



Health and Wellbeing Board

Date **Friday 9 September 2016**
Time **12.30 pm**
Venue **Committee Room 2, County Hall, Durham**

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 Health and Wellbeing Board held on 26 July 2016
(Pages 1 - 10)
5. Sustainability and Transformation Plan and Better Health Programme -
Presentation of Dr Neil O'Brien, Clinical Lead for the Better Health
Programme, North Durham Clinical Commissioning Group and Michael
Houghton, Director of Commissioning and Development, North Durham
Clinical Commissioning Group (Pages 11 - 12)
6. Durham Dales, Easington and Sedgfield Clinical Commissioning
Group - Consultation Feedback in respect of a proposed review of
Urgent Care Services - Presentation of Chief Clinical Officer, Durham
Dales, Easington and Sedgfield Clinical Commissioning Group
(Pages 13 - 18)
7. Wellbeing for Life Service - Presentation of Interim Director of Public
Health County Durham, Adult and Health Services, Durham County
Council (Pages 19 - 44)
8. Warm and Healthy Homes Project Annual Report 2015/16 - Joint report
of Interim Director of Public Health County Durham, Adult and Health
Services, Durham County Council, and the Corporate Director
Regeneration and Economic Development, Durham County Council
(Pages 45 - 60)
9. System Resilience update - Report of Chief Clinical Officer, Durham
Dales, Easington and Sedgfield Clinical Commissioning Group
(Pages 61 - 74)

10. Children's Services update - Report of Interim Corporate Director of Children and Young People's Services, Durham County Council (Pages 75 - 104)
11. Better Care Fund 2016/17 - Report of Strategic Programme Manager, Care Act Implementation and Integration, Adult and Health Services, Durham County Council (Pages 105 - 110)
12. Health and Wellbeing - Area Action Partnership Links - Area Action Partnership Coordinator, Transformation and Partnerships, Durham County Council (Pages 111 - 124)
13. Healthwatch County Durham Annual Report 2015/2016 - Report of Chief Executive, Pioneering Care Partnership (Pages 125 - 144)
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. 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
1 September 2016

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

Durham County Council

Councillors J Allen, L Hovvels and O Johnson

J Robinson	Interim 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

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 **Tuesday 26 July 2016 at 9.30 am**

Present:

Members of the Board:

Councillors L Hovvels, J Allen and O Johnson, C Gaskarth, Dr S Findlay, C Harries, S Jacques, G O'Neill, R Shimmin, Dr D Smart, J Chandy, J Parkes and P Scott

Also in Attendance:

Councillors J Blakey and J Robinson

1 Election of Chairman

Moved by Councillor Johnson, **Seconded** by R Shimmin and

Resolved:

That Councillor L Hovvels of be elected Chairman of the Board for the ensuing year.

Councillor L Hovvels in the Chair

2 Appointment of Vice-Chairman

Moved by Dr D Smart, **Seconded** by R Shimmin and

Resolved:

That Dr S Findlay be appointed Vice-Chairman of the Board for the ensuing year.

3 Apologies for Absence

Apologies for absence were received from A Foster, C Martin and Dr J Smith.

4 Substitute Members

J Chandy for Dr Smith, J Parkes for A Foster and P Scott for C Martin.

5 Declarations of Interest

There were no declarations of interest.

6 Minutes

The minutes of the special meeting held on 8 March 2016 were agreed as a correct record and signed by the Chairman.

7 Membership of the Board

The Board considered a report of the Head of Legal and Democratic Services, Resources, Durham County Council that sought views on inviting Harrogate and District NHS Foundation Trust (NHS FT) to become an additional voting member and that advised of additional changes to the membership of the Board (for copy see file of Minutes).

The Strategic Manager – Policy, Planning and Partnerships, Children and Adults Services, Durham County Council informed the members that Harrogate and District NHS FT were successful in securing the 0-19 contract and as such it would be appropriate to join the Board.

She also advised of changes to the structure within Durham County Council as there would be a Corporate Director of Adult and Health Services and a Corporate Director of Children and Young People's Services. Interim appointments had been made, together with an interim appointment to the Director of Public Health post.

Resolved:

- (i) That Harrogate and District NHS Foundation Trust becoming an additional voting member of the Health and Wellbeing Board be agreed;
- (ii) That the post of Corporate Director, Children and Adults Services, Durham County Council will be replaced by a Corporate Director of Adult and Health Services and a Corporate Director of Children and Young People's Services be noted.

The Chairman welcomed Suzanne Lamb from Harrogate and District NHS Foundation Trust and the interim Directors to the meeting.

8 Better Health Programme

The Board considered a report and presentation of the Programme Director for the Better Health Programme, NHS North of England Commissioning Support that gave an update on the progress of the Better Health Programme (for copy see file of Minutes).

The Programme Director for the Better Health Programme gave a presentation that explained the vision and the key elements of the programme. Members were shown a video as part of the presentation.

The Board noted that a Regional Joint Overview & Scrutiny Committee meeting had taken place which had included additional slides providing further detail of the options available as part of the Better Health Programme. The Chairman added that there had been a lot of questions raised at the Joint Overview & Scrutiny meeting and said that it was important to keep the Health and Wellbeing Board updated. The Programme Director agreed to share the options and agreed that there needs to be a clear process between the Regional Scrutiny meetings and Health and Wellbeing Boards. She advised that the process would be open and transparent.

The Board agreed that as this was a moving piece of work, it was important to receive regular updates on progress at each Health and Wellbeing Board meeting.

Resolved:

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

9 Better Care Fund

The Board considered a report of the Strategic Programme Manager – Care Act Implementation and Integration, Children and Adults Services, Durham County Council that gave an update on the 2015/16 year end performance targets for the Better Care Fund (BCF) and the financial position relating to the plan (for copy see file of Minutes).

The Head of Planning and Service Strategy informed the Board that permanent admissions of older people to residential/ nursing homes had reduced but that the target was not met. He noted there was an improvement on last year's figures and advised that £2.5m performance grant award had been received.

Resolved:

- (i) That the performance highlights be noted.
- (ii) That further updates in relation to the Better Care Fund be received.

10 Strategy for Children and Young People with SEND 0-25 2016-18

The Board considered a report of the Head of Education, Children and Adults Services, Durham County Council that provided an overview of the Strategy for Children and Young People with Special Educational Needs and/or Disabilities (SEND) aged 0-25 2016/18 (for copy see file of Minutes).

The Head of Education informed the Board that the Strategy covered the following key strategic aspects:-

- Shared vision
- Areas for action consideration
- Outcomes
- Recommendations

The Head of Planning and Service Strategy referred to mental health in young people with special educational needs as a priority group. The Head of Education confirmed that mental health needs are included within the Strategy and agreed to seek the view of the Mental Health Partnership in relation to further progressing this work.

Resolved:

- (i) That the contents of the report be noted;
- (ii) That the Strategy for Children and Young People with SEND aged 0-25 2016/18 be endorsed.

11 Refreshed Domestic Abuse and Sexual Violence Strategy

The Board considered a report of the Head of Children's Services, Children and Adults Services, Durham County Council that shared the refreshed County Durham Domestic Abuse and Sexual Violence Strategy 2015/18 (for copy see file of Minutes).

On behalf of the Board, the Chairman thanked those involved in the work carried out on this very important strategy.

Resolved:

That the refresh of the County Durham Domestic Abuse and Sexual Violence Strategy 2015/18 be noted.

12 Draft Oral Health Strategy for County Durham

The Board considered a report of the Interim Director of Public Health County Durham, Children and Adults Services, Durham County Council that presented the draft Oral Health Strategy for agreement prior to wider public consultation (for copy see file of Minutes).

Councillor O Johnson was pleased that the Board had driven this initiative forward. He was shocked at the inequalities statistics within County Durham and fully supported the report. Councillor J Allen endorsed Councillor Johnson's comments and would welcome the involvement of AAPs in the consultation process. C Gaskarth representing Healthwatch County Durham also offered support in the process.

The Chairman stated that the Board would release a press statement outlining the start of the consultation process.

Resolved:

That the wider consultation of the Draft Oral Health Strategy be agreed.

13 Health and Wellbeing Board Big Tent Engagement Event 2016

The Board considered a report of the Strategic Manager – Policy, Planning and Partnerships, Children and Adults Services, Durham County Council that presented details of the Big Tent Engagement Event 2016 (for copy see file of Minutes).

Members were informed that there would be a number of keynote speakers and workshops taking place throughout the event including a focus on a Macmillan partnership project, integration, oral health and mental health.

Resolved:

- (i) That the proposed programme for the Big Tent Event 2016 be agreed;
- (ii) That any comments on the themes for workshops be agreed;
- (iii) That any comments on proposed organisations / groups to be invited to the Big Tent Event be agreed;

14 Check 4 Life - Improving Performance of NHS Health Checks within County Durham

The Board considered a report of the Interim Director of Public Health County Durham, Children and Adults Services, Durham County Council that gave an update about the performance of the Health Checks service, benchmarking against other areas and ways in which coverage may be improved (for copy of report see file of Minutes).

The Head of Planning and Service Strategy said that as the strategy had changed to target certain groups, it was important for information to come back to the Board to show if the changes were working.

The Chief Clinical Officer said that it was positive to see the prevalence of CVD coming down and felt it important to compare how Durham were doing compared to the national average. The Interim Director of Public Health suggested that a tighter indicator was needed to look at the trend over time.

The Chief Clinical Officer advised that GP practices produce a vast amount of detailed information and that it would be a benefit to look at mortality rates.

Referring to the eligible group and the two different population figures quoted in the report, Councillor Allen asked what the implications would be for County Durham. She was advised that it would be more challenging to reach the centrally based figures. The Interim Director advised that she would provide figures for a future meeting to explain this in more detail.

Resolved:

- (i) That the content of the report be noted;
- (ii) That the impact that differences between centrally and locally estimated eligible populations have on performance outcomes be noted;
- (iii) That the impact of quality control measures on reported numbers of Health Checks be noted;
- (iv) That the outcomes from the Health Check review and agree that the new delivery model will be presented to a future HWB meeting be noted;
- (v) That the programme was subject to procurement and that the current contractual arrangements end 31 March 2017 be noted.

15 County Durham Teenage Pregnancy Action Plan 2016- 2018

The Board considered a report of the Interim Director of Public Health County Durham, Children and Adults Services, Durham County Council that presented the Teenage Pregnancy Action Plan for County Durham 2016 – 2018 for endorsement (for copy of report see file of Minutes).

The Interim Director of Public Health explained that there had been a steady decline in the teenage pregnancy figures over the last 15 years and extensive consultation had been carried out with regards to the plan. She commented that it was aimed at a group of vulnerable people with the aim on prevention. It was acknowledged that when young people become pregnant the vulnerable parent pathway will be available to provide additional support to those who need it.

Resolved:

That the Teenage Pregnancy Action Plan for County Durham be endorsed, whilst noting the need to reflect changes identified by DurhamWorks when their plans were finalised.

16 Annual Report of the Director of Public Health 2015

The Board considered a report of the Interim Director of Public Health County Durham, Children and Adults Services, Durham County Council which presented the 2015 annual report focused on tackling obesity (for copy of report see file of Minutes).

The Interim Director advised that the Council were leading by example as better promotion and healthier options were now available in the canteen.

The Board agreed it would be interesting to hear from younger people and those people who had managed to bring their weight back under control, including what support they had received. It was also agreed that it would be useful to see what has worked well in other areas across the North East.

Discussion took place about how body image scales have changed over time and that some parents do not identify their child as being overweight or obese.

The Interim Director advised that the FISCH project had a family oriented weight challenge and that the AAPs had a healthy cooking programme available. With the addition of active walking and cycling activities the aim is to see a behaviour change for the family as a whole.

The Chief Executive of County Durham and Darlington NHS Foundation Trust suggested that as the smoking and alcohol cessation projects had shown improvements, then the same methods could be used to combat obesity. The Interim Director referred to a 3 year programme being carried out by Leeds Beckett University with Durham and that this was an area being discussed.

It was agreed that an update on the Healthy Weight Framework would be provided to the Health and Wellbeing Board at a future meeting.

Resolved:

- (i) That the 2015 Annual Report of the Director of Public Health, County Durham and note the key messages and recommendations, be received.

- (ii) That the report is used to inform commissioning plans, service developments and assessment of need to support a range of funding bids, particularly by third sector organisations be noted.

17 Health and Wellbeing Board Annual Report 2015-2016

The Board considered a report of the Strategic Manager – Policy, Planning and Partnerships, Children and Adults Services, Durham County Council that presented the Health and Wellbeing Board Annual Report 2015/16 for agreement (for copy of report see file of Minutes).

The achievements of the board were highlighted, together with the local project work carried out through Area Action Partnerships and the future work programme for the Board.

The Corporate Director of Children and Adults Services stated that the report shows the system working together and the depth of work taking place with all organisations involved.

It was agreed that members of the Board should share the annual report in respective organisations.

Resolved:

- (i) That the Health and Wellbeing Board Annual Report 2015/16 be agreed.
- (ii) That the timeline and next steps outlined in the report be noted.

18 North Durham CCG and Durham Dales, Easington and Sedgefield CCG Final Commissioning Intentions 2016 - 17 and Sustainability and Transformation Plan

The Board considered a Joint Report of Chief Operating Officer, North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups and Chief Clinical Officer Durham Dales, Easington and Sedgefield Clinical Commissioning Group that provided final Commissioning Intentions for 2016-17 and progress on the Sustainability and Transformation Plan (STP) (for copy see file of Minutes).

The Corporate Director of Children and Adults Services stated that there was alignment with the Joint Health and Wellbeing Strategy and showed a clear vision and priorities.

The Board agreed it was important to receive regular updates on the Sustainability and Transformation Plan which would be provided at each meeting.

The Chief Clinical Officer highlighted that the work of the Better Health Programme and the Sustainability and Transformation Plan would look to be integrated, moving forward. There is a need to focus on financial balance and constitutional issues.

The Board agreed that the voluntary and community sector are a key sector in the prevention agenda.

Resolved:

- (i) That the Planning Progress Update be noted.
- (ii) That the final CCG Commissioning Intentions be noted.
- (iii) That the Sustainability and Transformation Plan progress and update be noted.

19 North Durham CCG and Durham Dales, Easington and Sedgfield CCG Local Digital Roadmap

The Board considered a Joint report of the Director of Corporate Programmes, Operations and Delivery, NHS North Durham CCG, and Director of Primary Care, Partnerships and Engagement, NHS North Durham and Durham Dales, Easington and Sedgfield CCGs that informed of the development of the County Durham and Darlington (CDD) Local Digital Roadmap (for copy see file of Minutes).

The Head of Planning and Service Strategy explained that digitalising NHS records had been ongoing for a number of years and that it was important that different organisational systems can fully “talk” to one another.

The Director of Primary Care, Partnerships and Engagement, ND & DDES CCGs advised that a system had been adopted and one that recognises that all systems could link together.

Resolved:

- (i) That the report be noted.
- (ii) That the requirement to form a County Durham and Darlington Digital Steering Group be noted.

20 North Durham CCG and Durham Dales, Easington and Sedgfield CCG Primary Care Strategies

The Board considered a Report of the Director of Primary Care, Partnerships and Engagement, NHS North Durham and Durham Dales, Easington and Sedgfield CCGs that provided Durham Dales, Easington and Sedgfield CCG Primary Care Strategy and the North Durham CCG Primary Care Strategy and Implementation Plan (for copy see file of Minutes).

The Director of Primary Care, Partnerships and Engagement highlighted that both Strategies align to the General Practice Five Year Forward View.

Resolved:

Members of the Board to provide comments on the Durham Dales, Easington and Sedgfield CCG Primary Care Strategy and the North Durham CCG Primary Care Strategy and Implementation Plan.

21 County Durham Macmillan Partnership Programme

The Board considered a report of the Interim Director of Public Health County Durham, Children and Adults Services, Durham County Council that notified of a flagship partnership project between Durham County Council and Macmillan

Cancer Support and that sought support for the development and future implementation of the project (for copy see file of Minutes).

The Interim Director advised that the £1m investment would help and support the long term conditions of people living with and beyond cancer.

The Chairman was delighted to be part of this project and commended the service for the partnership working with Macmillan.

The Corporate Director of Children and Adult Services said that this was a fantastic piece of work with the public sector and charity organisation working well and developing a mature relationship.

Resolved:

- (i) That the contents of the report be noted;
- (ii) That to support the project be agreed;
- (iii) That updates on the progress of the project at a future meeting be received.

22 Joint Health and Wellbeing Strategy 2015-16 Annual Performance Report

The Board considered a report of the Head of Planning and Service Strategy, Children and Adults Services, Durham County Council that described the progress being made against the priorities and outcomes set within the County Durham Joint Health and Wellbeing Strategy (JHWS) 2015-18 (for copy see file of Minutes).

The Chief Clinical Officer said that the cancer wait target was difficult to influence in parts of DDES as there were different patient flows. He outlined there was a push from NHS Foundation Trusts to work with patients to encourage ownership of attending appointments.

The Corporate Director of Children and Adults Services referred to excess winter deaths and felt there should be a focus on ensuring that people are referred for benefit checks and fire safety checks to help them receive the support they need.

Councillor Allen referred to the lag on drug and alcohol data. She had visited excellent facilities in Bishop Auckland and Durham and felt that the quality of care made a difference when looking at successful outcomes. She felt that a drill down and look at localities would improve the outcomes.

Resolved:

- (i) That the performance highlights and areas for improvements identified throughout the report be noted.
- (ii) That the actions taking place to improve performance and agree any additional actions, where relevant, be noted.
- (iii) That the delivery plan actions where revised dates have been agreed by partners be noted.
- (iv) That performance against the 2015/16 Quality Premium Indicators be noted.

23 Joint Health and Wellbeing Strategy 2016-19 Delivery Plan

The Board considered a report of the Strategic Manager – Policy, Planning and Partnerships, Children and Adults Services, Durham County Council that presented the Joint Health and Wellbeing Strategy Delivery Plan 2016-2019 for agreement (for copy see file of Minutes).

The Strategic Manager agreed to check with respective organisations to ensure timescales are realistic in the delivery plan.

Resolved:

- (i) That the Joint Health and Wellbeing Strategy Delivery Plan 2016-19 be agreed.
- (ii) That the performance monitoring arrangements for the JHWS Delivery Plan be noted.

24 Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

The Chairman informed the Board that this was the last meeting for the Corporate Director of Children and Adults Services and she placed on record her thanks for what she had achieved for the authority and with partner agencies. She wished her well for the future.

Health and Wellbeing Board

9 September 2016



**Sustainability and Transformation Plan
and the Better Health Programme**

Joint Report of Dr Neil O'Brien, Clinical Lead for the Better Health Programme, North Durham Clinical Commissioning Group and Michael Houghton, Director of Commissioning and Development, North Durham Clinical Commissioning Group

Purpose of the Report

- 1 The purpose of this report is to inform the Health and Wellbeing Board of the forthcoming presentation on the Sustainability and Transformation Plan and the Better Health Programme.
- 2 Dr Neil O'Brien, Clinical Lead for the Better Health Programme and Michael Houghton, Director of Commissioning and Development, North Durham Clinical Commissioning Group and will attend the meeting of the Health and Wellbeing Board on 9 September 2016 and deliver a presentation on the progress of the Sustainability and Transformation Plan and the Better Health Programme.

Background

- 3 A presentation on the Better Health Programme was last received on 26 July 2016 and it was agreed that an update on the Sustainability and Transformation Plan and Better Health Programme would be provided at each meeting.

Recommendations

- 4 The Health and Wellbeing Board is recommended to:
 - Receive and provide comments on the presentation to be given at the Health and Wellbeing Board meeting on the 9th September 2016.

Contact: Michael Houghton, Director of Commissioning and Development
Tel: 0191 389 8575
Dr Neil O'Brien, Clinical Lead, Better Health Programme
Tel: 01642 745401

Appendix 1 – Implications

Finance

Financial and modelling work is being undertaken to understand the sustainability of scenarios

Staffing

BHP aims to address staffing pressures in the NHS, in particular around access to specialists.

Risk

Sustainability of key services and compliance with national standards.

Equality and Diversity / Public Sector Equality Duty

An Equality impact assessment is being carried out through the programme.

Accommodation

No implications at this stage.

Crime and Disorder

No implications at this stage.

Human Rights

No implications at this stage.

Consultation

Any proposals for significant service change will be subject to public consultation, beginning autumn 2016.

Procurement

No implications at this stage.

Disability Issues

An Equality impact assessment is being carried out through the programme.

Legal Implications

No implications at this stage.

Health and Wellbeing Board

9 September 2016



**Durham Dales, Easington and Sedgefield
Clinical Commissioning Group (DDES
CCG) – Consultation Feedback in respect
of a proposed review of Urgent Care
Services**

**Report of Stewart Findlay, Chief Clinical Officer, Durham Dales
Easington and Sedgefield Clinical Commissioning Group**

Purpose of the Report

- 1 To provide members of the Health and Wellbeing Board with details of the consultation feedback received from the public consultation exercise undertaken in respect of the three proposed options for Urgent Care Services in Durham Dales, Easington and Sedgefield (DDES) from April 2017.
- 2 Joseph Chandy, Director of Primary Care, Partnerships and Engagement, NHS North Durham and Durham Dales, Easington and Sedgefield CCGs will attend the meeting of the Health and Wellbeing Board on the 9 September 2016 to present the key findings from the consultation exercise.

Background

- 3 The Health and Wellbeing Board received a report on the Durham Dales, Easington and Sedgefield Clinical Commissioning Group's (DDES CCG) review of urgent care services and proposed new service models in January 2016.
- 4 The formal consultation commenced on Monday 14 March 2016 and concluded on Monday 6 June 2016.
- 5 The models for the future provision of Urgent Care services within the DDES are set out below:

These are the scenarios that were taken forward as options for consultation

Option 1:

- retain two Minor Injuries Units (MIUs) for 12 hours per day, 8am-8pm these are currently based at Peterlee Urgent Care Centre and Bishop Auckland Urgent Care Centre
- retain the number of out-of-hours services, currently these are based at Peterlee Urgent Care Centre and Bishop Auckland Urgent Care Centre
- extended GP opening times in hub arrangements. These would be new hubs and provide up to three in each locality area, opening Monday to Friday 6pm-8pm and 8am-1pm Saturday and Sunday
- existing GP services to manage demand for minor ailments during the day (instead of urgent care centres) in every practice
- encouraging use of NHS 111 triage to co-ordinate access to appropriate care, first time



Option 2:

- retain two Minor Injuries Units (MIUs) for 12 hours per day, 8am-8pm these are currently based at Peterlee Urgent Care Centre and Bishop Auckland Urgent Care Centre
- retain the number of out-of-hours services, currently these are based at Peterlee Urgent Care Centre and Bishop Auckland Urgent Care Centre
- extended GP opening times in hub arrangements. These would be new hubs and provide up to three in each locality area, opening Monday to Friday 6pm-8pm and 8am-1pm Saturday and Sunday
- enhanced GP services to manage demand for minor ailments during the day and same day urgent requests (instead of urgent care centres) either in every GP practice or in hubs
- encouraging use of NHS 111 triage to co-ordinate access to appropriate care, first time



Option 3:

- retain two Minor Injuries Units (MIUs) for 24 hours per day, these are currently based at Peterlee Urgent Care Centre and Bishop Auckland Urgent Care Centre
- retain out-of-hours services, currently these are based at Peterlee Urgent Care Centre and Bishop Auckland Urgent Care Centre
- extended GP opening times in hub arrangements. These would be new hubs and provide up to three in each locality area, opening Monday to Friday 6pm-8pm and 8am-1pm Saturday and Sunday
- enhanced GP services to manage demand for minor ailments during the day and same day urgent requests (instead of urgent care centres) either in every GP practice or in hubs
- encouraging use of NHS 111 triage to co-ordinate access to appropriate care, first time



- 6 The Chair of the Health and Wellbeing Board wrote to Sarah Burns, Director of Commissioning, DDES CCG, as the Board's formal response to the consultation process. A copy of the letter is attached to this report (Appendix 2).

Consultation Feedback

- 7 Durham Dales, Easington and Sedgefield CCG commissioned Proportion Marketing Ltd to produce an independent report detailing the findings of the consultation exercise. The report is available [here](#).

Next Steps

- 8 The purpose of this report is to allow the Board to consider all of the consultation feedback.
- 9 DDES CCG Governing body will meet on 13th September 2016 to agree its preferred option for implementation on 1 April 2017.

Recommendations

- 10 The Health and Wellbeing Board is recommended to:
- Receive this report
 - Note and comment on the consultation feedback.

Contact: Sarah Burns, Director of Commissioning, Durham Dales, Easington and Sedgefield CCG
Tel: 0191 371 3234

Appendix 1: Implications

Finance - None

Staffing - None

Risk - None

Equality and Diversity / Public Sector Equality Duty – As part of the consultation approach, the CCG will report upon the feedback received following the engagement activity undertaken with protected groups.

Accommodation - None

Crime and Disorder - None

Human Rights - None

Consultation – The supporting documents set out the responses received as part of the statutory consultation exercise undertaken in respect of the proposed future models of Urgent Care Services across the DDES CCG locality.

Procurement - None

Disability Issues - None

Legal Implications – None

Appendix 2

Contact: Cllr Lucy Hovvells
Direct Tel: 03000 268 801
email: lucy.hovvells@durham.gov.uk
Your ref:
Our ref:



Sarah Burns,
Head of Commissioning,
DDES CCG
Sedgefield Community Hospital,
Salters Lane,
Sedgefield,
TS21 3EE.

25 May 2016

Dear Sarah

Thank you for the opportunity to comment on the Durham Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group (CCG) Public Consultation on the future of urgent care services in the DDES area. The County Durham Health and Wellbeing Board appreciate this transparency and would like to provide the following comments on the consultation.

We acknowledge the need to offer high quality and safe services which provide the right care, at the right time according to people's needs and support the redesign of services as part of a wider systems reconfiguration which is fit for the future, in order to better meet the health and wellbeing needs of local people.

It is noted that extending and / or enhancing existing GP provision is included in all of your proposed options. Within your consultation you note a number of people visited urgent care as they were unaware that they could get an appointment with a GP, resulting in the use of more costly services. The Health and Wellbeing Board look forward to hearing about DDES CCG plans regarding retention and recruitment of GP's in taking these models forward through the development of your Primary Care Strategy.

Given the geographical spread of the DDES area, parity of access to services will also require significant consideration and community reassurance. Adequate transport has previously been raised as a concern by the public in accessing healthcare services and it is understood the DDES will continue to support transport services in any future reconfiguration.

Whilst it is acknowledged the three models under consideration are financially viable, there is concern regarding the recent announcement by the Department of Health of the £170 million national reduction in funding for pharmacies and any impact this may have on the model taken forward by DDES.

Continued.....

The Health and Wellbeing Board would advocate for clear and simple communications with the public following the consultation period, in order to ensure the public are clear as to what services are available and their opening times within their locality. Many of the terms such as Extended GP Services, GP Hubs, Minor Injuries Unit, Self-Care and the 111 service may also require clarifying to the public. Without this, there may be continued over-reliance on Accident and Emergency Departments if the public lack confidence in, or knowledge of, the range of care available to them.

It is noted the proposed Urgent Care model for DDES CCG aligns to the Joint Health and Wellbeing Strategy 2016-19 and the regional ongoing work regarding urgent and emergency care vanguard.

We thank you again for the opportunity to comment on the future of urgent care services in DDES and would welcome an update at a future Health and Wellbeing Board meeting.

If you require further information, please contact Andrea Petty, Strategic Manager – Policy, Planning & Partnerships, on 03000 267312 or by email at andrea.petty@durham.gov.uk.

Yours sincerely

A handwritten signature in black ink that reads "Cllr Lucy Hovvels, M.B.E." The signature is written in a cursive style with a large, sweeping initial 'L'.

Councillor Lucy Hovvels
Cabinet Portfolio Holder for Adult and Health Services

Health and Wellbeing Board

9 September 2016



Wellbeing for Life Service

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 Wellbeing for Life Service (WBFL) and the evaluation of the Wellbeing for Life Service conducted by Durham University (Appendix 2).
- 2 Julie Form, Wellbeing for Life Manager will attend the meeting of the Health and Wellbeing Board on the 9 September 2016 and deliver a presentation on the WBFL Service.

Background

- 3 Public Health decommissioned a number of lifestyle services on transfer to Durham County Council. This was in order to develop a holistic wellbeing service. This was in line with the broader community engagement approach of local government, linking issues related to health inequalities and the social drivers of poor health, for example housing and health, rather than focusing on single issue 'lifestyle' approaches.
- 4 A specification was developed using extensive market testing and evidence based approaches. The tender for the Well Being for Life Service (WBFL) was awarded to a consortium of providers on the 1st November 2014. This comprises of the following providers:
 - County Durham and Darlington NHS Foundation Trust, Health Improvement Service
 - Durham Community Action
 - Pioneering Care Partnership
 - Durham County Council, Culture and Leisure
 - Leisureworks.
- 5 The Health and Wellbeing Board received a report on the Wellbeing for Life Service at its meeting on 11 March 2015, and noted that plans would be fully operational by 1st April 2015. The Board agreed to receive updates on the roll out of the Wellbeing for Life Service.

Key initial service outcomes from interim evaluation

- 6 The interim evaluation by University of Durham (the full evaluation will be completed by March 2017) which includes interviews with volunteers and stakeholders is provided at Appendix 2.

