



Health and Wellbeing Board

Date **Wednesday 6 March 2019**
Time **9.30 am**
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 30 January 2019 (Pages 5 - 10)
5. Health and Social Care Plan (standard item): Verbal update from Corporate Director Adult and Health Services, Durham County Council; Chief Officer, North Durham and Durham Dales Easington & Sedgefield Clinical Commissioning Groups; and Director of Integrated Community Services, NHS County Durham and Durham County Council
6. Durham Health and Wellbeing System Plan 2019/20 - Part A Adults: Report and Presentation of Chief Officer, North Durham and Durham Dales Easington & Sedgefield Clinical Commissioning Groups (Pages 11 - 50)
7. Winter Planning arrangements (LADB): Presentation of Chief Executive, County Durham and Darlington NHS Foundation Trust, and Chief Officer, North Durham and Durham Dales Easington & Sedgefield Clinical Commissioning Groups (Pages 51 - 82)
8. Update on NHS Dental Provision: Report of Primary Care Commissioning Manager (Dental), NHS England (Pages 83 - 90)

9. Healthy Weight Alliance - Annual Update: Report and Presentation of Director of Public Health, County Durham, Durham County Council (Pages 91 - 114)
10. Mental Health at Scale / Local Government Association work: Report and Presentation of Director of Public Health, County Durham, Durham County Council (Pages 115 - 148)
11. Health and Wellbeing Board Campaigns: Presentation of Director of Public Health, County Durham, Durham County Council (Pages 149 - 166)
12. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration
13. 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)

14. Pharmacy applications: Report of Director of Public Health, Durham County Council (Pages 167 - 174)
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 February 2019

To: The Members of the Health and Wellbeing Board,

Durham County Council

Councillors L Hovvels, O Gunn and J Allen

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
L Buckley	Tees, Esk and Wear Valleys NHS Foundation Trust
V Mitchell	City Hospitals Sunderland NHS Foundation Trust
B Jackson	Healthwatch County Durham
R Chillery	Harrogate and District NHS Foundation Trust
L Jeavons	North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups and Durham County Council
J Carling	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 County Hall, Durham on **Wednesday 30 January 2019 at 9.30 am**

Present:

Councillor L Hovvels (Chairman)

Members of the Committee:

Councillors J Allen and O Gunn

1 Apologies for Absence

Apologies for absence were received from S Jacques, L Buckley and J Gillon.

2 Substitute Members

G Curry for S Jacques, J Naokami for L Buckley and J Parkes for J Gillon.

3 Declarations of Interest

There were no declarations of interest.

4 Minutes of the meeting held on 29 November 2018

The minutes of the meeting held on 29 November 2018 were agreed as a correct record and signed by the Chairman.

A Healy, Director of Public Health informed the Board that, following the last meeting, the Chairman had written to Matt Hancock, Secretary of State for Health and Social Care regarding the Public Health Grant and had received a generic reply about the Public Health Grant formula. The Director of Public Health informed the Board that it was important for representations on the Public Health Grant formula to continue to be made and that Public Health registrars were active in this field.

Councillor O Gunn informed the Board she was pleased that there was such an ongoing campaign. It was important that letters of representation and any responses received were copied to local M.P.s, Corporate Directors and Portfolio Holders.

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 Sedgfield Clinical Commissioning Groups; and Director of Integrated Community Services, NHS County Durham and Durham County Council

The Board received an update from the Dr S Findlay, Chief Clinical Officer, Durham Dales, Easington and Sedgfield Clinical Commissioning Group in relation to the Health and Social Care Plan.

Dr Findlay informed the Board of progress towards the establishment of the shadow ICS for the North East and North Cumbria with effect from 1 April 2019.

Resolved:

That the update be noted.

6 Summaries of Planning Guidance and NHS Long Term Plan: Report of Chief Operating Officer, North Durham and Durham Dales Easington and Sedgfield Clinical Commissioning Groups

The Board considered a report of the Chief Operating Officer, Durham Dales, Easington and Sedgfield and North Durham Clinical Commissioning Groups which presented a summary of the recent published NHS Planning Guidance 2019/20 and the NHS Long Term Plan and how Durham would work together to develop a single plan (for copy see file of Minutes).

Councillor Hovvels asked how the Long Term Plan would be aligned to and complement other plans which were currently running. The Chief Operating Officer, Durham Dales, Easington and Sedgfield and North Durham Clinical Commissioning Groups replied that it was planned to have a Durham system one-year plan, which would include a communication and engagement plan for the system, for submission by 4 April 2019, which would come to the Board in March 2019. A longer 4-year plan for Durham which would take into consideration the NHS Long Term Plan and Health and Wellbeing Strategy would be completed for autumn 2019 and would include a communication and engagement plan.

Resolved:

- (i) That the report and next steps be noted.
- (ii) That a further report be reported to a future meeting.

7 Monitoring update of SEND written statement of action: Report of Corporate Director, Children and Young People's Services, Durham County Council

The Board considered a report of the Corporate Director of Children and Young People's Services which provided information on local area progress one year on from the Ofsted and Care Quality Commission SEND Inspection and notified of the next steps in the inspection of the Local Area (for copy see file of Minutes).

P Shadforth, Strategic Manager, Special Education Needs presented the report to the Board.

Councillor Hovvells informed the Board that she was pleased that the views and voices of children and young people were being heard. Councillor Gunn, Portfolio Holder for Children and Young People's Services thanked the Strategic Manager, Special Education Needs for the presentation which highlighted the work which was ongoing and highlighted the partnership working which was taking place. However, the work was being carried out under severe financial pressure, with a national shortfall in high needs budgets and Durham drawing on £4.1m of reserves to fund special needs. The Council worked closely to support schools and would protect the education of young people who required this type of education. While the Council was committed to funding, it was within the context of financial pressures it and other local authorities were experiencing.

Resolved:

That the report be noted.

8 Health and Wellbeing Board Charters: Report of Strategic Manager Partnerships, Transformation and Partnerships, Durham County Council

The Board considered a report of the Strategic Manager – Partnerships, Durham County Council which provided an update on how partners met the requirements of the charters/pledges which the Board had signed up to (for copy see file of Minutes).

Resolved:

- (a) That the report be noted;
- (b) That the work being done by partners to meet the charters/pledges be noted;
- (c) That the report be provided to organisations who administer the Charters as an update from the Health and Wellbeing Board on the continued work to meet the commitments.

9 Health Protection Annual Assurance: Report of Director of Public Health County Durham, Durham County Council

The Board considered a joint report of the Corporate Director of Adults and Health and the Director of Public Health which provided an overview on health protection assurance arrangements in County Durham and updates on the relevant activity from the health protection scorecard.

The report also presented the new health protection action plan which represented an update of the original 'plan on a page'; drawing together key health protection programmes and identifying where assurance had been obtained in each area.

