



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

**Date**        **Thursday 15 November 2018**  
**Time**        **9.30 am**  
**Venue**       **Council Chamber - 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 1 October 2018 (Pages 3 - 10)
4. Declarations of Interest, if any
5. Media Issues (Pages 11 - 12)  
Verbal report of the Principal Overview and Scrutiny Officer  
including a review of service provision by Skerne Medical Group
6. Any Items from Co-opted Members or Interested Parties
7. Future of ward six, Bishop Auckland Hospital - Report of the  
Director of Transformation and Partnerships and report of the  
Deputy Chief Executive, County Durham and Darlington NHS  
Foundation Trust (Pages 13 - 26)
8. Review of Stroke Rehabilitation Services in County Durham -  
Report of the Director of Transformation and Partnerships and  
presentation by representatives of County Durham Clinical  
Commissioning Groups and County Durham and Darlington  
NHS Foundation Trust (Pages 27 - 58)
9. Director of Public Health Annual Report - Report of the Director  
of Public Health County Durham (Pages 59 - 92)

10. 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  
7 November 2018

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

Councillor J Robinson (Chairman)  
Councillor J Chaplow (Vice-Chairman)

Councillors R Bell, P Crathorne, R Crute, G Darkes, J Grant, T Henderson, A Hopgood, E Huntington, P Jopling, C Kay, K Liddell, A Patterson, S Quinn, A Savory, M Simmons, H Smith, L Taylor, O Temple and C Wilson

**Co-opted Members:** Mrs R Hassoon and Mr D J Taylor Gooby

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**Contact: Jackie Graham**

**Email: 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 **Monday 1 October 2018 at 9.30 am**

**Present:**

**Councillor J Robinson (Chairman)**

**Members of the Committee:**

Councillors L Brown, R Crute, G Darkes, E Huntington, A Patterson, S Quinn and M Simmons

**Co-opted Members:**

Mrs R Hassoon and Mr D J Taylor Gooby

**Also Present:**

Councillor L Hovvels

**1 Apologies**

Apologies for absence were received from Councillors J Chaplow, R Bell, P Crathorne, J Grant, T Henderson, A Hopgood, C Kay, K Liddell, A Reed, A Savory, H Smith, L Taylor and C Wilson

**2 Substitute Members**

Councillor L Brown substituting for Councillor O Temple.

**3 Minutes**

The minutes of the meeting held on 6 July 2018 and of the special meeting held on 7 September 2018 were agreed and signed by the Chairman as a correct record.

The Principal Overview and Scrutiny Officer advised that in relation to the minutes of the special meeting held on 7 September 2018 regarding Shotley Bridge Hospital, clarification had been sought from CDDFT that future health service provision be based on the health needs assessment of the area.

**4 Declarations of Interest**

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;

- **Suicide biggest killer of men under 45 – Northern Echo 10 September 2018**

Experts in male psychology from a North-East university have stressed the importance of addressing the suicide risk to men. On World Suicide Prevention Day, today, lecturers at the University of Sunderland point to the fact that suicide is the biggest killer of men under 45. They say this proves that simply urging men to “talk more” about how they are feeling is not a stand-alone resolution.

- **Almost half of UK workers have experienced mental health problem at work – Northern Echo 11 September 2018**

Almost half of UK workers have experienced mental health problem at work  
ALMOST half of UK workers have experienced a mental health problem at their current job, a study by the charity Mind has revealed. A survey of more than 44,000 employees showed that only half of the 48 per cent who had experienced poor mental health had talked to their employer about it.

- **Doctor takes up new role with CCGs – Northern Echo 15 September 2018**

A NEW Accountable Officer has been appointed for NHS Clinical Commissioning Groups (CCGs) across Durham and Tees Valley. Dr Neil O'Brien has been chosen to head a joint leadership and management team to oversee NHS North Durham CCG, NHS Durham Dales, Easington and Sedgfield CCG, NHS South Tees CCG, NHS Hartlepool and Stockton-on-Tees CCG and NHS Darlington CCG.

The Director of Primary Care, Partnerships and Engagement, DDES CCG said that the CCGs had made the change to be able to tackle the health economy as one and have meaningful discussions. He confirmed that with DR O'Brien appointed the leadership would be strong and clinically led. He added that Sir Ian Carruthers had been appointed to assist the three trusts in the area to develop a collaboration by the end of November.

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

Mr C Cunningham-Shore, Healthwatch advised the Committee that engagement would commence with NHS England about Specialised vascular surgery shortly.

## **7 Adults Wellbeing and Health OSC Review of Suicide Rates and Mental Health and Wellbeing in County Durham**

The Committee considered a report of the Director of Transformation and Partnerships and presentation by the Principal Overview and Scrutiny Officer that provided supporting information on the findings, draft report and recommendation from the Committee's working group review into Suicide rates and Mental Health and Wellbeing in County Durham (for copy see file of Minutes).

The Principal Overview and Scrutiny Officer gave a detailed presentation that highlighted:-

- The Focus of the Review
  - What the working group did
  - Key findings:
    - Suicide Rates – Statistical Analysis (2012-2014)
    - National and Local Strategic Context and recommendations below:-
- Recommendation one**

That the County Council develop and implement a suicide prevention strategy and action plan as part of the refresh of the Public Mental Health Strategy for County Durham and that progress against the action plan be monitored by the AWHOSC.

### **Recommendation two**

The existing suicide early alert system, whilst providing excellent support and interventions for those affected by suicide after the event, needs to develop appropriate systems to flag up those at risk of suicide and which could be used to target preventative mental health services and support to such individuals

- NHS policies, processes and services and recommendations below:-

### **Recommendation three**

A multi-agency approach to develop learning from suicides is needed with case conferences introduced for each incident with shared learning across partner agencies including adult and children's social care and health services, NHS services and those within the criminal justice system.

### **Recommendation four**

The introduction of an appropriate coding/flagging system for self-harm/attempted suicide across all A&E department attendees should be promoted which identifies those potentially at risk of suicide and allows for proactive offers of access to mental health services and support.

### **Recommendation five**

The current processes for referral into mental health services be reviewed to ensure that there is clarity available to potential service users to help them to identify the range of services available, whether the services allow for self-referral as well as referral by health professionals and the associated target timeframes for accessing services.

### **Recommendation six**

The accessibility of the out-of-hours mental health crisis service be reviewed to ensure that individuals suffering from crisis episodes have timely access to support and interventions.

- Safe Durham Partnership policies, processes and services and recommendation below:-

### **Recommendation three**

A multi-agency approach to develop learning from suicides is needed with case conferences introduced for each incident with shared learning across partner agencies including adult and children's social care and health services, NHS services and those within the criminal justice system.

- Community and Voluntary Sector involvement and support and recommendation below:-

### **Recommendation 7**

An audit of current health and wellbeing support and services within the Community and Voluntary sector be undertaken to evaluate their effectiveness and enable resources to be targeted at those interventions where demonstrable

outcomes for improved mental health and wellbeing and reduced suicide risk are evident.

In summary, the Principal Overview and Scrutiny Officer highlighted that:-

- The Review is a point in time analysis of the Suicide Rate in County Durham (2012-14)
- Whilst the trend in respect of Suicide Rates within County Durham continue to be higher than the National Average and North East Average the gap is narrowing
- Since the Review there have been a number of key developments in respect of work to reduce suicides and increase and promote better mental health and wellbeing across County Durham

He went on to inform Members that should the Committee approve the proposed recommendations the service grouping would be asked to respond to the findings and make further recommendations before submission to Cabinet and the Health and Wellbeing Board. It was also suggested that the report and the recommendations be fed into the Safe Durham Partnership Board.

Councillor L Brown asked if risks had been identified where there was a family history of suicide and therefore a greater likelihood of it happening again. The Principal Overview and Scrutiny Officer explained that the working group had identified this risk and the importance of shared learning and case conferencing with key partners. He pointed out that the findings had shown that there was not one single identifiable risk but that this was one of many.

With regards to social isolation and the early alert system, Councillor Darkes asked where the stakeholders would pick this up. The Principal Overview and Scrutiny Officer explained that this was the rationale behind the case conferencing with a multi-agency approach. He added that the Fire Service could contact key partners should they identify anyone at risk. The Chairman added that a lot of work is carried out by the Fire Service with regards to people who were isolated and lonely with links to mental health and hoarding. This mirrored the findings within this report.

Mrs Hassoon pointed out that even when lead professionals identify those at risk and put into place care plans some service users would not take up the help and support available.

Referring to the single point of contact for children, Councillor Crute commented that the 16-24 age group was vulnerable with the transition to adulthood and the review group had found that it was difficult to signpost people to the right service. He said that the multi-agency hub would be beneficial. The Principal Overview and Scrutiny Officer referred to evidence presented to the group from Mike Brierley, Head of the Concordat, who referred to the need to develop the single point of contact however highlighted the complexities of navigating through the system of services available.

The SAB Business Manager welcomed the case conference approach as there was an opportunity for the Safeguarding Adults Board to link in to this piece of work.

The Director of Public Health reported that there were a huge range of issues to prevent suicide and her team were looking at the rates in key risk groups and developing in depth areas of work. She added that it was important to support mental health and wellbeing via a wide range of specialist services. She reported that feedback on these areas would be included within the response to the recommendations.

The Chairman commented that a lot of concern had been expressed during the review, experienced by all agencies, about crisis interventions.

Referencing the Safe Durham Partnership, Councillor Crute said that there had been greater integration with the Probation and Prison services and he asked if they were involved with the review. He was concerned about those services not commissioned. The Principal Overview and Scrutiny Officer confirmed that at the time of the review national changes to the Probation Service meant that they had not been included within the review. However, they were a key partner within the Safe Durham Partnership and would be engaged through that mechanism.

The Chairman was concerned about the figures relating to young men committing suicide and understood one of the reasons to be around relationship breakdowns.

The Director of Public Health advised that one the prevention methods was to carry out activities within schools to make young people aware that they could talk about their feelings. The Wellbeing for Life Service also carried out a broader piece of work which would be covered in the response to the review. She added that funding to AAPs had been increased to support this area of work.

Councillor Quinn commented that drugs and alcohol were a common problem with those people who felt that suicide was the only option. The Principal Overview and Scrutiny Officer confirmed that this was included in the main body of the report and had been identified as a factor in the TEWV report. Street triage had been introduced to specifically deal with people who were incoherent due to drugs and alcohol and at risk of harming themselves. Mental health and physical health were identified in the review as a real issue and was linked to the key findings.

The Chairman commented that this triage service was working well in the Durham area, which helped people into hospital rather than being in the justice system.

The Director of Public Health gave a detailed presentation highlighting the update of current activity in relation to suicide prevention (for copy see file of Minutes):-

- Where are we at now – graphs including information on
  - Mortality from suicide and undertermined injury
  - Suicide rates over time
- Information on the current activity

At the conclusion of the Director of Public Health's presentation, members were advised that the information detailed therein would be incorporated into a detailed service grouping response which would be included in the report to Cabinet.

The Chairman thanked the Director for Public Health for her presentation and placed on record his thanks and appreciation on behalf of the Committee to the Principal Overview and Scrutiny Officer for the superb work carried out in finalising the key findings and recommendations.

**Resolved:**

- (i) That the report be received;
- (ii) That comment on the report and the presentation including the key findings and draft recommendations be noted;
- (iii) That the report be submitted to Cabinet and the Health and Wellbeing Board for consideration, and the Safe Durham Partnership Board for information, be agreed.

**8 Annual Reports 2017/18 - Health and Wellbeing Board and Local Safeguarding Adults Board**

The Committee considered a joint report of the Corporate Director of Adult and Health Services, Corporate Director of Children and Young People's Services, Director of Transformation and Partnerships and Director of Public Health County Durham that presented the Annual Reports 2017/18 for Health and Wellbeing Board and Safeguarding Adults Board (for copy of report see file of minutes).

The Safeguarding Adults Board Business Manager presented the reports and highlighted the main achievements from each board.

**Health and Wellbeing Board Annual Report –**

Mr Taylor Gooby asked if the Teams around the patients were operating in all areas across the County. The Director of Primary Care, Partnerships and Engagement, DDES CCG explained that there were 13 TAPs, 8 in the DDES area and 5 covering North Durham. They were seen as an opportunity to have wrap around social care in the community. Some services were being localised including mental health services that had dedicated staffing. The Principal Overview and Scrutiny Officer reminded members that Lesley Jeavons, Director of Integration gave an undertaking of the model to be developed as the Committee had asked for assurances.

Referring to the Wellbeing for Life Initiative, Mr Taylor Gooby asked if this service would be commissioned for a further 18 months. The Director of Public Health explained that this would depend on the funding available.

With regards to the transfer of care figures Councillor Crute asked if there was an impact nationally. The SAB Business Manager advised that this was being closely monitored but she would report back to the Strategic Manager for the Health and Wellbeing Board.

**Safeguarding Adults Board Annual Report –**

Councillor Crute asked that the link between performance management and financial constraints was closely monitored as this was a great challenge.

The Chairman was concerned that there appeared to be no direct working with local members to seek their views. He was advised that Councillor Hovvels was involved and that engagement was carried out via the AAPs.

Mr Taylor Gooby asked if training was carried out in relation to the modern slavery issue in County Durham. The SAB Business Manager reported that this was an issue nationally but that there were reports of this emerging in County Durham. She advised that there was a drive to raise awareness and to roll out multi-agency briefings with work involving both housing and police colleagues.

**Resolved:**

- (i) That the achievements of the Health and Wellbeing Board during 2017/18 and receive the Health and Wellbeing Annual Report 2017/18 for information, be noted.
- (ii) That the progress made by the Local Safeguarding Adults Board during 2017/18 and receive the Local Safeguarding Adults Board Annual Report 2017/18 for information, be noted.
- (iii) That the future work of the Health and Wellbeing Board and Safeguarding Adults Board, be noted.

## **9 Quarter 1 2018/19 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 first quarter of 2018/19 financial year, covering the period April to June 2018 (for copy see file of minutes).

The Strategy Team Leader advised that smoking prevalence was declining and the gap was narrowing with the national figure. Smoking cessation data had shown that more people were quitting than the same period last year. There were still concerns with smoking at the time of delivery, breastfeeding had shown a small improvement in quarter 1. With regards to adults being admitted to care on a permanent basis there was a significant gap between the target and the actual figures and therefore this area would be monitored closely.

**Resolved:**

That the report be received and any performance issues arising would be considered.

