Health and Wellbeing Board

Date	**Wednesday 4 July 2018**
Time	**9.30 am – 12 noon**
Venue	**Committee Room 2 - County Hall, Durham**

Business

Part A

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

1. Apologies for Absence

2. Substitute Members

3. Declarations of Interest

4. Minutes of the meeting held on 25 May 2018 (Pages 5 - 12)

5. Health and Social Care Plan (standard item) Update from Corporate Director Adult and Health Services, Durham County Council; Chief Operating Officer, North Durham and Durham Dales Easington and Sedgefield Clinical Commissioning Groups; and Director of Integration, NHS County Durham and Durham County Council

6. Joint Health and Wellbeing Strategy End of Year Performance Report 2017/18 - Report of Head of Strategy, Durham County Council (Pages 13 - 44)

7. Health and Wellbeing Board Annual Report 2017/18 - Report of Strategic Manager Partnerships, Transformation and Partnerships, Durham County Council (Pages 45 - 76)

8. Better Care Fund Q4 2017-18 - Report of Strategic Programme Manager, Better Care Fund and Integration, Adult and Health Services, Durham County Council (Pages 77 - 82)

9. Prevention at Scale - Presentation of Corporate Director, Adults and Health Services, Durham County Council; Director of Public Health, Durham County Council; and Head of Partnerships and Community Engagement, Transformation and Partnerships, Durham County Council. (Pages 83 - 84)

10. Children and Young People's Strategy - Presentation of Corporate Director, Children and Young People's Services, Durham County Council (Pages 85 - 88)

11. Falls Prevention Strategy - Report of Interim Head of Commissioning, Durham County Council and Associate Director of Nursing, Patient Safety and Governance, County Durham and Darlington NHS Foundation Trust (Pages 89 - 118)

12. NHS 70th Birthday - Update from Chief Operating Officer, North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups

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

14. Any resolution relating to the exclusion of the public during the discussion of items containing exempt information

Part B

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

15. 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
26 June 2018

To: The Members of the Health and Wellbeing Board

Durham County Council

Councillors L Hovvels (Chairman), J Allen and O Gunn

J Robinson	**Adult and Health Services, Durham County Council**
M Whellans	**Children and Young People's Services, Durham County Council**
A Healy	**Public Health, County Durham Adult and Health Services, Durham County Council**
N Bailey	**North Durham and Durham Dales Easington and Sedgefield Clinical Commissioning Groups**
Dr D Smart	**North Durham Clinical Commissioning Group**
Dr S Findlay	**Durham Dales, Easington and Sedgefield Clinical Commissioning Group**
Dr J Smith	**Durham Dales, Easington and Sedgefield Clinical Commissioning Group**
S Jacques	**County Durham and Darlington NHS Foundation Trust**
J Gillon	**North Tees and Hartlepool NHS Foundation Trust**
C Martin	**Tees, Esk and Wear Valleys NHS Foundation Trust**
C Harries	**City Hospitals Sunderland NHS Foundation Trust**
B Jackson	**Healthwatch County Durham**
S Lamb	**Harrogate and District NHS Foundation Trust**
L Jeavons	**North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups and Durham County Council**
A Reiss	**Office of the Police, Crime, and Victim's Commissioner**
D Brown	**County Durham and Darlington Fire and Rescue Service**

Contact: Jackie Graham **Tel: 03000 269704**

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DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in Committee Room 2 - County Hall, Durham on **Friday 25 May 2018 at 1.00 pm**

Present:

Members of the Board:
Councillors J Allen and O Gunn and L Hovvels, D Brown, S Clegg, C Harries, L Hunter, B Jackson, L Jeavons, G O'Neill, A Reiss, J Robinson, P Scott, A Smith and M Whellans

1 Election of Chairman

Moved by Councillor O Gunn, **Seconded** by J Robinson and

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

Councillor L Hovvels in the Chair

2 Appointment of Vice Chairman

Moved by Councillor J Allen, **Seconded** by M Whellans and

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

3 Apologies for Absence

Apologies for absence were received from Dr S Findlay, C Bage, N Bailey, J Gillon, S Jacques, A Healy, S Lamb, C Martin, Dr D Smart and Dr J Smith

4 Substitute Members

D Brown for C Bage, M Houghton for N Bailey, S Findlay, D Smart & J Smith, G O'Neill for A Healy, L Hunter for J Gillon and S Clegg for S Jacques

5 Declarations of Interest

There were no declarations of interest.

6 Minutes

The mintues of the meeting held on 20 March 2018 were agreed as a correct record and signed by the Chairman.

7 Health and Wellbeing Board Roles and Responsibilities

The Board received a presentation of the Strategic Manager, Partnerships, Durham County Council that provided a refresh of the role and responsibilities of the Health and Wellbeing Board.

The presentation highlighted functions and membership of the Board (for copy see file of Minutes).

Resolved:
That the presentation be received.

8 Sustainability and Transformation Plans Update: Northumberland, Tyne and Wear and North Durham and Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby Draft Sustainability and Transformation Plans

The Board received a verbal update of the Director of Commissioning and Development, North Durham Clinical Commissioning Group that gave an update of the Sustainability and Transformation Plans Update: Northumberland, Tyne and Wear and North Durham and Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby Draft Sustainability and Transformation Plans.

The Director of Commissioning and Development explained that guidance had been received from NHS England asking STPs to consider as a region progress towards an integrated system. This regional work was being led by Alan Forster and would involve partners and the voluntary and community sector.

He went on to advise that a lot of work was ongoing in other areas such as prevention, pathology, mental health and transforming care with an emphasis on place based working.

The Chairman commented that it would be beneficial to have a simplified process.

The Director of Integration was advised that the region refers to North Cumbria and the North East and that discussions on funding were in the main related to NHS services.

The Corporate Director of Adult and Health Services, DCC said that it was helpful to hear the progress being made and that for County Durham we would focus on what was required for our population.

Referring to the allocation of funding, Councillor Gunn commented that this was a positive way forward rather than having to bid for funding.

Resolved:
That the update be noted.

9 Developing a Health and Social Care Plan for County Durham

The Board considered a joint report of the Corporate Director Adult and Health Services, Durham County Council, the Chief Operating Officer, North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups, and the Director of Integration, NHS County Durham and Durham County Council that provided an update on the integration of health and social care services in County Durham (for copy see file of Minutes).

The Chairman was advised following a question about how people would find out how they were affected, that there would be the avoidance of duplication and processes would be simpler. This had already been seen through Teams Around the Patient (TAPs) which were now all operational.

The Director of Integration further explained that members of public would see a better service that was not as complex to navigate as the current system.

The Chief of Staff, Office of the Police, Crime and Victim's Commissioner asked how the practicalities of a pooled budget would work. The Corporate Director of Adult and Health Services, DCC explained that we would be building on what we do now through the Better Care Fund. She explained a new community services contract had been agreed and that there would be a joined up strategic approach to commissioning to cover children and adults, moving forward. She added that good relationships existed between public service partners and there was a formal budget arrangement that would be developed going forward together with risk sharing and a clear strategy that would cover budgets / finances. This would be covered by the joint commissioning steering group. It was agreed the future integration model would come back for further discussion, including revised governance arrangements.

Resolved:

(i) That the content of the report and the work to date on Integration of Health and Social Care Services be noted.

(ii) That the report, presented to Cabinet, and CCG Executive and Governing Bodies, be noted.

(iii) That the intention to develop a Health and Social Care Plan for County Durham through the development of a Joint Strategic Commissioning Function and Integrated Governance arrangements be supported.

(iv) That further updates be received.

10 North Durham, and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups Two Year Operational Plans

The Board considered a report of Chief Operating Officer, North Durham and Durham Dales Easington and Sedgefield Clinical Commissioning Groups and Chief Clinical Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group that presented a refresh of the Durham Dales, Easington and Sedgefield (DDES) and North Durham CCGs Operational Plans 2017-19 (for copy see file of Minutes).

The Director of Commissioning and Development, North Durham CCG explained that the operational plans from each of the CCGs in County Durham had been refreshed for year two. The steer from NHS England was to grow activity. Some of the key areas had been refreshed to reflect the health & care plan, the importance of the children agenda, integration work and teams around the patient and the wider regional workstreams.

The Corporate Director of Children and Young People's Services said that there was an opportunity to target key issues for the children's agenda.

The Director of Corporate Affairs and Legal/Trust Secretary, City Hospitals Sunderland NHS Foundation Trust suggested a key area for the CCGs would be in relation to cyber security/digital care and the Director of Commissioning and Development agreed to take this back to the Clinical Commissioning Groups.

Resolved:

(i) That the contents of these refreshed reports for North Durham and DDES CCGs be noted.

(ii) That the plans submitted to NHS England by 30th April 2018 deadline be noted.

11 The Role of Community Pharmacies in the Improvement of People's Health and Wellbeing

The Board received a presentation from the Chief Officer and the Chair of County Durham and Darlington Local Pharmaceutical Committee describing the role community pharmacies play in improving the health and wellbeing of the residents of County Durham (for copy see file of Minutes).

The presentation highlighted the following:-

- Community Pharmacy – background
- 3 strands of shared local government/community pharmacy agenda
  - Public Health
  - Support for independent living
  - Social capital
- Community Pharmacy Forward View
- Supporting people to manage their Long Term Conditions
- First port of call for healthcare advice and treatment
- Neighbourhood health and wellbeing hubs
- Support for the aims of the Joint Health & Wellbeing Strategy 2016-19
- Health and Wellbeing hubs
  - screening services
  - health promotion
- Pharmaceutical Needs Assessment Action Plan – Collaborative Working
- Opportunities for future service developments
- Pharmacy services North East – looking to expand to County Durham and Darlington

The Chairman of Healthwatch County Durham expressed some concern about care navigation for minor ailments in that GPs would not get to see a patient if this system navigates away from them. The Chief Officer of the LPC advised that a lot of discussions had taken place with the CCGs about care navigation and it had been stressed to have a referral back to the GPs mechanism built in to the process, as required.

The Chairman said that pharmacies played a very important role and thanked the Chief Officer and Chair of the LPC for their presentation.

Councillor Allen commented that there were a lot of services available to communities and advocated for pharmacies to raise awareness and promote what was being carried out.

With reference to charging for prescription deliveries for vulnerable patients, Councillor Gunn asked what the views were of the LPC. The Chair of the LPC was aware that some pharmacies did charge and highlighted that pharmacies did not receive a budget for deliveries and that funding from government to pharmacies had been cut and that some pharmacies were looking at sustainability. He said that pharmacies would look to continue free delivery of prescriptions for vulnerable groups. Feedback that had been received so far was very positive and many people said that they would come in to collect their prescriptions in future.

In relation to the capacity in pharmacy service, the Corporate Director of Adult and Health Services asked if there were any vacancies and if demand could be sustained. The Chair of the LPC advised that funding cuts had resulted in staffing levels being looked at. She added that current levels could be maintained and the situation would be monitored, with the option to increase staffing based on demand.

The Chief Officer of the LPC informed the Board that they supported care navigation and had asked the CCG to provide information about care navigation to send out to pharmacists. A meeting had been arranged for 19 June 2018 and would be up to each pharmacist if they would take part.

The Corporate Director of Children and Young People's Services asked if there was an opportunity for community pharmacies to liaise with and provide engagement with hard to reach groups. The Chair and Chief Officer of the LPC said that there was opportunities for vulnerable people to receive visits to their own homes and with regards to education they would like the opportunity to speak to groups of hard to reach people. It may be possible that this could be taken forward through Area Action Partnerships.

The Chief of Staff, Office of the Police, Victims and Crime Commissioner referred to access to pharmacy services for people leaving prison as prison doctors did not prescribe for use on release into the community and this could result in people re-offending. The Chair of the LPC and the Chief of Staff agreed to pick this up outside of the meeting.

Resolved:
That the presentation be received.

12 Health and Housing Work 2016-18

The Board received a report of the Director of Public Health County Durham that gave an update on Public Health links to housing and examples of developments that have been implemented 2016-2018 (for copy see file of Minutes).

The Deputy Director of Public Health County Durham reported that a Healthy and Housing group was established and had agreed five priority areas, as follows:-

(a) Addressing poverty including welfare reform and fuel poverty
(b) Early years including identification of neglect and injury prevention
(c) Older people with issues such as dementia and age friendly community initiatives, reducing social isolation and falls reduction
(d) Vulnerable groups such as those with learning disabilities, a mental illness, and those exposed to domestic abuse
(e) Workforce development such as Making Every Contact Count.

With regards to the wider health and housing implications she suggested that a detailed presentation be provided at a future meeting.

She explained the work taking place with CCGs and GPs including warm and healthy homes would be further developed.

The Corporate Director of Children and Young People's Services referred to priority (d) and commented that there was a risk of poverty and social isolation for care leavers.

Councillor Gunn asked how the needs of children and young people were going to be met in terms of their health and housing, linked to education. The Deputy Director of Public Health advised that interventions were put in place to reduce accidents occurring in the home for under five year olds and that the housing environment was looked at in terms of enabling homework to happen.

The Assistant Chief Fire Officer, County Durham and Darlington Fire and Rescue Service said that it was useful to understand when tenants had issues with private landlords in terms of being at risk of fire. Hoarding was also mentioned as a risk factor. The Deputy Director of Public Health advised that the safe and wellbeing visits to would tie in to this work of the group.

The Chairman said that a lot of work was taking place via the AAPs.

Councillor Gunn said that it was often the simple things that made a huge difference to people's lives and it was important to talk to families about their housing needs. For example, providing adaptations to people and dropping a kerb to allow access to the home.

Resolved:

(i) That the contents of the report be noted.
(ii) That the five priority areas as outlined in paragraph 5 of the report ne endorsed.
(iii) That a presentation at a future meeting outlining the work taking place between housing and health to address these priority areas be agreed.
(iv) That the strong links between housing and health be acknowledged.

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Health and Wellbeing Board

4 July 2018

Joint Health and Wellbeing Strategy 2016-19 Performance Report

Report of Jenny Haworth, Head of Strategy, Transformation and Partnerships

Purpose of the Report

1 To report the progress being made against the priorities and outcomes set in the County Durham Joint Health and Wellbeing Strategy (JHWS) 2016-19.

Background

2 The Health and Wellbeing Board Performance Report is structured around the six strategic objectives of the JHWS and reports progress being made against the strategic actions and performance outcomes identified. This includes performance indicators linked to the Better Care Fund (indicators are labelled as 'BCF') and Clinical Commissioning Group Quality Premium Indicators (indicators are labelled as 'QPI').

3 The Performance Scorecard, which includes all of the performance indicators within the JHWS, is attached at **Appendix 2**.

4 Due to the nature of the performance data being reported, there is significant variation in the time periods associated with each indicator. For example, several indicators have a time lag of over 12 months. This report includes the latest performance information available nationally, regionally and locally.

5 The following rating system is used for performance indicators and is consistent with the rating system used by the County Durham Partnership:

Performance Against Target	Direction of Travel	Performance Against Comparators	Banding
Target achieved or exceeded	Improved/Same	Better than comparator	
Performance within 2% of target	Within 2% of previous performance	Within 2% of comparator	
Performance more than 2% away from target	Deteriorated by more than 2%	More than 2% worse than comparator	

6 For the Clinical Commissioning Group Quality Premium Indicators the rating system reflects that shown in the CCGs combined performance report.

Performance Against Target	Banding
Target achieved or exceeded	
Data not available in the month of the CCG combined performance report to know target position	
Not achieving target	

Overview of Performance

7 There were 22 actions within the JHWS 2016-19 Delivery Plan carried forward into quarter 4 2017/18. Of these 10 are complete, 8 are on target and 4 are behind target as at 31st March 2018.

8 The following sections of the report are structured by JHWS objective and provide updates about the following:

- Delivery plan actions where revised dates have been agreed
- Areas for improvement
- Other areas for improvement i.e. where performance has a significantly deteriorating trend and/or is significantly behind the national average
- Highlights and achievements.

Objective 1: Children and young people make healthy choices and have the best start in life

9 There are 5 actions carried forward into quarter 4 of 2017/18 for objective 1; 4 are complete and 1 is on target.

Areas for Improvement

Smoking at time of delivery

10 The percentage of mothers smoking at time of delivery is 17.8% (223 out of 1,254 mothers), which is below target and national and north east averages.

Previous Data	Indicator	Latest Data	Target 2017/18	National Average	North East Average	Direction of Travel
17.4% (Oct-Dec16)	Percentage of mothers smoking at time of delivery	17.8% [Prov] (Oct-Dec 17)	15.9%	10.8% [Prov] (Oct-Dec 17)	16.3% [Prov] (Oct-Dec 17)	⇧

11 SATOD ranges from 13.7% in North Durham CCG to 21% in DDES CCG. DDES is the second highest SATOD rate in the North East and sixth highest of all CCGs in England.

12 The Reducing smoking in pregnancy incentive scheme currently being implemented in DDES, aims to address the high variance in smoking in pregnancy between DDES and North Durham. Early data is showing good retention in the stop smoking service amongst these women. However, the challenges of reducing smoking in pregnancy is evident as 61% of those recruited to the scheme live with a smoker. The full evaluation of the incentive scheme will be available late summer 2018.

13 Overall between April and December 2017, 179 pregnant women set a quit date with the Stop Smoking Service of which 119 women quit (self-reported). This equates to 66% quitting, which is an improvement from the same period in 2016/17 (56%).

Other areas for improvement

Breastfeeding

14 Both breastfeeding PIs (initiation and prevalence) have improved from the same period in 2017 but remain below latest national performance. For January to March 2018 60.4% (498 of 825) of mothers initiated breastfeeding, which is the first time the CCG combined quarterly percentage has risen to 60%.

Previous Data	Indicator	Latest Data	Target 2016/17	National Average	North East Average	Direction of Travel
54.4% (Jan-Mar 17)	Breastfeeding initiation	60.4% [CCG data combined] (Jan-Mar 18)	Tracker	74.5% (2016/17)	59% (2016/17)	⇧
26.8% (Jan-Mar 17)	Prevalence of breastfeeding at 6-8 weeks from birth	28.9% (Jan-Mar18)	Tracker	43.7% (Oct-Dec17)	33% (Oct-Dec17)	⇧

15 A breastfeeding call to action paper has been presented to Public Health SMT to support the active promotion of breastfeeding across the county, this includes a multi-agency communication plan and a review and relaunch of the breastfeeding friendly business scheme in June 2018.

16 In conjunction with national breastfeeding week (20th-26th June 2018) a new website www.durham.gov.uk/beststartinlife, has been launched with key information to help parents and parents to be to make an informed choice about breastfeeding. Parents can also access information to help them prepare for and stay healthy in pregnancy, along with advice and guidance on becoming a parent and baby's first year.

Percentage of children classified as overweight or obese and severely obese

17 The percentage of children aged 4-5 and 10-11 classified as overweight or obese and the prevalence of severe obesity for reception and year 6 pupils is a continuing challenge.

Previous Data	Indicator	Latest Data	Target 2016/17	National Average	North East Average	Direction of Travel
24.3% (2015/16)	Percentage of children aged 4-5 classified as overweight or obese	24.1% (2016/17)	Tracker	22.6% (2016/17)	24.5% (2016/17)	⇩
37% (2015/16)	Percentage of children aged 10-11 classified as overweight or obese	37.7% (2016/17)	Tracker	34.2% (2016/17)	37.3% (2016/17)	⇧
Not available	Reception (aged 4-5) Prevalence of *severe* obesity	2.41% (2016/17)	Tracker	2.35% (2016/17)	2.83% (2016/17)	N/A
Not available	Year 6 (aged 10-11) Prevalence of *severe* obesity	5.16% (2016/17)	Tracker	4.07% (2016/17)	4.92% (2016/17)	N/A

18 Every year, as part of the National Child Measurement Programme (NCMP), schoolchildren in reception (4-5 years) and year 6 (10-11 years) are weighed and measured to inform the planning and delivery of local services for children. Each year around 11,000 County Durham children are included in the programme. An analysis is shown in figure 1 and 2:

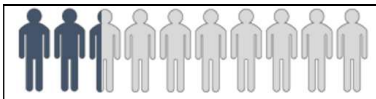
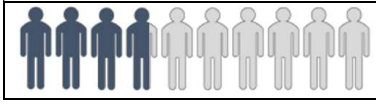
	24%	**4-5 year olds in County Durham have excess weight (around 1,400 children or 46 classrooms across the county).**
	38%	**10-11 year olds in County Durham have excess weight (around 2,000 children or 67 classrooms across the county).**

Figure 1: Excess weight in children, age 4-5 and 10-11, County Durham, 2016/17. Source: NHS Digital, NCMP

	4-5 Years				10-11 Years			
	Number excess weight	% excess weight	Number obese	% obese	Number excess weight	% excess weight	Number obese	% obese
England		22.6%		9.6%		34.2%		20.0%
County Durham	1,381	**24.1%**	590	**10.3%**	2,024	**37.7%**	1,214	**22.6%**

Figure 2: Prevalence of excess weight and obesity in children aged 4-5 years and 10-11 years, County Durham and England, 2016/17. Source: NHS Digital, NCMP

	Significantly worse than England
	Not significantly different to England

19 The Healthy Weight Alliance is County Durham's main partnership that is tackling the healthy weight agenda and taking forward the objectives of the Healthy Weight Framework. The long term vision is *"to halt the rise in obesity in County Durham by 2022 and, by focussing resources upon addressing inequalities, see a sustained decline in obesity rates locally to below England national average by 2025".*

20 NCMP data is being used to help plan Durham County Council's approach within the FISCH (family initiative supporting children's health) weight management programme. A review of the FISCH in 2017 identified the potential benefit of lowering the age range for delivery of this programme to school years 1 and 2 rather than in years 4 and 5. This introduces awareness and prevention messages earlier and will enable pupils of a younger age with higher BMI measurements to access support and guidance together with their wider families.

21 Durham County Council in partnership with North Durham CCG, DDES CCG, Harrogate and District Foundation Trust (HDFT) and CDDFT are currently undertaking a joint review of the childhood obesity pathway. Carrying out this review will enable partners to forge closer working relationships and will lead to the development of clear recommendations regarding how we best ensure children maintain a healthy weight and, if identified to have excess weight through the NCMP, what support is available to work towards a healthy weight. The consultation process for the review will be taking place throughout July and August, options for future service delivery will be in place for consideration early October 2018

22 Public Health are also working with partners in Early Years settings to consolidate existing practices and ensure food offers promote healthy eating and good oral health and to engage these settings in Sugar Smart Durham.

23 Durham County Council is also supporting Public Health England's (PHE) Change 4 Life campaign, which encourages parents to choose 100 calorie snacks for their children and give them a maximum of two a day. Change4Life is a nationwide movement which aims to help all, but especially children, eat well, move more and live longer and a range of different campaigns will be developed by PHE.

24 Severe obesity was published for the first time NCMP data for 2016/17 identified 2.41% of reception age children as severely obese in County Durham. This was the second lowest in the region and similar to the national average. [Sixth-highest of our 16 CIPFA children's nearest neighbours]

25 At Year 6, prevalence of severe obesity rises to 5.16%; equating to County Durham having the fifth-highest severe obesity prevalence of all North East LAs and significantly higher than in England. [Second-highest of our 16 CIPFA children's nearest neighbours]

Eating Disorders

26 North Durham CCG reports compliance with the following eating disorder measures which are achieving target (YTD - Feb18). However, DDES CCG reports non-compliance following poor performance in the first two quarters of 2017/18, recently monthly performance shows improvement with targets being met and the expectation that this will be sustained for quarter 4.