The report highlighted how the implementation of the action plan and the management of the health protection scorecard would form an important strand of future public health assurance priorities. This process would be overseen by the newly formed Health Protection Assurance and Development Group, which would meet quarterly and report to the Health and Wellbeing Board.

Resolved:

- (a) That the content of the report and the action plan be noted
- (b) That performance was generally higher than England averages and above target for most immunisation and screening programmes be noted.
- (c) That the DPH was largely satisfied that effective assurance processes were in place for communicable disease control, strategic regulation intervention and emergency preparedness be noted.
- (d) That the implementation of the newly formed health protection assurance and development group which would oversee the reporting of progress towards achieving the goals detailed in the action plan be supported
- (e) That further development of the links with commissioning and health and safety (for e.g. legionella testing) be supported.
- (f) That further identification and response to emerging health protection priorities be supported.

10 Children, Young People and Adults with Autism: Report of Head of Commissioning, Durham County Council, and Principal Educational Psychologist, Durham County Council

The Board considered a joint report of the Head of Commissioning, Durham County Council and the Principal Educational Psychologist, Durham County Council which presented an update on the development of an all-age approach to autism in County Durham, which encompassed the delivery of a revised 14+ Autism Strategy Implementation Action Plan and the strategic review for children and young people with complex social communication needs including autism and proposed Integrated Autism and Social Communication Strategy for County Durham (for copy see file of minutes).

This report provided an update on the joint strategic approach to autism in County Durham across the age range involving Health, Social Care, Education and other partners. The report and action plan had been presented for approval at the various Durham County Council Adults, Children, Young People and Health management teams, as well as to relevant Clinical Commissioning Groups and Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust senior managers.

The report reflected the work undertaken by multi-agency planning groups, including engagement with stakeholders such as people with autism, parents, families, carers and providers.

Resolved:

- a) That the report and next steps be noted.
- b) That the detailed all age action plan had been developed and was available on request be noted.
- c) That further information regarding the World Autism Day programme of events be received and the Board member organisations participate in these events.

11 Review of suicide rates and mental health and wellbeing in County Durham: Report of Chair of Adults Wellbeing and Health Overview and Scrutiny Committee, Durham County Council

The Board considered a report of the Director of Transformation and Partnerships which presented the key findings of the Adults Wellbeing and Health Overview and Scrutiny Committee's Review Group report into suicide rates and mental health and wellbeing in County Durham (for copy see file of Minutes).

S Gwilym, Principal Overview and Scrutiny Officer presented the report to the Board and submitted apologies for absence on behalf of Councillor J Robinson, Chairman of the Adults Wellbeing and Health Overview and Scrutiny Committee.

Councillor Hovvells thanked the Principal Overview and Scrutiny Officer for presenting the report and the Adults Wellbeing and Health Overview and Scrutiny Committee for the work it had undertaken. The review, which was undertaken following concerns identified during consideration of reports which highlighted that suicide rates for County Durham were above the National and North East average figures, had gathered useful evidence, given the sensitivity of the subject matter.

Resolved:

That the recommendations contained within the review report be noted.

12 Sustainable Primary Care Services in County Durham - GP surgeries: Report of Chief Clinical Officer, North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups

The Board considered a report of the Director of Primary Care, North Durham Clinical Commissioning Group and Durham Dales, Easington and Sedgefield Clinical Commissioning Group which provided an update on challenges faced by general practices and initiatives being taken forward to support sustainability and transformation of general practice primary care in Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) and North Durham Clinical Commissioning Group (ND CCG), in line with national policy and local strategy (for copy see file of Minutes)

Councillor Gunn referred to Brexit and asked what pressures this may cause. Dr Findlay replied that Brexit would have a negative impact on Health and Social Care and this was being closely monitored.

Resolved:

That the report be noted and the challenge faced by general practices and the work being undertaken to support sustainability and transformation, aligned to national and local strategy, to improve services for the patients/local residents be recognised.

13 JTAI Action Plan: Report of Corporate Director of Children and Young People's Services, Durham County Council

The Board considered a report of the Corporate Director of Children and Young People's Services which provided an update following the Joint Targeted Area Inspection (JTAI) of the Multi-Agency Response to Domestic Abuse in Durham and presented the Improvement Action Plan for information (for copy see file of Minutes).

Resolved:

That the report and the JTAI Improvement Action Plan be noted.

14 County Durham Plan: Report of Corporate Director of Regeneration and Local Services, Durham County Council

The Board considered a report of the Corporate Director of regeneration and Local Services which contained the Pre-Submission Draft of the County Durham Plan which was subject to a six-week consultation between 25 January until 8 March 2019 (for copy see file of Minutes).

Councillor Hovvels encouraged partners to feed in to the consultation process, with all documents being available on the Council's website.

Resolved:

That the report be noted.

15 Public Health Campaigns: Presentation of Director of Public Health County Durham, Durham County Council

The Board noted presentations by the Director of Public Health County Durham, Durham County Council regarding public health campaigns on Dry January, Time to Talk and National Autism Awareness Week (for copy see file of Minutes).

Councillor Hovvels requested that members of the Board provide feedback to the Director of Public Health.

Health and Wellbeing Board

6 March 2019



Durham Health and Wellbeing System Plan 2019/20 – Part A Adults

Report of Stewart Findlay, Chief Officer – Durham Dales, Easington & Sedgfield, and North Durham Clinical Commissioning Groups (CCGs) & Chair of the County Durham Integrated Care Board

Purpose of the Report

1. The purpose of this report is to present the Durham Health and Wellbeing System Plan 2019/20 and outline an approach to the development of a longer term five-year Durham plan which considers the recently published NHS Long Term Plan (<https://www.longtermplan.nhs.uk/>).

Executive Summary

2. As part of the County Durham Health and Care Plan partners of the Integrated Care Board agreed to work collaboratively to develop a 2019/20 Durham Health and Wellbeing System Plan.
3. The plan attached at appendix 2 is part A and focuses predominantly on adults. It identifies a number of key operational delivery priorities across partners for 2019/20. It sets out a number of shared agenda areas related to quality, finance, workforce, performance and estates. An outline timetable of public engagement and or consultation associated with the plan for 2019/20 is identified. In respect of these detailed reports and business cases will be shared more widely as part of the process.
4. Part B, children's is being developed under the leadership of the Integrated Steering Group for Children and will be finalised and presented in May 2019. It will focus on some of the following key areas:
 - Children and Young People's Strategy
 - The Integrated Steering Group for Children governance and work programme
 - Integrated commissioning approach for children and the priorities linked to the inspection regimes in children's services.
 - Therapy services review
 - Development of place based 0-19 services

Appendix 1: Implications

Legal Implications

From an NHS perspective the plan makes reference to the NHS Constitutional Standards and steps to achieve these, which are support in law; all NHS Organisations are therefore obliged to adhere to these. There are also changes and implications for NHS Standard Contracts, again subject to the appropriate law in this regard.