## **10 Budget Revenue and Capital Outturn 2017/18**

The Committee considered a report of the Head of Finance and Transactional Services, presented by the Principal Accountant for Adults and Health Services, that provided details of the 2017/18 revenue and capital budget outturn position for the Adult and Health Services (AHS) service grouping, highlighting major variances in comparison with the budget for the year, based on the final position at the year end (31 March 2018) as reported to Cabinet in July (for copy of report and slides see file of Minutes).

Mr Taylor Gooby was concerned that the underspend, due to savings on employees could not be maintained. Councillor Hovvels explained that some services had changed ways of working in terms of delivery.

Referring to reduction of budgets, Councillor Crute asked where this was impacting on service delivery.

The Chairman asked where care packages would be shown in the budget. The Principal Accountant would report back on these queries.

Councillor Crute also commented that the Better Care Fund would have an impact on us and Councillor Hovvels referred to the uncertainty around the Public Health funding.

**Resolved:**

That the revenue and capital outturn included in the report, which are summarised in the outturn report to Cabinet in July, be noted.

**11 Budget Revenue and Capital Forecast Q1 2018/19**

The Committee considered a report of the Head of Finance and Transactional Services, presented by the Principal Accountant for Adults and Health Services, that provided details of the forecast outturn budget position highlighting major variances in comparison with the budget for the year, based on the position to the end of June 2018 as reported to Cabinet in September (for copy of report and slides see file of Minutes).

**Resolved:**

That the financial forecasts, summarised in the Quarter 1 forecast of outturn report to Cabinet in September 2018, be noted.

# Adults Wellbeing and Health OSC 15 November 2018 – Media Slide

**Surgeries to close due  
to GP shortage –  
Northern Echo 22  
October 2018**

**Fears for Bishop Auckland Hospital  
amid 24-bed ward closure plans –  
Northern Echo 3 October 2018**

**Public meeting over closure of  
Bishop Auckland Hospital ward to  
be held tonight – Northern Echo 18  
October 2018**

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## Adults Wellbeing and Health Overview & Scrutiny Committee

15 November 2018



### Future of ward six, Bishop Auckland Hospital

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

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#### Purpose

1. To provide the Adults Wellbeing and Health Overview and Scrutiny Committee with information following recent press articles concerning the future of ward six, Bishop Auckland Hospital.

#### Background

2. At its meeting on 7 September 2018, the Committee considered a report from Lesley Jeavons, Director of Integrated Care, County Durham Integrated Care Partnership which provided an update in respect of the role and function of part of the community hospital offer across County Durham with a view to recommending options for service delivery over a medium to long term. The report referenced a number of issues that had been considered by Commissioners and County Durham and Darlington NHS Foundation Trust in respect of the ongoing Community hospitals review.
3. The report detailed the community hospital estate across County Durham as follows:

Community Hospital	Bed Compliment
<b>North Durham</b>	
Shotley Bridge	8
Chester-le-Street Community Hospital	16 - 23
<b>DDES</b>	
Peterlee Community Hospital	Owned by NT&H FT and Barchester 0 beds other than IS
Sedgefield	16
Weardale	16
Richardson	16
Bishop Auckland	24 step down (ward 6)

4. In considering the report the Adults Wellbeing and Health OSC were informed that:

- Since reducing the bed base in September 2017 across three of the hospitals it is clear that utilisation of the remaining beds is operating at a level which indicates the resource is being used effectively.
- CDDFT have the flexibility to open additional beds in times of surge and increased activity.
- The link with a place based service offer also needs to be considered as TAPs develop further and community services are delivered within localities, it would appear that a locality based community hospital function as part of a menu of services, will be a valuable asset.
- Chief Officers had received a recommendation from the then Director of Integration, that no change other than the work that is underway in respect of Shotley Bridge Hospital should be made to the Community Hospital estate. Furthermore whilst the continuing financial pressure across the NHS and social care economy must be recognised, it should be balanced against the reality of ongoing lease agreements and associated costs to both commissioners and providers should a premises close, as well as the availability of alternative services, the need for dispositions for patients from acute sites and the transport concerns of local people.
- This does not however, negate the need for internal efficiencies to be explored and CDDFT are keen to carry out additional work in this regard.
- There may be changes to the clinic activity carried out in community hospitals over time. This may relate to a range of factors, such as changes to commissioning pathways or clinical guidelines.
- The previous bed reductions across the DDES Community Hospital estate will continue to be monitored and information gathered to inform whether the bed base is being utilised effectively. It should be noted that as more services are delivered in a community setting, activity and demand may reduce further, so requiring consideration to be given to further reductions in the future.

### **Ward six, Bishop Auckland Hospital**

5. The Northern Echo published an article on 4 October headlined “Fears for Bishop Auckland Hospital amid 24-bed ward closure plans” which referenced consultation by County Durham and Darlington NHS Foundation Trust on the closure of ward six Bishop Auckland hospital. The ward is a nurse-led “step down” ward for patients who no longer require doctor care but are not ready to go home.

6. Following representations from local Councillors and the M.P. for Bishop Auckland, Helen Goodman, the Chair of the Adults Wellbeing and Health OSC wrote to the Chief Executive and Chairman of County Durham and Darlington NHS Foundation Trust expressing concern “at the absence of formal consultation on the proposed ward closure which we consider to be a substantial variation/service development.” In view of the proposed staff consultation and the associated closure timetable, the Chairman requested that “the Foundation Trust pauses the current consultation and proposed closure timetable to allow for the issue to be discussed at the Adults Wellbeing and Health Overview and Scrutiny Committee meeting scheduled for 15 November 2018.”
7. A copy of the letter is attached to this report at Appendix 2.
8. The Foundation Trust agreed to pause the proposed ward six closure plan and attend the Adults Wellbeing and Health OSC to discuss the future of ward six and the outcome of the staff consultation exercise.

### **Latest Position**

9. Representatives of County Durham CCGs and County Durham and Darlington NHS Foundation Trust will attend the meeting to provide an update in respect of the issues facing the Trust in respect of the future of ward six, the staff consultation undertaken and the feedback obtained as part of the process.
10. The Trust have indicated that the formal staff consultation ended on 31 October 2018 and a meeting is planned with staff on 6 November 2018 to discuss the feedback from this consultation and discuss options for the future of ward six. The outcome of the meeting will be reported verbally to the Adults Wellbeing and Health Overview and Scrutiny Committee.
11. County Durham and Darlington NHS Foundation Trust have prepared a detailed report which is attached to this report (Appendix 3).

### **Recommendation**

12. Members of the Adults Wellbeing and Health Overview and Scrutiny Committee are requested to receive this report and consider and comment on the report and the information contained therein.

### **Background Papers**

None

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**Contact and Author: 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 –** County Durham and Darlington NHS Foundation Trust has undertaken formal staff consultation and engagement and the Trust will report the results of that process.

**Procurement - None**

**Disability Issues – None**

**Legal Implications –** This report has been produced in accordance with the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013.

Contact: Cllr John Robinson  
Direct Tel: 03000 268140  
e-mail:  
Your ref:  
Our ref:



Sue Jacques,  
Chief Executive,  
County Durham and Darlington  
NHS Foundation Trust,  
Executive Corridor,  
Darlington Memorial Hospital,  
Hollyhurst Road,  
Darlington.  
DL3 6HX

9 October 2018

Dear Sue,

### **Proposed closure of Ward 6, Bishop Auckland Hospital**

Following extensive press coverage in the Northern Echo on 3 October 2018 regarding plans for the closure of Ward 6, Bishop Auckland Hospital, I am writing to you as chairman of Durham County Council's Adults Wellbeing and Health Overview and Scrutiny Committee seeking clarification on the matter.

You will be aware that the Adults Wellbeing and Health Overview and Scrutiny Committee has received reports during the course of this year regarding the implementation of the Community Services Contract, the introduction of the "Teams around Patients" model of integrated health and social care, the future of Shotley Bridge Hospital and the review of Community Hospital service provision. Whilst the Committee welcomes the opportunity for engagement and dialogue with County Durham and Darlington NHS Foundation Trust and County Durham's CCGs, at no stage has the Committee been engaged in respect of the proposed closure of Ward 6 at Bishop Auckland Hospital.

Following representations made to the Foundation Trust via DDES CCG, a communication statement was issued on Friday 5 October stating that "a range of options are currently being considered" and that the Trust "started discussions with staff on Monday 1 October 2018 as part of a consultation." The statement indicated that "it is important to highlight that no decisions have been made at this point."

### **Members**

Durham County Council, County Hall, Durham DH1 5UQ  
Main Telephone (03000) 260000 Minicom (0191) 383 3802 Text 07786 02 69 56

A staff consultation document shared with local Councillors clearly states the Foundation Trust's intention to close Ward 6 and in fact actually sets out dates of Wednesday 31 October 2018 for the cessation of admissions onto the Ward and Monday 12 November 2018 for current patients to be transferred and the ward formally closed. It is not clear to me whether any public consultation is planned or what the impact of this proposed change would be on service users.

The Adults Wellbeing and Health Overview and Scrutiny Committee is naturally concerned at the absence of formal consultation on the proposed ward closure which we consider to be a substantial variation/service development. The timetable for existing consultation also appears to be very short and inadequate and also raises again the question of the viability of service provision at Bishop Auckland Hospital. Accordingly I would request that the Foundation Trust pauses the current consultation and proposed closure timetable to allow for the issue to be discussed at the Adults Wellbeing and Health Overview and Scrutiny Committee meeting scheduled for 15 November 2018.

Yours sincerely,



Cllr John Robinson  
Chair of the Adults, Wellbeing and Health Overview and Scrutiny Committee  
Durham County Council

c.c.

Carole Langrick, Deputy Chief Executive, County Durham and Darlington NHS  
Foundation Trust

Professor Paul Keane, Chairman, County Durham and Darlington NHS  
Foundation Trust

Lesley Jeavons, Director of Integration, Durham County Council/County  
Durham CCGs

Dr Neil O'Brien, Chief Clinical Officer, North Durham CCG

Stewart Findlay, Chief Clinical Officer, Durham Dales, Easington and Sedgfield  
CCG

Nicola Bailey, Chief Operating Officer, North Durham CCG and Durham Dales,  
Easington and Sedgfield CCG

**Briefing Paper to Durham County Council Adults Health and Wellbeing  
Overview and Scrutiny Committee  
15th November 2018  
on the  
Ongoing quality improvement work on Ward 6 at Bishop Auckland Hospital  
(BAH)**

### **Introduction**

The objectives of this paper are to inform members and provide the committee with:

- An outline of the Trust's overarching commitment to delivering safe, quality care for patients across County Durham and Darlington,
- details of the service provision at Bishop Auckland Hospital (BAH),
- a description of the services being delivered on ward 6 within the context of nationally recognised best practice,
- information which evidences the changes in demand and utilisation of Ward 6,
- details of the dialogue taking place with staff about the different model of care for the cohort of patients using Ward 6.
- Assurance that we will bring any future proposals back to partners and stakeholders for discussion.

### **Background**

Bishop Auckland Hospital has a vibrant future. It provides a range of planned services which the Trust continues to invest in and develop. These include:

- a new state-of-the-art MRI scanner at the hospital - cutting edge technology delivering the highest quality images for clinicians to diagnose a range of conditions including cancers and an improved experience for our patients
- diagnostic care including a CT scanner and x-ray department – and 8,000 endoscopies were carried out there in 2017/18
- It is the Trust's centre for bowel screening for the whole of County Durham and Darlington
- It is a centre of excellence for orthopaedic surgery – 5,000 operations took place in 2017/18 and there are plans to increase this activity over the winter period
- Over 100,000 outpatient appointments took place at the hospital during the last financial year as well as 10,000 day cases

- There are 5 inpatient wards at BAH providing inpatient care:
  - wards 3 & 4 provide stroke rehabilitation
  - Ward 6
  - Ward 16 providing dedicated orthopaedic, general, and neuro-rehabilitation care
  - Ward 18 orthopaedic surgery

## Ward 6

Ward 6 at Bishop Auckland Hospital provides nurse-led step down care from 24 beds which is supported by Advanced Nurse Practitioners. There is no rehabilitation support provided on the ward. The ward currently accepts patients who are:

- orthopaedic non-weight bearing patients, irrespective of post code
- Medically fit and stable or patients that require step-down nursing support, patients that are unable to be discharged home
- patients requiring complex discharge planning and who are then inpatients awaiting a Decision Support Tool
- patients deemed to be homeless who don't require health care

The Trust's Strategy 'Our Patients Matter' sets out our purpose to provide safe, compassionate and joined-up care to the local populations we serve with the aim of achieving our vision – to get care right, first time, every time for all of our patients.

Therefore, we have been looking at the services we are providing for these groups of patients who are transferred to ward 6 to ensure that it is the 'right care' being provided in the 'right place' by the 'right person' and that it is the best possible care that it could be. The evidence that we have drawn upon and considered includes national recommendations and best practice. This evidence shows:

- Longer stays in hospital can lead to worse health outcomes and can increase long-term care needs. Research has identified that 10 days in a hospital bed leads to 10 years' worth of lost muscle mass in people over the age of 80 and reconditioning takes twice as long as this deconditioning (Gerontol.J, 2008).
- One week in bed equates to 10% loss of strength and in an older person that 10% can make the difference between dependence and independence.
- The deconditioning caused by days in bed for patients over 80 means that some people go into hospital never to see their own home again. (Gerontol.J, 2008).

