based on a single day every month;
- Measure 2 (BCF): The average number of **days** per 100,000 population that patients are delayed within the 3 month reporting period and the delay is attributable to either health or social care. Calculation is based on a full 3 month period and is a statutory indicator within the Better Care Fund;

- Measures 3 and 4 (QPI): The number of **days** per 100,000 population that patients are delayed which are attributable to the NHS. Calculation is based on full year and split by CCG.

**Self-Directed Support**

76 As at 30 September 2016, 93.5% of adult social care service users were in receipt of self-directed support. This is above national and regional averages.

| Previous Data | Indicator | Latest Data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| 91% (At 30 Sep 15 | Proportion of people using social care who receive self-directed support | **93.5%** (At 30 Sep 16) | 90.0% | 83.7% (2014/15) | 91.9% (2014/15) | ⇧ |

**Antimicrobial resistance (AMR) Improving antibiotics prescribing in primary care (QPI)**

77 For the period August 2015 to July 2016 both CCGs are meeting QPI targets for improving antibiotic prescribing in primary care

| Previous Data | Indicator | Latest Data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| Not available | Improving antibiotics prescribing in primary care (QPI) DDES *a) reduction in antibiotics* | **1.322** (Aug15-Jul16) | less than 1.374 | Not available | Not available | N/a |
| Not available | Improving antibiotics prescribing in primary care (QPI) DDES *b) reduction in broad spectrum antibiotics* | **5.9** (Aug15-Jul16) | less than 10 | Not available | Not available | N/a |
| Not available | Improving antibiotics prescribing in primary care (QPI) ND *a) reduction in antibiotics* | **1,218** (Aug15-Jul16) | less than 1.221 | Not available | Not available | N/a |
| Not available | Improving antibiotics prescribing in primary care (QPI) ND *b) reduction in broad spectrum antibiotics* | **6.6** (Aug15-Jul16) | less than 10 | Not available | Not available | N/a |

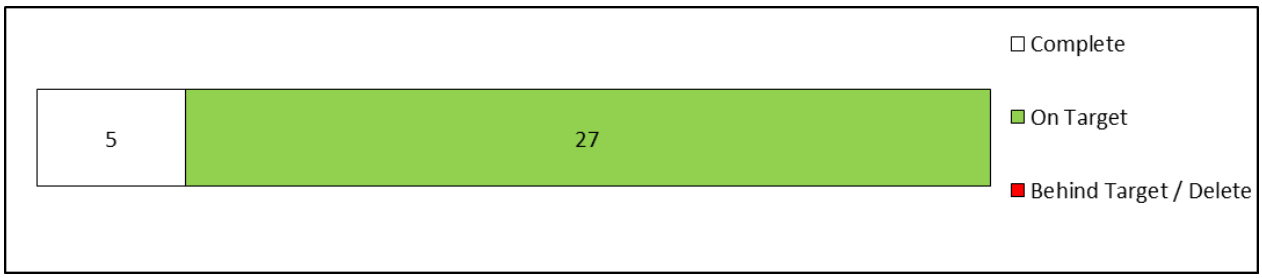
**Overall experience of making a GP appointment (QPI)**

78 Both CCGs are meeting QPI targets in relation to patients overall experience of making a GP appointment.

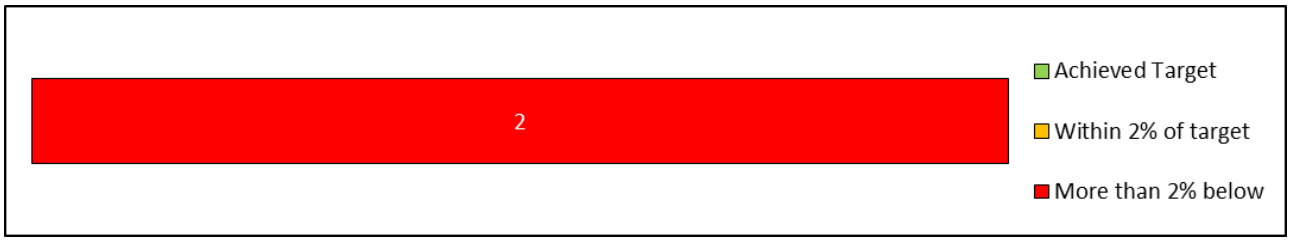
| Previous Data | Indicator | Latest Data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| Not available | Overall experience of making a GP appointment *(QPI)* DDES | **89.7%** (Q4 14/15 & Q215/16) | 85% or 3 % points increase in July 2017 | Not available | Not available | N/a |
| Not available | Overall experience of making a GP appointment *(QPI)* ND | **89%** (Q4 14/15 & Q215/16) | 85% or 3 % points increase in July 2017 | Not available | Not available | N/a |

## Objective 4: Improve Mental Health and Wellbeing of the Population

79 There are 32 actions under objective 4. Progress is as follows:




80 There are 2 indicators with a target under Objective 4 for which new data is reported. Performance against target is as follows:




Indicators more than 2% behind target

**Improving Access to Psychological Therapies (IAPT) Services: People entering IAPT services as a % of those estimated to have anxiety/depression (QPI)**

81 The percentage of those estimated to have anxiety/depression entering IAPT services in both CCG areas is below the QPI target.

| Previous data | Indicator | Latest Data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| 11.7% (2015/16) | People entering IAPT services as a % of those estimated to have anxiety/depression - ND | **11.7%** (Apr-Aug16) | 15% | Not available | Not available | ⇧ |
| 12.1% (2015/16) | People entering IAPT services as a % of those estimated to have anxiety/depression - DDES | **11.9%** (Apr-Aug16) | 15% | Not available | Not available | ⇩ |

82 Although below target, performance levels within IAPT services are anticipated to increase by CCGs following the future inclusion of current and historic data from relevant counselling services.