- 7 The interim evaluation period is set between 1st June 2015 and 31st January 2016. During that time a total of 1345 one to one clients accessed the WBFL service, with clients showing the following characteristics:
- Four out of five clients were from the 40% most deprived areas compared with two out of three health trainer clients nationally;
 - A total of 889 clients went on to complete a personal health plan. Two in five had sought help for multiple reasons, while one in five wanted help with weight loss or weight maintenance, WBFL service appears to be addressing the clustering of unhealthy behaviours;
 - Of those clients who completed a personal health plan, 224 went on to complete a follow-up assessment. Overall improvements were seen in the following measures: BMI, physical activity, alcohol consumption, self-efficacy, self-rated health, quality of life and mental wellbeing;
 - The biggest changes were seen in those with the worst health; for example, self-rated health improved by 18% and mental wellbeing improved by 24% in those with the lowest scores at baseline. These results suggest that the WFL service may be having the biggest impact on those who need it most.
- 8 A fundamental aim of the WBFL programme is to reduce social isolation and connect individuals back into their local communities. These case studies highlight that this is working. Part of connecting people into wider community activity involves the use of LOCATE, which is a free online resource offering a wealth of information, advice and services to help people live independently and find the right care and support to meets their needs. WBFL is a strong advocate for LOCATE and the two elements combined are working to address social inclusion.

Next steps

- 9 Phase two of WBFL was about making stronger links with the social determinants of health. This is being progressed through the Community Wellbeing Partnership and the Housing and Health group. Social housing providers, primary care, public health and the WBFL service have an agreed project plan to focus on Making Every Contact Count (MECC) and fuel poverty. There is also work being undertaken with the fire and rescue service through their safe and wellbeing visits.

Conclusion

- 10 There was a slow start to one element of the WBFL programme (one to one interventions) and now there is evidence through the interim evaluation of the service which demonstrates that the WBFL service has delivered its original aims. It is providing measureable and tangible outcomes to improve health and wellbeing in the most deprived areas, often for people with the worst health outcomes. In their final report, the Local Government Association, Health and Wellbeing Peer Challenge identified the Wellbeing for Life Programme as a great example of innovation.

Recommendations

11 The Health and Wellbeing Board is asked to note:

- The presentation to be given at the Health and Wellbeing Board meeting on the 9 September 2016;
- The current position of the WBFL service;
- The findings from the WBFL interim evaluation.

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Appendix 1: Implications

Finance

The programme is funded from the ring fenced public health grant.

Staffing

No implications

Risk

No significant risks are noted.

Equality and Diversity / Public Sector Equality Duty

The service meets its obligations for equality and diversity.

Accommodation

No implications

Crime and Disorder

No implications

Human Rights

Data protection issues are outlined prior to individual resident participation.

Consultation

No implications

Procurement

No implications

Disability Issues

No implications

Legal Implications

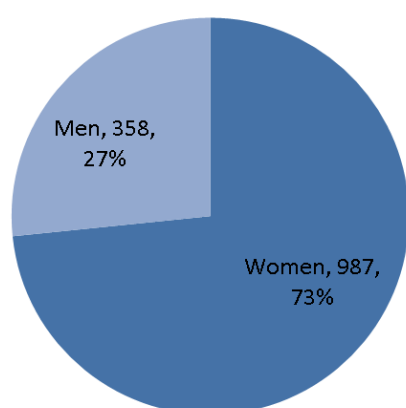
No implications

Evaluation of the County Durham Wellbeing for Life Service

Update May 2016

This update gives a 'snapshot' of the 'one to one' element of the Wellbeing for Life (WFL) service evaluation being conducted by researchers from Durham University. The evaluation runs from September 2015 to February 2017. Here, we report results from our analysis of DCRS data collected between 1st June 2015 (when the main evaluation measures – EQ5D¹ and SWEMBWS² – were introduced) and 31st January 2016.

(i) Fig. 1 Gender of WFL clients



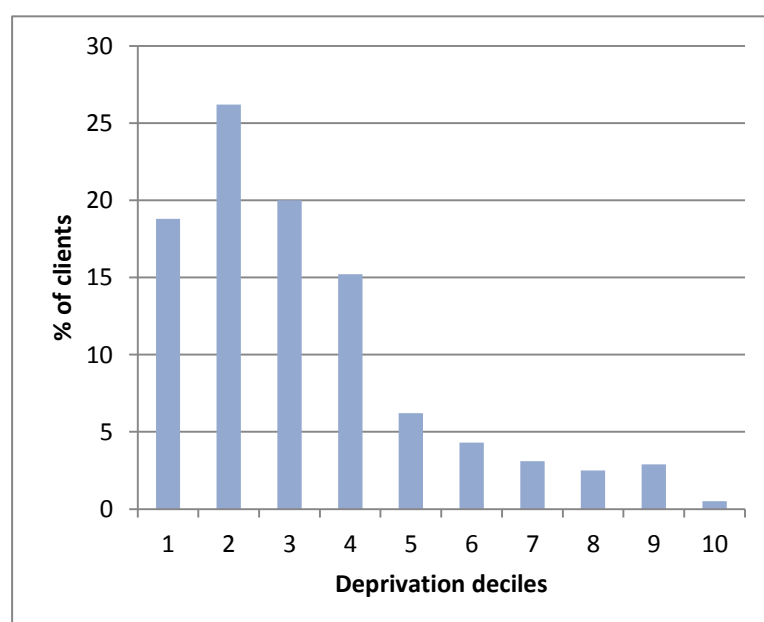
1. Client characteristics

A total of **1345** clients accessed the WFL service during the interim evaluation period. They ranged in age from 16 to 88 years, with an average of **47 years** and a good spread across the age range. The ratio of women to men was **3:1** (see fig.1), showing that WFL staff are doing a great job of engaging with women but there is still more work to do to encourage men to access the service. This might involve targeting industrial workplaces and partnering with agencies working mainly with men (e.g. SHAID, services for veterans, etc).

Four out of five clients were from the 40% most deprived areas (see fig. 2) suggesting that the WFL service is having more success in engaging with so-called 'hard to reach' groups.

Around **one in three** clients had heard about the service from a WFL health trainer, compared to **one in five** who had been referred or signposted by a health professional and **one in 10** who had heard about it via word of mouth. This indicates that building relationships with communities and also with health care providers is particularly important.

(ii) Fig. 2 Level of deprivation



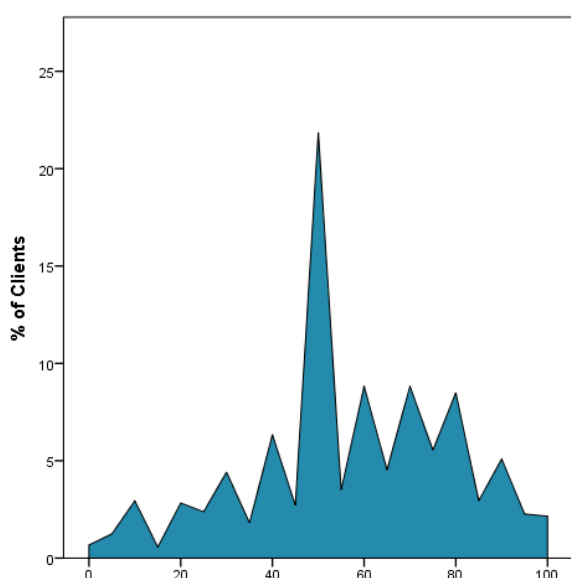
¹ The EuroQol 5 dimensions (EQ5D) is a measure of quality of life that is often used to calculate cost-effectiveness. It includes 5 short questions and a visual scale ('health thermometer'), which has been proven to reliably capture self-rated health status.

² The short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) is also a well-tested measure. It is used by health trainer services nationally, as well as many other health improvement interventions, to capture improvements in mental wellbeing.

2. Baseline measures

A total of **889** clients went on to complete a personal health plan. **Two in five** had sought help for multiple reasons, while **one in five** wanted help with weight loss or weight maintenance. This is in contrast with health trainer services nationally, where almost two-thirds of clients seek advice with diet, and so the WFL service appears to be addressing the clustering of unhealthy behaviours.

(iii) Fig. 3 Self-rated health scores at



Clients' initial confidence levels were relatively high, although the average self-efficacy score was slightly lower than that for health trainer clients nationally (**63 vs. 68**). The average SWEMWBS score was **57** (vs. 55 for health trainer services nationally) and the 'health thermometer' score was also **57** (see fig. 3). The UK average is estimated to be 83, indicating that WFL staff are working with people in relatively poor health.

BMI at baseline ranged from 17 to 62, with an average of **33** (clinically obese). **One in four** clients were current smokers, which is higher than the national and County Durham averages, but lower than expected for the target population. **Half** were non-drinkers, which is surprising given that national statistics indicate that only 21% of adults describe themselves as teetotalers (18% in the North East). We do not know whether these are 'true values' or the result of under-reporting.

3. Outcome measures

Of those clients who completed a personal health plan, **224** went on to complete a follow-up assessment. Overall improvements were seen in the following measures: BMI, physical activity, alcohol consumption, self-efficacy, self-rated health, quality of life and mental wellbeing. The biggest changes were seen in those with the worst health; for example, self-rated health improved by **18%** and mental wellbeing improved by **24%** in those with the lowest scores at baseline. These results suggest that the WFL service may be having the biggest impact on those who need it most.

4. Next steps

Focus groups are underway with WFL staff and volunteers, and we also intend to distribute a short survey to gather additional feedback. Ten stakeholders who have experience of working alongside the WFL service will be invited to take part in one-to-one interviews. A sample of 36 clients and 12 'non-completers' will be identified and invited to share their views of the service. In August we will repeat our analysis of the DCRS data with a larger sample and add available follow-up data. An interim report will be submitted to the commissioners in September 2016.

Contact for further information or feedback

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Wellbeing for Life
A summary review of Volunteering and
Group Intervention elements
2015/2016

Wellbeing for Life

A summary review of Volunteering and Group Intervention strands 2015/2016

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1. Purpose

The purpose of this document is to provide a summary review of the County Durham Wellbeing for Life programme 'Volunteering' and 'Group Intervention' strands, for the period April 2015 to March 2016, with a view to highlighting key successes. It does not represent an evaluation of this work.

2. Background

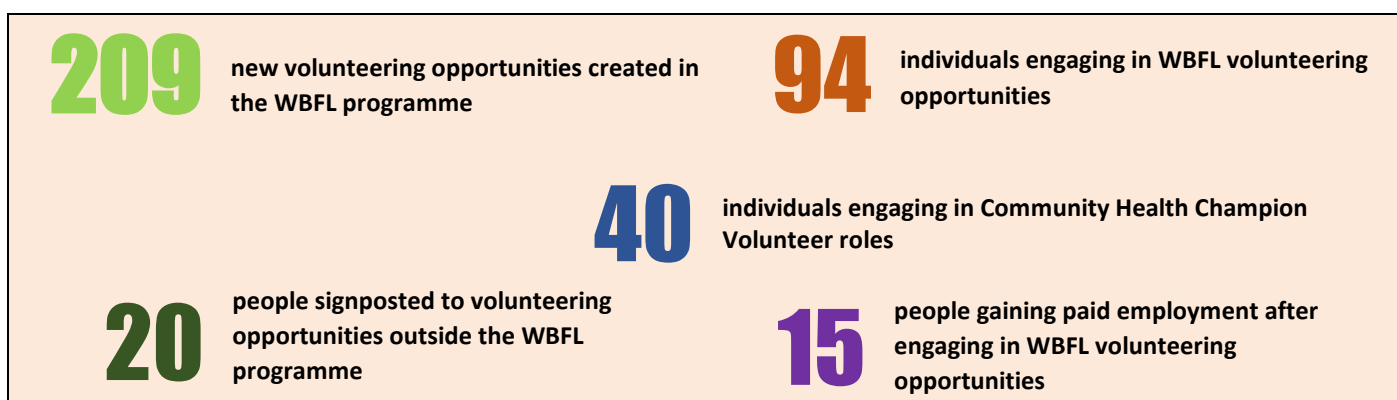
Commissioned in 2014 by Durham County Council Public Health, Wellbeing for Life's holistic approach to promotion of health and wellbeing in targeted areas of County Durham places strong emphasis on co-design and community involvement (*See Appendix One for background information on the Wellbeing for Life programme*). Linked to this, two distinct programme strands help support overall delivery:

- Participant-led **group interventions**, co-produced with service users.
- Programme-based **volunteering** opportunities and volunteer support.

Both strands are led and delivered through Durham County Council Culture and Sport Service (in East and South West Durham), and Leisureworks (in North Durham), with staff deployed within integrated locality-based teams to maximise impact and ensure 'whole programme' co-ordination.

a. Volunteering

The volunteering strand strongly reflects Wellbeing for Life's integrated approach. Development of a wide range of volunteering roles has created opportunity for anyone interested in volunteering to do so at a level and pace that suits their needs. Since programme delivery commenced, the volunteering strand has consistently over-achieved against contractual targets;



209 volunteering opportunities have been created (annual target 200) for local people within the Wellbeing for Life programme, taken up by **94 individuals**, engaging in activities such as community consultation, creation of community development plans, assisting health trainers with one to one visits, and supporting community events and activities. A further **20 people have been signposted into volunteering outside of Wellbeing for Life**, becoming involved with complementary services such as 'Colour Your Life' and the 'Learning Hive' at Catchgate. Links with the 'Volunteer Durham' programme, coordinated by Durham County Council Culture and Sport, and Durham Community Action's Centre for Volunteering have added significant value to this signposting element of the service.

Building on the evidence base underpinning the Health Trainer approach, which demonstrates the value of 'advice from next door', a structured pathway into volunteer 'health trainer' type roles has also been created. Contractually, this option provided space for up to 32 '**Community Health Champions**' (CHC's), offering training, support and mentoring, and enabling suitable volunteers to develop personal skills and to work towards achieving a City & Guilds Level 3 Health Trainer qualification. This equips them to help members of their community to transform their own health and wellbeing.

The CHC route into volunteering has proved extremely popular with **40 volunteers** engaged into CHC roles. Other volunteers who couldn't be accommodated as CHC's have been signposted or supported into alternative community volunteering opportunities.

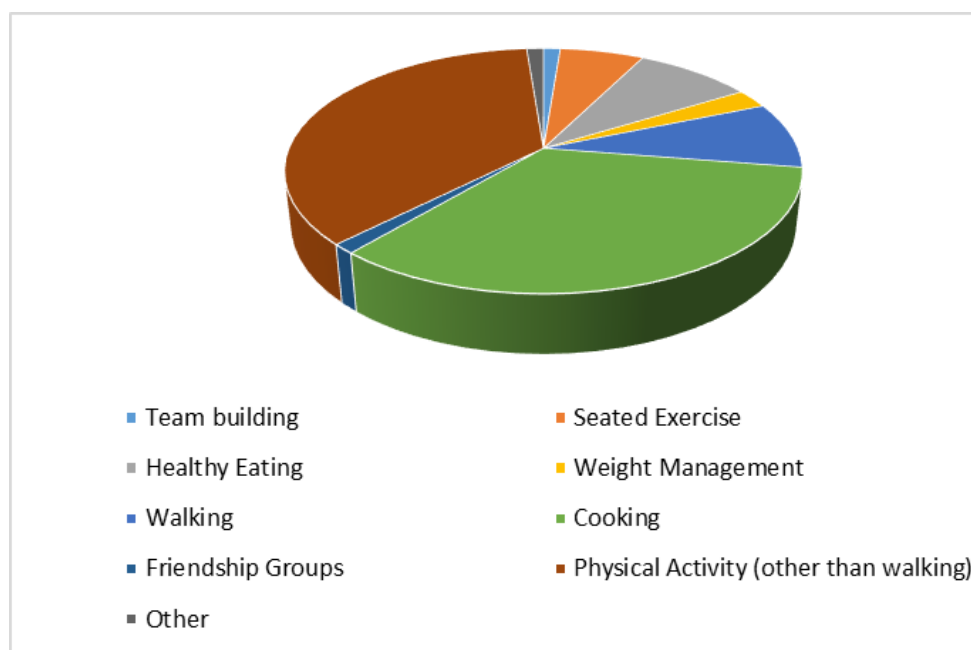
b. Group Interventions

Group interventions have been organised and delivered across the target areas, in response to expressed community need. These have provided a 'menu' of opportunities, including cooking/healthy eating, craft, friendship groups, physical activity, communication and team-building, resilience and weight management programmes (for breakdown see fig. 1, below). A typical session will last for one hour each week, and will run for up to eight weeks.

Responding to group needs, sessions have largely been delivered from community venues, and seek to ensure that those that will benefit most, or who are most marginalised, can attend. Participants in group interventions have undoubtedly benefited from taking part, increasing knowledge, skills and confidence, with evidence of some participants improving fitness and losing weight.

From April 2015 to the end March 2016 **78 (annual target 32) community-based group intervention programmes were delivered** across the Wellbeing for Life target areas. A total of **715 unique participants (annual target 400)** attended these.

Figure 1 – Types of Group Intervention delivered.



Case study

Angela, 59, was referred into Wellbeing for Life, hoping to lose a little weight. Her ultimate aim was to be accepted for surgery for a knee replacement to improve her long-term general mobility. Angela's motivation was initially low and she lacked confidence, and mobility issues meant she was severely restricted when it came to increasing activity levels.

Angela got involved in a regular group activity programme and was supported by a health trainer outside weekly sessions. She worked on a food diary, and was offered support around increased activity levels, with a sensible and realistic focus on what she could achieve. At the end of the programme Angela had increased fluid and fruit and vegetable intake, reduced fats, salt and sugar intake, increased activity levels, improved knowledge and understanding of her long-term health conditions, and improved her confidence.

Angela reduced her BMI and lost weight. After the programme she went on to lose further weight and reduce her BMI and was accepted for surgery for a knee replacement. This has given her a massive confidence boost and a real focus to become more active.

3. Primary Impacts & Benefits

The Wellbeing for Life service was introduced as an integrated, holistic programme. The Group Interventions and Volunteering strands are key components in supporting overall delivery, and this has been demonstrated as the overall programme has developed. As well as delivering significant benefit at programme level, there has been considerable impact on individuals. Case studies and participation data, together with anecdotal feedback and compliments received (recorded as part of programme delivery monitoring) demonstrate clear benefits, for example:

Group interventions have enabled the development of **improved knowledge, understanding and skills around healthy behaviours**, especially in relation to diet/healthy eating/weight management and physical activity;

Weight Management/Healthy Eating:

'Learnt such a lot on fats and sugars'

'Sessions have been really informative and we learned a lot about cooking healthily'

'The benefits I've gained from all the options for the scheme is relevant information of heart disease, healthy eating and physical activity.'

Exercise-based programmes:

'Beginning to feel fitter after 4 sessions'

'Lost weight and feel good'

'Able to move better + back is feeling best it has in years'

Increased knowledge has also impacted on individuals' ability to self-manage long-term conditions, with some participants reporting, for example, decreased use of statins.

Delivery of the 'Group Intervention' strand by two of the County's primary providers of Cultural and Physical Activities has provided strong and supported exit routes into mainstream programmes e.g. Walk4Life, supporting long term participation and sustained behaviour change.

Many participants have also gone on to access other Wellbeing for Life services, like one-to-one health trainer support, volunteering, or have been signposted into wider support services, such as housing and adult learning. In addition to this, participants have benefited from the **development of new social networks**; they have made new friendships and received informal peer support:

'The walking has helped all the people on a social level and helping them interact...'

'Got a chance to speak to friends and have a laugh while learning new ways to eat healthier'

'Fantastic walk with a great social interaction from everyone.....'

'It increased my confidence'

'I've enjoyed coming every week, meeting people, making friends...'

Five activity groups have been sustained beyond their initial ‘supported’ period and are now delivered independently of Wellbeing for Life by local communities. It is hoped that this success can be replicated and further improved as the programme develops.

Engagement in **Volunteering** opportunities has enabled people to gain new skills and experiences, and improve personal confidence and self-esteem. Those taking on Community Health Champion roles have gained recognised qualifications and work experience. For some, this has enabled entry into good quality paid employment. In total **15 volunteers have gained work** as a result of engaging with Wellbeing for Life, of which **12 have moved into paid Health Trainer roles**. Given the demographic background of the volunteers (many previously unemployed and all resident within disadvantaged communities), this represents a significant impact.

Case Study

David, from Coxhoe, joined WBFL in August 2015. He’s been out of work for around a year and although passionate about volunteering, would love a career in Health and Wellbeing. David is very outgoing and enthusiastic; his glass is always full (not half full) and this positive attitude mirrors the way he communicates with clients, and staff. David often says he feels part of a team and that he is doing some good to benefit individuals that need it.

Since joining, David completed several courses and became a Community Health Champion; he is now half way through the Level 3 Health Trainer qualification. David enjoys shadowing Health trainers with 1:1 clients as he finds this experience rewarding, for both the client and for his own personal development. He’s also helped out with leaflet drops, health launches and supported awareness campaigns. David is able to work with groups and individuals from all backgrounds and his confidence in doing so is only increasing.

Both volunteering and group intervention strands align to the principles of the Five Ways to Wellbeing, providing structured opportunities and routes for local people to:

Connect: A friendship group established in Dipton has welcomed 15 participants and has provided ukulele, social and physical activity sessions.

Be Active: Circuit Fusion has been developed as a regular community programme offer in South Moor enabling residents to exercise every week at affordable rates. This session has been sustained, beyond Wellbeing for Life’s direct support, through Leisureworks ‘Make Your Move’ programme.

Keep Learning: In total volunteers have attended over 100 training programmes, including Making Every Contact Count, Motivational Interviewing and RSPH Level 2 training, many gaining recognised accreditation and qualifications.

Give: One volunteer has been involved in an exciting initiative in Langley Park, digitising a wealth of mining memorabilia. The process has encouraged other local residents to come forward to engage with a Women’s Cree, supporting social cohesion and reducing isolation.

Take Notice: Group interventions have included elements of mindfulness, encouraging participants to think about and better engage with their local surroundings and experiences.

Because volunteering and group interventions have been delivered within a wider, co-ordinated and holistic approach, participants have benefited from a very comprehensive range of support which has enabled them to work through and address individual barriers to participation and personal development.

Additional case studies are included in Appendix 3. These provide rich evidence of the impact of participation, as a volunteer, or in group activities, and serve

to further demonstrate the difference that these particular strands of Wellbeing for Life, and the programme as a whole, are making for both individuals and communities.

4. Additional Impact and Benefits

At a programme level Volunteering and Group Interventions have both benefited from and supported the holistic Wellbeing for Life approach. They have served to increase delivery capacity; for example, each Community Health Champion agrees to provide a minimum of two hours' support every week, and volunteers regularly assist at promotional events and at group sessions, which has in turn supported extended Programme reach.

A range of additional benefits have become apparent as services have grown, including:

- The locally-based 'Grass roots' approach generally means that new opportunities developed can be more readily 'knitted' into wider community activity, supporting long term sustainability.
- Signposting individuals to existing 'group activity' provision, either provided by Durham County Council Culture and Sport/Leisureworks or the voluntary and community sector, has limited the need for Wellbeing for Life to set up new activities. This has meant that programme resources can be directed to areas where provision is more limited, as well as helping to grow and sustain existing group activities.
- The Wellbeing for Life Volunteering programme, and the stronger relationships promoted through this, has led to the development of a joint 'Volunteering Pathway', linked to Durham Community Action's Centre for Volunteering (*See Appendix Two*), and to the Volunteering Programme working towards the County Durham Kitemark Certificate for Volunteering.
- Volunteering and Group Intervention strands align with and actively support delivery of local strategic priorities, including the Active Durham framework, 'Start, Stay, and Succeed', and the County Durham Public Mental Health Strategy.
- A major unintended (though not unexpected) benefit for individuals has been the development of new friendships and informal social networks. These bring fundamental benefits and contribute significantly to achieving the improved resilience and positive mental health central to the aims of Wellbeing for Life.

Case Study

Lisa, from Blackhill, got involved in Wellbeing for Life by chance when the Volunteer and Skills Co-ordinator went to meet with a close friend of hers. Upon hearing what her friend was signing up to Lisa immediately wanted to sign up too.

Lisa is an active member of Colour Your Life, a social prescribing programme delivered in part by Leisureworks, having been referred because of mental health issues from which she has suffered for a number of years. Whilst Colour Your Life did benefit Lisa's mental health she felt she needed something else on which to focus. Wellbeing for Life fitted the bill!

Since signing up, Lisa has eagerly accepted any opportunities offered to her. Her biggest challenge and subsequent achievement was the compilation of a wealth of mining memoirs and memorabilia discovered in Langley Park by Durham Community Action's Development Worker, Susan Tron. Susan spoke to the owner of the memorabilia about digitising the memoirs; the question was met with a definitive answer of yes!

The Wellbeing for Life Volunteer and Skills Co-ordinator suggested Lisa get involved, given her IT skills and interest in the topic. This project enabled Lisa to discover a meaningful activity where she and colleagues felt valued. Lisa says, 'This project fascinated me from the start and I couldn't wait to get going. The wealth of information that was available was amazing and I wanted to make sure that the public would be able to see what I was lucky enough to see'.

5. Contribution to Strategic Priorities

As a commissioned programme, developed as a response to the County Durham's JSNA, Wellbeing for Life supports local strategic priorities concerned with health and wellbeing, and this holds true for the refreshed Joint Health and Wellbeing Strategy for County Durham 2016 – 2019. The Director of Public Health's Annual Report (2016), which focuses on obesity, highlights the value of physical activity interventions delivered through the Wellbeing for Life programme in supporting reduced obesity levels. Improved knowledge and ability to make behavioural changes that reduce reliance on treatments such as statins contribute towards Clinical Commissioning Group priorities. However, the outcomes and benefits from Volunteering and Group Intervention strands of the programme support far wider-reaching local and national strategic objectives. These are highlighted in tables included at appendix 2.

Case Study

David met with one of the Volunteer Co-ordinators after being introduced through a community worker. He'd been interested in volunteering for some time, but had found it difficult as he is visually impaired. After a discussion to discover David's interests (walking and going to the gym), suitable opportunities were identified with him and he decided to enrol for a Walk Leader course, along with another local volunteer, Andrew.

*Both thoroughly enjoyed it and together now host small walks on a regular basis. Enjoying his volunteering role, David wanted to do more, so Tow Law's Legacy Gym was approached...Although David can't see, he knows his way around the gym well!. The Volunteer Coordinator worked with David and Andrew every Friday and taught them the basics of Fitness Instructing. As a result of all this, not only was a friendship made, but **the Gym is now open an extra day a week because of their commitment**. David and Andrew are still holding the walking groups and volunteering at the Legacy Gym every Friday.*

APPENDIX 1

Background to Wellbeing for Life

The Wellbeing for Life programme was commissioned by Durham County Council Public Health in 2014, in an innovative move away from 'single issue' focused interventions. With contract commencement in October 2014, it brings together five local partners in a unique Consortium arrangement. Drawing on the strengths of each member organisation, County Durham and Darlington Foundation Trust, Durham County Council Culture and Sport, Leisureworks, Durham Community Action and Pioneering Care Partnership deliver the programme, which aims to improve health and wellbeing through greater focus on integration, improving quality and efficiency, addressing the wider determinants of health and focusing on prevention and early intervention. Positive mental health is a core component of the programme.

Delivered across North, East and South West Durham, targeting the areas and communities of interest experiencing greatest health inequalities, Wellbeing for Life acknowledges the significance of wider determinants of health. This means that, alongside offering support to individuals to develop healthy behaviours, the programme actively seeks to improve skills, capacity and resilience at an individual and community level.