Previous data	Indicator	Actual (YTD Feb 18)	Target
N/a	CAMHS - % age of eating disorder patients seen within 4wks of referral for treatment - DDES	70%	75%
N/a	CAMHS -% of patients age 17.5 year with a transition plan in place (snapshot) - DDES	83.5%	90%
N/a	CAMHS - %age of patients seen face to face within 4hrs by a suitable practitioner - DDES	88%	90%

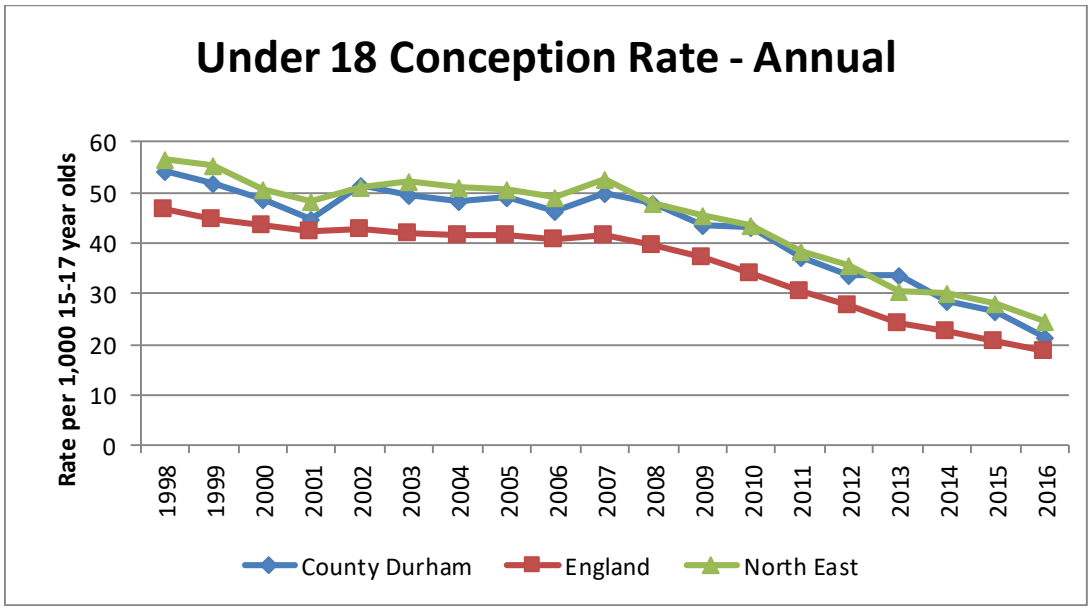
27 The main breach reasons for underperformance for transition plan in place are patients being referred into the service already over the age of 17.5 years old and high workloads and capacity issues within the team. National guidelines states for those patients over 17.5yrs, the service will have until 1 month prior to their 18th birthday to have the plans in place.

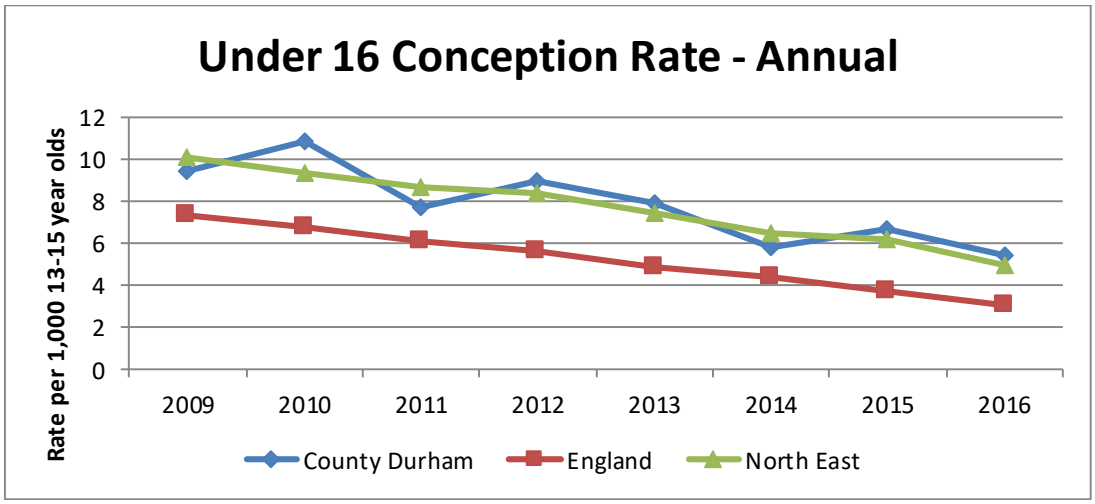
28 Patient choice issues and patients being medically unfit at the time of referral were the main breach reasons for the face to face 4 hour indicator. The Trust advises that they are restructuring how teams provide CAMHS services, moving towards the Thrive Model, which is currently being piloted in Easington and Darlington. Telephone assessments are also helping to engage patients.

Performance Highlights

Teenage Conceptions

29 Under 18 and under 16 conceptions continue to decrease following a sustained downward trend in teenage conceptions as illustrated by the following charts.





30 The number of under 18 conceptions has reduced from 499 in 1998 (when recording began) to 173 conceptions in 2016. However, latest conception data for both under 18 and under 16 remains higher than the national average.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
26.4 (2015)	Under 18 conception rate per 1,000 15-17 year old women	21.6 (2016)	Tracker	18.8 (2016)	24.6 (2016)	⇩
6.6 (2015)	Under 16 conception rate	5.4 (2016)	Tracker	3.0 (2016)	4.9 (2016)	⇩

31 The teenage pregnancy steering group are currently undertaking a self-review against the PHE teenage pregnancy prevention framework to identify what's working well, recognise any gaps, and maximise the assets of all services to strengthen the prevention pathway for all young people. The findings of the self-assessment will help develop the new Teenage Pregnancy action plan moving forward.

32 There continues to be a focus on both universal prevention as well as targeted work in teenage pregnancy hot spot areas. It is recognised that the geographical collation of data will no longer be at ward level, but will change to MSOA. This will prevent direct comparison of trend data as previous.

Young Person's Treatment for Substance Misuse

33 The percentage of exits from young person's drug and alcohol treatment which are planned is 89% (167 of 188). This is exceeding target, and is higher than the national average.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
91% (2016/17)	Percentage of all exits from young person's treatment which are planned (alcohol and drugs)	89% (2017/18)	81%	81% (2017/18)	Not available	⇩

Under 18 admission episodes for alcohol specific-conditions

34 Admission episodes for alcohol specific conditions for under 18's (rate per 100,000) is 56.2 (169 admissions); this has reduced from the previous reporting period and is below the north east average. It does however, remain above the national average but the gap has closed. Young females are more likely than males to be admitted to hospital for alcohol-specific conditions (Rate of 63.4 compared to 49.3).

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
67.5 (13/14-15/16)	Admission episodes for alcohol specific conditions - under 18's (rate per 100,000)	56.2 (14/15-16/17)	Tracker	34.2 (14/15-16/17)	64.8 (14/15-16/17)	⇩

Percentage of patients seen with face to face second contact within 9 weeks of referral to CAMHS

35 The percentage of patients seen with face to face second contact within 9 weeks of referral to CAMHS is 90.6% (1750 of 1932).

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
Not available	Percentage of patients seen with face to face second contact within 9 weeks of referral to CAMHS	90.6% (2017/18)	Tracker	Not available	Not available	N/A

36 The Director of Operations Durham and Darlington Children and Young People's Services, Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) presented a report to HWB on 20 March 2018 which provided an update on progress made in reducing waiting times for children and young people accessing TEWV and Children and Adolescent Mental Health Services (CAMHS).

Young people aged 10-24 admitted to hospital as a result of self-harm

37 The rate of young people aged 10-24 admitted to hospital as a result of self-harm (per 100,000) is 400.8 which has reduced from 2015/16 and is below both national and north east averages. This equates to 377 admissions in 2016/17, compared to a peak of 523 in 2011/12.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
420.8 (2015/16)	Young people aged 10-24 admitted to hospital as a result of self-harm	400.8 (2016/17)	Tracker	404.6 (2016/17)	425.3 (2016/17)	⇩

Objective 2: Reduce health inequalities and early deaths

38 There are 7 actions carried forward into quarter 4 of 2017/18, 3 are complete and 4 are on target.

Areas for Improvement

Cancer Waiting Times – First Treatment within 62 Days

39 Between January and March 2018 neither DDES nor North Durham CCGs met the national target for the proportion of patients who receive first treatment for cancer within 62 days. DDES CCG is below the national average.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
80.4% (Jan-Mar 17)	% of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer - DDES CCG	77% (Jan-Mar18)	85%	82.1% (Jan-Mar18)	Not available	⇩

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
87.4% (Jan-Mar17)	% of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer - ND CCG	84.2% (Jan-Mar18)	85%	82.1% (Jan-Mar18)	Not available	⇩

40 Delivery of this indicator continues to be challenging for both CCGs. A number of key actions are being undertaken to address this non-achievement and to improve performance as follows

- Cancer navigator posts:
  - There are three posts hosted by County Durham and Darlington Foundation Trust (CDDFT) who commenced in January 2018. One post is working across (University Hospital of North Durham (UHND) and Darlington Memorial Hospital (DMH)) to support coordination of the Upper & Lower GI pathways. The further two posts are cancer imaging coordinators and working to reduce waits, facilitate timely access to diagnostic imaging, liaise with patients, primary care, consultants, secretaries, managers (where capacity issues are identified) and cancer services

- Implementing an improved lung cancer pathway:
  - Ensuring that patients have direct access to CT testing which has the potential to save a significant number of days at the start of the patient pathway (between 7-14 days) which will help to improve performance against the overall 62 day target

- Weekly patient tracking:
  - Hospital meetings are attended by CDDFT Cancer Services Manager and CCG Macmillan GP (Cancer Lead) to determine where blockages may occur and any mitigating actions put in place

- ·Cancer Strategy:
  - The CDDFT cancer strategy has been updated with actions being monitored through the Co Durham and Darlington cancer locality meetings. A small number of actions that are shared with CCG commissioners and cancer alliance are jointly being worked through.

41 The performance of the main local hospital NHS FTs in relation to this indicator is presented below.

Trust	Feb 2018	YTD to Feb 18
County Durham and Darlington NHS Foundation Trust	81.3%	86.8%
North Tees and Hartlepool NHS Foundation Trust	73.4%	83.7%
City Hospitals Sunderland NHS Foundation Trust	84.8%	85.3%
All English Providers		81.8%

Male and Female life expectancy at birth

42 The latest data (2014-16) shows that male life expectancy at birth stands at 78 years and female life expectancy stands at 81.3 years for County Durham.) Male and female life expectancy has been increasing over time at a county, regional and national level. Compared to 2000-02 men in County Durham now live 3.3 years longer and women live 2 years longer. The latest data (2014-16) shows that both Male and Female life expectancy in County Durham is significantly lower than England; there is a gap of 1.5 years and 1.8 years respectively

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
78.1 (2013-15)	Male life expectancy at birth (years)	78 (2014-16)	Tracker	79.5 (2014-16)	77.8 (2014-16)	⇩
81.2 (2013-15)	Female life expectancy at birth (years)	81.3 (2014-16)	Tracker	83.1 (2014-16)	81.5 (2014-16)	⇧

43 The overarching public health priority for County Durham is to reduce the gap in healthy life expectancy. All public health strategic priorities are working towards addressing this gap over the short, medium and long term. This includes work to reduce smoking levels, which still contribute significantly to this gap, as well as developing work on a health and social care plan for County Durham.

44 Life expectancy and mortality can be used as important measures of the overall health of County Durham's population and as an indicator of inequality both between and within areas. Reductions in premature mortality over time can demonstrate improvement in the health status of the population as a whole and result in increases in life expectancy. Reducing health inequalities and early deaths is one of six strategic objectives of the County Durham Joint Health and Wellbeing Strategy. In order to achieve these strategic objectives, focus must include action to address the social determinants of health.

45 It is important to determine whether these additional years of life are being spent in good health or prolonged poor health and dependency. Healthy life expectancy adds a quality of life dimension to life expectancy. Healthy life expectancy at birth is the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. It is an estimate of lifetime spent in 'very good' or 'good' health, based on how individuals perceive their general health, taking account of the quality as well as the length of life.

46 Healthy Life Expectancy for both males and females in County Durham has increased in the 2014-16 data release in comparison to 2013-15. Life Expectancy for both males and females has remained relatively stable. All however remain significantly below the England average.

Successful completions of drug and alcohol treatment

47 The three Public Health Outcomes Framework measures relating to successful completions of drug and alcohol treatment remain below target and comparators, however all are showing an increasing direction of travel.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
6.2% (Mar 2017)	Percentage of successful completions of those in drug treatment - **opiates**	6.4% (Oct16 - Sep17 representations to Mar18)	>8.70%	6.6% (Oct16 - Sep17 representations to Mar18)	5.2% (2016)	⇧
26.9% (Mar 2017)	Percentage of successful completions of those in drug treatment - **non-opiates**	30.1% (Oct16 - Sep17 representations to Mar18)	>42.28%	36.6% (Oct16 - Sep17 representations to Mar18)	27.4% (2016)	⇧
28.6% (Mar 2017)	Percentage of successful completions of those in alcohol treatment - **alcohol**	31.9% (Oct16 - Sep17 representations to Mar18)	38.6%	38.6% (Oct16 - Sep17 representations to Mar18)	30.8% (2016)	⇧

48 A new integrated County Durham Drug and Alcohol Recovery Service for adults, young people and family members affected by substance misuse was launched on February 1st, 2018. The service is commissioned by the council and is being delivered by the service provider humankind (Formerly DISC) in partnership with Spectrum Community Health CIC and The Basement Project.

49 A comprehensive contract monitoring process has been established with the new service provider and targets agreed for 2018/19 in the new service specification.

Diabetes Structured Education Programme (QPI) (local measure)

50 The percentage of patients newly diagnosed with diabetes in the preceding 1 April - 31 March who have been referred to a structured education programme (DESMOND) within 9 months after entry on to the diabetes register for both DDES and ND CCGs is below target.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
50.9% (Aug 2017)	The percentage of patients newly diagnosed with diabetes in the preceding 1 April -31 March who have been referred to a structured education programme within 9 months after entry on to the diabetes register (QPI) DDES	56.3% (Mar 2018)	70%	Not available	Not available	Not available
37.7% (Aug 2017)	The percentage of patients newly diagnosed with diabetes in the preceding 1 April -31 March who have been referred to a structured education programme within 9 months after entry on to the diabetes register (QPI) ND	42% (Mar 2018)	70%	Not available	Not available	Not available

51 Both CCGs report an improvement against previously reported data, DDES a 5.4 percentage point and ND a 4.3 percentage point improvement. However there are potential data quality issues at individual practice level relating to the recording of episodes of diabetes on the clinical system which may be understating the performance improvement. The Diabetes Locality Groups are working with affected practices to improve data quality.

52 The CCGs secured funding from NHS England to improve uptake of structured education. The X-PERT programme has been developed which offers an alternative to the DESMOND programme. The increased availability of structured education will continue to improve performance against this indicator.

Performance Highlights

Health Checks

53 The number of eligible people who receive a health check is 8,432 for 2017/18 which is above the contract target of 8,000.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
n/a	Number of eligible people who receive a health check	8,432 (2017/18)	8000	n/a	n/a	n/a

Cancer Treatment within 31 Days

54 Over 96% of patients in both CCGs received their first definitive treatment for cancer within 31 days of diagnosis (Decision to treat date) which exceeds target (96%).

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
97.2% (Jan-Mar17)	Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis (decision to treat date) - DDES CCG	96.9% (Jan-Mar18)	96%	97.1% (Jan-Mar18)	N/A	⇩
98.2% (Jan-Mar17)	Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis (decision to treat date) - ND CCG	97.6% (Jan-Mar18)	96%	97.1% (Jan-Mar18)	N/A	⇩

Cancer diagnosed at early stage (QPI)

55 Data is awaited for the cancer diagnosed at early stage QPI. However the DDES and ND performance report for April 2018 reports the successful bid for cancer transformation funding for both CCGs who have worked with partners to recruit both clinical and non-clinical posts that will focus on the early diagnostic phase of the patient pathway. The non-clinical post will work in targeted

communities to encourage screening take up, attendance at GP and hospital appointments.

56 These posts will be hosted by CDDFT, one working Trust-wide co-ordinating upper gastro intestinal (GI), lower GI and head and neck pathways as well as a further two cancer imaging co-ordinators (UHND and DMH) working to reduce waits, facilitate timely access to diagnostic imaging, liaise with patients, primary care, consultants, secretaries, care group managers (where capacity issues are identified) and cancer services. These posts will also support the implementation of the optimal lung pathway. An additional clinical post will focus on the colorectal pathway at North Tees where there have been historic low levels of compliance due to the nature of the test.

57 In addition the CCGs have bid for additional funding to address inequalities in access to cancer screening programmes by working with GP Federations and GP practices to train administration staff in further supporting patients who fail to engage with cancer screening opportunities. CCGs will continue to support primary care through the Macmillan GP – Cancer Lead and aligned CRUK staff to reduce variation.

Smoking Quitters

58 Between April and December 2017, 1860 people quit smoking following support from the stop smoking service (SSS). This has achieved the SSS' contracted quarterly target of 1705 quitters.

Previous data	Indicator	Latest data	Target	National Average	North East Average	Direction of Travel
2024.9 (1911 quitters)	Four week smoking quitters per 100,000 18+ smoking population [Number of quitters]	2463.2 [1860 quitters] (Apr-Dec17)	2258 [1705 quitters]	N/A	N/A	⇧

Proportion of physically active adults

59 For 2016/17, the proportion of physically active adults is 66.7% which is above both national and north east averages and an improvement on performance for 2015/16.

Previous data	Indicator	Latest data	Target	National Average	North East Average	Direction of Travel
63.2% (2015/16)	Proportion of physically active adults	66.7% (2016/17)	Tracker	66% (2016/17)	64% (2016/17)	⇧

Cancer screening measures

60 In 2017 the percentage of eligible women screened for breast cancer and the percentage of eligible people screened for bowel cancer are above target and above national and north east averages. However the percentage of eligible women screened for cervical cancer in 2017 is below target but above both national and north east averages.

Previous data	Indicator	Latest data	Target	National Average	North East Average	Direction of Travel
78.1% (2016)	The percentage of women in a population eligible for breast screening at a given point in time who were screened adequately within a specified period	78.6% (2017)	70%	75.4% (2017)	77.1% (2017)	⇧
76.9% (2016)	The percentage of women in a population eligible for cervical screening at a given point in time who were screened adequately within a specified period	76.4% (2017)	80%	72% (2017)	74.7% (2017)	⇩
60.9% (2016)	The percentage of people eligible for bowel screening who were screened adequately within the previous 2½ years	61% (2017)	60%	58.8% (As at 31-Mar-17)	60% (As at 31-Mar-17)	⇧

Objective 3: Improve the quality of life, independence and care and support for people with long term conditions

61 There are 2 actions carried forward to quarter 4 of 2017/18, 1 action is complete and 1 action is on target.

Areas for Improvement

Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care (BCF)

62 The number of 65+ permanent admissions has reduced; in 2017/18, there were 803 admissions, which equates to a rate of 750.6 per 100,000 population. This is above target and the national average but lower than the rate of 768.8 per 100,000 recorded in 2016/17.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
768.8 100,000 (2016/17)	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care	750.6 (Apr17 - Mar 18)	738.5 (Apr 17-Mar18)	610.7 (ASCOF 2016-17)	837.9 (ASCOF 2016-17)	⇩

63 Despite missing target, there was still a 2.4% reduction in admissions from 2016-17, and the total bed days commissioned across the year reduced by 2.8%; 18-64 admissions remain low.

Non-elective admissions per 100,000 population (per 3 month period) (BCF)

64 Between January and March 2018 there were 3,009 non elective admissions per 100,000 population which missed the BCF target and is below performance in the same period of 2016.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
3,009 (Jan-Mar 17)	Non elective admissions per 100,000 population	3,061 (Jan-Mar18)	3055.7 (Jan-Mar18)	Not available	Not available	⇧

Delayed Transfers of Care (DToC)

65 DToC from hospital is 325 per 100,000 population. This is the Better Care Fund (BCF) measure has missed the BCF target and is below performance in the same period of 2017. However, in 2017/18 Durham had the 4th lowest rate for delayed transfers of care (per population) in England.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
311 (Jan-Mar17)	Delayed transfers of care from hospital per 100,000 population (BCF)	325 (Jan-Mar 18)	309.9 (Jan-Mar 18)	Not available	Not available	⇧

66 A BCF Quarter 4 2017/18 report covering performance in respect of the above 3 measures is to be presented to this meeting of the Health and Wellbeing Board.

Falls and injuries in the over 65s. (Age-sex standardised rate of emergency hospital admissions for falls or falls injuries in persons aged 65 and over per 100,000 population)

67 Falls and injuries in the over 65s of emergency hospital admissions (per 100,000) are 2347 for 2016/17.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
2239 (2015/16)	Falls and injuries in the over 65s. (Age-sex standardised rate of emergency hospital admissions for falls or falls injuries in persons aged 65 and over per 100,000 population)	2347 (2016/17)	Tracker	2,114 (2016/17)	2,264 (2016/17)	⇧

68 A Falls Prevention Strategy 2018-21 report is to be presented at this meeting of the Health and Wellbeing Board.

Reducing Gram Negative Bloodstream Infections (GNBSIs) and inappropriate antibiotic prescribing in at risk groups (QPI)

69 For both DDES and ND CCGs, latest data regarding reducing GNBSIs and inappropriate prescribing in at risk groups (a QPI measure) is shown below:

Previous data	Indicator	Actual	Target
Not available	a) reducing gram negative blood stream infections (BSI) across the whole health economy – *(QPI)* DDES	140 (20 over trajectory) (Apr-Sep17)	262
Not available	bi) reduction of inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care - Trimethoprium: Nitrofuratoin prescribing ratio *(QPI)* DDES	0.579 (Apr17-Jan18)	1.842
Not available	bii) reduction of inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care - number of Trimethoprium items prescribed *(QPI)* DDES	4655 (Apr17-Jan18)	8600
Not available	c) sustained reduction of inappropriate prescribing in primary care *(QPI)* DDES	1.298 (Apr17-Jan18)	1.161
Not available	a) reducing gram negative blood stream infections (BSI) across the whole health economy – *(QPI)* ND	99 (16 over trajectory) (Apr-Sep17)	179
Not available	bi) reduction of inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care - Trimethoprium:Nitrofuratoin prescribing ratio (*QPI)* ND	0.734 (Apr17-Jan18)	1.929
Not available	bii) reduction of inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care - number of Trimethoprium items prescribed *(QPI)* ND	4500 (Apr17-Jan18)	7024
Not available	c) sustained reduction of inappropriate prescribing in primary care *(QPI*) ND	1.172 (Apr17-Jan18)	1.161

70 The Infection Control Team are analysing post cases to look for trends. There are CCG level action plans in place, which were presented to Exec in Common (EIC) in September 2017. For overall antibiotic prescribing both CCGs are currently missing this challenging national target that takes no account for disease prevalence and deprivation. The Meds Optimisation team is currently working with practices to support the implementation of the national public awareness campaign on antimicrobial resistance.

