



## **Special Adults, Wellbeing and Health Overview and Scrutiny Committee**

**Date**            **Wednesday 6 September 2017**  
**Time**            **9.30 am**  
**Venue**          **Committee Room 2, County Hall, Durham**

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### **Business**

#### **Part A**

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

1. Apologies
2. Substitute Members
3. Minutes of the meeting held on 7 July 2017 (Pages 3 - 14)
4. Declarations of Interest, if any
5. Any Items from Co-opted Members or Interested Parties
6. South Tyneside and Sunderland NHS Partnership Path to Excellence Consultation - Report of the Director of Transformation and Partnerships and presentation by representatives of the South Tyneside and Sunderland NHS Partnership (Pages 15 - 18)
7. Proposed establishment of a Northumberland, Tyne and Wear and North Durham STP Joint Health Scrutiny Committee - Report of the Director of Transformation and Partnerships (Pages 19 - 30)
8. Preventative Mental Health Review and Recommissioning Update - Report of the Corporate Director, Adult and Health Services (Pages 31 - 40)
9. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

**Helen Lynch**  
Head of Legal and Democratic Services

County Hall  
Durham  
29 August 2017

To: **The Members of the Adults, Wellbeing and Health Overview and Scrutiny Committee:**

Councillor J Chaplow (Vice-Chairman)

Councillors A Bainbridge, R Bell, P Crathorne, R Crute, G Darkes, M Davinson, E Huntington, C Kay, K Liddell, L Mavin, A Patterson, S Quinn, A Reed, J Robinson, A Savory, M Simmons, H Smith, L Taylor and O Temple

**Co-opted Members:**

Mrs B Carr and Mrs R Hassoon

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**Contact: Jackie Graham**

**Tel: 03000 269704**

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**DURHAM COUNTY COUNCIL**

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Friday 7 July 2017 at 9.30 am**

**Present:**

**Councillor M Nicholls (Chairman)**

**Members of the Committee:**

Councillors J Chaplow, A Bainbridge, R Bell, R Crute, G Darkes, M Davinson, E Huntington, K Liddell, L Mavin, A Patterson, S Quinn, J Robinson, A Savory, M Simmons, H Smith and O Temple

**Co-opted Members:**

Mrs B Carr and Mrs R Hassoon

**1 Apologies**

Apologies for absence were received from Councillors P Crathorne, C Kay, A Reed and L Taylor

**2 Substitute Members**

There were no substitute members.

**3 Minutes**

The Minutes of the meeting held on 3 April 2017 were agreed and signed by the Chairman as a correct record.

**4 Declarations of Interest, if any**

There were no declarations of interest.

**5 Media Issues**

The Principal Overview and Scrutiny Officer provided the Committee with a presentation of the following press articles which related to the remit of the Adults, Wellbeing and Health Overview and Scrutiny Committee;

- Plans to cut stroke support service will 'deprive vulnerable people of a lifeline', charity warns – Evening Chronicle - 03/04/17  
Plans to cut support services for stroke survivors once they leave hospital would deprive vulnerable people of “a lifeline”, a charity had warned. Health commissioners had withdrawn funding for the Stroke Association’s Stroke Recovery and Communication Support services in County Durham and Darlington in a cost-saving measure. The Clinical Commissioning Groups (CCGs) for North Durham and Durham Dales, Easington and

Sedgefield are planning to cover the gap by expanding the existing community stroke team.

- Number of people smoking in North-East hits record low – Northern Echo – 18/06/17

Smoking rates in the North-East had hit a historic low, new figures showed. Smoking rates among adults in the North East fell from 18.7 per cent in 2015 to 17.2 per cent last year, NHS Digital said. There was also a slight fall in smoking rates during pregnancy, from 16.7 per cent to 16 per cent.

- Maternity services in Darlington, North Tees and Durham facing temporary closure amid doctor shortage fear – Northern Echo – 17/05/17

Campaigners spoke of their fears that plans to centralise maternity services were set to be brought forward due to a shortage of doctors. County Durham and Darlington NHS Foundation Trust has confirmed that changes would be implemented to services in hospitals serving Darlington, North Tees and Durham – but have reiterated that it is only a temporary measure. Campaigners believe that a meeting to decide the location would be made at the end of next month and implemented by the beginning of August – despite consultation on wide-sweeping NHS changes in the region not starting until the autumn.

The Chief Operating Officer, DDES and North Durham CCGs advised that the maternity services had never been closed, even temporarily. She confirmed that this remains part of the Better Health Programme.

Councillor Bell requested that a report be brought to a future meeting to give an update on maternity services. He said that a family member had been told that the service would be closing from August so it was not just the press that were misinformed and this concerned him.

The Clinical Director of DDES CCG explained that they had been working very closely with CDDFT to address staff shortages in this field and to maintain the service in Darlington. He advised that some consultants were carrying out their own jobs but also acting down and taking on the junior doctor role too.

The Chairman was concerned about the effect on patients and was informed that as long as shifts could be covered the service would continue.

Councillor Darkes asked if there was an action plan in place to remedy the situation. He was informed that they were dealing with a long term shortage of doctors. In the short term they were working hard with trusts around the North to work as a network and have a cross over of staff. The Clinical Director of DDES CCG added that the problem was not just faced in Darlington but was a fragile service across the region.

- Public urged to have a say in major shake-up of local NHS – Sunderland Echo 27/06/17

NHS England's blueprint for change, the Five Year Forward View, were hoping to tackle health service challenges with Sustainability and Transformation Plans (STP). NHS trusts around the country are taking long hard looks at what they are doing, in a bid to realign services to better meet local needs. This is about making better use of the staff and facilities the NHS already has. According to the South Tyneside and Sunderland Clinical

Commissioning Groups (CCG) and South Tyneside and City Hospitals Sunderland NHS Foundation Trusts, services need to be “future proofed”. To do so, they have launched a public consultation on their own STP, called The Path to Excellence. The plan focused on stroke, maternity, gynaecology and children and young people’s services and aims to improve the quality of care being offered across Tyneside and Sunderland. Clinical services would be reviewed and plans on how to improve them formulated. Consultation runs from 5 July to 17 October 2017.

Regarding Maternity services at Darlington Memorial Hospital, Councillor Robinson referred to the birth of his grandchild there and said that the care in Darlington was exemplary but that there was a fear across the unit and the service as a whole and that the recruitment problem was faced nationally.

Councillor Huntington added that recruitment had been a problem for a while and asked why something had not been done to address this years ago.

The Clinical Director of North Durham CCG said that planning to become a specialist could take ten years and that there was a crisis with a lack of A&E doctors. He said that the problem had increased as more people were working overseas or working part time. Councillor Huntington said that once trained staff should have to work for a minimum of five years before they could move on.

Councillor Davinson said that a similar problem was discussed a couple of years ago and a presentation was given at the Committee about recruitment problems. The Principal Overview and Scrutiny Officer said that this had been around paramedic recruitment.

The Chairman thanked everyone for their comments and said that this was a difficult time for the whole of the NHS.

## **6 Any Items from Co-opted Members or Interested Parties**

There were no items from Co-opted Members or interested Parties.

## **7 NHS Commissioning Update**

The Committee received a joint presentation by the Chief Clinical Officer, DDES CCG and the Chief Clinical Officer, North Durham CCG about NHS Commissioning Update (for copy see file of Minutes).

The Chief Clinical Officer, DDES CCG gave some background information including:-

- What are CCGs?
- Strategic Policy Drivers
- Key Officers
- Key Partners

The Chief Clinical Officer, North Durham CCG updated the Committee on:-

- Sustainability and Transformation Partnerships

The Director of Integration went on to inform about:-

- Strategic Context

Finally, the Director of Commissioning updated members on the current developments, including:-

- Ophthalmology services
- Physically disabled unit
- South Durham community in-patient beds
- Fertility services
- Day hospital services
- Dermatology services

The Chairman asked how joining up ophthalmology services would be effective. The Director of Commissioning said that the impact of any changes would be evaluated by asking patients about their own experiences.