APPENDIX 2 – Volunteering and Group Intervention strands links to local strategy

6.		Delivery Outcome*							
7. Local Strategic Priorities supported:	8. Improved understanding and skills around healthy behaviours	9. Increased physical activity	10. Improved diet and cooking skills	11. Increased levels of self-esteem, confidence and resilience	12. Improved social networks	13. Increased skills and qualifications linked to work	14. Obtaining volunteering experience	15. Obtaining paid employment	
16. Altogether Better - Altogether Healthier: Joint Health and Wellbeing Strategy for County Durham 2016 - 2019									
• Reduce health inequalities and early deaths	17. x	18. x	19. x	20.	21.	22.	23.	24.	
• Improve the mental and physical wellbeing of the population	25. x	26. x	27. x	28. x	29. x	30. x	31. x	32. x	
33. Altogether Better – Altogether Wealthier									
• Sustainable Neighbourhoods and Rural Communities	34.	35.	36.	37.	38. x	39. x	40. x	41. x	
• Competitive and Successful People: <i>42. -Re-engage adults with work, moving economically inactive people into the labour market</i> <i>43. -Improve equality of access to employment and services</i>	44.	45.	46.	47.	48.	49. x	50. x	51. x	
52. Durham Dales, Easington and Sedgfield CCG 5 Year Plan - Outcome Priorities:									
• Improving health and preventing ill health in partnership	53. x	54. x	55. x	56. x	57. x	58.	59.	60.	
• Reducing inequalities	61. x	62.	63.	64.	65.	66. x	67. x	68. x	
69. North Durham CCG Clear and Credible Plan - 2012 – 2017 - Strategic Priorities:									
• Strategic Priority	70. x	71. x	72. x	73. x	74. x	75. x	76. x	77. x	

1: Improve the health status of the population										
78. County Durham Public Mental Health Strategy 2013 - 17										
<ul style="list-style-type: none"> Objective 1: Improve mental health and wellbeing of individuals through engagement, information, activities, access to services and education. 	79.	80.	81.	82. x	83. x	84. x	85. x	86. x		
91. Our Ambition – DCC Culture and Sport’s aspirations and framework:										
<ul style="list-style-type: none"> Durham Local 	92.	93.	94.	95.	96.	97. x	98. x	99.		
100. County Durham Physical Activity Framework										
<ul style="list-style-type: none"> More people to start, stay & succeed in their endeavours to be more physically active 	101.	102. x	103.	104.	105.	106.	107.	108.		
109.										
110. Leisureworks Strategic Priorities										
<ul style="list-style-type: none"> Deliver on range of public health objectives 	111. x	112. x	113. x	114. x	115. x	116. x	117. x	118. x		
<ul style="list-style-type: none"> Maximise on the value of being a local independent trust 	119. x	120. x	121. x	122. x	123. x	124. x	125. x	126. x		

*NB outcomes are based on case study information and feedback and have not yet been validated through formal evaluation

APPENDIX 2: *Volunteering and Group Intervention strands links to national strategy*

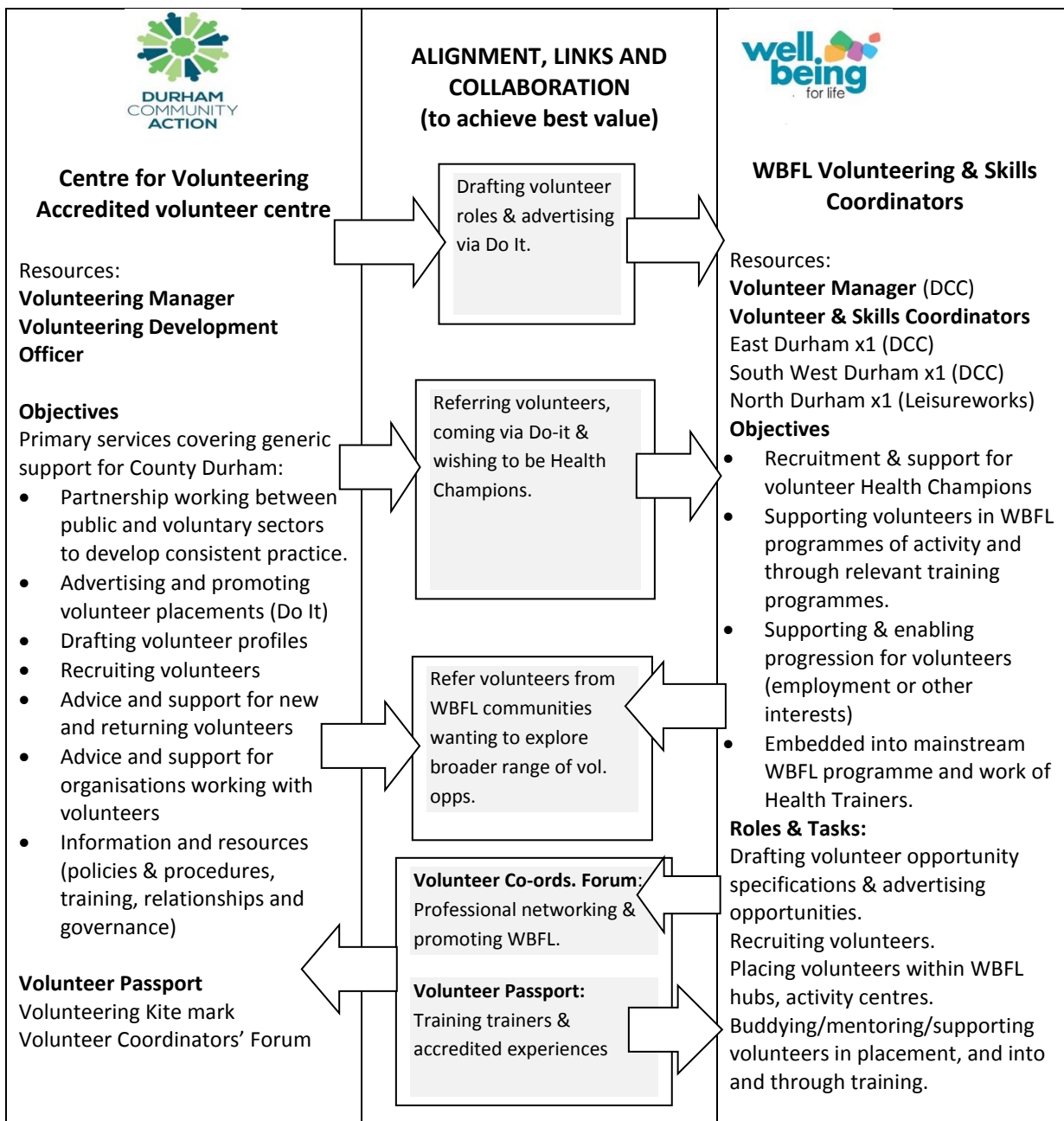
127.		Delivery Outcome*								
128. National Strategic Priorities supported	129. Improved understanding and skills around healthy behaviours	130. Increased levels of physical activity	131. Improved diet and cooking skills	132. Increased levels of self-esteem, confidence and resilience	133. Improved social networks	134. Increased skills and qualifications linked to work	135. Obtaining volunteering experience	136. Obtaining paid employment		
	137. NHS 5 Year Forward View (2015)									
• Targeted prevention, empowering patients, creating healthy workplaces	138. x	139. x	140. x	141. x	142. x	143.	144.	145.		
• Engaging people in community volunteering	146.	147.	148.	149.	150.	151.	152. x	153.		
• Recognises significance of employment in improving health	154.	155.	156.	157.	158.	159. x	160. x	161. x		
162. NHS England 2016-17 Business Plan										
• Tackling Obesity and preventing Diabetes	164. x	165. x	166. x	167.	168.	169.	170.	171.		
163.										
172. No Health Without Mental Health (2011)	173.	174.	175.	176. x	177. x	178.	179. x	180.		
181. Start Active Stay Active – Department of Health	182.	183. x	184.	185.	186.	187.	188.	189.		
190. Towards an Active Nation, Sport England's Strategy 2016 – 2021										
• Tackling inactivity	191.	192. x	193.	194.	195.	196.	197.	198.		
• Helping those who are active now to carry on, but at lower cost to the public purse over time	199. x	200. x	201.	202.	203.	204.	205.	206.		
207. Sporting Future - DCMS, 2015 - Priority 6. More people from every background regularly and meaningfully:										
• a) taking part in sport & physical	208.	209. x	210.	211.	212.	213.	214.	215.		

activity									
• b) volunteering	216.	217.	218.	219.	220.	221. x	222. x	223.	
224. Everybody Active Every Day – Public Health England – 2014:									
• 1. Active society: creating a social movement	225.	226. x	227.	228.	229.	230.	231.	232.	
• 2. Moving professionals: activating networks of expertise	233.	234.	235.	236.	237.	238.	239. x	240. x	
241. Turning the Tide of Inactivity – UK Sport									
• The Activity Sector should focus on engaging and supporting inactive people	242.	243. x	244.	245.	246.	247.	248.	249.	

*NB outcomes are based on case study information and feedback and have not yet been validated through formal evaluation

APPENDIX 3

Volunteering opportunities pathway developed through Wellbeing for Life



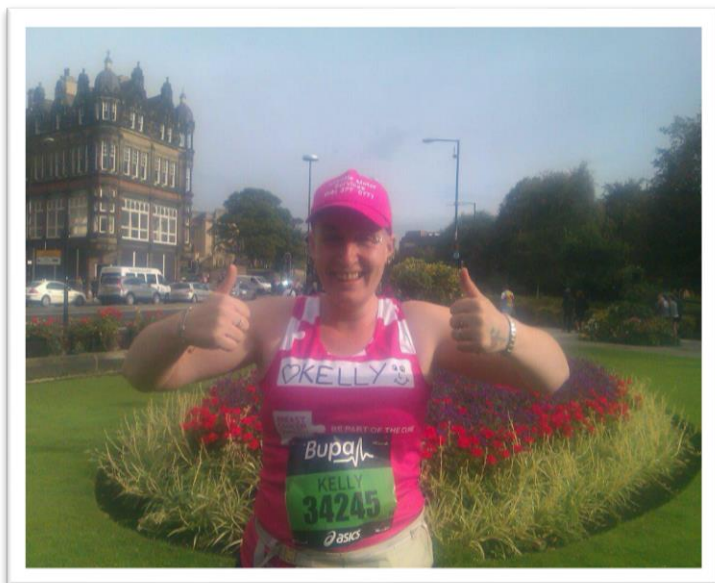
APPENDIX 4 - ADDITIONAL CASE STUDIES

A. Volunteers

Kelly, Volunteer Community Health Champion- Bowburn

Kelly, aged 35 has lived in Bowburn all of her life and is passionate about the mental, physical and social wellbeing in her community. Kelly left school and went down the path of finding a career in care; she has worked in many nursing homes and in several similar roles.

Kelly has a son that was diagnosed with ASD; it was at this point that Kelly decided that she must do something for herself during the day while her son was at school to make a difference in her community. As well as taking part in several charity fundraisers every year, Kelly decided to volunteer at Bowburn Community Fitness Suite where she recruited many new members and recruited and mentored new Volunteers. With a passion for learning Kelly then went to college and completed her Level 2 Fitness Instructors qualification. Kelly is now half way through her Level 3. In November 2015 Kelly volunteered at Lumiere in Durham as a Festival Maker and at one of the feedback events she approached a WBFL stall and joined the programme in the hope to carry out some volunteering. Kelly enrolled on several training courses and became a Community Health Champion.



Throughout the process Kelly continued volunteering (and still does) at Bowburn Community Fitness Suite and constantly promotes the Wellbeing for Life service. Kelly thoroughly enjoys the training courses provided by Wellbeing for Life as she believes the more knowledgeable she becomes the more the public in Bowburn will make different life choices to improve their wellbeing with the advice she passes on.

Kelly has also enrolled on the Level 3 Health Trainer Qualification and is really enjoying it. She is now helping deliver a 'Healthy Lifestyle' eight week programme and Bowburn Community Centre with the Senior Health Trainer for the SW Durham Hub. Kelly loves being part of the team and is finding this experience to be really beneficial, not just to the clients attending the programme, but for her own personal development and hopes as time goes on she can deliver many more of these courses. Kelly states that "when I have free time, I always want to do something productive as I love to help people and encourage members of the community to feel better in themselves". Kelly is an asset to the service and contributes with the upmost motivation and enthusiasm.

Kelly's goals for the upcoming months are to complete the Level 3 Health trainer Qualification and take part in more shadowing of Health Trainers.

Alan, Volunteer Community Health Champion - Horden

Alan Bennett, aged 50, is local from East Durham, and a born and bred Horden lad. He first came to Healthworks September 22nd 2014 via Acuman, a Job Centre community work placement programme for 6 months. His placement was very varied ranging from reception, admin support for different projects, leaflet dropping to serving in the juice works café.

He really enjoyed the work and the people working there and in March 2015 decided to stay on as a NHS Healthworks volunteer, volunteering between 24-30 hours a week as Health Trainer Champion. In this new role he was able to gain further confidence and new skills as he shadowed the Health Trainers, supported events/activities/groups and enrolled on a number of courses (including passing City and Guilds level 3 Health Trainer qualification).



Karen, Volunteer Community Health Champion - Catchgate

Karen, 50 from Catchgate, recently relocated to the area with her son after living in Mid Sussex for many years. She had struggled to connect with people and find new friends since moving to Catchgate and in turn became socially isolated. Karen also struggled to find any work that is suitably matched to both her skills and her family commitments, which added to her social isolation.

Karen began volunteering with the Wellbeing for Life service in July 2016 after being told about the project by the Learning Hive in Catchgate. Karen also accessed one to one sessions with a Health Trainer to improve her own wellbeing in November 2015, as a result of seeing how beneficial these sessions were to other volunteers. *'I really enjoyed working with Ellie (the Health Trainer). She has even made me think about quitting smoking and I am going to sign up to the stop smoking service.'*

Since signing up to the service as a volunteer Karen has accessed many of the training opportunities available and volunteered at many different events, including Wellbeing Promotion and Cancer Awareness events. The volunteering opportunities have also allowed Karen to connect with individuals from the local area and widen her social networks.

The support from volunteers at these events is often invaluable, with a health trainer commenting, *'It's fantastic. It really helps us to have a volunteer present to speak to members of the public and answer any questions they may have. They can also speak to these people about their personal experiences with the service so that is an added bonus.'*

More recently, Wellbeing for Life agreed to take over Karen's mandated volunteer hours from the Job Centre. Karen was very happy at the news, stating *'This is the best news I have had all year. Hopefully this is the start of things going right for a change. I enjoy what wellbeing does and want to pursue it.'*

The Volunteer and Skills Co-ordinator is currently drafting a work programme for Karen, that will allow her to gain a vast amount of experience and enable her to support all of the work that Wellbeing for Life are currently planning across North Durham.

B. Group Interventions

Jackie*

Jackie* is a 63 year old County Durham resident who has suffered from two mild strokes already. She approached Wellbeing for Life as she wanted information on physical activity and healthy eating and was signposted onto a Healthy Eating group and the Walk4Life programme. Jackie also received one to one advice from a Health Trainer. She found the programme very helpful and, after some initial gentle persuasion, is now attending the Walk4Life sessions every week. As a result of engaging with WBFL Jackie has improved her knowledge of how to eat more healthily and has picked up some tips on making healthier meals for herself and her family. She has also increased her physical activity levels and has even been able to work with her GP to reduce her use of statins. Jackie says. *'The walking has helped all the people on a social level and helping them interact' and 'Jo and Steve's [WBFL delivery staff] professionalism should also be noted...'*

Tesco Walk

The Walk4life 8-week programme in Consett concluded on 19th January 2016 having commenced in mid-November 2015. Tesco were very supportive throughout the programme and provided their community room as a meeting point together with free refreshments every week – something really appreciated by all participants, especially during inclement weather.

The programme was attended by 13 clients with an age range of between 44 and 81. It was well received and continues to date thanks in part to 3 very enthusiastic members who signed up as Wellbeing for Life Volunteer Walk Leaders.



Pictured: Walkers on Genesis Way in Consett

Here is an insight of a few clients who attended the programme:

Husband and Wife **Sondra, 68 and Tony, 69** moved to the Consett area 6 years ago and were eager to find out more about the area and meet new people. Sondra finds getting out in the fresh air helps her mental wellbeing and Tony enjoys keeping fit. They both feel this programme has improved their fitness and have loved being part of a group of like-minded people, where they have gained more knowledge and history of the area. Tony was keen to attend group based exercise activities as well and has been signposted to sessions in his local community. Both are now

keen to become Walk Leaders to keep the programme running and hopefully get into other volunteering opportunities.

Doreen, 80 recently lost her husband whom she walked with on a regular basis. As a result her participation reduced until she saw a flyer in her local Tesco promoting the programme and decided to come along. She has met like-minded people and her confidence has improved.

Marion, 71 lives on her own and loves keeping fit, attending lots of walking and exercise sessions in the community. She has made lots of good friends over the years by getting involved with these sessions, often enjoying social trips away and holidays with them. She has a great knowledge of Consett and its surrounding areas so will be a great asset to the Walking programme in her capacity as a Volunteer Walk Leader.

Carole Anne, 72 only moved to the Consett 3 months ago and knew very little about the area and thought it would be a good idea to come along and join the programme. Her local knowledge has now improved and she really enjoyed meeting new people, socialising and making friends. She is keen to lose some weight and feels she has got fitter by walking regularly. Carole Anne is delighted the programme will continue beyond its initial 8 weeks so she can continue socializing and exercising.

Maureen

Maureen is 72 years old. Other than irritable bowel syndrome she has no medical problems, and sought help from WBFL to improve her fitness and general health. She felt that her IBS and associated trouble with eating certain foods (Maureen has a sugar gluten intolerance) might limit the scope for dietary changes and so initially got involved in a regular physical activity session. This helped her to be more active and she reported an increase in energy, which motivated her to make more changes. Through the group session programme, one to one help from a Health Trainer was organised. The Health Trainer helped Maureen to keep a food diary, which enabled her to identify areas she could change and improve.

Maureen has since begun to eat more regularly and has increased her fibre intake. Maureen says, *'...Continuing to monitor my efforts we discussed how I was feeling. My energy levels had improved greatly and I have continued instigating these suggestions into my daily life. I found the 8 weeks very rewarding, improving my fitness levels and overall health. Many thanks'*

Eric

Eric lives in Tanfield, is 74 years old and is a widower. His GP recommended the Wellbeing for Life programme because of concerns about his weight and blood pressure. Eric decided to change his lifestyle.

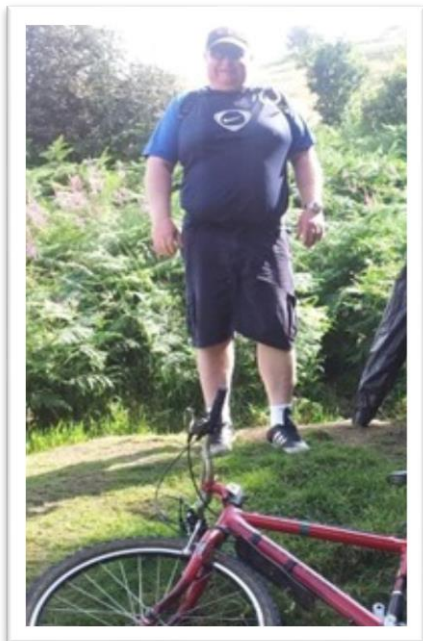
Eric wanted to access group based physical activity sessions, practical cooking and healthy eating. He was also keen on meeting new people and socialising. He subsequently attended Healthy Circuit, Practical Cooking and Healthy Eating courses at Dipton Community Centre.

He now feels more confident in his cooking ability and in preparing healthy meals. His knowledge of fats, sugars and salt in food has also improved. His physical activity participation has also increased – he is exercising at least 5 times per week now and has been signposted to the Just Beat It! diabetes programme. He is also a regular swimmer and group exercise member at The Louisa Centre in Stanley. He has made new friends and is enjoying his new, healthy lifestyle.

Mark

Mark, 53 attended the healthy eating/weight management group sessions at his work place, HMRC in Peterlee; delivered by Mariyeh Tehrani, the Wellbeing Development Officer, with support from volunteers and Health trainers. Mark's aim was to become more active and to lose weight. Due to Mark's role manning the main reception at HMRC he was unable to sit through the full sessions, however this didn't demotivate him. Mark was always the first to arrive and get weighed, followed by discussions on his progress in the previous as well as goals for the following week. Mark used the information from each session to make changes to his daily eating plan and attending the group sessions motivated him to become more active each week. He was monitoring this through his pedometer.

Mark achieved fantastic results within the 8 weeks and was able to lose over 2 stones in weight. In Mark's own words: *"Doing this course was the motivation I needed to help me lose weight. The wellbeing team were very helpful and informative. I became more active and started eating healthy foods. I started off weighing 126.6kg and after 7 weeks weighed 113.5kg so I lost just over 2 stones and feel great. Here is to moving forward and carrying on. Thanks Wellbeing team for all your help."*



Pictured: Mark before and after the intervention

Gentle Exercise Group- Willington Community Action Centre

This group had 13 total participants with a variety of health related conditions including arthritis, diabetes, obesity, high blood pressure and high cholesterol. Taking these issues into account, and working with individual preferences, a programme of gentle, chair based exercise sessions was organised, which included exercise to music and dynaband work.

Each participant felt the benefit of the exercises. 'It was a social, enjoyable session that didn't really feel like work' they said. Now that that programme has ended, the group plans to continue to meet every Friday and have a fun session into which they will incorporate chair based activities.

Metafit – Leeholme/Coundon Welfare Hall

Through consultation with its users, the committee for Leeholme/Coundon identified a need in the local community for a 'higher level' fitness class and approached the Well Being for Life service help address this. In response, a weekly Metafit programme was arranged, and 15 participants attended. With varying abilities, the sessions were adapted to meet individual requirements so that even those who were less fit could enjoy taking part at a level to suit them. All the participants fed back that they enjoyed the sessions and four participants have since gone on to join a local fitness centre to continue training.

Practical Cooking - St Catherines, Crook

Practical Cooking was attended by eight participants; a diverse group, which included one wheelchair user and two people involved in a weight loss programme that came along to learn about healthy, practical cooking.

Each week the group joined in with the preparation and cooking, learning how to cook meals from scratch and how easy it was to prepare and cook simple meals. Each participant was given a copy of the recipe and at the end of the programme a folder with more 'supermeal' recipes from the Change4Life website. Feedback was extremely positive. All participants said they went away with more knowledge and skills, and those with small children said they have since involved the children with the healthy eating recipes and enjoyed making things together.

****Not the beneficiary's real name***

Health and Wellbeing Board**9 September 2016****Warm and Healthy Homes Project Annual Report 2015/16**

Joint report of Gill O'Neill, Interim Director of Public Health, Adult and Health Services, Durham County Council and Ian Thompson, Corporate Director of Regeneration and Economic Development, Durham County Council

Purpose of the Report

- 1 To update the Health and Wellbeing Board on the progress and developments outlined in the Warm and Healthy Homes Project Annual Report 2015/16 (Appendix 2).

Background

- 2 Cold weather has a direct effect on the incidence of heart attack, stroke, respiratory disease, flu, falls and injuries and hypothermia. Indirect effects include mental health problems such as depression and the risk of carbon monoxide poisoning if boilers, cooking and heating appliances are poorly maintained or ventilated. Overall, the death rate in the UK is higher during winter months (from the start of December to the end of March in the UK) and is referred to as 'excess winter deaths'.
- 3 The average annual number of excess winter deaths in England and Wales in the period 2009/10 to 2013/14 was 25,114. Despite a slight increase in the latest reporting period, the Excess Winter Deaths Index (EWDI) in County Durham has fallen over time (21.8 in 2006-2009 to 19 in 2010-13: a reduction of 13%), however, numbers of excess deaths in County Durham remain unacceptably high. Latest figures show an average figure of 315 excess winter deaths a year occur in County Durham; having fallen from an average of 359 in 2006-2009. Approximately 25% of households in rural off gas grid communities are in fuel poverty compared to 11.5% in the rest of County Durham.
- 4 Most excess winter deaths and illnesses are caused by respiratory and cardiovascular problems during normal winter temperatures, when the average outdoor temperature drops below 5–8°C. The risk of death and illness increases as the temperature falls further.
- 5 Excess winter deaths are more common in, but are not confined to, older people.
- 6 The Office for National Statistics reported:
 - 51% of cold-related deaths were in people aged 85 years and older.
 - 27% were in people aged between 75 and 84 years.

- 7 In many cases preventive action could avoid many of the deaths and illnesses associated with the cold. Many of these measures need to be planned and undertaken in advance of cold weather hence Public Health England's Cold Weather Plan document, embedding of excess winter mortality and morbidity within the Public Health Outcomes Framework 2013–2016, NHS Outcomes Framework 2016–17 and Adult Social Care Outcomes Framework 2015–16.
- 8 The current commissioned programme is in line with National Institute for Health and Care Excellence (NICE) guidance and particularly focuses on 'ensuring ... a single point of contact health and housing referral service for people living in cold homes' (recommendation 2) and 'training health and social care practitioners to help people whose homes may be too cold' (recommendation 8).
- 9 The Warm and Healthy Homes programme is a joint programme between public health and the housing regeneration team part of economic development and housing in DCC.
- 10 The programme has become more embedded in health and social care this year. In particular working with both Clinical Commissioning Groups' (CCGs) who now have information on their websites. Information has also been disseminated to Durham Dales, Easington and Sedgefield CCG Patient Reference Groups (PRGs) and links with the Dales Federation have been made with a view to exploring how the scheme can be targeted utilising Care Connectors.
- 11 The programme has exceeded delivery on the majority of the performance indicators that were originally set.
- 12 The annual report documents a range of ways in which the project has brought additionality, this includes external funding of £100,000 awarded from the Department of Energy and Climate Change Health Booster Fund and a five day completion on energy interventions.
- 13 Both in terms of patient disease profile and age range, the intervention is reaching the priority groups identified in page two of the annual report. Further analysis is being undertaken of the referrals, age, area and deprivation to inform future work.

Warm and Health Homes 2015-16	Total	Increase Decrease
Referrals made by health practitioners, social care staff and partner organisations	193	+48%
Numbers of referrals who received energy advice	193	+50%
Number of households who received energy efficiency measures funded by DCC Public Health Service	98	+88%
Number of homes insulated funded by Warm Up North	3	No change
Numbers of benefit checks	43	+87%
Number of fire safety checks	37	+105%
Articles of media coverage generated	2	
User satisfaction surveys completed	118	-25%
SAP energy assessment	100%	No change

- 14 The project is embedded into the Cold Weather Plan, Joint Health and Wellbeing Strategy and the Affordable Warmth Strategy with performance managed through the respective systems.
- 15 **Finance**
- 16 The commission's current annual value is £100,000. This figure is utilised for physical measures to improve the property and is only accessed after alternative sources of finance have been explored. However, there is additional value because Housing provide staff support to oversee and develop the scheme.
- 17 The programme is due to end in March 2017. Current discussions between Public Health and Regeneration and Economic Development, Durham County Council are focused on identifying funding for a transition year prior to the introduction of the Department of Energy and Climate Change's new Energy Company Obligation (ECO) funding in April 2018.
- 18 In conclusion, the Warm and Healthy Homes Project has built on the foundations developed during the first year. The excess winter deaths and cold related ill health agenda is constantly evolving and the project will require an element of flexibility to respond to any emerging developments for example, engagement from the CCGs'.

Next Steps

- 19 The transition year provides an opportunity to explore alternative ways of addressing the agenda, for example a pilot programme focused on patients with chronic obstructive pulmonary diseases (COPD) and asthma is at its inception stage, further patient pathway work with County Durham and Darlington NHS Foundation Trust and building on the initial brief intervention work undertaken by County Durham and Darlington Fire and Rescue Service.

Recommendations

- 20 The Health and Wellbeing Board is requested to:
- Note the contents of this report
 - Note the additional year being planned for the programme and the work planned to transit to pathway based approach.

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Appendix 1: Implications

Finance

Public Health grant funded for three years to March 2017. Future funding options including the authority's revenue and capital programme, negotiation with our partners British Gas to amend the current specification, and future use of loan products through the Financial Assistance Policy require exploring. .

Staffing

No implications

Risk

The project is currently funded until the end of March 2017 so de-commissioning process will need to commence in autumn 2016 if no further funding is identified.

Equality and Diversity / Public Sector Equality Duty

The programme is targeted at those with a long term health condition(s). While there are differential rates of fuel poverty in the county with Dales and Sedgefield areas being highlighted as areas with higher levels, one of the issues for the project is to ensure the scale of delivery is adequate to respond to this challenge.

Accommodation

No implications

Crime and Disorder

No implications

Human Rights

No implications

Consultation

No implications

Procurement

No implications

Disability Issues

No implications

Legal Implications

No implications



Warm and Healthy Homes Project

Annual Report 2015-16

Overview of Warm and Healthy Homes Project

The Warm and Healthy Homes project was introduced as a response to poor quality housing, low incomes and high energy costs resulting in households suffering negative effects on their health and wellbeing. DCC estimate that approximately 25% of households in rural off gas grid communities are in fuel poverty compared to 11.5% in the rest of County Durham. Fair Society, Healthy Lives¹ reiterated the link between poor quality housing, low incomes and high energy costs resulting in residents suffering negative effects on their health and wellbeing. The Public Health White Paper (2010) states that “we could prevent many of the yearly excess winter deaths through warmer housing”.²

The programme has been funded from Public Health up to March 2017 and is delivered by the Housing and Regeneration Team. This is the second year’s annual report.

Delivery is embedded into both the Affordable Warmth and Health and Wellbeing strategies. The former is co-ordinated by a multi-agency delivery partnership involving Public Health, Clinical Commissioning Groups, Housing Regeneration, Durham and Darlington Fire and Rescue Service, Welfare Rights, AgeUK, National Energy Action and Warm up North British Gas. This reports to the Housing Forum of Altogether Wealthier while the latter reports into the Health and Wellbeing Board.

The project provides the following assistance:- .

- New central heating or energy efficient boiler replacements
- Central heating and boiler repairs
- Home insulation measures
- Energy saving advice
- Signposting to partner organisations and internal services for, Income maximisation assistance, fire safety checks and energy tariff and fuel switching advice

In line with NICE guidance,³ the eligibility criteria for assistance is as follows:

- People with cardiovascular conditions
- People with respiratory conditions (COPD and childhood asthma)
- People with mental health conditions
- People with disabilities
- People aged 65 and older
- Households with young children (0-4 years)
- Pregnant women
- People on low income
- Families with children on a low income.

¹ Fair Society, Healthy Lives: The Marmot Review, 2010, Institute of Health Equity.

² Healthy People, Healthy Lives, The Public Health White Paper, 2010, Department of Health

³ Excess winter deaths and morbidity and the health risks associated with cold homes, 2015, NICE

The project consists of the following elements:-

Training

Front line health and social care practitioners based in GP surgeries, hospitals, clinics and the community are informed of the scheme and the referral process using a range of mechanisms. These include health and social care team meetings, e-mail updates and outreach briefing sessions. This enables them to refer their clients with an underlying health condition related to living in a cold damp home to receive free domestic energy efficiency measures.