NHS Continuing Health Care (QPI)

71 ND CCG is achieving the NHS continuing health care measures, whilst DDES CCG is missing target.

Previous data	Indicator	Actual	Target
Not available	NHS Continuing Health Care *(QPI)* DDES a) cases with a positive NHS CHC Checklist have an NHS CHC eligibility decision made by the CCG within 28 days from receipt of the Checklist (or other notification of potential eligibility)	65% (Apr-Sep17)	More than 80% within 28 days

Previous data	Indicator	Actual	Target
Not available	NHS Continuing Health Care (QPI) DDES b) full NHS CHC assessments take place in an acute hospital setting *(QPI)* DDES	23.23% (Apr-Sep17)	less than 15%
Not available	NHS Continuing Health Care *(QPI)* ND a) cases with a positive NHS CHC Checklist have an NHS CHC eligibility decision made by the CCG within 28 days from receipt of the Checklist (or other notification of potential eligibility)	85% (Apr-Sep17)	More than 80% within 28 days
Not available	NHS Continuing Health Care (QPI) ND b) full NHS CHC assessments take place in an acute hospital setting *(QPI)* ND	16.3% (Apr-Sep17)	less than 15%

72 Both CCGs regularly report 28 day breaches and numbers of Decision support tools (DSTs) that have been completed in acute settings via various means and routes KPIs direct to NHSE and via CHC Contract management board meetings/reports. DDES and North Durham are not in the top 100 worst performing CCGs regarding 28 day assessment of referrals and therefore are not required to complete a more detailed action plan.

73 Analysis of the breaches in the 28 day standard shows a number of issues including lack of availability of family members, availability of social workers and/or nurse assessors and patients being referred before they are medically fit for discharge. There is a joint Rapid Process Improvement Workshop planned in July to address some of these issues.

Performance Highlights

Self-directed support

74 The proportion of people using social care who receive self-directed support is 94.5% as at March 2018. This is an improvement on the same period in 2017 and above the national average.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
93.8% (as at Mar17)	Proportion of people using social care who receive self-directed support	94.5% (as at Mar18)	Tracker	89.4% (2016-17)	96.5% (2016-17)	⇧

Older People at Home 91 Days after Hospital Discharge following Reablement/ Rehabilitation Services (BCF)

75 For 2017/18, provisional data shows 89.1% of older people were still living at home 3 months after they were discharged from hospital into reablement / rehabilitation services. This is an improvement from 2016/17 and is better than latest national and regional benchmarking figures.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
88.1% (2016/17)	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	89.1% [Prov] (2017/18)	TBC - BCF	82.5% (2016/17 - ASCOF)	85.3% (2016/17 - ASCOF)	⇧

The number of people in receipt of Telecare

76 The number of people in receipt of Telecare is 2,719 as at 31 December 2017, which is an increase from December 2016.

Previous Data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
2489 (At Dec 16)	The number of people in receipt of Telecare	2719 (At Dec 17)	Tracker	Not available	Not available	⇧

Objective 4: Improve Mental Health and Wellbeing of the Population

77 There are 7 actions carried forward into quarter 4 of 2017/18 for objective 4, 3 are complete 1 is on target and the 3 actions where performance is below target is as follows:

- **Work together to find ways that will support the armed services community who have poor mental or physical health**

  - As of April 2018, linking with neighbouring CCGs to explore and understand the work they have carried out to date to promote the veteran's agenda in order to progress and implement for County Durham. The target date has been revised to September 2018.

- **Provide training with competencies for Health and Social Care staff involved in care and support of people with mental health problems, should receive training with competencies in dealing with common physical health problems, mental health prevention (including suicide), and empowering people to understand their own strengths and carer involvement.**

  - County Durham is a pilot site for the LGA Prevention at Scale Programme. This work is focused on the development of the workforce and anti-stigma and discrimination in relation to preventing suicides. Dedicated workforce development is being planned for health and social care staff as well as SME's and schools building on existing programmes of work. For Durham County Council this is also forming part of the organisations health and wellbeing plan aligned to HR policies and includes targeted developments with social care staff. World Mental Health Day on 10th October 2018 will provide the platform to share progress on this work at a partnership level.

- **Deliver Mental Health Trailblazer dedicated employment support with psychological therapy to those adults with have a 'common mental health' condition (principally anxiety and depression) as primary reason for unemployment.**

    - The original programme was expected to conclude in March 18 but due to delays at the beginning this was extended to July 2018. As we reach the later stages of the European Programme there's also been an opportunity offered to extend further and Northumberland on behalf of North East Combined Authority (NECA) have requested an extension to 31 March 2019.

Areas for improvement

Gap between the employment rate for those with a long-term health condition and the overall employment rate

78 Between October and December 2017 the gap between the overall employment rate and that for those with a long-term health condition has increased compared to the same period in 2016 and is above national and regional rates.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
20% pts (Oct-Dec16)	Gap between the employment rate for those with a long term health condition and the overall employment rate	21.3 %pts (Oct-Dec17)	Tracker	11.6 %pts (Oct-Dec17)	14.7 %pts (Oct-Dec17)	⇧

79 The North East Mental Health Trailblazer has commenced delivery. This is one of four pilots established by the government. In County Durham, the Improving Access to Psychological Therapies service (IAPT) is developing the delivery of support to those with long term health conditions with the aim to secure increased employment outcomes as part of the recovery package.

80 For County Durham for 2017/18, there were 106 participants and 22 job outcomes. Durham remains the area with the strongest referral to the Trailblazer programme and a strong progression into the work conversion rate.

81 Further support for unemployed residents with health conditions has come on stream with the work and health programme going live in mid-January, 2018 with a further EU funded project to follow later this year. Both focus generally on health barriers to work, but mental health is consistently amongst the most cited barriers to taking up work.

Hospital admissions as a result of self-harm

82 Hospital admissions as a result of self-harm (Age-sex standardised rate of emergency hospital admissions for intentional self-harm per 100,000 population) is 204.2 which is above the national but below the regional averages.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
197.2 (2015/16)	Hospital admissions as a result of self-harm. (Age-sex standardised rate of emergency hospital admissions for intentional self-harm per 100,000 population)	204.2 (2016/17)	Tracker	185.3 (2016/17)	231.9 (2016/17)	⇧

83 The appointment of the new Public Health Suicide Prevention Coordinator, funded by the CCGs', will integrate the self-harm agenda into the action plan being developed by the Suicide Prevention Alliance. These actions will also be cross referenced with the priorities identified by the Children and Young People Mental Health, Emotional Wellbeing and Resilience Group. The post commences in July 2018.

Performance Highlights

Improve inequitable rates of access to Children & Young People's Mental Health Services (QPI)

84 Data is awaited for the "improve inequitable rates of access to Children & Young People's Mental Health Services" QPI. Equality of Access to CYP MH services is a new indicator introduced in 2017/18 and forms part of the Data Quality Improvement Plan put in place with Tees, Esk & Wear Valley (TEWV) Foundation Trust. Timescale for delivery of this data was in quarter 3 2017/18 originally but this was revised to quarter 4 due to some unresolved queries from providers to NHS England (NHSE) regarding the metric guidance.

85 Following the publication of the NHSE data in December 2017 and subsequent communication (including the provision of more detailed guidance in the form of FAQs) further work is required on this metric to ensure it meets national data. The denominator and numerator have now been implemented in the reporting period of March 2018 as well as the percentage of CYP receiving treatment from NHS funded community services. Whilst this follows NHSI Joint Technical definition (EH9 Improve access rate to CYPMH) and the detailed guidance discussed at the NHSI webinars in March 2018 the Trust are continuing to compare and understand the difference between the national and local data.

86 Based on the above, for now DDES, ND, Darlington, Hartlepool & Stockton on Tees, and South Tees CCGs have agreed to focus on improving the number of CYP receiving treatment by 7% in 2018/19 compared to the 2017/18 figure with the caveat that NHSE change the calculation methodology CCGs have the opportunity to change plans accordingly. For DDES this 3040 so this would

need to increase to 3253. For ND this was 2315 so this would need to increase to 2478.

Objective 5: Protect vulnerable people from harm

87 There is 1 action carried forward into quarter 4 of 2017/18 for objective 5, which is on target.

Performance Highlights

Repeat incidents of domestic violence (referrals to MARAC)

88 There were 470 high-risk domestic abuse cases discussed at the MARAC in 2017/18, of which 57 were repeats. This equates to 12.1%. This is achieving the target of a less than 25% repeat rate.

2016/17	Indicator	2017/18	Target	National Average	MSF Average	Direction of Travel
13.1%	Percentage of repeat incidents of domestic violence (referrals to MARAC)	12.1%	Less than 25%	27% Jul16-Jun17	28% Jul16-Jun17	⇩

Percentage of individuals who achieved their desired outcomes from the adult safeguarding process

89 In 2017/18, 1,742 out of 1811 people (96.2%) achieved their desired outcomes from the adult safeguarding process. This is above 2016/17, when 1702 out of 1,780 people (95.6%) achieved their desired outcomes.

Previous data	Indicator	Latest Data	Target	National Average	North East Average	Direction of Travel
95.6% (2016/17)	Percentage of individuals who achieved their desired outcomes from the adult safeguarding process	96.2% (2017/18)	Tracker	Not available	Not available	⇧

Objective 6: Support people to die in the place of their choice with the care and support that they need

90 There are no actions carried forward into 2017/18 for objective 6.

Performance Highlights

Deaths in Usual Place of Residence

91 The proportion of deaths in usual place of residence in both CCGs is above national and regional averages.

Previous data	Indicator	Latest data	Target	National Average	North East Average	Direction of Travel
48.9% (2016/17)	Proportion of deaths in usual place of residence (DDES CCG)	52.5% (2017/18)	Tracker	46.7% (2017/18)	48.4% (2017/18)	⇧
51.2% (2016/17)	Proportion of deaths in usual place of residence (North Durham CCG)	51.5% (2017/18)	Tracker	46.7% (2017/18)	48.4% (2017/18)	⇧

Recommendations

92 The Health and Wellbeing Board is recommended to:

- Note the performance highlights and areas for improvement identified throughout this report.
- Note the actions taking place to improve performance and agree any additional action planning required.
- Note the performance against the 2017/18 Quality Premium Indicators.

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Appendix 1: Implications

Finance	Performance Management is a key activity in delivering efficiencies and value for money
Staffing	Performance management is a key element of resource allocation
Risk	Effective performance management can help to highlight and manage key risks
Equality and Diversity / Public Sector Equality Duty	None
Accommodation	None
Crime and Disorder	The Joint Health and Wellbeing Strategy includes actions which contribute to community safety priorities and includes an objective to protect vulnerable people from harm.
Human Rights	None
Consultation	The content of the performance management process has been agreed with the Board and has been part of the consultation on the JHWS
Procurement	None
Disability Issues	A range of indicators which monitor services to people with a disability are included within the performance system
Legal Implications	Performance management is crucial to ensure that key legal/statutory requirements are being discharged appropriately

Joint Health and Wellbeing Board Performance Scorecard: 4th Quarter 2017/18

Key - Direction of Travel: Improved Deteriorated Within 2%

Previous Final Data		Indicator	Latest Data	Period Target	2017/18 Target	Direction of Travel - same period previous year	Data same period previous year	Next Data Refresh	National	North East	Similar Councils
Strategic Objective 1: Children and young people make healthy choices and have the best start in life											
54.4% (2015/16)	56.2% (2016/17)	**Breastfeeding initiation**	60.4% [CCG data combined] (Jan-Mar 18)		Tracker	⇧	54.4% (Jan-Mar 17)	Q2 2018/19 (Apr-Jun 18)	74.5% (2016/17)	59% (2016/17)	Not available
28.1% (2015/16)	27.9% (2016/17)	**Prevalence of breastfeeding at 6-8 weeks from birth**	28.9% (Jan-Mar18)		Tracker	⇧	26.8% (Jan-Mar 17)	Q2 2018/19 (Apr-Jun 17)	43.7% (Oct-Dec17)	33% (Oct-Dec17)	30.3% (2015/16)
23% (2014/15)	24.3% (2015/16)	**Percentage of children aged 4-5 classified as overweight or obese**	24.1% (2016/17)		Tracker	⇩	24.3% (2015/16)	Q3 2018/19 (2017/18)	22.6% (2016/17)	24.5% (2016/17)	Not available
36.5% (2014/15)	37% (2015/16)	**Percentage of children aged 10-11 classified as overweight or obese**	37.7% (2016/17)		Tracker	⇧	37% (2015/16)	Q3 2018/19 (2017/18)	34.2% (2016/17)	37.3% (2016/17)	Not available
Not available	Not available	**Percentage of patients seen with face to face second contact within 9 weeks of referral to CAMHS**	90.6% (2017/18)		Tracker	N/A		Q2 2018/19 (Apr-Jun17)	Not available	Not available	Not available
72.8 (12/13-14/15)	67.5 (13/14-15/16)	**Admission episodes for alcohol specific conditions - under 18's (rate per 100,000)**	56.2 (14/15-16/17)		Tracker	⇩	67.5 (13/14-15/16)	Q1 19/20 (15/16-17/18)	34.2 (14/15-16/17)	64.8 (14/15-16/17)	Not available
86% (2015/16)	91% (2016/17)	**Percentage of exits from young person's substance misuse treatment that are planned discharges**	89% (2017/18)		81%	⇩	91% (2016/17)	Q2 2018/19 (Apr-Jun18)	81% (2017/18)	Not available	Not available
5.8 (2014)	6.6 (2015)	**Under 16 conception rate**	5.4 (2016)		Tracker	⇩	6.6 (2015)	Q4 2018/19 (2017)	3.0 (2016)	4.9 (2016)	6.1 (2015)
28.5 (2014)	26.4 (2015)	**Under 18 conception rate**	21.6 (2016)		Tracker	⇩	26.4 (2015)	Q2 2018/19 (2016/17)	18.8 (2016)	24.6 (2016)	28.6 (2015)
18.3% (2015/16)	16.7% (2016/17)	**Percentage of mothers smoking at time of delivery**	17.8% [Prov] (Oct-Dec 17)		15.9%	⇧	17.4% (Oct-Dec16)	Q2 2018/19 (Jan- Mar18)	10.8% [Prov] (Oct-Dec 17)	**16.3%** [Prov] (Oct-Dec 17)	Not available
3.4 (2012-14)	3.4 (2013-15)	Infant mortality rate	4.6 (2014-16)		Tracker	⇧	3.4 (2013-15)	Q3 2018/19 (2015-17)	3.9 (2014-16)	3.7 (2014-16)	3.7 (2012-14)
15.8 (2014/15)	14.7 (2015/16)	Emotional and behavioural health of Looked After Children [lower score is better]	16.0 (2016/17)		Tracker	⇧	14.7 (2015/16)	Q2 2018/19 (2017/18)	14.0 (2015/16)	14.5 (2015/16)	14.0 (2015/16)
440.3 (2014/15)	420.8 (2015/16)	**Young people aged 10-24 admitted to hospital as a result of self-harm**	400.8 (2016/17)		Tracker	⇩	420.8 (2015/16)	Mar-19	404.6 (2016/17)	425.3 (2016/17)	Not available
63% (2007/08)	72.8% (2011/12))	Proportion of five year old children free from dental decay	64.9% (2014/15)		Tracker	⇩	72.8% (2011/12))	No update planned	75.2% (2014/15)	72% (2014/15)	Not available
Not available	Not available	Percentage of Community Eating Disorder Service cases receiving NICE compliant treatment in line with the new access and waiting time standards **Alternative mesures provided (see report)**	Baseline to be established in 2016/17 & targets developed for 2017/18		Tracker	N/A	Not available	2017/18	Not available	Not available	Not available

Previous Final Data		Indicator	Latest Data	Period Target	2017/18 Target	Direction of Travel - same period previous year	Data same period previous year	Next Data Refresh	National	North East	Similar Councils
Strategic Objective 2: Reduce health inequalities and early deaths											
394.18 (2012)	407.1 (2013)	All cause mortality for persons aged under 75 years per 100,000 population	407.1 (2014)		Tracker	⇔	407.1 (2013)	Data release date TBC	332.93 (2014)	409.44 (2014)	Not available
81.7 (2012-14)	83 (2013-15)	Mortality from all cardiovascular diseases (including heart disease and stroke) for persons aged under 75 years per 100,000 population	79.2 (2014-16)		Tracker	⇩	83 (2013-15)	Q3 2018/19 (2015-17)	73.5 (2014-16)	85.1 (2014-16)	Not available
168.6 (2012-14)	163.2 (2013-15)	Mortality from cancer for persons aged under 75 years per 100,000 population	159.6 (2014-16)		Tracker	⇩	163.2 (2013-15)	Q3 2018/19 (2015-17)	136.8 (2014-16)	161.3 (2014-16)	Not available
20.1 (2012-14)	21.8 (2013-15)	Mortality from liver disease for persons aged under 75 years per 100,000 population	22.6 (2014-16)		Tracker	⇧	21.8 (2013-15)	Q3 2018/19 (2015-17)	18.3 (2014-16)	25.2 (2013-15)	Not available
41.8 (2012-14)	42.5 (2013-15)	Mortality from respiratory disease for persons aged under 75 years per 100,000 population	42 (2014-16)		Tracker	⇩	42.5 (2013-15)	Q3 2018/19 (2015-17)	33.8 (2014-16)	43.1 (2014-16)	Not available
Not available	Not available	**Number of eligible people who receive a health check**	8,432 (2017/18)		8000	N/A	N/A	Q2 2018/19 (Apr-Jun18)	Not available	Not available	Not available
97.8% (Jul-Sep17)	97.3% (Oct-Dec17)	**Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis (decision to treat date) - DDES CCG**	96.9% (Jan-Mar18)		96%	⇩	97.2% (Jan-Mar17)	Q2 2018/19 (Apr-Jun 18)	97.1% (Jan-Mar18)	Not available	Not available
98.9% (Jul-Sep17)	99.4% (Oct-Dec17)	**Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis (decision to treat date) - North Durham CCG**	97.6% (Jan-Mar18)		96%	⇩	98.2% (Jan-Mar17)	Q2 2018/19 (Apr-Jun 18)	97.1% (Jan-Mar18)	Not available	Not available
81.3% (2015/16)	81.7% (2016/17)	**Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer - DDES CCG**	77% (Jan-Mar18)		85%	⇩	80.4% (Jan-Mar 17)	Q2 2018/19 (Apr-Jun 18)	82.1% (Jan-Mar18)	Not available	Not available
83.9% (2015/16)	85% (2016/17)	**Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer - North Durham CCG**	84.2% (Jan-Mar18)		85%	⇩	87.4% (Jan-Mar17)	Q2 2018/19 (Apr-Jun 18)	82.1% (Jan-Mar18)	Not available	Not available
Not available	49.5% (2014)	Cancer diagnosed at early stage *(QPI)* - ND	2016/17 comparative data released Mar-18		4 percentage point improvement or achieve >60% in 2016	N/A	2015/16 baseline data released Mar-17	Q4 (2016/17)	Not available	Not available	Not available
Not available	49.6% (2014)	Cancer diagnosed at early stage *(QPI)* - DDES	2016/17 comparative data released Mar-18		4 percentage point improvement or achieve >60% in 2016	N/A	2015/16 baseline data released Mar-17	Q4 (2016/17)	Not available	Not available	Not available

Previous Final Data		Indicator	Latest Data	Period Target	2017/18 Target	Direction of Travel - same period previous year	Data same period previous year	Next Data Refresh	National	North East	Similar Councils
78 (2012-14)	78.1 (2013-15)	**Male life expectancy at birth (years)**	**78** (2014-16)		Tracker	⇩	78.1 (2013-15)	Q4 (2015-17)	79.5 (2014-16)	77.8 (2014-16)	Not available
81.3 (2012-14)	81.2 (2013-15)	**Female life expectancy at birth (years)**	**81.3** (2014-16)		Tracker	⇧	81.2 (2013-15)	Q4 (2015-17)	83.1 (2014-16)	81.5 (2014-16)	Not available
5.2% (2015)	5.3% (2016)	**Successful completions as a percentage of total number in drug treatment - Opiates**	6.7% (Sep16 - Aug17 representations to Feb18)		7.77% - 11.04%	⇧	6.3% (Feb 2017)	Q2 2018/19 (2017/18)	6.6% (Sep16 - Aug17 representations to Feb18)	Not available	Top Quartile: 7.77% -11.04%
25.4% (2015)	25.7% (2016)	**Successful completions as a percentage of total number in drug treatment - Non Opiates**	29.6% (Sep16 - Aug17 representations to Feb18)		44.16% - 62.63%	⇧	27.3% (Feb 2017)	Q2 2018/19 (2017/18)	36.6% (Sep16 - Aug17 representations to Feb18)	Not available	Top Quartile: 44.16% - 62.63%
35.9% (2015)	27.5% (2016)	**Percentage of alcohol users that left alcohol treatment successfully who do not re-present to treatment within 6 months**	31.3% (Sep16 - Aug17 representations to Feb18)		38.4%	⇧	28.4% (Feb 2017)	Q2 2018/19 (2017/18)	38.4% (Sep16 - Aug17 representations to Feb18)	Not available	Not available
752.18 (2015/16)	754.84 (2016/17)	**Alcohol related admissions to hospital per 100,000 population**	177.95 [Prov] (Apr-Jun17)		Tracker	⇩	188.3 (Apr-Jun16)	Q2 2018/19 (Jul-Sep 17)	163.61 [Prov] (Apr-Jun17)	233.37 [Prov] (Apr-Jun17)	Not available
3076.1 [2903] (2015/16)	3010.4 [2841] (2016/17)	**Four week smoking quitters per 100,000 18+ smoking population [Number of quitters]**	**2463.2** [1860 quitters] (Apr-Dec17)	2258 [1705 quitters]	3180 (2401 quitters)	⇧	2024.9 (1911 quitters)	Q2 2018/19 (2017/18)	Not available	Not available	Not available
20.3 (2014)	19% (2015)	Estimated smoking prevalence of persons aged 18 and over	17.9 (2016)		Tracker	⇩	19% (2015)	Q4 2018/19 (2017)	15.5% (2016)	17.2% (2016)	Not available
Not available	63.2% (2015/16)	**Proportion of physically active adults**	66.7% (2016/17)		Tracker	⇧	63.2% (2015/16)	2019/20	66% (2016/17)	64% (2016/17)	Not available
Not available	Not available	Excess weight in adults (aged 18+) (Proportion of adults classified as overweight or obese)	67.5% (2015/16)		Tracker	N/A		Q3 2018/19 (2016/17)	61.3% (2015/16)	66.3% (2015/16)	Not available
77.8% (2015)	78.1% (2016)	**The percentage of women in a population eligible for breast screening at a given point in time who were screened adequately within a specified period**	78.6% (2017)		70%	⇧	78.1% (2016)	Q4 2018/19 (2018)	75.4% (2017)	77.1% (2017)	Not available
77.6% (2015)	76.9% (2016)	**The percentage of women in a population eligible for cervical screening at a given point in time who were screened adequately within a specified period**	76.4% (2017)		80%	⇩	76.9% (2016)	Q4 2018/19 (2018)	72% (2017)	74.7% (2017)	Not available
61.2% (2015)	60.9% (2016)	**The percentage of people eligible for bowel screening who were screened adequately within the previous 2½ years**	61% (2017)		60%	⇧	60.9% (2016)	Q4 2018/19 (2018)	58.8% (As at 31-Mar-17)	60% (As at 31-Mar-17)	Not available
16.8% (2011/14)	19.7% (2012-15)	Excess winter deaths	19.7% (2013-16)		Tracker	⇔	19.7% (2012-15)	Q3 2018/19 (2015-17)	17.9% (2013/16)	17.4% (2013/16)	Not available