- When patients are medically optimised – they should be supported to return to their own home / place of residence (National Service Framework for NHS continuing health care and NHS funded nursing care)
- People should be supported to return to their home for assessment of longer-term care and support needs (NICE guideline, Transition between inpatient hospital settings and community or care home settings for adults with social care needs 2015.)
- Implementing a 'discharge to assess' or 'home first' model is more than good practice, it is the right thing to do (NHS England Quick Guide To Discharge to Assess / Publications Gateway Reference 05871 2015)
- 'Home First' results in fewer people going into residential care (NHS England Quick Guide To Discharge to Assess / Publications Gateway Reference 05871 2015)
- The 'Home first' model aims to stop patients being stranded on hospital ward (NHS England Quick Guide To Discharge to Assess / Publications Gateway Reference 05871 2015)
- The use of The Homelessness Reduction Act, 2017- Duty to Refer Guidance 2018 supports identifying service users when they are threatened with homelessness, and what the procedures are for referring someone to a local authority to support a more streamlined approach. (Duty to Refer Guidance /Gov.uk/Publications 2018)

In striving to deliver the safest, quality care for our patients, the Trust over the past year has acted upon this national evidence and best practice. We identified that on Ward 6 whilst the nursing care was highly regarded and of a good standard, the model of service was not compliant with the above national evidence. We therefore began to undertake some quality improvements as follows:

- A whole system strategic review of the use and function of community hospitals was carried out in 2017 led by Lesley Jeavons, Director of Integrated Community Services. This review confirmed the current discharge practice of using all community hospitals as an interim, additional step to promote a speedier discharge from the acute settings instead of utilising the 'Home First' philosophy. Subsequently joint working commenced at an operational level to manage admissions and discharges to community hospitals more effectively which allowed for community hospital capacity

including BAH to be used more flexibly (Update report submitted to OSC September 2018)

- In 2017, we identified that ward 6 had a length of stay longer than 35 days. The ward staff, Lead Nurse for Discharge and Matrons commenced Plan Do Study Act (PDSA) cycles to promote a reduction in the average length of stay.
- Changing the culture and practice around discharges. By implementing SAFER (NHS Improvement, published 2017) a practical tool to help reduce delays for patients in adult inpatient wards. When followed it reduces length of stay and improves patient flow and safety. The SAFER bundle blends five elements of best practice:
  - S – Senior review
  - A – All patients
  - F – Flow
  - E – Early discharge
  - R – Review
- In 2017, the local health system implemented ‘Discharge to Assess’ by utilising the multi-agency and multi-disciplinary Trusted Assessors in TAPs. This facilitates joint decision making in the patient’s best interest; to avoid delays in returning to their home or normal place of residence rather than being transferred to Ward 6 inappropriately.

The quality improvement work outlined above, further enhanced by the evolving work of the Teams Around Patients through the community contract, has resulted in an increase in the number of patients receiving appropriate care. This can be seen in the qualitative changes to care as detailed below

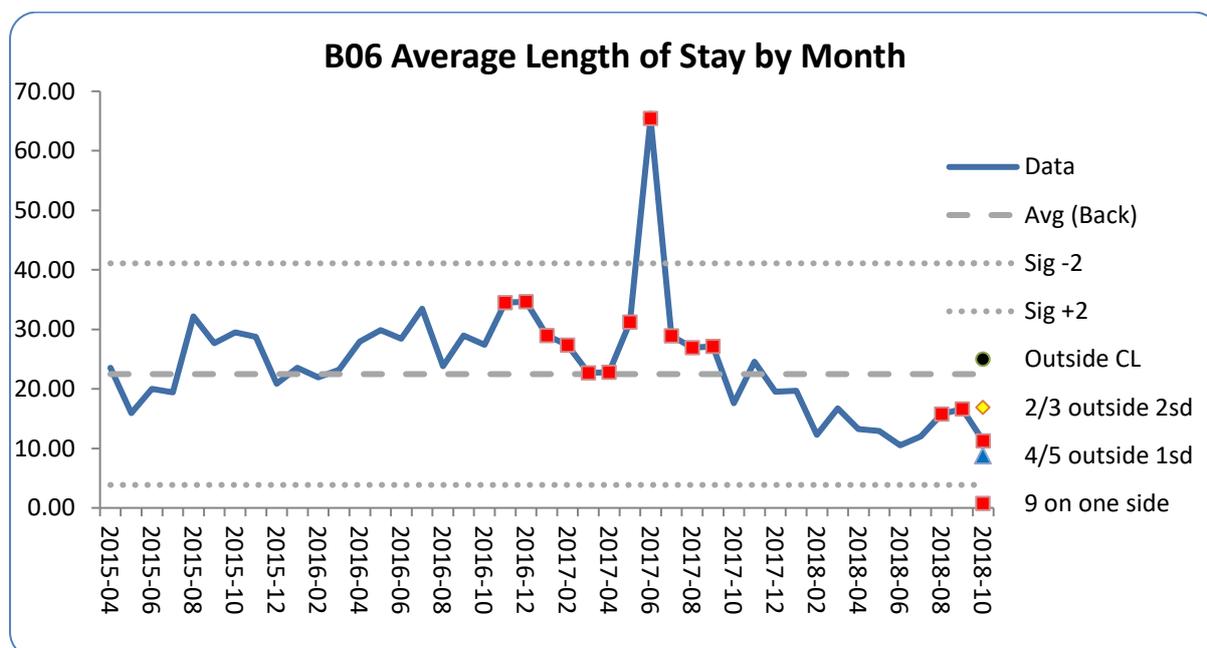
- An increase of Non weight bearing patients being supported at home with temporary home modifications and the utilisation of therapy support which is now coordinated through the Teams Around Patients (TAPs). The patient’s rehabilitation is expedited in their own home. If the patient does require inpatient care then they are supported at a facility close to their home.
- Implementing the SAFER bundle has enabled earlier discharge planning which has reduced the number of medically fit and stable patients being transferred to ward 6. Now they are supported by the local authorities and partner agencies to return to their home by implementing enhanced care packages, where required.

- Using the Discharge to Assess methodology and Home First philosophy more inpatients waiting for a DST are supported with involvement of Trusted Assessors to return home while these discussions take place.
- The Duty to Refer Guidance is helping to ensure that services are working together effectively to prevent homelessness by ensuring that peoples' housing needs are considered when they come into contact with public authorities.

These qualitative changes to care have resulted in demonstrable changes in;

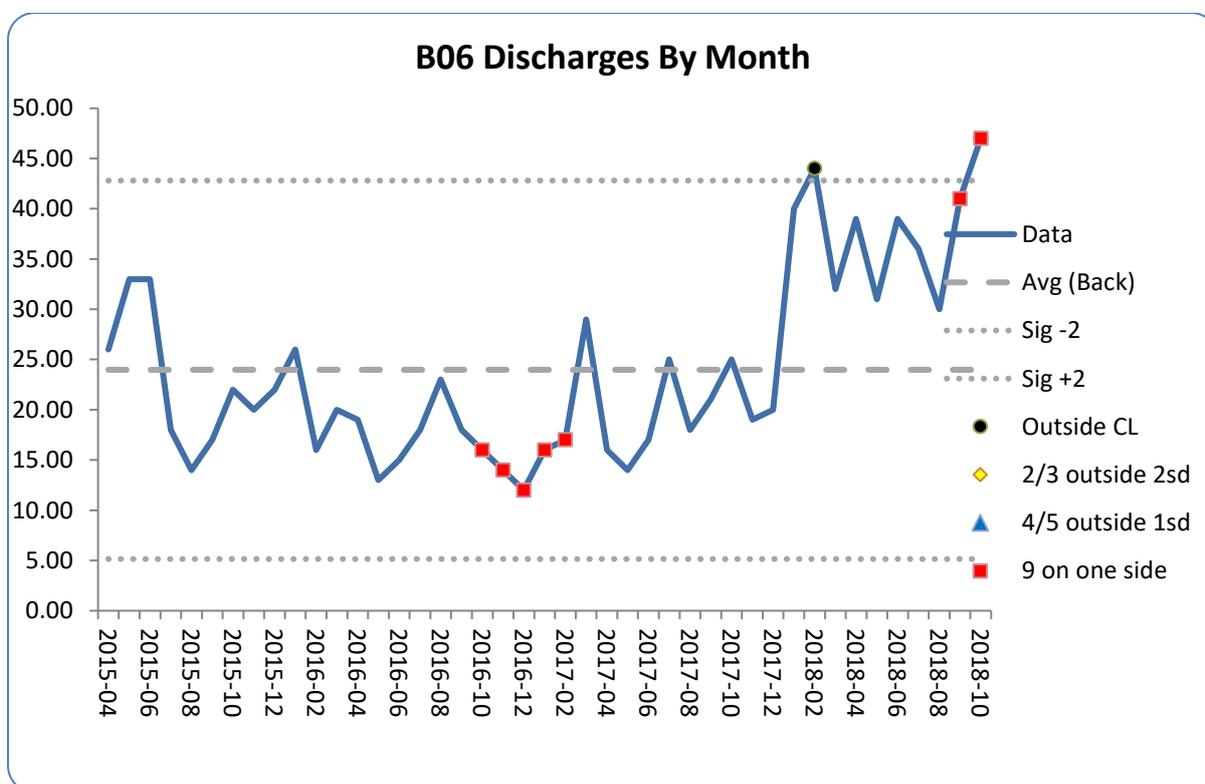
- **Average Length of Stay** The average length of stay on Ward 6 has reduced from:
  - 28.41days in 16/17 to
  - 25.26 days in 17/18 and to
  - 13.10 days in 18/19 (to end October).

This is a 54% reduction in 2 years.



Outlier month above (Jun 2017) caused by one patient ending a ward stay on ward 6 of 250+ days

- **Discharges** The discharges from Ward 6 have increased from;
  - 210 discharges in 16/17 to
  - 291 discharges in 17/18 to
  - 263 discharges in 18/19 to end October only with a forecast 451 at year end from the year to date figures



This quality improvement work, which has led to a fall in demand on ward 6, meant that when the Trust identified an infection risk at University Hospital of North Durham (UHND), ward 6 could be used to support a deep clean exercise. A deep clean programme was established across all of the in-patient wards at UHND. This resulted in ward 6 at BAH becoming a sub-acute medical ward between 29<sup>th</sup> May and 5<sup>th</sup> October 2018 to accommodate elderly care, medical admissions from UHND.

Ward 5 at UHND was then used as the de-cant ward enabling all UHND wards to be deep cleaned. This required additional medical consultant and therapy cover for ward 6 at BAH on a temporary basis. The deep clean programme was completed on 5<sup>th</sup> October 2018.

The ability to be able to use ward 6 in such a way led the Trust to start considering different models of care and therefore, different use of the facilities at Bishop Auckland Hospital.

This prompted the beginning of engagement work with staff on ward 6. We wanted to engage and involve clinical and non-clinical colleagues in a dialogue to gain ideas and suggestions about what different models of care might look like and how facilities might be used differently.

We undertook this dialogue as a staff consultation so that it was supported by an HR process and as part of this process we prepared a briefing to outline what is also described in this paper. We acknowledge that this process was not managed as well as it could have been and that some of the language used in the briefing to set the context for the staff dialogue caused concern. We have taken this into consideration and have learnt from it.

At the time of writing this report, the staff consultation process has yet to conclude and the dialogue continues. We are collating all of the ideas and suggestions about how to make best use of the excellent facilities Bishop Auckland Hospital has to offer. Once we have reviewed all of this information we intend to bring it together into a proposal for moving forward, which we will discuss with stakeholders and partners.

### **Recommendation**

Overview and Scrutiny Members are asked to:

- i. receive the report
- ii. note the data, actions taken and progress to date;
- iii. Consider and comment on the actions taken to date in order to meet patient needs and improve patient outcomes, the care closer to home agenda and Home First philosophy.

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## Adults Wellbeing and Health Overview & Scrutiny Committee

15 November 2018



### Review of Stroke Rehabilitation Services in County Durham

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

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##### Purpose

1. To provide the Adults Wellbeing and Health Overview and Scrutiny Committee with a further update in respect of the Review of Stroke Rehabilitation Services in County Durham.

##### Background

2. At a special meeting of the Adults Wellbeing and Health OSC held on 2 May 2018 the Committee received a presentation from County Durham Clinical Commissioning Groups and County Durham and Darlington NHS Foundation Trust which introduced plans to review stroke rehabilitation services in County Durham.
3. Members of the Adults Wellbeing and Health Overview and Scrutiny Committee previously engaged in the consultation and reconfiguration of hyperacute stroke services which resulted in a single site model based at University Hospital North Durham. At that time there was no change to the stroke rehabilitation service.
4. The proposed review examines the hospital and community based rehabilitation elements of the stroke pathway and also recognises the procurement of the new community services contract and opportunities to include any development to the stroke rehabilitation pathway as part of the mobilisation of that contract.
5. Members were informed that the key driver for change is the need to improve health outcomes for those who have had a stroke within County Durham. The percentage of patients treated by a stroke skilled early Supported Discharge Team is significantly below target across Durham Dales Easington and Sedgefield CCG and North Durham CCG with only 3.5% and 2.6% respectively of patients receiving appropriate early supported discharge intervention (2016/17). The national average is 35%.

6. Concerns have also been expressed by clinicians that the average length of stay on the Stroke Rehabilitation Ward at Bishop Auckland Hospital (Ward 4) far exceeds best practice at 27.18 days. With early supported discharge and effective therapy input, it is believed that the average length of stay could be reduced with patients receiving care in their own environment.
7. Workforce pressures in respect of the availability of speech and language therapy for care plans; discharge planning and 7 day therapists on the acute wards are also a cause for concern.
8. At the 2 May meeting, Commissioners and County Durham and Darlington NHS Foundation Trust proposed that all current service performance and quality outcomes information be collected to develop a robust case for change.
9. Thereafter a three month period of engagement and options development would be undertaken with members of the public, patients, carers and the community engaged to inform a set of options which would be presented back to the Adults Wellbeing and Health OSC in September 2018.
10. In considering the initial proposals and case for change, the Adults Wellbeing and Health Overview and Scrutiny Committee requested further information from both Commissioners and the Foundation Trust in respect of:
  - The extent to which patients could be assured that early supported discharge would be accompanied by the same level of support that they currently received within an inpatient setting.
  - The potential impact upon the viability of Bishop Auckland Hospital of the removal of inpatient stroke rehabilitation within Ward 4.
  - The Workforce pressures facing County Durham and Darlington Foundation Trust which might impact on the stroke pathway and what a new community based stroke rehabilitation pathway might look like.
11. At the Committee's meeting held on 6 July 2018, an updated presentation was given to members confirming the scope of this service review relates to the rehabilitation elements of the pathway following an acute episode due to stroke. This includes both Community based rehabilitation and Hospital based rehabilitation.
12. Members were advised that CCGs and CDDFT partner/new community service provider have a major emphasis on community services focusing on:
  - Prevention and maintaining independence
  - Supporting patients with long term conditions
  - Managing crisis and supporting a return to independence
13. NICE Guidance and the National Clinical guidance for stroke suggest that intensive stroke rehabilitation needed to occur in the Community at the earliest

opportunity and that Early Supported Discharge is the nationally recognised model for community based stroke rehabilitation with patients having as few “hand-offs” of care as possible.