Finance

The plan sets out the shared financial landscape and how partners will work together.

Consultation

The plan outlines a programme of engagement and consultation in relation to key programmes across the system in 2019/20. Public engagement and / or consultation will be undertaken in accordance with standard practice and legal requirements.

Equality and Diversity / Public Sector Equality Duty

All schemes / projects detailed in the CCGs Operational Plan are subject to Equality and Diversity Risk Assessment, Quality Impact Assessment, and Data Protection Impact Assessments. These are to ensure that any service reform does not negatively impact on any one part of our community.

Human Rights

The Human Rights Act (2000) ensures that all public authorities in the UK, including NHS organisations, have a positive obligation to respect and promote peoples' human rights. These are underpinned by the core values of Fairness, Respect, Equality, Dignity and Autonomy for all. These values are at the heart of high quality health and social care, and continue to be upheld through the NHS Long Term Plan and Planning Guidance.

Crime and Disorder

There are no implications within either the Long Term Plan or Guidance in this regard.

Staffing

Workforce is reflected in the plan; including the development of new roles and the recruitment of additional staff to fulfil the outcomes are stated. Detailed workforce plans are to be developed in 2019/20.

Accommodation

Specific changes to accommodation requirements are detailed in the plan under the estates section. Such changes will be subject to appropriate engagement and consultation processes on an individual basis.

Risk

Failure to deliver on the plan would increase the risks of poorer outcomes for our community, and the risk of direct intervention in relation to NHS partners from NHS England / NHS Improvement.

Procurement

There are no implications for procurement within this report at this point.

Durham Health and Wellbeing System Plan 2019-2020 Part A - Adults



Adults and Children's System Plans

This is Part A of a system plan which predominantly focuses on adults.

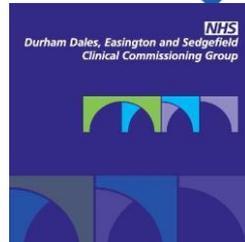
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- Children and Young People's Strategy
- The Integrated Steering Group for Children governance and work programme
- Integrated commissioning approach for children's and the priorities linked to the inspection regimes in children's services.
- SEND
- Therapy services review
- Development of place based 0-19 services
- Maternity services
- Children's mental health
- Joint Autism Strategy

Partners within the Durham System Plan

- City Hospitals Sunderland NHS Foundation Trust - CHS
- County Durham and Darlington NHS Foundation Trust – CDDFT
- Durham County Council – DCC
- Durham Dales, Easington and Sedgfield Clinical Commissioning Group – DDES CCG
- North Durham Clinical Commissioning Group – ND CCG
- North East Ambulance Service – NEAS
- North Tees and Hartlepool NHS Foundation Trust - NTFT
- Tees, Esk and Wear Valleys NHS Foundation Trust – TEWV

County Durham
Integrated community
care partnership



Durham Village

If County Durham CCGs were a village of 100 people

- 6 x Diabetes
- 5 x Heart Disease
- 17 x Raised Blood Pressure
- 3 x Cancer
- 1 x Dementia
- 1 x Severe Mental Illness
- 7 x Asthma
- 2 x Stroke
- 22 x Long Term Illness
- 27 x Living in 'Most Deprived' Quintile



Population Age Breakdown

Actual Population: 547,163

Under 5s	5
5 - 18 years	10
19 - 65 years	20
66 - 80 years	20
81+ years	10

Introducing the Taylor family

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



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



Introduction



The County Durham Integrated Care Board (ICB) brings together partners in Health and Social Care commissioning and delivery. This forum was established as health and social care partners recognise the need to collaborate to achieve improved outcomes for the population within existing resources. This forum has been proven to be effective in co-ordinating commissioning and delivery activities across the County.

Historically each organisation has had their own delivery plan in line with their governance and assurance requirements. The organisations that are part of the ICB have separate local, regional and national policies, politics, regulators and stakeholders. However these policies and plans impact on the same people and communities in County Durham.

It is recognised by partners that our individual plans are interlinked and that the actions of one organisation will have an impact across the wider health and social care system. For the first time we are bringing together the key components of the separate organisational plans into a single County Durham Health and Wellbeing Plan. This will enable greater involvement from partners and greater oversight as we work to deliver our priorities in County Durham. The ICB doesn't replace governance arrangements within individual organisations, but allows us to have a common view of the issues and priorities across County Durham and ensure that we are joined up as we work to deliver improvements.

The development of a County Durham Health and Wellbeing Plan follows a strong track record of joint working and collaboration between health and social care. The development of a shared plan will strengthen that joint working, but also allow us to demonstrate how effective collaboration is in County Durham.

This plan sets out the key activities that we will be working on together across the next twelve months. The plan aims to set out the context that individual organisations are working in and how this effects that the areas that we need to work on in Durham. We recognise that the landscape in health and social care is rapidly changing and this plan will be need to be reviewed after six months and updated to reflect any emerging priorities.

Work is ongoing to develop a longer term plan that sets out to deliver the requirements of the Care Act, the NHS Long Term Plan and other relevant policy documents. This plan will demonstrate the journey towards greater system thinking in commissioning, delivery, performance monitoring, driving efficiency and improving outcomes for the people of County Durham.

The plan explains the key projects that we are working on together and should be read alongside individual organisational plans and also national policy which is covered later in this report. The plan also sets out how we will engage and consult where appropriate with the public and stakeholders if there are changes to services proposed.

There will be an opportunity in the summer to meet with the Overview and Scrutiny Committee and the Health and Wellbeing Board to examine the operating environment and the priorities set out in this and future plans in more depth.

National & Local Context

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There is a wealth of national and local information that we use to form our plans

Many of the key deliverables are set out in national policy documents or in statute



Prevention is better than cure
Our vision to help you live well for longer



Care Act 2014

Director of Public Health Annual Report 2018
A new vision for 'The Taylors'
Improving health in County Durham



The NHS Long Term Plan



County Durham Joint Health and Wellbeing Strategy

NHS Operational Planning and Contracting Guidance 2019/20

County Durham Joint Strategic Needs Assessment

Durham Context



We recognise our place boundaries with others in the Integrated Care Partnership and the wider Integrated Care System of Cumbria and the North East, however our Health and Care plan relates to the place of County Durham. This plan helps us meet head on the challenge set for the Health and Wellbeing Board to be a more integrated system to protect the services for the people of Durham; we have strong foundations on which to build in the next 12 months.