*Other areas for improvement*

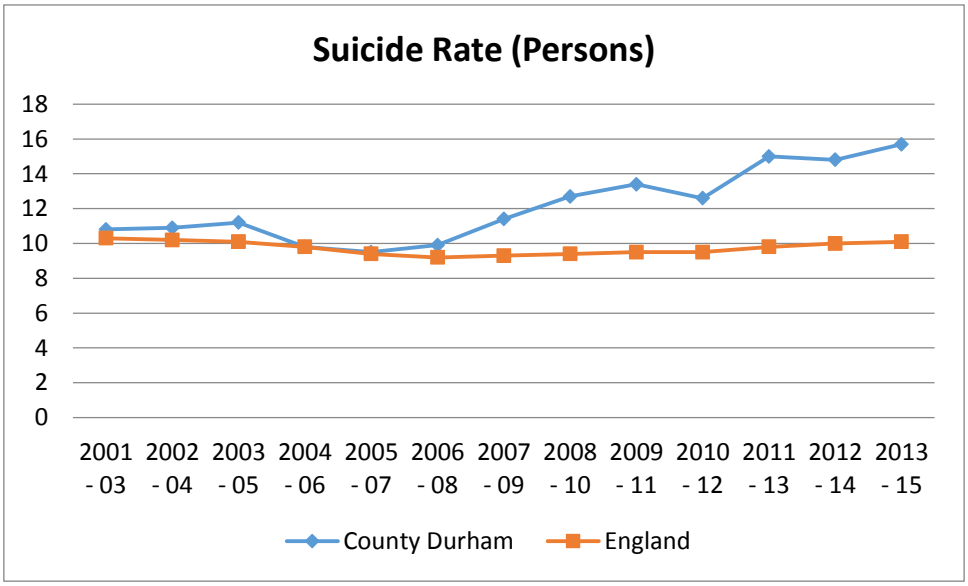
**Suicide Rate**

83 The suicide rate in County Durham has increased and remains above regional and national averages. In 2012-14 there were 202 suicides in the county, compared to 215 in 2013-15.

| Previous data | Indicator | Latest Data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| 14.8 (2012-14) [202] | Suicide rate (deaths from suicide and injury of undetermined intent) per 100,000 population [number of suicides] | **15.7** (2013-15) [215] | Tracker | 10.1 (2013-15) | 12.4 (2013-15) | ⇧ |

84 County Durham has the second-highest rate of suicide in the region and the highest in its similar authority/neighbour group.

85 The chart below highlights the increasing trend in suicide in County Durham. Since 2001-03, the suicide rate in County Durham has increased 143 to 215 an increase of 45.4%. Regionally the number of suicides has increased by 9.7%, with the national rate reducing by 1.9%.




86 An audit of local suicide data has been undertaken by Public Health and this will be used alongside Public Health England's 'Local suicide prevention planning" practice resource to support the development of County Durham's Suicide Prevention Action Plan. This supports the national 2012 strategy 'Preventing Suicide in England. A Cross Government Outcomes Strategy to save Lives'.

87 A report is to be presented to the Health and Wellbeing Board in March 2017.

88 Public Health have funded a suicide prevention training programme for 2016, which commenced in July 2016 and includes:

- ASIST - a two-day, interactive workshop that prepares caregivers to provide suicide life-assisting, first-aid intervention
- Mental Health First Aid Training - an educational course which teaches people how to identify, understand and help a person who may be developing a mental health issue.
- Suicide to Hope (s2H) - a one day recovery and growth workshop primarily designed for clinicians and other professional caregivers who work with persons recently at risk of and currently safe from suicide.

**Gap between the employment rate for those with a long-term health condition and the overall employment rate**

89 The gap between the overall employment rate and that for those with a long-term health condition has increased and is above national and regional rates.

| Previous data | Indicator | Latest Data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| 16.5% (Jan-Mar15) | Gap between the employment rate for those with a long term health condition and the overall employment rate | **18.5%** (Jan-Mar16) | Tracker | 13.3% (Jan-Mar16) | 13.7% (Jan-Mar16) | ⇧ |

90 The main support for assisting people with long term health conditions into work are the Department for Work and Pensions (DWP) commissioned 'Work Programme' and 'Work Choices'. The Work Programme provides a two year one-time only support programme for referred Job Seeker Allowance (JSA) and Employment Support Allowance (ESA) clients.

91 The Work Programme contract started in June 2011. Following a peak in 2013, intake volumes have fallen as the contract enters its final stage. Through the Work Programme, job outcome rates have differed, with much lower rates for ESA clients (15%) than JSA clients (40+%).

92 Analysis suggests that those people with more labour market experience / fewest barriers have been assisted into work more quickly than those with multiple barriers / longer-term conditions. This was one of the drivers behind a new programme recently commissioned through European Social Fund monies across the North East. The DWP opt-in, due to commence in December 2016, will focus on those clients completing mainstream programmes but not securing sustained employment. The emphasis will be on engagement and attachment of ESA claimants.

93 Alongside this programme, the North East Mental Health Trailblazer will start delivery from November 2016. This is one of four pilots established by the government. Northumberland County Council (NCC) is project managing and employing delivery staff on behalf of NECA and working with IAPT providers in all seven local authority areas to host staff in clinical delivery teams. The pilot will see specialist mental health employment coaches work with clients progressing through IAPT services with an aim to secure increased employment outcomes as part of the recovery package.