Councillor Bell referred to inpatient beds at the Richardson hospital and the reduction from 24 to 16 beds, and asked for assurance that the service would continue. The Clinical Director of DDES CCG said that the Richardson hospital had been built when the NHS had no funding issues however it was not the best place for patients as the focus was on trying to get them back to their own homes. The reduction of beds was due to Darlington not using the hospital and therefore less beds were needed. He added that it was an excellent facility and the NHS needed to find a better use for it.

Councillor Bell accepted the point about people being in their own homes but felt that the hospital offered rehabilitation services that helped people get back on their feet. Therefore closing the service would leave those people not ready for home vulnerable. He was advised that the focus would remain to get people back home and to provide all services from home including all rehabilitation services. The need for beds had dropped although it was recognised that there was a surge during the winter months.

Referring to the local health and social care plan, Mrs Hassoon sought assurance that the budget was in place to meet the need for people to receive care in their own home. The Director of Integration confirmed that joint budgets were in place and the Better Care Fund was being utilised for this purpose. She added that moving forward there would need to be talks with partners about pooling funding and how best to utilise it.

Councillor Savory expressed concerns about a ward closure at Weardale hospital and she asked for guarantee of sustainability as there was a great fear in the community of the hospital closing. The Clinical Director of DDES CCG advised that they were looking at how to better use all hospitals and as medicine and practices changed services needed to be reviewed. The Director of Integration confirmed that engagement would take place with the local community.

Councillor Robinson said that he had been given assurances about the Sedgefield area however the GP surgery was closing and the building used could be better utilised. He expressed concerns about the footprint of the STPs and whether there would be a merger of the 2 STPs covering County Durham.

The Clinical Director of North Durham CCG explained that there had been talks of changing the titles of STPs but in essence they would remain to plan across a large

footprint of health care. He believed that one STP would be the best way forward for the people of County Durham. There were plans to merge the CCGs but at present having two CCGs helped to retain a significant influence regionally.

The Chairman said that this could have a knock on effect for services and funding and was concerned about the effects this would have on patients.

Councillor Temple asked if there were any positive improvements in the locality as the reports seemed to be about reductions and cuts. The Clinical Director of DDES CCG said that there was a focus on cuts but reported that there were a number of exciting developments in primary care. The development of “teams around the practice” would focus on the needs of patients within the community and the quality of care. Moving to community based care was one of the biggest successes and a move to one CCG would help maintain our services and have an influence on the local community.

Councillor Patterson asked for an explanation about why so much money was spent on dermatology services – was there more patients or were we paying too much to deliver services. The Clinical Director of North Durham CCG advised that the cost was higher but had a real effect in commissioning community services.

With reference to the Weardale hospital Councillor Patterson asked what pressure had been put on to the government from the CCG as there were concerns for the people in this rural area with transport. As it was difficult to get staff to cover palliative care in rural areas, especially in the winter months, she asked what was being done to extend services in these areas. The Clinical Director of North Durham CCG advised that the North Durham CCG Forum was part of an organisation that lobby the government on specific issues. The Director of Integration added that they do take into account rurality and would look at other uses for the community hospital by enhancing the community offer. Councillor Patterson further asked if there would be an alternative use for the hospital or if the service would be delivered in another location. The Director of Integration informed her that they would be a comprehensive review carried out and would look at all options. She added that there was no pre-empted outcome at this stage that the hospital would close.

The Clinical Director of DDES CCG commented that they were trying to provide services in different and more efficient ways. The health services needed to take into account that there were more elderly patients and therefore more dementia, diabetes and other ailments to treat. Although the budget was not growing at the same pace as the population more efficient use of resources would need to be delivered.

The Chairman commented that it was a good thing that people were living longer, especially coming from certain industry backgrounds. The Clinical Director agreed that this was a success story.

The Head of Planning and Service Strategy said that it was members of the public who wanted to see more integrated care and this was evidenced by community users of 30-40 year olds failing to see that integration. He added that it was important to evaluate from the service users perspective and to keep things as simple as possible to understand as services were always being told that systems were too complex.

The Principal Overview and Scrutiny suggested that briefing notes be circulated to the Committee to provide a level of detail on the verbal updates given in respect of the services referenced within the presentation.

The Chairman thanked officers for their presentation.

**Resolved:**

That the presentation be received and the CCGs prepare and submit briefing papers to the Committee on the service developments reported in respect of Ophthalmology services, the relocation of the physically disabled unit at Bishop Auckland Hospital, South Durham community in-patient beds, Fertility services, Day hospital services and Dermatology services.

**8 Proposed De-commissioning of Stroke Support Services across County Durham**

The Committee received a Joint Report of the Director of Transformation and Partnerships, Durham County Council and the Director of Commissioning, DDES CCG in respect of the proposed decommissioning of the stroke support service currently provided by the Stroke Association across County Durham and Darlington CCGs (for copy see file of Minutes).

The Director of Commissioning gave a presentation that highlighted the following:-

- How many people are affected by stroke?
- Services from the Local Authority
- Services from the CCGs
- Services from the voluntary sector
- Why the review of the service?
- Key Challenges to address
- Next Steps
- Communications

Members were reminded that at its meeting on 3 April 2017, the Committee had resolved that a further, more detailed report be brought back to the Committee which includes details of service user and carer engagement undertaken as part of the decommissioning process, the rationale behind the proposed change in service model including evidence from Stroke service practitioners and the impact assessment undertaken as part of the decommissioning process. As a consequence of this an extension to the Stroke Association contract had been given up to end July 2017.

The Director of Commissioning, DDES CCG indicated that following further discussions with the Stroke Association and Healthwatch Durham, a robust engagement process was to be undertaken in association with stroke patients, carers and their families which would include Durham Healthwatch to assess the service currently provided and to examine potential future service model options available which would enable performance standards to be improved.

As a result, the CCG had agreed to a further contract extension until 31 December 2017 and the Principal Overview and Scrutiny Officer requested that the results and findings of

the engagement exercise be brought back to a future meeting of this Committee prior to a decision being made on future service provision.

The Chairman invited Peter Moore, Regional Director - North East Stroke Association to give his views.

Mr Moore said that the relationship between the Stroke Association and the CCG had much improved since the last Committee meeting in April. The Stroke Association had campaigned for the best services to be provided for stroke survivors and he felt that this was now high on the agenda for the CCG. He referred to paragraph 14 of the CCG report and commented that the service had not been monitored properly before hence the reason for being in this position today.

The Director of Commissioning confirmed that they had been working constructively with the Stroke Association and communication had much improved.

Councillor Smith said that there was an important priority in terms of patient outcome for the Early Support Discharge Team however she recognised how complex the needs could be. She added that this would have a knock on effect for people staying in hospital. The Director of Commissioning said that they did recognise the importance of the service and they were looking at the way the service could be delivered in the best way for patients.

Dr Murthy confirmed that Healthwatch would help to co-ordinate public engagement around this issue, subject to their board approval on 27 July 2017. He asked for assurance that the consultation undertaken would be independent and would take on the views of all service users, carers and their families.

The Director of Commissioning confirmed that there was no intention to reduce funding for stroke services but would maximise the services available.

Dr Murthy commented that patients and carers were consulted upon so often that they need to know what the purpose was and if their views would be taken into account. He asked for assurance that the exercise would be meaningful.

The Director of Commissioning assured the Committee that all views would be taken into account.

**Resolved:**

That the report be received and a further report detailing the findings of the engagement process and options for future service provision be brought back to the November meeting of the Committee.

**9 Director of Public Health Annual Report 2016/17**

The Committee considered the Annual Report of the Director of Public Health that focused on the importance of good work with a specific emphasis on our mid-life population (age 40 -70 years) (for copy see file of minutes).

The Director of Public Health thanked Gill O'Neill for carrying out the report during her Interim role. She advised that a presentation would come to a future meeting focusing on the health needs and the future challenges and priorities.

Further to a question from Councillor Bell about what the figures on the bus ride diagrams indicated within the report, the Director of Public Health explained that they were an overall measure of how long people could live. This would depend upon the different conditions people may have and highlighted that there were many bumps in the road and that one size did not fit all. She offered to bring back an in depth review into these figures at a future meeting.