Previous Final Data		Indicator	Latest Data	Period Target	2017/18 Target	Direction of Travel - same period previous year	Data same period previous year	Next Data Refresh	National	North East	Similar Councils
Not available	Not available	Percentage of people with learning disabilities that have a health check - DDES	46.7% (2013/14)		Tracker	N/A	Not available	Data release unknown	44.2% (2013/14)	56.6% (2013/14)	Not available
Not available	Not available	Percentage of people with learning disabilities that have a health check - ND	60.3% (2013/14)		Tracker	N/A	Not available	Data release unknown	44.2% (2013/14)	56.6% (2013/14)	Not available
Not available	Not available	**Endocine, Nutritional & Metabolic problems *(QPI)* DDES The percentage of patients newly diagnosed with diabetes in the preceding 1 April -31 March who have been referred to a structured education programme within 9 months after entry on to the diabetes register**	56.3% (Mar 18)		70%	N/A	Not available	Monthly	Not available	Not available	Not available
Not available	Not available	**Endocine, Nutritional & Metabolic problems *(QPI)* ND The percentage of patients newly diagnosed with diabetes in the preceding 1 April -31 March who have been referred to a structured education programme within 9 months after entry on to the diabetes register**	42% (Mar 18)		70%	N/A	Not available	Monthly	Not available	Not available	Not available
6.77% [estimated] (2012/13)	6.9% (2013/14)	Prevalence of diabetes (recorded diabetes in the population registered with GP practices aged 17 and over)	7% (2014/15)		Tracker	⇧	6.9% (2013/14)	Replaced see below	6.4% (2014/15)	6.7% (2014/15)	Not available
80.5% (Mar14-Feb15)	83.4% (Mar15-Feb16)	**Estimated diabetes diagnosis rate**	85.9% (Mar16-Feb17)		Tracker	⇧	83.4% (Mar15-Feb16)		77.1% (Mar16-Feb17)	81.4% (Mar16-Feb17)	Not available
Strategic Objective 3: Improve the quality of life, independence and care and support for people with long term conditions											
8.7 (2014-15)	Not reported 2015/16	Carer reported quality of life	8.4 (2016-17)		Tracker	⇩	8.7 (2014-15)	Q4 (2018/19) (2018/19)	7.9 (2014/15)	8.5 (2014/15)	8.3 (2014/15)
54.4% (2014-15)	Not available (2015/16)	Overall satisfaction of carers with support and services they receive (Extremely/Very Satisfied) (BCF)	43.3% (2016/17)		46.0% - 54.0%	⇩	54.4% (2014-15)	Q4 (2018/19) (2018/19)	41.2% (2014/15 National Survey)	49.3% (2014/15 National Survey)	45.7% (2014/15 National Survey)
93.5% (2014/15)	92.1% (2015/16)	The percentage of service users reporting that the help and support they receive has made their quality of life better	94.5% (2016/17)		Tracker	⇧	92.1% (2015/16)	Q3 2018/19 (2017/18)	92.4% (2016/17)	93.8% (2016/17	Not reported
92.8% (At 31-Mar-16)	93.8% (At 31 Mar17)	**Proportion of people using social care who receive self-directed support**	94.5% (as at Mar 18)		Tracker	⇧	93.8% (At 31 Mar17)	Q3 2018/19 (as at 30 Sep-18)	89.4% (ASCOF 2016-17)	96.5% (ASCOF 2016-17)	91.9% (ASCOF 2016-17)
736.3 100,000 (2015/16)	768.8 100,000 (2016/17)	**Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care (BCF)**	750.6 (Apr17 -Mar 18)		738.5 (Apr 17-Mar18)	⇩	768.8 100,000 (2016/17)	Q3 2018/19 (Apr Sep 18)	610.7 (ASCOF 2016-17)	837.9 (ASCOF 2016-17)	683.5 (ASCOF 2016-17)
85.7% (2015/16)	88.1% (2016/17)	**Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (BCF)**	89.1% [Prov] (2017/18)		Tbc	⇧	86% (Jan-Jun16)	Q3 2018/19 (Apr-Sep 18)	82.5% (2016/17 - ASCOF)	85.3% (2016/17 - ASCOF)	83.3% (2016/17 - ASCOF)

Previous Final Data		Indicator	Latest Data	Period Target	2017/18 Target	Direction of Travel - same period previous year	Data same period previous year	Next Data Refresh	National	North East	Similar Councils
11.2 (2009/10)	12.1 (2010/11)	Emergency readmissions within 30 days of discharge from hospital	12.4 (2011/12)		Tracker	⇧	12.1 (2010/11)	Data release date TBC	11.8 (2011/12)	12.7 (2011/12)	Not available
7.7 (2014/15)	4.6 (2015/16)	Delayed transfers of care from hospital per 100,000 population (ASCOF)	4.0 (Apr 16 - Feb 17)		Tracker	⇩	4.6 (2015/16)	Q2 2017/18 (2016/17)	16.4 (Apr16-Feb17)	5.6 (2015/16)	Not available
319 (Jul-Sep 17)	283 (Oct-Dec 17)	**Delayed transfers of care from hospital per 100,000 population (BCF)**	325 (Jan-Mar 18)	309.9 (Jan-Mar 18)	Quarterly targets only	⇧	313 (Jan-Mar17)	Q3 2017/18 (Apr-Jun18)	Not available	Not available	Not available
2183 (2014/15)	2239 (2015/16)	**Falls and injuries in the over 65s. (Age-sex standardised rate of emergency hospital admissions for falls or falls injuries in persons aged 65 and over per 100,000 population)**	2347 (2016/17)		Tracker	⇧	2239 (2015/16)	Q1 2019/20 (2017/18)	2,114 (2016/17)	2,264 (2016/17)	Not reported
615 (2014/15)	655 (2015/16)	Hip fractures in over 65s. (Age-sex standardised rate of emergency admissions for fractured neck of femur in persons aged 65 and over per 100,000 population)	622 (2016/17)		Tracker	⇩	655 (2015/16)	Q1 2019/20 (2017/18)	575 (2016/17)	643 (2016/17)	Not reported
71.1% (2014/15)	65.1% (2015/16)	Proportion of people feeling supported to manage their condition	64.2% (2016/17)		Tracker	⇩	65.1% (2015/16)	Q2 2018/19 (2016/17)	64% (2016/17)	68.3% (2015/16)	Not available
2,963 (Apr-Jun17)	3,037 (Jul-Sep17)	**Non Elective admissions per 100,000 population (per 3 month period) (BCF)**	3,230 (Oct-Dec17)	3009.8 (Oct-Dec17)	Quarterly targets only	⇧	3062 (Oct-Dec16)	Q2 2018/19 (Jan-Mar18)	Not available	Not available	Not available
2285 (2015/16)	2581 (2016/17)	**The number of people in receipt of Telecare**	2719 (At Dec 17)		Tracker	⇧	2489 (At Dec 16)	Q3 2018/19 (At 30 Sep 18)	Not available	Not available	Not available
928,413 (2015/16)	925,680 (2016/17)	**Number of residential/nursing care beds for people ages 65 and over commissioned by Durham County Council**	899,637 (2017/18)		Tracker	⇩	925,680 (2016/17)	Q3 2018/19 (Apr-Jun18)	Not available	Not available	Not available
Not available	Not available	**Reducing Gram Negative Bloodstream Infections (GNBSIs) and inappropriate antibiotic prescribing in at risk groups a) reducing gram negative blood stream infections (BSI) across the whole health economy *(QPI)* DDES**	140 (Apr-Sep 17)		10% reduction (or greater)	N/A	Baseline 262 (2015/16)		Not available	Not available	Not available
Not available	Not available	**bi) reduction of inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care - Trimethoprium:Nitrofuratoin prescribing ratio *(QPI)* DDES**	0.579 (Apr17-Jan18)		1.842	N/A	10% reduction (or greater)		Not available	Not available	Not available
Not available	Not available	**bii) reduction of inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care - number of Trimethoprium items prescribed *(QPI)* DDES**	4655 (Apr-Jan18)		8600	N/A	10% reduction (or greater)		Not available	Not available	Not available
Not available	Not available	**c) sustained reduction of inappropriate prescribing in primary care *(QPI)* DDES**	1.298 (Apr17-Jan18))		1.161 items per STAR-PU.	N/A			Not available	Not available	Not available
Not available	Not available	**Reducing Gram Negative Bloodstream Infections (GNBSIs) and inappropriate antibiotic prescribing in at risk groups a) reducing gram negative blood stream infections (BSI) across the whole health economy *(QPI)* ND**	99 (Apr-Sep17)		10% reduction (or greater)	N/A	Baseline 179 (2015/16)		Not available	Not available	Not available

Previous Final Data		Indicator	Latest Data	Period Target	2017/18 Target	Direction of Travel - same period previous year	Data same period previous year	Next Data Refresh	National	North East	Similar Councils
Not available	Not available	**bi) reduction of inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care - Trimethoprium:Nitrofuratoin prescribing ratio *(QPI)* ND**	0.734 (Apr17-Jan18)		1.929	N/A	10% reduction (or greater)		Not available	Not available	Not available
		bii) reduction of inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care - number of Trimethoprium items prescribed *(QPI)* ND	4500 (Apr17-Jan18)		7024	N/A	10% reduction (or greater)		Not available	Not available	Not available
Not available	Not available	**c) sustained reduction of inappropriate prescribing in primary care *(QPI*) ND**	1.172 (Apr17-Jan18)		1.161 items per STAR-PU.	N/A			Not available	Not available	Not available
Not available	Not available	**NHS Continuing Health Care *(QPI)* DDES a) cases with a positive NHS CHC Checklist have an NHS CHC eligibility decision made by the CCG within 28 days from receipt of the Checklist (or other notification of potential eligibility)**	65% (Apr-Sep17)		More than 80% within 28 days	N/A			Not available	Not available	Not available
Not available	Not available	**NHS Continuing Health Care (QPI) DDES b) full NHS CHC assessments take place in an acute hospital setting *(QPI)* DDES**	23.23% (Apr-Sep17)		less than 15%	N/A			Not available	Not available	Not available
Not available	Not available	**NHS Continuing Health Care *(QPI)* ND a) cases with a positive NHS CHC Checklist have an NHS CHC eligibility decision made by the CCG within 28 days from receipt of the Checklist (or other notification of potential eligibility)**	85% (Apr-Sep17)		More than 80% within 28 days	N/A			Not available	Not available	Not available
Not available	Not available	**NHS Continuing Health Care (QPI) ND b) full NHS CHC assessments take place in an acute hospital setting *(QPI)* ND**	16.3% (Apr-Sep17)		less than 15%	N/A			Not available	Not available	Not available
Not available	73% (2016/17)	Overall experience of making a GP appointment *(QPI)* DDES	Data to be published July 2018		85% or 3 percentage points increase in July 2017	N/A	Baseline 73% (2017/18)	Q4 2018/19	Not available	Not available	Not available
Not available	76% (2016/17)	Overall experience of making a GP appointment *(QPI)* ND	Data to be published July 2018		85% or 3 percentage points increase in July 2017	N/A	Baseline 76% (2017/18))	Q4 2018/19	Not available	Not available	Not available

Previous Final Data		Indicator	Latest Data	Period Target	2017/18 Target	Direction of Travel - same period previous year	Data same period previous year	Next Data Refresh	National	North East	Similar Councils
Strategic Objective 4: Improve mental health and wellbeing of the population											
16.8% pts (Oct-Dec15)	20% pts (Oct-Dec16)	**Gap between the employment rate for those with a long term health condition and the overall employment rate**	21.3 %pts (Oct-Dec17)		Tracker	⇧	20 %pts (Oct-Dec16)	Q1 2018/19 (Oct-Dec16)	11.6 %pts (Oct-Dec17)	14.7 %pts (Oct-Dec17)	Not available
14.8 (2012-14) [202]	15.7 (2013-15) [215]	Suicide rate (deaths from suicide and injury of undetermined intent) per 100,000 population [number of suicides]	12.6 (2014-16) [174]		Tracker	⇩	15.7 (2013-15) [215]	Q3 2018/19 (2015-17)	9.9 (2014-16)	11.6 (2014-16)	Not reported
238.4 (2014/15)	197.2 (2015/16)	**Hospital admissions as a result of self-harm. (Age-sex standardised rate of emergency hospital admissions for intentional self-harm per 100,000 population)**	204.2 (2016/17)		Tracker	⇧	197.2 (2015/16)	Q4 2018/19 (2017/18)	185.3 (2016/17)	231.9 (2016/17)	Not available
413.2 (2012/13)	485.4 (2013/14)	Excess under 75 mortality rate in adults with serious mental illness per 100,000 population	451.7 (2014/15)		Tracker	⇩	485.4 (2013/14)	Data release date TBC	370 (2014/15)	Not reported	Not reported
48.7% (2014/15)	49.2% (2015/16)	Percentage of people who use adult social care services who have as much social contact as they want with people they like	49.2% (2016/17)		Tracker	⇔	49.2% (2015/16)	Q3 2018/19 (2017/18)	45.4% (2015/16)	49.9% (2015/16)	Not available
55.2 (2012/13)	66 (2013/14)	Estimated diagnosis rate for people with dementia - DDES CCG	75.6 (2014/15)		Tracker	⇧	66 (2013/14)	Data release date TBC	61.4 (2014/15)	Not reported	Not reported
52.6 (2012/13)	57.4 (2013/14)	Estimated diagnosis rate for people with dementia - North Durham CCG	67.3 (2014/15)		Tracker	⇧	57.4 (2013/14)	Data release date TBC	61.4 (2014/15)	Not reported	Not reported
Not available	Not available	Improve inequitable rates of access to Children & Young People's Mental Health Services *(QPI)* DDES	Baseline to be identified		14% increase based on 2016/17 baseline or increase in activity to enable 32% of young people starting treatment	N/A			Not available	Not available	Not available
Not available	Not available	Improve inequitable rates of access to Children & Young People's Mental Health Services *(QPI)* ND	Baseline to be identified		14% increase based on 2016/17 baseline or increase in activity to enable 32% of young people starting treatment	N/A			Not available	Not available	Not available

Previous Final Data		Indicator	Latest Data	Period Target	2017/18 Target	Direction of Travel - same period previous year	Data same period previous year	Next Data Refresh	National	North East	Similar Councils
Strategic Objective 5: Protect vulnerable people from harm											
13.4% (2015/16)	13.1% (2016/17)	**Percentage of repeat incidents of domestic violence (referrals to MARAC)**	12.1% (2017/18)		Less than 25%	⇩	13.1% (2016/17)	TBC	27% (Jun16-Jul17)	Not available	28% (Jun16-Jul17)
90.5% (2014/15)	90.5% (2015/16)	The proportion of people who use services who say that those services have made them feel safe and secure	89.3% (2016/17)		Tracker	⇩	91.4% (2015/16)	Q1 2018/19 (2017/18)	86.4% (2016/17)	89.2% (2016/17)	87.9% [Unitary authorities] (2016/17)
665 (2015/16)	809 (2016/17)	**Number of children's assessments where risk factor of parental mental health is identified**	914 [Prov] (2017/18)		Tracker	⇧	809 (2016/17)	Q3 2018/19 [Final] (2017/18)	Not available	Not available	Not available
1,205 (2015/16)	1125 (2016/17)	**Number of children's assessments where risk factor of parental domestic violence is identified**	1264 [Prov] (2017/18)		Tracker	⇧	1125 (2016/17)	Q3 2018/19 [Final] (2017/18)	Not available	Not available	Not available
491 (2015/16)	464 (2016/17)	**Number of children's assessments where risk factor of parental alcohol misuse is identified**	484 [Prov} (2017/18)		Tracker	⇧	464 (2016/17)	Q3 2018/19 [Final] (2017/18)	Not available	Not available	Not available
420 (2015/16)	468 (2016/17)	**Number of children's assessments where risk factor of parental drug misuse is identified**	517 [Prov] (2017/18)		Tracker	⇧	468 (2016/17)	Q3 2018/19 [Final] (2017/18)	Not available	Not available	Not available
34.9 (as at 31-Mar-16)	50 (as at 31-Mar-17)	**Number of children with a Child Protection Plan per 10,000 population**	49.7 (31-Mar-18)		Tracker	⇩	50 (as at 31-Mar-17)	Q3 2018/19 (at Jun-18)	43.3 (31 Mar 2017)	60.5 (31 Mar 2017)	59.3 (31 Mar 2016)
Not available	96.5% (2016/17)	**Percentage of individuals who achieved their desired outcomes from the adult safeguarding process**	96.2% (2017/18)		Tracker	⇧	96.5% (2016/17)	Q3 2018/19 (Apr-Dec17)	Not available	Not available	Not available
Strategic Objective 6: Support people to die in the place of their choice with the care and support that they need											
46.7% (2015/16)	48.9% (2016/17)	**Proportion of deaths in usual place of residence (DDES CCG)**	52.1% (Jan- Dec 2017))		Tracker	⇧	48.5% (2016)	Q2 2018/19 (2017/18)	46.6% (Jan-Dec 2017)	48.6% (Jan-Dec 2017)	Not available
48.8% (2015/16)	51.2% (2016/17)	**Proportion of deaths in usual place of residence (North Durham CCG)**	51.7% (Jan - Dec 2017))		Tracker	⇧	49.6% (2016)	Q2 2018/19 (2017/18)	46.6% (Jan-Dec 2017)	48.6% (Jan-Dec 2017)	Not available

New data reported for all indicators in **bold**

Health and Wellbeing Board

4 July 2018

Health and Wellbeing Board Annual Report 2017/18

Report of Gordon Elliott, Head of Partnerships and Community Engagement and Amanda Healy, Director of Public Health County Durham

Purpose of Report

1 The purpose of this report is to present the Health and Wellbeing Board with the Health and Wellbeing Board Annual Report 2017/18 (attached as Appendix 2) for agreement.

Background

2 The Health and Social Care Act 2012 required all upper tier local authorities to establish Health and Wellbeing Boards. The County Durham Health and Wellbeing Board was formally established as a committee of Durham County Council in April 2013.

3 This is the fifth Health and Wellbeing Board Annual Report, which outlines the achievements of the Board during its fifth year of operation. It also includes details of locality health and wellbeing projects which support the priorities of the Health and Wellbeing Board, as well as details of the future work for the Health and Wellbeing Board moving forward.

Achievements during 2017/18

4 The Annual Report outlines a number of achievements of the Health and Wellbeing Board over the past year, including key performance indicators which demonstrate improvements in the health of the population; developments in key programmes of work which have progressed the health agenda in the county; and, examples of initiatives which have taken place to achieve the strategic objectives in the Joint Health and Wellbeing Strategy.

- An Integration Board has continued to lead on the plans for Health and Social Care Integration to meet the government's target of achieving full integration by 2020, including:
    - Jointly commissioned local services, for example: Carers' Services and the post diagnosis Autism Service.
    - An integrated senior leadership team is now in place, which will be led by a new role of Director of Integrated Community Services (when recruited), with responsibility for direct service

delivery of NHS community and adult social care services on behalf of all partners.

- ‘Teams Around Patients’ (TAP) are operational across Durham, Dales, Easington and Sedgefield (DDES) and North Durham (ND) CCG areas. They are working in partnership to reduce avoidable admissions, permanent admissions to Care Homes, reduce delayed transfers of care and improve the health and wellbeing of older people and those with long term conditions.

- The ‘Wellbeing for Life’ service has continued to deliver projects which are improving the health and wellbeing of the local population. They have adopted a multi-pronged approach to achieving their goals, focusing on one-to-one interaction, group sessions, increasing community capacity and training. For example – their Health Trainers work with people one to one, over 8 sessions, to set personal goals which may include eating healthier, being more active or stopping smoking.

- The actions within the County Durham Oral Health Strategy are making good progress, with nurseries in the top 30% most deprived communities to implement tooth brushing schemes. The Health and Wellbeing Board have also agreed to the next stage of testing the feasibility of expanding the community water fluoridation scheme for County Durham.

- The HWB received and approved the County Durham Joint Commissioning Plan 2017-2018 Special Educational Needs and Disabilities (SEND). The plan sets out Durham’s joint commissioning priorities for 2017-2018 across education, health and care and details how each of these priorities will be taken forward. The HWB agreed to adopt the principles set out in the SEND ‘Promise’, which is a charter for young people with SEND presented by the eXtreme group (Investing in Children group made up of young people with special educational needs and disabilities).

- The Healthy Weight Alliance have continued their work to halt the rise of obesity across the county by 2022. They have developed a strategic direction for this with 4 themes - leading by example, increasing play, give every child the best start in life and engaging the whole system. Linked to this is the work underway to deliver the Sugar Smart campaign across the county, which encourages local organisations to take varied actions to help their communities reduce their sugar consumption as part of their daily business.

- The Dementia Action Alliance, chaired by the County Durham Fire and Rescue Service, has continued to deliver a variety of projects across the county with the aim of reducing the impact of dementia. This work, linked to the Dementia Advisor Service, the Alzheimer’s Society and the AAPs is being delivered under the Dementia Friendly Communities umbrella.

- The HWB received a report on the Cancer Health Equity Audit 2017 and agreed to develop a strategic action plan to address the identified inequalities in cancer incidence and mortality. Health equity audit (HEA) is an important tool when considering how to reduce health inequalities and inequities in the provision of appropriate services. It identifies how fairly services or other resources are distributed relative to the health needs of different groups and areas.

- The Health and Wellbeing Board, with the Safe Durham Partnership and Local Safeguarding Children Board, has supported the work of the Foetal Alcohol Spectrum Disorder Group (FASD) to tackle the impact foetal exposure to alcohol before birth has with a focus on prevention and early intervention.

- Durham has been chosen by the Local Government Association (LGA) as one of the prevention at scale pilot sites, looking at improving the scale and pace of mental health prevention and early intervention initiatives.

- As part of the HWB statutory duties, we have agreed the recommendation of the County Durham Pharmaceutical Needs Assessment 2018-21, which has looked at the current provision of pharmacy services across County Durham.

Community Based Projects

5 A number of local community based projects across County Durham support the priorities of the Health and Wellbeing Board, which aim to improve the health and wellbeing of people in their local communities. Details of the projects, including those delivered by the Area Action Partnerships, are included in the Annual Report. Examples include:

- Public Health and Durham County Council Education have rolled out a resilience programme for 75 schools in County Durham. Across the county we now deliver a flexible and responsive service 24/7, 365 days a year, for children and young people experiencing a mental health crisis.