Referral Pathway

The project provides a countywide referral process (see Appendix A) for front line health and social care practitioners enabling them to refer clients with a long term health condition living in a cold, damp home. All referral partners receive feedback on the assistance provided to the clients they have referred via e-mail updates.

A referral card system (see Appendix B) is used to allow referrals to be made as easily as possible by front line staff.

Once a referral is made by a health practitioner, it is followed up by a phone call/assessment undertaken by a Housing Officer and one or more interventions from a menu of options, offered.

SAP (Energy Efficiency) Ratings 2015/16

The Warm and Healthy Homes project provides home energy efficiency measures in the homes of residents who have a cold related illness. The objective is to provide a warmer and healthier indoor environment which is sustainable in the long term as a result of lower energy bills. A total of 98 households were assisted during 2015/16, all properties received a pre and post SAP energy efficiency assessment using a scale of 0 (very poor) to 100 (excellent) to assess the improvement in the energy efficiency and warmth of the property.

The pre intervention average energy efficiency rating of the above properties was 58.7 and the post intervention average energy efficiency rating had increased on average to 67.5. The energy rating system is colour coded from green to red. The green end of the scale indicating a more energy efficient household combined with a higher numerical score.

This demonstrates that the energy efficiency of the dwelling had an average increased allowing a potential reduction in energy bills and a much warmer indoor environment.

Annual Progress

During the second year of the project 156 front line staff received briefing/awareness sessions in order to refer their clients for assistance (see Appendix C). A total of 193 referrals for assistance were received resulting in 98 households in poor health receiving energy conservation measures at no cost to them in order to make their homes warmer and them healthier as shown in Table A below.

A peak number of referrals (71) were received between October and December 2015 with 42 households receiving heating measures. A full breakdown of clients assisted is included (see Appendix D).

Table A

Warm and Health Homes 2015-16	Total	Increase Decrease
Referrals made by health practitioners , social care staff and partner organisations	193	+48%
Numbers of referrals who received energy advice	193	+50%
Number of households who received energy efficiency measures funded by DCC Public Health Service	98	+88%
Number of homes insulated funded by Warm Up North	3	No change
Numbers of benefit checks	43	+87%
Number of fire safety checks	37	+105%
Articles of media coverage generated	2	
User satisfaction surveys completed	118	-25%
SAP energy assessment	100%	No change

Media Coverage

A number of articles have appeared in a range of newsletters, for example National Energy Action (NEA) editorial. NEA are the national fuel poverty charity, they featured a key editorial regarding the Warm and Healthy Homes project in the NEA's national journal "NEA Focus" this assisted with raising the profile of the project (see appendix F)

Additionality

The project has been able to demonstrate additionality in a variety of ways. By working as part of the Warm up North (WuN) consortia, DCC was able to negotiate with British Gas, the provider, for a five day installation of measures period. It was also able to ensure that WuN funding was used to pay for any measures installed to those eligible. Public Health funds are then used as a final resort so enabling the latter to be utilised more effectively.

Additionality is further demonstrated through the revenue support from the Housing and Regeneration Team whose staff coordinate and oversee the project as part of their day to day work programme.

Finally, DCC was successful in obtaining £100,000 via the Department of Energy and Climate Change Health Booster Fund. This provided additional funding during 2015/16. The impact is being evaluated by Sheffield Hallam University and full results will be provided in 2017/18.

Case study

See appendix E

Joint working with Partner Organisations

- **County Durham and Darlington Fire and Rescue Service**
Joint working with the Durham and Darlington Fire and Rescue Service has resulted in 37 households receiving a free home fire safety check and smoke alarm which was a 105% increase from the previous year.
- **Northern Gas Networks**
Under the Ofgem fuel poor gas network extension scheme fuel poor and vulnerable households receive a free connection to the gas network funded by Northern Gas Networks (NGN). Joint working with NGN has enabled 6 clients referred to the project to receive a free gas connection.

Benefit Entitlement Check

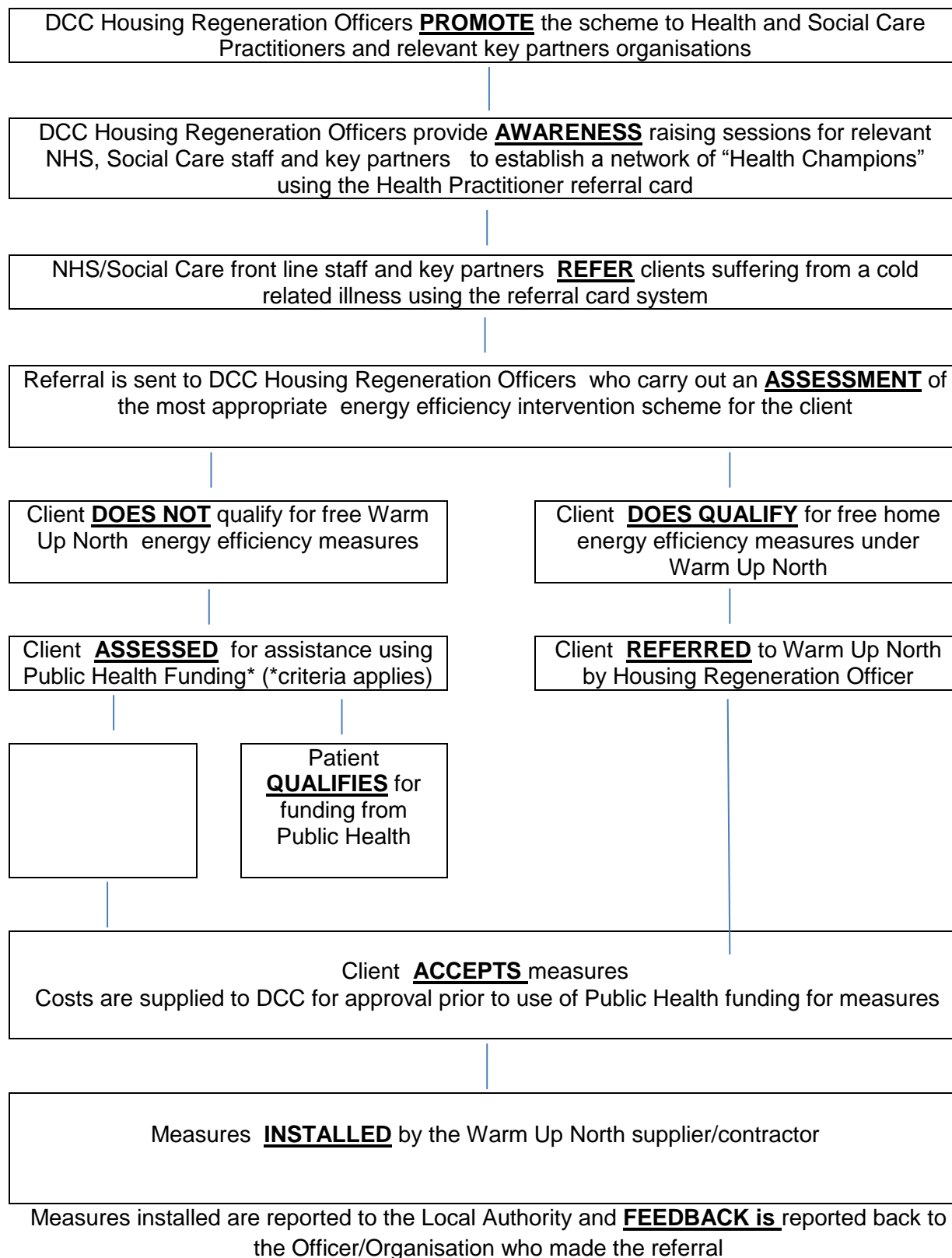
Joint working with the Revenues and Benefits Service has resulted in 43 households receiving a Benefit Entitlement Check providing advice in order to ensure that the clients referred are fully claiming their benefit entitlements. This was a 104% increase from the previous year.

Area Action Partnerships

The Area Action Partnership Statistical Profiles provide a comprehensive data profile on the people that live in County Durham. The priority themes shown below have been used in order to form linkages with the AAPs to raise awareness of the Warm and Healthy Homes project:

- Altogether Better for Children and Young People - Child Poverty
- Altogether Healthier - Healthy Lifestyles, Adult Referrals
- Altogether Greener - Domestic Energy Consumption and Household Energy Efficiency

APPENDIX A – Warm and Healthy Homes Referral Path



APPENDIX B – Application form/promotional leaflet

Warm and Healthy Homes

Supported by Durham County Council, Warm up North, DAWN and County Durham and Darlington Fire and Rescue Service.

Durham County Council has launched the Warm and Healthy Homes Project; our aim is to help vulnerable private sector residents access, energy advice, efficient heating and insulation measures. The project will help clients who have a health condition resulting from living in a cold damp home.

We will also offer referrals for a benefit entitlement check and a home fire safety check which will be carried out by County Durham and Darlington Fire and Rescue Service.

Please return this Freepost card with your client details and you and your client will be contacted very soon by an Energy Officer from Durham County Council.








Please complete the form below:

Consent of Client for their name and contact details to be referred to Warm Up North, County Durham and Darlington Fire and Rescue Services

Name: _____

Address: _____

Postcode: _____

Contact Tel. No: _____

Email: _____

Date of Birth: _____

I am a: Homeowner Private Sector Tenant

Health Issue(s): _____

Please fold here

Health Professional referring client

Name: _____

Job Title: _____


Contact Telephone Number: _____

Email: _____

I believe that the health of my client could be improved through the installation of energy efficiency measures

Signature: _____ **Date:** _____




APPENDIX C – Numbers of staff benefitting from briefing sessions in 2015/16

Job Role	Q1	Q2	Q3	Q4	Total
Housing Solutions	60				60
Welfare Rights		13			13
Durham Community Action		5			5
DCC Social Workers			13		13
Four Housing Handy Person Team			11		11
Easington Patient Reference Group			10		10
Patient Reference Group			12		12
Wellbeing for Life Hub			15		15
Patient Reference Group			14		14
Stonham Housing				3	3
Grand Total	60	18	75	3	156

APPENDIX D – Listing of Referrals/Households Assisted

Performance of Warm and Healthy Homes Project 2015/2016

	Description	Reporting Requirement	Q1	Q2	Q3	Q4	Total
1	Total number of referrals made by health practitioners and social care staff	Referrals made	30	35	17	75	193
1A	Total number of referrals	Male/aged under 60	4	8	9	7	28
1B	Total number of referrals	Female /aged under 60	11	7	12	14	44
1C	Total number of referrals	Male/aged 60-84	2	2	3	4	11
1D	Total number of referrals	Female /aged 60-84	5	9	10	16	40
1E	Total number of referrals	Male/aged 85+	17	10	18	15	60
1F	Total number of referrals	Female/aged 85+	3	2	3	2	10
2	Numbers of referrals who have received energy advice	Quarterly Report	100%	100%	98%	100%	99.5%
3	Numbers of referrals who have accessed the Free Warm up North energy efficiency measures	Quarterly Report	3	0	0	0	3
4	Number of homes insulated	Quarterly Report	3	0	0	0	3
5	Numbers of referrals who have received a benefit check	Quarterly Report	4	5	22	12	43
6	Number of referrals who have received a fire safety check	Quarterly Report	3	4	19	11	37

Appendix E - Warm and Healthy Homes Case Study

Mrs Saunders and her two children

Social Care Direct referred a young family with ill health and reoccurring chest problems to the Warm and Healthy Homes project for assistance. The Saunders family live in a three bedroom end terrace house, the old electric central heating system was broken and the only heating came from a solid fuel fire. The hot water was provided via an electric emersion heater and there was no gas in the property.

Social Care Direct were very concerned about the health and wellbeing of the family as the property was very cold and had damp issues due to a leaking roof. The family were using portable electric heaters to create some warmth and to heat their hot water which was a potential health and safety issue and resulted in large electricity bills which they were struggling to pay while providing sufficient heat to keep warm.

Durham County Council carried out a Warm and Health Homes home visit and assessed that the family qualified for assistance using funding from the Public Health under the project. Following a technical survey by Warm up North a new high efficiency gas boiler was installed along with new radiators in every room and a free gas connection to the property through Community Energy Solutions at no cost to the family.

The project also referred the Saunders family to partner organisations for assistance including a fire safety check and free smoke alarms from the Fire and Rescue Service, Welfare Rights provided an increase in the household's income and the Managing Money Better Scheme gave energy tariff advice to reduce on their gas and electric bills.

Durham County Council's Decent Homes Assistance scheme was able to provide a grant to help repair the leaking roof and also the Handy Person Service to assist with various small jobs that needed doing around the house that the family were unable to pay for themselves. The Saunders family now have a warm and safe family home with lower energy bills. The Warm and Healthy Homes project shows that partnership working is a key factor to improving the health, wellbeing of vulnerable residents by making their homes warm and safe.

Anna Lynch - Director of Public Health commented:

"The Warm and Healthy Homes programme has provided some excellent returns for County Durham residents living with a health condition in a cold damp home. In its two and a half years existence the programme has identified over 200 vulnerable people through referrals from health and social care professionals. It has delivered a range of benefits including physical improvements to people's housing such as new central heating or boiler replacements resulting in improved thermal comfort. In addition, it has assisted people with debt issues and through links with the Fire and Rescue Service. This has had an impact to improve resident's wellbeing. The partnership work with British Gas through the Warm up North programme has meant that additional benefits have been secured such as access to utility company funding for some of the measures implemented and a more rapid access to home improvement."

Appendix F –Media coverage

The screenshot shows a web browser window with the URL <http://www.durham.gov.uk/article/7344/Warm-and-Healthy-Homes-award>. The page title is "Warm and Healthy Homes award". The article is published on February 24, 2016, at 3:57pm. The main text states: "Our Warm and Healthy Homes project has received an award from National Energy Action (NEA) the national fuel poverty charity." Below this is a photograph of a group of people, including Cllr Jan Blakey, receiving an award. The caption reads: "Cllr Jan Blakey, Chairman of Durham County Council, and partners involved in the Warm and Healthy Homes project." The article also includes text about the project's aim and the award's recognition.

<http://www.durham.gov.uk/article/7344/Warm-and-Healthy-Homes-award>

<https://www.ddfire.gov.uk/news/warm-and-healthy-homes-success>

http://ddhf.co.uk/wp-content/uploads/2016/03/WHC_Newsletter_2016.pdf

Association for Public Service Excellence

NEA Fuel Poverty Focus magazine

Carbon Action Network: Bringing together two worlds: health and fuel poverty conference

Children and Adult Services Newsletter

Durham Dales and Easington CCG newsletter and web site

North Durham Doctors Federation

Health and Wellbeing Board

9 September 2016



System Resilience update

Report of Stewart Findlay, Chief Clinical Officer, Durham Dales Easington and Sedgfield Clinical Commissioning Group

Purpose of the Report

- 1 The purpose of the report is to provide 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. The document sets out the process for system resilience planning in 2016/17 and summarises the County Durham and Darlington System Resilience Group's (SRG) financial position in terms of resilience funding at the end of 2015/16 and going into 2016/17.
- 2 The report also refers to the plan for improving A&E waiting time performance and plans for the recovery of both national and local performance to 95% by the end of 2016/17.

Background

- 3 The SRG has overall responsibility for the capacity planning and operational delivery of urgent and emergency care across the health and social care system.
- 4 Clinical Commissioning Groups (CCGs) will receive resilience monies from within their baseline funding allocation to facilitate 2016/17 funding being in place to manage year round surges in activity. This happened for the first time in 2015/16 which was a move away from previous years when resilience funding had been identified by NHS England later in the year.
- 5 In 2015/16 the available resilience funding, totalling £4,681,000, was split on a fair shares basis. CDDFT received the highest amount of SRG monies totalling £1,714,000. The Trust proposed six winter schemes they would use this additional funding for. CDDFT also received £96,800 from SRG contingency monies for two additional initiatives (Brokerage Scheme and A&E Ambulance Handover Nurse Scheme) at a later stage in the year.
- 6 In April 2016 providers were requested to evaluate their resilience schemes. They were asked to complete a standardised document which would provide specific detail to enable to SRG to determine the effectiveness of individual schemes and the impact they had on achieving the eight high impact interventions (see Appendix 2).

7 The SRG agreed that schemes considered not having had a positive impact and not contributing to the delivery of the eight high impact interventions would be stopped and not re-funded in 2016/17. The schemes that demonstrated a positive impact following evaluation will be rolled over in 2016/17. A summary of all provider schemes and the outcomes post-evaluation are listed in Appendix 3.

2016/17 Resilience Funding

8 The SRG allocation for winter resilience in 2016/17 will be £4,708,000. Detail of how this will be split by CCG is as follows:

CCG	Resilience monies (£,000s)	Mental Health resilience monies (£,000s)	Total resilience funding (£000's)
DDES	1,994	242	2,236
North Durham	1,531	197	1,728
Darlington	663	81	744
TOTAL	4,188	520	4,708

9 The SRG continues to support CDDFT and other providers with the following priorities in 2016/17:

- A&E 4 hour standard
- Ambulance handover delays
- Delayed Transfers of Care (DTC)
- Discharge to Assess model
- Delivery of the eight High Impact Interventions

10 As noted in paragraph 7, current schemes that have demonstrated a positive impact following evaluation will continue to be funded in 2016/17. A summary of these schemes are included in Appendix 3 and the SRG has asked providers to submit revised templates for these schemes.

11 The SRG has also asked providers to submit proposals for new resilience schemes that are expected to achieve the SRG priorities.

A&E Performance – 4-hour standard

12 CDDFT has now agreed its target trajectories with Monitor in relation to the 4-hour A&E wait standard. CDDFT reported their performance against the 4-hour standard to the July SRG. In Q1 they matched the trajectory submitted to Monitor (STP) but at 93.43% they fell short of the national 95% standard. In June, the Trust achieved 95.45% (STP - 95.81%).

13 The SRG and CDDFT are currently developing a joined up plan and shared responsibility for delivering the A&E constitutional standard. CDDFT will present the plan to the August SRG.

- 14 On 26 July 2016 a letter from NHS England, NHS Improvement and ADASS (Directors of Adult Social Services) was received by CCG Accountable Officers and CEOs from Foundation Trusts, Ambulance Services and Local Authorities to outline plans for improving A&E waiting time performance for the recovery of England's performance to 95% by the end of 2016/17.
- 15 The letter sets out performance against the 95% standard in the Northern Region over six months to May 2016:

	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16
North Region	90.7%	88.2%	88.0%	87.5%	91.3%	91.0%

- 16 A review of current arrangements for System Resilience Groups (SRGs) has identified the need for local leadership structures to focus specifically on Urgent and Emergency Care and to be attended at the Executive level by member organisations. Therefore SRGs should be transformed to Local A&E Delivery Boards by 1 September 2016.
- 17 A number of actions require a response to NHS England by 26 August 2016:
- The agreed local leader who will chair the Local A&E Delivery Board
 - Confirmation that the footprint of the Delivery Board has been reviewed and any appropriate mergers have been made as felt necessary
 - Confirmation of the individual member organisations within the Local A&E Delivery Board and their named Executive lead and title
 - Alignment of the Terms of Reference within the context of the North East Urgent and Emergency Care Network given the governance structure that has been established
- 18 There are five mandated improvement initiatives which have been developed by experts in the field of emergency care. The initiatives that relate to streaming, flow and discharge represent actions that have already been adopted by the most successful systems. Local A&E Delivery Boards will coordinate and oversee these five actions:
- i. Streaming at the front door – to ambulatory and primary care;
 - ii. NHS 111 – Increasing the number of calls transferred for clinical advice;
 - iii. Ambulances – Dispatch on Disposition and code review pilots; Health Education England increasing workforce;
 - iv. Improved flow – ‘must do’s’ that each Trust should implement to enhance patient flow;
 - v. Discharge – mandating ‘Discharge to Assess’ and ‘trusted assessor’ type models.

Emergency Care Improvement Programme (ECIP) Facilitated Workshop

- 19 An ECIP Facilitated Workshop with a focus on ambulance handovers and Delayed Transfers of Care (DTC) was held on the 4 August 2016. The workshop comprised representation from CCGs and Foundation Trusts from each North East region and the North of England Commissioning Support Unit (NECS).

Regional Concordat for Ambulance Handovers

- 20 Following the event a regional concordat for A&E ambulance handovers has been agreed, with specific actions for each Local A&E Delivery Board across the North East. Representatives from CDDFT, CCGs and NECS agreed three priority actions for County Durham and Darlington to be implemented within 120 days. These are summarised in the table below:

Priority actions for County Durham and Darlington					
	Objective	Action	CCG Area	Led by	Timescale
1	Directory of services (DoS)	<ul style="list-style-type: none"> A review of end dispositions to include Social Care 	DDES, Darlington and North Durham	Helen Stoker (NECS)	<60 days
2	Activity review	<ul style="list-style-type: none"> Develop a wider system involvement in the evaluation of unnecessary ambulance usage in particular GP's (perfect week in primary care) 	DDES, Darlington and North Durham	Helen Stoker (NECS) on behalf of Local A&E Delivery Board	<60 days
3	Improve flow	<ul style="list-style-type: none"> Develop further the SAFER bundle improving flow 	DDES, Darlington and North Durham	Paul Peter (CDDFT)	< 60 days

Delayed Transfers of Care

- 21 In addition, an action plan on Delayed Transfers of Care for each Local A&E Delivery Board has also been drafted as a result of the workshop:

Regional action plan to reduce number of patients experiencing delayed transfer of care					
	Objective	Action	CCG Area	Timescale	
1	Reduce number of patients experiencing delayed transfer of care	<ul style="list-style-type: none"> Progress Discharge to Assess - 2 or 3 patients per day by 1 October 2016 	DDES, Darlington and North Durham	<60 days	
2	Reduce number of patients experiencing delayed transfer of care	<ul style="list-style-type: none"> Implement Home First for 1 patient from next week 	Sunderland	<60 days	
3	Reduce number of patients experiencing delayed transfer of care	<ul style="list-style-type: none"> Implement Home First for 1 patient within 2 weeks 	South Tyneside	<60 days	
4	Reduce number of patients experiencing delayed transfer of care	<ul style="list-style-type: none"> Programme Model Ward – SAFER+ Implemented in 3 streams from 1st August 2016. Consider the requirements needed to undertake this fully and include external agencies 	South Tees	<60 days	

5	Reduce number of patients experiencing delayed transfer of care	<ul style="list-style-type: none"> Decision To Admit (DTA) pathway to be reviewed on 5th August 2016 across 10 patients. Aiming for implementation by September / October 2016 	Hartlepool and Stockton	<60 days
6	Reduce number of patients experiencing delayed transfer of care	<ul style="list-style-type: none"> DTA and Trusted Assessor – implementing over next couple of weeks Implementing Estimated Discharge Dates (EDD) / Red and Green days by September 2016. Need support for implementing Trusted Assessor across the region 	Gateshead Newcastle	< 60days

Recommendations

22 The Health and Wellbeing Board is recommended to:

- Note the developments and achievements which have taken place
- Note the targets set in relation to ambulance handovers and delayed transfers of care (paragraphs 20-21)
- Note the schemes which will be funded in 2016/17 (Appendix 3)

**Contact: Helen Stoker, Commissioning Manager, North of England
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Tel: 0191 374 2763

Appendix 1: Implications

Finance – Clinical Commissioning Groups will receive resilience monies from within their baseline funding allocation to facilitate 2016/17 funding being in place to manage year round surges in activity. This happened for the first time in 2015/16 which was a move away from previous years when resilience funding had been identified by NHS England later in the year.

Staffing – Providers in receipt of SRG funding to support resilience schemes in 2016/17 will be expected to ensure appropriate safe staffing arrangements are in place to support each of their projects.

Risk – Contract variations will be put in place to ensure contractual accountability for appropriate use of the allocated SRG funding.

Equality and Diversity / Public Sector Equality Duty

No implications

Accommodation

No implications

Crime and Disorder

No implications

Human Rights

No implications

Consultation

No implications

Procurement

No implications

Disability Issues

No implications

Legal Implications

No implications

APPENDIX 2 – Eight High Impact Interventions for Urgent and Emergency Care

No.	High Impact Interventions
1	No patient should have to attend A&E as a walk in because they have been unable to secure an urgent appointment with a GP. This means having robust services from GP surgeries in hours, in conjunction with comprehensive out of hours services.
2	Calls to the ambulance 999 service and NHS 111 should undergo clinical triage before an ambulance or A&E disposition is made. A common clinical advice hub between NHS111, ambulance services and out-of-hours GPs should be considered.
3	The local Directory of Services supporting NHS 111 and ambulance services should be complete, accurate and continuously updated so that a wider range of agreed dispositions can be made.
4	System Resilience Groups (SRGs) should ensure that the use of See and Treat in local ambulance services is maximised. This will require better access to clinical decision support and responsive community services.
5	Around 20-30% of ambulance calls are due to falls in the elderly, many of which occur in care homes. Each care home should have arrangements with primary care, pharmacy and falls services for prevention and response training, to support management falls without conveyance to hospital where appropriate.
6	Rapid Assessment and Treat should be in place, to support patients in A&E and Assessment Units to receive safer and more appropriate care as they are reviewed by senior doctors early on.
7	Consultant led morning ward rounds should take place 7 days a week so that discharges at the weekend are at least 80% of the weekday rate and at least 35% of discharges are achieved by midday throughout the week. This will support patient flow throughout the week and prevent A&E performance deteriorating on Monday as a result of insufficient discharges over the weekend.
8	Many hospital beds are occupied by patients who could be safely cared for in other settings or could be discharged. SRGs will need to ensure that sufficient discharge management and alternative capacity such as discharge-to-assess models are in place to reduce the Delayed Transfer Of Care (DTC) rate to 2.5%. This will form a stretch target beyond the 3.5% standard set in the planning guidance.