14. Members noted the lengths of stay when transferred to acute rehabilitation at Bishop Auckland Hospital (Ward 4). Concerns have also been expressed that Early supported discharge was currently only available in Easington, although there were different levels of rehab available in other parts of the county which could be delivered through the Teams around Patients and Community Hubs. The aim was to assess via direct engagement with patients, carers, families and clinicians where the best place for the delivery of rehabilitation therapies to be delivered was – in hospital or in the Community.
15. Key issues identified within the presentation were that:
  - The average length of stay for people who stay at BAH as part of their pathway is prolonged.
  - The current pathway promotes multiple transfers of care.
  - Current community based rehab services are inequitable across County Durham.
  - Rehabilitation within the community does not provide the intensity required as detailed in national guidance.
  - Patient based outcomes could be improved upon e.g. time for therapy based interventions.
16. A detailed programme of engagement activity was presented to members which included:
  - Patient Reference Groups in July across County Durham.
  - Initial discussions held with Healthwatch to build into programme of engagement.
  - Patient Public and Carer Committee (NDCCG).
  - Continue to work with Health Networks who link in with specialist groups.
  - Plans to engage via AAPs.
  - Plans to engage with bespoke stroke groups across County Durham
17. The proposed engagement was aimed at reviewing best practice and understand where improvements can be made by undertaking a call for evidence. The key principles of the engagement was to listen and understand the experiences of local people; engage with seldom heard groups; use the feedback from engagement to inform service improvement options and to feedback to stakeholders via a “you said, we did” commitment.

### **Latest Position**

18. Representatives of County Durham CCGs and County Durham and Darlington NHS Foundation Trust will attend the meeting to provide an update in respect of the engagement activity undertaken and the feedback obtained as part of the process.

19. A copy of the stroke rehabilitation stakeholder survey and updated presentation slides are attached to this report (Appendices 2 and 3).

### **Recommendation**

20. Members of the Adults Wellbeing and Health Overview and Scrutiny Committee are requested to receive this report and consider and comment on the presentation and the information contained therein.

### **Background Papers**

Minutes of the Adults Wellbeing and Health Overview and Scrutiny Committee meetings held on 2<sup>nd</sup> May 2018 and 6 July 2018.

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**Contact and Author: 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** – The Committee has previously been advised of CCG and County Durham and Darlington NHS Foundation Trust plans for consultation and engagement and this report and associated presentation details the results of that process.

**Procurement** - None

**Disability Issues** – None

**Legal Implications** – This report has been produced in accordance with the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013.

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Introduction

In 2011, the local NHS consulted and changed the model for hyper acute stroke, so that anyone who had a stroke within the area would go directly to the stroke ward at the University Hospital of North Durham for rapid assessment and treatment.

At this time, there was a commitment to review the rehabilitation provision for stroke to ensure that patient experience and outcomes are maximised for our local population.

County Durham and Darlington CCGs and County Durham and Darlington Foundation Trust have made a commitment to review community provision for stroke.

The review will look at the current pathway which includes the specialist stroke rehabilitation provision at Bishop Auckland Hospital as well as rehabilitation provision outside of hospital in the community.

We want the views of patients who have experienced a stroke and / or their carers to help us provide a service that delivers care closer to home where possible, and more continuity of care.

Please return all completed surveys to Tina Balbach, Salters Lane, Sedgfield, Stockton-on-Tees, TS21 3EE by Friday 30 November 2018.

If you need assistance completing this survey or require the survey in an alternative format, please contact Tina Balbach on 0191 371 3245 or [tina.balbach@nhs.net](mailto:tina.balbach@nhs.net)

DISCHARGE

1. Are you:

A patient

A family member/carer

Other (please specify)

2. How long was your stay at University Hospital of North Durham?

- 1 - 2 days
- 2 - 3 days
- 3 - 4 days
- 4 - 5 days
- If longer than 10 days, please specify
- 5 - 6 days
- 6 - 7 - days
- 7 - 10 days

3. Thinking about your length of stay in University Hospital of North Durham, do you feel you were:

- Discharged too early
- Discharged later than expected
- Discharged at the right time
- Don't know

If you do feel you were discharged too early or later than expected, please explain why?

4. Were you/family member/carer involved as much as you wanted to be in planning your discharge from the University Hospital of North Durham?

- Yes
- No
- Don't know

5. Before you were discharged from University Hospital of North Durham, did you receive enough information in relation to the Community Stroke Rehabilitation Service?

- Yes
- No
- Don't know

If no, what other information/support would you have liked?

6. Following your stay at the University Hospital of North Durham, were you transferred to:

- Bishop Auckland Hospital (please go to Question 29)
- Intermediate Care i.e. Community Hospital, Residential Care Home (please go to Question 29)
- Discharged to another service (please go to Question 8)

7. If you were discharged to another service, please tick which one.

- Home with therapy input (please go to Question 8)
- Nursing/residential care (please go to Question 29)
- Community bed based intermediate care (please go to Question 29)
- Other (please specify)

## County Durham and Darlington Stroke Rehabilitation Survey - PAPER SURVEYS

HOME

8. Were you contacted by a member of the Community Stroke Rehabilitation team within 24 hours of your discharge from hospital?

- Yes
- No
- Can't remember

9. Did the members of the team arrive as planned for your visits?

- Always
- Sometimes
- Rarely
- Don't know

10. Do you feel you received continuity of care e.g. seen mostly by the same team of therapists?

- Yes
- No
- Don't know

11. Did the staff always have access to all the information needed for their visit?

- Always  Never  
 Sometimes  Don't know  
 Rarely

12. Did the staff always have the equipment needed for their visit?

- Always  
 Sometimes  
 Rarely  
 Never

## County Durham and Darlington Stroke Rehabilitation Survey - PAPER SURVEYS

HOME

13. Were you/family member/carer involved as much as you wanted to be in setting your treatment goals?

- Yes  
 No  
 Don't know

14. Did the staff provide you/family member/carer with information in relation to further sources of advice and support?

- Yes  
 No  
 Don't know

15. Were you/family member/carer involved as much as you wanted them to be in decisions about your care and treatment?

- Yes  
 No  
 Don't know

16. The service currently operates seven days a week. Were you happy to have visits over the seven day period or would you have preferred to have your visits Monday - Friday, leaving the weekend free?

Prefer 7 day service

Prefer Monday to Friday service

17. Did you/family member/carer know how to contact the team if you needed to in between appointments?

Yes

No

Don't know

## County Durham and Darlington Stroke Rehabilitation Survey - PAPER SURVEYS

HOME

18. If you/family member/carer were given any information leaflets, did you find them useful?

Yes

No

Did not receive any

Don't know

19. Do you feel you received enough therapy/rehab to meet your needs?

Yes

No

Don't know

20. Did you feel supported in managing your condition?

Yes, definitely

Yes, to some extent

No

Don't know

21. Has the therapy improved the quality of your daily life?

- Yes, definitely
- Yes, to some extent
- No
- Don't know

22. Did you find it beneficial to receive your therapy at home?

- Yes, definitely
- Yes, to some extent
- No
- Don't know

County Durham and Darlington Stroke Rehabilitation Survey - PAPER SURVEYS

HOME

23. Do you feel more confident following your treatment?

- Yes, definitely
- Yes, to some extent
- No
- Don't know

24. Were you treated with dignity and respect?

- Yes, definitely
- Yes, to some extent
- No
- Don't know

25. Were you treated with care and compassion?

- Yes, definitely
- Yes, to some extent
- No
- Don't know

26. What has pleased you most about the service?

27. Was there anything you think we could improve on?

28. Do you have any other comments on your experience of the service?

County Durham and Darlington Stroke Rehabilitation Survey - PAPER SURVEYS

**Please now go to question 43**

County Durham and Darlington Stroke Rehabilitation Survey - PAPER SURVEYS

HOSPITAL SETTING

29. Do you feel you received continuity of care e.g. seen mostly by the same team of therapists?

- Yes
- No
- Don't know

30. Were you/family member/carer involved as much as you wanted to be in setting your treatment goals?

- Yes
- No
- Don't know

31. Did the staff provide you/family member/carer with information in relation to further sources of advice and support?

- Yes
- No
- Don't know

32. Were you/family member/carer involved as much as you wanted them to be in decisions about your care and treatment?

- Yes, definitely
- Yes, to some extent
- No
- Don't know

33. If you were given any information leaflets did you find them useful?

- Yes
- No
- Did not receive any
- Don't know

## County Durham and Darlington Stroke Rehabilitation Survey - PAPER SURVEYS

### HOSPITAL SETTING

34. Do you feel you received enough therapy to meet your needs?

- Yes
- No
- Don't know

35. Did you feel supported in managing your condition?

- Yes
- No
- Don't know

36. Has the therapy improved the quality of your daily life?

- Yes
- No
- Don't know

37. Do you feel more confident following your treatment?

- Yes, definitely
- Yes, to some extent
- No
- Don't know

38. Were you treated with dignity and respect?

- Yes, definitely
- Yes, to some extent
- No
- Don't know

## County Durham and Darlington Stroke Rehabilitation Survey - PAPER SURVEYS

### HOSPITAL SETTING

39. Were you treated with care and compassion?

- Yes, definitely
- Yes, to some extent
- No
- Don't know

40. What has pleased you most about the service?

41. Was there anything you think we could improve on?

42. Do you have any other comments on your experience of the service?

## County Durham and Darlington Stroke Rehabilitation Survey - PAPER SURVEYS

### ABOUT YOU

**It would help us to understand your answers better if we knew a little bit about you. These questions are completely optional, but we hope you will complete them.**

43. How old are you?

- |                               |   |
|-------------------------------|---|
| <input type="radio"/> 16 - 17 | <input type="radio"/> 55 – 64           |
| <input type="radio"/> 18 - 24 | <input type="radio"/> 65 – 74           |
| <input type="radio"/> 25 – 34 | <input type="radio"/> 75 or older       |
| <input type="radio"/> 35 – 44 | <input type="radio"/> Prefer not to say |
| <input type="radio"/> 45 - 54 |   |

44. What is your gender?

- Male
- Female
- Other
- Prefer not to say

45. Does your gender identity match your sex as registered at birth?

- Yes
- No
- Prefer not to say

46. Are you currently pregnant or have you been pregnant in the last year?

- Yes
- No
- Prefer not to say
- Not applicable

47. Are you currently...?

- Single (never married or in a civil partnership)
- Cohabiting
- Married
- In a civil partnership
- Separated (but still legally married or in a civil partnership)
- Divorced or civil partnership dissolved
- Widowed or a surviving partner from a civil partnership
- Prefer not to say

48. Do you have a disability, long-term illness or health condition?

- Yes
- No
- Prefer not to say

## County Durham and Darlington Stroke Rehabilitation Survey - PAPER SURVEYS

### ABOUT YOU

49. Please can you tell us what your disability, long-term illness or health condition relates to? (Please tick all that apply)

- A long standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- A mental health difficulty (e.g. depression, schizophrenia or anxiety disorder)
- A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)
- A social / communication impairment (e.g. a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder)
- A specific learning difficulty (e.g. dyslexia, dyspraxia or AD(H)D)
- Blind or have a visual impairment uncorrected by glasses
- D/deaf or have a hearing impairment
- An impairment, health condition or learning difference that is not listed above
- Prefer not to say

50. Do you have any caring responsibilities? (Please tick all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> None  | <input type="checkbox"/> Primary carer or assistant for a disabled adult (18 years and over)          |
| <input type="checkbox"/> Primary carer of a child or children (under 2 years)          | <input type="checkbox"/> Primary carer or assistant for an older person or people (65 years and over) |
| <input type="checkbox"/> Primary carer of a child or children (between 2 and 18 years) | <input type="checkbox"/> Secondary carer (another person carries out main caring role)                |
| <input type="checkbox"/> Primary carer of a disabled child or children                 | <input type="checkbox"/> Prefer not to say  |

## County Durham and Darlington Stroke Rehabilitation Survey - PAPER SURVEYS

### ABOUT YOU

51. Are you currently serving in the UK Armed Forces (this includes reservists or part-time service, e.g.: Territorial Army)?

- Yes
- No
- Prefer not to say

52. Have you ever served in the UK Armed Forces?

- Yes
- No
- Prefer not to say

53. Are you a member of a current or former serviceman or woman's immediate family / household?

- Yes
- No
- Prefer not to say

## County Durham and Darlington Stroke Rehabilitation Survey - PAPER SURVEYS

### ABOUT YOU

54. What is the first half of your postcode? (For example – SR1 or NE38)

55. Which race or ethnicity best describes you? (Please select one box only)

- |   |  |
|---|--|
| <input type="radio"/> Asian/British Asian: Bangladeshi                      | <input type="radio"/> Black/British Black: African   |
| <input type="radio"/> Asian/British Asian: Chinese                          | <input type="radio"/> Black/British Black: Caribbean |
| <input type="radio"/> Asian/British Asian: Indian                           | <input type="radio"/> Mixed Race: Black & White      |
| <input type="radio"/> Asian/British Asian: Pakistani                        | <input type="radio"/> Mixed race: Asian & White      |
| <input type="radio"/> White: British  | <input type="radio"/> Gypsy or traveller             |
| <input type="radio"/> White: Irish  | <input type="radio"/> Rather not say                 |
| <input type="radio"/> White: European                                       |  |
| <input type="radio"/> Another race or ethnicity (please state in box below) |  |

56. Which of the following terms best describes your sexual orientation?

- |  |                                      |
|--|--------------------------------------|
| <input type="radio"/> Heterosexual or straight | <input type="radio"/> Bisexual       |
| <input type="radio"/> Gay man                  | <input type="radio"/> Asexual        |
| <input type="radio"/> Gay woman or lesbian     | <input type="radio"/> Prefer not say |
| <input type="radio"/> Other (please specify)   |                                      |

57. What do you consider your religion to be? (Please select only one)

- |   |   |
|---|---|
| <input type="radio"/> No religion                     | <input type="radio"/> Jewish            |
| <input type="radio"/> Christianity                    | <input type="radio"/> Muslim            |
| <input type="radio"/> Buddhist                        | <input type="radio"/> Sikh              |
| <input type="radio"/> Hindu                           | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Other religion (please specify) |   |