Performance Highlights

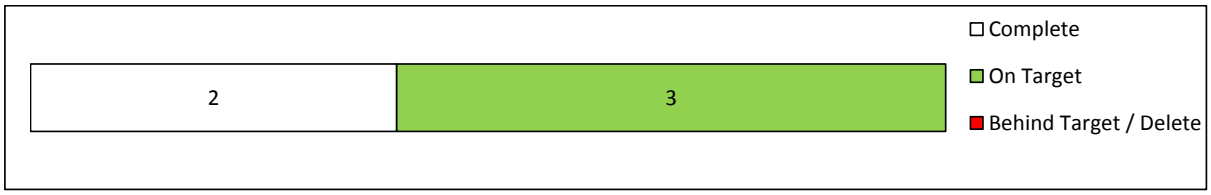
**Percentage of people who use adult social care services who have as much social contact as they want with people they like**

94 In the 2015/16 national Adult Social Care Survey, 49.2% of adult social care service users reported that they have as much social contact as they want with people they like

| Previous data | Indicator | Latest Data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| 48.7% (2014/15) | Percentage of people who use adult social care services who have as much social contact as they want with people they like | **49.2%** (2015/16) | Tracker | 45.4% (2015/16) | 49.9% (2015/16) | ⇧ |

## Objective 5: Protect vulnerable people from harm

95 There are 5 actions for objective 5. Progress against them is as follows:




96 There is 1 indicator with a target under Objective 5 for which new data is reported. Performance against target is as follows:

*Performance Highlights*

**Percentage of repeat incidents of domestic violence (referrals to a Multi-Agency Risk Assessment conference MARAC)**

97 There were 209 cases discussed at the MARAC between April and September 2016, of which 34 were repeats. This equates to 16.3%.

| Previous data | Indicator | Latest data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| 14.9% (Apr-Sep15) | Percentage of repeat incidents of domestic violence (referrals to MARAC) | **16.3%** (Apr-Sep16) | Less than 25% | **25%** (Jul14-Jun15) | **29%** (Jul14-Jun15) | ⇧ |

**People Who Use Services Who Say Those Services Make Them Feel Safe and Secure**

98 Latest data from the local Adult Social Care Survey (ASCS) shows that 92.5% of respondents reported that the social care services they use made them feel safe and secure. This has slightly decreased from the same period in 2015 but is above latest 2015/16 benchmarking data.

| Previous data | Indicator | Latest data | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| 94.4% (Apr-Aug 15) | Proportion of people who use services who say those services make them feels safe and secure | **92.5%** (Apr-Aug16) | Tracker | **85.4%** (2014-15) | **88.9%** (2014-15) | ⇩ |

## Objective 6: Support people to die in the place of their choice with the care and support that they need

99 There are 3 actions under objective 6. Progress is as follows:


100 There are no indicators with targets under Objective 6 for which new data is reported.

*Performance Highlights*

**Deaths in Usual Place of Residence**

101 The proportion of deaths in usual place of residence in both CCGs is above national and regional averages.

| 2014/15 | Indicator | 2015/16 | Target | National Average | North East Average | Direction of Travel |
|---|---|---|---|---|---|---|
| 45.6% (2014/15) | Proportion of deaths in usual place of residence (DDES CCG) | **46.7%** (2015/16) | Tracker | 45.8% (2015/16) | 46.1% (2015/16) | ⇧ |
| 49.2% (2014/15) | Proportion of deaths in usual place of residence (North Durham CCG) | **48.8%** (2015/16) | Tracker | 45.8% (2015/16) | 46.1% (2015/16) | ⇩ |

**Recommendations**

102 The Health and Wellbeing Board is recommended to:

- Note the performance highlights and areas for improvements identified throughout this report.
- Note the actions taking place to improve performance and agree any additional action planning.

**Contact: Keith Forster, Strategic Manager – Performance & Information Management**
**Tel: 03000 26739**

## Appendix 1: Implications

| | |
|---|---|
| **Finance** | Performance Management is a key activity in delivering efficiencies and value for money |
| **Staffing** | Performance management is a key element of resource allocation |
| **Risk** | Effective performance management can help to highlight and manage key risks |
| **Equality and Diversity / Public Sector Equality Duty** | None |
| **Accommodation** | None |
| **Crime and Disorder** | The Joint Health and Wellbeing Strategy includes actions which contribute to community safety priorities and includes an objective to protect vulnerable people from harm. |
| **Human Rights** | None |
| **Consultation** | The content of the performance management process has been agreed with the Board and has been part of the consultation on the JHWS |
| **Procurement** | None |
| **Disability Issues** | A range of indicators which monitor services to people with a disability are included within the performance system |
| **Legal Implications** | Performance management is crucial to ensure that key legal/statutory requirements are being discharged appropriately |

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# Joint Health and Wellbeing Board Performance Scorecard: 2nd Quarter 2016/17