Page 68 APPENDIX 3 - SRG winter monies 2015/16, evaluation outcomes at a glance

Scheme	Provider	High Impact Areas delivered Y/N/P	KPIs Y/N/P	Comments	Recommendations Roll Forward New Proposal	R/A/G
Additional A&E staff to support rapid assessment and see and treat	County Durham & Darlington FT	N	N	Didn't achieve the desired expected outcomes feedback given	New proposal To do something different to address the gaps identified in the evaluation	R
Additional A & E staff to support majors practitioners care stream	County Durham & Darlington FT	P	P	Didn't achieve the desired expected outcomes feedback given	New proposal To do something different to address the gaps identified in the evaluation	R
Additional Medical staff in Estimated Discharge	County Durham & Darlington FT	P	P	Didn't achieve the desired expected outcomes feedback given	New proposal To do something different to address the gaps identified in the evaluation	R
Additional Physician of the Day capacity	County Durham & Darlington FT	P	N	Didn't achieve the desired expected outcomes feedback given	New proposal To do something different to address the gaps identified in the evaluation	R
Discharge Management & Facilities	County Durham & Darlington FT	N	N	Didn't achieve the desired expected outcomes feedback given	New proposal To do something different to address the gaps identified in the evaluation	R
Extended Access to Diagnostics	County Durham & Darlington FT	N	N	Didn't achieve the desired expected outcomes feedback given	New proposal To do something different to address the gaps identified in the evaluation	R
						£1,714,000
Front of House staffing	City Hospitals Sunderland FT	Y	Y	Achieved scheme objectives. Good case studies. Good evaluation	Roll Forward 16/17	G
7 day therapies and diagnostics	City Hospitals Sunderland FT	Y	Y	Achieved scheme objectives. Good case studies. Some text was repeated. Could therapists be based in A&E next time (would this improve the impact)?	Roll Forward 16/17	G

Scheme	Provider	High Impact Areas delivered Y/N/P	KPIs Y/N/P	Comments	Recommendations Roll Forward New Proposal	R/A/G
7 day pharmacy	City Hospitals Sunderland FT	Y	Y	Achieved scheme objectives. Good case studies. Good evaluation	Roll Forward 16/17	G
7 day discharge nursing team including specific front of house discharge team	City Hospitals Sunderland FT	Y	Y	Achieved scheme objectives however data limited	Roll Forward 16/17	G
Speciality Ambulatory care	City Hospitals Sunderland FT	P	Y	Achieved scheme objectives Good evaluation	Roll Forward 16/17	G
						£185,000
Resilience Beds including estates	North Tees & Hartlepool FT	<p>NO EVALUATIONS RECEIVED BY EXTENDED DEADLINE Feedback through contract lead that funding for NTHFT will not be an SRG priority in 2016/17.</p>				
Front Loading elective activity	North Tees & Hartlepool FT					
Therapy led discharge team	North Tees & Hartlepool FT					
Expansion of Community Integrated Assessment Team (CIAT)	North Tees & Hartlepool FT					
Pharmacy Support	North Tees & Hartlepool FT					
Ambulatory Overnight	North Tees & Hartlepool FT					
Day Case Unit Overnight	North Tees & Hartlepool FT					
Manager On-call payments	North Tees & Hartlepool FT					
GPs in A&E (full year)	North Tees & Hartlepool FT					
						£165,000
Funding for additional Mental Health nurses	Tees, Esk & Wear Valley FT	Y	Y	Achieved scheme objectives Good evaluation - feedback through contract lead	Roll Forward 16/17 with tweaked/revised elements	G
						£503,000
Saturday Clinics	Darlington CCG	Y	Y	Achieved scheme objectives. Good evaluation	Roll Forward 16/17	G

Scheme	Provider	High Impact Areas delivered Y/N/P	KPIs Y/N/P	Comments	Recommendations Roll Forward New Proposal	R/A/G
Evening Telephone Advice Service	Darlington CCG	Y	Y	Achieved scheme objectives; expensive service for the low activity; potentially this duplicates current urgent care service, so recommend this is further discussed before rolling forward as other options may be available	To discuss further for confirmed outcome	A
Sunday Multi-Disciplinary Team	Darlington CCG	Y	Y	Achieved scheme objectives. Good evaluation	Roll Forward 16/17	G
Flu Vacs	Darlington CCG		Y		Roll Forward 16/17	G
						£172,514
Vulnerable Adults Weekend Scheme	North Durham CCG	Y	Y	Achieved scheme objectives. Good evaluation, scheme does not seem to be value for money	Potentially roll forward 16/17 but requires follow up discussion	G
GP Practice Weekend Opening	North Durham CCG			Achieved scheme objectives. Good evaluation	Roll Forward 16/17	G
						£497,000
South Durham Health Community Interest Company (SDHCIC) Advanced Nurse Practitioners (ANP) Team Sunday Morning	DDES CCG	Y	Y	Achieved scheme objectives. Needs increased evidence	Roll Forward 16/17	G
SDHCIC ANP team Weekdays 6pm - 8pm	DDES CCG	Y	Y	Achieved scheme objectives. Needs increased evidence	Roll Forward 16/17	G
SDHCIC Tackling Social Isolation chronic obstructive pulmonary disease (COPD) continuation	DDES CCG	Y	Y	Achieved scheme objectives.	Roll Forward 16/17	G

Scheme	Provider	High Impact Areas delivered Y/N/P	KPIs Y/N/P	Comments	Recommendations Roll Forward New Proposal	R/A/G
SDHCIC Suicide Prevention expansion - Spennymoor	DDES CCG	P	Y	Further evidence to demonstrate success of scheme was received post evaluation	*Evidence demonstrated that the scheme was successful and has informed a plan for a new link service which is now rolling out (CPN will be aligned to practices to carry out this work). For this reason the scheme will not be rolled forward in 2016/17. Invitation for new proposal.	R* (see comments in previous column)
SDHCIC Christmas 2015/New year 2016 additional capacity weekend opening	DDES CCG	Y	P	Achieved scheme objectives. Needs increased evidence	Roll Forward 16/17	G
SDHCIC Admissions reduction with additional locum cover / practice pharmacists to Frail Elderly	DDES CCG	P	P	Unsure whether this scheme has been successful or not based on evaluation	Potentially roll forward 16/17 but requires follow up discussion	A
SDHCIC Screening >5yrs non-attenders >50 yrs	DDES CCG	<p>SCHEME DID NOT START AS PLANNED – Will commence in July 2016</p> <p>SDHCIC planned to commence the scheme in Spring 2016 but it was delayed. Expressions of interest have been sought from practices and the scheme is ready to go. Agreed that scheme will commence in July 2016 with last years funding. The scheme will be evaluated in October 2016 to inform the decision as to whether the scheme will run again in 2016/17. SRG will protect the 2016/17 funding (£61,833) until then.</p>				A
						£378,497
Intrahealth Federation - Frail Elderly Additional Support	DDES CCG	Y	Y	Achieved scheme objectives. Good Evaluation	Roll Forward 16/17	G
						61,000

Scheme	Provider	High Impact Areas delivered Y/N/P	KPIs Y/N/P	Comments	Recommendations Roll Forward New Proposal	R/A/G
Durham Dales Health Federation (DHF) Severe Respiratory Failure (SRF)	DDES CCG	P	P	Achieved scheme objectives.	Roll Forward 16/17	G
						£203,735
Social worker to support the DTOC pilot	Durham County Council	Y	Y	Achieved scheme objectives. Qualitative evidence is good, there are some conflictions with CDDFT evaluation conclusions, could explore further.	Roll Forward 16/17	G
						£158,000
Additional Assessment staff	Darlington Borough Council	Y	Y	Achieved scheme objectives.	Roll Forward 16/17	G
Rapid response Domiciliary and Overnight Support Service	Darlington Borough Council	Y	Y	Achieved scheme objectives.	Roll Forward 16/17	G
Occupational Therapy Equipment / Adaptations	Darlington Borough Council	Y	Y	Achieved scheme objectives.	Roll Forward 16/17	G
Additional Re-ablement	Darlington Borough Council	Y	Y	Achieved scheme objectives.	Roll Forward 16/17	G
						£57,000
Paramedic Rapid response	Police Authority	Y	Y	Achieved scheme objectives, small nos. However scheme was for 1 month	Roll Forward 16/17	G
Paramedic Support	Police Authority	Y	Y	Achieved scheme objectives, small nos. However scheme was for 1 month	Roll Forward 16/17	G
Dedicated Police Support in A&E	Police Authority	Y	Y	Achieved scheme objectives, small nos. However scheme was for 1 month	Roll Forward 16/17	G
						£20,716

Scheme	Provider	High Impact Areas delivered Y/N/P	KPIs Y/N/P	Comments	Recommendations Roll Forward New Proposal	R/A/G
Y = Yes N = No P = Partial						

R	Scheme will not roll forward in 2016/17. New schemes to be proposed
A	More information required. Scheme will roll forward in 2016/17 on receipt of additional information
G	Scheme will roll forward in 2016/17

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Health and Wellbeing Board

9 September 2016

Children's Services update



**Report of Margaret Whellans, Interim Corporate Director of
Children and Young People's Service, Durham County Council**

Purpose of the Report

- 1 The purpose of this report is to provide an update to the Health and Wellbeing Board on the national and local developments in relation to Children's Services. In addition, this report includes 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.

Background

- 2 A report was last presented to the Health and Wellbeing Board on 21 January 2016 providing information on the national and local developments which support early intervention and prevention for the effective and rigorous protection of children and young people.
- 3 The report provided the Health and Wellbeing Board with an overview of the Children's inspection regime and an update on the transformation journey that has been undertaken in Children's Services in Durham.

Ofsted Single Inspection Framework (SIF)

- 4 The Office for Standards in Education, Children's Services and Skills (Ofsted) introduced a Single Inspection Framework (SIF) for Children's Services, which covers children in need of help and protection, services for looked after children and care leavers, and the Local Safeguarding Children Board (LSCB) in late 2013.
- 5 The SIF is very different to previous Ofsted inspection frameworks; it is much broader and there is a much greater focus on frontline practice, casework and the journey and experiences of children and young people. A key change to the Inspection regime is that it now includes a review of the Local Safeguarding Children's Board (LSCB). The LSCB had not been inspected in this way previously.

- 6 The SIF operates on a three-yearly cycle and 'overall effectiveness' is judged as either 'outstanding', 'good', 'requires improvement' or 'inadequate', as will each of the following judgements this is derived from:
- The experiences and progress of children who need help and protection;
 - The experiences and progress of children looked after and achieving permanence, including two graded judgements:
 - Adoption
 - The experiences and progress of care leavers
 - Leadership, management and governance.
- 7 Benchmarking and learning from other Local Authorities who have been subject to inspection by Ofsted under this framework continues in the service. To date, 104 Local Authorities have been inspected and had reports published. The majority of councils inspected 77 (74%) are rated 'requires improvement' or below, 2 (2%) have received an overall effectiveness judgement of 'outstanding' and 25 (24%) have received an overall effectiveness judgement of 'good'.
- 8 With regard to reviews of the LSCBs, to date, in 104 of the LSCBs inspected under SIF, 33 (32%) have been judged to be 'good', 52 (50%) as 'requires improvement' and 19 (18%) as 'inadequate'. No LSCBs have been judged to be 'outstanding' under the SIF.
- 10 With regard to reviews of the LSCBs, to date, in 101 of the LSCBs inspected under SIF, 32 (32%) have been judged to be 'good', 50 (49%) as 'requires improvement' and 19 (19%) as 'inadequate'. No LSCBs have been judged to be 'outstanding' under the SIF.
- 11 During the period 22 February to 16 March 2016, Ofsted carried out an inspection of the Council's Children's Services and LSCB under SIF. Separate ratings of 'overall effectiveness' was given for Children's Services and the LSCB.
- 12 During the inspection, 10 inspectors undertook the following activity over a 4 week period:
- Tracked and sampled 142 cases;
 - Were provided with 535 documents, including strategic reports, minutes of meetings, performance data and case file data;
 - Met and talked with care leavers, young people from the children in care council, families, adopters and foster carers;
 - Attended 144 meetings and visits/telephone calls;
 - Met with representatives of 12 partners organisations;
 - Provided with 59 areas of best practice and improvement and 7 case study examples;
 - Provided with an LSCB Information Document highlighting the journey and strengths of the LSCB over the required year period.
- 13 The final report was published on 16th May 2016 on the Ofsted website and is available [here](#).

Summary of Judgements

- 14 The judgements are outlined below. The service accepts Ofsted's findings and acknowledges that it is reflective of the service improvement journey.

Judgement	Rating
Overall effectiveness – Children's Services	Requires improvement
1. Children who need help and protection	Requires improvement
2. Children Looked After and achieving permanence	Requires improvement
2.1 Adoption performance	Good
2.2 Experiences and progress of care leavers	Good
3. Leadership, management and governance	Requires improvement
LSCB	Good

Children's Services

Summary of feedback

- 15 Whilst there are a number of positives, overall the inspection judgement is 'requires improvement' and the Service accepts Ofsted's findings and recognises that there are some areas where further improvement is needed.

Areas of Strength

- 16 Ofsted noted that the range of early help services provided by One Point and partner agencies was 'good and, wide' and 'effective and well-established' and that multi-agency working was embedded in practice. Ofsted recognised that the number of children registered with children's centres is high and that the number of early help assessments completed is increasing.
- 17 Children and young people who are at risk or in need of social work intervention are identified and referred appropriately to the First Contact service. Where children are at risk of significant harm, immediate action is taken to reduce risks and safeguard their welfare.
- 18 Ofsted recognised that the placements for looked after children are of good or better quality and meet children's needs.
- 19 Services for children and young people with disabilities are well managed and the quality of work, including assessment planning and arrangements for the transition to adult services are good.

- 20 Ofsted judged a number of key areas of the service including those for adoption and care leavers as 'good'.
- 21 The adoption services were described as a 'strength within the authority' with work being 'child focused to ensure that a lifelong placement for children and young people is at the heart of all practice.
- 22 The positive comments regarding care leavers within the report noted: 'The majority of care leavers develop trusting and long-standing relationships with their personal advisers or their social worker. Commissioning of accommodation for care leavers is also good. The local authority provides a good range of emergency accommodation for young people who present as homeless.'
- 23 The report noted that 'political and senior leaders as corporate parents demonstrate passion and commitment to children and young people', with elected members showing a good knowledge of corporate parenting issues.
- 24 The Children's Scrutiny Committee was noted as having a passion and commitment to improve the lives of young people through its work programme.
- 25 Performance information is extensive and has resulted in some improved outcomes
- 26 Staff training and development was also described positively.
- 27 Inspectors noted clear and effective governance arrangements across strategic partnerships, and that the local authority works well with partners and has shared priorities based on a good understanding of local need.
- 28 The report noted that 'consultation with children and young people to inform service development is well embedded and effective.'
- 29 The report also indicated that the work on combatting Child Sexual Exploitation (CSE) was described as good, as were services for substance misuse and partnership working.

Areas for Improvement

- 30 The inspection team found specific areas as requiring improvement in order to be good overall which limited the overall judgement to 'requires improvement'. There were a total of 14 recommendations given within the report.
- 31 Ofsted noted that there have been significant changes to the service, such as a restructure, the creation of the Multi-Agency Safeguarding Hub (MASH) and the innovation programme, which had produced improvements in some areas, but was not evident for all due to it being too early to see longer-term impact.
- 32 In respect of case load pressures, Ofsted noted that social workers were carrying too many cases in some teams as a result of staff shortages and children and families were experiencing too many changes of social worker.

- 33 Ofsted felt that reports provided to senior politicians and managers did not assist them in scrutinising front line services and that case file auditing needed to be more robust.
- 34 Case file recording, social work assessment and analysis and care planning were found to require improvement. Inspectors found drift and delay in some children's cases.
- 35 Inspectors found that many children's plans are not sufficiently outcome focussed, do not have clear timescales for actions to be completed and do not assist in improving outcomes for children.
- 36 Information sharing on referrals is not always detailed enough to progress concerns about children and young people and there are delays when workers have to obtain additional information and consents from parents.
- 37 Recording of management oversight on children's files is not always present and lacks sufficient detail to demonstrate the reasons for decisions or to progress planning.
- 38 Ofsted cited in their report that the local authority's response to the needs of privately fostered children and young people requires improvement.
- 39 More work is needed to use the analysis from return home interviews to further strengthen practice.
- 40 Ofsted noted that the take-up of the independent visitor service has been very low and the eligibility criteria for the service is narrower than the requirements set out in statutory guidance.
- 41 Ofsted cited in their report that the numbers of young people in 'staying put' arrangements with previous foster carers, is relatively low in Durham.
- 42 Further work is also needed to ensure the recruitment of adopters is informed by a clear analysis of need.
- 43 Inspectors felt that decisions within the assessments undertaken by the local authority when children are placed with parents under care orders are not consistently of a good enough quality.
- 44 All of the recommendations, contained in the report, are shown below:

Recommendations	
1	Continue with existing plans to ensure that there is sufficient capacity and stability in social work teams so that caseloads are manageable and workers are able to fully support children and young people.
2	Review existing arrangements to ensure that political and senior leaders have access to improved quantitative and qualitative performance information that enables them to have an accurate picture of the current practice delivered to children, so that they can develop strategies to maintain and improve the quality of frontline practice.

3	Continue with the plan to review existing recording systems to ensure that children's case records are organised in such a way that they present a coherent, accurate and easily accessible picture of child's journey.
4	Improve the quality of social work assessments for all children, young people and care leavers by ensuring that they consistently contain comprehensive and rigorous analysis of all relevant information.
5	Improve the quality of planning for all children, young people and care leavers so that plans are clear about intended outcomes and timescales, and about who is responsible for actions. Ensure that families receive a copy of their plan. Ensure that key agencies participate in strategy discussions and meetings, or provide information to them, to comply with statutory guidance.
6	Ensure that consent is sought from parents when enquiries are undertaken for all cases of children and young people in need.
7	Improve private fostering arrangements to comply with statutory guidance through effective awareness raising, visits to children and completion of assessments.
8	Improve case file auditing to ensure robust and independent evaluation of the quality of practice to promote learning and improvement.
9	Improve the oversight of casework where children are in voluntary care arrangements, including those under the PLO process, so that plans for these children progress without delay and within timescales.
10	For children moving to live with parents under care orders, review practice in respect of reports prepared under 'The Care Planning, Placement and Case Review (England) Regulations 2010' to make sure that these cover all relevant information and are signed off at a suitably senior level.
11	Review of use of, and eligibility criteria for, the independent visitor scheme so that the full range of children who would benefit from the scheme are able to do so.
12	Ensure that all care leavers in foster care are aware, of the opportunity to 'stay put' in their placements after the age of 18 years, should they wish to do so.
13	Ensure that adoption recruitment strategy is based on the analysis of data, so that there is a targeted approach to ensure that sufficient carers are recruited to meet the needs of children in Durham
14	Improve how information from return home interviews is used to support risk assessments for children who go missing and/or are at risk of CSE.

Next Steps

- 45 A significant amount of work is already underway to make the improvements necessary to bring the areas requiring improvement up to the 'good' standard.
- 46 The action plan includes four themes for improvement:
- Strengthening management and staffing capacity;
 - Strengthening political and management oversight;
 - Improving the quality of practice;
 - Compliance with regulations.

- 47 A number of issues for improvement had been recognised by the service prior to the Ofsted SIF inspection and an action plan was in place to improve quality, as well as the creation of a Quality Improvement Board (QIB) to oversee strategic developments in quality.
- 48 The action plan focused on improvements in the following areas:
- Case file audits
 - Supervision arrangements
 - Quality of casework in respect of:
 - Ensuring all staff know what 'good' case work looks like
 - Improving quality and timeliness of assessments
 - Improving quality of direct work with children
 - Improving quality of plans
 - Improving case recording
 - Carrying out statutory visits in line with requirements
 - Improving the use of chronologies on case files.
- 49 The service have prepared and published a written statement of the action it intends to take – an 'improvement plan' in response to the report. The draft of this plan is available upon request. An improvement seminar has been organised between Ofsted and the Local Authority was held on 16 August 2016 to consider the draft improvement plan.
- 50 The QIB is chaired by the Interim Corporate Director of Children and Young People's Service, and has representation from Children's Services, Planning and Service Strategy, the Assistant Chief Executive's Office and the Local Government Association in the form of the Children's Services Improvement Advisor for the North East (Ann Baxter).
- 51 The function of the QIB is to provide strategic oversight of quality assurance and improvement including process, procedures and standards; performance and quality assurance and improvement within Children's Services, including monitoring of the SIF Inspection Improvement Plan. The Board ensures developments are taken forward in a timely manner that leads to improvement across a range of areas such as workforce development, quality assurance frameworks, best practice and structural design. The QIB does not replicate any existing management meetings or quality and performance oversight mechanisms.

LSCB

Summary of Feedback

- 52 The rating given to the Board was 'good'. The Chair of the Board and Board members consider that the rating of 'good' appropriately represents the progress that has been made within the Board.

- 53 Ofsted reports that the Durham LSCB is an ambitious and reflective Board whose effectiveness and functioning has significantly improved since the peer review of November 2014. There is clear multi-agency ownership of Board activity, which is sighted on key issues with focused priorities. The voice and experience of children and young people are at the heart of the Board's work. There is a culture of openness and challenge and the chair of the Board has been instrumental in leading and facilitating the developments.
- 54 The LSCB has clear governance arrangements with other strategic partnership Boards, with whom there are aligned priorities. These successfully support senior management coordination and oversight of strategic safeguarding work.
- 55 An appropriately resourced and well-managed business unit provides good support to the Board. Efficient processes underpinning Board activity have been developed, ensuring that work is coordinated, timely and in line with Board priorities.
- 56 A timely and thorough Section 11 (S11) audit and challenge process ensures that safeguarding is a priority for partner agencies in Durham and that identified improvements are implemented. S11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.
- 57 The LSCB leads on aspects of key strategic work, including early help and neglect and responses to CSE and missing children. The early help offer is well resourced and embedded, with clear strategic direction. Responses to CSE are well coordinated at both a strategic and operational level.
- 58 Effective processes are in place for reviewing and disseminating learning from serious, child death and other case reviews. Learning events have been particularly well received and future evaluation will be required to assess whether there have been embedded practice improvements.
- 59 Quality assurance processes have improved significantly over the last year and give oversight for the Board to challenge and assure itself of the quality of work, but in some areas, the reporting and oversight is not yet sufficiently developed.
- 60 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. The Board delivers a well-regarded programme of training and e-learning opportunities.

Recommendations

- 61 The following recommendations were made by Ofsted:
- Ensure 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.

- Ensure that quality assurance and audit work contributes to understanding the impact of training and the embedding of lessons learned from case reviews.
- Develop more effective feedback processes from children, young people and families who have received child protection services to support ongoing service improvement.
- Ensure that the annual report provides a rigorous assessment of the performance and effectiveness of local services.

Next Steps

62 An action plan has been developed and shared with the Board for comments. All actions are planned to be completed by March 2017. The actions have been incorporated into the Business Plan 2015-2018 which has been refreshed following the Ofsted inspection. Actions include further work to engage with children and young people in the child protection process, a review of the Child Protection procedures and review of the scorecard and performance process.

Children's Services: National Context

Reporting and acting on Child Abuse and Neglect – July 2016

63 On 21 July 2016, the Home Office and Department for Education published a consultation which sets out the government's wide-ranging programme of reform to provide better outcomes for vulnerable children. The consultation seeks views on the possible introduction of one of two additional statutory measures:

- a mandatory reporting duty, which would require certain practitioners or organisations to report child abuse or neglect if they knew or had reasonable cause to suspect it was taking place.
- a duty to act, which would require certain practitioners or organisations to take appropriate action in relation to child abuse or neglect if they knew or had reasonable cause to suspect it was taking place.

64 The consultation responds to the aims set out in the Serious Crime Act 2015 and Tackling Child Sexual Exploitation Report, published in March 2015.

65 The consultation is due to close on 13th October 2016 and the Government will consider all responses to the consultation carefully before deciding on next steps.

Keep on caring: supporting young people from care to independence – July 2016

66 On 7 July 2016, the Government set out their vision for the further reform of support for care leavers based on innovation, system reform, and the embedding of corporate parenting responsibility across society.

- 65 The strategy makes a commitment that the Government will use the Children's Social Care Innovation Programme to rethink transitions to adulthood for young people in the children's social care system, with a focus on developing new ways to provide care leavers with the personal support networks they need to thrive. The document identifies and describes how the Government will support care leavers to achieve five key outcomes:
- Better prepared and supported to live independently
 - Improved access to education, training and employment
 - Experiencing stability and feeling safe and secure
 - Improved Access to Health Support
 - Achieving Financial Stability
- 66 The strategy also highlights the Government's role in driving reform and improvement. This will involve promoting and sharing best practice, through the creation of the new Children's Social Care 'What Works' Centre, as well as work with the 'Partners in Practice' group of local authorities. The Government will also continue to support and challenge local authorities and intervene where failure is found and services are judged to be inadequate.

Putting children first: our vision for children's social care – July 2016

- 67 On 4 July 2016 the Department for Education published 'Putting children first: our vision for children's social care' which sets out the government's reform programme for children's social care in England over the next 5 years. The Government's strategy involves a fundamental reform of each of the three pillars on which the children's social care system stands:
- 1) **People and leadership** – bringing the best into the profession and giving them the right knowledge and skills for the challenging but hugely rewarding work ahead, and developing leaders equipped to nurture practice excellence.
 - 2) **Practice and systems** – creating the right environment for excellent practice and innovation to flourish, learning from the very best practice, and learning from when things go wrong.
 - 3) **Governance and accountability** – making sure that what is being done is working, and developing innovative new organisational models with the potential to radically improve services.
- 68 By 2020, the Government wants to ensure that every local children's social care service across the country has a workforce, at all levels equipped with the knowledge and skills, verified through robust assessment and accreditation. The Chief Social Worker is leading on this development.
- 69 To support this innovation and drive for excellence, by 2020 the Government want to see a more diverse range of children's social care organisations, operating over new geographical areas, supported by meaningful data and an inspection regime that supports high-quality evidence-based front line practice, with local arrangements that best support coordination across agencies. The performance of these new organisations must be driven by challenging, sharp and practice-focused accountability. The Government believes 150 children's services organisations is not sustainable.

- 70 The paper builds on the paper 'Adoption: a vision for change' which set out the government's vision for a reformed adoption system by 2020. It also responds to the important recent reviews by Sir Martin Narey and Alan Wood CBE, on residential care and multi-agency arrangements for safeguarding children respectively and on a previous policy paper 'Children's social care reform: a vision for change.'

Residential Care in England: Report of Sir Martin Narey's independent review of children's residential care – July 2016

- 71 On 28 October 2015 the Prime Minister and Secretary of State for Education asked Sir Martin Narey to lead an independent review of residential care. The review looked at the role of children's homes within the care system, exploring when, and for which children, homes should be used, what works within residential care, and how to improve outcomes for the young people who live in them, and what improvements could be made to the way that residential care homes are commissioned, delivered, regulated and inspected.
- 72 The Independent Review, published by the Department for Education (DfE) on 4th July 2016, makes 34 recommendations which, Sir Martin Narey believes, will deliver significant improvement in the care of the challenging, troubled, harmed, often damaged, yet frequently inspiring children who live in them. The recommendations include:
- The DfE to facilitate the improvement of local and regional commissioning skills.
 - A priority for the DfE should be a fundamental review of fostering.
 - Ofsted are urged to introduce arrangements which will mean that, save in exceptional circumstances, homes achieving a good or outstanding rating will be inspected only once a year.
 - Ofsted should no longer encourage authorities only to place children in good or outstanding homes.
 - The priority should be to recruit staff with the right qualities, temperament and resilience and then help them to develop.
 - The Government is urged to commit to introducing Staying Close which would guarantee support for three years for children leaving residential homes.
 - Establishment of a Residential Care Leadership Board which should report to the Minister for Children.

Future of social care inspection – June 2016

- 73 On 28 June 2016, Ofsted published a consultation seeking views on proposed changes across Ofsted's inspections of children's social care in four key areas:
- 1 The principles of social care inspection
Ofsted propose that social care inspections should be governed under three principles:
 - Focus on the things that matter most to children's lives
 - Be consistent in their expectations of providers
 - Focus on services that are less than good

- 2 Inspections of local authority children's services
The consultation sets out Ofsted's proposals for the overall approach to inspections of local authority children's services. The inspection framework will be based on the response to these proposals. Ofsted will start a targeted consultation with local authorities and other key stakeholders on the detail of the inspection framework later in 2016.
- 3 A social care common inspection framework (SCCIF) for all establishments, agencies, boarding schools and residential special schools and residential provision in further education colleges. The framework will mean that same judgement structure will apply in each of these settings, Ofsted will evaluate and report on a set of common issues in every inspection, their methodology will be underpinned by the same key principles and Ofsted will ensure that there is consistency in what 'good' looks like for children and other users.
- 4 Specific changes to Ofsted's inspections of independent fostering agencies (IFAs), including a proportionate response to agencies judged as good or outstanding.

74 Ofsted expect to start the new inspections of local authorities in 2018, after they complete the single inspection programme. The SCCIF will be implemented from April 2017, including any agreed changes to the arrangements for the inspections of independent fostering agencies.

The Queen's Speech – May 2016

75 On 18 May 2016, the Queen delivered a speech at the State Opening of Parliament, which outlined the Government's legislative programme for the next 12 months. Twenty one bills and a number of other measures will be brought forward, the following are of particular relevance: Children and Social Work Bill (England), Counter-Extremism and Safeguarding Bill (England and Wales), Life Chances Strategy and Soft Drinks Industry.

76 The Children and Social Work Bill (England) aims to accelerate adoption procedure and reinforces the Government's commitment to the 4 year strategy 'Adoption: a vision for change' which is outlined in paragraphs 83 - 89.

77 The Bill will also put a requirement on all councils to inform children leaving care what services they are entitled to and grant all care leavers up to the age of 25 a right to a personal adviser to ensure they receive the support when transitioning to adulthood. The Government will further introduce a new social work regulator which will focus on training and professional standards as well as a duty for councils and schools to promote educational achievement for adopted children.

78 In order to restrict extremist activity, the Government will introduce the Counter-Extremism and Safeguarding Bill (England) which will grant new powers to tackle radicalisation of children in "unregulated education settings". As part of preventing online radicalisation activities, Ofcom will be granted powers to

regulate internet-streamed material from outside the European Union. The Government have also stated that they would step in where councils failed to tackle extremism.

- 79 The forthcoming Life Chances Strategy, due to be published following the Parliamentary summer recess, will set out the Government's new approach to tackling poverty and transforming the life chances of the most disadvantaged children and families. The Strategy will also include a set of measures on the root causes of poverty.
- 80 In order to tackle child obesity the Government will introduce the Soft Drinks Industry Levy on producers of drinks with added sugar content which will come into force in April 2018. This measure will be included in the 2017 Finance Bill and money raised through it will be used to increase funding for school sports, after-school activities and breakfast clubs.

Children's Social Care Innovation Programme: April 2016 – March 2020

- 81 On 3 April 2016 the Education Secretary announced a new £200 million fund, as part of the Children's Social Care Innovation Programme, over the next four years to encourage novel practice and approaches to children's services.
- 82 The funding is available for new innovation projects and for scaling up or spreading existing innovations. New innovation projects can focus upon two priority themes "rethinking social care" or "supporting adolescents in transitioning to adulthood" or, if an idea is particularly promising and innovative, it may sit outside of those themes. Projects interested in taking an existing idea with strong indications of impact from initial evaluation may also apply for funding to help spread their idea to more young people or work in a greater number of areas. See paragraphs 121– 122 for further details.

Adoption - A vision for change

- 83 On 27 March 2016 the Education Secretary unveiled a new 4 year strategy 'Adoption: a vision for change', which sets out how the Government plans to address challenges in the adoption system over the next four years.
- 84 The strategy details how, by 2020, the Government will deliver a system where all children are matched with adoptive parents without delay and includes a new drive to boost the educational success of adopted children. For the first time, every child adopted will have a designated teacher and 'virtual school head' who will provide tailored support to help children overcome trauma and give these young people the best possible education, as do looked after children currently.
- 85 To end delay in adoption for vulnerable children, larger local pools of approved adopters will be developed by making sure every single council is part of a regional adoption agency by 2020. To support the transition to regional adoption agencies, the Government will provide up to £14 million across 2016-18 to local authorities and voluntary adoption agencies to develop and implement regional agencies.

- 86 The strategy also sets out how the Government will provide vital therapeutic services to all adopted young people up to the age of 21, as well as family and friends who care for them, backed by a new commitment totaling over £49 million.
- 87 The Government will make sure that social workers have the skills to make the right decisions for adoptive families by clearly setting out how social workers must prioritise adoption where it is in the best interest of the child.
- 88 Scorecards will be introduced which will be used to hold councils and regional adoption agencies to account for delays between a child entering care and moving in with their new family.
- 89 To support the spreading and development of excellent practice in regional adoption agencies and on a national scale, the Government will introduce two new funding streams totaling up to £16 million over 2016-18:
- A practice and innovation fund will be set up to support regional adoption agency projects, individual voluntary adoption agencies and voluntary organisations to develop and deliver new ways of working, or to expand the reach of existing effective practice.
 - A voluntary adoption agency capacity building fund will also be established to support the voluntary sector to strengthen its position as key players in regional adoption agencies.