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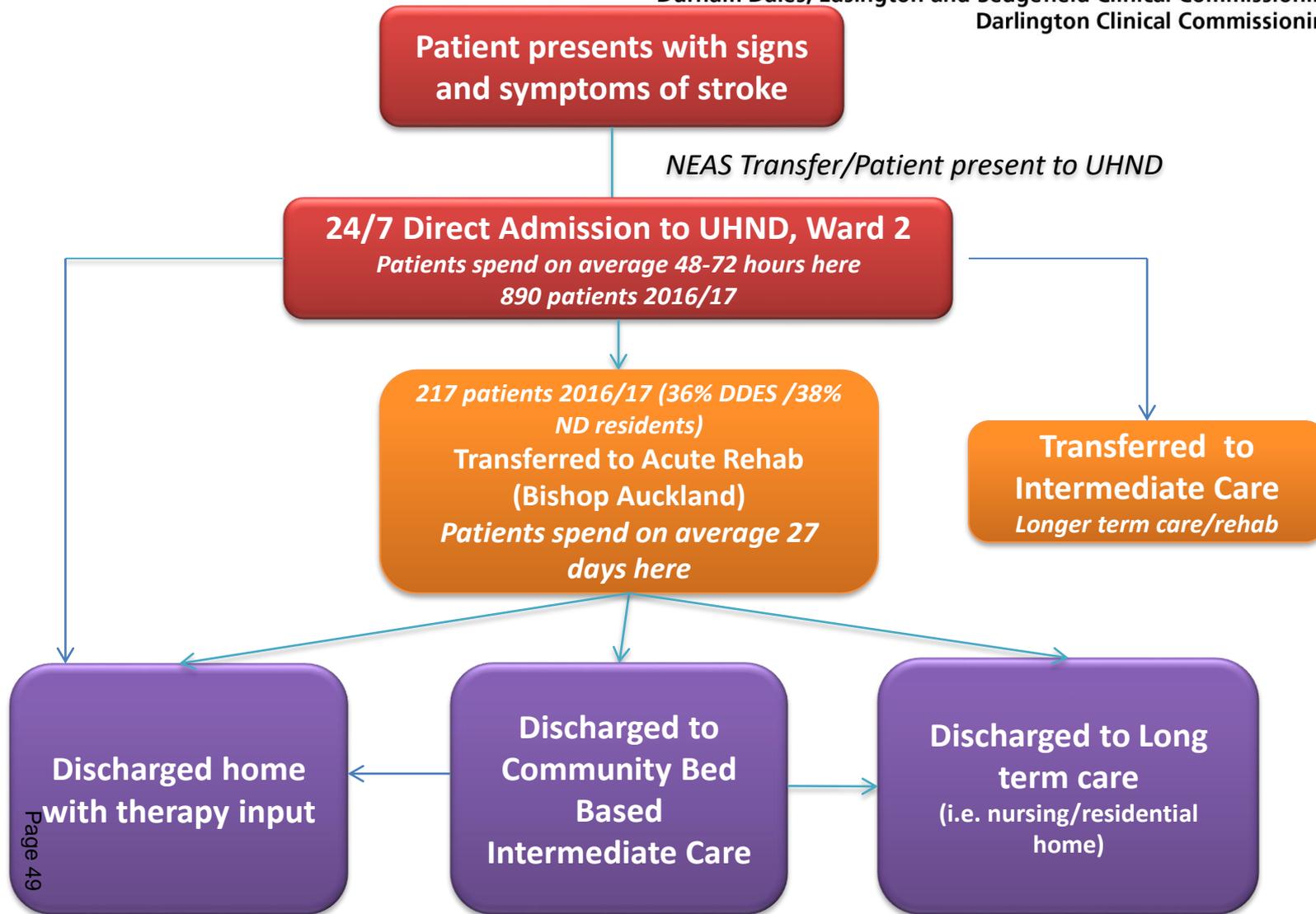
# Adults Wellbeing and Health Overview and Scrutiny Committee

Stroke Rehabilitation Review - Update

15<sup>th</sup> November 2018

## Scope of Improvement

- The scope of this service review relates to the rehabilitation elements of the pathway following an acute episode due to stroke
- This includes:
  - Community based rehabilitation
  - Hospital based rehabilitation
- CCGs and CDDFT have a major emphasis on community services focussing on
  - Prevention and maintaining independence
  - Supporting patients with long term conditions
  - Managing crisis and supporting a return to independence

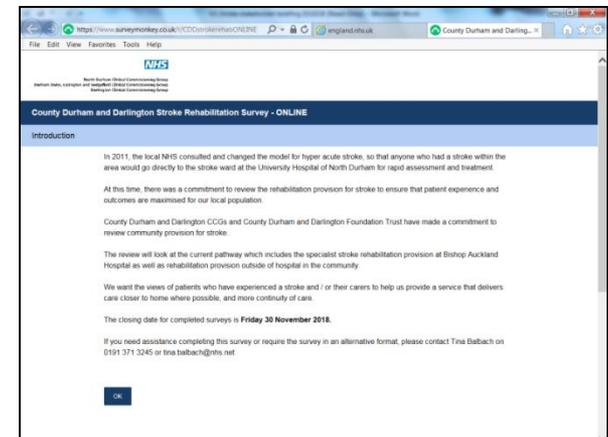


## Our Vision and Commitment

- To develop a person-centred model of care that delivers care closer to home
- To minimise variation and maximise the health outcomes of our local population
- To develop a service which retains and attracts an excellent workforce
- To ensure care is accessible and responsive to people's needs

## Patient, Public and Carer Engagement - Methodology

- There have been over 160 responses to date to the engagement exercise
- Survey developed – used online and as a print out
- Spoke with existing community groups
- Patient survey carried out on the wards at BAH and UHND
- Social media used to publicise



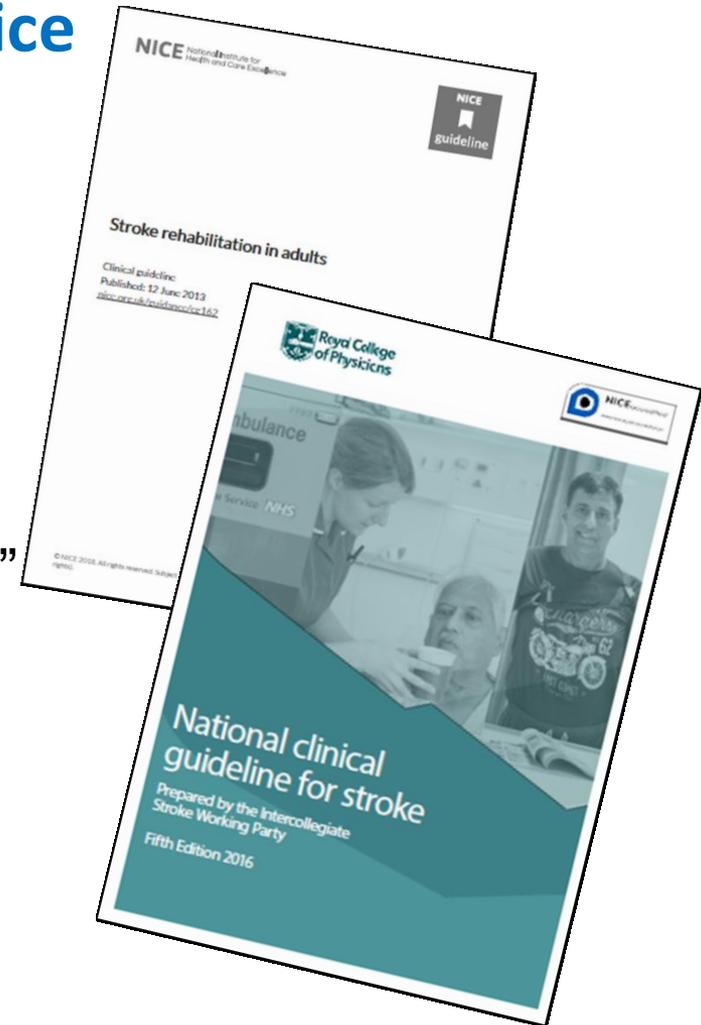
## Patient Public and Carer Engagement – Emerging Themes

- Positive experiences on acute site
- Limited dedicated community based stroke provision
- Too many people involved in my care
- People would value care closer to home
- People value peer support

## What does good look like...best practice

- Intensive rehabilitation should occur in the community at the earliest opportunity
- The first two weeks following stroke should include short and frequent therapy in a community based setting
- Patients should have as few “hand off’s” of care as possible
- Transfers of care from hospital to community should be seamless with a single multi-disciplinary team
- Discharge to assess in order to best meet people’s needs, using home first philosophy

Page 53



## What does good look like...patient engagement feedback

- Being cared for by one team during your hospital stay and into your home
- Providing information once, to a multi-disciplinary team
- Care is joined up and co-ordinated as part of a plan
- Known relationships with patient and family
- Improved patient experience and health outcomes

## Gaps with Current Provision

- The current pathway promotes multiple transfers of care
- Therapy assessment takes place within a hospital setting rather than in the person's home setting
- Current community based rehab services are inequitable across County Durham
- Rehabilitation within the community doesn't provide the intensity required as detailed in national guidance
- Patient based outcomes could be improved upon e.g. time for therapy based interventions

## Way Forward

- To review **best practice** and work with stakeholders to understand the impact of a new model of care
- To continue **engaging** particularly with those ‘hard to reach’ groups, further exploring potential scenarios and developing options to take forward. A formal report on engagement will be presented to OSC in the new year.
- **Timescales** – to report back in the new year on a proposed model of care based on best practice and stakeholder engagement

# Questions

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## Adults, Wellbeing and Health Overview and Scrutiny Committee

15 November 2018



### Director of Public Health Annual Report

### Report of Amanda Healy, Director of Public Health County Durham

#### Purpose of the Report

- 1 The purpose is for Adults, Wellbeing and Health Overview & Scrutiny Committee to receive the 2018 annual report of the Director of Public Health for County Durham.

#### Background

- 2 Under the Health & Social Care Act 2012, one of the statutory requirements of the Director of Public Health is to produce an annual report about the health of the local population. The local authority has a duty to publish the report. The government has not specified what the annual report might contain and has made it clear that this is a decision for individual Directors of Public Health to determine.
- 3 The 2018 report focuses on the new vision for the public's health in County Durham. The report shares the work that has been done in the last year to set out a new vision for the health and wellbeing of County Durham. The work is built on some huge achievements over the last five years including a major reduction in smoking levels across County Durham.
- 4 The Public Health Vision emerged from the Sustainable Community Strategy as well as the Joint Strategic Needs Assessment (JSNA), with the aim of improving and protecting the health and wellbeing of the people of County Durham and to reduce health inequalities.
- 5 It is based around a fictional family 'The Taylors' and describes the challenges the family face. However it is also very focussed on the 'assets' that the family have and how these can protect health and wellbeing.
- 6 The reports sets out seven strategic priorities and then specific actions against each priority for the forthcoming year.
- 7 The priorities are based on an understanding of the health and wellbeing needs as set out in our local JSNA and are:
  - Good jobs and places to live, learn and play
  - Every Child to Have the Best Start in Life
  - Mental Health at Scale
  - High quality drug and alcohol services
  - Healthy workforce
  - Positive behaviours
  - Better quality of life through integrated health and care services

- 8 The report ends with a short set of recommendations which will be reported on in 2019.
- 9 The annual report will be uploaded onto the council website. It will be presented to relevant organisations including the Joint Governing Bodies of North Durham and Durham Dales Easington and Sedgefield Clinical Commissioning Groups, Healthwatch, Overview and Scrutiny and Health and Wellbeing Board. It will be shared with the Altogether Partnerships. Copies will be made available in the members library and to individual members where requested.

### **Recommendations**

- 10 Adults, Wellbeing and Health Overview and Scrutiny Committee is requested to:
  - (a) Receive the 2018 annual report of the Director of Public Health, County Durham

### **Background papers**

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**Contact: Amanda Healy Tel: 03000 264323**

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## **Appendix 1: Implications**

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### **Finance**

The publication of the report is funded by the ring fenced public health grant.

### **Staffing**

No impact

### **Risk**

No impact

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

No impact

### **Accommodation**

No impact

### **Crime and Disorder**

No impact

### **Human Rights**

No impact

### **Consultation**

This is the independent report of the Director of Public Health and is not subject to consultation

### **Procurement**

No impact but should inform council commissioning plans in relation to services that impact on the health of the population

### **Disability Issues**

No impact

### **Legal Implications**

Section 73B(5) of the Health and Social Care Act 2012 amended the National Health Service Act 2006 to include the requirement that the Director of Public Health for a local authority must prepare an annual report on the health of the people in the area of the local authority.

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Director of Public Health Annual Report 2018

# A new vision for 'The Taylors' Improving health in County Durham





## **Acknowledgements**

Many thanks to

Michelle Baldwin, Public Health Strategic Manager,  
Katie Dunstan-Smith – Public Health Intelligence Specialist,  
Lisa Lynch – Public Health Programme Manager,  
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Tracey Sharp – Independent Consultant in Public Health,  
Lorna Smith – Specialty Registrar in Public Health,  
Tammy Smith – Public Health Advanced Practitioner,  
Jane Sunter – Public Health Strategic Manager,  
Chris Woodcock – Public Health Strategic Manager



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## Foreword

I would like to welcome you to my first annual report. It is my role as Director of Public Health to promote and protect the health and wellbeing of people in County Durham.

Good health is central to people's happiness and wellbeing. It also makes an important contribution to the local economy as healthy people live longer and are more productive.



**Amanda Healy**

I am delighted to be working in County Durham. As the largest local authority in the North East with over 524,000 residents, I was attracted to the role due to the scale of the opportunity but also the diversity across the county.

County Durham has so many positive aspects, from the Heritage Coast to the City of Durham with its top 100 university, cathedral and castle making it a centre of culture, to towns and villages steeped in history.

It is also diverse from a health and wellbeing perspective. The county's residents have different experiences of health and illness patterned by socioeconomic status, which includes their life expectancy, healthy life expectancy and key challenges across the lifecourse in smoking levels, breastfeeding, mental health and an increasingly older population with a range of health conditions. There are a wide range of organisations working in County Durham committed to improving health and wellbeing which is also very positive.

It is time to think afresh about how we address these challenges with our local communities, and in a positive way. It has been five years since public health teams transferred to local authorities from the NHS. It is therefore timely to review our approach to improving and protecting the public's health, as well as the public health function in Durham County Council.

This report shares the work that has been done in the last year and sets out a new plan for the health and wellbeing of County Durham. This plan is built on some huge achievements over the last five years, including a major reduction in our smoking levels. This is highlighted in the report and demonstrates what we can achieve by working together. However we have much more to do. In this report I have set out our approach to understanding local health and wellbeing through our Joint Strategic Needs Assessment (JSNA). This has helped me to look at the health and wellbeing across County Durham and determine the priority areas to focus our collective efforts on.

Our vision and plan sets out how the whole council can contribute to the health and wellbeing of the people in County Durham. As Director of Public Health, my team can only achieve change by working with others and this includes those seeking to improve housing, employment, education and our local environment.

In setting out refreshed priorities, it has been really important to ensure that we seek to reduce any differences in health across our county, and between County Durham and the rest of England that are unacceptable and preventable.

Most importantly, my role is about working with and on behalf of local residents and the Elected Members that represent those residents.