The JSNA contains a range of information to help us understand the major health and wellbeing issues of importance locally. This information, when placed in context and linked to evidence, can provide intelligence and insight which, if communicated in the right way and to the right people can better inform decisions. It helps to inform the planning and improvement of local services, and guides us to make the best use of the funding. [Durham Insight](#) is an integral part of Durham County Council's Integrated Needs Assessment approach with the main aim of informing and supporting our joint Strategic Needs Assessment, and other assessments and strategies managed by the authority and its partners. Locally it has provided the evidence base for the JHWS and underpinned the development of the 7 priorities that have emerged from this that are reflected in the Taylor family.

Overall health and wellbeing has improved significantly in County Durham but it still remains worse than the England average. In addition, large health inequalities still remain across County Durham, especially with regards to breastfeeding, babies born to mothers who smoke, childhood obesity and premature deaths. The impact of this becomes obvious when looking at life expectancy; a child born today in the most deprived areas of County Durham could expect to live between 7 and 8 years less than one born in the least deprived areas.

Our ambition as a whole system is to work differently and collaboratively with partners across organisational boundaries to best meet the needs of the local population. We recognise there is still more to do, but great progress has been made in recent times with some specific examples below:

- A re-procured Community Services contract is now in place which has helped re-define service delivery and enable greater collaboration in particular to support integration and joint working between health and social care. The new structure reflects the arrangements of the CCGs and primary and social care being built up from the local TAPs (Teams around Patients), to locality and then countywide services. The NHS long term Plan has demonstrated Durham is ahead of the game with place based care

Durham Context



- Durham, Darlington and Teesside NHS mental health and learning disability partnership (formerly accountable care partnership) is now in place and is about improving outcomes for service users through partnership working. It makes sure funding set aside for mental health and learning disability services remains within those services and through the partnership we can provide a more streamlined system.
- We have worked closely with our Ambulance Service (NEAS) and acute provider Trust (CDDFT) to improve access to Urgent and Emergency care and Acute services.
- Work on the Troubled Families project, which encompasses a whole system, whole family approach to improve outcomes for children has achieved to the point where it has been given earned autonomy for the next funding allocation giving more freedom to innovate in this important area of work
- Based on the Blackpool model The Positive Lives initiative delivered through the DCC support and recovery team , funded by the CCGs works with the high intensity users of emergency services and is impacting on the demand on these services

Work is also now underway to develop an Integrated Commissioning approach with the Council and the CCGs to help us get the best quality services for our people through the most efficient use of resources available. Through stakeholder engagement we have started some transformation conversations and feedback from people across the system is they value the opportunities presented to work collectively in the future.

We recognise there is still more to do; we are on a journey and looking to the future, we will be having conversations with our stakeholders with workshops to further develop our thinking.

Boundary Relationships

County Durham sits in the centre of the North East and has relationships with a number of surrounding H&SC commissioners and providers. County Durham is part of the North East and North Cumbria Integrated Care System and is part of the 'Central' Integrated Care Partnership as shown in the diagram.

The NHS commission services based on their registered population i.e. those registered with one of the member GP practices whereas the LA commissions/provides services for the resident population. For people that live at the boundaries of the county this can sometimes cause complexities for H&SC services.

Changes to public health commissioning have meant that pathways have had to be in place for some patients living near the borders or perhaps attending a school in another county.

DCC commissions a number of services collaboratively with other North East local authorities as appropriate.

The two Durham CCGs work collaboratively with the Tees and Darlington CCGs to commission health services for the population.

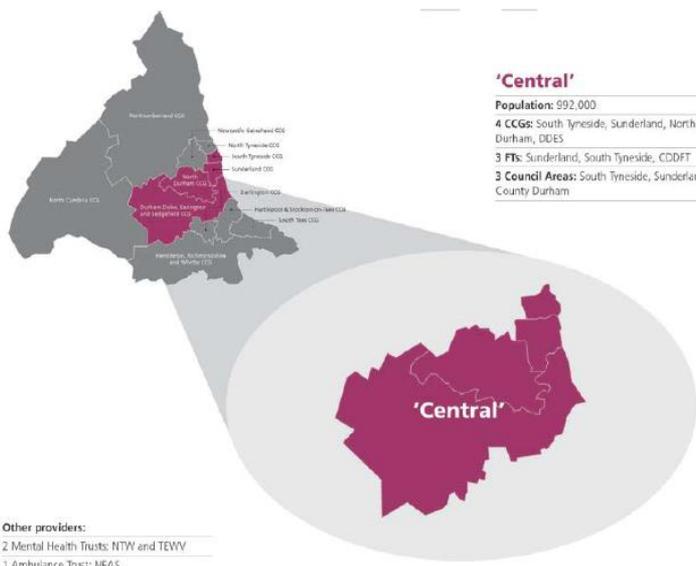
The majority of County Durham residents receive acute care from three providers:

- County Durham & Darlington FT
- City Hospitals Sunderland FT
- North Tees & Hartlepool FT

There are also contracts in place with four other acute trusts including Gateshead, Northumberland, Newcastle and South Tees.

The majority of mental health care is delivered by Tees Esk Valleys NHS FT with some care provided by Northumberland Tyne and Wear FT.

These complexities can be challenging, but there are arrangements in place to ensure that dialogue takes place with neighbouring mental health and physical health providers, neighbouring local authorities and neighbouring commissioning organisations to ensure that pathway are smooth and effective.



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Other providers:
2 Mental Health Trusts: NTW and TEWV
1 Ambulance Trust: NEAS



Public Engagement and Consultations

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Partners are committed to working together when engaging/consulting with the public and stakeholders in future wherever possible and we aim to develop a system plan that joins up engagement and consultation activities across County Durham.

The plan will focus on broad ongoing engagement activities for some of our key project areas such as access to services, improving care for frail and elderly care, primary care, outpatient care as opposed to issue specific engagement. We feel that this approach will help the public and stakeholders to have a greater understanding of the need for service development and improvement across the NHS and Local Authority.

This will not replace any of our formal duties to inform, engage or consult with stakeholders and the public, but will ensure that a broader range of patients views can be considered.