**Key - Direction of Travel: Improved  Deteriorated  Within 2%**

| Previous Final Data | | Indicator | Latest Data | Period Target | 2016/17 Target | Direction of Travel - same period previous year | Data same period previous year | Next Data Refresh | National | North East | Similar Councils |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Strategic Objective 1: Children and young people make healthy choices and have the best start in life** | | | | | | | | | | | |
| 57.6% 2014/15 | 54.4% (2015/16) | **Breastfeeding initiation** | **57.4%** (Jul-Sep16) | | Tracker | ⇧ | 54.9% (Jul-Sep15) | Q4 (Oct-Dec16) | 74.3% (2014/15) | 60.1% (2014/15) | Not available |
| 28.9% (2014/15) | 28.1% (2015/16) | **Prevalence of breastfeeding at 6-8 weeks from birth** | **26.1%** (Jul-Sep 16) | | Tracker | ⇩ | 29.6% (Jul-Sep15) | Q4 (Oct-Dec16) | 43.5% (2015/16) | 31.3% (2015/16) | Not available |
| 23.8% (2013/14) | 23% (2014/15) | **Percentage of children aged 4-5 classified as overweight or obese** | **24.3%** (2015/16) | | Tracker | ⇧ | 23% (2014/15) | Q3 2017/18 (2016/17) | 22.1% (2015/16) | 24.6% (2015/16) | 23.1% (2014/15) |
| 35.9% (2012/13) | 36.6% (2014/15) | **Percentage of children aged 10-11 classified as overweight or obese** | **37.2%** (2015/16) | | Tracker | ⇧ | 36.6% (2014/15) | Q3 2017/18 (2016/17) | 34.2% (2015/16) | 37% (2015/16) | 34.4% (2014/15) |
| 73.5% (2014/15) | 77.3% (2015/16) | **Number of young people referred to CAMHS who are seen within 9 weeks** | **83.1%** (Apr-Sep16) | | Tracker | ⇧ | 81.7% (Apr-Sep15) | Q3 (Jul-Sep16) | Not available | Not available | Not available |
| 81.5 (10/11-12/13) | 69.9 (11/12-13/14) | Alcohol specific hospital admissions for under 18's (rate per 100,000) | 65.5 (12/13-14/15) | | Tracker | ⇩ | 69.9 (11/12-13/14) | Q1 17/18 (13/14-15/16) | 36.6 (2012/13-2014/15) | 60.4 (2012/13-2014/15) | Not available |
| 69% (2014/15) | 86% (2015/16) | **Percentage of exits from young person's substance misuse treatment that are planned discharges** | **87%** (Apr-Jun16) | | 80% | ⇧ | 77% (Apr-Jun15) | Q3 (Jul-Sep16) | 83% (Apr-Jun 16) | Not available | Not available |
| 8.9 (2012) | 7.9 (2013) | Under 16 conception rate | 5.8 (2014) | | Tracker | ⇩ | 7.9 (2013) | Q4 (2015) | 4.4 (2014) | 6.5 (2014) | 6.7 (2014) |
| 33.8 (2013) | 28.5 (2014) | **Under 18 conception rate** | **26.4** (Jul14-Jun15) | | Tracker | ⇩ | 29 (Jul13-Jun14) | Q3 (Oct14-Sep15) | 21.8 (Jul14-Jun15) | 28.6 (Jul14-Jun15) | 31.2 (2014) |
| 19.0% (2014/15) | 18.1% (2015/16) | **Percentage of mothers smoking at time of delivery** | **16.6%** (Apr-Jun16) | | 17.2% | ⇩ | 18.1% (Apr-Jun15) | Q3 (Jul- Sep16) | 10.2% (Apr-Jun 16) | 15.6% (Apr-Jun 16) | Not available |
| 4.1 (2010-12) | 3.3 (2011-13) | Infant mortality rate | 3.4 (2012-14) | | Tracker | ⇧ | 3.3 (2011-13) | Q3 (2013-15) | 4.0 (2012-14) | 3.6 (2012-14) | 3.7 (2012-14) |
| 15.1 (2013/14) | 15.8 (2014/15) | Emotional and behavioural health of Looked After Children [lower score is better] | 14.9 [Prov] (2015/16) | | Tracker | ⇩ | 15.8 (2014/15) | Q4 (2016/17) | 13.9 (2014/15) | 14 (2014/15) | 13.8 (2014/15) |
| 410.5 (2012/13) | 523.5 (2013/14) | Young people aged 10-24 admitted to hospital as a result of self-harm | 440.3 (2014/15) | | Tracker | ⇩ | 523.5 (2013/14) | Mar-17 | 398.8 | 477.7 | Not available |
| Not available | Not available | **Proportion of five year old children free from dental decay** | **64.9%** (2014/15) | | Tracker | N/A | Not available | TBC | 75.2% (2014/15) | 72% (2014/15) | Not available |
| Not available | Not available | Percentage of Community Eating Disorder Service cases receiving NICE compliant treatment in line with the new access and waiting time standards | Baseline to be established in 2016/17 & targets developed for 2017/18 | | Tracker | N/A | Not available | 2017/18 | Not available | Not available | Not available |
| Not available | Not available | **Emergency admission rate for children with asthma per 100,000 population aged 0-18 *(QPI)*- ND** | **66.84** (Apr-Aug16) | 95 | 228.0 | N/A | Not available | Monthly | Not available | Not available | Not available |
| Not available | Not available | **Emergency admission rate for children with asthma per 100,000 population aged 0-18 - *(QPI)* DDES** | **91.10** (Apr-Aug16) | 93.1 | 233.4 | N/A | Not available | Monthly | Not available | Not available | Not available |
| **Strategic Objective 2: Reduce health inequalities and early deaths** | | | | | | | | | | | |
| 394.18 (2012) | 407.1 (2013) | All cause mortality for persons aged under 75 years per 100,000 population | 407.1 (2014) | | Tracker | ⇔ | 407.1 (2013) | Q3 (2015) | 332.93 (2014) | 409.44 (2014) | Not available |