To that end I have used a family approach throughout this report. You will be introduced to the Taylor family. This is a fictional family, but they serve to highlight the issues some of our local families do face as well as what we can achieve collectively to improve better health and wellbeing.

I hope you enjoy this report and see how you can get involved in the actions that I have set out.

**Amanda Healy**  
Director of Public Health



## Health and wellbeing across County Durham

The Joint Strategic Needs Assessment (JSNA) has a range of information to help us understand the major health and wellbeing issues of importance locally.

It helps to inform the planning and improvement of local services and guides us to make the best use of the funding. It is a must do for the local authority working with colleagues in the clinical commissioning groups in County Durham which are responsible for commissioning healthcare and informs our Joint Health and Wellbeing Strategy (JHWS) locally. This responsibility is carried out by the Health and Wellbeing Board.

County Durham's JSNA is not just about health and social care, but reflects the many factors that can influence people's health and wellbeing. Locally it has provided the evidence base for the JHWS, and has informed the development of other key strategies and plans, including the Sustainable Community Strategy, the Children, Young People and Families Plan, the Mental Health and Wellbeing Strategic Plan, the Smoke Free Tobacco Control Alliance Plan, the Domestic Abuse and Sexual Violence Plan, the Affordable Warmth Strategy and Cold Weather Plan, and the Oral Health Strategy.

Traditionally JSNAs have adopted what can be described as a deficit model of health and wellbeing focusing on problems, needs and deficiencies in communities such as deprivation, illness and death. Whilst it is important that we continue to understand population health and wellbeing needs and health inequalities, it is no less important that we understand the assets (or strengths) that people, communities and groups have in order to use this support and improve their health and wellbeing. By focusing on what's strong not what's wrong, a good JSNA can identify those local assets (strengths) which are improving health and wellbeing such as groups, networks, activities, spaces and service provision. Our local JSNA is starting to include these assets to provide a whole picture of health and wellbeing.

Durham Insight is a shared intelligence, research and knowledge base for County Durham, informing strategic planning across Durham County Council and its partners, and by thematic partnerships. The aim is to provide users an easy way to access and share information, intelligence, research and knowledge for deeper insights about their local area or communities. The main aim of this site is informing and supporting our Joint Strategic Needs Assessment and other assessments and strategies managed by the authority and its partners.

<https://www.durhaminsight.info/>



## Key messages from the JSNA

### Our county

- County Durham is the seventh largest authority in England, lying at the heart of the North East region. It covers a total area of 862 square miles with a variety of landscapes rich in wildlife, attractive countryside, villages, historic towns and coastline. It is home to around 524,000 people, of whom 238,500 are in employment. The population is projected to grow to 566,000 people by 2039. There are around 17,120 businesses employing nearly 170,000 employees. County Durham shares many of the problems of the North of England, arising from a long term pattern of sectoral change and industrial decline. It also has unique challenges arising from its legacy of scattered industrial settlements, and its lack of large urban areas to drive growth.
- The county, though commonly regarded as a predominantly rural area, varies in character from remote and sparsely populated areas in the west, to the former coalfield communities in the centre and the east, where villages tend to accommodate thousands rather than hundreds. Around 90% of the population lives east of the A68 road in approximately half of the county by area.
- Overall health and wellbeing has improved significantly in County Durham but it still remains worse than the England average. In addition, large health inequalities still remain across County Durham, especially with regards to breastfeeding, babies born to mothers who smoke, childhood obesity and premature deaths. The impact of this becomes obvious when looking at life expectancy; a child born today in the most deprived areas of County Durham could expect to live between 7 and 8 years less than one born in the least deprived areas.



### Our children

- There are around 28,000 children under 5 years old living in the county and over 100,000 under 18s.
- Unlike the national trend, the county has seen a gradual fall in the number of its children and young people since 2001.
- However, the number of pre-school children aged 0 to 4 is projected to increase by 3% by 2039.
- Almost 21,000 of our children and young people live in poverty.
- Childhood obesity is a persisting issue, with almost one in four 10-11 year olds being obese; this is significantly worse than England.
- Admissions to hospital caused by unintentional and deliberate injuries are significantly higher than England at almost 1,500 admissions per year.
- GCSE attainment and the number of children with a good level of development at the end of reception is similar to national levels.
- First time entrants to the youth justice system saw a reduction of 45% between 2010 and 2016.



## Our adults

- There are around 316,000 people of working age (18-64) living in County Durham and this is predicted to decline by over 2% by 2039.
- Over 90,000 people are living in income deprivation and over 30,000 households in fuel poverty.
- Long term unemployment is higher locally than the national average; 5 people per 1,000 of the working age population are in long term unemployment.
- Smoking rates are reducing over time but there is still a long way to go to reach our target of 5% prevalence by 2025.
- Smoking prevalence is still much higher in the more deprived areas of the county.
- Similar to the rest of the UK, poor mental health is a significant burden of illness in the population. In County Durham there are over 42,000 people registered with depression.



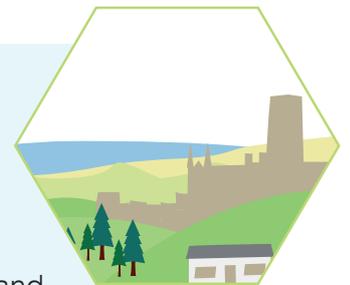
## Our older people

- County Durham has an ageing population with over 105,000 people aged 65+ and over 12,000 aged 85 and over.
- The number of people aged 65 and over has increased by nearly 30% over the last couple of decades, and now represents one fifth of the county's resident population – this increase is predicted to continue.
- Around 25,000 pensioners are living alone and there are similar numbers living in deprivation. Many older people experience both isolation and poverty.
- Almost 5,000 people live with dementia. This is predicted to increase over the coming years.



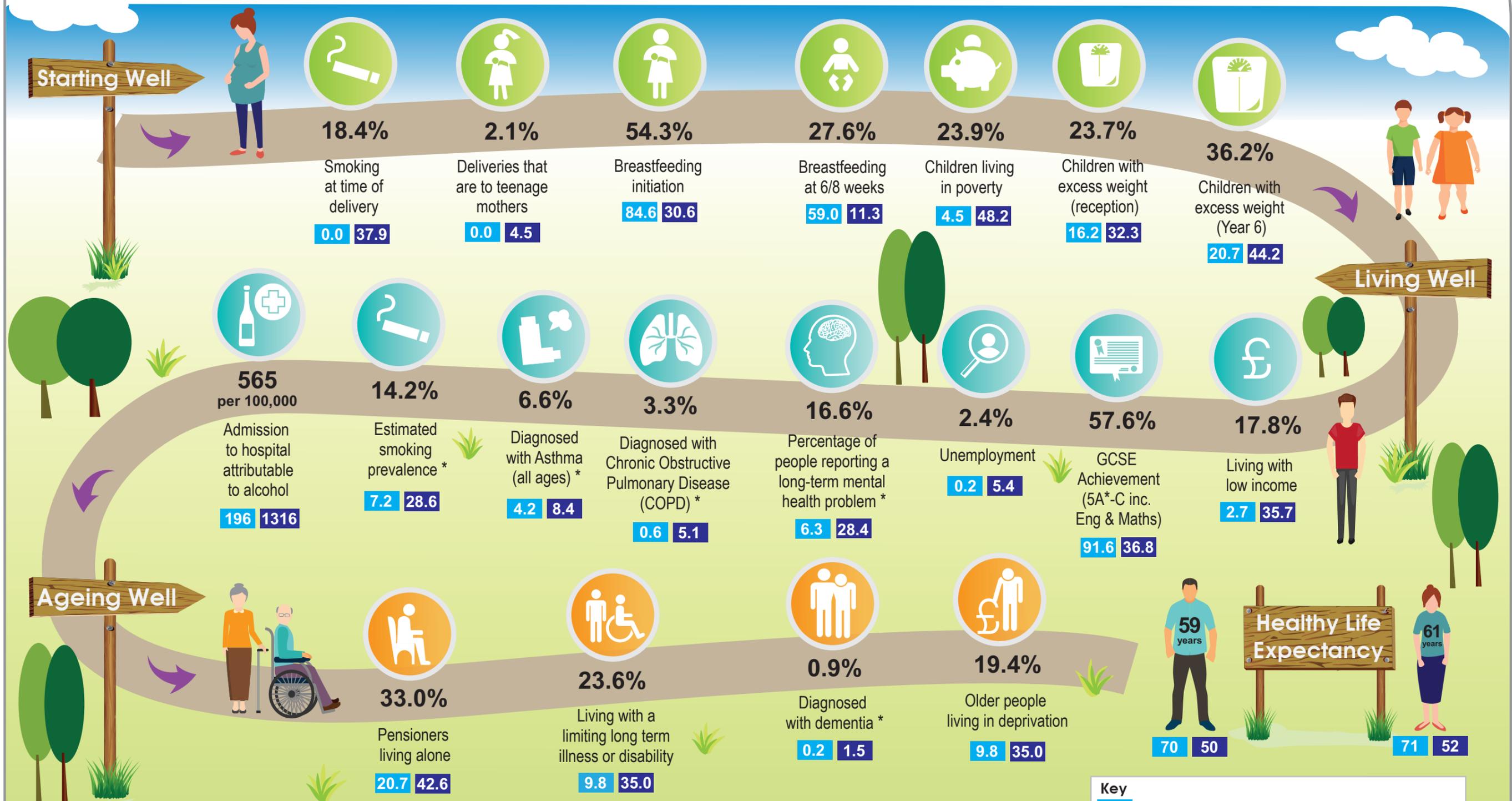
## Our assets

- The county has many physical assets with a World Heritage Site, 70 parks and open spaces, an area of outstanding natural beauty covering the upper Teesdale and Weardale and 15km of defined Heritage Coast. The attractiveness of the local environment is reflected in the number of awards the county has received which includes 21 green flags for parks and green spaces.
- Partnership working in County Durham is very well established and there is a real commitment to improve and protect the health of local residents.
- There are many examples of community volunteering projects through which local people give their time to improve their local environment. The most high profile event is the Big Spring Clean which runs on an annual basis and saw 4,131 volunteers giving up 5,417 combined hours to collect 4,123 bags of rubbish.



# A walk through the lifecourse in County Durham

Some of the health issues are set out in the walk and how we compare across County Durham. Understanding these differences helps us to focus our attention to ensure our local people can 'start well, live well and age well'.



A Middle Layer Super Output Area (MSOA) is a small geographic area. They are part of a geographic hierarchy designed to improve the reporting of small area statistics in England and Wales. There are 66 MSOAs in County Durham with an average population of around 7,500.

**Key**  
 Best Middle Super Output Area in County Durham  
 Worst Middle Super Output Area in County Durham  
 Note: \*denotes GP registered population

## How we have made a difference to health and wellbeing

While we have outlined many health and wellbeing challenges in the JSNA and walk through the lifecourse, we have also had some major achievements in improving health in recent years. Reducing levels of smoking is one such area and of critical importance given the impact it has on people's health, finances and those that live with them.

### Reducing levels of smoking

#### Vision statement

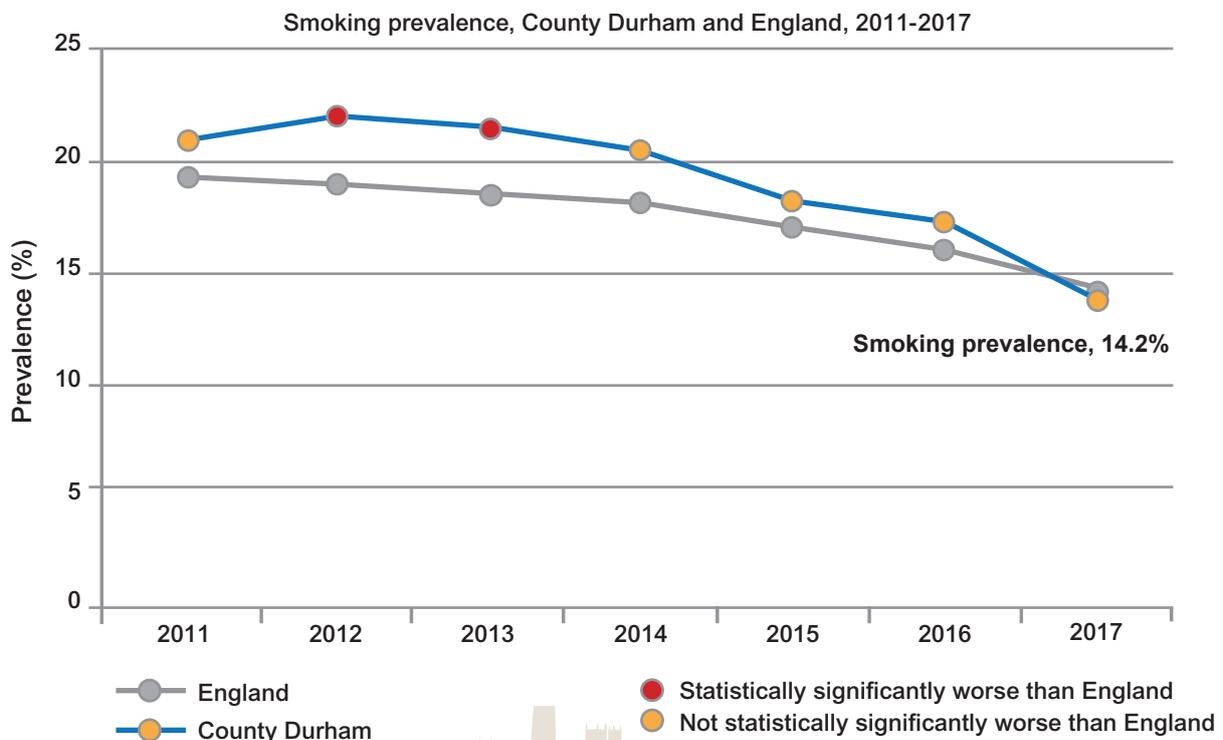
A child born now in any part of County Durham will reach adulthood breathing smoke free air, being free from tobacco addiction and living in a community where to smoke is unusual. We owe it to our children to make it happen.

In refreshing our priorities based on the JSNA, I have reflected on where we have made real changes to local people's health and wellbeing and what contributed to that change.

The impact of smoking on our local residents has been a key challenge over many years. The current impact of smoking in County Durham can be seen on page 10 (smoking in County Durham our challenges).

In the Taylor family, John and Sarah smoke and this has an impact on them and those around them. John and Sarah are two of the 60,000 smokers in County Durham.