We will inform:

- When there is a temporary change that would only affect current users and they wouldn't be aware of the change i.e. short term/temporary change in hours of opening for a service

We will engage:

- When we are considering changing the way a service is delivered or when we want to develop alternative options for service delivery. We need to secure input before we develop the options to understand what users/carers/staff think about the services
- Where substantial development or variation changes are proposed

We will seek views of Health Overview and Scrutiny and ensure appropriate communication takes place in all circumstances

Public Engagement and Consultations

Quarter 1

- Learning disability commissioning Strategy
- Shotley Bridge Hospital - engagement
- Urgent treatment centre staffing model – engagement
- Stroke rehabilitation – engagement
- Ward 6 inpatient Services - engagement
- Pre consultation engagement Sunderland and South Tyneside Path to Excellence Phase 2
- Clinical Strategy – Hospital Services, South Integrated Care Partnership – engagement

Quarter 2

- Stroke rehabilitation
- Ward 6 inpatient Services
- Pre consultation engagement Sunderland and South Tyneside Path to Excellence Phase 2

Quarter 3

- Mental health rehabilitation and recovery services – engagement
- Shotley Bridge Hospital - consultation
- Sunderland and South Tyneside Path to Excellence Phase 2 - consultation

Quarter 4

- Mental health rehabilitation and recovery services – engagement

Shared Agenda

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Finance

- The financial landscape across health, social care and public health is challenging with all partners experiencing increased costs and the need to ensure more effective and effective allocation of budgets through greater efficiencies.
- Some examples that contribute to this are:
 - Continued impact of austerity
 - Potential cut to the public health grant circa £19 million
 - Above inflation pay awards in the health sector
 - Efficiency targets set nationally for the NHS
 - Growing demand for services to meet the needs of the population, particularly in hospitals
- Partners are careful not to shunt costs to on another and work to achieve better outcomes from the County Durham health and social care £.
- Some examples of work programmes to support this are:
 - Ensuring the sustainability of hospital based services
 - Transforming community services around the health and social care needs of patients and to support the effective use of hospital services.
 - Reforming the out patient system to ensure a focus on clinical outcomes and improved
 - A focus on prevention and the longer term aim to improve outcomes
- A finance sub group of the Integrated Care Board is established to support a greater understanding of financial planning across health and social care.

Workforce

- There are significant workforce challenges across health and social care in Durham and across the country. There are shortages of GPs, social care staff, nursing, therapies and a number of medical specialities.
- Some key programmes are already in place to address some of the challenges:
 - GP and practice nurse career start scheme
 - Regional international GP recruitment scheme
 - Social care academy
 - Bid for a work programme to support organisational development across community health and social care
 - Mental health time to change workforce group.
- There is more to do regarding workforce. Partners are establishing a group in 2019/20 to ensure an even greater focus on plans to address shortages and the capacity and skills needed to support the long term plan and service transformation.
- In relation to NHS workforce planning Health Education North East is working with partners in County Durham to support plans regarding medical, nursing and therapy shortages.

Shared Agenda

Digital and Technology

- Digital and technology are key enablers to support delivery of the plan and longer term service transformation.
- Some examples of key schemes for 2019/20 across partners include:
 - Expansion of the digital programme in care homes to enable access to records by primary care and social workers, support for prescribing and remote monitoring of people with long term conditions.
 - Continued access through the roll out of the great north care record.
 - Roll out of e-consultations in primary care
 - Development of the replacement to the SIDD system
 - Development of the electronic patient record system business case for acute services
 - Liquid logic
 - Proposed re-procurement of the health record system in acute services

Estates

- An estates group has been established with all partners across health and social care. The purpose of the work is:
 - shared planning of estate utilisation
 - Ensuring effective use of current estate and reducing costs for all partners
 - Ensuing estate plans support the transformation of community and primary care services
- Continue to explore shared use estate developments, key examples implemented:
 - the Lavender Centre in Pelton
 - Lanchester Medical Centre
 - Care coordination centre
- In relation to the estate plan in 2019/20 some key projects include:
 - Engagement in early 2019 and consultation later in 2019 on options for Shortly Bridge Hospital
 - Planned closure of Crook Health Centre
 - Proposed closure of Kepier Clinic
 - Relocation of clinical services from Dr Piper House in Darlington for Darlington Memorial Hospital
 - Business case for UHND Emergency Care Centre

Shared Agenda

Quality

Quality and effectiveness of primary, community and secondary care in collaboration with our partners focussed on remains at the forefront of our priorities:

- Learning and sharing across the Durham System to support improvement
- Reducing the incidence of avoidable harm across the system
- Working with partners to achieve the best clinical outcomes for our population (for example, working with Local Authorities to support effective, efficient and high quality Continuing Health Care outcomes, supporting the implementation of the Enhanced Care in Care Homes strategy and reducing rates of Healthcare Acquired Infection (HCAI) across all provision
- Ensuring the best patient experience, supporting the implementation of patient experience forum
- Supporting the population in promoting patients to become actively involved in their own care and treatment

System Performance

As a system we will continue to focus on delivery of the constitutional targets and improve the health outcomes, against key standards, for our population.

There are some priority areas that we are focused on but not limited to as partners identified below:

- Cancer 62 day - will require a collaborative approach as the standard has not been consistently achieved by all provider organisations.
- Permanent admissions of older people (aged 65 years+) to residential/nursing care homes per 100,000 population.
- Non-Elective admissions/100,000 population
- Percentage of older people (aged 65yrs+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation
- Delayed Transfers of Care (DToC) delayed days per 100,000 population
- Improving access to physiological therapies
- Improving mental wellbeing for people of all ages, including suicide prevention and reducing loneliness
- A&E 4 hour standard
- Ambulance performance standards

Key schemes across County Durham

Prevention

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Name of scheme: Embedding A Wellbeing Approach

Partner(s): Whole system

Scheme dates: January 2019 onwards

Need for the scheme: Taking a whole-system approach to population wellbeing reflects the need for coordinated collaborative delivery across a wide variety of sectors to create an environment that is consistent, interdependent and responsive to individual need; recognising people's life circumstances are not static and their support needs are often not singular or linear. This approach ensures provision is underpinned by population needs and not defined by service criteria, reflecting that key pillars of wellbeing such as self-efficacy, autonomy and health are not equally distributed across society.

Aim and benefits of scheme: The development of our wellbeing model will be guided by a set of principles. These will inform the review of relevant wellbeing services. They include the following:

1. Based on need, assets and evidence based interventions
2. Building empowerment, resilience and capital through community led and co-produced solutions
3. Reducing health inequalities through a life course approach that considers prevention and early intervention at every opportunity
4. Building on our successes
5. A Whole System Approach to population wellbeing
6. Value for money and collaborative commissioning
7. Aligned to our local health and wellbeing strategies.

Name of scheme: Children's mental health and resilience

Partner(s): Whole system

Scheme dates: April 2020

Need for the scheme: The County Durham CYP MH local transformation plan (LTP) takes a Thrive approach which ensures we start at the point of promoting good mental health and developing protective factors such as building resilience in children and families. There are currently good programmes of work in place across County Durham operating at an early help stage such as parent peer support and children's bereavement support but these are short term funded. Young people who experience a complex bereavement are known to be at greater risk of self harm and suicide. By ensuring effective bereavement support is in place for young people who are more vulnerable they can build their coping mechanism's to consider alternative coping strategies to self harm and can avoid suicidal ideation. If these lower level mental health support services are not in place the risk is that parents are less able to manage young people's mental health issues at home and needs are escalated to acute treatment services such as Child and adolescent mental health services . The LTP seeks sustainable funding for these two short term contracts. In addition to this County Durham will be submitting a wave two EOI for trailblazer funding when the call is announced which would provide additional investment for young people wrapped around school and FE settings..