Inquiry 2016: Children's Social Care

- 90 In February 2016, the All Party Parliamentary Group for Children (APPGC) launched an inquiry to address local arrangements for the delivery of children's social care in light of changes in resources and demand, a new inspection framework and diversity in performance and outcomes.
- 91 The aim of the inquiry is to:
- Bring together evidence about the current resourcing of children's social care services and changes in the nature and level of demand;
 - Explore the (potential) impact of these changes on the delivery of children's social care services and on children and young people;
 - Build a picture of the key elements of a successful children's services department and the challenge facing areas that are struggling to improve, and share examples of good practice;
 - Assess whether changes are needed to policy and legislation in order to improve the delivery of children's social care services and in turn outcomes for children.

- 92 The findings from the inquiry will be published by early 2017.

Failing Children's Services in local authorities

- 93 In December 2015, the Prime Minister announced reforms which will mean that poorly performing children's services will be subject to new arrangements if they do not improve.

94 In a formalised academy-style system, sharper triggers will be put in place so that an emergency Ofsted inspection can be ordered where there are concerns about an authority's performance. If a local authority's children's service fails to improve within six months of their Ofsted inspection, a new service leader (commissioner) will be put in place. High-performing local authorities, experts in child protection and charities will be brought in to turn the children's service around.

Review of Local Safeguarding Children Boards' role and functions

95 The Prime Minister announced on 14 December 2015 that ministers had asked former Association of Directors of Children Services President, Alan Wood CBE, to undertake a fundamental review of the Role and Functions of Local Safeguarding Children Boards (LSCBs) within the context of local strategic multi-agency working. This included consideration of the child death review process, and how the intended centralisation of serious case reviews would work effectively at a local level.

96 The Department for Education (DfE) has published the 'Wood Review of the Role and Functions of Local Safeguarding Children Boards', together with the Government's response.

97 The main recommendations agreed by the Government are the following:

- Simplify and strengthen the existing statutory framework around multi-agency working to ensure engagement of the key partners is a better coordinated, more consistent framework for protecting children and that these arrangements are multi-agency in their approach.
- Replace the current system of Serious Case Review (SCRs) and miscellaneous local reviews with a system of national and local reviews.
- Put in place arrangements to transfer national oversight of Child Death Overview Panels (CDOPs) from the DfE to the Department of Health.

98 Although there are potential implications to consider from both reports, LSCB's are advised to wait for further guidance from the DfE on the implementation of these recommendations.

Youth Justice

99 The Lord Chancellor and Secretary of State for Justice announced the national review of the Youth Justice System on 11 September 2015.

100 Led by Charlie Taylor, the former Chief Executive of the National College of Teaching and Leadership, the review is of the whole Youth Justice System, including the secure estate, courts and sentencing. The Review is looking at evidence, current practice and governance arrangements in preventing youth crime and rehabilitating young people who offend and exploring how the Youth Justice System can most effectively interact with wider partner services for children and young people.

101 An interim report of emerging findings was published in February 2016 and the full review is due to be published after the Parliamentary summer recess.

Regional Context

Child Sexual Exploitation (CSE)

- 102 The region continues its commitment to addressing CSE and has established a North East Tackling Exploitation Board which includes senior representatives from local authorities, the three police forces in the region, NHS England and a local academic. The aim of the Board is to provide strategic leadership to make the most of collective resources and expertise to tackle the issues surrounding the sexual exploitation of children in the North East.
- 103 The Board will develop and support a long-term sustainable approach to tackling exploitation, support vulnerable children, disrupt perpetrators and raise awareness and vigilance across our communities.
- 104 An Independent Panel Inquiry into Child Sexual Abuse led by Professor Alexis Jay was launched at the beginning of July 2015 and is expected to take up to five years to complete. The Inquiry will consider whether, and the extent to which, public bodies and other important institutions have taken seriously their duty of care to protect children from sexual abuse. Children's Services is involved in the Notification Pilot through Aycliffe Secure Children's Home and Hassockfield Secure Training Centre.

Regional Adoption agencies

- 105 As described in paragraphs 83-89, there are plans for the reform of adoption including creation of regional adoption agencies.
- 106 The Regional Adoption Board, chaired by the Stockton Director of Children's Services, is leading this work. Two sub-regional adoption agencies are currently under development.

Workforce Development and Strategic Programmes

- 107 Durham County Council was one of a small number of social work employers to participate in a national 'proof of concept phase' for the assessment and accreditation of child and family social workers. There were 60 participants from Children and Adults Services in the project. Statistical feedback was received on 12 May 2016. This showed that the average score of social workers in the Service was close to the average score across all employers participating in the proof of concept. Individual participants received feedback during the week commencing 16 May 2016. Public consultation is anticipated in summer 2016. The Department for Education initially intended to roll out the programme progressively commencing with partners in practice local authorities and graduates on the Assessed and Supported Year in Employment from September 2016, however has since invited all organisations which participated in the proof of concept to opt in. Children's Services have chosen to take part in the full phase 1 rollout.

- 108 The expansion of the teaching partnerships programme was announced on 11 April 2016. Applications for funding were invited covering a 2 year period (30 May 2016 - 30 March 2018). An application was submitted on 23 May 2016. Durham County Council agreed to act as lead local authority for the application. If the application is successful the role of lead local authority will include holding and distributing funding on behalf of the North East partnership, and hosting associated staff. The application was supported by all 12 local authorities in the North East region, and 5 of the universities offering pre-qualifying social work education. Durham University was unable to gain institutional clearance in time, but may join the partnership at a later date. The outcome of the application is expected shortly.
- 109 Step Up to Social Work is a 14 month programme for people who want to work as social workers with children and families. The programme combines teaching and placements. At the end of the programme successful participants are awarded a Postgraduate Diploma in Social Work and are able to register as social workers with the Health and Care Professions Council (HCPC). Durham County Council supported a regional bid for funding for a North East programme. The programme commenced in January 2016. Durham County Council supports 5 of the 39 candidates across the region. It is anticipated that the application process for the next cohort will take place in spring 2017, and training will begin in 2018. Regional planning for the next cohort has commenced, and Children's Services has indicated that it will support 8 candidates. A programme of information and support is to be developed to give experienced staff without social work qualifications the best chance of succeeding in the application process.
- 110 FrontLine is a 2 year programme for people who want to work as social workers with children and families. In year 1 participants attend a 5 week residential programme, and then work in a unit of 4 participants supported by a highly skilled and experienced social worker and tailored training. At the end of the year successful participants are awarded a Postgraduate Diploma in Social Work and are able to register as social workers with the HCPC. In year 2 participants are employed by a supporting local authority and complete the Assessed and Supported Year in Employment alongside a masters degree in social work. Durham County Council expects to support participants on the programme from Autumn 2017.
- 111 FirstLine is a leadership development programme which develops good social work managers into high performing, considered and influential leaders who will set high practice standards, focus on developing and improving social workers and contribute to the creation of high-functioning, outcome-focussed, practice systems. The programme is designed for those who manage social workers who work directly with children and families in a statutory setting. Durham County Council expects to be able to access the programme by 2017-2018 at the latest.
- 112 A development programme for existing managers in Children's Services is being finalised. The programme clearly outlines the mandatory training required by Durham County Council, Children and Young People's Services and the Local Safeguarding Children Board. It also includes a range of core development opportunities, from short workshops run by members of the Senior Management team, to access to the 'Strengthening Managers'

programme, and opportunities for one-to-one coaching support and to join a peer support network. Optional development opportunities in the programme include access to an award in coaching at level 3, and diplomas in management at levels 5 and 7.

- 113 Work is underway to create a development programme for aspiring managers, which will provide a clear route from experienced social worker to social work manager. Three focus groups with potential candidates were held in July 2016. Further consultation with existing team managers and operations managers is planned in August/September 2016 to inform the proposed programme.

Local Context

Children's Social Care Innovation Programme

- 114 Durham was successful in two bids to the Children's Social Care Innovation Fund for a therapeutic support programme at Aycliffe Secure Centre and to deliver on a large scale new approach to social work and to work with families.
- 115 In relation to the therapeutic support programme at Aycliffe Secure Centre for children that have been sexually exploited the overall delivery of the project has been a success and an inspection by Ofsted on 12th October 2015 rated the Centre as 'good'.
- 116 The project has started to achieve improved outcomes:
- Transition support has stabilised community placement through intensive work with family and carers, young people and social workers;
 - Attitudes to teachers and the learning environment have improved in a number of young women;
 - All young people have a safety plan prior to leaving, which is helping to reduce risk taking behaviour.
- 117 The training and subsequent reflective practice sessions have been the real successes of the project and are being adopted by other areas within the Aycliffe Secure Centre. This has generated a culture change and transformation in the use of language which helps staff deal with and articulate the challenges of working with highly traumatised young women.
- 118 The Evaluation Report on Aycliffe CSE Innovation Project was published by the Department of Education on 4 July 2016. The report looked at how the specialist unit's programme can improve the mental health and well-being of sexually exploited young people and also highlighted the project's achievements as well as an ongoing need for further integration of Young People secure placements into Local Authorities' long – term individual care plans for victims of CSE. The 'Key Findings' section of the report provides an insight to the challenges to and successes of the project, i.e. capacity pressures due to a wide geographical range of referral sources, lack of placements providing long-term care in the transition process, difficulties in joint initiatives as well as the crucial role of the committed and experienced staff, good partnership work and the project's contribution to the wider vision for Aycliffe in a cultural shift context.

- 119 Progress on the main innovative elements of Durham's programme to deliver on a large scale new approach to social work and to work with families includes:
- (a) **Families First Teams** – three Families First Teams went live July 2015 and the remaining seven teams went live in February 2016 meaning families that need help receive it when and how they need it across the whole County. The Families First Teams, led by social workers, include family support workers and other specialist staff who will work together from community hubs which also accommodate the One Point Service. This will mean that workers are based in the community and will have more time to build strong, professional relationships with children, young people and families. They will also have the knowledge of local organisations that may be able to provide additional help and support if needed.
 - (b) **Third sector alliances have been strengthened** with positive regional interest in Durham's developments. A memorandum of understanding (MOU) has been finalised, which underpins the voluntary community sector (VCS) Alliance Model, which provides long-term and sustainable help and support for children, young people and families.
 - (c) **An intensive workforce development programme has commenced** - all staff across the service have received induction training. Workforce development activity will continue to support transformation.
 - (d) **Enhanced service user engagement** is a key feature of the Innovation Programme. Launch events for all three areas have been held and were well attended by partners from a range of agencies.
- 120 The evaluation of the programme is ongoing and it has been agreed with the Department for Education that the timeline be extended from March 2016 to November 2016 in recognition of implementation timescales across the national programme.
- 121 As part of the Children's Social Care Innovation Programme April 2016 – March 2020, on 7 July 2016 Durham submitted a bid for £6 million around wider transformation for the continuation and expansion of this work.
- 122 The Local Safeguarding Children Board (LSCB) has also submitted a bid for £80,000 to increase the Voice of the Child, especially in relation to hard to reach groups.

Workforce Pressures

- 123 As reported within the previous report to the Health and Wellbeing Board, there have been challenges within Children's Services in relation to workforce pressures and maintaining appropriate caseload sizes for social workers. Action is being taken by the service to ensure that manageable caseloads can be achieved including participating in strategic workforce development programmes such as those outlined in paragraphs 107 - 113 and changes to workflow.

- 124 There is no set recommended caseload level for children's social workers, although a recent ADCS survey has suggested that 20-25 is the general benchmark nationally, although a number of authorities aspire to caseloads of 16-18.
- 125 In 2014, when new structures were implemented, most teams maintained workloads within this region, although some pressures were evident in the Assessment and Intervention teams. Since Autumn 2015, however, caseload pressures have grown in two of the three Child Protection Teams due to staff absences and the lack of available agency staff to cover. The teams struggled to cope with the volume and complexity of the work, which involves the majority of Family Court Proceedings.
- 126 By January, it was necessary to take action to mitigate the risks associated with this situation. New work was not transferred into these teams from January. In February, in order to avoid the risk of child protection cases not being worked, (known as "stacking"), it was necessary to reallocate work from these teams across all social work teams.
- 127 As a result of this action, caseloads rose across the service to unacceptable levels. Management action was taken to ensure risks within caseloads were assessed so that high priority cases received attention throughout.
- 128 At the time of the Ofsted SIF inspection, several teams had average caseloads approaching 40 and two Families First teams had some unallocated work. Ofsted criticised the situation in Durham and have referred to the impact of high caseloads on quality within the report.
- 129 There are a number of causes for such significant pressures including structural design of the service creating bottlenecks, changes to court expectations around proceedings timescales and positive changes to working practices which have led to cases being open for longer.
- 130 Continuing actions to address the pressures include the following short and medium term actions:
- Rolling recruitment of social workers;
 - Recruitment of agency social workers when available;
 - Reallocation of cases across the service to manage demand;
 - The creation of an Assisted Year in Employment (ASYE) Academy to support the recruitment, retention and development of 12 high calibre Newly Qualified Social Workers (NQSWs). See paragraph 107 for further details. The annual net cost of this initiative will be £376, 000 and will lead to future cost savings and efficiencies after 12 months by a reduction in spend on agency staff and the filling of any social worker vacancies within the service. The budget for this will be met from the cash limit and will run for one year pending review;
 - Supporting and developing staff, managers and aspiring managers within the service through a range of strategic and innovative programmes such as Step up to Social Work, Frontline, Firstline, Teaching Partnerships and Development Programmes (see paragraphs 108-113);

- Piloting the national accreditation of social workers (see paragraph 107);
- Introduction of the new role of 'social work consultant' to ensure high quality supervision and reflective practice is embedded within social work teams;
- Undertaking a workflow modelling project to identify bottlenecks and blockages in the current structure which will inform the development of a revised structure and streamlined process;
- Redesigning the Families First and Child Protection teams in order to: improve resilience; reduce the number of social worker changes for children and families; broaden social workers professional experience and improve the quality of social work practice;
- The creation of a new team in the East of the County which will allow the current pressure to be managed while the workflow analysis is completed. The net cost of this initiative for 16/17 will be £327,000 and will be met from the cash limit for one year;
- A fundamental review is presently being carried out into future resource requirements which will also take into account the transformation reviews within Children's Social Care. The findings of this review will detail if additional resource is required in 2017/18 which would need to be built into Medium Term Financial Plan planning and the options available to reduce costs in future years to support the MTFP.

Social Work Academy

131 A new model of support for newly qualified social workers is being piloted in Durham. The social work academy initiative has been designed to increase the availability of good quality, experienced social workers. The practice lead for the academy was appointed on 20 May 2016. There were 127 applications received for the 12 newly qualified social worker posts, and 12 have been appointed. The successful candidates will benefit from high levels of mentoring, support and extensive learning and development opportunities throughout their first year in practice.

132 In 2016/17 the forecast cost in this regard is £371,000 with the costs to be covered from the Cash Limit Reserve. The plan is to review the success of this strategy during the summer of 2017. If the strategy is proving successful and meeting the set objectives, a request for budget growth in 2018/19 would be submitted as part of MTFP planning offset against current unbudgeted spend on agency staff. In the meantime Cash Limit Reserves would be required again in 2017/18 up to a maximum of £371,000. The maximum total draw on Cash Limit Reserves would be £742,000.

Child Sexual Exploitation (CSE)

133 The Durham Local Safeguarding Children Board (LSCB) has prioritised work on CSE since 2011. CSE was identified as a strategic policing requirement in March 2015. CSE is also a community safety priority as outlined in Louise Casey's inspection report of Rotherham Metropolitan Borough Council.

134 The LSCB Missing and Exploited Sub-Group (MEG) carried out an analysis of CSE in County Durham in 2014 and this has recently been updated to cover the period April 2014 to March 2015. The analysis found that:

- Online CSE continues as the most common model of sexual exploitation. The prevalence of this has increased from 25% to 37%.
 - There were 230 young people identified as at risk of CSE.
 - Little community intelligence is being gathered or submitted.
 - Most victims are female with the most common age being between 13-16 years.
 - Most common nationality of perpetrators is British, people from the Middle East make up only 3%.
 - Perpetrators of online CSE can reside anywhere in the world and can be difficult to identify and convict. Online vigilantes are an emerging trend identified in the data.
- 135 Seen in historical operations into CSE, 'Position of Trust' is a newly considered model which was not presented in previous profiles. This involves a perpetrator employed or volunteering in a position where the young person would be expected to trust that person who then goes on to sexually exploit the victim.
- 136 There are strong links between sexual exploitation and those young people who are reported missing from home. LSCB audits for both CSE and missing children incidents have highlighted a range of risks associated with those young people who go missing, including sexual exploitation, mental health, alcohol or drugs. The offender profile is one of 'street grooming' and use of social media to exploit children.
- 137 The LSCB Child Sexual Exploitation Strategy and action plan 2014-2017 outlines the key actions to be progressed to achieve the strategic aims of:
- Prevent – making it more difficult to exploit children
 - Protect – identifying and safeguarding children who are at risk
 - Pursue – the offenders, disrupt and where possible prosecute their activity
- 138 Progress against actions over the last six months includes:
- 'Intervene to Protect a Child' (IPC) training - a new and proactive training tactic to identify and disrupt offenders. Further training was undertaken in April and June 2016. 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.
 - Developing stronger relationships with communities through the Area Action Partnerships (AAP), raising awareness of CSE and how to report concerns or intelligence of CSE. The AAP's have, to date, promoted ERASE and the website. A CSE presentation is being delivered to all AAP Board Meetings from March through to November 2016. To date five presentations have been undertaken.
 - Working with primary and secondary schools to advise on internet eSafety, utilising Sexual Relationships Education (SRE) to deliver messages on consent and healthy relationships and through the ChildLine Schools Service, using workshops and assemblies delivered by specialist trained volunteers to educate primary school children aged

nine to 11 years old to understand abuse and help them stay safe.

- Widening our CSE training, awareness and intelligence gathering to non-traditional safeguarding services including hotels, take away outlets, off-licence trade and internally staff such as Neighbourhood Wardens, Anti-social Behaviour and Recycle Teams.
 - CSE awareness sessions for childcare and out of school sectors were undertaken in April 2016.
- 139 Over (1,000) 50% of a total of 1757 taxi drivers licensed by Durham County Council have received CSE awareness training on a voluntary basis. The sessions have been delivered by police and LSCB trainers with a CSE expert on hand at each session. The sessions have also enabled the police to gain intelligence from taxi drivers prompted by the training received.
- 140 At the County Council meeting held on 13 April, 2016 the Council agreed to review the Hackney Carriage and Private Hire Licensing Policy and require all taxi drivers and applicants to undergo CSE awareness training; all applicants prior to being first licensed and existing drivers by no later than 1 September 2016. The knowledge tests for new applicants will also be amended to include questions around CSE awareness.
- 141 'ERASE' (Educate and Raise Awareness of Sexual Exploitation) is well established offering parents and carers advice on how to communicate with their children about who they speak to on-line and off-line.
- 142 The ERASE Team and the LSCB hosted two ERASE Problem Solving and Referral Pathways events on 26 April 2016. The sessions included risk indicators and risk matrix guidance, problem solving and interventions to reduce risk of missing from home and child sexual and how intelligence is used in the fight against CSE.
- 143 The ERASE website was launched in January 2016. The front page has links for younger children, older children, parents/carers and professionals and also links to the LSCB website.
- 144 An ERASE Young People's Conference was delivered on 22 June 2016 involving 12 Year 9 pupils from seven schools, in workshop sessions, based on understanding CSE, appropriate relationships, grooming and online safety, Following the Conference the young people will plan actions to provide feedback and advice to their individual schools.
- 145 A 'Together, we can tackle child abuse' campaign has been launched by the Department for Education with the support of local authorities and other partners, including Durham County Council and Durham Local Safeguarding Children Board. The aim of the campaign is to encourage members of the public to report instances of child abuse and neglect and overcome the barriers that stop people reporting.
- 146 Durham County Council has undertaken and completed an internal review of CSE to provide assurance on the activity and governance in place, the findings of which were considered by Corporate Management Team on 14 October 2015.

Serious Case Reviews

- 147 Regulation 5 of the Local Safeguarding Children Board Regulations (LSCB) 2006 requires Local Safeguarding Children Boards to undertake a Serious Case Review in accordance with the criteria and procedures that are set out in chapter four of *Working Together to Safeguard Children (2015)*.
- 148 The LSCB should always undertake a Serious Case Review (SCR) when a child dies or has been seriously harmed and abuse or neglect is either known or is suspected *and* there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child. The purpose of the review is to identify improvements which are needed and to consolidate good practice.
- 149 Two serious case reviews have reached a conclusion; one review has been published and another is due to be published in the forthcoming months. A further two cases have been considered for a serious case review.
- 150 The Learning and Improvement Sub-Group of the LSCB are responsible for monitoring progress on action plans and challenging agencies to ensure relevant outcomes.
- 151 A series of Learning Lessons Events, attended by 750 staff, have also been completed to help raise awareness of the key messages and lessons learned from Serious Case Reviews and other reviews undertaken by Durham LSCB.

Integrated Transitions Team for Disabled Children

- 152 Services for disabled children have been restructured and an Integrated Transitions Team for Disabled Children has been created, merging staff from Adult Services and Children's Services. The new team is designed to achieve better transition from children's to adult services and works with children from 14 years old onwards.

0-19 Services Contract

- 153 A contract for the provision of children's health services 0-19 has been commissioned by Public Health. This delivers the Health Visiting services and School Nursing service for the County, including support for vulnerable families. The contract was awarded to Harrogate and District NHS Foundation Trust and, under Transfer of Undertakings (Protection of Employment) Regulations (TUPE) employees have transferred from the previous provider, County Durham and Darlington NHS Foundation Trust to deliver the new contract. Staff will be co-located in children's centres and One Point hubs with council staff in order to deliver more integrated services for children and families.

Stronger Families

- 154 By March 2015 Durham met its full target and 'turned around' 1,320 families under Phase 1 of the Stronger Families Programme.

- 155 As one of the Troubled Families Programme's Early Starters, Durham will work with 4,330 families and deliver Phase 2 over a 5 year period. Phase 2 includes much broader eligibility criteria, enabling the majority of families worked with by social care services to be part of the programme and to achieve results payments.
- 156 Up to 31 July 2016, Durham has identified 247 families as being 'turned around' against the new Family Outcomes Framework (FOF).
- 157 The key actions for phase 2 include:
- Embedding the use of the FOF and development of outcome-focused care plans;
 - Coordination of workforce development with the Service Transformation and Innovation Programme and LSCB;
 - A range of ICT developments to help manage the information requirements of the expanded programme, including Family Progress Data and outcomes evidence collection for payment-by-results;
 - Revise the payment-by-result methodology and grant terms of reference with our Internal Audit service;
 - Carry out a 'refresh' of the cost saving calculator data once data is available and investigate the cases where there is a particular increase in the costs associated with fostering and residential care.
- 158 The programme continues to participate in the national evaluation of the Troubled Families Programme by providing bi-annual family progress data. Information provided will be made available to Durham through the new Troubled Families (TF) Information System, which was launched in March 2016. This system will provide data and cost benefit analysis information to demonstrate the impact on the programme against a wide range of indicators (e.g. police calls, convictions, benefit claims), as well as providing benchmarks against national and statistical neighbours.
- 159 The Stronger Families programme has informed the development of the Children's Services Innovation programme. Stronger Families will cease to be identifiable as a separate programme, and will become the core of new Families First Teams. This will make best use of the learning and expertise built during the programme, but also the resources generated through the programme, in order to achieve improved outcomes for all vulnerable families in County Durham.

Youth Offending Service (YOS)

- 160 There continues to be uncertainty about Youth Justice Board (YJB) budgets.
- 161 County Durham's YJB grant for 2016/17 has been reduced by 12%. On 11 April 2016 the County Durham Youth Offending Service was informed that the Remand Grant 2016/17 (from the YJB) has been reduced by 87%, from £45k in 2015/16 to £6k in 2016/17. The YJB is also vulnerable to reductions in partner funding.
- 162 Secure Children's Homes in England and Wales have 254 licensed places available for young people who are placed by the courts on youth justice and

welfare grounds. Aycliffe Secure Centre has historically had a contract with the Youth Justice Board for 24 places and 8 places have been made available for local authorities to commission for young people on welfare grounds. There has been a sustained increase in the number of referrals from local authorities for welfare places for young people who are placing themselves at significant risk in the community. There have been insufficient numbers of places available for these young people which has caused problems for Children's Services nationally. The YJB, the DfE and local authorities have jointly worked on this issue and the YJB has decommissioned 20 youth justice places which have subsequently been made available to local authorities from April 2016. The YJB now contracts for 18 beds at Aycliffe, with the remaining 14 beds available to local authorities for welfare placements. There continues to be high occupancy across the Secure Children's Homes of 90% - 95% and this is reflected at Aycliffe, where high levels of occupancy and demand continue.

Social Worker Health Check

- 163 There is a requirement to complete an annual survey of social workers in the authority. The survey for 2015 reported high levels of staff satisfaction including staff feeling confident in their ability to do their job and getting a sense of personal achievement from their work. A high percentage of staff also reported that their work gave them a feeling of personal achievement and that families they work with value their support. Staff reported positively about being able to access the expertise of others to support their work and that they had time to reflect on their work with other experienced colleagues, including good management support and supervision which enables them to do their job well or better.
- 164 While staff are generally positive about their role and the difference they can make, results of the survey also pointed to a need to free up staff from administrative tasks and to reduce caseloads. Amongst generally positive results, the responses on the appropriateness of IT systems/software and the physical environment staff work in were less positive.
- 165 Addressing concerns with these practical elements, and reducing the time burden on staff, may help to alleviate issues around stress at work. An action plan has been developed to address the issues raised by staff. The survey was completed prior to the recent caseload pressures, and so morale must be kept under review.

Performance

- 166 Improvement in performance is shown across a range of key indicators. As at the end of December 2015 (March 2016, CIN 304.2 per 100,000, CPP 35.1 per 10,000), reductions and favorable benchmarking comparisons are shown in the number and rate of children in need (333.4 per 10,000) and the number and rate of children whose needs are met through a Child Protection Plan (34.7 per 10,000).
- 167 The rate of children in need re-referrals is also reducing, with 21.2% (21.1%) referred again within 12 months of a previous referral, and with 8.5% (4.3%) of children requiring a child protection plan for a second or subsequent time within 2 years of the last one (April – December 2015). (April – Mar 16).

- 168 As at the end of December 2015 (March 2016), a high proportion of our looked after children are in foster care, 81.9% (79.3%), with only 7.6% (7.6%) in residential care. Provisional data as at 31st March 2015 shows that 90.6% of our children are placed within 20 miles of home; 78.6% within the boundaries of County Durham, a much better rate than national levels.
- 169 There has been improvement in the timescales for the average number of days between a child entering care and moving in with its adoptive family (for those who have been adopted) from 533 days in 2013/14 to 449 days for 2014/15 (420 for y/end 31st March 2016). 100% of children are placed for adoption in 9 months, compared to the national average of 17 months.

Inspection Activity

Joint Targeted Area Inspections (JTAI)

- 170 From February 2016, under the Joint Targeted Area Inspections (JTAI), Ofsted, the Care Quality Commission as well as Her Majesty's Inspectorate of Constabulary and Her Majesty's Inspectorate of Probation are jointly responsible for assessing how local authorities, the police, health, probation and youth offending services are working together in an area to identify, support and protect vulnerable children and young people.
- 171 The new short inspections allow inspectorates to be more responsive, targeting specific areas of interest and concern and also identify areas for improvement and highlight good practice from which others can learn.
- 172 JTAI inspections include a 'deep dive element', the theme for February 2016 to August 2016 was CSE and children missing from home, care or education.
- 173 Five LA's have been inspected under the new JTAI framework – South Tyneside, Oxfordshire, Central Bedfordshire, Croydon and Liverpool. With the exception of Liverpool all local authorities have had their inspection letters published.
- 174 No rating is given but a summary of strengths and weaknesses is provided. The inspection covered the overarching theme of abuse and neglect which includes deep dive investigation themes of the response to CSE and those missing from home, care or education.
- 175 The Association of Directors of Children's Services advised in a Bulletin on 15 July 2016 that the deep dive themes will change after every 6 inspections and the next 3 themes will be:
- Children living with domestic abuse
 - Children subject to neglect
 - Children at risk of, and subject to, sexual abuse in the family.

Local Authority Targeted Inspection

- 176 From February 2016, under the Local Authority Targeted Inspections (LATI), Ofsted will use a modified version of the JTAI which focusses on the local authority and the effectiveness of the LSCB in relation to the authority. The inspection includes an evaluation of the 'front door' for child protection, where children at risk of harm first become known to the local authority.
- 177 The inspection includes a 'deep dive' element as outlined in paragraph 172. While the Single Inspection Framework (SIF) is operating targeted inspections will not have a specific programme and the number of inspections undertaken each year will not be predetermined. Ofsted will use this framework where it has concerns about a local authority but where using the SIF would be a disproportionate response.
- 178 No LA's have been inspected under the LATI framework to date.