| Previous Final Data | | Indicator | Latest Data | Period Target | 2016/17 Target | Direction of Travel - same period previous year | Data same period previous year | Next Data Refresh | National | North East | Similar Councils |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 91.3 (2010-12) | 88.8 (2011-13) | Mortality from all cardiovascular diseases (including heart disease and stroke) for persons aged under 75 years per 100,000 population | 81.7 (2012-14) | | Tracker | ⇩ | 88.8 (2011-13) | Q3 (2013-15) | 75.7 (2012-14) | 85.9 (2012-14) | Not available |
| 164.2 (2010-12) | 166.6 (2011-13) | Mortality from cancer for persons aged under 75 years per 100,000 population | 168.6 (2012-14) | | Tracker | ⇧ | 166.6 (2011-13) | Q3 (2013-15) | 141.5 (2012-14) | 167.9 (2012-14) | Not available |
| 7.4% (2014/15) | 7% (2015/16) | **Percentage of the eligible population who receive an NHS Health Check** | **1.9%** (Apr-Jun16) | 2% | 8% | ⇔ | 1.9% (Apr-Jun15) | Q3 (Jul-Sep 16) | 2% (Apr-Jun16) | 1.8% (Apr-Jun16) | Not available |
| 21.7 (2010-12) | 21.9 (2011-13) | Mortality from liver disease for persons aged under 75 years per 100,000 population | 20.1 (2012-14) | | Tracker | ⇩ | 21.9 (2011-13) | Q4 (2013-15) | 17.8 (2012-14) | 23 (2012-14) | Not available |
| 40.1 (2010-12) | 43.4 (2011-13) | Mortality from respiratory disease for persons aged under 75 years per 100,000 population | 41.8 (2012-14) | | Tracker | ⇩ | 43.4 (2011-13) | Q4 (2013-15) | 32.6 (2012-14) | 41.2 (2012-14) | Not available |
| 98.1% (Oct-Dec15) | 98.5% (Jan-Mar16) | **Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis (decision to treat date) - DDES CCG** | **97.5%** (Apr-Jun16) | | 96% | ⇩ | 98.4% (Apr-Jun15) | Q3 (Jul-Sep 16) | 97.5% (Apr-Jun16) | Not available | Not available |
| 99.1% (Oct-Dec15) | 99.4% (Jan-Mar16) | **Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis (decision to treat date) - North Durham CCG** | **99.4%** (Apr-Jun16) | | 96% | ⇧ | 98.5% (Apr-Jun15) | Q3 (Jul-Sep 16) | 97.5% (Apr-Jun16) | Not available | Not available |
| 81.2% (2014/15) | 81.3% (2015/16) | **Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer - DDES CCG** | **81.5%** (Apr-Jun16) | | 85% | ⇩ | 82.9% (Apr-Jun16) | Q3 (Jul-Sep16) | 82.2% (Apr-Jun16) | Not available | Not available |
| 85.5% (2014/15) | 83.9% (2015/16) | **Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer - North Durham CCG** | **83.7%** (Apr-Jun16) | | 85% | ⇧ | 79.9% (Apr-Jun16) | Q3 (Jul-Sep16) | 82.2% (Apr-Jun16) | Not available | Not available |
| Not available | 49.5% (2014) | **Cancer diagnosed at early stage *(QPI)* - ND** | 2015/16 baseline data released Mar-17 | | 4 percentage point improvement or achieve >60% in 2016 | N/A | Not available | Q4 (2015/16) | Not available | Not available | Not available |
| Not available | 49.6% (2014) | **Cancer diagnosed at early stage *(QPI)* - DDES** | 2015/16 baseline data released Mar-17 | | 4 percentage point improvement or achieve >60% in 2016 | N/A | Not available | Q4 (2015/16) | Not available | Not available | Not available |