Aim and benefits of scheme: Maintaining children's mental wellbeing, intervening early through evidence based interventions known to work, young people reporting improved wellbeing, fewer young people attempting to take their own lives

Prevention

Name of scheme: Smoking in pregnancy

Partners: Whole system

Scheme dates: April 2020

Need for the scheme: At 18.4% across Durham we have higher than national numbers of women still smoking at time of delivery. This is unevenly distributed across County Durham with more women in deprived communities still smoking demonstrating significant inequalities. There has been great efforts made to reduce this % and the trend line is going in the right direction. However to achieve the national ambition of less than 6% of women still smoking at time of delivery by 2022 there is a significant amount of work to do across all partner agencies. County Durham has established a multi disciplinary steering group to drive an action plan forward to tackle the inequalities – working under the regional local maternity system (LMS). Work this next year includes improving ownership of the issue in maternity services, changing the narrative to a one of addiction and treatment, workforce development and better capturing of data to drive improvement.

The stop smoking services will also be reviewed during 2019/20 to ensure it reflects local need.

Aim and benefits of scheme: Fewer still births; fewer neonatal deaths; fewer low birth weight babies; better outcomes for mum

Name of scheme: Obesity / healthy weight

Partner(s): Whole system

Scheme dates: April 2020

Need for the scheme: County Durham has 23.7% reception age children and 36.2% of year 6 children with excess weight; at present these % are not reducing. We also have over two thirds of the adult population estimated to be overweight. The whole system healthy weight action plan sets out the work to be achieved which for the next year includes a focus and commitment to preventing children from becoming overweight in the first place through dedicated work during maternity and early years. Significant work is underway and must continue on changing the lived environment such as work on fast food takeaways, workplaces through health at work scheme, active travel and extensive work in schools such as the promotion of Active 10,20,30 (daily mile). Work is also linked to the County Durham child poverty plan and supporting out of school activities to include healthy food. Work with culture and sport is critical and aligning with the wellbeing approach and social prescribing will happen over the next year.

Aim and benefits of scheme: Excess weight and obesity have both short and long term impacts on the health and wellbeing of people but also impacts upon the economic outcomes of the County due to the known link between increased levels of absenteeism and obesity related ill health. Reducing obesity will in turn reduce the risk of type two diabetes, risk of cancer, risk of CVD and also risk of poor mental health as there is a strong association between obesity and depression.

Mental Health



Name of scheme: Recovery Approach **Partner(s):** TEWV **Scheme dates:** April onwards

Need for the scheme: This is a TEWV-wide priority to change our processes and culture to support a personalised, well-being focussed approach to care. It will help service users find connectedness, hope, identify, meaning and empowerment. There is a need for this because traditional service delivery did not always focus on individual service user’s goals were, or what would best sustainably support their wellbeing. We have also identified that care planning has in some cases become a bureaucratic exercise which is not assisting service user recovery nor informing the treatment and support offered by staff.

Aim and benefits of scheme: Outputs are continued increase in courses available at the Durham Recovery College and Recovery College Online, and service users become students at both of these. Increase in number of “expert by experience” roles in the Trust and peer workers. Delivery of a new way of developing and recording care plans. These outputs should lead to benefits such as an increase in patient satisfaction and improved clinical outcomes.

Name of scheme: Right Staffing **Partner(s):** TEWV, Sunderland and Teesside Universities **Scheme dates:** April onwards

Need for the scheme: The NHS Long Term Plan will require an increase in the mental health workforce. However workforce supply is currently constricted and many mental health staff are reaching an age at which they can retire. Therefore we need to improve training, recruitment and retention while also improving the way we plan and roster to ensure the right number of staff, with the right skills are available at the right time in wards and community teams

Aim and benefits of scheme: Outputs include: Increased numbers of mental health and learning disability clinicians (including through increased places at Sunderland and Teesside universities); investment into apprenticeships, including degree apprenticeships to reduce liability for the Apprentice Levy; improvement in establishment and rostering practice, development of more varied clinical career pathways leading to improved staff retention. The aim is to be able to deliver high quality services that contribute to improving people’s mental health and wellbeing by having the right staff in the right place with the right skills. Benefits will be consistency of staffing, safe levels of staffing, reduction in use of agency staffing, able to offer full range of therapeutic interventions to more people.

Mental Health



Name of scheme: Crisis Hub

Partner(s): TEWV

Scheme dates: 19/20 Q1 – Q3

Need for the scheme: Commissioner review and feedback from service users / stakeholders (including Durham Overview and Scrutiny) identified that the current crisis service offer is not consistent across the county, and there can be difficulties for service users regarding access. The existing Crisis House in Shildon does not clearly offer value for money or accessibility to all County Durham residents and the potential for a safe haven model will be explored.

Aim and benefits of scheme: Develop a single crisis team that works across the County, with more consistent quality and improved access arrangements for service users. Benefits will be improved service user experience and reduced waiting time to access the service.

Name of scheme: Children & Young People (CYP) Neurodevelopmental pathway

Partner(s): TEWV

Scheme dates: 19/20 Q1 – Q3

Need for the scheme: To provide streamlined pathways for Children and Young People with autism, and / or with a learning disability to ensure they receive the right support promptly.

Aim and benefits of the Scheme: The output will be to complete an improvement event utilising TEWV's Quality Improvement Methodology to review current pathways and to agree streamlined processes to ensure children and young people receive the right support the first time. The benefits should be reduced waiting time for children and young people with autism or a learning disability to receive an assessment and signposting to appropriate post-assessment treatment or support.

Learning Disabilities

Name of scheme: Review of integrated community service

Partner(s): Durham County Council

Scheme dates: Q1-Q3

Need for the scheme: The changes to Learning Disability provision in line with the national Transforming Care agenda has achieved a reduced reliance on inpatient services. This is supported by investment in an enhanced community service and improvements to case management already developed across Durham, Darlington and Tees. A formal review of the integrated community team will be completed to identify any improvements to ensure the service model remains responsive to need..

Aim and benefits of scheme: To undertake a review of the integrated service in Durham to ensure it remains fit for purpose to meet current and future needs.

Name of scheme: Joint LD commissioning Strategy

Partner(s): whole system

Scheme dates: Q1

Need for the scheme: The health and quality of lives of people with learning disability are often worse than other citizens. Therefore, it is often necessary to provide paid public support to address the inequalities people with learning disability experience.

Aim and benefits of scheme: Our shared vision is for all people with learning disability to have a good life in their community with the right support from the right people at the right time. We remain committed to driving up quality and value for money; making changes that result in positive outcomes; responding to local needs and meeting statutory requirements. For this to become a reality we must commission the right types of services from the right providers. Through effective procurement, monitoring, workforce development, partnership working and support, we must ensure that organisations that provide health and social care have sufficient capacity and high calibre staff to deliver the best outcomes for people who use these services and for their families and carers.