Local Inspection Activity

- 179 The overall position at 27 July 2016 with regard to Durham County Council (DCC) children's homes is as follows:

Name	Full inspection date	Full inspection overall judgement	Interim inspection date	Interim inspection overall outcome
High Etherley	21.07.15	Outstanding	16.02.16	Declined effectiveness
New Lea House	08.09.15	Good	10.02.16	Improved effectiveness
Aycliffe Secure	13.10.15	Good	15.03.16	Improved effectiveness
Blackgate East	15.12.15	Good	11.03.16	Improved effectiveness
West Rainton	15.12.15	Outstanding	04.08.15	Improved effectiveness
Cedar Drive	15.12.15	Good	24.02.16	Improved effectiveness
Park House	17.05.16	Good	02.02.16	Sustained effectiveness
Attlee Estate	31.05.16	Good	22.02.16	Improved effectiveness
Newton Drive	07.06.16	Outstanding	17.02.16	Improved effectiveness
Moorside	29.06.16	Requires improvement (verbal)	16.02.16	Sustained effectiveness

- 180 The action plan for High Etherley's interim outcome of 'Declined effectiveness' was completed by the end of March 2016. A full inspection is expected to be undertaken later the year in line with the Children' Homes framework.

Children's Centre Inspections

- 181 Local authorities were informed in October 2015, that the Department for Education (DfE) had delayed the launch of a consultation on the Sure Start children's centre programme which will include considerations for a new inspection framework for Children's centres.
- 182 As a result inspections of Children's centres have been suspended pending the outcome of the consultation.
- 183 In January 2016, the DfE announced the release of the consultation has been further delayed; no revised timescale for release or reason has been given.
- 184 Any Children's centre inspections due in the 2015/2016 academic year as prescribed by the Children's Centre (Inspections) Regulations 2010 will not now take place until after the consultation.
- 184 Children's centres are expected to continue their work as usual during this pause, including collecting and monitoring of data in preparation for inspection. Ofsted will continue inspection of early years provision on the site of children's centres as part of the new common inspection framework implemented from September 2015. Ofsted will also continue to respond swiftly to any complaints or safeguarding concerns in Children's centres.

Ofsted to directly manage Early Years Inspections

- 185 On 1 March 2016 Ofsted announced that early years inspections and regulatory work will be managed directly from April 2017, when the current contracts end. At present, two companies, Tribal and Prospects, undertake early years inspections on Ofsted's behalf and these contracts run until 31st March 2017. Bringing early years inspection under direct management means that Ofsted will have full control over the selection, training and management of inspectors, and complete oversight of the quality of inspection.

Recommendations

- 186 The Health and Wellbeing Board is recommended to:

- Note the contents of this report.
- Agree to receive further updates in relation to the transformation of Children's Services on a six monthly basis.

Contact: Carole Payne, Head of Children Services, Durham County Council
Tel: 03000 268657

Appendix 1: Implications

Finance – Substantial efficiencies have already been delivered through this approach as part of the Medium Term Financial Plan. Further efficiencies are planned. The successful bid to the Children’s Innovation Fund will result in funding of £3.26m coming in to the authority to be used to develop new approaches to children’s social care. As part of the Children’s Innovation Fund an additional £496,000 bid was successful for a therapeutic support programme at Aycliffe secure centre for children that have been sexually exploited. Plans are in place for the ending of this additional support. There will be additional costs resulting from the creation of the ASYE Academy and the additional social work team funded from Cash Limit during 2016/17 (£0.698million) and 2017/18 (£0.371million). Additional expenditure is unavoidable in creating the required capacity to bring the pressures under control in the short term.

Staffing – Workforce development will benefit staff and will help to challenge thinking and introduce new ways of working into practice. Roles and responsibilities are being amended in line with revised requirements. Embedding culture change is dependent on staff working effectively and understanding service aims, supported by managers.

Risk – Changes need to be carefully managed to ensure that the protection of children remains robust and the system is not de-stabilised during transition. Risk to the safety of children and young people of failure to prevent CSE. Major reputational risk to the council of failure to prevent and address CSE.

Equality and Diversity / Public Sector Equality Duty – The needs of vulnerable children and families will be better met through implementation of these changes.

Accommodation – The Innovation programme will require relocation and co-location of staff teams across the county, which will be managed within existing resources.

Crime and Disorder – Effective partnership working through the Safe Durham Partnership.

Human Rights - None

Consultation – Any changes to workforce will be subject to consultation with affected staff.

Procurement – None at this stage

Disability Issues – None at this stage

Legal Implications – There are a number of key policy developments / initiatives that have led the way and contributed to the Children’s Services Transformation agenda in County Durham. All changes must be compliant with legal requirements

Health and Wellbeing Board

9 September 2016

Better Care Fund 2016/17



Report of Paul Copeland, Strategic Programme Manager – Care Act Implementation and Integration, Adult and Health Services, Durham County Council

Purpose of Report

- 1 The purpose of this report is to provide an update on the Better Care Fund (BCF) Quarter 1 2016-17 to the Health and Wellbeing Board.
- 2 The Better Care Fund Quarterly Data Collection template Q1 2016-17 is available on request.

Background

- 3 The Better Care Fund (BCF) 2016-17 Policy Framework signalled a need for stability in 2016-17. BCF planning in Durham was based upon maintaining stability and rolling forward all of the existing schemes and projects from 2015-16 following agreement from partners.
- 4 The total amount of the BCF joint Clinical Commissioning Group (CCG) revenue allocation for 2016-17 in Durham increased to £44.579m from £43.735m in 2015-16.
- 5 BCF Planning requirements for 2016-17 required Health and Wellbeing Boards to continue to collect information on four key metrics which are identified below.

Permanent admissions of older people (aged 65yrs+) to residential / nursing homes, 100,000 population
Percentage of older people (aged 65yrs+) who were still at home 91 days after discharge from hospitals into reablement / rehabilitation services
Delayed transfers of care (delayed days) from hospital, per 100,000 of the population (per 3 month period)
Non Elective admissions per 100,000 population (per 3 month period)

- 6 In addition there was a requirement for BCF plans to include two locally determined metrics which are identified below.

Percentage of carers who are very / extremely satisfied with the support services they receive
The number of people in receipt of telecare per 100,000 population

- 7 A new condition that a proportion of the BCF allocation is invested in NHS commissioned out of hospital services replaces the previous payment for performance element linked to delivering a reduction in non-elective admissions in 2015-16.

Performance Update

- 8 Performance against the six key metrics is measured against the 2015/16 position. Although Quarter 1 denotes positive performance in only one of the indicators, most of the data is only slightly outside of the Quarter 1 targets and it is anticipated that targets will be met going forward.
- 9 A traffic light system is used in the report, where green refers to on or better than target, red is below target and amber is within 2% of target.

Permanent admissions of older people (aged 65 and over) to residential/nursing homes, per 100,000 population

Indicator	Historical		Latest Period	Targets		Performance against target
	2014/15	2015/16	April - June 2016	Q1 2016/17	2016/17	
Permanent admissions of older people (aged 65yrs+) to residential / nursing homes per 100,000 population	820.9	736.3	166.5	163.7	750.8	

- 10 Between April to June 2016 the rate of older people aged 65 years and over admitted to residential or nursing care on a permanent basis was 166.5 per 100,000 population. This has not met the Quarter 1 2016/17 target of 163.7 but it is lower than the same period for Q1 2015/16 at 183.3.
- 11 Intensive scrutiny of permanent admissions to residential or nursing care homes continues in order to ensure that those who are unable to be supported safely at home are admitted to permanent care.
- 12 The average age of those admitted to residential care has increased from 84.36 years in 2004/5 to 86.46 years in 2015/16 and from 83.02 years to 84.34 in nursing care.
- 13 The expenditure on residential and nursing beds remains within budget.

Percentage of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into Reablement / Rehabilitation

Indicator	Historical		Latest Period	Targets		Performance against target
	2014/15	2015/16	April - June 2016	Q1 2016/17	2016/17	
Percentage of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation	89.6%	87.2%	85.2%	86.0%	86.0%	

14 Between April to June 2016 85.2% of older people aged 65 years and over remained at home 91 days after discharge. This is marginally below the target of 86%, but it is expected that the annual target will be achieved.

Delayed transfers of care (delayed days) from hospital per 100,000 population (per 3 month period)

Indicator	Historical		Latest Period	Targets		Performance against target
	Q1 2014/15	Q1 2015/16	April - June 2016	Q1 2016/17	2016/17	
Delayed transfers of care (delayed days) from hospital per 100,00 population (per 3 month period)	452.3	436.0	433.0	426.4	Q1. 426.4 Q2. 387.6 Q3. 352.2 Q4. 417.2	

15 The number of delayed transfers of care per 100,000 population at 433.0 is slightly above the Q1 target of 426.4 but is lower than the same period in 2015/16 at 436.0.

16 In the national Adult Social Care measure which counts the number of people delayed on a snapshot basis, Durham continues to have a significantly lower rate of delays per population than all comparator groups.

Non Elective Admissions per 100,000 population (per 3 month period)

Indicator	Historical		Latest Period	Targets		Performance against target
	Q4 2014/15	Q1 2015/16		April - June 2016	Q1 2016/17	
Non Elective Admissions per 100,000 population (per 3 month period)	2995	2987	2993	2956	Q1. 2956 Q2. 2961 Q3. 2987 Q4. 2930	

17 The Q1 outturn figure was 2993 per 100,000 population. Although performance is marginally above target of 2956 it is similar to the same period as Q1 2015/16 at 2987.

Percentage of carers who are very / extremely satisfied with the support services they receive

Indicator	Historical		Latest Period	Annual Target	Performance against target
	2014/15	2015/16		2016/17	
Percentage of carers who are very / extremely satisfied with the support services they receive	52.6%	54.4%	No data available	48-53%	

18 The national carers survey will be undertaken in October and provisional results will be available in January 2017.

The number of people in receipt of telecare per 100,000 population

Indicator	Historical		Latest Period	Annual Target at 31 st March 2017	Performance against target
	June 2014	June 2015		June 2016	
The number of people in receipt of telecare per 100,000 population	225	315	489.7	454	

19 The number of people in receipt of one or more items of telecare equipment continues to show an increase and exceeds the revised target for 2016/17 of 454.

20 There is no national benchmarking data in relation to telecare equipment.

Recommendations

21 The Health and Wellbeing Board is recommended to:

- Note the contents of this report.
- Agree to receive further updates in relation to BCF quarterly performance.

**Contact: Paul Copeland, Strategic Programme Manager, Care Act
Implementation and Integration**

Tel: 03000 265190

Appendix 1: Implications

Finance – The BCF total pooled budget for 2016-17 is £44.579m.

Staffing – No direct implication.

Risk – A risk sharing agreement has been agreed between partners.

Equality and Diversity / Public Sector Equality Duty – Equality Act 2010 requires the Council to ensure that all decisions are reviews for their potential impact upon people.

Accommodation – None.

Crime and Disorder – None.

Human Rights – None.

Consultation – As required through the Health and Wellbeing Board.

Procurement – None.

Disability Issues – See Equality and Diversity.

Legal Implications – Any legal requirements to the BCF Programme and projects are considered and reviewed as necessary.

Health and Wellbeing Board

9 September 2016

Health and Wellbeing - Area Action Partnership Links



Report of Andy Coulthard, Area Action Partnership Coordinator, Transformation and Partnerships, Durham County Council

Purpose of Report

- 1 The purpose of this report is to provide 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 Board.

Background

- 2 The last report on the work of AAPs was presented to the Health and Wellbeing Board on 21 January 2016. This report forms part of a regular update to the Board that reviews joint working between health and wellbeing partners and the 14 AAPs.

Community Wellbeing Partnership (CWP)

- 3 The function of the CWP is currently being scoped. This exercise will continue under the Interim Director of Public Health County Durham, with the next meeting due in September 2016.

Wellbeing for Life (WBfL)

- 4 AAPs connected to the targeted WBfL schemes continue to work closely, whilst connectivity between the wider WBfL scheme and AAPs continues to develop. Julie Form (WBfL Manager) has met with AAP Coordinators to examine how work between the two can support both services to improve the health and wellbeing of their residents and clients.
- 5 A pilot project is underway between Locate, Mid Durham AAP, North Durham Clinical Commissioning Group (CCG), Durham Dales, Easington and Sedgefield (DDES) CCG and WBfL to embed the use of Locate into GP surgeries as well as the work of the WBfL teams. WBfL teams operating in the Haven Surgery in Burnhope, Browney House in Langley Park, the William Brown Centre in Peterlee and the Arbroath Surgery in Easington are promoting Locate whilst working with patients and surgery staff to highlight the various services that can be accessed via the site. It is also hoped that local GP practices will also see the benefits of the WBfL team supporting their surgery,

not just from a locate perspective, but from a preventative and treatment side, with work already taking place on diabetes and smoking cessation.

- 6 Please note that a report on the WBfL service is also presented to this meeting.
- 7 Workers from the wider WBfL scheme have also come together with relevant AAPs, the North East Churches Acting Together, the North East Regional Faiths Network and staff from the County Durham Partnership to host three Faith and Wellbeing events across the north, south and east sections of the County. The events, funded through Public Health, examined the work of local faith groups and how they contribute to the general wellbeing of our communities and residents. The events examined what was currently being delivered by the faith groups and how AAPs and WBfL staff could help sustain, support and where necessary develop further provision to meet the needs of local residents. Key areas such as communication, networking, volunteering, training and funding were discussed and actions to address these have been implemented.

Health and wellbeing as an AAP priority 2016/17 – Measuring Outputs

- 8 Eight AAPs have identified health as a key priority. In addition to this; Mid Durham, Bishop Auckland and Shildon (BASH), and Stanley AAP's are taking part in the Wellbeing in Targeted Communities pilots. Whilst the remaining three AAPs have health and wellbeing linked to either their Children/Young People or Older People's task groups. Therefore all 14 AAPs still have work streams linked to health and wellbeing. See Appendix 2 for 2016/17 AAP priorities. Public Health and CCG colleagues are linked to each AAP and invited along to relevant task groups, or if they cannot attend then they are contacted to provide their expertise and advice on how the AAPs can start to address some of the underlying issues.
- 9 The AAPs are developing a new priority form which is used annually to gauge residents opinions on what prioritise they should be examining the following year. The form will be available on 'SurveyMonkey' and as part of the consultation programme it will be made available to all secondary school pupils in the county during September for completion. The form now has 10 priority themes, of which Health and Wellbeing is one of and under each theme we have a variety of issues that we are asking residents to tick so we can narrow down the key issues under that theme. The Health and Wellbeing section issues include mental health, physical health, services for carers, access to health services, social inclusion, money advice and long term conditions, plus an option to add anything else we may have missed.
- 10 As part of the AAP project development process all projects are asked to complete a '**What Difference Will Your Project Make**' section – This enables applicants to identify the main project Outcomes and Milestones as well as Performance Indicators that are grouped under the 'Altogether Themes' of the Council. The information gathered is then used to track how funding is aligned to the Altogether Themes and projects are monitored on their delivery against these stated outputs and indicators throughout the delivery of the project.

- 11 Appendix 3 lists the performance indicators linked to the Public Health and Appendix 4 to DDES CCG investments which have been developed and managed through the AAPs from 2013 through to 2016. These outputs include actual and forecast figures that are factual as of July 2016. They build upon the AAPs previous report to the Board in January which highlighted the AAPs Area and Neighbourhood Budget performance indicators (over 8,000 residents currently involved in health and wellbeing related programmes, including a target of nearly 40,000 over the life time of these programmes).

Key factors highlighted within the Public Health performance indicator tables include:

- 45 projects supported by £280,000 of Public Health investment over the two years (2014/15 and 2015/16), which in turn has brought in a further £522,564 of matched funding (a return of £1 : £1.87);
- Up to July 2016 this has managed to support 3,576 residents of various ages (mainly young people) and through a variety of different programmes targeted at mental health (33 projects), healthy eating/drinking (8 projects), physical activity (7 projects), social inclusion, employability and welfare;
- 66 voluntary groups have been supported and along with a further 65 volunteers;
- 15 people have been supported into employment and a further 759 residents have received support to reduce the impact of welfare reform;
- 766 children have been involved in schemes which support them to make healthier choices in life whilst a further 550 have been involved in projects that have enabled them to maximise their potential;
- 33 projects aimed at, or will impact upon improving mental health, have so far supported 189 people;
- 306 people have been involved in schemes which will reduce health inequalities and early deaths;
- 40 projects are still ongoing.

Key factors highlighted within the DDES performance indicator tables include:

- 28 projects supported by £498,916 of DDES funding invested over two years (2013/14 and 2015/16), which in turn has brought in a further £1,009,550 of matched funding (a return of £1 : £2.02);
- Up to July 2016 this has managed to support 4,042 residents of various ages (mainly young people) and through a variety of different programmes targeted at physical activity (9 projects), Mental Health (8 projects), employability (6 projects), education and advice/information;
- 70 people have been engaged in voluntary work;
- 185 people have been supported into employment and a further 186 residents have received support to reduce the impact of welfare reform;
- 8 schemes have been developed to protect vulnerable people from harm;
- 2,639 people have been involved in schemes which will reduce health inequalities and early deaths;

- 25 projects are still ongoing.

Shared and Supported Work

- 12 The AAPs continue to input into the Joint Health and Wellbeing Strategy and the Severe Weather Plan Development Groups. The AAPs were also involved in the Health and Wellbeing Boards Local Government Association in depth Case Study visit in February 2016 which focused upon partnership working.
- 13 The AAPs will continue to work with the Prevention Task and Finish Group to examine how AAPs can support the development and delivery of the Prevention Plan.
- 14 The AAPs have been presented with the Children and Young People's Services' and Adult and Health Services' Market Position Statement for County Durham 2016/17 and are aware of all planned procurements for 2016/17.
- 15 Staff and members of all 14 AAPs will be attending and supporting the 2016 Big Tent Event.
- 16 The recently renamed 'Healthy Horizons' programme, which for the last decade has focused upon getting older residents more active, is being supported to continue its delivery in the north of the county as the 'Community Physical Activity for Older Adults Programme'. Building upon the last three years of support by five of the north Durham AAPs the North Durham Healthy Communities Alliance, and associated County Councillors have recognised the need to continue a service which currently delivers 43 different classes to nearly 500 regular older residents. Funding has been confirmed to see the classes continue until April 2017 which will then see the programme absorbed into the overall Durham County Council Physical Activity Strategy/Programme.

Emerging Issues for Health and Wellbeing

- 17 Continuing and emerging issues identified through AAP Task and Finish groups in 2016 include:
 - Mental health and emotional wellbeing of residents, including welfare issues, self-harm, personal safety and suicide.
 - Support for Dementia sufferers and their family and friends - dementia awareness
 - Social isolation
 - Support for residents suffering from diabetes
 - Risky behaviour of young people, including underage drinking and the use of energy drinks.
 - Increase in food poverty, use of Foodbanks, and holiday hunger; as well as availability and affordability of opportunities for children and young people.
 - Transport issues related to access to health services including GPs, pharmacists, dentists.

- 18 The AAPs have been and are working with partners including Public Health and CCG colleagues to examine and support a variety of projects, services and strategies that have started and will start to address some of the issues. By using a number of the previously mentioned links to existing providers the AAPs are making sure that whatever they support is either, not already being provided, or is adding value to existing provision.
- 19 Holiday Hunger is one particular issue which several of the AAPs and County Councillors have started to examine when working with partners to provide school holiday activity. The 2016 school summer holidays saw several schemes across the county incorporate the ethos of holiday hunger and alongside their activities include snacks, picnics, quick meals or family cooking sessions. This, as we know, is also seen as a national issue with the Sustainable Food Cities Programme launching a Children's Health Fund. Details of this fund have been circulated by AAPs to relevant partners to consider when developing their school holiday programmes in the future.
- 20 Several AAPs have supported local transport schemes designed to enable isolated residents to access social activity. Supportive (formally the Social Resource Centre) have been supported by 4 Together, Mid Durham and Stanley AAPs to deliver a volunteer driver scheme across their areas. These will be evaluated as part of the current Durham County Council Transport Review.

Recommendations

21 The Health and Wellbeing Board is recommended to note:

- The work that is taking place.
- The improved alignment of work of the AAP's to the Health and Wellbeing Board.
- The impacts being made on Health and Wellbeing targets by Public Health and DDES funding managed through the AAPs (Appendices 3 and 4)
- The continuing and emerging issues that AAPs and partners are currently working on.

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Appendix 1: Implications

Finance

The finance highlighted within this report is linked to budgets provided to the AAPs via Durham County Council and Durham County Council's Public Health with the Durham, Dales, Easington and Sedgefield Clinical Commissioning Group contributing funding to the AAPs relevant to their delivery geography.

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

The AAPs engage with local residents and partners throughout the year and base their work on the contributions provided. They provide an opportunity for residents and partners to be part of the working groups tasked to examine, develop and evaluate the outcomes of the aforementioned contributions.

Procurement

Not applicable

Disability Issues

A number of the projects/programmes highlighted within this report will have a positive impact on the quality of life of those residents and their families that are impacted upon by certain disabilities.

Legal Implications

Not applicable

Appendix 2 - AAP PRIORITIES 2016 - 17

	AAP Area	Priorities
NORTH	Chester le Street	<ul style="list-style-type: none"> • Crime and Community Safety (including Highways) • Development of Chester-le-Street Town • Employment and Welfare Reform • Health and Wellbeing • Improved Environment and Villages • Opportunities for Children and Young People
	Derwent Valley	<ul style="list-style-type: none"> • Activities for Children and Young People • Employment, Education, Training and Regeneration • Environment
	Mid Durham	<ul style="list-style-type: none"> • Support for older people • Support for younger people • Support for the VCS • Employment and Job Prospects • Road safety
	Stanley	<ul style="list-style-type: none"> • Regeneration of Stanley and its Villages • Support for the Elderly, Carers and Disability Groups • Opportunities and Activities for Young People
SOUTH	3 Towns	<ul style="list-style-type: none"> • Children and Young People • Health and Wellbeing • Regeneration and Safety of Towns and Villages
	4 Together	<ul style="list-style-type: none"> • Children and Young People • Employment, Training and Job Prospects • Older People • Health and Wellbeing (as an overarching theme) • Crime and Community Safety (as a thread wherever possible)
	Bishop Auckland and Shildon	<ul style="list-style-type: none"> • Raising Community Aspirations through Employment, Education and Training • Children and Young People • Crime and Community Safety
	Great Aycliffe and Midcliffe	<ul style="list-style-type: none"> • Activities for Young People • Crime and Community Safety • Employment, Enterprise, Education and Training
	Teesdale	<ul style="list-style-type: none"> • Older People • Job and Enterprise • Transport and Environment

	Weardale	<ul style="list-style-type: none"> • Support to Groups in Weardale • Employment, Job Prospects and Tourism • Health, Wellbeing and Support for All • Activities for Children and Young People
EAST	Durham City	<ul style="list-style-type: none"> • Activities for young people • Support for the Voluntary & Community Sectors • Health • Older People • Promotion of the city and the AAP
	East Durham	<ul style="list-style-type: none"> • Maintaining the Social Fabric of our Society (including job creation) • Health • Children and Young People (including Education and Training)
	East Durham Rural Corridor	<ul style="list-style-type: none"> • Activities for Children and Young People • Older People • Health and Wellbeing <p>(with Crime and Community Safety overarching the above)</p>
	Spennymoor	<ul style="list-style-type: none"> • Employment and Job Prosperity/Town Centre Regeneration • Safer, Stronger and Healthier Communities

Red – Direct Health and Wellbeing Priority

Blue – Overarching link to Health and Wellbeing via different priority.

Appendix 3 – Public Health (PH) funded projects developed through the AAP – Performance Review

The following table provides an overview of the projects/programmes supported via funding from Durham County Council's Public Health Service. Each project has been developed or supported through the relevant AAP task group with the advice and guidance of the Public Health officer aligned to that AAP.

Projects Overview	2014/15 Actual		2015/16 Target
Number of projects	23		22
Public Health Allocation	£140,000		£140,000
Matched funding accrued	£307,754		£214,810
Best Value - £1 Public Health spend vs matched	£1 : £2.20		£1 : £1.53
Project Themes/targets			
Children and young people	8		7
Adults	6		4
Older people	5		3
All	4		8
Physical activity	0		7
Advice and guidance	2		3
Risk behaviour management	1		0
Food / soft drinks and social	4		3
Welfare reform	1		0
Horticultural and outdoors	2		2
Energy efficiency	1		0
Mental health and emotional wellbeing	17		16
Alcohol	1		0
Support group	1		1
Early years health	2		0
Dementia	1		1
Employability	1		0
Befriending	1		1

Projects Overview	2014/15 Actual		2015/16 Target
Teenage parenting	1		0
Educational wellbeing	1		2
IT and social	1		0
Play	1		0
Performance Indicators across all projects - Summary	2014/15 Actual	2014/15 Target	2015/16 Target
Altogether Better (Overarching theme)			
No of voluntary and community groups supported	66	56	91
No of community buildings and facilities supported	22	15	36
No of people given access to new cultural/sporting/recreational opportunities	860	612	340
No of people engaged in voluntary work	65	68	54
Altogether Wealthier			
No of jobs created	3	3	3
No of jobs safeguarded	3	3	6
No of people supported into employment	15	10	1
No of advice and guidance sessions	185	212	345
No of people trained	52	52	11
No of qualifications gained	13	13	2
No of training weeks	13	15	0
No of businesses supported/advised	27	15	30
No of tourism initiatives supported	1	1	0
No of IT connectivity initiatives supported	1	1	0
No of people benefitting from schemes that reduce the impact of welfare reform	759	755	0
Altogether Better for Children and Young People			
No of children and young people involved in schemes to help them make healthy choices and give them the best start in life	766	930	990
No of schemes aimed at improving support and outcomes for families	4	4	2
No of children and young people involved in schemes to help them realise and	550	0	0

Projects Overview	2014/15 Actual		2015/16 Target
maximise their potential during the early years, school years and into employment and training			
Altogether Safer			
No of people benefitting from alcohol and substance misuse reduction initiatives	8	8	0
No of schemes aimed at protecting vulnerable people from harm	3	3	3
Altogether Healthier			
No of schemes aimed at improving mental health and wellbeing	17	16	6
No of people benefitting from schemes aimed at improving mental health and wellbeing	189	102	1,357
No of schemes aimed at improving the quality of life, independence, care and support for people with long term conditions	1	1	3
No of people benefitting from schemes aimed at reducing health inequalities and early deaths	306	515	155
Altogether Greener			
No of schemes aimed at maximising the value and benefits of Durham's natural environment	0	0	2
No of schemes aimed at delivering a cleaner, more attractive and sustainable environment.	0	0	1

Total number of residents actually supported to date via the 2014/15 PH funding is 3,576 (spend per head = £125.21) – please note that 18 of the 2014/15 projects are still ongoing and therefore these numbers above will increase.

Predicted number of residents to be supported by projects supported from the 2015/16 PH allocation: 2,917 (spend per head = £121.63). All 22 2015/16 PH projects are still ongoing. Actuals will be reported at a later date.

Appendix 4 – DDES funded projects developed through the AAP – Performance Review

The following table provides an overview of the projects/programmes supported via funding from Durham, Dales, Easington and Sedgfield Clinical Commissioning Group (DDES). Of the 14 AAP DDES covers 9 AAP areas (Teesdale, Weardale, 3 Towns, Bishop Auckland and Shildon, Spennymoor, Great Aycliffe and Middridge, 4 Together, East Durham and East Durham Rural Corridor). The projects were developed through the AAP task groups and submitted to DDES for agreement.

Projects Overview	2014/15 Actual		2015/16 Target
Number of projects	9		19
DEDAS Allocation	198,919		299,997
Matched funding accrued	925,936		83,614
Best Value - £1 DEDAS spend vs matched	£1 : £4.65		£1 : £0.28
Project Themes/targets			
Children and young people	1		9
Adults	3		3
Older people	1		4
All	1		2
Physical activity	4		5
Advice and guidance	3		2
Risk behaviour management			1
Food / soft drinks and social			1
Welfare reform	2		1
Horticultural and outdoors			1
Energy efficiency			
Mental health and emotional wellbeing	2		6
Alcohol			
Support group			
Early years health			
Dementia			
Employability	5		1
Befriending			

Projects Overview	2014/15 Actual		2015/16 Target
Teenage parenting			
Educational wellbeing	2		
IT and social	2		
Play			
Performance Indicators across all projects - Summary	2013/14 Actual	2013/14 Target	2015/16 Target
Altogether Better (Overarching theme)			
No of voluntary and community groups supported	32	93	55
No of community buildings and facilities supported	7	9	29
No of people given access to new cultural/sporting/recreational opportunities	390	158	159
No of people engaged in voluntary work	70	57	14
Altogether Wealthier			
No of jobs created	1	7	7
No of jobs safeguarded	10	3	
No of people supported into employment	185	148	40
No of advice and guidance sessions	1232	601	400
No of people trained	164	152	74
No of qualifications gained	62	61	58
No of training weeks	91	482	29
No of businesses supported/advised	25	15	
No of tourism initiatives supported			
No of IT connectivity initiatives supported	8	3	
No of people benefitting from schemes that reduce the impact of welfare reform	186	40	38
Altogether Better for Children and Young People			
No of children and young people involved in schemes to help them make healthy choices and give them the best start in life		300	1260
No of schemes aimed at improving support and outcomes for families	1	1	13
No of children and young people involved in schemes to help them realise and			625

Projects Overview	2014/15 Actual		2015/16 Target
maximise their potential during the early years, school years and into employment and training			
Altogether Safer			
No of people benefitting from alcohol and substance misuse reduction initiatives	1	1	106
No of schemes aimed at protecting vulnerable people from harm	8	7	
Altogether Healthier			
No of schemes aimed at improving mental health and wellbeing	2		4
No of people benefitting from schemes aimed at improving mental health and wellbeing		6136	637
No of schemes aimed at improving the quality of life, independence, care and support for people with long term conditions			6
No of people benefitting from schemes aimed at reducing health inequalities and early deaths	2639	3872	200
Altogether Greener			
No of schemes aimed at maximising the value and benefits of Durham's natural environment			
No of schemes aimed at delivering a cleaner, more attractive and sustainable environment.			