- The Macmillan Joining the Dots Programme, working with Durham Community Action and the Wellbeing for Life service, has been delivering the ‘Coproduction Volunteers’ project for cancer sufferers and survivors. They have successfully recruited ten coproduction volunteers to the project. The volunteers have attended ‘Joining the Dots’ engagement events, analysed the issues and begun to develop solutions.

- Each AAP has received £25,000 from the improved Better Care Fund (iBCF) to support community led initiatives which are designed to reduce social isolation. For example – Great Aycliffe and Middridge

AAP have established a ‘Buddies Befriending’ service which helps people to become more socially active.

Challenges

6 The Health and Wellbeing Board vision is to ‘improve the health and wellbeing of the people of County Durham and reduce health inequalities’. As life expectancy continues to increase in County Durham, it is important to determine whether these additional years are being spent in good health or prolonged poor health and dependency. Healthy life expectancy at birth in County Durham is lower than the England average and there is substantial variation within the county.

7 One of the greatest challenges facing the health service and providers of adult social care is how to respond to an increasingly older population and its changing needs. For example – falls in the over 65’s age group has significant impact upon people’s quality of life and the costs to health and social care services increases substantially following a person suffering a fall, and incidences of falls in County Durham are above the national average.

8 A high proportion of Health and Social Care budgets are spent on treating ill health, yet 80% of heart disease, stroke and type 2 diabetes incidences, and 50% of cancers could be avoided. This can be done by, for example, improving the numbers of women screened for cervical cancer to identify issues at an early stage, and provide an opportunity to improve the chances of successful treatment.

9 An integrated whole system approach will facilitate a move away from episodic ill health and care towards a greater emphasis on early intervention, prevention and promoting independence. For example – the focus on ‘children having the best start in life’ will ensure that when a child is born they have the greatest possible opportunity to live a healthy life. This will be done by introducing interventions which reduce the numbers of mothers smoking whilst pregnant, improving breastfeeding rates and reducing the levels of excess weight in children of all ages by encouraging a more active lifestyle.

Future work of the Health and Wellbeing Board

10 There are a number of initiatives that the Health and Wellbeing Board will continue to take forward during the coming year to support this approach, including the following:

- Produce a new Joint Health and Wellbeing Strategy from 2019. This will include a review of the priorities for the Health and Wellbeing Board, based on the evidence in the Joint Strategic Needs Assessment, to ensure a focus on improving the health and wellbeing of people in County Durham and reducing health inequalities.

- Successfully enhance the quality of health and social care services by delivering the improvements being planned by the County Durham Integrated Care Board. This will include improving care quality,

addressing the changes to demographics across the county, shifting towards prevention to ensure budgets are utilised to best effect, and managing the system to ensure the needs of the population are met where the population use services across a wider footprint than County Durham.

- Continue the work to on the Oral Health Strategy to improve oral health of both children and adults across the county.

- Introduce a co-ordinated multi-agency approach to marketing campaigns related to the HWB strategic priorities.

11 Further details of the Health and Wellbeing Board's future work are included in the Annual Report.

Next Steps

12 The Health and Wellbeing Board is requested to note the following key dates for the Health and Wellbeing Board Annual Report 2017/18:

- Cabinet receives HWB Annual Report 2017/18 for endorsement – **12th September 2018**
- Partner governance arrangements receive HWB Annual Report 2017/18 for endorsement – **September – November 2018**
- Children and Young People's Overview and Scrutiny Committee receives HWB Annual Report 2017/18 for information – **13th September 2018**
- Adults Wellbeing and Health Overview and Scrutiny Committee receives HWB Annual Report 2017/18 for information – **1st October 2018**

Recommendations and Reasons

13 It is recommended that the Health and Wellbeing Board:

(a) Agree the Health and Wellbeing Board Annual Report for 2017/18.
(b) Note the timeline and next steps as outlined in the report.

Contact: Andrea Petty Tel: 03000 267312

Appendix 1: Implications

Finance – Ongoing pressure on public services will challenge all agencies to consider how best to respond to the health, social care and wellbeing agenda.

Staffing – No direct implications.

Risk – No direct implications.

Equality and Diversity / Public Sector Equality Duty – The key equality and diversity protected characteristic groups are considered as part of the process to identify the groups/organisations to be invited to the Partnership engagement events.

Accommodation - No direct implications.

Crime and Disorder – The Integrated Needs Assessment (INA) provides information relating to crime and disorder.

Human Rights - No direct implications.

Consultation – Consultation on the priorities of the Health and Wellbeing Board is undertaken on an annual basis through the Partnership Event and other engagement activities.

Procurement – The Health and Social Care Act 2012 outlines that commissioners should take regard of the Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy (JHWS) when exercising their functions in relation to the commissioning of health and social care services.

Disability Issues – The needs of disabled people are reflected in the Integrated Needs Assessment and Joint Health & Wellbeing Strategy.

Legal Implications - The Health and Social Care Act 2012 places clear duties on local authorities and Clinical Commissioning Groups (CCGs) to prepare a JSNA and JHWS. The local authority must publish the JHWS. The Health and Wellbeing Board lead the development of the JSNA and JHWS.

Appendix 2: Health and Wellbeing Board Annual Report 2017/18

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Improving the health and wellbeing of people in County Durham and reducing health inequalities






County Durham Health and Wellbeing Board Annual Report

2017/18

Altogether healthier

County Durham Health and Wellbeing Board

www.countydurhampartnership.co.uk

Foreword from Chair and Vice Chair

The County Durham Health and Wellbeing Board Annual Report demonstrates how we have worked collectively to achieve the challenges we set ourselves each year. Our Plan describes how we have performed against what we set out to achieve in the previous year and how we plan to move forward.

Our vision is to '**improve the health and wellbeing of the people of County Durham and reduce health inequalities'** and we are on a journey to achieve this.

This plan will help the people of County Durham to understand how we have performed, where our priorities lie and the challenges we need to overcome in 2018/19.

Mental Health is a key focus for the Board and we are reviewing our strategy to make sure that we are doing all we can to promote mental wellbeing for everyone. The national agenda for Health and Social Care Integration means we are doing significant work to change the way we deliver health and care services to provide a more joined up offer to adults and children in our communities.

We take this opportunity to thank those volunteers, carers, professionals and our communities who work tirelessly to make our shared vision a reality.

Councillor Lucy Hovvels MBE

Chair of the Health & Wellbeing Board
Cabinet Portfolio Holder for Adult & Health Services

Dr Stewart Findlay

Vice Chair of the Health & Wellbeing Board
Chief Clinical Officer, Durham Dales, Easington & Sedgefield Clinical Commissioning Group (DDES CCG)

Who are the Health and Wellbeing Board?

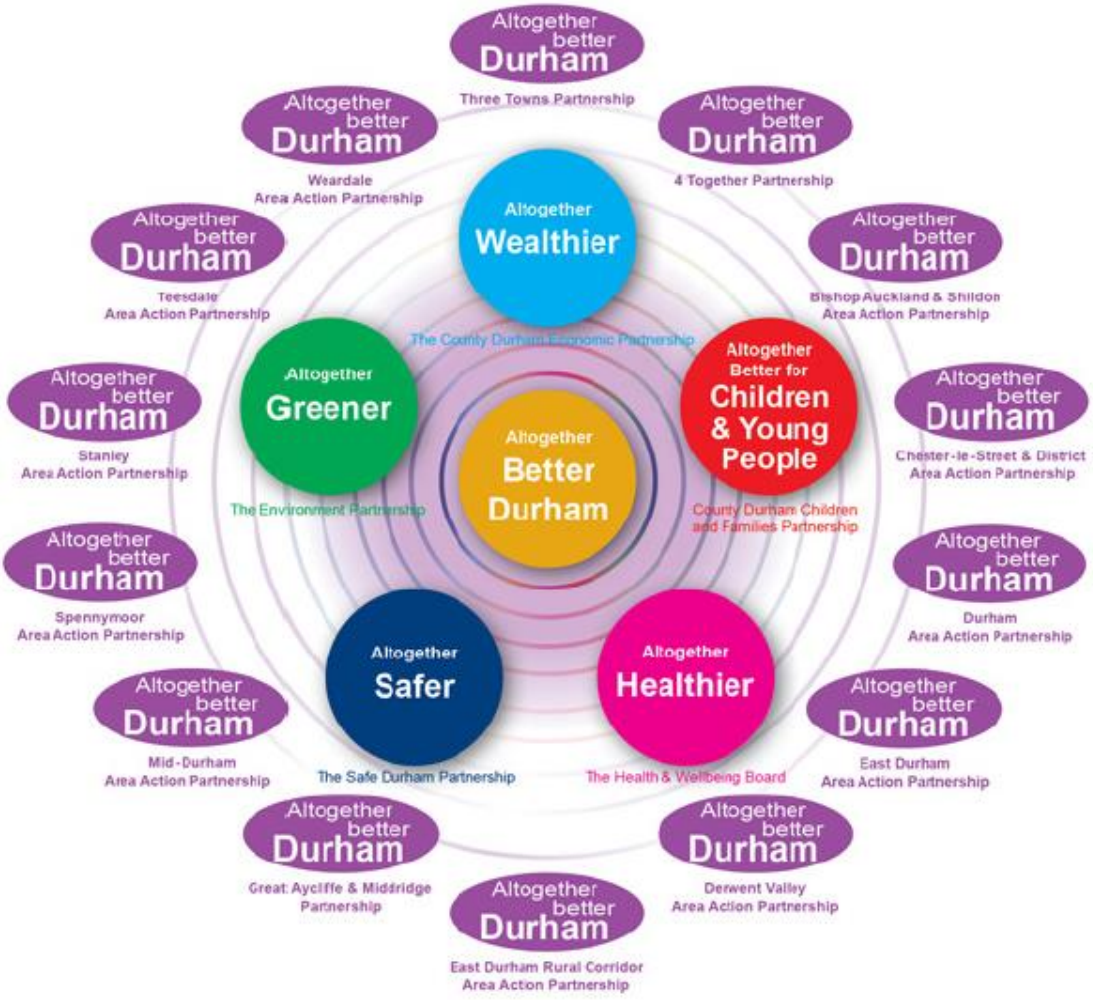
Altogether healthier

County Durham Health and Wellbeing Board

The Health and Wellbeing Board includes the following partners:

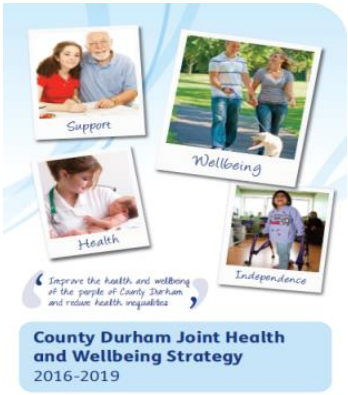
- Durham County Council
- North Durham Clinical Commissioning Group
- Durham Dales, Easington and Sedgefield Clinical Commissioning Group
- Healthwatch County Durham
- County Durham and Darlington NHS Foundation Trust
- Tees, Esk and Wear Valley NHS Foundation Trust
- Harrogate and District NHS Foundation Trust
- North Tees and Hartlepool NHS Foundation Trust
- City Hospitals Sunderland NHS Foundation Trust
- County Durham and Darlington Fire and Rescue Service
- Office of the Durham Police, Crime and Victims' Commissioner

The Health and Wellbeing Board, under the banner of 'Altogether Healthier', is one of the 5 thematic partnerships that make up the County Durham Partnership, whose role it is to provide for an 'Altogether Better' County Durham; supported by our 14 Area Action Partnerships.



What do we do?

The Health and Wellbeing Board ensures all partner organisations are delivering on the vision to ***'Improve the health and wellbeing of the people of County Durham and reduce health inequalities'***. The formal Board meetings are open to the public.



The Health and Wellbeing Board has a legal responsibility to develop a Joint Strategic Needs Assessment (JSNA), to provide the evidence base for everything we do, and a Joint Health and Wellbeing Strategy (JHWS), that demonstrates how we fulfil our duty to encourage integrated working between commissioners of health services, public health and social services, for advancing the health and wellbeing of the people of County Durham.

The JSNA provides an overview of the current and future health and wellbeing needs of the people of County Durham. The health and social care evidence base is included in an Integrated Needs Assessment (INA) as a 'one stop shop' for all strategic assessments. The evidence in the JSNA is used to inform the Joint Health and Wellbeing Strategy.

We developed the County Durham Joint Health and Wellbeing Strategy 2016-19 to ensure health and social care agencies work together and agree the services that should be prioritised to ensure all partners are delivering against the vision.

The Health and Wellbeing Board is also responsible for the production of a Pharmaceutical Needs Assessment (PNA) every three years, with the latest iteration published in April 2018. A PNA considers whether there are sufficient pharmaceutical services (such as community pharmacies and dispensing GP practices) to support the health needs of the population. We look at where pharmacies are located, their opening hours and how easy they are for people to access.

Key performance achievements in County Durham 2017/18

Under 18 conceptions is reducing and has more than halved since 1998.

Self-harm hospital admissions for young people aged 10 - 24 has reduced, and is lower than regional and national averages.

A high percentage of young people are seen with a face to face second contact within 9 weeks of referral to CAMHS.

The proportion of young people leaving substance misuse treatment in a planned way is better than national average and exceeding target.

The proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services is average above the national.

Durham has one of the lowest rates per population of delayed transfers of care from hospital in the country.

The number of people in receipt of Telecare in Durham continues to rise.

The proportion of people using social care who receive self-directed support is above the national average.

The cancer death rate in people under 75 has been reducing over time.

The percentage of people who have been screened for breast and bowel cancer is higher than regional and national averages.

Patients receiving cancer treatment within 31 days of diagnosis is above target.

2,790 people stopped smoking with support from stop smoking services.

Achievements of the Health and Wellbeing Board

This section details key programmes of work for the Health and Wellbeing Board and developments that have taken place in 2017/18 to achieve the strategic objectives in the Joint Health and Wellbeing Strategy.

Health and Social Care Integration

County Durham has a strong track record of integrated health and social care working based on effective partnerships. For example, the development of:

- Intermediate Care Plus (a short term health & social care service to support adults cared for out of hospital to assist rehabilitation)
- The 0-19 pathway (including school nursing)
- Mental Health and Learning Disability Services
- Community Equipment
- Carers Services
- Social Prescribing
- Post diagnosis Autism Service

We are taking the opportunity to build upon this to define how we want health and social care services to be shaped and delivered across the County to further improve outcomes for local people. Some examples of recent progress include:

- Teams Around Patients (TAP) are now operational across County Durham. TAPs are designed to promote prevention and independence and deliver care in the community in line with local need.
- An Accountable Care Partnership has been established to manage integrated NHS commissioning relating to learning disabilities and mental health.
- A new integrated model has been developed for NHS Community Services to be managed alongside social care services.

To underpin and further develop the integration of services across the health and social care system in County Durham, the post of Director of Integration was established in January 2017 for a two-year period. This role has been instrumental in developing a Memorandum of Understanding and implementing common lines of practice for Teams Around Patients across both CCG areas (Durham Dales, Easington and Sedgefield, and North Durham).

The Integrated Care Partnership (ICP) is a collaborative arrangement between the NHS and Durham County Council, which has been set up to deliver joined up care, ensuring that delivery is efficient, of high quality and meets the needs of the population. The work of the ICP will be taken forward by an integrated leadership team and governance arrangements with the Health and Wellbeing Board are in place through the County Durham Integrated Care Board.

Better Care Fund

The Better Care Fund brings together NHS and adult social care funding to support integration of health and social care services. In 2017/18 we needed to fulfil new policy requirements to develop spending plans over a two year period rather than a single year, and comply with changes to the national conditions which local areas need to meet to access the funding.

County Durham's Better Care Fund 2017/19 Plan consists of seven programmes which focus on initiatives to enable integration of community based services.

1. Intermediate Care Plus – provides a range of integrated services to promote recovery from illness, prevent unnecessary admission to hospital or permanent admission to residential or nursing care home, facilitate timely and safe discharge and support from hospital and maximising opportunities for independent living.

2. Transforming Care – the Accountable Care Network established a framework for collaboration between partner organisations with regards to integrated care across County Durham including services, workforce training, re-designing of care pathways and improvement in service delivery.

3. Equipment and Adaptations for Independence – the joint funding of the home equipment loans service following service redesign to improve access to equipment and adaptations and make greater use of advancing technologies.

4. Supporting Independent Living – including mental health promotion, prevention and recovery services which focus on the wider determinants of health such as accommodation and employment.

5. Supporting Carers – recognising the contribution that carers make to the health and social care system and economy, we are committed to improving carer support in order to enable them to maintain their caring role and their own health and wellbeing.

6. Social Inclusion –we have worked to increase community capacity and resilience, working with the Voluntary and Community Sector in order to transform preventative and access to universal services, facilities and resources which promote wellbeing and help to avoid the development of needs for health and/or social care services.

7. Care Home Support – we are committed to high quality care home provision which includes dementia liaison services. Our endeavours focus on the competency and capability of homes to provide high quality care which ensures person centred care, dignity and that safeguarding adults standards are met and help avoid unnecessary admissions into hospital.

Prevention

The County Durham Partnership has adopted a focus on prevention and investigating how the work of partner organisations is contributing to improving the wellbeing of the population.

Work is underway to identify and support best practice, maximise funding opportunities and reduce demand on statutory services, through work with Area Action Partnerships, support to access funding streams and enhancing the work of community navigator/peer mentor roles and services.

Durham has been successful in its bid to become one of 15 pilot areas for the national Prevention at Scale offer which involves the Local Government Association providing 20 days of support and advice to deliver at scale a preventative approach that will significantly change health outcomes for local people.

The Health and Wellbeing Board championed mental health as the key cross cutting theme for the project and this was agreed by the County Durham Partnership (including the Health and Wellbeing Board) as a significant priority area to progress. We have identified Suicide Prevention as the focus for this work, with particular strands addressing workforce development and reducing stigma. This work will set the future direction for these services.

Review of Mental Health and Preventative Services

A strategic review of community wellbeing, mental health, public mental health, and preventative services was undertaken, involving extensive engagement with service users, carers, providers and other stakeholders.

This review has highlighted some areas of good practice across the partnership as well as across the life course including:

- Resilience nurses within schools as part of Durham County Council's 0-19 service
- Wellbeing for Life support service
- Dementia friendly communities
- Tees Esk and Wear Valleys NHS Foundation Trust going smoke free
- Director of Public Health Annual Report focusing on Work and Health including mental health and wellbeing
- Capacity building for mental health first aid
- Area Action Partnerships across County Durham many of which focus on mental health and wellbeing
- Men's Sheds networks (supporting men to pursue practical interests)
- Suicide early alert system

The review led to the development of:

- A new life-course preventative mental health and wellbeing approach
- A revised governance structure for the County Durham Mental Health Partnership Board (MHPB)

- Refreshed partnership action plans related to crisis care concordat; adult services; children and young people, suicide prevention and dementia

Wellbeing for Life

The Health and Wellbeing Board has continued to support the Wellbeing for Life Service which provides one-to-one and group support to achieve the changes people want to make in areas like:

- Eating healthier
- Being more active
- Stop smoking
- Alcohol and drug awareness
- Accessing services in the local community

The service has been remodelled and reprocured, based on a comprehensive independent evaluation that was undertaken by Durham University. The evaluation demonstrated the success of the service in improving the wellbeing of local people, whilst allowing us to streamline the new contract to benefit more people in County Durham, and contributes to meeting the Board's vision.

Wider Determinants of Health

Joint working between the Health and Wellbeing Board and County Durham Housing Forum developed a set of five shared priorities based on Kings Fund guidance:

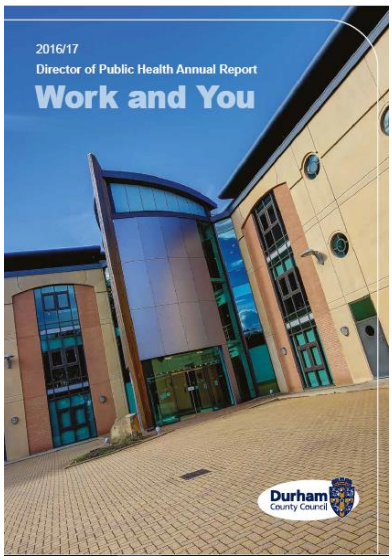
1) Addressing poverty including welfare reform and fuel poverty
2) Early years including identification of neglect and injury prevention
3) Older people with issues such as dementia and age friendly community initiatives, reducing social isolation and falls reduction
4) Vulnerable groups such as those with learning disabilities, a mental illness, and those exposed to domestic abuse
5) Workforce development such as Making Every Contact Count.

A number of projects have been delivered in partnership, focussed on supporting older people, reducing social isolation and improving mental health.

Housing staff have been trained in 'Making Every Contact Count' which equips them to have conversations with the people they come into contact with, which might trigger them to make changes to their lifestyle to improve their health and wellbeing.

A series of Routes out of Poverty training events allowed NHS, Children's Services, Adult Care and Housing staff to jointly work on solutions to case studies.

Cold related ill health work including the Warm and Healthy Homes Programme which targets residents with health conditions, have been recognised nationally as good practice.



Work and You – Director of Public Health (DPH) Annual Report

The last DPH Annual Report focussed on 'Work and You'. People are continuing to stay in work longer and will need good well paid employment to maintain a sense of self-worth and contribute to the local economy. The report sets out how policy makers, employers, clinicians and employees themselves can work together to improve their health and employment outcomes, particularly for workers aged 40-70 years.

The report suggests small changes that businesses can make to work with their local communities and look after the wellbeing of their employees.

Organisations of all sizes are being supported and encouraged to work towards the Better Health and Work Award which helps them to access free workplace training including understanding stress and basic mental health, and supports workplaces to deliver health activities that address key public health improvement priorities.

Support for Carers

The Health and Wellbeing Board recognises the vital part that carers play in the health and social care system and the importance of providing them with support. More carers are registering with carers services than in previous years. This is due to awareness raising work with professionals and schools to identify carers who might not recognise themselves as having a caring role.

Specific work has been undertaken to identify and help people who have a caring responsibility for someone with a learning disability or mental health issue, with booklets produced and training delivered to carers and staff.

Carers who report as unable to work due to their caring role are usually those with the heaviest caring roles. Services have been working with large employers to provide online training to help them understand the pressures faced by carers in employment.

Young Carers are supported to reduce the impact of their caring role on their mental health and wellbeing, educational attainment and social development.

Pharmaceutical Needs Assessment

In line with the statutory responsibilities of the Health and Wellbeing Board, the recommendations of the Pharmaceutical Needs Assessment were agreed which concluded that there are no current gaps in service delivery. As a key HWB partner, Healthwatch collected feedback from the public about how they access pharmaceutical services and their overall views of the services they receive.

The Board has implemented an action plan, which reflects our ambition to develop locally commissioned services to further support targets in the Joint Strategic Needs Assessment. These services will focus on the growing older population, incorporating pharmacy services into Teams Around Patients, the further expansion of pharmacy based public health services and promotion of self-care.

What are our priorities?