Referring to the support structures being championed, Councillor Darkes asked why the lack of stroke services had not been championed, as there was a lack of continuity of the service. The Director of Public Health advised that they were working very closely with colleagues in social care taking a look at how to prevent strokes. Councillor Darkes further asked if there was an action plan in place dealing with strokes and was advised that the care would be included in a pathway and was assured that the service were looking at this with colleagues in social care.

Councillor Smith asked how improving health at work was marketed to business, especially small businesses without occupational health. The Director of Public Health informed her that Business Durham were involved with this area and the link to small businesses would include better health at work. A report was being developed and would be utilised at the Big tent Event. She added that next year they would challenge how this had been implemented.

**Resolved:**

- (i) That the Annual Report of the Director of Public Health be received;
- (ii) That the recommendations within the report be endorsed and championed by the Committee.

## **10 Quarter 4 2016/17 Performance Management**

The Committee considered a report of the Director of Transformation and Partnerships that presented progress against the councils corporate basket of performance indicators, Council Plan and service plan actions and other performance issues for the Altogether Healthier theme for the fourth quarter of 2016/17 financial year, covering the period January to March 2017 (for copy see file of minutes).

The Head of Planning and Service Strategy highlighted some positive elements of performance including that delayed transfers of care continued to improve however with the possible introduction of further performance targets this could hit the County hard. The number of smokers quitting had achieved target however the number using e-cigarettes had increased. He informed the Committee that there had been a number of issues with the Drugs and Alcohol provider but a new contract had been re-commissioned and figures would be brought back in the near future.

Councillor Huntington was pleased to see the cessation of smoking figures improving but she was concerned about people not being able to be discharged from care due to

equipment not being available. She said that this part of the service needed to be well managed to ensure rehabilitation at home could continue.

Mrs Hassoon agreed with those comments and said that an assessment plan should be in place when a patient was admitted and would cause less problems when discharged.

The Head of Planning and Service Strategy said that he would feed those comments back and would suggest a report comes back to Committee about community and hospital occupational therapy and the co-ordination behind that.

**Resolved:**

That the report be received and an item be included in the Committee's work programme in respect to hospital discharge planning and co-ordination with rehabilitation and reablement services.

**11 Durham, Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee**

The Committee considered a report of the Director of Transformation and Partnerships that proposed the establishment of a Joint Health Scrutiny Committee under the provisions of the Health and Social Care Act 2012 involving all local authorities affected by the Durham, Darlington and Teesside Hambleton Richmondshire and Whitby Sustainability and Transformation Plan and any associated service review proposals. The proposed Joint Committee would assume responsibility for those provisions and considerations previously undertaken by the "Better Health Programme Joint Health OSC" (for copy see file of Minutes).

The Principal Overview and Scrutiny Officer advised that it was proposed to extend the remit of the current Better Health Programme Joint Scrutiny Committee to consider the implications of the draft STP documents and any proposals as Better Health was only one element that affected the local authorities. The proposal would be considered by each affected local authority and he assured members that the power to refer to the Secretary of State remain with each local authority and not the Joint Committee.

Councillor Bell referred to the Southern STP and the intention to consult in September and asked if there was anything that the Committee needed to be aware of in terms of a formal consultation. The Principal Overview and Scrutiny Officer said that a Joint Committee meeting would be held on Monday 10 July 2017 and members were posing the same questions. The feedback from the latest round of engagement activity of maternity, paediatricians and womens services would be discussed together with an evaluation of the criteria used as part of the options appraisal process. The statutory consultation would be likely to commence in January 2018.

The Committee welcomed the proposals.

The Principal Overview and Scrutiny Officer referred to a presentation given to the Committee in March 2017 about establishing joint scrutiny arrangements for North Durham. The previous Chairman lobbied all affected local authorities to set up joint arrangements. Due to the purdah periods it was intended to bring a report to a special meeting of the Committee in September with proposals to mirror those of the south of the

county arrangements. It would be proposed to appoint three members to sit on the newly formed committee.

He advised the Committee that papers for the Better Health programme Joint Scrutiny Committee were available for inspection on the County Councils website.

**Resolved:**

- (i) That the report be received;
- (ii) That the establishment of a Durham, Darlington and Teesside, Hambleton Richmondshire and Whitby Joint Health Overview and Scrutiny Committee under the terms of the Health and Social Care Act 2012 as set out in the report be agreed;
- (iii) That the proposed protocol, Terms of Reference and membership of the Joint Health Scrutiny Committee that will be set up to scrutinise the Durham, Darlington and Teesside, Hambleton Richmondshire and Whitby STP and associated consultation and engagement plans be agreed.

## **12 NHS Foundation Trust 2016/17 Quality Accounts**

The Committee considered a report of the Director of Transformation and partnerships that informed of the responses made in respect of NHS Foundation Trust Draft Quality Accounts 2016/17 (for copy see file of Minutes).

**Resolved:**

- (i) That the report be noted.
- (ii) That the responses to NHS Organisations' draft Quality Accounts be endorsed.

## **13 Council Plan 2016-19: Refresh of the Adults Wellbeing and Health Overview and Scrutiny Work Programme**

The Committee considered a report of the Director of Transformation and Partnerships which invited Members to consider and agree an updated Work Programme for the Adults Wellbeing and Health Overview and Scrutiny Committee for 2017-18 (for copy see file of minutes).

Members were advised that the work programme was flexible and that the previous review on Suicide Rates and Mental Health and Wellbeing in County Durham would come back to Committee for endorsement prior to approval by Cabinet.

**Resolved:**

That the proposed work programme for 2017-18 for the Adults Wellbeing and Health OSC be agreed and a Review into be included therein.

## **14 Any Other Business**

The Chairman placed on record his thanks and appreciation to Peter Appleton, the Head of Planning and Service Strategy who was due to retire after 43 years of service with the County Council. He would be a tremendous miss to the Committee and the Health and Wellbeing Board.

Mr Appleton said that it was always good to see how officers and members had an open dialogue discussing the important work of this Committee. He thanked the co-opted members Mrs Carr and Mrs Hassoon together with Councillors Bell and Huntington. He paid a special thanks to the Chairman for his fantastic support over the years.

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## Special Adults Wellbeing and Health Overview and Scrutiny Committee

6 September 2017



### Path to Excellence Consultation

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## Report of Lorraine O'Donnell, Director of Transformation and Partnerships

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### Purpose of the Report

- 1 To provide members of the Adults Wellbeing and Health Overview and Scrutiny Committee with background information in respect of the Path to Excellence consultation currently being undertaken by South Tyneside and Sunderland NHS Partnership.

### Background

- 2 South Tyneside and Sunderland NHS Partnership launched a public consultation on 5<sup>th</sup> July 2017 asking for views and ideas on potential options for changes proposed for stroke; maternity (obstetrics); women's healthcare (gynaecology) and children and young people's healthcare (urgent and emergency paediatrics) hospital-based services in South Tyneside and Sunderland.
- 3 Under Section 244 of the NHS Act 2006, local NHS bodies have a duty to consult local Overview and Scrutiny Committees on proposals for any substantial development of the health service or substantial variation in the provision in their areas. Scrutiny Committees are also required to consider the extent of consultation undertaken.
- 4 Representatives from the Path to Excellence Programme Board attended the 'committee in common' of the two County Durham Clinical Commissioning Groups in June 2017. The proposed consultation programme was explained in detail to the committee, which supported the proposals in their current format. The committee also requested that the ongoing reconfiguration of health services in County Durham be considered, in particular the need to ensure that linkages are made to support 'vulnerable services' with the County Durham and Darlington Trust site of University Hospital of North Durham. The consultation schedule covers the core 'catchment area' of the two Trusts, and as such, consultation events have been undertaken across the Sunderland, South Tyneside and East Durham areas, with further events planned to be undertaken in September. Following feedback at the first East Durham event, it was agreed that there was a requirement to bring this matter to the Durham Adults Wellbeing and Health Overview and Scrutiny Committee.