Primary Care

Name of scheme: Improving Access to General Practice **Partner(s):** GP Practices, Federations, NHSE, NHS 111 (NEAS) **Scheme dates:** cont. 2019 onwards

Need for the scheme: Improving access to General Practice and Primary Medical Services is a key deliverable of the GP Forward View (2016). It is a key component due to public demand to access primary care services at a time convenient to all.

From July 2019, the Extended Access DES (not the above) requirements are to be introduced across every network, until 2021. The CCGs will support implementation. From 2021 both these access initiatives will be combined.

Aim and benefits of scheme: The aim of the service is to provide the population of County Durham with 7 day access to a GP or nurse appointment at a time and place that better suits individual need. Currently the 7 day services are being delivered from hubs in the community across both CCG areas, appointments are available with a GP, nurse or health care assistant, depending on patient need. This will also impact on the pressure of urgent and emergency care services. Following the independent report from the CCG public consultation on Improving 7 day access to Primary Care the CCG will work with partners to implement any changes identified to the current model. The Durham CCGs will continue to monitor the service to ensure utilisation rates continue to be high and agree actions with stakeholders should this change.

Name of scheme: Primary Care Networks

Partner(s): GP Practices, Federations, NHSE, providers

Scheme dates: 2019 onwards

Need for the scheme: The NHS Long Term Plan describes Primary Care Networks (PCN) as the essential building blocks of an Integrated Care System. On 31 January 2019 NHSE published Investment and evolution: A five year framework for GP contract reform to implement the NHS Long Term Plan. A key component of the framework is the introduction of the Network Contract Direct Enhanced Service (DES), general practice takes the lead role in every PCN. The framework sets out clear guidance to CCGs and practices on their roles in delivering on the PCN component.

Aim and benefits of scheme: The aim of PCNs is to support sustainability for GPs and Primary Care Services and to deliver a whole system Integrated Care System. DDES CCG and North Durham CCG have been supporting practices to work in an integrated way, with community and social care providers. DDES CCG practices have developed Primary Care Homes (PCH), 8 PCH teams working across the CCG and North Durham CCG has developed Teams Around Patients (TAPs), 5 TAPs teams working across the CCG.

During 2019 the CCG will support the current PCH and TAPs to transition to PCNs in line with the requirements of the NHSE framework.

Primary Care

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Name of scheme: Recruitment in General Practice

Partner(s): GP Practices, Federations, NHSE, HEE

Scheme dates: cont. 2019 onwards

Need for the scheme: Faced with an ageing population living with increasingly complex health needs and a chronic shortage of GPs and nursing staff, primary care is experiencing an unprecedented pressure, including recruitment and retention issues. Workforce transformation based around new models of care and skill mix is developing but not without challenges.

Aim and benefits of scheme: North Durham CCG and DDES CCG have developed a 5 point plan, specifically to deal with primary care workforce challenges;

- GP Career Start scheme – an initiative aimed at attracting GPs at an early point in their career and offers additional personal development for 2 years
- Federated Salaried GPs – CCGs continually work with federations to develop a role for a salaried GP who can work into practices, long or short term
- International Recruitment – in partnership with NHSE, aims to recruit over seas GPs into local practices
- GP Resilience – aims to deliver a menu of support to help practices become more sustainable
- GP Retention Scheme – a package of financial and educational support to help doctors who might otherwise leave the profession, remain in clinical practice

The new GP five year framework addresses workforce shortfall in a number of initiatives. Initiatives include reimbursement for additional roles which include clinical pharmacists, social prescribing link worker, physiotherapists, physician associates, community paramedics. Roles will be phased in starting with clinical pharmacists and social prescribing link workers in 2019. The CCG will support the development of these roles with local PCNs.

Name of scheme: GP Resilience/Quality

Partner(s): GP Practices, NHSE, LA, PPI groups

Scheme dates: 2019 onwards

Need for the scheme: To offer support to practices and NHSE in responding to requests for changes to primary care medical service contracts.

To support sustainability of general practice to ensure patients are able to access save and equitable primary care services across County Durham.

Aims and benefits of the scheme: To follow a formal governance process to ensure the public is consulted on any changes which may result in changes to services whilst supporting sustainability of GP services. In early 2019 the follow requests for contract variations have been agreed or are in the process of consultation:

- Shotton Practice and Station Road Practice to merge and become Bevan Medical Group – approved
- Skerne Medical Practice request closure of branch sites at Fishburn and Trimdon Village – Trimdon Village approved, Fishburn not approved
- Phoenix Medical Practice to merge with East Durham Medical Group – still active
- New Seaham Medical Practice to move out of the main site at St Johns and conduct all services in the Easleigh building – still active
- Bowburn Practice and Belmont and Sherburn Practice, request for change in partnership – still active

In addition the CCG support practices with a programme of resilience initiatives (in addition to recruitment above) which include, support packages for mergers, GP resilience fund applications, vulnerability/sustainability indexing, peer support register. Adults Wellbeing and Health Overview and Scrutiny are chairing a cross party group to look at the resilience issues in General Practice and how the County Durham system can support the agenda.

Community Care

Name of scheme: Intermediate Care Plus Crisis Response

Partner(s): DCC, CCGs, CDDFT

Scheme dates: April 2019 - onwards

Need for the scheme: The Intermediate Care Plus (IC+) service was developed in partnership with DCC, CCGs and CDDFT. The crisis response service provides a two hour response to patients who experience a health crisis and require fast access to physical health and/or social care services to either prevent admission to hospital/a care home, to support discharge and reablement and to support a return to independence. The model operates differently across County Durham. To support the updated specification and tender process for community services it was agreed that the crisis response element of the IC+ service would be reviewed.

Aim and benefits of scheme: The expected outcomes/benefits of the review are as follows:

- Service to be delivered within a consistent model across the whole of County Durham i.e. staffing structures etc.
- Operate with standardised approach and processes
- Provide absolute clarity on pathways in out of service and the customer/patient journey.
- Recipients of service to be broadened to include palliative care and Mental Health Services for Older People
- Incorporated Trusted Assessment and discharge to assess principles.
- Have sound budget management, including management of care package costs.
- Comply with the principles of the Community Services contract i.e. promote integration and the devolvement of resources to a TAP level wherever possible

Name of scheme: Teams Around Patients Implementation

Partner(s): CCGs, DCC, CDDFT

Scheme dates: April 2019 - onwards

Need for the scheme: To improve care for frail and elderly patients and to improve coordination of health and social care services. To reduce duplication in the provision of care and to devolve resources to local populations of c30,50,000 patients .