In years gone by, that number would have been much greater. Even since 2012, there has been a reduction of 22,000 smokers, more than the capacity of an international cricket match at the Emirates Riverside Stadium.

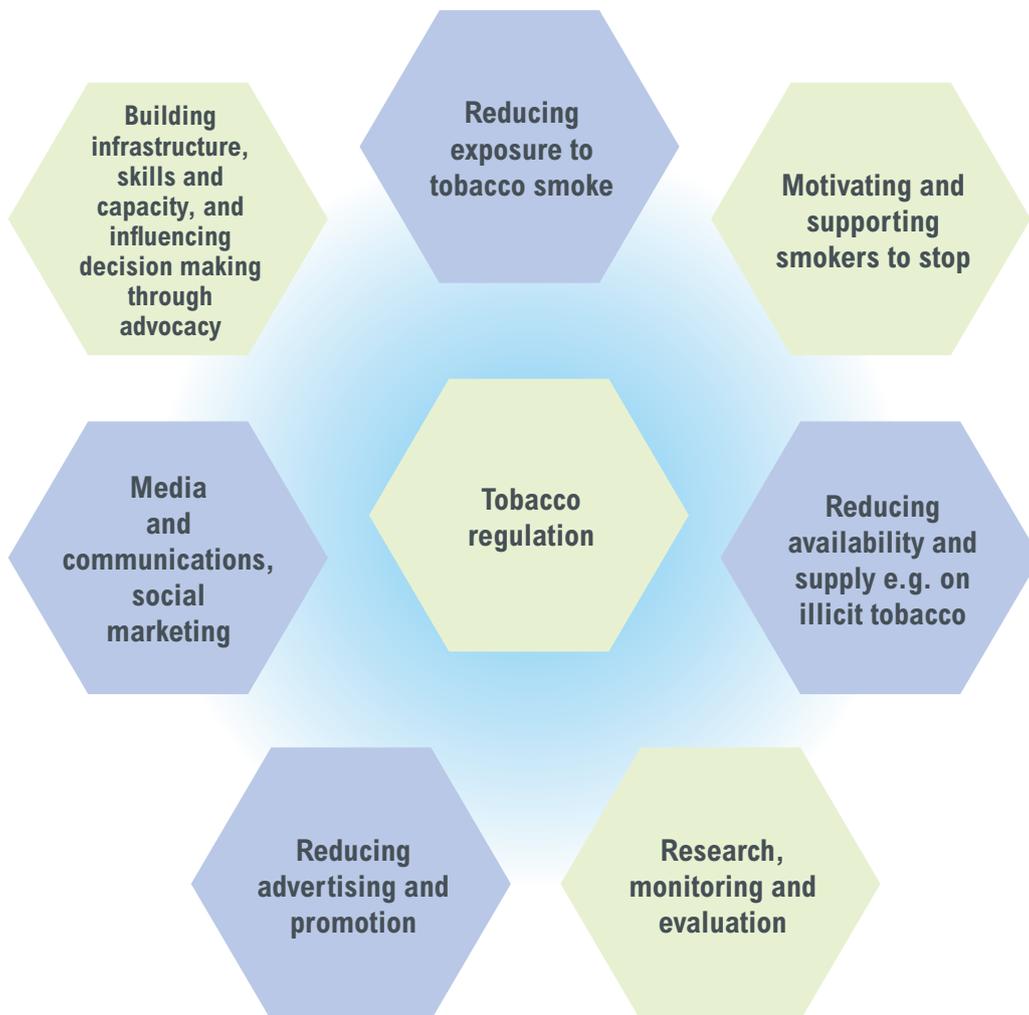


This has not happened by chance alone but by the concerted effort and support of local people wanting to make changes. We have taken a long term ambitious approach to reducing smoking levels in County Durham through the work of our local tobacco alliance. The tobacco alliance is made up of several organisations including the NHS, partners across Durham County Council, stop smoking service provider and the voluntary sector, and is championed by elected members.

We have a clear ambition for where we want to be:

**To achieve 5% smoking prevalence level by 2025.**

County Durham tobacco alliance partners deliver a comprehensive tobacco control package of eight key strands:



Working together we can support our local residents to give up smoking and to make their home and local environment smoke free.

# Smoking in County Durham

## Our challenges

### Smoking at time of delivery

900 babies are born to mothers who smoke



### Low birth weight

3% of newborns have a low birth weight



### Young people

One in ten 15 year olds smoke



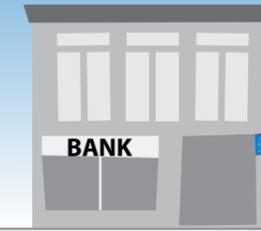
### Smoking prevalence

14% of adults smoke  
People working in routine and manual jobs are more likely to smoke  
Smoking and smoke related ill health are higher in more deprived areas



### Cost to the economy

Hospital admissions due to smoking cost £35 per head



### People in poverty



Over 6,500 people set a quit date with the stop smoking service last year

Over half of these had quit at four weeks

33% of households with a smoker fall below the poverty line  
Nearly 7,000 households would be lifted out of poverty if money wasn't spent on tobacco

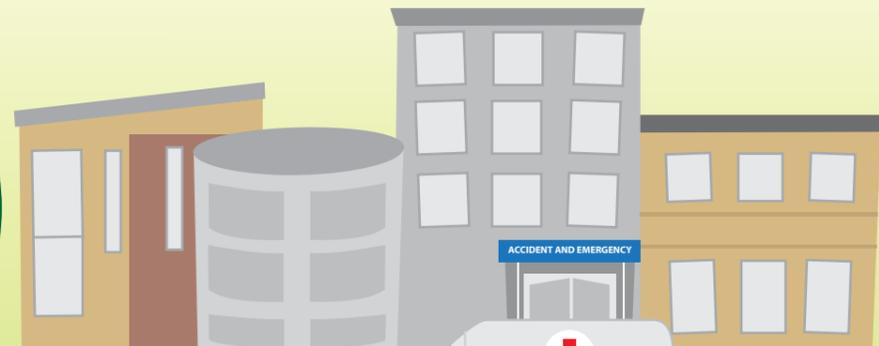
### Disease

20,000 people are registered with COPD  
40,000 people are registered with asthma  
500 new cases of lung cancer a year  
75 new cases of oral cancer a year



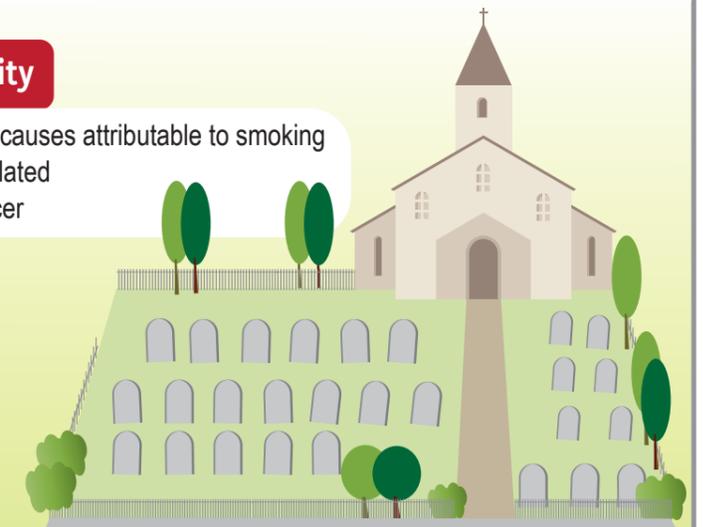
### Hospital admissions

Over 7,000 hospital admissions are attributable to smoking  
Nearly 300 children admitted to hospital for asthma



### Mortality

Around 1,000 people a year die from causes attributable to smoking  
30% of adult deaths were smoking related  
200 premature deaths from lung cancer



### Emergency admissions

Nearly 2,000 emergency hospital admissions for COPD last year



# Making smoking history in County Durham

## Our achievements

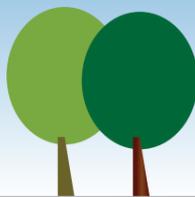
### Reducing exposure to secondhand smoke

Smokefree families



### Reducing the availability of tobacco products

Protecting children from under age sales



### Helping smokers quit

A new stop smoking service launched in 2016  
Working with maternity services to reduce smoking in pregnancy  
Wellness on wheels



### Tobacco regulation



Smokefree play parks



Smokefree touchlines



### Media, communications and social marketing



Stoptober

### Reducing tobacco promotion

### Infrastructure to deliver tobacco control



### Research, monitoring and evaluation

Targeted wellbeing community asset based approach  
Health Equity Audit  
Small area geography



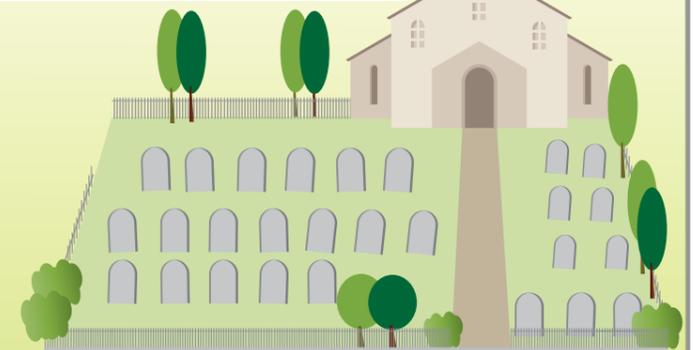
### Reducing the supply of illicit tobacco

Stamping down on illicit tobacco sales -  
detection dogs highlight dangers of  
illegal tobacco

Lead commissioner of Fresh, an award winning tobacco programme  
Fire service safe and well visit referrals to the stop smoking service  
A Smokefree NHS, leading the way



ACCIDENT AND EMERGENCY



Durham receives CLeaR award  
for local tobacco control work



## Introducing the Taylor family

This is a fictional County Durham family – the Taylor family. However, they face some of the key challenges that a lot of our local communities face.

### This is Sarah and John



John is in a low paid job and worries about money especially with a new baby on the way. Sarah is pregnant and has been drinking quite a lot to cope. They live in a privately rented house. John and Sarah are smokers.

### And Dan, teenage son from a previous relationship



Dan is Sarah's son from a previous relationship. He was doing well at school but felt under pressure to do better and ended up dropping out of school. He has been staying at a friend's house on the sofa and taking drugs to fit in with his friends.

### They have two younger children, Olivia and Callum



Callum has a learning disability and Olivia is overweight. They both eat lots of fast food and play video games for hours after school.

### And grandparents, Jean and George



Their house is always cold and damp and George was very ill with the flu last winter. Both struggle to get around their home safely. Jean has just had a fall and can no longer care for George. They often feel isolated from their community.



And while the Taylor family may face challenges they also have some real positives in their lives:

- Strong sense of family and support for one another.
- Callum receives good support in school.
- John enjoys his job and has some great friends. He coaches at the local football team.
- Sarah is very caring and spends time helping out at Olivia's school.
- Jean until recently volunteered at the knit and natter group, teaching others to knit.
- Dan enjoys physical activity and runs on a regular basis.
- Olivia goes to arts and crafts at the children's centre.
- Sarah and John provide a loving, safe home for Olivia and Callum and keep in touch with Dan.
- George enjoys researching his family history.

Supporting and working with the Taylor family to improve health and wellbeing in County Durham are a plethora of organisations. The County Durham Partnership is made up of key public, private and voluntary sector organisations that work together to improve the quality of life for the people of County Durham. The County Durham Partnership is made up of five thematic groups, altogether wealthier, altogether better for children and young people, altogether healthier, altogether safer and altogether greener. These groups work collectively in a range of partnerships including the County Durham Health and Wellbeing Board, the Safer Durham Partnership, County Durham Children and Families Partnership and the Area Action Partnerships. Improving the public's health can only happen by working with other partnerships in County Durham which are a key asset.



- Around 1/3 of dwellings are social or private rented.
- Over 25,000 people are economically inactive due to long term sickness.
- Over 30,000 households experience fuel poverty.



- 46 full classrooms of 4-5 year olds with excess weight.
- For every 1,000 school aged children there are 44 with a known learning disability.



- Over 600 16-18 year olds are not in education, employment or training.
- Each year over 60 young people are admitted to hospital for substance misuse.



- 1 in 6 mums are smokers when they have their baby.
- 1 in 3 adults drink over 14 units of alcohol a week.



- For every 100 routine and manual workers 21 are current smokers.
- 2 out of 3 adults are overweight or obese.



- Around 19,000 people aged over 65 are lonely.
- 7 out of 10 eligible people aged over 65 received the flu vaccination.

The JSNA has helped us to draw out some key challenges faced by the Taylor family. Identifying these challenges have helped us to agree our priorities for action.

### The Taylors 2018



## Our priorities and actions

It is my role to ensure that the priorities identified are turned into action. It is only by joined up action, similar to that I have described around smoking that the Taylor family will be able to have healthier lives.

Key actions that will take place in the next year are set out below.

### Good jobs and places to live, learn and play

#### Action

- To develop health standards for private landlords to implement.
- Older people to have support to ensure their homes are warm and safe and not at risk of fuel poverty.
- Set out a plan to restrict the increase in take-away food premises.

### Every child to have the best start in life

#### Action

- All schools in County Durham working towards healthy schools with emphasis on mental health.
- Provide dedicated support for women smoking while pregnant and include support for their partners.
- Introduce breastfeeding friendly venues.
- To understand the health and wellbeing needs of children with special educational needs and disability.

### Mental health at scale

#### Action

- Support small businesses to take action about mental health, and train staff to become mental health first aiders.
- Get involved in *time to change* to reduce stigma and discrimination due to mental health.



## Promoting positive behaviours

### Action

- Introduce the Active 30 to help children to become more active.
- Reducing exposure to second hand smoke.
- Increase awareness about the risks of alcohol.

## High quality drug and alcohol services

### Action

- To support people needing help with our new drug and alcohol service.
- To work with families to help them with drug and alcohol issues.
- Promote awareness about sensible levels of alcohol intake.

## Healthy workforce

### Action

- Support organisations to promote the wellbeing of their staff.
- To reach more organisations with our Better Health at Work award.
- To support a range of marketing campaigns to promote health and wellbeing.

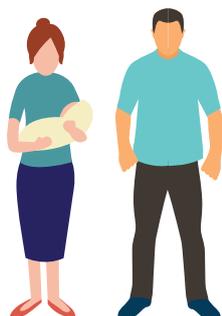
## Better quality of life through integrated health and care services

### Action

- To encourage people to have the flu vaccination.
- To work with health and social care organisations to integrate services to improve quality of life.
- Support people to get involved in local social and physical activities to reduce social isolation.