### The Path to Excellence Public Consultation

- 5 The Consultation references a programme of clinical service reviews which commenced in 2016 that involved asking clinical staff in South Tyneside District Hospital and Sunderland Royal Hospital how stroke, maternity,

gynaecology and paediatrics services should be delivered. Each clinical team reviewed a number of options against key criteria, which was developed in line with the aims of the Path to Excellence programme and informed by service change best practice and national guidance from NHS England and NHS Improvement.

- 6 Copies of the Path to Excellence public consultation document and the public questionnaire have been placed on deposit in the Members Library.
- 7 Representatives of South Tyneside and Sunderland NHS Partnership will be in attendance to provide members with information detailing:-
  - The rationale for the review of stroke; maternity (obstetrics); women's healthcare (gynaecology) and children and young people's healthcare (urgent and emergency paediatrics) services ;
  - The proposed options for future configuration of the services being consulted upon; the number of people from County Durham affected by the proposed changes including admission rates from County Durham for each service;
  - The consultation, communication and engagement activities that will be undertaken in informing the local community about the review and what is being proposed and how they can input into the review process;
  - The decision making timelines proposed for each service change.
- 8 The consultation process commenced on 5<sup>th</sup> July 2017 and lasts until 15 October 2017 after which the feedback obtained during this process will be considered alongside the proposals to assist the CCGs in making a final decision. It is suggested that this feedback be reported back to this Committee prior to this final decision being made.

### **Recommendation**

- 9 The Adults Wellbeing and Health Overview and Scrutiny Committee is recommended to:-
  1. receive this report;
  2. note and comment on the information detailed within the Path to Excellence public consultation documents and the presentation given to the Committee;
  3. agree to a further report being brought back to the Adults Wellbeing and Health Overview and Scrutiny Committee detailing the feedback from the communication and engagement activity prior to a final decision being made by the CCGs in respect of the proposals.

### **Background papers**

None

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## **Appendix 1: Implications**

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**Finance – None**

**Staffing – None**

**Risk – None**

**Equality and Diversity / Public Sector Equality Duty –** Independent, Integrated, Equality, Health and Health Inequalities Impact Assessments have been undertaken.

These reports have been prepared by an independent public health specialist for the Path to Excellence Programme to ensure impartiality.

Health Inequalities Impact Assessment (HIIA) is a tool used during NHS service reform planning to assess the potential of any policy, plan, proposal or decision to reduce or increase health inequalities. Many policies have the potential to impact on health inequalities and this is critical information that the NHS will need to consider in making their final decision. These are substantial documents and can be found through the following links:-

Stroke Impact Assessment (114 pages)

<https://pathtoexcellence.org.uk/wp-content/uploads/2016/11/FINAL-Stroke-IIA-080617.pdf>

Obstetrics and gynaecology Impact Assessment (112 pages)

<https://pathtoexcellence.org.uk/wp-content/uploads/2017/08/FINAL-OG-IIA-250617.pdf>

Paediatrics Impact Assessment (95 pages)

<https://pathtoexcellence.org.uk/wp-content/uploads/2016/11/FINAL-IIA-Paeds-110617.pdf>

**Accommodation – None**

**Crime and Disorder – None**

**Human Rights – None**

**Consultation –** The proposed consultation, communications and engagement plan for the review have been placed on deposit in the member's library.

**Procurement – None**

**Disability Issues – None**

**Legal Implications – None**

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**Special Adults Wellbeing and Health  
Overview and Scrutiny Committee**

**6 September 2017**



**Proposed establishment of a  
Northumberland, Tyne and Wear and  
North Durham STP Joint Health Scrutiny  
Committee**

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**Report of Lorraine O'Donnell, Director of Transformation and  
Partnerships**

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**Purpose of the Report**

- 1 This report invites members to consider the establishment of a Joint Health Scrutiny Committee under the provisions of the Health and Social Care Act 2012 involving all local authorities affected by the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan (STP) and any associated service review proposals.

**Background**

- 2 In December 2015, the NHS shared planning guidance 2016/17 – 2020/21 outlined a new approach to help ensure that health and care services were built around the needs of local populations. To do this, every health and care system in England, involving local organisations such as NHS providers, commissioners, and local authorities, were asked to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services would evolve and become sustainable over the next five years – ultimately delivering the NHS Five Year Forward View vision of better health, better patient care and improved NHS efficiency.
- 3 County Durham is covered by two separate STPs. The North Durham CCG area is included within the Northumberland, Tyne and Wear and North Durham STP. The Durham Dales, Easington and Sedgefield CCG area is included within the Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby STP.
- 4 NHS system leaders met to discuss how best to create these plans, reflecting on the work that has already been developed in a number of areas across the North East and Cumbria and the STP draft documents were submitted to NHS England in October 2016.
- 5 The two draft STPs were published in November 2016.

- 6 At the Committee's meeting held on 3 March 2017, members received a presentation from Mark Adams, Chief Officer, Newcastle and Gateshead Clinical Commissioning Group and Lead officer for the Northumberland, Tyne and Wear and North Durham STP set out the progress made in respect of the development and submission to NHS England of the STP.
- 7 At the meeting, members referred to the joint health scrutiny arrangements which had been successfully established to oversee the Better Health Programme which now formed part of the Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby STP. The Committee resolved that the Chair of the Committee write to Health Scrutiny Chairs within the local authorities covered by the Northumberland, Tyne and Wear and North Durham STP requesting the establishment of a joint scrutiny arrangement for the Northumberland, Tyne and Wear and North Durham STP footprint.

### **Establishment of a Northumberland, Tyne and Wear and North Durham STP Joint Health Scrutiny Committee**

- 8 The local authorities affected by the Northumberland, Tyne and Wear and North Durham STP have provisionally agreed to establish a joint Health Scrutiny Committee to oversee the development of the STP and any associated proposals for substantial development and variation to health services contained therein or resulting therefrom.
- 9 In accordance with the regulations detailed below, the new Joint Committee will be the vehicle through which the respective Local Authorities will respond to the consultation.
- 10 Accordingly, it is for the Council's Adults Wellbeing and Health Overview and Scrutiny Committee to provide information and representations in respect of the consultation as it impacts upon the residents of County Durham to its nominated representatives.
- 11 The protocol and terms of reference for the revised Joint Health Scrutiny Committee have been drafted by health scrutiny officers across the respective local authorities setting out the updated role and function of the joint Committee as well as the proposed representation required from each Council.
- 12 It is proposed that the Council appoint three representatives to the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan Joint Health Scrutiny Committee.

### **Provisions for consultation and engagement of Overview and Scrutiny Committees**

- 13 The Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013 require the formation of a joint scrutiny arrangement, where an NHS body or relevant health service provider consults more than one local authority on proposals to make substantial variations or developments to services. They provide that all the local authorities whose residents receive such services must participate in the joint scrutiny

arrangement for the purpose of responding to the consultation, using the method most appropriate to the areas and issues being considered.

- 14 A local authority can opt-out if, having considered the information provided by the NHS body or relevant health service provider proposing the service change, they determine that the proposal is not “substantial” for their residents. Where a local authority opts out in this way, they will relinquish the power to refer the proposed change to the Secretary of State for the purposes of that particular consultation.
- 15 Only the joint scrutiny committee may require the organisation proposing the change to provide information to them, or attend before them to answer questions. That organisation is under a duty to comply with these requirements. If a local authority has opted out of the joint arrangement, they may not request information or attendance from the NHS body or relevant health service provider proposing the change. Failure by an NHS body or relevant health service provider to provide information requested by a local authority who is not participating in the joint scrutiny process and who is therefore not entitled that that information does not constitute a failure to consult that authority and is therefore not a valid reason for a referral to be made to Secretary of State.
- 16 They may not participate further in the joint scrutiny arrangements, unless changes occur during the development of proposals that make the impact substantial for residents in the local authority’s area. The local authority, in these cases, should not expect to revisit any matters that the joint committee has already considered.
- 17 In scrutinising the proposals, the joint committee should aim to consider the proposal from the perspectives of all those affected or potentially affected by that proposal. The provisions of co-option set out above apply, enabling the involvement of district councils in the scrutiny process.
- 18 Only the joint scrutiny arrangement can then make a report and recommendations back to the organisation proposing the change. The power to refer to Secretary of State for Health should only be exercised once the NHS body or relevant health service provider proposing the service change has responded to the comments of the joint scrutiny committee and all forms of local resolution have been exhausted. However, it can be exercised by any of local authorities originally consulted or by the joint arrangement where the power to refer has been delegated to it.
- 19 It is proposed that the Northumberland, Tyne and Wear and North Durham STP Joint Health Overview and Scrutiny Committee would not have the power of referral to the Secretary of State for Health and that this would be retained by the constituent Councils.