| Previous Final Data | | Indicator | Latest Data | Period Target | 2016/17 Target | Direction of Travel - same period previous year | Data same period previous year | Next Data Refresh | National | North East | Similar Councils |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 77.9 (2010-12) | 78 (2011-13) | Male life expectancy at birth (years) | 78.1 (2012-14) | | Tracker | ⇧ | 78 (2011-13) | Q3 (2013-15) | 79.5 (2012-14) | 78 (2012-14) | Not available |
| 81.5 (2010-12) | 81.3 (2011-13) | Female life expectancy at birth (years) | 81.4 (2012-14) | | Tracker | ⇧ | 81.3 (2011-13) | Q3 (2013-15) | 83.2 (2012-14) | 81.7 (2012-14) | Not available |
| 6.8% (2014) | 5.2% (2015) | **Successful completions as a percentage of total number in drug treatment - Opiates** | **5.2%** (Mar15-Feb16 - Representations to Aug16) | | 8.16% - 16.80% | ⇩ | 6.8% (Aug15) | Q3 (Apr 15-Mar16) | 6.7% (Mar15-Feb16 - Representations to Aug16) | Not available | Top Quartile: 8.16% - 16.80% |
| 39.9% (2014) | 25.4% (2015) | **Successful completions as a percentage of total number in drug treatment - Non Opiates** | **22.5%** (Mar15-Feb16 - Representations to Aug16) | | 40.87% - 56.51% | ⇩ | 40.9% (Aug15) | Q3 (Apr 15-Mar16) | 36.8% (Mar15-Feb16 - Representations to Aug16) | Not available | Top Quartile: 40.87% - 56.51% |
| 787.7 (2013/14) | 747.3 (2014/15) | **Alcohol related admissions to hospital per 100,000** | **738.4** [Prov] (2015/16) | | Tracker | ⇩ | 747.3 (2014/15) | Q3 (Apr-Jun16) | 651.3 [Prov] (2015/16) | 837.6 [Prov] (2015/16) | Not available |
| 23.9% (2015/16) | 27.3% (Jul15-Jun16) | **Successful completions as a percentage of total number in treatment – Alcohol** | **27.2%** (Sep15-Aug16) | | 39.3% | ⇩ | 28.7% (Sep15-Aug16) | Q3 (Oct15-Sep 16) | **39.3%** (Sep15-Aug16) | Not available | Not available |
| 3,250.9 [3,068] (2014/15) | 3076.1 [2903] (2015/16) | **Four week smoking quitters per 100,000 18+ smoking population [Number of quitters]** | **682.4** [644 quitters] (Apr-Jun16) | 588 [555 quitters] | 2449 [2311 quitters] | ⇩ | 712 [672] (Apr-Jun15) | Q3 (Jul-Sep 16) | Not available | Not available | Not available |
| 22.1 (2013) | 20.3 (2014) | **Estimated smoking prevalence of persons aged 18 and over** | **19%** (2015) | | Tracker | ⇩ | 20.3 (2014) | Q2 2017/18 (2016) | 16.9% (2015) | 18.7% (2015) | Not available |
| 51.4% (2013) | 55.5% (2014) | **Proportion of physically active adults** | **57.3%** (2015) | | Tracker | ⇧ | 55.5% (2014) | Q2 2017/18 (2016) | 57% (2015) | 52.9% (2015) | Not available |
| 72.5 (2012) | 69% (2012/14) | **Excess weight in adults (Proportion of adults classified as overweight or obese)** | **67.6%** (2013-15) | | Tracker | ⇩ | Not available | Q2 2017/18 | 64.8% (2013-15) | 68.6% (2013-15) | Not available |
| 78.6% (2013) | 77.9% (2014) | The percentage of women in a population eligible for breast screening at a given point in time who were screened adequately within a specified period | **77.8%** (2015) | | 70% | ⇩ | 77.9% (2014) | Data release TBC | 75.4% (2015) | 77.1% (2015) | Not available |
| 77.7% (2013) | 78% (2014) | The percentage of women in a population eligible for cervical screening at a given point in time who were screened adequately within a specified period | **77.6%** (2015) | | 80% | ⇩ | 78% (2014) | Data release TBC | 73.5% (2015) | 75.7% (2015) | Not available |
| N/A | N/A | The percentage of people eligible for bowel screening who were screened adequately within the previous 2½ years | **61.2%** (2015) | | 60% | N/A | Not available | Data release TBC | 57.1% (As at 31-Mar-15) | 59.4% (As at 31-Mar-15) | Not available |
| 16.8% (2009/12) | 19% (2010/13) | Excess winter deaths | **16.8%** (2011/14) | | Tracker | ⇩ | 19% (2010/13) | Q4 (2012/15) | 15.6% (2011/14) | 13.4% (2011/14) | Not available |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| Not available | Not available | Percentage of people with learning disabilities that have a health check - DDES | 46.7% (2013/14) | | Tracker | N/A | Not available | Data release unknown | 44.2% (2013/14) | 56.6% (2013/14) | Not available |
| Not available | Not available | Percentage of people with learning disabilities that have a health check - ND | 60.3% (2013/14) | | Tracker | N/A | Not available | Data release unknown | 44.2% (2013/14) | 56.6% (2013/14) | Not available |
| 6.77% [estimated] (2012/13) | 6.9% (2013/14) | Prevalence of diabetes (recorded diabetes in the population registered with GP practices aged 17 and over) | **7%** (2014/15) | | Tracker | ⇧ | 6.9% (2013/14) | TBC | 6.4% (2014/15) | 6.7% (2014/15) | Not available |
| **Strategic Objective 3: Improve the quality of life, independence and care and support for people with long term conditions** | | | | | | | | | | | |
| 8.7 (2012/13) | Not reported 2013/14 | Carer reported quality of life | 8.7 (2014-15) | | Tracker | ⇔ | 8.7 (2012/13) | Q4 (2016/17) | 7.9 (2014/15) | 8.5 (2014/15) | 8.3 (2014/15) |
| 47.9% (2012/13 National Survey) | Not available | Overall satisfaction of carers with support and services they receive (Extremely/Very Satisfied) (BCF) | 54.4% (2014-15) | | 48-53% | ⇧ | 47.9% (2012/13) | Q4 (2016/17) | 41.2% (2014/15 National Survey) | 49.3% (2014/15 National Survey) | 45.7% (2014/15 National Survey) |
| 92.6% (2014/15) | 91.8% (2015/16) | **The percentage of service users reporting that the help and support they receive has made their quality of life better** | **88.2%** (Apr-Aug16) | | Tracker | ⇩ | 91.9% (Apr-Aug15) | Q3 (Apr-Nov 16) | Not reported | Not reported | Not reported |
| 89.8% (At 31-Mar-15) | 92.6% (2015/16) | **Proportion of people using social care who receive self-directed support** | **93.5%** (At 30 Sep 16) | | 90.0% | ⇧ | 91% (At 30 Sep 15 | Q4 (At 31 Mar-17) | 83.7% (2014/15) | 91.9% (2014/15) | 82.9% (2014/15) |
| 820.9 per 100,000 (2014/15) | 736.3 100,000 (2015/16) | **Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care (BCF)** | **367.8** [Prov] (Apr-Sep 16) | 362.2 (Apr-Sep 16) | 750.8 per 100,000 (2016/17) | ⇧ | 356.2 (Apr-Sep15) | Q3 (Apr-Dec16) | 628.2 (2015/16 - ASCOF) | 843.0 (2015/16 - ASCOF) | Not available |
| 90.3% (2014/15) | 85.7% (2015/16) | **Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (BCF)** | **86%** (Jan-Jun 16) | | 86% | ⇩ | 88% (Jan-Jun 15) | Q3 (Jan-Sep 16) | 82.7% (2015/16 - ASCOF) | 85.5% (2015/16 - ASCOF) | Not available |
| 11.2 (2009/10) | 12.1 (2010/11) | Emergency readmissions within 30 days of discharge from hospital | 12.4 (2011/12) | | Tracker | ⇧ | 12.1 (2010/11) | Data release date TBC | 11.8 (2011/12) | 12.7 (2011/12) | Not available |
| 10.5 (2013/14) | 7.7 (2014/15) | **Delayed transfers of care from hospital per 100,000 population (ASCOF)** | **3.8** (Apr-Aug16) | | Tracker | ⇩ | 4.9 (Apr-Aug15) | Q4 (Apr-Nov16) | 12.1 (2015/16) | 5.6 (2015/16) | Not available |
| 363 (Oct-Dec15) | 429 (Jan-Mar16) | **Delayed transfers of care from hospital per 100,000 population (BCF)** | **572.1** (Apr-Aug16) | | Quarterly targets only | ⇩ | 742.4 (Apr-Aug15) | Q4 (Apr-Dec16) | Not available | Not available | Not available |
| Not available | Not available | **Delayed transfers of care from hospital per 100,000 population aged 18+ - DDES *(QPI)*** | **547.01** (Apr-Aug16) | 632.6 | Below 1518.27 | N/A | Not available | Monthly | Not available | Not available | Not available |
| Not available | Not available | **Delayed transfers of care from hospital per 100,000 population aged 18+ - ND *(QPI)*** | **545.89** (Apr-Aug16) | 631.2 | Below 1514.98 | N/A | Not available | Monthly | Not available | Not available | Not available |
| 2,085 (2012/13) | 2171 (2013/14) | Falls and injuries in the over 65s. (Age-sex standardised rate of emergency hospital admissions for falls or falls injuries in persons aged 65 and over per 100,000 population) | 2071 (2014/15) | | Tracker | ⇩ | 2,171 (2013/14) | Data release date TBC | 2,125 (2014/15) | 2,167 (2014/15) | Not reported |
| 636.0 (2012/13) | 677 (2013/14) | Hip fractures in over 65s. (Age-sex standardised rate of emergency admissions for fractured neck of femur in persons aged 65 and over per 100,000 population) | 574 (2014/15) | | Tracker | ⇩ | 677 (2013/14) | Q1 2017/18 (2015/16) | 571 (2014/15) | 618 (2014/15) | Not reported |
| 67.3% (Jul13-Mar14) | 71.1% (Jul14-Mar15) | **Proportion of people feeling supported to manage their condition** | **65.1%** (Jul15-Mar16) | | Tracker | ⇩ | 71.1% (2014/15) | Q2 2017/18 (2016/17) | 64.3% (Jul15-Mar16) | 68.3% (Jul15-Mar16) | Not available |
| 3039 (Oct-Dec15) | 2984 (Jan-Mar16) | **Avoidable emergency admissions per 100,000 population (BCF)** | **2993** (Apr-Jun16) | 2956 (Apr-Jun16) | Quarterly targets only | ⇧ | 2987 (Apr-Jun15) | Q3 (Apr-Sep16) | Not available | Not available | Not available |