Total number of residents actually supported to date via the 2013/14 DDES funding is 4,042 (spend per head = £278.29) – please note that 6 of the supported projects are still ongoing and therefore these numbers above will increase.

Predicted number of residents to be supported via the 2015/16 DDES allocation is 3,153 (spend per head = £121.67) – please note that all 19 of the 2015/16 supported projects are still ongoing. Actuals will be reported at a later date.

Health and Wellbeing Board

9 September 2016

Healthwatch County Durham – Annual Report 2015/16



Report of Carol Gaskarth, Chief Executive, Pioneering Care Partnership

Purpose of the Report

- 1 The purpose of this report is to update the Health and Wellbeing Board on the changes to the Healthwatch service and present the Annual Report for 2015/16 (Appendix 2).

Background

- 2 Durham County Council recently re-tendered the provision of the Healthwatch service and a new provider was awarded the contract to deliver the service for the next two years from 1st July 2016 (with the option to extend this a further year). The Pioneering Care Partnership (PCP) led consortium, included Durham Community Action and Citizens Advice County Durham, has replaced the independent, Community Interest Company (CIC) which was formed to deliver the service in April 2015.
- 3 There has been a smooth transition of service to the new provider. All the staff have been successfully transferred to the PCP where, following reorganisation, a new structure is now in place. Two new positions, Programme Manager and Communications Officer, are being recruited to complete the delivery team.
- 4 The Healthwatch service has relocated to new office premises in Meadowfield which is more centrally positioned within the county.
- 5 PCP is in the process of recruiting a new active Board with the aim of having eight members by December 2016. Once appointed, the new Chair will represent the service at both the Adults, Wellbeing and Health Overview and Scrutiny Committee and the Health and Wellbeing Board.
- 6 The existing volunteers have been encouraged to continue supporting the service, including Enter and View Authorised Representatives.

Annual Report 2015-16

- 7 All local Healthwatch organisations have a statutory responsibility to produce an annual report of their activity. An electronic version has been circulated widely and is available on the Healthwatch website. Copies of the Annual

Report have been distributed to interested parties and are available to all members of the Adults, Wellbeing and Health Overview and Scrutiny Committee and the Health and Wellbeing Board.

- 8 The Annual Report sets out Healthwatch County Durham's vision and the priorities for 2015-16. The service has ensured that local people are involved in the commissioning, provision, and scrutiny of local care services. The report details Healthwatch activities around listening to people who use the health and care services and the provision of advice and information that has helped County Durham residents navigate through the whole system.
- 9 Healthwatch County Durham CIC would like to thank all the individuals and organisations that helped support its objective of engaging consumers of health and social care, gathering local people's comments and ensuring that these were listened to and acted upon by commissioners and providers. Working in partnership is a legacy that will continue through the delivery of Healthwatch within County Durham.
- 10 "It is a matter of pride that Healthwatch County Durham CIC has acted as a true champion of the patients and public in upholding the principles and responsibilities of Healthwatch." - Dr Lakkur Murthy, Chair of Healthwatch County Durham CIC.

Recommendations

- 11 The Health and Wellbeing Board is recommended to:
 - Note the changes to the Healthwatch Service;
 - Note the Healthwatch County Durham Annual Report 2015-16.

Contact: Carol Gaskarth, Chief Executive, Pioneering Care Partnership
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Appendix 1: Implications

Finance No implications

Staffing No implications for Durham County Council

Risk None

Equality and Diversity / Public Sector Equality Duty No implications

Accommodation No implications

Crime and Disorder No implications

Human Rights No implications

Consultation No implications

Procurement No implications

Disability Issues No implications

Legal Implications No implications

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**Healthwatch
County Durham**
Annual Report 2015/16

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Healthwatch County Durham board meetings were held in public in 2015/16 at community venues across the county.

Agendas and reports can be viewed on our website at healthwatchcountydurham.co.uk or for more information and enquiries email info@healthwatchcountydurham.co.uk

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Message from our Chair



It has been an eventful and interesting year. Healthwatch County Durham (HWCD) became a community interest company (CIC) in April 2015. This transformation provided some freedom to operate and enhance the delivery of the services of Healthwatch and to improve the engagement with the citizens of the county and beyond.

Inevitably there have been a few teething problems including a reduction in the available staff, turnover of directors of the board, and recruitment for engagement leaders, chief executive officer and chair.

It is gratifying to note that the core activities of Healthwatch have continued with considerable success. This is due to the dedication and hard work of our engagement leaders - Julia Catherall, Emily Hunter, and recently Denise Alexander, Claire Cowell and Denise Rudkin. The co-ordinating function at the office is expertly handled by Gail Anderson.

Our large group of enthusiastic volunteers are a great help, particularly with 'enter and view' projects, attending meetings, events, drop-ins and consultations.

HWCD CIC is indebted to the valuable and efficient contribution of Judith Mashiter, the ex-CEO. The newly appointed CEO Sam Palombella brings a wealth of talent and experience and is an asset.

The board of directors - Betty Carr, Tony Rochester, Jim Welch and recently David Chaytor have guided HWCD CIC through its teething troubles with delicate, sensitive and constructive touch with success.

Our involvement with Durham County Council, commissioners, providers of health and social care has resulted in improving the service to the citizens of County Durham and beyond. Being part of the Health and Wellbeing Board and the Overview and Scrutiny Committee has been very constructive.

The impact of North East Combined Authority Health and Social Care Integration is expected to deliver improved, seamless user-friendly services.

The baton of Healthwatch, from 1st July 2016, will be in the hands of a new consortium of Pioneering Care Partnership, Durham Community Action and Citizens Advice County Durham.

It is a matter of pride that HWCD CIC has acted as a true champion of the patients and public in upholding the principles and responsibilities of Healthwatch.

Dr Lakshur Murthy

Chair, Healthwatch County Durham

Who we are



Healthwatch County Durham is the county's consumer champion for health and social care, representing the voices of current and future users to decision makers.

It is one of 148 local Healthwatch organisations across England launched in 2013 to form a national network.

Healthwatch was established under the Health and Social Care Act of 2012, which also moved the responsibility for the commissioning of health services to local Clinical Commissioning Groups (CCGs).

County Durham has two CCGs - North Durham CCG and Durham Dales, Easington and Sedgfield CCG, two NHS Foundation Trusts and a multitude of other providers of health and social care.

Healthwatch County Durham is a registered Community Interest Company and has the following statutory activities:

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services.
- Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved.

- Obtaining the views of local people regarding their need for, and experiences of, local care services and importantly to make these views known.
- Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
- Providing advice and information about access to local care services so choices can be made about local care services.
- Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.
- Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues.
- Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

Our vision

We believe that the people of County Durham should help to determine the nature and the quality of the health and social care services they, or the people they care for, use.

Our mission

We act as the local consumer champion for users of health and social care services by:

- Understanding what matters most to consumers, especially those least included in society (the easy-to-ignore), by always starting with their needs and rights.
- Influencing those who have the power to change the design and delivery of services so they better meet the needs and rights of users.
- Contributing to the Healthwatch network to ensure that together our local insight has national impact and that the collective national insight has local impact.

Our values

- We are inclusive
- We are responsive
- We are independent
- We are credible
- We work collaboratively
- We learn
- We are responsible and accountable

Our priorities

Healthwatch County Durham has published 'Our Plan', setting out strategic priorities for 2014 to 2017 which align with those of many key health and social care providers.

Strategies and organisations we have aligned our priorities with include:

- County Durham Joint Health and Wellbeing Strategy 2014-2017
- County Durham Joint Strategic Needs Assessment
- Children, Young People and Families Plan 2014-2017
- County Durham Public Mental Health Strategy
- North Durham Clinical Commissioning Group
- Durham Dales, Easington and Sedgefield Clinical Commissioning Group
- County Durham's Area Action Partnerships
- Public Health, County Durham.

We have identified two priority issues to gather people's views on:

- Integrated health and social care
- 'Making sense of it all' (knowledge, understanding, accessibility and navigation around the systems).

We have also identified three priority groups of people to engage with:

- Those seldom heard
- Children and young people
- The elderly and those with dementia.

Listening to people who use health and care services

Gathering experiences and understanding people's needs

During the year Healthwatch County Durham has engaged with thousands of users of health and social care services at events and drop-ins, by answering telephone and email queries, and via social media.

We have travelled across the county, meeting people of all ages from schoolchildren to senior citizens, to find out about their experiences of health and social care services and where they would like to see improvements.

We have met young people at Teesdale School 6th form's 'Places to go, things to do' event and Bishop Auckland College's Annual Xmas Fair, and attended a Dementia Friends session in rural Weardale and the International Old People's Day event in Newton Aycliffe.

Staff set up a stall at Bishop Auckland Market to meet members of the public out shopping, and attended Durham Business Club and the Mental Health Provider Forum.

We have held regular two hour drop-ins at venues including the University Hospital of North Durham, Bishop Auckland Hospital, Sedgefield Community Hospital, Peterlee Community Hospital, Shotley Bridge Hospital, West Park Hospital, Lanchester Road Hospital and Weston Area Community Centre.

We have also piloted lunch-time events to engage with employees of Durham County Council at County Hall and at the Spennymoor offices.

We have worked with Durham Foodbank to seek views from, and offer help to, foodbank clients on health and social care issues, and attended the BME Group.

We have also met with Rethink Mental Illness Advocacy Support, which acts as a voice for adults with mental health issues, and Durham County Council's Sensory Support Team, to discuss the work

of Healthwatch and our Seldom Heard project.

In May 2015 we published a report on the findings of a survey conducted with children and young people at five events to gather their thoughts and experiences when they access local health services (pharmacies, opticians, dentists, GPs and hospitals).

Among the findings shared with commissioners, service providers, regulators and stakeholders were that the young respondents knew little about pharmacy services, thought waiting times for GP appointments were too long and that GPs used too much 'jargon'.

Comment boxes monitored by volunteers have been placed in venues including Chester-le-Street library, the Education Centre for Children with Down Syndrome and Willowburn Hospice.

Healthwatch recruited volunteers to a focus group who worked with County Durham and Darlington Foundation Trust, to comment on visiting times and input into the design and layout of a new planned Accident and Emergency Unit at the University Hospital of North Durham.

A survey on patients' and carers' experiences of the Patient Transport Service was held as a result of consumer comments, and an online survey of views on access to emergency dental service over the Christmas holiday period was carried out on behalf of NHS England.

A wide range of feedback obtained from these varied activities has included both positive and negative comments on services including GP practices, dental surgeries, hospitals and the North East Ambulance Service.

Complaints often centred on waiting times and access to services, while we received many compliments about staff in both acute and community facilities.

Feedback has been passed on to commissioners and providers of services via reports and at Foundation Trust and local authority meetings we attend.

Annual meeting

Our annual meeting held in February 2016 gave members of the public an ideal opportunity to find out about the work of Healthwatch and how to get involved.

It included a presentation by board member Tony Rochester on how members of the public could help Healthwatch and round table discussions on personal experiences of health and social care provision.

The guest speaker, North East Ambulance Service's Assistant Director of Communications & Engagement Mark Cotton, fielded questions from the floor about access to ambulance services and response times - a hot topic this year.



Delegates at our annual meeting

What we've learned from visiting services

One of our key roles is to carry out Enter & View visits to providers of health and social care services to identify both good practice that can be shared with others and any issues service users feel concerned about.

We carried out three Enter & View visits during the year - two at care homes and the third at a GP practice.

The first visit was to Sherburn Medical Centre in July 2015 in response to concerns raised by patients about difficulties making appointments by telephone. But our visit actually revealed the appointment-making system operated reasonably well and most patients were seen within one to two days.

Arriving at the practice at 8am our four authorised representatives found nine patients waiting outside for the 8.15am opening, with several claiming it was too difficult to secure an appointment by telephone.

Of 32 patients interviewed during the two hour visit, none had used the online appointment system.

There was a perception among a number of patients interviewed that a one to two day wait for an appointment was not a good service; in reality the practice was providing 130 more appointments per week across its Sherburn and Belmont surgeries than NHS guidance suggested.

During the visit one patient turned up in person to make an appointment and returned to be seen in less than an hour by a nurse as requested.

Recommendations made following the visit included opening the surgery at 8am or providing a shelter for queuing patients, promoting the online booking system and if possible increasing the number of same day appointments available.

The practice responded, saying it would look into provision of a shelter, would further promote online booking and was working on increasing access to walk-in appointments.

Two visits were made in March 2016 to care homes in Barnard Castle and Chester-le-Street.

Neither was as a result of concerns raised, but instead in order to contribute to our programme of gathering evidence on our priorities - the elderly and those with dementia, and integrated health and social care.

The stated purpose was to gather the views of residents, relatives to their experiences and views of the services being provided to them, and understand how dignity is being respected in a care home environment.

There were no concerns raised in either visit, but recommendations made about signing in books at both.

Residents at both homes were happy with access for visitors, recreational activities, food, personal hygiene and dignity, but some reported issues with short staffing at times.

Our Enter & View Authorised Representatives are: Richard Clayton; Pamela Coombs; Sandra Cottrell; Reg Davison; Anne Glynn; Norman Meyer; Jean Ross and Joan Taylor.

Giving people advice and information

Helping people get what they need from local health and care services

Healthwatch County Durham operates a freephone line for members of the public to call to ask for advice and information, including signposting to health and social care services.

During the year we helped more than 130 callers who contacted us about a wide range of issues. Here are just some of the services we signposted:

- The Stroke Association
- James Cook Hospital
- RVI Newcastle
- Durham Advocacy Service
- Citizens Advice Bureau
- Prescription Exemption Service
- MIND advocacy
- The Local Dental Network
- The Podiatry Service
- British Red Cross
- Rethink Mental Illness
- Adult Social Care, Durham County Council
- Learning Support Team
- Care Quality Commission
- Cancer Support
- Emergency Medical Transport
- Durham County Carers' Support
- Patient Advice and Liaison Service
- Independent Complaints Advocacy
- Age UK
- National Autism Society
- Social Care Direct
- Community Dental Service

Examples of help given include:

- A dental patient who was charged twice for emergency treatment because they attended two separate branches of the same dental practice for the course of treatment. Healthwatch County Durham approached the practice on the patient's behalf and the second payment was refunded as this should not have happened.
- A full-time carer whose husband has locked-in syndrome needed to know the level of training of supporting carers in order that she could arrange some respite. Healthwatch staff sent a copy of the recent Care Quality Commission inspection report for the care provider, providing the necessary information and point of contact for the client.
- A caller sought information on how to make a complaint regarding the treatment they had received at an urgent care centre.

There is a service finder page on our website with links to numerous organisations and agencies including Durhamlocate, the Local Pharmaceutical Committee and the County Durham Families Information Service.

There is also useful information for carers, with advice on independent living, funding for healthcare and social care and Personal Health Budgets. The A4 booklets are distributed through NHS outlets such as GP and dental surgeries. A further 5,000 copies are handed out across the county at drop-in sessions and to groups and individuals at engagement events.

We also regularly give signposting advice to members of the public we meet at the regular drop-ins and other community events we attend throughout the year.



How we have made a difference

Working with other organisations

Healthwatch County Durham has been lobbying on behalf of patients on a number of issues throughout the year, and working closely with commissioners and providers to help shape services and bring about improvements.

We have highlighted concerns with ambulance and patient transport services, the Blue Badge system and GP access, while survey work has included obtaining views on in-patient experiences, hospital visiting times and dental services.

North East Ambulance Service

We wrote to the Chief Executive of NEAS following concerns raised by patients about both access to ambulance services and response times.

CEO Yvonne Ormston gave a detailed response, writing to us to highlight contributory issues with staff shortages and hospital handover delays, and outlining various measures underway to address these.

Assistant Director of Communications & Engagement Mark Cotton also attended our annual meeting in February 2016 where he discussed the issues raised.

NEAS was subject to an inspection by the Care Quality Commission in Spring 2016 and we ran a patient survey in conjunction with Healthwatch across the region to ensure as many people as possible were able to give feedback on their experience of using ambulance services.

Patient Transport Service

In September 2015 we conducted an online survey on patients' and carers' experiences of the Patient Transport Service after an increasing number of service users told us they were having difficulty securing patient transport to enable them to attend vital hospital appointments.

We had 95 responses, with comments including confusion arising from different questions being asked by operators at the call centre, patients who previously accessed patient transport now finding that they are being told they no longer qualify, and those who need to be accompanied by their carers finding they are not allowed to travel with them.

Some people have reported that they are having to pay for the service which was previously free.

One example is an 83-year-old lady who lives alone and does drive, but only where she is confident to drive and only if she feels well enough. When she requested transport she was asked if she had cancer or was on oxygen. When she replied no, she reported the call handler practically hung up on her.

She eventually got transport from the Resource Centre at the cost of £14. However she then received a Saturday morning appointment at Sunderland Hospital and nobody was able to take her.

Of those survey respondents who could not access patient transport, nearly 34% failed to keep their hospital appointments as a direct consequence, and just under 14% had to pay to use the patient transport.

Healthwatch submitted a report of our study findings to commissioners recommending further examination of the issues raised.



Mark Cotton from NEAS addresses our annual meeting

The blue badge renewal system

A review of the blue badge renewal process was launched after Healthwatch contacted Durham County Council in April 2015 about concerns raised by a frail, elderly lady left extremely distressed about a letter she received which we believed was perfunctory, threatening, unhelpful and sloppy.

The standard renewal letter addressed the lady as 'Mr, asked for a timely re-application but was not dated, threatened fines and enforcement action if the badge was used after the expiry date, used jargon and had no named contact for queries.

The council agreed with the criticism and asked the national contractor Northgate Information Solutions, which issues blue badges on behalf of all local authorities, to make a number of changes to the standard renewal letter.

New A&E unit at the University Hospital of North Durham

We were asked to offer input into the design of the new Accident & Emergency unit at the University Hospital of North Durham.

One of our engagement leaders and five volunteers met with the project director/architect and were involved in discussions on the planning of the new department.

The feedback received was very positive and our Healthwatch volunteers were very impressed with the plans. We had the opportunity to comment and raised ideas which will be considered. We have been invited to attend a further meeting later in 2016 for discussions regarding the interior of the building.

The 'Perfect Week'

Four volunteers took part in the 'Perfect Week' exercise at the University Hospital of North Durham, an organisation-wide focus on systems and procedures to assess their effectiveness and to identify problems and their causes.

During the week-long exercise in November 2015 our volunteers surveyed 47 patients, asking them a series of questions about their experience in hospital including staff interaction, how informed they were about their treatment and discharge arrangements.

The results were fed back to County Durham and Darlington Foundation Trust to be used as part of their review.

"NHS North Durham CCG has valued the opportunities to connect and work collaboratively with Healthwatch County Durham. We recognise the insight they have about local health and social care issues affecting our patients and communities. Healthwatch has ensured that this is fed into the work of our organisation by having a permanent position on our Public, Patient and Carer Engagement (PPCE) committee, feeding directly into our Governing Body.

"A valued partner supporting us to improve health outcomes whilst championing the patient voice. We look forward to building on our relationship as we move forward in delivering our priorities."

Feisal Jassat, NHS North Durham CCG Lay Member for Engagement (chair of PPCE)

"Healthwatch plays a vital role in engaging with the general public and capturing feedback about health services which is shared with us in order that we can learn from general trends or specific issues and support us in making improvements for our patients and service users. During 2015/16 Healthwatch teams provided invaluable support and feedback to our Perfect Week initiative at University Hospital of North Durham.

"We introduced a new peer review process whereby current anonymised complaint reports and responses are reviewed by members of Healthwatch to ensure a fair and balanced response is provided to patients, and representatives of Healthwatch continue to be active members of our Patient Experience Forum. We very much look forward to working together again in 2016/17."

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

Survey on new visiting times

A team of Healthwatch volunteers and staff conducted structured surveys with patients and visitors about revised opening and visiting times at a selection of wards at Darlington Memorial Hospital and the University Hospital at North Durham in October 2015.

The 108 surveys were carried out on behalf of Patient Experience at County Durham and Darlington NHS Foundation Trust and the analysed results were then provided to the Trust.



'Safely Home'

In July 2015 the report 'Safely Home' from the Healthwatch England Special Inquiry into Unsafe Discharge from Hospital was published. Healthwatch County Durham coordinated and collated input to the inquiry, based on evidence gathered locally, and a board member was part of the inquiry panel.

Further examples of Healthwatch working with stakeholders to champion consumers' views include:

- We work jointly with the County Durham and Darlington Foundation Trust Patient Experience Team to review complaints.
- Healthwatch County Durham has been invited to represent the patient interests on the Urgent and Emergency Care Network (including the Vanguard programme) and the Better Health Programme.
- Healthwatch provides input to the Local Dental Network, the Local Pharmacy Network and the Local Eye Health Network.
- We are actively involved in the engagement strategy development commissioning intentions consultation of both CCGs.
- We attend the Durham County Council Mental Health Providers' Forum
- We attend the North East Ambulance Service Healthwatch Forum.

"Healthwatch County Durham played a vital role in shaping meaningful engagement processes within the NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group in 2015/2016. Healthwatch has also provided extensive support to our urgent care consultation by carrying out significant engagement activities with a variety of local stakeholders, including hard-to-reach groups. In particular, they worked with service users with mental health issues, sight impairment and they also engaged numerous patients attending local walk-in-centres and urgent care centres.

"Effective working relationships between Healthwatch and the CCG have been a fundamental component of meaningful, transparent and inclusive processes for engaging with the local people across the DDES area."

Nicola Bailey, Chief Operating Officer,
NHS Durham Dales, Easington and
Sedgefield Clinical Commissioning
Group

Involving local people in our work

From board members, to staff, to volunteers, to the people we serve - local people are central to the work of Healthwatch County Durham.

Volunteers are routinely involved in our activities and often suggest areas of work we should consider undertaking.

Specific roles include carrying out Enter & View visits, conducting patient surveys on behalf of local hospitals, and attending meetings with senior NHS staff to offer feedback on planned changes to services and the design of new facilities.

We have also recruited a team of community volunteers who operate comment boxes which have been placed in venues including Chester-le-Street library, the Education Centre for Children with Down Syndrome and Willowburn Hospice.

By the end of March 2016 we had in our membership:

- 480 'Friends'
- 36 'Healthwatchers'
- 8 Enter & View Authorised Representatives
- 6 Enter & View Authorised Representatives in training
- 7 Meeting Representatives
- 6 Engagement Volunteers
- 6 Mystery Service Users
- 3 Administrative Assistants.

Our plans for next year

Future priorities

Our first priority for 2016/17 is the smooth transition into the new consortium of Pioneering Care Partnership, Durham Community Action and Citizens Advice County Durham.

The partners' vision is for Healthwatch County Durham to be recognised as an equal, robust and credible player in the health and social care economy.

This will be achieved by:

- Increasing the membership and reach to be representative
- Driving a greater volume of contacts
- Drawing on partners' vast experience and knowledge
- Engaging with a representative cross section of communities
- Populating the work plan using intelligence gathered
- Considering other local/regional/national benchmarking data.

There will be a staffing restructure with new roles and a relocation of the headquarters from Newton Aycliffe to Meadowfield.

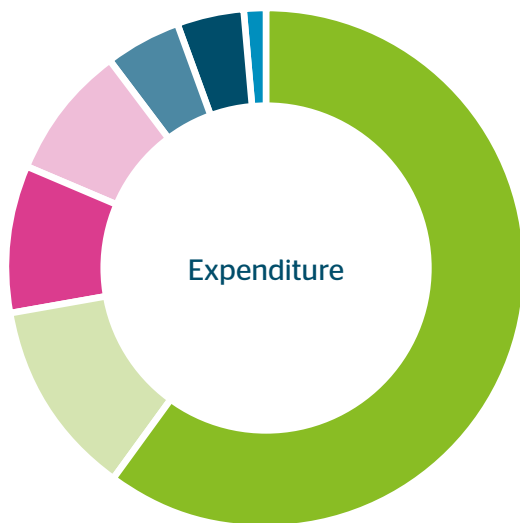
Our finances

Income

DCC contract	£197,626
Other income	£1,400
Balance carried forward from 2014/15	£32,250
Total Income	£231,276

Expenditure

Management and staff salaries	£107,596
Recruitment and training	£7,347
Board and volunteers costs	£15,024
Operational costs	£8,433
Outreach and publicity	£2,338
Support services	£16,130
Rent	£21,885
Total Expenditure	£178,753



Expenditure

- Management and staff salaries
- Rent
- Support Services
- Board and volunteers costs
- Operational costs
- Recruitment and training
- Outreach and publicity



Our people

The corporate board is responsible for setting the vision and strategic priorities for Healthwatch County Durham and delivering the contract for Durham County Council in 2015/16.

The company directors have statutory responsibility for delivery of Healthwatch and all financial matters. All board members are lay members of the community. Most bring a wide range of local connections and networks to benefit Healthwatch.

A comprehensive Governance Manual is in place and its individual policies cover all aspects of good governance.

In 2015/16 board meetings were held monthly, in community venues around County Durham.

Members of the public are invited to observe the board at work, and meetings are publicised via our ebulletins, through social media channels and on our website.

Each agenda has an item 'Listening and Learning' which provides any member of the public in attendance the opportunity to address the board or raise issues relating to health and social care. Once approved, minutes of monthly meetings are made available via our website or on request.

'Our Plan' - the strategic plan prepared by the board - is translated into 'Our Plan in Action', which is the staff team's work programme for the year.

We try to continually learn and develop as an organisation and regularly hold joint board and staff team development days and planning events.

Board members



Dr Lakkur N S Murthy
Chairman

Murthy has served in the NHS for 40 years; more than 20 years as a Consultant and ten years as a Clinical

Director. Since retirement he has been involved in voluntary work and is a public Governor of the largest North East NHS Foundation Trust. Being Chairman of Healthwatch County Durham provides an opportunity for Murthy to influence the design and provision of health and social care services for the patients, families and carers to ensure that the consumers' needs and expectations are the main priorities.



Tony Rochester
Board Member

Tony studied for a degree in Civil Engineering in Glasgow and was so affected by the deprivation there that

he became a volunteer, helping local communities. He later became Senior Careers Officer in Newcastle, leading the development of a service which helped young unemployed people secure jobs. Tony has also worked on finance for voluntary bodies and the Health Service and for the last 15 years has been the Financial Manager for a local Health Centre. He has lived in County Durham for most of his life.



Elizabeth (Betty) Carr
Board Member

Betty's career has included time as a civil servant within the NHS Statistics Department, in local government

within Durham Constabulary, and in human resources in the private sector. For the past 20 years she has undertaken voluntary work within her local community, serving in many roles as Chair/Vice Chair and Trustee of community groups including Patient and Public Involvement in Health, County Durham Local Involvement Network in Health and as a co-opted member of County Durham Adult and Wellbeing Overview and Scrutiny Committee.



Jim Welch
Board Member

For the past 22 years Jim has been disabled and using a wheelchair.

Twelve years ago he suffered a stroke, leaving him blind. Jim has founded several charities for disability support and social activities for blind and partially sighted people of County Durham. As Chief Executive Officer for a charity limited by guarantee for the past seven years he brings directorship skills to the board and has good communication and leadership qualities.



How we involve the public and volunteers

As consumer champion for health and social care service users in County Durham, Healthwatch County Durham takes very seriously the responsibility to involve local people and focus on local people's experiences in all aspects of our work.

The board is made up of lay members of the community, not representatives of other interest groups.

Volunteers are frequently invited to become actively involved in our activities and suggest areas of work we should consider.

Volunteer Enter & View Authorised Representatives are involved in every part of the visit, from planning and designing observation tools and questionnaires, to conducting the visit, developing recommendations and then writing the report.

Volunteers help staff at engagement events and Healthwatcher volunteers are committed to being our 'eyes and ears' in their local community and to gathering consumer comments on our behalf.

Volunteer spotlight: Jean Ross

Former bus conductor Jean Ross is just the ticket for Healthwatch County Durham's Enter & View team, having spent 30 years working in the care industry.

Jean has worked in residential care in a number of roles from laundry assistant to manager, and has also worked with people with learning disabilities, with dementia, and in domiciliary care.

In 2004 she set up her training business Care Training Services, and also audits assessment centres for City and Guilds.

Jean, from Crook, is enjoying volunteering with Healthwatch. She said: "I bring my expertise and grass roots background to the Enter & View team, which gives me useful insight.

"I think Healthwatch is very valuable and I like the way it responds to the concerns raised by members of the public. I am looking forward to continuing to work with Healthwatch and as a former mystery shopper hope to become a secret service user."



Healthwatch County Durham

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