### **Recommendations and reasons**

- 20 The Adults Wellbeing and Health Overview and Scrutiny Committee are recommended to:-
  - (a) Receive and comment upon the information detailed within the report;

- (b) Agree to the establishment of a Northumberland, Tyne and Wear and North Durham STP Joint Health Overview and Scrutiny Committee under the terms of the Health and Social Care Act 2012 as set out in this report;
- (c) Agree the proposed protocol, Terms of Reference and membership of the Joint Health Scrutiny Committee that will be set up to scrutinise the Northumberland, Tyne and Wear and North Durham STP and associated consultation and engagement plans.

### **Background papers**

Reports and minutes of the Adults Wellbeing and Health OSC – 1 March 2016; 1 September 2016 and 3 March 2017

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**Contact: Stephen Gwilym, Principal Overview and Scrutiny Officer**  
**Tel: 03000 268140**

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## **Appendix 1: Implications**

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**Finance - None**

**Staffing - None**

**Risk - None**

**Equality and Diversity / Public Sector Equality Duty - None**

**Accommodation - None**

**Crime and Disorder - None**

**Human Rights - None**

**Consultation** – This report details the Council’s statutory responsibilities in respect of any proposed consultation and engagement activity in respect of the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan Joint Health Scrutiny Committee.

**Procurement - None**

**Disability Issues - None**

**Legal Implications** – This report has been produced in response to the Council’s statutory responsibilities to engage in health scrutiny consultations as detailed in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013 and associated Department of Health Guidance.

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## Protocol for a Joint Health Scrutiny Committee

### Northumberland, Tyne and Wear and North Durham STP

1. This protocol provides a framework under the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013 for considering and providing a formal consultation response in relation to the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan and any associated proposals for substantial development and variation to health services contained therein or resulting therefrom. The proposals affect the Northumberland CCG, Tyne and Wear CCGs and the North Durham CCG area of County Durham. They are being proposed by the following:
  - Newcastle Gateshead CCG
  - North Durham CCG
  - North Tyneside CCG
  - Northumberland CCG
  - South Tyneside CCG
  - Sunderland CCG
2. The terms of reference of the Joint Health Scrutiny Committee is set out at **Appendix 1**.
3. A Joint Health Scrutiny Committee (“the Joint Committee”) comprising Durham County Council; Gateshead BC; Newcastle City Council; North Tyneside BC; Northumberland County Council; South Tyneside BC and Sunderland City Council (“the constituent authorities”) is to be established in accordance with the Regulations for the purposes of formal consultation by the relevant NHS Bodies in relation to the matters referred to at paragraphs 1. In particular in order to be able to:-
  - (a) respond to the draft STP consultation and any associated proposals for substantial development and variation to health services contained therein or resulting therefrom;
  - (b) require the relevant NHS Bodies to provide information about the proposals;
  - (c) require members/employees of the relevant NHS Bodies to attend before it to answer questions in connection with the consultation.
4. The Joint Committee formed for the purpose of the consultation outlined at paragraph 1 will, following approval of this protocol and terms of reference at its first meeting, circulate copies of the same to:-

#### **Local Authorities**

Durham County Council; Gateshead BC; Newcastle-upon-Tyne City Council; North Tyneside BC; Northumberland County Council; South Tyneside BC and Sunderland City Council;

## **Clinical Commissioning Groups**

Newcastle Gateshead CCG  
North Durham CCG  
North Tyneside CCG  
Northumberland CCG  
South Tyneside CCG  
Sunderland CCG

## **NHS Foundation Trusts**

City Hospitals Sunderland NHS Foundation Trust  
County Durham and Darlington NHS Foundation Trust  
Gateshead Health NHS Foundation Trust  
Newcastle-upon-Tyne NHS Foundation Trust  
Northumbria Healthcare NHS Foundation Trust  
South Tyneside NHS Foundation Trust  
Northumberland, Tyne and Wear NHS Foundation Trust  
Tees, Esk and Wear Valleys NHS Foundation Trust  
North East Ambulance Foundation Trust

## **Membership**

5. The Joint Committee will consist of equal representation, with three representatives to be appointed by each of the constituent authorities.
6. The term of office for representatives will be for the period from the date of their appointment by their constituent authorities until their relevant authority's next annual council meeting. If a representative ceases to be a Councillor, or wishes to resign from the Joint Committee, the relevant council shall inform the joint committee secretariat and the replacement representative shall serve for the remainder of the original representative's term of office.
7. To ensure that the operation of the Joint Committee is consistent with the Constitutions of all the constituent authorities, those authorities operating a substitution system shall be entitled to nominate substitutes.
8. The Joint Committee may ask individuals to assist it (in a non-voting capacity) and may ask independent professionals to advise it for the purposes of the consultation process.
9. The quorum for meetings of the Joint Committee shall be a minimum of one member representative from each of the constituent authorities.

## **Chair and Vice-Chair**

10. For the purposes of the consideration of the Sustainability and Transformation Plan (Draft and Final) the Chair of the Joint Committee will be a Member representative from [XXXX] and the Vice-Chair will be a Member representative from [XXXX]. The Chair will not have a second or casting vote.
11. If the agreed Chair and Vice-Chair are absent from a meeting, the Joint Committee shall appoint a member to chair that meeting from the representatives present who are members of the same constituent Council as the Chair.

12. For the purposes of the consideration any proposals for substantial development and variation to health services contained within or resulting from the Sustainability and Transformation Plan (Draft and Final), the Committee will be chaired from one of the affected local authority areas.

### **Terms of Reference**

12. The Joint Committee will be the formal consultee under the Regulations and the Directions for the purposes of the consultation by the relevant NHS Bodies concerning those matters outlined at paragraphs 1. Terms of reference are set out at Appendix 1.

### **Administration**

13. Meetings shall be held at the times, dates and places determined by the Chair in consultation with each of the constituent authorities.
14. Agendas for meetings shall be determined by the secretariat in consultation with the Chair.
15. Notice of meetings of the Joint Committee will be sent to each member of the Joint Committee at least 5 clear working days before the date of the meeting and also to the Chair of the constituent authorities' relevant overview and scrutiny committees (for information). Notices of meetings will include the agenda and papers for meetings. Papers "to follow" should be avoided where possible.
16. Minutes of meetings will be supplied to each member of the Joint Committee and to the Chairs of the constituent authorities' relevant overview and scrutiny committees (for information) and shall be confirmed at the next meeting of the Joint Committee.

### **Final Report and Consultation Response**

17. The relevant NHS body are required to notify the Joint Committee of the date by which its consultation response is required, and the date by which it intends to make a decision. The Guidance highlights that it is sensible for the Joint Committee to be able to consider the outcome of public consultation before it makes its consultation response.
17. The Joint Committee is independent of its constituent councils, executives and political groups and this independence should not be compromised by any member, officer or relevant NHS bodies. The Joint Committee will send copies of its final report and formal consultation response to the relevant NHS Bodies and the constituent authorities.
18. The primary objectives of the Joint Committee will be to reach consensus, but where there are any aspects of the consultation as regards which there is no consensus, the Joint Committee's final report and formal consultation response will include, in full, the views of all of the constituent authorities, with the specific reasons for those views, regarding those areas where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus.

### **Following the Consultation**

19. Any next steps following the initial consultation response will be taken with due reference to the 'Local Authority Health Scrutiny: Guidance to support Local Authorities and their partners to deliver effective health scrutiny' (Department of Health; June 2014).