| Previous Final Data | | Indicator | Latest Data | Period Target | 2016/17 Target | Direction of Travel - same period previous year | Data same period previous year | Next Data Refresh | National | North East | Similar Councils |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 292 (2014/15) | 474.1 (2015/16) | **The number of people in receipt of Telecare per 100,000 (BCF)** | **506.4** (At 30 Sep16) | | 454 | ⇧ | 335.6 (At 30 Sep 15) | TBC | Not available | Not available | Not available |
| 929,391 (2015/16) | 233,130 (Jul-Sep15) | **Number of residential/nursing care beds for people ages 65 and over commissioned by Durham County Council** | **234,603** (Apr-Sep16) | | Tracker | ⇧ | 233,130 (Jul-Sep15) | Q3 | Not available | Not available | Not available |
| Not available | Not available | **Antimicrobial resistance (AMR) Improving antibiotics prescribing in primary care *(QPI) DDES* *a) reduction in the number of antibiotics prescribed in primary care*** | **1.322** (Aug15-Jul16) | | less than 1.374 | N/A | N/A | Monthly | Not available | Not available | Not available |
| Not available | Not available | **Antimicrobial resistance (AMR) Improving antibiotics prescribing in primary care *(QPI) DDES* *b) reduction in the proportion of broad spectrum antibiotics prescribed in primary care*** | **5.9** (Aug15-Jul16) | | less than 10 | N/A | N/A | Monthly | Not available | Not available | Not available |
| Not available | Not available | **Antimicrobial resistance (AMR) Improving antibiotics prescribing in primary care *(QPI)* ND *a) reduction in the number of antibiotics prescribed in primary care*** | **1,218** (Aug15-Jul16) | | less than 1.221 | N/A | N/A | Monthly | Not available | Not available | Not available |
| Not available | Not available | **Antimicrobial resistance (AMR) Improving antibiotics prescribing in primary care *(QPI)* ND *b) reduction in the proportion of broad spectrum antibiotics prescribed in primary car*** | **6.6** (Aug15-Jul16) | | less than 10 | N/A | N/A | Monthly | Not available | Not available | Not available |
| Not available | Not available | **Increase in the proportion of GP referrals made by e-referrals *(QPI)* DDES** | **74.8%** (Jul16) | | 20% increase on Mar16 outturn@ Mar17 or 80% @ Mar17 | N/A | N/A | Monthly | Not available | Not available | Not available |
| Not available | Not available | **Increase in the proportion of GP referrals made by e-referrals (*QPI)* ND** | **85.7%** (Jul16) | | 20% increase on Mar16 outturn@ Mar17 or 80% @ Mar17 | N/A | N/A | Monthly | Not available | Not available | Not available |
| Not available | Not available | **Overall experience of making a GP appointment *(QPI)* DDES** | **89.7%** (Q4 14/15&Q215/16) | | 85% or 3 percetage points increase in July 2017 | N/A | N/A | Q2 2017/18 | Not available | Not available | Not available |
| Not available | Not available | **Overall experience of making a GP appointment *(QPI)* ND** | **89%** (Q4 14/15&Q215/16) | | 85% or 3 percetage points increase in July 2017 | N/A | N/A | Q2 2017/18 | Not available | Not available | Not available |