## What will this mean for the Taylor family?

### Sarah and John



Both have stopped smoking with the help of the local stop smoking service and encouragement from their midwife. Their baby is doing well in their smoke free home and Sarah is attending a breastfeeding support group every week. They support others trying to become healthier as well as having more disposable income. Sarah receives support for alcohol use at a local children's centre. At work, John has become a mental health first aider.

### Dan



Dan is accessing services for his substance misuse. His mental health has improved and he is an advocate for Stamp It Out a local community group.

Dan has been helped to find a flat. He volunteers at a local leisure centre and is working towards his lifeguard certificate.

### Olivia and Callum



They now live in a smoke free home. They are eating more home cooked meals.

They go swimming once a week at their local leisure centre where Dan volunteers.

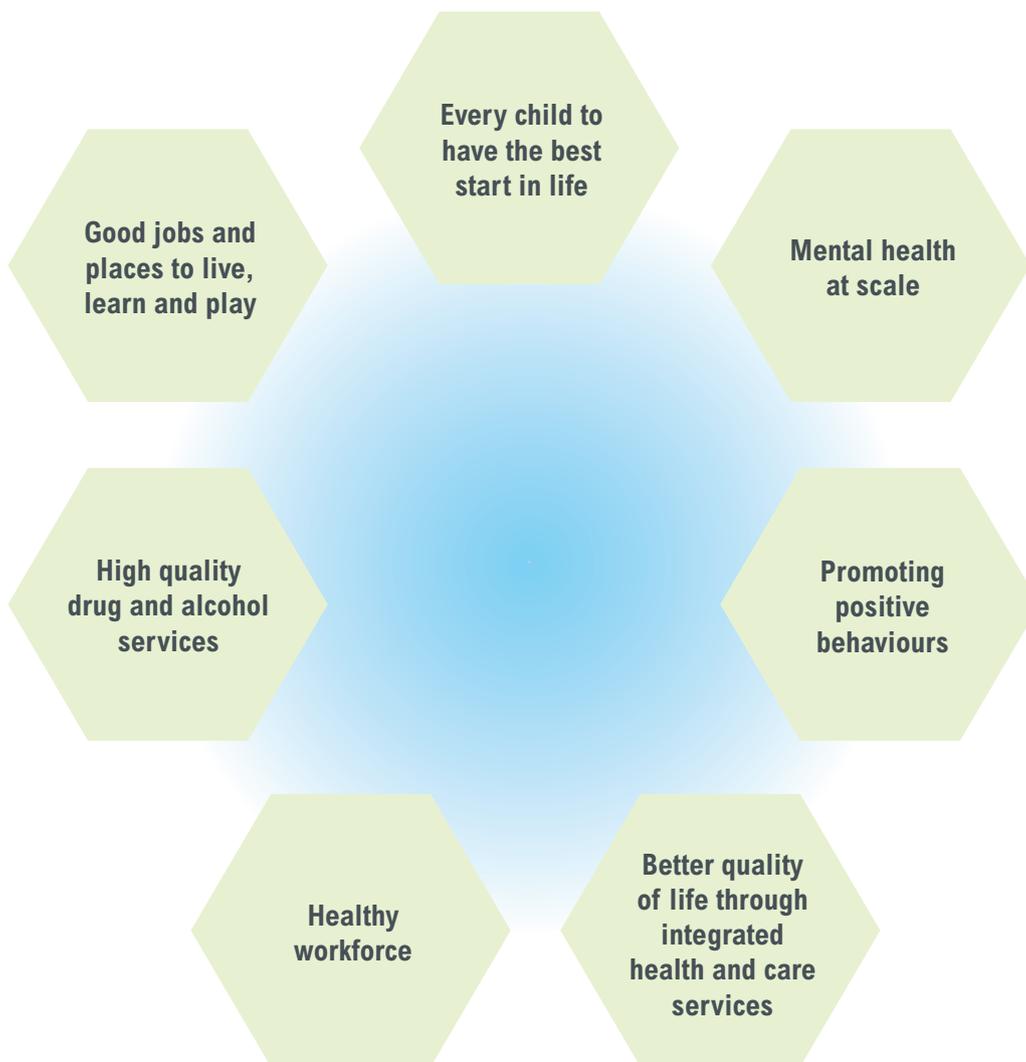
### Jean and George



Jean and George are now better prepared for winter weather. They have both had their free flu immunisation and receive help to improve the energy efficiency in their home. With support from carers, Jean is back at her knit and natter class and George is taking an IT class at the local library.

## Recommendations

- 1 Develop the use of assets within the Joint Strategic Needs Assessment
- 2 Continue with the key ambition of 5% smoking levels by 2025
- 3 Implement the actions for each priority, working with partners across County Durham



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



Braille



Audio



Large print

العربية Arabic	(中文 (繁體字)) Chinese	اردو Urdu
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বাংলা Bengali	हिन्दी Hindi	Deutsch German
Français French	Türkçe Turkish	Melayu Malay

**publichealth@durham.gov.uk**

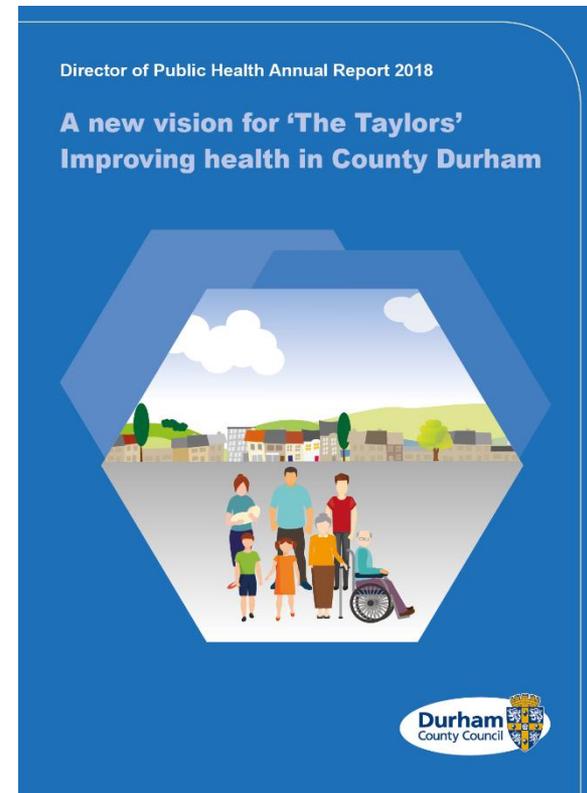
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# Director of Public Health Annual Report

## Adults, Wellbeing and Health Overview and Scrutiny Committee 15 November 2018

**Amanda Healy**  
**Director of Public Health**





Page 84

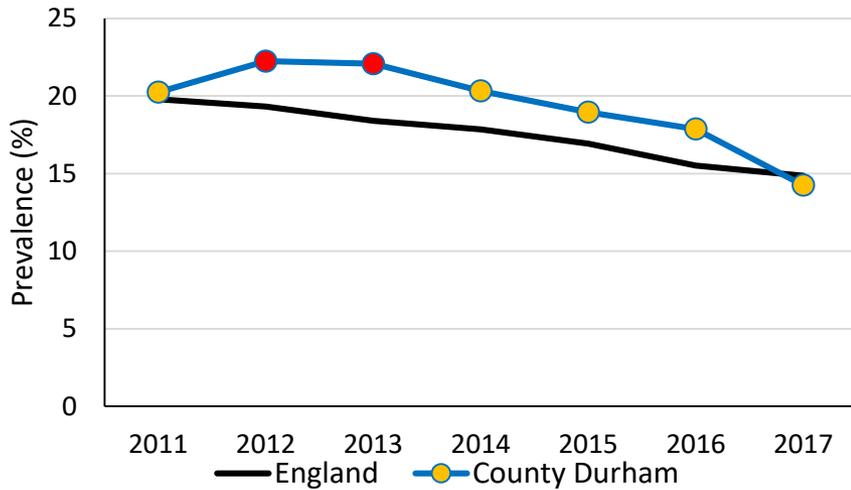
# Health and wellbeing across County Durham

- Our county
- Our children
- Our adults
- Our older people
- Our assets

<https://www.durhaminsight.info/>



# Where are we now?



This is a reduction of nearly **22,000** smokers

- Statistically significantly worse than England
- Not statistically significantly different to England
- Significantly better than England

# Page 80

## Making smoking history in County Durham

### Our achievements

#### Reducing exposure to secondhand smoke

Smokefree families



#### Reducing the availability of tobacco products

Protecting children from under age sales



Smokefree play parks



Smokefree touchlines



#### Helping smokers quit

A new stop smoking service launched in 2016  
Working with maternity services to reduce smoking in pregnancy  
Wellness on wheels



#### Tobacco regulation



#### Media, communications and social marketing



Stoptober

#### Reducing tobacco promotion

#### Infrastructure to deliver tobacco control



Lead commissioner of Fresh, an award winning tobacco programme  
Fire service safe and well visit referrals to the stop smoking service  
A Smokefree NHS, leading the way

#### Research, monitoring and evaluation

Targeted wellbeing community asset based approach  
Health Equity Audit  
Small area geography



#### Reducing the supply of illicit tobacco

Stamping down on illicit tobacco sales -  
detection dogs highlight dangers of  
illegal tobacco



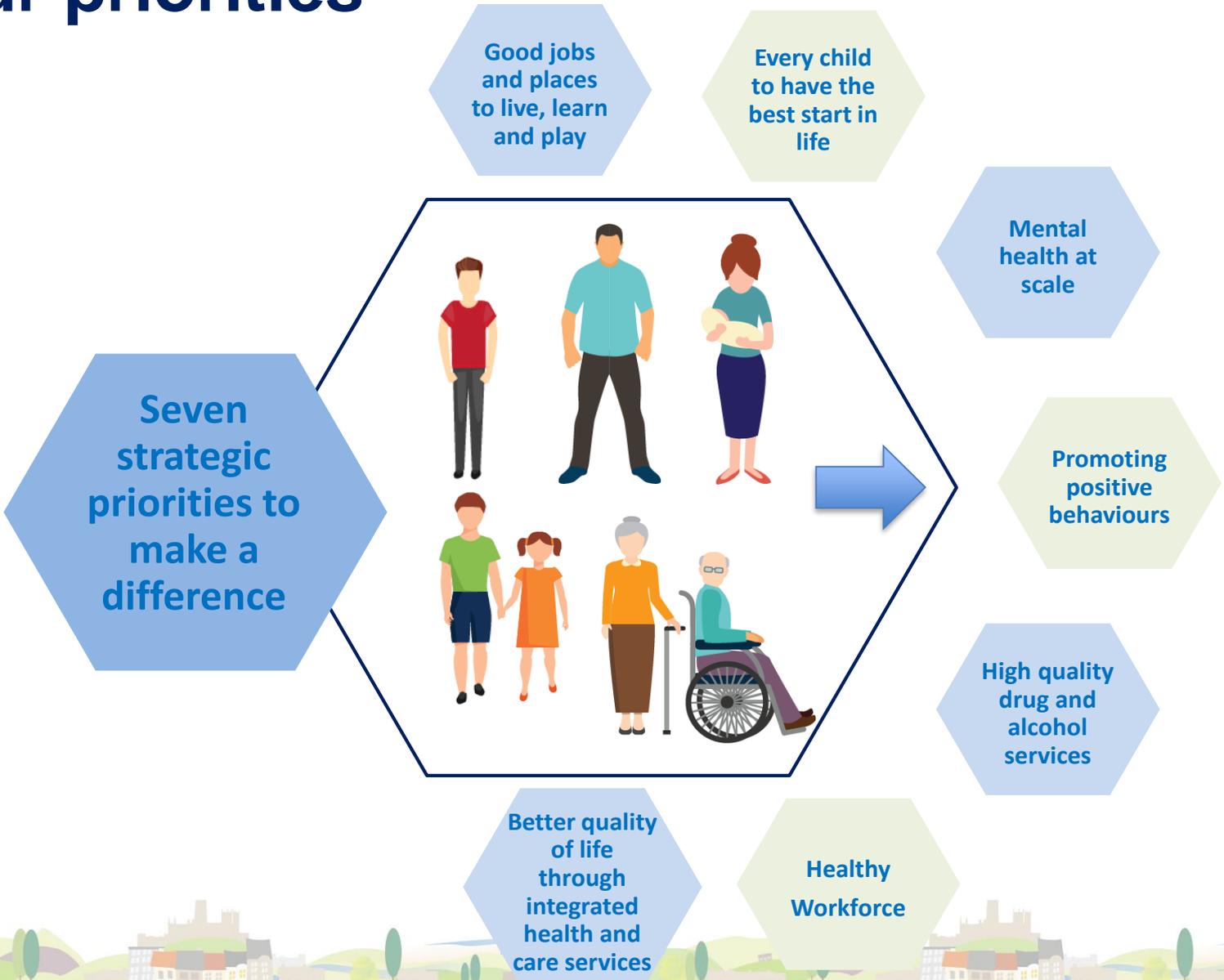
Durham receives CleaR award  
for local tobacco control work



# Introducing the Taylor family



# Our priorities



Seven strategic priorities to make a difference

Good jobs and places to live, learn and play

Every child to have the best start in life

Mental health at scale

Promoting positive behaviours

High quality drug and alcohol services

Healthy Workforce

Better quality of life through integrated health and care services

# Our actions

Good jobs and  
places to live,  
learn and play

- Set out a plan to restrict the increase in take-away food premises

Every child  
to have the  
best start in  
life

- All schools in County Durham working towards healthy schools with emphasis on mental health

Mental  
Health at  
scale

- Get involved in *time to change* to reduce stigma and discrimination due to mental health



# Our actions

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Promoting  
positive  
behaviours

- Introduce the Active 30 to help children to become more active

High  
quality  
drug and  
alcohol  
services

- To support people needing help with our new drug and alcohol service

Healthy  
workforce

- To reach more organisations with our Better Health at Work award

Better  
quality of  
life through  
integrated  
health and  
care services

- To work with health and social care organisations to integrate services to improve quality of life



# What will this mean for the Taylor family



# Recommendations

1. Develop the use of assets within the Joint Strategic Needs Assessment
2. Continue with the key ambition of 5% smoking levels by 2025
3. Implement the actions for each priority, working with partners across County Durham:
  - Every child to have the best start in life
  - Mental health at scale
  - Promoting positive behaviours
  - Better quality of life through integrated health and care services
  - Healthy workforce
  - High quality drug and alcohol services
  - Good jobs and places to live, learn and play