### **Principles for joint health scrutiny**

20. In scrutinising the proposals, the joint committee will aim to consider the proposal from the perspectives of all those affected or potentially affected by that proposal.
21. The constituent authorities and the relevant NHS Bodies will be willing to share knowledge, respond to requests for information and carry out their duties in an atmosphere of courtesy and respect in accordance with their codes of conduct. Personal and prejudicial and/or disclosable pecuniary interests will be declared in all cases in accordance with the code of conduct and Localism Act 2011.
22. The Joint Committee's procedures will be open and transparent in accordance with the Local Government Act 1972 and the Access to Information Act 1985 and meetings will be held in public. Only information that is expressly defined in regulations to be confidential or exempt from publication will be able to be considered in private. Papers of the Joint Committee may be posted on the websites of the constituent authorities as determined by them.
23. Communication with the media in connection with the Joint Committee's views will be handled in conjunction with each of the constituent local authorities' press officers.

**Joint Health Scrutiny Committee**

**Northumberland, Tyne and Wear and North Durham STP**

**Terms of Reference**

1. To consider the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan (hereafter called STP)
2. To consider proposals for substantial development and variation to health services as contained in and/ or developed from the STP and as proposed by the following:
  - Newcastle Gateshead CCG
  - North Durham CCG
  - North Tyneside CCG
  - Northumberland CCG
  - South Tyneside CCG
  - Sunderland CCG
3. To consider the following in advance of the formal public consultation:
  - The aims and objectives of the STP;
  - The plans and proposals for public and stakeholder consultation and engagement;
  - Any options for service change identified as part of the STP including those considerations made as part of any associated options appraisal process.
4. To consider the STP's substantive proposals during the period of formal public consultation, and produce a formal consultation response, in accordance with the protocol for the Joint Health Scrutiny Committee and the consultation timetable established by the relevant NHS Bodies.
5. In order to be able to formulate and provide views to the relevant NHS bodies on the matters outlined above, the Joint Committee may:-
  - a) require the relevant NHS Bodies to provide information about the proposals the subject of the consultation with the constituent local authorities and the Joint Committee; and
  - b) require an officer of the relevant NHS Bodies to attend meetings of the Joint Committee, in order to answer such questions as appear to them to be necessary for the discharge of their functions in connection with the consultation.
6. To ensure the formal consultation response of the Joint Committee includes, in full, the views of all of the constituent authorities, with the specific reasons for those views, regarding those areas where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus.
7. To oversee the implementation of any proposed service changes agreed as part of the STP process.
8. The Joint Committee does not have the power of referral to the Secretary of State.

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**Special Adults Wellbeing and Health Overview  
and Scrutiny Committee**

6 September 2017

**Preventative Mental Health Review and  
Recommissioning Update Report**



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**Report of David Shipman, Strategic Commissioning Manager**

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## **Purpose of the Report**

1. This report provides an update on the future plans for community preventative mental health services in County Durham, first reported to Overview and Scrutiny in November 2016.

## **Background**

2. Following a mental health strategic review undertaken by Durham County Council (DCC) Commissioning and Public Health, a new countywide mental health promotion, prevention and wellbeing model was developed in partnership with Clinical Commissioning Groups and other stakeholders.
3. The model that was included in the last OSC report has been updated following extensive stakeholder feedback and the final version was approved at the County Durham Mental Health Partnership Board and the Health and Wellbeing Board in March 2017.
4. Appendix 2 includes the updated version of the model, which takes into account the links with wider programmes and mainstream services and activities, and the key objective of improving service delivery and outcomes while ensuring value for money.

## **Mental health promotion, prevention and wellbeing model**

5. Key elements of the model are:
  - A life course approach defined as 'Starting Well', 'Developing Well', 'Living Well', 'Working Well' and 'Ageing Well'<sup>1</sup>.
  - Outcomes related to promotion, prevention, early intervention and recovery, including the 'Five Ways to Wellbeing'.<sup>2</sup>
  - Improved access through the Well Being for Life service (for adults) and One Point service (for children and families) and outreach into community buildings, complemented by signposting and navigation along pathways to other services.

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<sup>1</sup> JCPMH (2015) Guidance for Commissioning Public Mental Health Services

<sup>2</sup> [Mind webpage on Five-ways-to-wellbeing](#)

## **Implementation of the countywide model**

6. The timeframe for the implementation of the new model is dependent on financial decisions and interdependencies with other workstreams. Therefore, implementation will be managed in stages over a period of several years.
7. The Mental Health project board overseeing the work has developed a project plan for implementation which comprises three stages.

### **Stage 1 – Reprourement of the Well Being for Life service (Oct 2017- April 2018)**

8. In the new model, the Well Being for Life (WBFL) service and One Point services are considered central to improve access to appropriate support provided by the voluntary and community sector alongside primary and secondary mental health services and support provided in schools.
9. Public Health Senior Management Team agreed to extend the current WBFL contract until 31 March 2018 and agreement has been reached to procure the new WBFL service for 1 April 2018, as an essential part of the delivery of the new mental health promotion, prevention and wellbeing model. The contract will be a one year contract with the option to extend for another year.
10. Market testing and service specification development have been undertaken. The new WBFL specification takes into account the findings from the evaluation of the WBFL service undertaken by Durham University in 2016/17. It also incorporates the requirements of the mental health prevention model based on the findings of the strategic review and stakeholder feedback.
11. The procurement will commence in October 2017, allowing sufficient time for the market to prepare bids, including consortia bids, TUPE implications and transition to the new service. This will commence in April 2018 and monitoring systems will be established to ensure the service is achieving the planned objectives and outcomes.

### **Stage 2- Remodelling/recommissioning of mental health preventative services (Oct 2017 onwards)**

12. There are a number of contracts commissioned by DCC Adults and Public Health to provide mental health prevention services in the community. These services were included in the strategic review and some are due to expire at the end of March 2018. A summary list of these services is included in Appendix 3.
13. In the new model, these commissioned services will link to the WBFL service and the wider network of support, activities and opportunities that are available in the community.

14. Work has jointly been undertaken by Adults and Children's commissioning services alongside Public Health to identify future commissioning plans based on considerable service mapping, gap analysis, contract prioritisation and stakeholder feedback.
15. As part of this process there have been a number of service decommissions. These include Mindfulness and mental health workshops in schools due to overlap with Youth Awareness in Mental Health (YAM) commissioned by Public Health and several supported housing services (linked to Medium Term Financial Plan savings). For each of these decommissions risk assessments, equality impact assessments and communication plans were put in place.
16. Decisions on the remaining contracts are to be finalised by the end of October 2017; this work may involve remodelling and reprocurring, decommissioning or extending current services in 2017/18 and 2018/19.
17. At the same time work is being undertaken by Public Health commissioners to develop a linked DCC Culture and Sport Wellbeing offer as part of the remodelling process. Details are to be finalised over the next few months.

### **Stage 3 – Workforce and market development April 2018 onwards**

18. Once stages 1 and 2 are underway, ongoing implementation work will involve wider workforce development and culture change to ensure robust links between the different services are made and the key principles of the new model are evident.
19. Further joint commissioning and wider market development will be undertaken as required.

### **Interdependencies**

20. The implementation of the mental health prevention, promotion and wellbeing model is interdependent with other workstreams such as Think Family, Early Help, Resilience, Education, 0-19 services and Workplace Health.
21. The model also fits with the overall mental health strategy for County Durham, which is in the process of being developed for the Health and Wellbeing Board and which covers:
  - Children and Young People's Mental Health
  - Adult Wellbeing
  - Suicide and self-harm prevention
  - Crisis Care Concordat
  - Dementia

## Next Steps

22. The procurement process for the WBFL service will commence as soon as possible with a view to publishing a tender in October 2017 (Stage 1)
23. Decisions will be made from October 2017 on the range of contracts commissioned by Adults and Public Health. Further work will be required throughout 2018/19 to remodel services and develop the WBFL service as the gateway to other preventative and mental health support (Stages 2 and 3).
24. Ongoing stakeholder engagement will help shape the implementation of the new model for County Durham.
25. Regular progress reporting will be through the Mental Health Partnership Board and the Health and Wellbeing Board.