| Previous Final Data | | Indicator | Latest Data | Period Target | 2016/17 Target | Direction of Travel - same period previous year | Data same period previous year | Next Data Refresh | National | North East | Similar Councils |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Strategic Objective 4: Improve mental health and wellbeing of the population** | | | | | | | | | | | |
| 20% (Jul-Sep15) | 16.8% (Oct-Dec15) | **Gap between the employment rate for those with a long term health condition and the overall employment rate** | **18.5%** (Jan-Mar16) | | Tracker | ⇧ | 16.5% (Jan-Mar15)) | Q3 (Apr-Jun16) | 13.3% (Jan-Mar16) | 13.7% (Jan-Mar16) | Not available |
| Not available | 0.379 (Jul13-Mar14) | Health related quality of life for people with a long term mental health condition - *(QPI)* DDES | 0.463 (Jul14-Mar15) | | Reduction in gap with QoL of any LTC | ⇧ | 0.379 (Jul13-Mar14) | Q2 2016/17 (Jul15-Mar16) | 0.528 (Jul15-Mar16) | Not available | Not reported |
| Not available | 0.492 (Jul13-Mar14) | Health related quality of life for people with a long term mental health condition - *(QPI)* ND | 0.508 (Jul14-Mar15) | | Reduction in gap with QoL of any LTC | ⇧ | 0.492 (Jul13-Mar14) | Q2 2016/17 (Jul15-Mar16) | 0.528 (Jul15-Mar16) | Not available | Not reported |
| 15 (2011-13) [204] | 14.8 (2012-14) [202] | **Suicide rate (deaths from suicide and injury of undetermined intent) per 100,000 population [number of suicides]** | **15.7** (2013-15) [215] | | Tracker | ⇧ | 14.8 (2012-14) [202] | Q4 (2013-15) | 10.1 (2013-15) | 12.4 (2013-15) | Not reported |
| 269.5 (2012/13) | 288.5 (2013/14) | Hospital admissions as a result of self-harm. (Age-sex standardised rate of emergency hospital admissions for intentional self-harm per 100,000 population) | 239.1 (2014/15) | | Tracker | ⇩ | 288.5 (2013/14) | Q4 (2015/16) | 191.4 (2014/15) | 240.2 (2014/15) | Not available |
| 427.8 (2011/12) | 413.2 (2012/13) | Excess under 75 mortality rate in adults with serious mental illness per 100,000 population | 485.4 (2013/14) | | Tracker | ⇧ | 413.2 (2012/13) | Q3 (2014/15) | 351.8 (2013/14) | Not reported | Not reported |
| 51% (2013/14 National Survey) | 48.7% (2014/15) | **Percentage of people who use adult social care services who have as much social contact as they want with people they like** | **49.2%** (2015/16) | | Tracker | ⇧ | 48.7% (2014/15) | Q4 (2016/17) | 45.4% (2015/16) | 49.9% (2015/16) | Not available |
| 55.2 (2012/13) | 66 (2013/14) | Estimated diagnosis rate for people with dementia - DDES CCG | 75.6 (2014/15) | | Tracker | ⇧ | 66 (2013/14) | Q4 (2015/16) | 61.4 (2014/15) | Not reported | Not reported |
| 52.6 (2012/13) | 57.4 (2013/14) | Estimated diagnosis rate for people with dementia - North Durham CCG | 67.3 (2014/15) | | Tracker | ⇧ | 57.4 (2013/14) | Q4 (2015/16) | 61.4 (2014/15) | Not reported | Not reported |
| Not available | 11.7% (2015/16) | **Improving Access to Psychological Therapies (IAPT) Services: People entering IAPT services as a % of those estimated to have anxiety/depression *(QPI)* ND** | **11.7%** (Apr-Aug16) | | 15% | ⇔ | 11.7% (2015/16) | Monthly | Not available | Not available | Not available |
| Not available | 12.1% (2015/16) | **Improving Access to Psychological Therapies (IAPT) Services: People entering IAPT services as a % of those estimated to have anxiety/depression *(QPI)* DDES** | **11.9%** (Apr-Aug16) | | 15% | ⇩ | 12.1% (2015/16) | Monthly | Not available | Not available | Not available |

| Previous Final Data | | Indicator | Latest Data | Period Target | 2016/17 Target | Direction of Travel - same period previous year | Data same period previous year | Next Data Refresh | National | North East | Similar Councils |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Strategic Objective 5: Protect vulnerable people from harm** | | | | | | | | | | | |
| 14.8% (2014/15) | 13.4% (2015/16) | **Percentage of repeat incidents of domestic violence (referrals to MARAC)** | **16.3%** (Apr-Sep16) | | Less than 25% | ⇧ | 14.9% (Apr-Sep15) | TBC | 25% (Jul14-Jun15) | 29% (Jul14-Jun15) | Not available |
| 90.5% (2014/15) | 90.5% (2015/16) | **The proportion of people who use services who say that those services have made them feel safe and secure** | **92.5%** (Apr-Aug16) | | Tracker | ⇩ | 94.4% (Apr-Aug 15) | Q3 (Apr-Nov 16) | 85.4% (2015/16) | 88.9% (2015/16) | Not available |
| 497 (2014-15) | 665 (2015-16) | **Number of children's assessments where risk factor of parental mental health is identified** | **337** (Apr-Sep16) | | Tracker | ⇩ | 390 | Q3 (Apr-Dec16) | Not available | Not available | Not available |
| 695 (2014-15) | 1,205 (2015-16) | **Number of children's assessments where risk factor of parental domestic violence is identified** | **499** (Apr-Sep16) | | Tracker | ⇩ | 659 | Q3 (Apr-Dec16) | Not available | Not available | Not available |
| 383 (2014-15) | 491 (2015-16) | **Number of children's assessments where risk factor of parental alcohol misuse is identified** | **204** (Apr-Sep16) | | Tracker | ⇩ | 267 | Q3 (Apr-Dec16) | Not available | Not available | Not available |
| 296 (2014-15) | 420 (2015-16) | **Number of children's assessments where risk factor of parental drug misuse is identified** | **168** (Apr-Sep16) | | Tracker | ⇩ | 278 | Q3 (Apr-Dec16) | Not available | Not available | Not available |
| 37.6 (at 31 Mar 15) | 35.1 [Prov] (as at 31-Mar-16) | **Number of children with a Child Protection Plan per 10,000 population** | **40.7** (30-Sep-16) | | Tracker | ⇧ | 33.9 (30-Sep-15) | Q3 (at Dec-16) | 42.9 (as at 31 Mar 2015) | 59.5 (as at 31 Mar 2015) | 61.7 (as at 31 Mar 2015) |
| Not available | 77.2% (Apr-Jun16) | **Percentage of individuals who achieved their desired outcomes from the adult safeguarding process** | **75.6%** (Apr-Sep16) | | Tracker | N/A | N/A | Q3 | Not available | Not available | Not available |
| **Strategic Objective 6: Support people to die in the place of their choice with the care and support that they need** | | | | | | | | | | | |
| 45.4% (2013/14) | 45.6% (2014/15) | **Proportion of deaths in usual place of residence (DDES CCG)** | **46.7%** (2015/16) | | Tracker | ⇧ | N/A | Q3 (Jul 15-Jun16) | 45.8% (2015/16) | 46.1% (2015/16) | Not available |
| 46.6% (2013/14) | 49.2% (2014/15) | **Proportion of deaths in usual place of residence (North Durham CCG)** | **48.8%** (2015/16) | | Tracker | ⇩ | N/A | Q3 (Jul 15-Jun16) | 45.8% (2015/16) | 46.1% (2015/16) | Not available |

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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