County Durham's agreed health and wellbeing priorities for 2017-18 were:

Priority 1

Children and young people make healthy choices and have the best start in life

Priority 2

Reduce health inequalities and early deaths

Priority 3

Improve the quality of life, independence and care and support for people with long term conditions

Priority 4

Improve the mental and physical wellbeing of the population

Priority 5

Protect vulnerable people from harm

Priority 6

Support people to die in the place of their choice with the care and support that they need

Priority 1

Children and young people make healthy choices and have the best start in life

Supporting Children and Young People with SEND

The Health and Wellbeing Board listened to representatives of the eXtreme Group made up of young people with special educational needs and disabilities and signed up to the SEND Promise which pledges the Board will:

- Listen to the needs of the individual
- Support children and young people to access the best possible health care and provide information on the best place to meet their needs
- Fully involve and prepare children and young people during transition from children to adults services

The Board has approved a SEND Joint Commissioning Plan which sets out arrangements for education, health and care services.

Oral Health

The actions within the County Durham Oral Health Strategy are making good progress. Partnership work has been underway with nurseries in the top 30% most deprived communities to implement tooth brushing schemes. There is ongoing work with the Sugar Smart pledge to reduce the availability of sugary snacks in community venues and the better promotion of water as the drink of choice. The Health and Wellbeing Board have also agreed to the next stage of testing the feasibility of expanding the community water fluoridation scheme for County Durham.

Children and Young People's Mental Health

The Health and Wellbeing Board agreed plans to increase the number of initiatives focused on promoting resilience and emotional wellbeing in schools. Partnership work to roll out a resilience programme for 75 schools in County Durham is well advanced. Across the county we now deliver a flexible and responsive service 24/7, 365 days a year, for children and young people experiencing a mental health crisis.

Health Needs Assessment of Young People Who Offend

The Health and Wellbeing Board supported and commended the approach undertaken on the Health Needs Assessment (HNA) of young people who offend in County Durham and the resulting new model for health provision, which sets out the strategic direction to improve health and wellbeing outcomes for these young people.

This involves recruitment of a specialist children's nurse, speech and language therapist, mental health care support workers and drug and alcohol staff to support the work of the County Durham Youth Offending Service.

Priority 2

Reduce health inequalities and early deaths

Gypsy Roma and Traveller (GRT) Health Project

The Health and Wellbeing Board supported an independent evaluation of the GRT Health Team which is now a model of national good practice. The GRT community has the worst health outcomes and lowest life expectancy of any community in County Durham and a number of actions were put in place with the aim of improving this. The work has resulted in:

- Improved trust and access to appropriate health care
- Health issues being discussed more openly in our GRT communities
- A more seamless service between health services and teams in housing, education and the voluntary sector

Cancer Health Equity Audit

The Health and Wellbeing Board agreed to sign up to the development of a strategic action plan to address the identified inequalities in cancer incidence and mortality outlined in the Health Equality Audit. Key findings included:

- Cancer incidence and mortality is higher in more deprived areas
- Female lung cancer has been increasing over time
- Increasing inequality for males and females at different levels across the county

In addition, partner agencies have agreed to consider the findings when planning for cancer services.

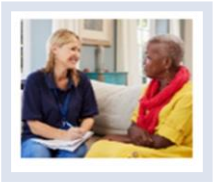
Tobacco

The Health and Wellbeing Board agreed a wider ambition to reduce smoking prevalence amongst adults aged 18 and over in County Durham to 5% by 2030.

Work to achieve this ambition is delivered through the Tobacco Control Alliance of local partners. Smoking prevalence is on the decline with stop smoking services achieving targeted numbers of quitters last year.

County Durham is the lead commissioner of the regional tobacco programme ‘Fresh’, a model which aims to change the broad social norms around the use of tobacco.

Priority 3



Improve the quality of life, independence and care and support for people with long term conditions

Teams Around Patients

The Health and Wellbeing Board supported the creation of 14 Teams Around Patients (TAP) established across County Durham, involving 69 GP Practices. The teams prioritise the top 2% of the most frail and vulnerable older people and those with long-term conditions who are at risk of hospital admissions. The teams agree proactive multi-disciplinary responses, so ensuring that health and social care "discharge capacity" (workforce, beds, equipment, funding) meets daily demand.

Dementia Friendly Communities

The Health and Wellbeing Board agreed the Dementia Strategy which includes the rollout of dementia friendly communities which has continued at a pace. Dementia friendly work has been developed and implemented in Beamish museum, which is seen by many museums as an example of good practice. Work with Dalton Park and Durham City Centre has commenced to make sure their shops, food outlets and cinemas are dementia friendly. Three Housing Associations have linked in with four of the Area Action Partnerships to put in place a two year Coordinator post to support local areas to implement Dementia Friendly Communities.

The Board initiated work with the Alzheimer's Society and the Council's Spatial Policy and Assets Teams to consider the effectiveness of emerging planning policies. Planning policies are being strengthened to ensure that the needs of people living with dementia are considered through the decisions about planning applications, helping to ensure that our neighbourhoods are for life, and extend the active participation of older people with dementia in their local communities.

Adult Autism Self Assessment

The Health and Wellbeing Board agreed the adult Autism self assessment and next steps including further improvements to address waiting times for assessment, redesign the pathway and ensure a smooth transition from children to adults services.

The assessment also identified a number of areas where good progress had been made, including reasonable adjustments to council services, autism awareness training, carers assessments and availability of advocates.

Priority 4

Improve the mental and physical wellbeing of the population

Social Isolation Projects

Each AAP has received £25,000 allocated through the improved Better Care Fund to support community led initiatives that meet local needs. The aim is to focus on prevention and to improve outcomes for older people who are socially isolated by encouraging participation in activities and projects that provide opportunities for people to contribute positively to their local communities.

Working Towards a Healthy Weight in County Durham

Building upon the DPH Annual Report 2015: Obesity - An issue too big to ignore … or too big to mention? the Healthy Weight Alliance (HWA), a sub group of the Health and Wellbeing Board, has produced a strategic plan for a system wide response to halt the rise in obesity by 2022. The focus is on four key areas:

- leading by example;
- give every child the best start in life;
- increasing play; and
- engaging the whole system

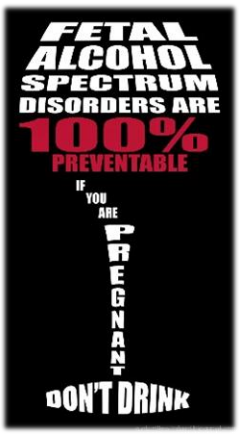
Active Durham

The Health and Wellbeing Board is supportive of the work of the Active Durham Partnership to spread consistent and positive messages about the benefits of physical activity, opportunities and resources and cascading skills to their workforce on a sector basis.

Evidence is being studied to better understand the barriers and needs for older people, women and girls and those living in particular areas of the county. Work is taking place with schools including the development of the Active 30 online resource hub and campaign to help schools enable all of their children to be active for 30 minutes every day.

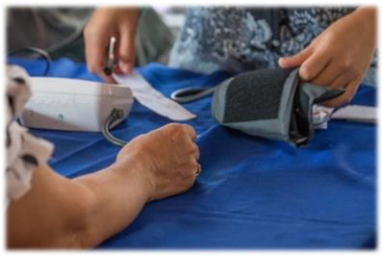
Priority 5

Protect vulnerable people from harm



Foetal Alcohol Spectrum Disorder Group (FASD)

The Health and Wellbeing Board, in conjunction with the Safe Durham Partnership and Local Safeguarding Children Board, agreed to support the work of the Foetal Alcohol Spectrum Disorder Group which was set up to tackle the impact of foetal exposure to alcohol before birth with a focus on prevention and early intervention. The group has campaigned to promote the message that there is no safe level of drinking in pregnancy by integrating with the Better Births initiative and training relevant staff to raise awareness of FASD.



Health Protection Assurance

The Health and Wellbeing Board received assurance that measures are in place to protect the health of the County Durham population. This includes planning for and responding to emergencies that present a risk to public health, making representations about licensing applications and plans for screening and immunisation.

Healthwatch undertook consultation with the public on screening programmes to inform this review.

Health protection in County Durham is strong, particularly in cancer screening, new born screening rates and emergency planning.

Thematic Review of County Durham and Darlington Child Death Overview Panel

The Health and Wellbeing Board received the review of child deaths in the county and considered the findings in terms of learning points, particularly in relation to improving standards within maternity services.

The Board supported the review findings and used its influence to promote the issues with Sustainability & Transformation leads in order to feed into the review of local maternity services.

Priority 6

Support people to die in the place of their choice with the care and support they need

Improving Palliative and End of Life Care

The Health and Wellbeing Board agreed the Improving Palliative and End of Life Care: Strategic Commissioning Plan, which has been refreshed. Actions that are being progressed include a single point of access, specialist pharmacy support, a 24/7 medical model and a model of hospice delivery for the whole county.

A specialist out of hours palliative care advice line has been set up for patients, carers and professionals. This is a telephone service manned by staff with specialist knowledge and skills, which aims to ensure a seamless provision of advice is given on evenings and weekends.

Area Action Partnerships and local hospices are working together to develop specialist bereavement and counselling services for children, young people and families experiencing grief and bereavement.

Macmillan Joining the Dots County Durham

The Health and Wellbeing Board supported the new social model which was developed through the Joining the Dots Project to make sure that all people affected by cancer have the opportunity to receive the best support for their needs. This could be from financial concerns and planning for the future to help with housework and taking care of pets.

Interviews were carried out with people in County Durham affected by cancer to determine support needs and service provision and a group of volunteers have been recruited to progress plans for operation.

The new model will mean that support is tailored to individual needs, support is available on evenings and weekends and key workers will be based in the local community.

Challenges for County Durham

The percentage of mothers smoking at time of delivery is higher than national and regional averages.

The percentage of children aged 4-5 and 10-11 with excess weight are above national averages.

Alcohol specific hospital admissions for under 18's are above national rate.

Breastfeeding at 6-8 weeks is below national and regional rates.

Large inequality in levels of dental disease in 5 year olds across the County.

Successful completions for adults in drug treatment are below target.

The gap in the employment rate for those with a long term health condition is above national and regional averages.

Mortality from liver disease for persons aged 75 and under is increasing and is above the national rate.

Successful completions for adults in alcohol treatment are below target.

The suicide rate is above national and regional averages.

Falls, injuries and hip fractures in the over 65's are above national averages.

Future work of the Health and Wellbeing Board

The Health and Wellbeing Board's work programme for 2018-19 will build on the progress made to date, and will include the following:

Health and Wellbeing Board Strategic Priorities

The HWB Joint Health and Wellbeing Strategy will be reviewed to establish the priorities for the Health and Wellbeing Board beyond 2019, based on the evidence in the Joint Strategic Needs Assessment and the Integrated Needs Assessment, to ensure a continued focus on addressing the county's key challenges, improving the health and wellbeing of people in County Durham and reducing health inequalities.

Health and Social Care Integration

The NHS England 2018/19 planning guidance was clear in articulating the expectation that Integrated Care Systems would need to develop further to enhance the quality of health and social care.

To successfully deliver improvements a number of challenges are faced both locally and nationally, these include:

1. Care Quality – This is impacted by the difficulty in recruiting and retaining staff across a number of areas. Innovative approaches are being explored to encourage nurses to work in County Durham and recruit and retain GPs within Primary Care.

2. Demographics - In recent years, we have experienced major demographic changes across County Durham, such as the increase in proportion of older people. The increased demand on services requires organisations to focus on managing demand and prevention.

3. Finances – We need to find new ways to deliver care for the local population to ensure budgets are utilised to best effect and further shift towards prioritising prevention will be needed.

4. The System – County Durham will see changes to planning footprints and engagement processes and we need to continue to plan at scale for how the needs of our county's population are met for health services.

An extensive piece of work was undertaken to identify what we need to do to take forward a clear and robust Health and Social Care Plan for County Durham, including:

- Formalise existing alliances and partnerships and develop a clear strategy that will enable County Durham to feed into the wider Health and Care agenda across the North East & Cumbria from a position of strength.

- Progress work which has already begun to clearly articulate the ambition for children and young people in terms of integration.

- Develop a local solution for integrated commissioning whilst ensuring that we use collective commissioning capacity to increase efficiency.

- Implement a more formalised governance structure for the integration agenda.

- Implement the new model for NHS Community Services in October 2018.

The Health and Wellbeing Board will continue to monitor joint health and social care planning and commissioning through the Better Care Fund, to alleviate pressures faced by the adult social care sector and NHS. Criteria for funding allocated to AAPs for projects to address social isolation has been finalised and progress will be monitored.

Prevention at Scale

In order to progress Prevention as a vital direction for public services we will apply the skills and knowledge gained from national co-operation and work closely with the Local Government Association to make progress towards tackling stigma surrounding suicide and mental health, and scaling up mental wellbeing across the workforce.

A model is being developed, setting out clearly the strategic direction for this work, which will be taken forward by the Partnership and evaluated by the LGA in November 2018. We will continue to build on this progress and apply learning from the project to other key areas identified in the Joint Health and Wellbeing Strategy.

Mental Health

Following wider stakeholder consultation the Health and Wellbeing Board will agree a refreshed plan to improve the mental health of people in County Durham. The plan will cover the five priority themes:

- Children and young people
- Adults
- Suicide and self harm
- Dementia
- Crisis care

It will also consider five cross-cutting themes:

- Workforce
- Engagement and communications
- Evidence led
- Good governance
- Think Family

A robust performance framework will ensure that the Health and Wellbeing Board and partners can capture and monitor progress over the long and short term.

Children Looked After and Care Leavers

The Health and Wellbeing Board will engage with the Care Leavers Strategic Group to explore the number of female care leavers who are pregnant or mothers and support will be offered through the vulnerable parent pathway. Work is underway to develop a better understanding of the placement and/or risk factors through case review and focus groups, to enable benchmarking and to develop an action plan.

This work will form part of the Health Needs Assessment for Looked After Children and Care Leavers.

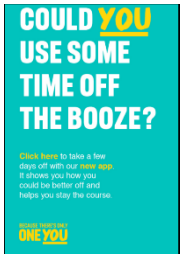
Alcohol Evidence Review

A Minimum Unit Price for Alcohol will be implemented in Scotland from May 2018. The British Government has indicated its intention to develop an alcohol strategy and will ask Public Health England to look at the evidence base again.

The Health and Wellbeing Board received a presentation on the Public Health England Alcohol Review in July 2017 and will continue to monitor further communications from government and impact of the legislation in Scotland and consider its commitment to the alcohol agenda in conjunction with the Safe Durham Partnership.

Co-ordinated Health and Wellbeing Campaigns

We will develop a co-ordinated multi-agency approach to marketing campaigns for the agreed Joint Health and Wellbeing Strategy priorities and facilitate a mechanism by which communication specialists from partner agencies are able to come together to achieve this. The key areas of focus for the forthcoming year will be mental health, breastfeeding, tobacco, alcohol and staying well during the winter.



Pharmaceutical Needs

The HWB will continue to manage the provision of pharmacy services across County Durham and monitor the action plan which was developed from the Pharmaceutical Needs Assessment in March 2018. The action plan identified scope to further develop locally commissioned services to support the growing older population, incorporate pharmacy services into TAPs and promote self-care.

Health and Wellbeing Board Partners

Durham County Council

www.durham.gov.uk

Altogether healthier
County Durham Health and Wellbeing Board

www.countydurhampartnership.co.uk

NHS
North Durham Clinical Commissioning Group

www.northdurhamccg.nhs.uk

City Hospitals Sunderland NHS
NHS Foundation Trust

www.chsft.nhs.uk

NHS
Durham Dales, Easington and Sedgefield Clinical Commissioning Group

www.durhamdaleseasingtonsedgefieldccg.nhs.uk

County Durham and Darlington Fire and Rescue Service

www.ddfire.gov.uk

healthwatch

www.healthwatchcountydurham.co.uk

County Durham and Darlington NHS
NHS Foundation Trust

www.cddft.nhs.uk

North Tees and Hartlepool NHS
NHS Foundation Trust

www.nth.nhs.uk

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

www.tewv.nhs.uk

RON HOGG
DURHAM POLICE, CRIME AND VICTIMS' COMMISSIONER
Putting victims first in County Durham and Darlington

www.durham-pcc.gov.uk

NHS
Harrogate and District
NHS Foundation Trust

www.hdft.nhs.uk

For information or queries about any of the Health and Wellbeing Board's work you can email us at HWB@durham.gov.uk

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Health and Wellbeing Board

4 July 2018

Better Care Fund Quarter 4 2017/18 Performance

Report of Paul Copeland, Strategic Programme Manager, Better Care Fund and Integration, Adult and Health Services, Durham County Council

Purpose of the Report

1 The purpose of this report is to provide the Health and Wellbeing Board with a summary of the Better Care Fund (BCF) Q4 2017/18 performance metrics.

Background

2 The BCF allocation for Durham in 2017/18 was £45.7m plus additional monies through the Improved Better Care Fund (iBCF) to support adult social care. The iBCF consists of two elements, a planned allocation which was included in the local government finance settlement 2017/18 (£2.378m) and additional funding for adult social care announced in the Spring Budget 2017 £13.112m).

3 The BCF Plan for 2017/19 was required to meet four conditions:

- The BCF plan including the minimum contribution to the pooled fund specified in the BCF allocations, must be signed off by the health & Wellbeing Board (HWB) and by the constituent Local Authority and Clinical Commissioning Groups (CCGs).
- The plan must demonstrate how the area will maintain in real terms, the level of spending on social care services from the minimum CCG minimum contribution to funding in line with inflation.
- That a specific proportion of the areas allocation is invested in NHS commissioned out of hospital services, or retained pending release as part of a local risk share agreement.
- All areas to implement the High Impact Change Model for managing Transfers of Care to support system wide improvements in relation to transfers of care.

4 The Durham Better Care Fund Plan 2017/19 was formally approved by NHS England on 27th October 2017.

National Metrics

5 The BCF policy framework established the national metrics for measuring progress through the BCF and include:

- Permanent admissions to residential and nursing care homes
- Non-elective admissions
- The effectiveness of reablement
- Delayed Transfers of Care (DTOC)

Performance Update

6 Performance against the four key metrics and deliverables are measured against current targets and historical performance. BCF Q4 2017/18 indicates positive performance in 3 of the key metrics. The exception being Delayed Transfers of Care (DToC) which did not meet the target.

7 A traffic light system is used in the report, where 'green' refers to 'on' or 'better than target', amber is within 2.0% of target and red is 'below' the target.

8 Permanent admissions of older people (aged 65 years+) to residential/ nursing care homes per 100,000 population

Indicator	Historical	Actual	Target	Performance against target
	Q4 2016/17	Q4 2017/18	Q4 2017/18	
Permanent admissions of older people (aged 65 years+) to residential/ nursing care homes per 100,000 population	768.8	750.6	738.5	

9 The Q4 2017/18 rate for older people (aged 65 years+) permanently admitted into residential or nursing care homes per 100,000 population was 750.6 which is marginally above target for Q4 but within 2%.

10 The number of bed days commissioned remains relatively stable as older people are admitted into residential or nursing care homes later in life.

11 Exacting scrutiny of all permanent admissions to residential or nursing care homes continues to remain a high priority in order to ensure that only those people who are unable to support safely in their own homes are admitted to residential or nursing care homes.

Non-Elective admissions/100,000 population (per 3 month period)

Indicator	Historical	Actual	Target	Performance against target
	Q4 2016/17	Q4 2017/18	Q4 2017/18	
Non-elective admissions per 100,000 population (per 3 month period)	3009	3061	3055.7	

12 The Q4 2017/18 outturn figure for non-elective admissions was 3061 per 100,000 population against a target of 3055.7. Performance was marginally outside of the target for Q4 but within a 2% tolerance.

13 High levels of Chronic Obstructive Pulmonary Disease (COPD), Lobar Pneumonia, Sepsis, Urinary Tract Infections (UTI's) and Viral infections have been been particularly significant and impacted upon emergency non elective admissions during the winter months.

14 It should be noted that whilst the BCF programme is essentially focussed around adults 16.1% of emergency non-elective admissions in Q4 2017/18 relate to children (0-18 years).

15 Further work on patient segmentation has recently been commissioned by North Durham and Durham Dales, Easington and Sedgefield CCG's which includes more detail around non-elective admissions data.

Percentage of older people (aged 65 years+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation

Indicator	Historical	Actual	Target	Performance against target
	Q4 2016/17	Q4 2017/18	Q4 2017/18	
Percentage of older people (aged 65 years+) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation	87.8%	89.1%	85.9%	

16 Performance in Q4 2017/18 at 89.1% is above the target of 86.0% and is better than the same period in 2016/17 (87.8%).

Delayed Transfers of Care (DTOC) delayed days per 100,000/3 month period

Indicator	Historical	Actual	Target	Performance against target
	Q4 2016/17	Q4 2017/18	Q4 2017/18	
DTOC (delayed days) from hospital per 100,000 population/ 3 month period	311	325	309.9	

17 Q4 2017/18 performance at 325 per 100,000 population is above the target of 309.9.

18 73.0% of all delays in Q4 2017/18 were attributable to the NHS and 14.0% related to Social Care, the remaining 13.0% were attributable to both the NHS and Social Care.

19 The main reason for NHS delays in Q4 2017/18 involved 'Patients Awaiting further Non-Acute Care'.

20 The main reason for social care delays in Q4 2017/18 concerned patients awaiting residential care home placement.

21 For the period April 2017 to March 2018, Durham had the 4th lowest rate for delayed transfers of care (per population) in England.

Recommendations

The Health and Wellbeing Board is recommended to:

i. Note the contents of this report

ii. Agree to receive further updates in relation to BCF quarterly performance for 2018/19.

Contact: Paul Copeland Tel: 03000 265190

Appendix 1: Implications

Finance – The BCF 2017/18 pooled budget for Durham was £45.7m.

Staffing – None.

Risk – No requirement for risk sharing agreement.

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

Accommodation – None.

Crime and Disorder – None.

Human Rights – None.

Consultation – As necessary through the Health and Wellbeing Board.

Procurement – None.

Disability Issues – see commentary on Equality and Diversity.

Legal Implications – Any legal implications concerning the BCF programme have been considered as necessary.

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Health and Wellbeing Board

4 July 2018

Prevention at Scale

Report of Jane Robinson, Corporate Director Adults and Health Services, Amanda Healy, Director of Public Health and Gordon Elliott, Head of Partnerships and Community Engagement, Transformation and Partnerships, Durham County Council

Purpose of the Report

1 The purpose of this report is to inform the Health and Wellbeing Board of the forthcoming presentation on the Prevention at Scale Work. Gill O'Neill, Deputy Director of Public Health, and Chris Affleck from Investing in Children, will deliver a presentation to the Health and Wellbeing Board meeting on 4 July 2018.

Background

2 This is a further update on the Mental Health Prevention at Scale work, supported by the Local Government Association, which is one element of the County Durham Partnership's Prioritising Prevention work.

3 There has been significant activity since the last presentation in January which is highlighted in the presentation, these include attendance at the LGA Masterclasses by a team from Durham as well as a Logic Model being signed off and actions identified.

4 There are also specific asks of the HWB detailed in the presentation which will shape and support further progress.

Recommendations

5 The Health and Wellbeing Board is recommended to:

a) Receive the forthcoming presentation at the HWB meeting on 4 July 2018.

Contact: Gordon Elliott, Head of Partnerships and Community Engagement
Tel: 03000 263605

Appendix 1 – Implications

Finance
None

Staffing
None

Risk
None

Equality and Diversity / Public Sector Equality Duty
None

Accommodation
None

Crime and Disorder
None

Human Rights
None

Consultation
None

Procurement
None

Disability Issues
None

Legal Implications
None

Health and Wellbeing Board

4 July 2018

Proposal for a new Children and Young People's Strategy for County Durham

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

Purpose of the Report

1 To present members of the Health and Wellbeing Board with the vision, aims and objectives of the proposed new Children and Young People's strategy.