## Recommendations

AHOSC is requested to:

- Note the contents of the report and the implementation plan for the new mental health promotion, prevention and wellbeing model.
- Receive a further report during 2018 outlining progress and key implementation stages.

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### Contact:

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**Tricia Reed**        Email: [tricia.reed@durham.gov.uk](mailto:tricia.reed@durham.gov.uk)        Tel: 03000 269095

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## **Appendix 1: Implications**

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**Finance:** Services are funded through a combination of Public Health and Adults and Health funding to a total of just under £8 million.

**Staffing:** Providers will be kept informed and given sufficient notice of contract extensions and future decommissions. In the event of retendering, TUPE and redundancy issues may apply for externally contracted providers.

### **Equality and Diversity / Public Sector Equality Duty**

An Equality Impact Assessment has been completed for this review and will be updated at the next key decision point

### **Accommodation**

No impact

### **Crime and Disorder**

No impact

### **Human Rights**

No impact

### **Consultation**

Consultation process followed with providers, elected members and other stakeholders; a communication and consultation plan has been developed.

### **Procurement**

The procurement exercise for the Wellbeing service has been agreed; further commissioning and procurement plans are to be developed for other mental health preventative services from October 2017.

### **Disability Issues**

Included in Equality Impact Assessment – no impact

### **Legal Implications**

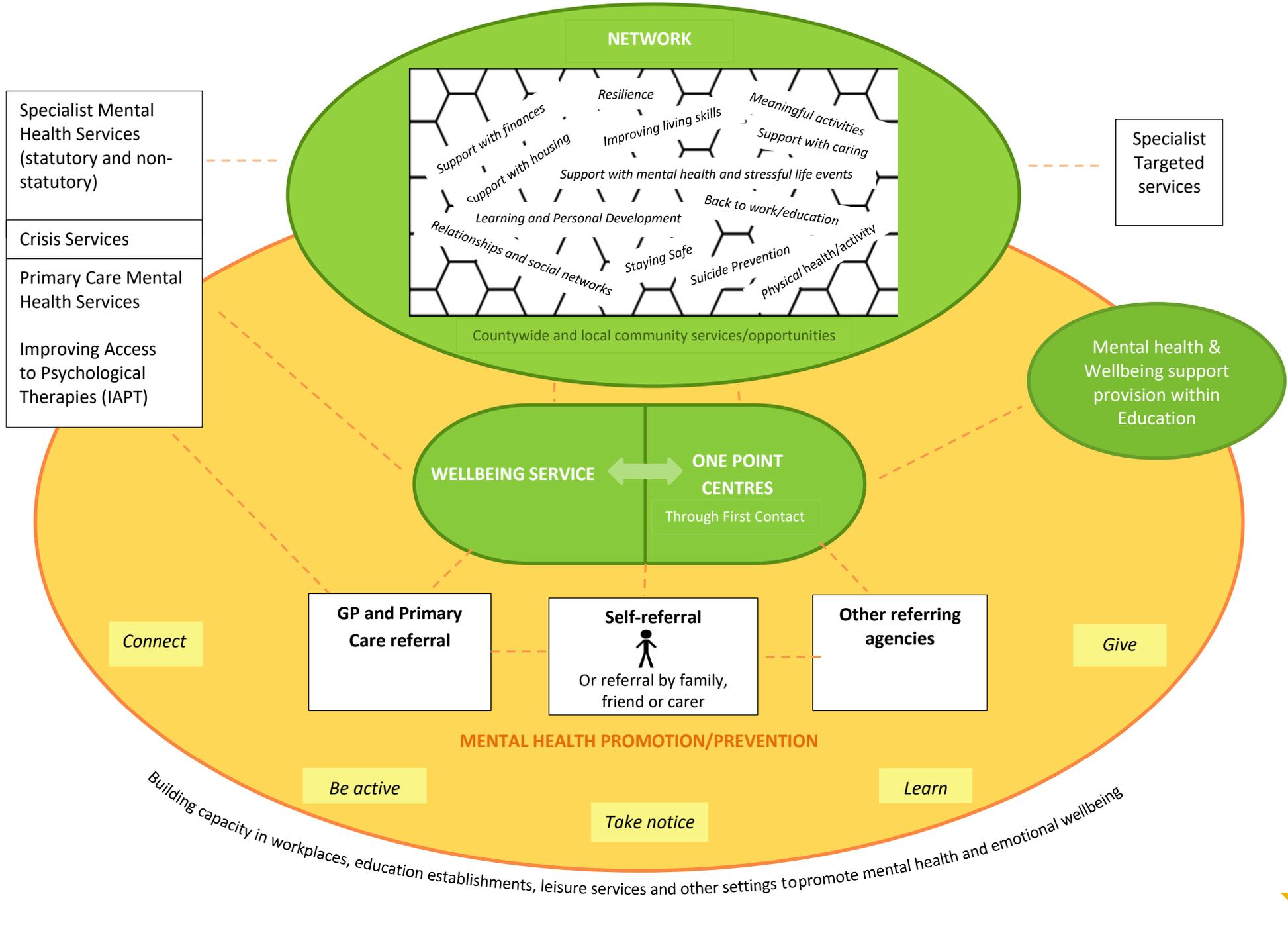
No impact

# Mental health promotion, prevention and wellbeing model

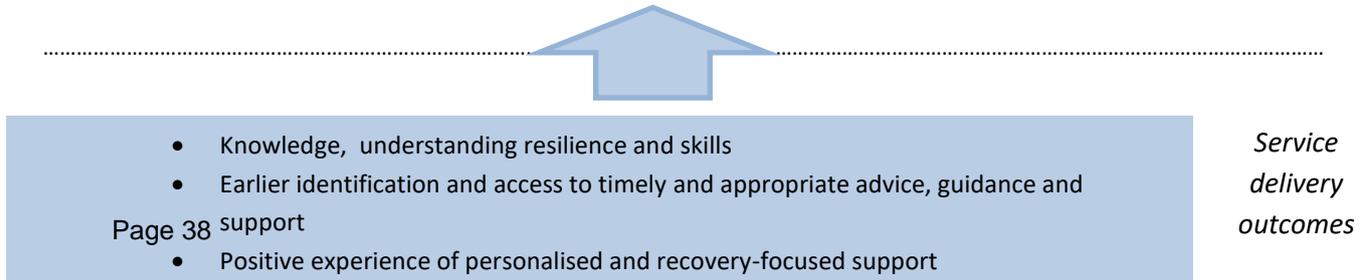
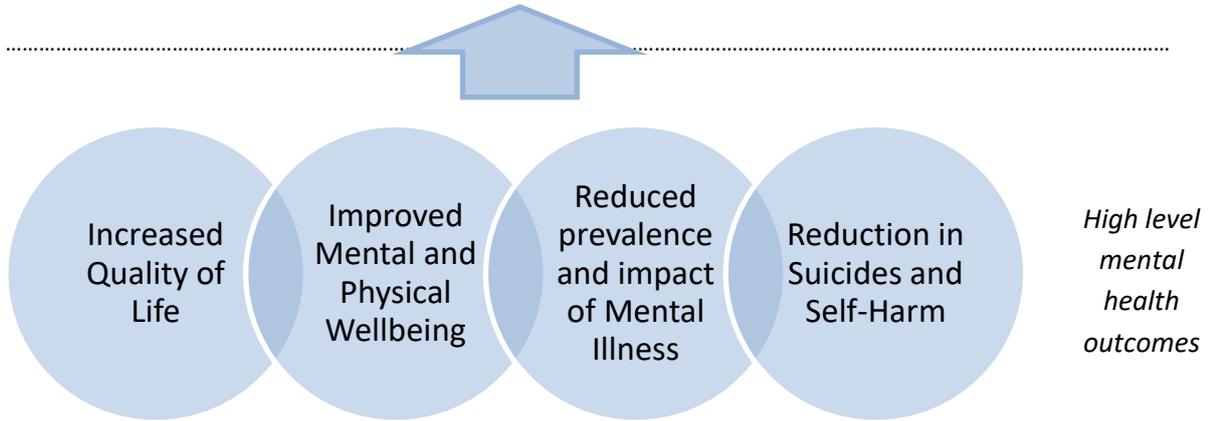
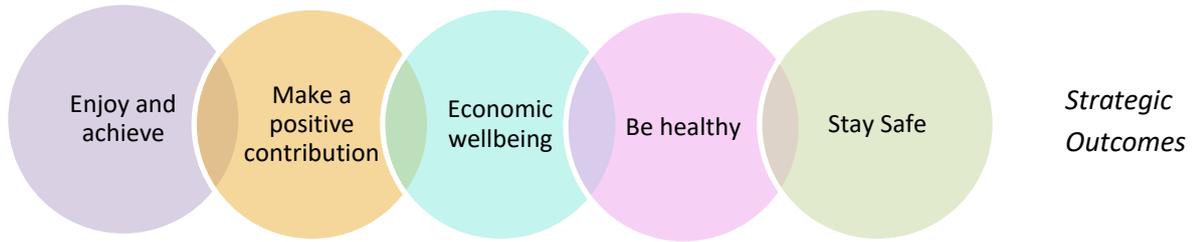
PEOPLE Life Course	Starting Well	Developing Well	Living well	Working Well	Ageing Well
<p><b>Care and Recovery</b></p> <p>Reduce complications of mental health issues, support recovery and prevent/reduce risk of recurrence.</p>	<p>Care and recovery from maternal mental health issues including specialist/ community services, early discharge planning, crisis support, carer support, self-help and peer support.</p>	<p>Care, recovery and social inclusion for children and young people with mental health issues including specialist/ community services, early discharge planning, crisis support, parent/carer support, self-help and peer support.</p>	<p>Care, recovery and social inclusion for people with mental health issues including specialist/ community services early discharge planning, crisis support, carer support, self-help and peer support; help to be independent and have a good quality of life until the end of life.</p>	<p>Recovery and support for people with mental health issues to find and retain suitable employment and to maintain positive mental health at work – support at work alongside specialist/community services.</p>	<p>Care, recovery and social inclusion for older people with mental health issues/ dementia including specialist/community services, early discharge planning, crisis support, self-help, peer and carer support; help to be independent and have a good quality of life until the end of life.</p>
<p><b>Early Intervention</b></p> <p>Detect signs of mental health issues early and seek timely help, intervention and treatment, involving targeted approaches to groups at higher risk of developing mental health issues.</p>	<p>Early detection/ intervention for maternal and parental mental health issues and for children with emerging mental health issues; plus early help to cope with relationship problems, financial worries and difficult life events e.g. bereavement, loss, separation, abuse and trauma- accessed through primary care/family services .</p>	<p>Early detection /interventions for children and young people with emerging mental health issues; including early help to cope with relationship/, financial worries, bereavement, loss, separation, bullying, abuse and trauma- accessed through schools, primary care and other community services.</p>	<p>Early detection/ interventions for people with emerging mental health issues and their carers; plus early help to cope with relationship/ financial worries and difficult life events e.g. bereavement, loss, separation, abuse and trauma- accessed through primary care and other community services.</p>	<p>Early detection/ interventions for people with emerging mental health issues; plus early help to cope with difficult life events such as relationship/financial worries, bereavement, loss and redundancy; support at work and access to primary care and other community services.</p>	<p>Early detection/ interventions for older people with the onset of dementia or emerging mental health issues and their carers; plus early help for relationship/ financial worries, bereavement, loss, isolation, abuse and trauma -accessed through primary care and other community services</p>