Background

2 Due to recent inspections and significant changes in context for children's delivery nationally and in Durham, a renewed Children and Young People's strategy is being developed to set the future direction and by doing so, ensure we are achieving the best possible outcomes for children, young people and their families.

3 The proposed vision of the strategy is that County Durham will be a great place for children and young people to grow up in and for Durham to be a place where all children are healthy, happy and achieving their potential. A key focus of the strategy will be to ensure the voice of children, young people and their families is listened to and acted upon.

4 To achieve this vision, the strategy proposes four key aims:

(a) All children and young people have a safe childhood

(b) Children and young people enjoy the best start in life, good health and emotional wellbeing

(c) Young people can access good quality education, training and local employment

(d) Achieve the best possible outcomes for children and young people with special educational needs and disabilities

5 Some of the underpinning principles to support us in achieving the proposed aims and objectives will include participation and engagement of children, young people and families in service development and design, adopting a 'Think Family' approach, improving transitions between children's and adult services and tackling the effects of inequality.

Recommendations

6 The Health and Wellbeing Board is recommended to:

- Receive the presentation, and provide comment
- Ensure alignment of the aims to the refreshed Joint Health and Wellbeing Strategy

Contact:	**Jenny Haworth, Head of Strategy Durham County Council**
Tel:	**03000 268071**

Appendix 1: Implications

Finance – To be considered as the strategy develops

Staffing – To be considered as the strategy develops

Risk – To be considered as the strategy develops

Equality and Diversity / Public Sector Equality Duty – To be considered as the strategy develops

Accommodation– NA

Crime and Disorder– To be considered as the strategy develops

Human Rights– To be considered as the strategy develops

Consultation– Consultation will take place with partners, children and families

Procurement– NA

Disability Issues– To be considered as the strategy develops

Legal Implications– To be considered as the strategy develops

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Health and Wellbeing Board

4 July 2018

Falls Prevention Strategy 2018-2021

Report of Denise Elliott, Interim Head of Commissioning, Durham County Council and Joanne Todd, Associate Director of Nursing, Patient Safety and Governance, County Durham and Darlington NHS Foundation Trust

Purpose of Report

1. To inform Health and Wellbeing Board (HWB) of the Falls Prevention Strategy for 2018-2021 and associated work, actions and outcomes.

Background

2. The 2016-19 Performance Report, tabled at HWB on 26 July 2017, highlighted a dip in performance in County Durham relating to falls and injuries in the over 65's and hip fractures in the over 65's.

3. The report showed that the rate of emergency hospital admissions for falls and injuries in persons aged 65 and over per 100,000 population was 2,239 for 2015/16, which was higher than the national rate for the same period and an increase from the rate in 2014/15 at 2,183. In addition, the rate of hip fractures in persons aged 65 and over per 100,000 population was 655 for 2015/16, higher than the national rate for the same period and an increase from the rate for 2014/15 of 615. (A summary and update of this information can be found at paragraph 12.)

4. The Performance Report stated that The Joint Commissioning Group were to address these issues and provide a report to HWB in 2018.

National Context

5. The World Health Organization (WHO) define a fall as 'An event which results in a person coming to rest inadvertently on the ground or floor or other lower level' (WHO, 2017). Falls are the second leading cause of accidental or unintentional injury deaths worldwide (WHO, 2017). 1 in 3 people aged over 65 will fall every year equating to more than 3 million falls per year. The rate increases to nearly 1 in 2 for community dwelling adults over 80 (Chartered Society Physiotherapy, 2014).

6. Falls can occur as a result of several different health problems some of which include postural hypotension, medications, poor eye sight and long term conditions including Parkinson's disease and Dementia. Environmental factors are also to be taken into consideration when determining cause of falls such as long clothing, trip hazards (rugs, pets and clutter), inappropriate footwear and not using appropriate walking aids and equipment.

7. Falls lead to physical injuries ranging from cuts and bruises to fractures and head injuries. 5% of falls in older people in the community result in hospital admission and 10-25% of falls in nursing homes and hospital result in a fracture. Falls can also lead to adverse psychosocial outcomes contributing to loss of confidence and independence. Falls can also be a sign of underlying health issues or frailty.

8. Hip fracture is one of the most serious consequences of falls in the elderly. There is also significant morbidity with only 50% returning to their previous level of mobility and 10-20% being discharged to nursing or residential care.

9. Falls in England lead to 255,000 emergency hospital admissions per annum and are estimated to cost the NHS £2.3 billion a year.

10. Evidence suggests that the number of falls can be reduced by up to 30% through development of a multi-agency falls pathways focusing on early identification and prevention and multi-factorial assessment and intervention for people at high risk of falling.

Local Context

11. A query from Durham County Council's (DCC) Adult and Health Social Services Information Database (SSID) in May 2018 shows 1,620 out of a total of 10,153 service users as currently having a fall detector. This equates to 16% of service users known to Adult Social Care.

12. Figures for the performance indicators outlined in paragraph 3 above show an improvement for 2016/17 in relation to hip fractures in people aged 65 and over but a small decline for 2017/18. A summary of the information is highlighted in the table below with complete information for 2010/11 – 2016/17 set out at Appendix 2. NB: some 2017/18 information is not yet available.

Hip fractures in people aged 65 and over per 100,000 population

Previous data	Latest Data	National Average	North East Average	Direction of Travel
615 (2014/15)	**655** (2015/16)	589 (2015/16)	679 (2015/16)	⇧
655 (2015/16)	**622** (2016/17)	575 (2016/17)	643 (2016/17)	⇩
622 (2016/17)	**656*** (2017/18)	Not yet known (2017/18)	655* (2017/18)	⇧

*Data covers where a patient is registered with or resident with a CCG in County Durham or in the North East, rather than resident population only

13. A table outlining County Durham's position in relation to emergency admissions due to falls regionally for 2016/17 is at Appendix 3. The table below shows a summary of the information and highlights a decrease in performance from 2015/16 to 2016/17 but an improvement from 2016/17 to 2017/18).

Emergency hospital admissions due to falls in people aged 65 and over per 100,000 population

Previous data	Latest Data	National Average	North East Average	Direction of Travel
2,183 (2014/15)	**2,239** (2015/16)	2,169 (2015/16)	2,257 (2015/16)	⇧
2,239 (2015/16)	**2,347** (2016/17)	2,114 (2016/17)	2,264 (2016/17)	⇧
2,347 (2016/17)	**2,136*** (2017/18)	Not yet known (2017/18)	2,057* (2017/18)	⇩

*Data covers where a patient is registered with or resident with a CCG in County Durham or in the North East, rather than resident population only

Falls Strategy

14. A joint Falls Strategy for 2018-21 has been developed with County Durham and Darlington NHS Foundation Trust (CDDFT) acting as the lead on this initiative (see Appendix 4). The strategy is in the process of being rolled out across the County. A stakeholder event will be held later this year to cascade the key messages from both the strategy and the action plan, which is currently in development.

15. Partner agencies, including DCC, have agreed that they will adopt the aims and objectives of the strategy to maintain consistent messages across the County and to strive to achieve common goals. In addition, a Falls Task Group (a sub-group of the AHS and Health Joint Commissioning Group with senior representatives from stakeholder organisations) will facilitate development, planning and implementation of the community element of the Falls Strategy action plan. (See Terms of Reference at Appendix 5).

16. The strategy sets out how partners will reduce falls in older people and address known gaps in local services. The Teams Around Patients (TAPs) model will play a critical role in this work. The strategy is aligned with current NICE guidelines, the National Falls Prevention Coordination Group / Public Health England Falls and Fractures consensus statement and the Department of Health National Service Framework for Older People.

17. The aims of the strategy are outlined below:

- Ensure that the population understand what they can do to age well and reduce their risk of falls
- Prevent frailty, promote bone health and reduce falls and injuries
- Early intervention to restore independence
- Respond to the first fracture and prevent the second
- Improve patient outcomes and increase efficiency of care after hip fracture
- An aspiration to create a “fall free” County Durham & Darlington.

18. The Falls Strategy sets out key priorities for the next three years, explains why they have been chosen and outlines plans for improvement in each area. It also sets out plans to provide staff with the tools, techniques, training and methods which will be used to help staff identify and implement improvements in their areas of work.

19. The impact of the strategy will be measured by a year on year reduction in people being admitted to hospital with a fractured neck or femur and a reduction of people falling whilst in a hospital, at home or in a care home.

Recent and Ongoing Work

North East Ambulance Service (NEAS)

20. Falls Training for Care Homes within County Durham has been delivered by NEAS in late 2017/18 and in 2018/19. In 2017/18 58 homes accessed the training and 124 staff were trained. Additional funding from the Improved Better Care Fund (iBCF)[1] has been identified for further training from quarter 2, 2018-19 and Care Homes that have had high levels of 999 calls and / or have not already accessed the training will be targeted specifically.

Durham County Council

21. During 2017, a DCC Adult and Health Services (AHS) working group reviewed the process for referrals for falls detectors and also undertook reviews of service user's with falls detectors to ensure that understanding the reasons for the falls and measures to prevent such falls were consistently considered by operational staff. This focus on prevention was in line with the Care Act. The new processes were approved by DCC Adult Care Management Team (ACMT) and are now implemented.

22. Care Connect, DCC's community alarm service, has been funded also through iBCF, to provide a falls service to people who meet the following criteria:

- Are resident in County Durham
- Are over 65
- Have fallen but the fall is considered by NEAS to be a 'non-injury' fall

23. All calls are triaged by NEAS and where the above criteria is met, a referral is made to Care Connect who then respond. If, on arrival, Care Connect staff are of the view an injury has been sustained they will call NEAS.

24. Using figures provided by NEAS and a similar scheme in South Tyneside, the funding for the Care Connect service has been based on 230 referrals annually. This is being monitored and if it is exceeded there is the ability to secure additional funding.

25. Information collated by Care Connect for 2017/18 regarding falls where Care Connect Responder staff have attended (with or without NEAS staff also in attendance) is outlined in the table overleaf.

[1] The BCF is the national programme, through which local areas agree how to spend a local pooled budget in accordance with the programme's national requirements. The pooled budget is made up of CCG funding as well as local government grants, of which one is the Improved Better Care Fund (iBCF). The iBCF was first announced in the 2015 Spending Review, and is paid as a direct grant to local government, with a condition that it is pooled into the local BCF plan.

	Q1	Q2	Q3	Q4	Total
No of falls attended by mobile warden	1831	1743	1935	1092	6601
No of falls where ambulance response required	78	115	135	347	675

26. Information provided by Care Connect for the non-injury falls service with NEAS is reported in the table below. The figures are currently lower than predicted although the service is in its very early stages.

Start date	**Thursday 21 June 2018**
Number of calls to end April	31
Number of calls where person was already in receipt of Care Connect service	3
Number of calls where person not known to Care Connect	28
Number of customers who came onto the Care Connect service as a result of NEAS call	3

Culture and Sport

27. Community Exercise Class programmes and Ways to Wellbeing programmes delivered across the county. In addition, all DCC gyms offer at least 2-3 gentle circuit classes and 1 or 2 yoga/Pilates sessions.

Public Health

28. Safe and Wellbeing Visits – this joint initiative has been evaluated by Teesside University, the results of which will be discussed by the Public Health Senior Management Team at a joint session with colleagues from Durham and Darlington Fire and Rescue Service.

29. Wellbeing 4 Life service – although the W4L service does not have any specific falls prevention programmes in place, group work/sessions will be targeted at people with long term conditions; and the usual interventions of supporting people to be more active, eat well, and be the correct weight will all help towards improvements in stability, core strength, and flexibility.

30. Healthy Living Pharmacies – falls prevention work is not currently part of the local priorities for HLPs to focus on in 2018/19, however, this quality award is reviewed on an annual basis and falls prevention work could become one of the local priorities in 2019/20.

<u>County Durham and Darlington Foundation Trust (CDDFT)</u>

31. With regards to community falls services currently available within CDDFT for County Durham there are services covering the North Durham and Durham Dales Easington and Sedgefield (DDES) localities. The teams work out of four bases: Chester-le-Street Hospital and Shotley Bridge Hospital covering Durham, Chester-le-Street and Derwentside localities (a Falls Team within the Community Rehabilitation Service) and Healthworks, Peterlee and Bishop Auckland Hospital covering DDES (a stand-alone Community Falls service).

32. There are occupational therapists, physiotherapists, assistant practitioners and rehab assistants in each team. Easington team also have podiatry support with a lead nurse in post managing DDES locality.

33. Significant investment in falls from the iBCF has enabled substantial remodelling, revision and strengthening of the falls pathway.

Tees, Esk Wear Valley NHS Foundation Trust (TEWV)

34. TEWV Falls Developments
    - TEWV has an established Falls Executive Group
    - Trustwide all inpatients deemed at a risk of falls are commenced on the Falls Clinical Link Pathway (CLiP)
    - In mental health services for older people (MHSOP) all patients admitted to the ward have the falls decision tool completed. If they are deemed to be at risk of falls they are commenced on the Falls CLiP.
    - MHSOP have developed the Frailty CLiP; falls is one of the five frailty syndromes. This has been piloted within MHSOP with plans for full roll out currently being finalised. The new process requires all admissions to MHSOP wards to have a falls baseline visual assessment completed. All patients will then be commenced on the Frailty CLiP with the outcome being the development of an intervention plan to manage their frailty. The Frailty CLiP is going to be considered at the Falls Executive Group for its relevance to the other specialities.
    - MSHOP complete a yearly falls inpatient audit
    - MHSOP complete an annual Fracture Neck of Femur case review

County Durham and Darlington Fire and Rescue Service

35. A falls assessment is conducted by Fire and Rescue Service staff as part of their Safe and Wellbeing Visits (see example questionnaire below).

Slips, Trips and Falls:			
The slips, trips and falls section should be completed if anyone in the household is over 65. If under 65 and concerns are identified a referral should still be made but supporting information is necessary.			
Has anyone in the household fallen within the last 12 months? (If the answer is no, move to consent and circle N/A).		YES	NO
If yes, how many times? ……	Approx. date of last fall (mm/yyyy): …		
(Note: if the resident has experienced 2 falls within the last 12 months a referral is recommended)			
Please enter the full name, i.e. Mr John Smith and date of birth (dd/mm/yyyy) of the person who has fallen: …… … ……			
Has the above named person had any blackouts or loss of consciousness in the past year which may have caused a fall?		YES	NO
Is the above named person taking medication which makes them feel drowsy?		YES	NO
Does the above named person suffer from dizziness?		YES	
Does the above named person use a walking aid?		YES	NO
Has the above named person had a stroke or been diagnosed with Parkinson's disease?		YES	NO
Can the above named person rise from a dining chair without using their arms to push up?		YES	NO
Has consent been given to make a referral to Health Partners?	N/A	YES	NO

36. A referral will be sent to the Falls Team if YES is answered to both the first and last questions. Number of referrals for the last two years is outlined below:

	Slips, Trips & Falls Referrals
2016/17	**454**
2017/18	**180**

Conclusion

37. Extensive work is being undertaken throughout the county to improve rates of falls and the injuries most common to falls. While performance indicators remain relatively stable it is acknowledged that the Falls Strategy is not yet embedded so some outcomes are likely to improve in the medium term. Some areas of work are in their infancy and should also impact on outcomes positively in the medium term.

38. The Falls Strategy will provide a strategic direction upon which all partner agencies can focus and work together to achieve common goals. Partners have recognised and agreed that falls are a critical issue for the health and social care economy and resources should be directed to improve falls performance and outcomes

Recommendations

39. Members of the Health and Wellbeing board are recommended to:

    a. Note the contents of this report and recognise the work being undertaken across the county led by the Joint Commissioning Group.

    b. Note that the Falls Task Group will facilitate development, planning and implementation of the community element of the Joint Falls Strategy action plan.

    c. Adopt the Joint Falls Strategy and receive updates on the action plan.

Contact: Neil Jarvis, Interim Strategic Commissioning Manager, Tel: 03000 265683

Appendix 1: Implications

Finance – Funds from the iBCF are in place to support falls initiatives.

Staffing – No issues.

Risk – Risk to CCG and LA finances if falls initiatives to not improve performance on falls and fractures.

Equality and Diversity – None.

Accommodation – None.

Crime and Disorder – None.

Human Rights – None.

Consultation – An event will be held later this year to publicise the Falls Strategy 2018-21.

Procurement – No issues at present,

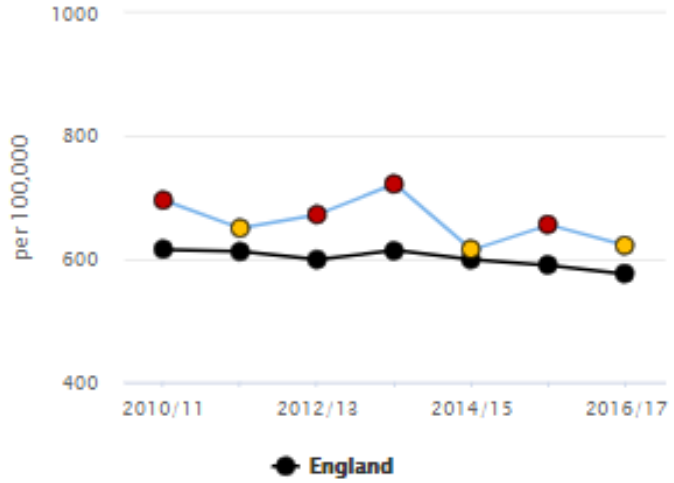
Equality Act – N/A

Legal Implications – No issues at present.

4.14i - Hip fractures in people aged 65 and over (Persons) County Durham

Directly standardised rate - per 100,000

Export chart as image Show confidence intervals



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	North East	England
2010/11	●	598	696	640	755	683	615
2011/12	●	572	650	597	706	673	612
2012/13	●	617	672	620	728	665	599
2013/14	●	665	722	668	780	688	614
2014/15	●	589	615	566	667	655	599
2015/16	●	633	655	605	709	679	589
2016/17	●	614	622	573	673	643	575

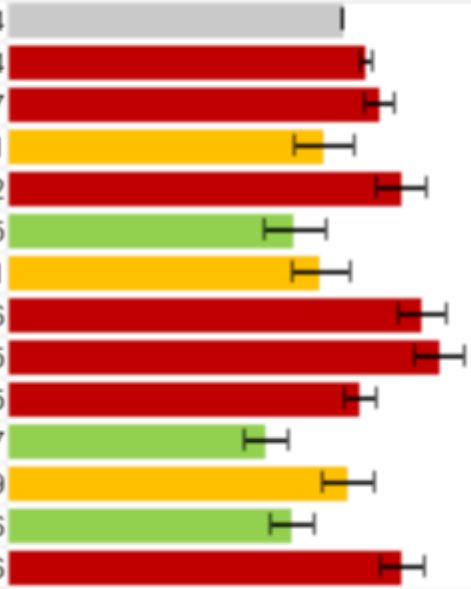
Source: Hospital Episode Statistics (HES), NHS Digital for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2017, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England

Appendix 3

2.24i - Emergency hospital admissions due to falls in people aged 65 and over

2016/17 — Directly standardised rate - per 100,000

Area	Count	Value	95% Lower CI	95% Upper CI
England	210,553	2,114	2,105	2,123
North East region	11,188	2,264	2,222	2,307
County Durham	2,326	2,347	2,252	2,445
Darlington	419	1,991	1,804	2,192
Gateshead	956	2,482	2,327	2,646
Hartlepool	313	1,805	1,609	2,018
Middlesbrough	433	1,971	1,788	2,168
Newcastle upon Tyne	1,148	2,616	2,466	2,773
North Tyneside	1,088	2,725	2,564	2,892
Northumberland	1,588	2,225	2,117	2,338
Redcar and Cleveland	462	1,627	1,481	1,783
South Tyneside	634	2,149	1,984	2,324
Stockton-on-Tees	602	1,796	1,655	1,947
Sunderland	1,219	2,486	2,346	2,632



Source: Hospital Episode Statistics (HES), NHS Digital for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2017, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England

Appendix 4

County Durham and Darlington Foundation Trust Falls Strategy 2018-2021

quality matters

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Falls Prevention Strategy 2018-2021

Contents

Forward by Noel Scanlon, Executive Director of Nursing

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North Durham Clinical Commissioning Group
Durham Dales, Easington and Sedgefield Clinical Commissioning Group
Darlington Clinical Commissioning Group

NHS
North East Ambulance Service
NHS Foundation Trust

Durham County Council

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County Durham Integrated care partnership

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Foreword

From our Director of Nursing

Falls have a dramatic impact on individuals, families and the health and social care system. Falls rates in County Durham & Darlington have plateaued compared with other areas, however the frequency of harm, fracture and head injury has spiked sharply at the start of 2017/18. There are on average of 110-150 people over 65 who fall in hospital each month which costs an average of £4.6 million each year. This doesn't include the cost of social care or money that families pay for care or the unnecessary physical and emotional suffering that a fall can cause for the person and their family. NHS Improvement have calculated the delivery of all contemporary evidence based falls prevention strategies could save the NHS 25% of these costs, £1.15 million.

Falling is not an inevitable part of growing old and can be prevented by organisations and the public working together. County Durham & Darlington NHS Foundation Trust partners with Health, Social Care, Private and Voluntary Organisations, North Durham CCG, Durham Dales and Sedgefield CCG, Darlington CCG, County Durham and Darlington GPs organised in Teams around patients (TAPs), Durham County and Darlington Borough Councils and The North East Ambulance Service. We are committed to working together to support people to age well in County Durham & Darlington to not only to live longer but to extend their lives in good health and maintain functional ability and independence.

The impact of the strategy will be measured by a year on year reduction in people being admitted with a fractured neck of femur and a reduction of people falling whilst in Hospital, home, Nursing or Care Homes. Together we aim to:

- Ensure that the population understand what they can do to age well and reduce their risk of falls.
- Prevent frailty, promote bone health and reduce falls and injuries
- Early intervention to restore independence
- Respond to the first fracture and prevent the second
- Improve patient outcomes and increase efficiency of care after hip fracture

Together we aspire to create a "fall free" County Durham & Darlington.

This strategy sets out how County Durham & Darlington NHS Foundation trust will through the vehicle of Teams around patients reduce falls in older people and address known gaps in local services. The strategy is in line with current NICE guidelines, the National Falls Prevention Coordination Group / Public health England Falls and Fractures consensus statement and the Department of Health National Service Framework for Older People.

This strategy was produced in consultation with national, regional and local stake holders with thanks to NHS Improvement, NHS England and the National Osteoporosis Charity.

I commend it to you.

Noel Scanlon
Executive Director of Nursing, County Durham & Darlington NHS Foundation Trust

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1.1 Introduction

Welcome to the Trust's Falls Strategy for 2018-2021. Here, we have set out our key priorities for the next three years, why they have been chosen and our plans for improvement in each area. It also sets out how we will provide our staff with the tools, techniques, training and methods which we will use to help staff identify and implement improvements in their areas of work.

1.2 National falls overview

The World Health Organization define a fall as *'An event which results in a person coming to rest inadvertently on the ground or floor or other lower level'* (WHO, 2017). Falls can lead to both fatal and none fatal injuries. Falls are the second leading cause of accidental or unintentional injury deaths worldwide (WHO, 2017). **1 in 3** people aged over 65 will fall every year equating to more than **3 million** falls per year. The rate increases to nearly 1 in 2 for community dwelling adults over 80 (CSP, 2014).

Falls have a significant psychological effect on our patients which often effects mobility, ability to carry out activities of daily living, confidence and general quality of life. These can all lead to a decrease of independence and increased isolation in the elderly population.

Falls can be as a result of several different health problems. Some of which include postural hypotension, medications, poor eye sight, long term conditions, Including: CVA, Parkinson's Disease, MS, Dementia. Environmental factors are also to be taken into consideration when determining cause of falls such as long clothing, trip hazards (rugs, pets, clutter), inappropriate footwear and not using appropriate walking aids and equipment.

Falls and related injuries are a significant problem for older people. Falls are common - 30% of over 65's and 50% of over 80's will have at least one fall in a year. Falls lead to physical injuries ranging from cuts and bruises to fractures and head injuries. 5% of falls in older people in the community result in hospital admission, 10-25% of falls in nursing homes and hospital result in a fracture. Falls can also lead to adverse psychosocial outcomes contributing to loss of confidence and independence. Falls can also be a sign of underlying health issues or frailty.

Falls in England lead to 255,000 emergency hospital admission per annum and are estimated to cost the NHS £2.3 billion a year.2 In North Tyneside 1461 patients aged over 65 were admitted due to falls in 2016/17 at a cost of £4.7 million and this figure is increasing. We are a national and regional outlier for falls.

Hip fracture is one of the most serious consequences of falls in the elderly. Hip fracture mortality is 10% at one month and 30% at one year. There is also significant morbidity with only 50% returning to their previous level of mobility and 10 – 20% of patients being discharged to nursing or residential care.3

Osteoporosis is a common condition affecting 2% of the population at 50 and 25% at 80 years of age. Osteoporosis increases bone fragility and propensity to fracture. 180,000 fracture per year in England and Wales are as a result of osteoporosis and 14,000 deaths result from osteoporotic hip fractures. Medical costs from fragility fracture are estimated at 1.8 Billion per year and this is projected to rise. Treatment can reduce the risk of fragility fracture and its complications. (NICE CG146).

Evidence suggests that the number of falls can be reduced by up to 30% through development of a multi-agency falls pathway focussing on early identification and prevention, and multi-factorial assessment and intervention for people at high risk of falling. There is good evidence that a range of interventions can reduce falls and consequent injuries and also provide good return on investment.

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1.3 Vision

County Durham and Darlington Foundation Trust aims to work collaboratively to reduce the number of falls and falls with harm experienced in the trust by 30% in three years.

1.4 Key Priorities

1. Education, awareness and training around fall prevention amongst the workforce and wider community.	2. Improved partnership working between community and acute services to streamline services.	3. Increased accuracy of identifying those at risk of falls.	4. Map out and develop a clear pathway for falls and fragility services in acute and community settings.

This strategy supports the delivery of our strategic aims, with the relevant aims linked to quality matters priorities.

In the last three years, the Trust has achieved a considerable amount as summarised below in the prevention of falls and falls with harm.

1.5 Achievements

- Dedicated and motivated falls Multidisciplinary team focussed on reducing falls and falls with harm in acute hospitals and community hospitals by 10% every year over three years.
- Monitoring of safe staffing levels are good.
- Risk Assessments and patient roundings - targeted approach.
- Access to Mental Health Liaison Services are good and consistent.
- Patients who require 1:1 or cohorting are provided with this service
- Recruitment of Multidisciplinary Falls Lead post.
- University Hospital North Durham (UHND) Ward 5 red Zimmer frames pilot underway and results are being collated. Positive results/outcomes will encourage wider availability.
- Falling star intervention strategy underway and evaluation ongoing. Positive outcomes for patients will encourage shared best practice across trust.
- Implementation of Fallsafe on Ward 14 UHND – audit and evaluation to follow and good outcomes to be shared trust wide.

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2.0 Strategic context

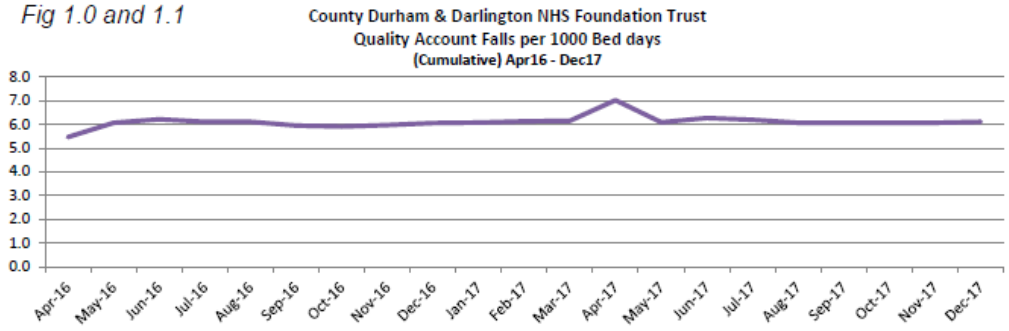
This strategy has been developed in the context of a significant change and challenge across health and social care sectors. It is more important than ever we work together to intervene earlier and prevent future demands on our health and social care services in order to deliver an effective and efficient service.

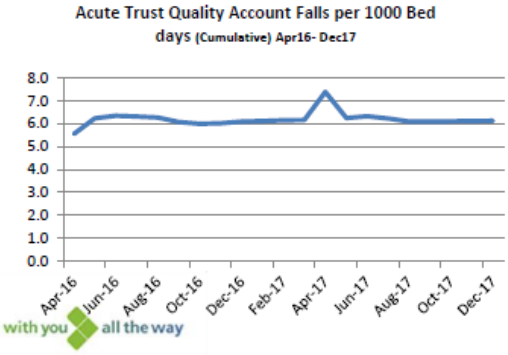
2.1 Why is it important to us?

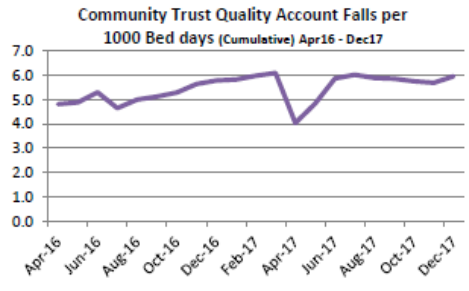
Patient falls are the single most common safety incidents experienced by the Trust, we have not yet reduced falls in our acute hospitals within national benchmarks and we continue to see incidents of harm from falls. Reducing the incident of falls and mitigating the risk of injury are therefore integral to minimising harm.

Falls have a dramatic effect on the individual, families and the public purse; this matters to us all. County Durham and Darlington NHS Foundation Trust (CDDFT) have seen an increase in falls with harm, and falls resulting in death. Since April 2017, we have had a significant increase in the incidences of falls within the hospital setting, see fig 1.0 and 1.1

Fig 1.0 and 1.1







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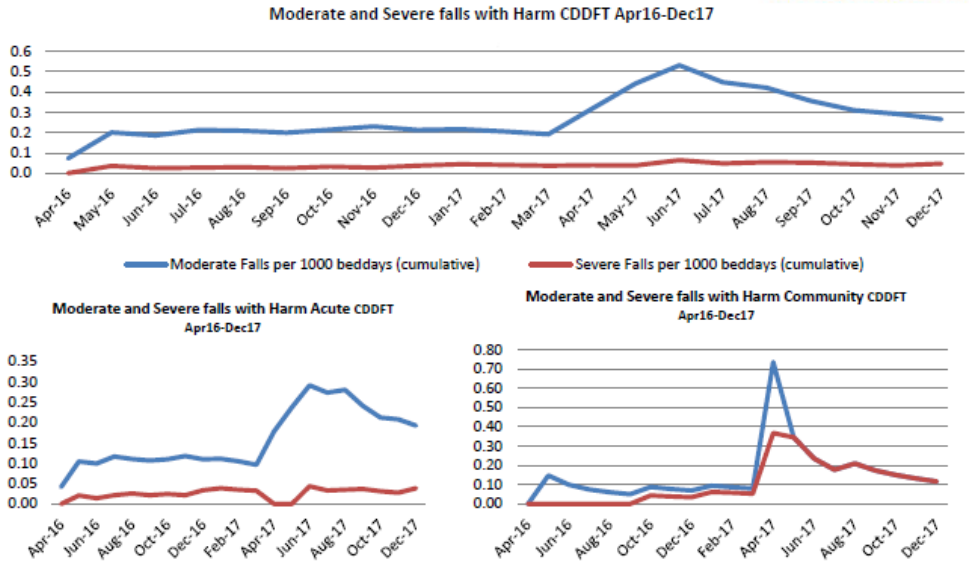

- Although CDDFT ranks third lowest in the North East for falls with harm, and features as the best performing trust in the North East in the National Falls audit (Fig. 2) we feel more could be done to improve standards and to reach the national benchmark over the next three years.

Fig. 2

North East

Site name	Percentage score							Sparkline indicator						
	Delirium	Continence CP	BP	Medication	Vision	Call bell	Mobility aid	Delirium	Continence CP	BP	Medication	Vision	Call bell	Mobility aid
Darlington Memorial Hospital	88	100	52	88	92	100	100							
Friarage Hospital	13	50	13	7	71	88	100							
James Cook University Hospital	30	40	50	52	89	64	71							
Queen Elizabeth Hospital, Gateshead	40	50	16	59	93	97	94							
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	79	100	8	41	83	96	95							
South Tyneside District Hospital	31	62	57	63	32	93	100							
Sunderland Royal Hospital	79	90	56	97	43	84	85							
University Hospital of North Durham	94	67	65	69	82	100	100							
University Hospital of North Tees *	26	93	23*	72	64	100	100							

*Sites with above 50% of patients as 'not applicable' for the marked key indicator

3.0 Building on success

The success of developing and implementing this falls prevention strategy will be dependent on the ongoing support and partnership of CDDFT, TAPs, Clinical Commissioning Groups, the voluntary sector and other specialist services. While it is recognised that Foundation Trust have the majority of specialist services to support this agenda, an integrated, co-ordinated approach via teams around patients is crucial in the prevention of falls.

3.1 As a result of this strategy there will be:

- A population who know how to reduce the risk of falls and take action.
- A team of fully trained health professionals who work collaboratively and are highly motivated to reduce the risk of falls and harms from falls.
- Earlier and more accurate identifications of those at risk and clear strategies in place to reduce this risk in an acute and community setting.
- A 10 % year on year reduction of falls and falls with harm seen in the trust.
- Improved independence levels, reduced disability and reduced fear of falling with those patient groups deemed at greater risk.
- A clear, effective and embedded pathway of health and social care services that treat people who have fallen and at risk of future falls.
- ….and as a consequence there will be fewer fractured neck of femurs.
- A decrease in patients attending hospital or being admitted as a result of a fall
- A reduction in falls in care homes and the community
- A reduction in repeated / frequent falls

3.2 Current Position – Acute Strategic Intervention

Currently in CDDFT:

- Pharmacy support to deliver Medication Reconciliation and medication review is not consistent in all areas.
- There are long waiting lists for community rehabilitation services and community hospital rehabilitation beds from the acute site.
- County Durham & Darlington lacks a falls medical specialism in multidisciplinary falls groups.
- A Multi disciplinary approach to falls prevention is required as it is everyone's business to undertake risk assessments and preventative therapy.
- Visual acuity needs to be emphasised within assessments, both hearing and sight preventative input.
- The work therapy services have completed through the falls collaborative has showcased their unique core skills that can continue to be utilised and have a positive impact on falls.
- Therapy services are currently provided based on a referral basis from admitting wards and therefore screening to prioritise the available resources is sometimes variable

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Current position – community service strategic intervention

Currently:

- There are five discrete specialist community based falls services with varying referral mechanisms and varying staffing levels set up in this way due to previous commissioning arrangements (not related to population or local needs).
- There are four Hospital based falls prevention exercise programmes which have varying referral criteria and methods.
- Patients do not always received a multifactorial falls risk assessment in the community setting following a fall.
- The current falls prevention component of the essential training delivered to community staff does not address the issue of falls in the community.
- There is no clinical/medical lead for falls services in the community and no clinical link with GP services.
- There are Multiple admissions to Emergency Department following falls in residential and nursing home settings.
- There is limited access to syncope services within the trust
- Promotion of bone health across acute and community settings for all patients at risk of falling is variable.
- NICE guidelines support the inclusion of fracture risk assessment as part of each falls assessment and currently the uptake of this assessment is not consistent across all services including both acute and community.

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4.0 How we have selected and categorised priorities?

Many of our priorities are linked with our Quality Matters strategy, because we know we have more to do to deliver the very best care in those areas; others have been identified by the Board, CCG's, the voluntary sector, in consultation with front line staff, senior managers, governors and other stakeholders.

4.1 How will this be achieved?

Acute strategy

Preventing falls through earlier and more effective coordinated interventions will both improve the quality of life of individuals and families and reduce demand on health and social care services. We will therefore:

- **Build upon good working practices working one to one with patients and in cohorted bays in the acute and community hospitals; utilising the skills and support of our colleagues in mental health to reduce falls relating to delirium and cognitive impairment.**
- **Ensure documented screening for cognitive impairment or behaviour charts are completed and the implication for falls is highlighted in the falls bundle. This will be achieved by:**
  - Staff training for effective management of cohorted bays and promotion of activity boxes currently available on ward 5 to be shared trust wide.
  - Liaise closely with Mental Health colleagues about available support and input into Care of the Elderly training schedule planned.
  - Audit the screening of delirium and cognitive impairment to ensure this reflects falls care bundle.
- **Work with interested parties to educate the wider population on how to maintain good bone health and reduce the risk of falling**.
  - Through raising awareness and the development of the falls checklist questionnaire.
  - Appropriate leaflet distribution stands on wards, primary care and public buildings.
  - Utilise social media outlets to communicate risk of falls and falls prevention strategies.
- **Engage with staff workforce via effective fall training schedules in order to help identify potential fallers sooner.**
  - Develop and deliver effective training schedule which meets the needs of the patient cohort and staff workforce.

- Utilise clinical information systems in order to communicate fall risks effectively to staff groups during huddle meetings and discuss any previous falls using the butterfly model and safety cross
- Continue to provide sensory training to relevant staff groups through staff education programmes.
- Map out existing services for falls and disseminate information to all invested parties in the county in order to promote services and direct patients in a more timely way.
- Reduce the risk of environmental factors that can cause falls, by making staff groups aware of the risks associated with this.
  - This will be included in the falls training schedule
- Disseminate good results/outcomes of the red Zimmer Frame pilot completed on ward 5 to the wider trust
- Ensure usual or recommended walking aids are provided for use and are reachable.
- Undertake regular audits to ensure compliance with falls prevention strategies are maintained.
- Aim to implement a therapy led screening tool to identify patients at risk
- Prioritise ongoing treatment and rehabilitation working collaboratively with community services to improve waiting times for patients receiving inpatient and community based services.
- Aim to provide front of house early therapy advice and intervention in line with national guidance
- Develop therapy services both in the acute and community sites to align with NICE guidelines and care closer to home. This includes post fall multifactorial assessment and home hazard assessment for those deemed at risk of falls.

- Standardise falls sensor equipment and ensure staff are effectively trained in it's use
- Asses visual acuity as standard, updating the falls bundle as required and improve access to Ophthalmology and Optometry services
- Ensure Pharmacy services including medication reconciliation and medication review in those at risk of falls, is consistently available trust wide
- Recruit falls lead coordinators to engage and motivate staff groups to support the trust and wider community in the reduction of falls.
- Where patients complain of lower urinary tract infection symptoms such as urgency, frequency, nocturia or incontinence, ensure that the implication for falls risk is considered and reflected in the care plan.
- Ensure the call bell is within every patients reach at all times.
- Ensure provision for safely assisting patients from the floor following a fall is available to all staff groups and equipment is standardised across the trust.
- Engage with staff workforce via effective fall training schedules in order to help identify potential fallers sooner.
    - Develop and deliver effective training schedule which meets the needs of the patient cohort and staff workforce.
- Offer Ward Sisters and Charge nurses a range of tools and techniques relevant to their case mix to the reduce the risk of falling in their patient population.

5.0 Community Strategy:

Preventing falls through earlier and more effective co-ordinated interventions will both improve the quality of life of individuals and families and reduce demand on health and social care services. We will therefore:

- Promote opportunities for social prescribing and physical activity for older people through voluntary, community and other social care provision including re-ablement services

- For all fallers to be seen by the most appropriate health care professional in a timely manner.
  - Provide support for community colleagues and teams around patients (TAPs) to enable them to initiate a falls assessment when required and understand when to refer to specialist teams utilising the GP 'Severe frailty register' when indicated.

- Liaise with all five specialist falls teams in order to look at standardising referral pathways and processes ensuring each team is fit for purpose
  - Share best practice, clinical expertise and resources among community specialist falls service with regular whole team meetings to unite these small services.

- Liaise with hospital based falls prevention exercise programmes in order to ensure the locality demands are met.
  - Utilise specialist knowledge from falls community teams to map services and demand in order to provide effective sustainable falls prevention services.

- Utilise NEAS, FRS and Primary care intelligence to work collaboratively with MDTs to agree plans to support / prevent further falls including robust referral pathways to / from EDs to patients homes and care settings

- Ensure falls essential training accurately supports the community staff groups.
  - Support from specialist falls teams to input into training development and delivery alongside colleagues in the acute trust.
  - Support from learning and development required.

- Liaise with all health and social care agencies including Durham Fire and Rescue service (FRS), NEAS, independent and voluntary sector care providers and Primary care partners to develop a whole system multi-disciplinary strategy to prevent falls and promote independence.

- Promote innovations in falls prevention such as the provision of Ambulance rapid response vehicles (outside the core emergency service) which attends patients who have fallen and clinically assess, develop pathways between NEAS, TAPs, Occupational therapy and falls assessment services

- Identify a Medical consultant to provide ongoing clinical support into community based falls prevention teams, primary care and a multidisciplinary falls group including increased access or setting up local syncope services

- Recommend measurement of fracture risk assessment (FRAX) be completed by any health professional who comes into contact with a patient who has fallen.
  - Delivery of FRAX training to be added to essential training schedule and ensure staff groups are aware of the importance of fracture risk associated with falls.
- Improve referral pathways from fracture liaison service to falls service as appropriate.
  - Falls lead to coordinate and ensure appropriate referrals are made to specialist falls services.
- Identify care homes with high falls rates and provide appropriate falls training for the staff
  - This could be done with support from community staff who work into care homes on a team around the patient (TAP) level with the North East Ambulance Service (NEAS).
- Maintain strong links and connections with local groups and the North East Regional Falls group to share best practice and collaborate in achieving national objectives.
  - The Falls Lead will attend regular meetings with invested parties and stakeholders and disseminate information from these meetings into the trusts acute and community services.

6.0 Implementation and Monitoring

The strategy will be implemented and managed as a programme of work, monitored through the falls policy group and Falls Leads for the trust. The process changes which serve as adjuncts to the delivery of falls prevention and the incidence and prevalence of falls and falls associated harm will be monitored at ward, department and community team levels; published for staff, patients and visitors to observe and reviewed through the trust Clinical improvement strategy 'Quality matters' by professional and board sub committees.

6.1 How will we know if we have succeeded?

We will see year on year reductions in falls, and in incidents of injury to below national benchmarks, and positive performance compared to peers evidenced through the National Falls and Fragility audit. The trust, all wards, community teams and care groups will demonstrate high levels of compliance with our procedures (a 'blue or green' assessment) through "Quality Matters" ward audits for falls as well as monitoring the incidence and harm associated with falls in their area.

We will be part of a whole system strategic approach to falls prevention, collaborating across seamless pathways with other health and social care agencies, Durham Fire & Rescue service, independent and voluntary care providers through the vehicle of Teams around patients to promote independence, reduce harm and improve the quality of life of patients and citizens of County Durham & Darlington.

7.0 Final Words

Preventing Falls is 'everyone's' responsibility and it is only by building upon the skills and commitment of all our staff and partners that we will achieve our aims. The Board is committed to creating the environment in which everyone can contribute fully to the achievement of fall prevention strategies.

The next three years will, as we achieve our goals, see exciting improvements which will benefit our patients, our staff and all of our stakeholders.

quality matters

NHS
County Durham and Darlington
NHS Foundation Trust

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Appendix 5

Terms of Reference
Community Falls Task and Finish Group

Background

Falls and the injuries they produce present a significant risk to the elderly population. The evidence of the impact of timely interventions is well documented. In County Durham partners across the health and social care system are committed to reduce the number of fallers and reduce the adverse effects suffered by those who do fall through the delivery of the Falls Prevention Strategy 2018-2021.

Purpose

The purpose of this group is to:

- Share and analyse information/ intelligence regarding the incidence of falls within the community. This will include any evidence base to support and influence commissioning.
- Have oversight of current and planned initiatives for falls prevention.
- Monitor performance of falls prevention activity.
- Develop and oversee the delivery of the community strand of the Falls Prevention Strategy 2018-2021 action plan.

Out of Scope

- In patient falls

Governance

This group is a task and finish group of the Joint Commissioning Group which is, in turn, a sub-group of the Health and Wellbeing Board. Group members will report into their relevant decision making structures including:

- County Durham Joint Commissioning Group
- North Durham CCG Management Executive
- Durham Dales, Easington and Sedgefield CCG Management Executive
- County Durham and Darlington Foundation Trust
- North East Ambulance Foundation Trust

Membership

The group will be made up of:

Name	Designation	Organisation
Denise Elliott (Chair)	Head of Commissioning	Durham County Council
Neil Jarvis	Strategic Commissioning Manager	Durham County Council
Melanie Macdougall	Commissioning Policy and Planning Officer	Durham County Council
Lesley Jeavons	Director of Integration	CCG/DCC

Name	Designation	Organisation
Dave Hall	Operations Director	Durham Dales Health Federation
Craig Hay	Community Services Manager	Durham Dales Health Federation
Helen Rushbrook	Clinical Services Manager, North Locality Integrated Adult Care	County Durham and Darlington NHS Foundation Trust
Joanne Todd	Associate Director of Nursing, Patient Safety and Governance	County Durham and Darlington NHS Foundation Trust
Jane Blakey	Clinical Lead Physiotherapist MHSOP	Tees, Esk and Wear Valleys NHS Foundation Trust
Keith Wanley	Area Manager – Community Risk Management	County Durham and Darlington Fire and Rescue Service
Matthew Beattie or representative		North East Ambulance Service
Melissa Maiden	Specialist Interventions Manager – Wellbeing	REAL Services – Culture and Sport Durham County Council
Andrew Brown	Principal Physical Activity Manager	REAL Services – Culture and Sport Durham County Council
Claire Jones	Public Health Pharmacist	Durham County Council
Katie Dunstan-Smith	Public Health Intelligence Specialist	Durham County Council
Kirsty Wilkinson	Public Health Advanced Practitioner Staying Well	Durham County Council

If group members are unable to attend a representative will deputise.

Frequency of meetings
3 weekly (initially)

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