<p><b>Promotion/ Prevention</b></p> <p>Prevent mental health issues occurring by addressing the wider determinants and promoting health and wellbeing at an individual, community or structural level.</p>	<p>Mental health promotion and preventative interventions within families and communities that aim to give new-born and young children a good start in life including support to parents before, during and after birth and interventions aimed at the child; to help develop resilience, mutual support, good mental and physical wellbeing, prevent mental health issues and reduce stigma/discrimination.</p>	<p>Mental health promotion and preventative interventions/ activities in families, schools and communities to help children and young people develop resilience, mutual support, good mental and physical wellbeing and prevent mental health issues, e.g. whole school and targeted approaches as well as awareness and reducing stigma/ discrimination.</p>	<p>Mental health promotion and preventative interventions/activities within homes, communities and care settings to help people of all ages develop resilience, mutual support, good mental and physical wellbeing; prevent mental health issues and reduce stigma/discrimination.</p>	<p>Mental health promotion and preventative interventions/activities within the workplace to help develop resilience, mutual support, good mental and physical wellbeing; prevent mental health issues and reduce stigma/ discrimination.</p>	<p>Mental health promotion and preventative interventions/activities within homes, communities and care settings to help older people and their carers develop resilience, mutual support, good mental and physical wellbeing, quality of life; prevent mental health issues and reduce stigma/discrimination.</p>
<p style="text-align: center;"><b>PLACES</b></p> <p style="text-align: center;"><b>Access and delivery points, including signposting and navigation to other preventative, early intervention or specialist services (PATHWAYS)</b></p>					



# Mental Health Promotion, Prevention and Wellbeing Delivery Model and Framework for Future Services



# Mental Health Promotion, Prevention and Wellbeing Outcomes



## Appendix 3- Current Service Provision

Services	Providers
Public Health Grant Funded	
Local Helpline for children and young people (Contribution to CCGs)	Papyrus
One post to support children and young people's workforce network	Success North East
Relationship support for individuals, couple and families	Relate
Support after suicide (post-vention)	If U Care Share
Bereavement Support	Tees Valley and Durham Area (TVDA) Cruse
Welfare Rights support for higher risk groups, linked to post-vention support, Crees and Social Prescribing service.	DCC Welfare Rights
Safe social spaces ('sheds') for men, women and young people as part of Suicide Safer Communities supported through Public Health funding (non-contracted)	Crees
Social Prescribing ('Colour Your Life') - Includes Enablement Fund (Adults funding element)	Pioneering Care Partnerships (PCP) Consortium
Funded through Adults Services	
Women only social access/drop in	Aspire
Social Access/drop-in (Sedgefield only)	Mind Aycliffe- Hub of Wishes
Social Access/ drop-in (Derwentside only) Service is also commissioned by Health for talking/alternative therapies and crisis support.	Derwentside Mind
Gypsy and Roma Traveller support	Developing initiatives Supporting Communities (DISC)
Women's Refuges -support for women and their children experiencing or at risk of domestic abuse	<ul style="list-style-type: none"> <li>• Harbour</li> <li>• Wear Valley Women's Aid</li> <li>• Thirteen Care &amp; Support</li> </ul>
Accommodation based support and Floating Support for Young People at risk, Older People, people with alcohol problems, offenders and homeless people.	<ul style="list-style-type: none"> <li>• Developing initiatives Supporting Communities (DISC)</li> <li>• Stonham</li> <li>• Single Homeless Action Initiative in Derwentside (SHAID)</li> <li>• Mental Health Matters (Easington)</li> </ul>

	<ul style="list-style-type: none"> <li>• Moving on</li> <li>• Changing Lives</li> <li>• Durham Action on Single Housing (DASH)</li> <li>• Foundation</li> <li>• Creative Support</li> <li>• Waddington Street</li> </ul>
<p>Supported accommodation for people with mental health problems (mostly through care coordination)</p>	<ul style="list-style-type: none"> <li>• Stonham (Brandon/Durham and West Cornforth)</li> <li>• Richmond Fellowship</li> </ul>
<p>Vocational/education support</p> <p>Activity based and social access groups for people with mental health problems, including those with care coordinators.</p>	<ul style="list-style-type: none"> <li>• Mental Health Matters Pathways to Employment (Sedgefield &amp; Durham Dales)</li> <li>• St Margaret's Centre (will support without care coordination)</li> <li>• Waddington Street (Durham)</li> <li>• Stonham (Wellbeing and Recovery Service)</li> </ul>