Aim and benefits of scheme: To promote much closer working across all disciplines so ensuring an effective approach that encourages relationships which work to support people who are at risk of losing their independence through ageing and/or frailty and disability. To provide appropriate support in the community to avoid admission to hospital or long term admission to nursing/residential care and to facilitate timely discharge from hospital or care wherever possible.

Out of Hospital Care

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Name of scheme: Stroke rehabilitation services

Partner(s): CCGs, DCC, CDDFT

Scheme dates: April 2019 - onwards

Need for the scheme: There is a need to improve health outcomes for those who have had a stroke within County Durham and to ensure that the model of care is standardised and improved across the local geography. NICE Guidance and the National Clinical guidance for stroke suggest that intensive stroke rehabilitation needs to occur in the Community at the earliest opportunity with patients having as few “hand-offs” of care as possible.

Aim and benefits of scheme: Recovery and patient experience will be improved for patients. Engagement with patients has highlighted that the following are priorities for improvement:

- Communication challenges various points in the patient pathway
- Emotional wellbeing and support, particularly post discharge
- Inconsistency of community rehabilitation provision
- People would appreciate a longer period of therapy once discharged from a hospital setting

Name of scheme: Ward 6 Inpatient Rehabilitation Services

Partner(s): CCGs, DCC, CDDFT

Scheme dates: April 2019 - onwards

Need for the scheme: Ward 6 is an inpatient rehabilitation ward based in Bishop Auckland Hospital. Inpatient rehabilitation is delivered in a number of different ways across the acute and community hospital sites in County Durham. The current pathways in and out of ward 6 the inpatient rehabilitation ward are currently being reviewed to ensure that patient’s needs are being met in the most appropriate way.

Aim and benefits of scheme: To engage with patients and stakeholders to understand views on current service provision and to develop options for future service provision. To develop a best practice model for inpatient rehabilitation that supports recovery following acute admission.

Out of Hospital Care

Name of scheme: Musculoskeletal (MSK) Integrated Model

Partner(s): CDDFT

Scheme dates: April 2019 - onwards

Need for the scheme: Currently, around 20% of GP referrals into orthopaedic out patients are discharged with no procedure, suggesting that these patients could have been treated or assessed within MSK services without the need to attend hospital. Historically, there were two models of MSK services delivered across the county; Tier 1 Physio Hub model (North Durham and DDES) and the Tier 2 Pathway (North Durham only), which stopped short of a fully integrated MSK model by allowing direct non-red flag GP referrals to orthopaedics under a shortened criteria agreed with CDDFT clinicians and service leads. However, there were no contractual levers put in place to manage referrals into orthopaedics and waiting times in MSK have exceeded national standards.

Aim and benefits of scheme: An integrated MSK pathway will deliver a seamless pathway of care via a high quality integrated, multidisciplinary service for patients with MSK conditions. It will ensure that the service is efficient and cost effective by appropriately managing patients at all levels of the service, and provide a single point of entry for all patients with MSK problems. The service will be the only route to specialist care outside of acute trauma and emergencies, and will provide an MDT approach in the triage, assessment and treatment of patients, involving orthopaedics, rheumatology and chronic pain. The service will prevent patients bouncing around the system (fewer avoidable cross referrals) by providing the most appropriate service before an appointment is given – right clinic, first time.

Name of scheme: RightCare Respiratory Project Group

Partner(s): CCGs, DCC, CDDFT

Scheme dates: April 2019 - onwards

Need for the scheme: Non-elective admissions to hospital for people with chronic lung conditions, such as COPD, are high within the county. Many admissions are avoidable if the person's condition was better managed at home and in the community through a range of measures from across the health and care system. Whilst rates of COPD are high due to legacy reasons they were still identified by NHS England as presenting an opportunity to reduce these.

Aim and benefits of scheme: A system-wide project group was established in 2017 from across Primary, Community and Secondary Care to consider what approaches could be undertaken to reduce the non-elective admissions. Since this time the group has expanded to include CDCC Public Health and British Lung Foundation patient representation. In 2019 the group will deliver a new model of diagnostic spirometry which will increase the positive diagnosis of those with COPD and reduce the likelihood of a receiving a 'false-positive' diagnosis. The group is also rolling out a smart-phone / tablet application for the self-management of COPD (MyCOPD) that promotes pulmonary rehabilitation, improved inhaler technique, and self-management through the monitoring of people's self-reported symptoms. The group is also promoting an approach to Shared Decision Making that places improved communication between health professionals and patients at the heart of decision making regarding treatment. The impact of the scheme has been a reduction in the number of non-elective admissions over 2018-19, and this is expected to continue into 2019-2020.

Out of Hospital Care

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Name of scheme: RightCare Cardiovascular Disease Project

Partner(s): CCGs, CDDFT

Scheme dates: April 2019 - onwards

Need for the scheme: Atrial Fibrillation (AF) increases the risk of ischaemic stroke, and if left untreated more so. Within County Durham there are just over 13,000 people with AF, of whom approximately 1,300 (23%) are not receiving treatment, with a predicted risk of 89 strokes occurring within this group within the next year. A further 97 stroke admissions are expected by people with no diagnosis of AF, but with multiple stroke risk factors. Variance across Primary Care in the detection and management of AF is significant, with certain practices ensuring all patients diagnosed with AF are receiving optimal treatment, with others not performing as well. There is a clear need to ensure all County Durham residents with AF are diagnosed and afforded optimal treatment to reduce their risk of stroke.

Aim and benefits of scheme: The scheme will firstly focus on the detection of previously unknown AF within the community, and apply evidence based risk assessment scoring to enhance treatment of their AF. Work will also be undertaken to educate staff within Primary Care as to the importance of detection, risk assessment and treatment of AF in the avoidance of stroke. It is envisaged that by using high quality Primary Care data areas of poor compliance with best practice can be targeted to ensure equitable access to detection and treatment for the whole population.

Urgent & Emergency Care, and non-elective admissions

Name of scheme: Urgent Care Treatment Centre Review

Partner(s): CCGs, CDDFT

Scheme dates: April 2019 onwards

Need for the scheme: A review and implementation of a new model of staffing across the Urgent Treatment Centres in County Durham. These centres include Bishop Auckland, Shotley Bridge, University Hospital of North Durham, and Peterlee. Both CCG's are in support of the models which will match staffing levels to demand in off peak areas and times.

Aim and benefits of scheme: The scheme will ensure that the service continues to meet the 100% breach standard to feed in to the Trust 95% standard for breaches, and ensure all patients are seen and treated within 4 hours of arrival or within allocated disposition time to maintain patient quality and satisfaction. It will implement the new staffing model in the Urgent Treatment Centres which will generate cost savings and efficient working, whilst improving home visits, speaking to dispositions, booking 111 'face to face' consultations and ensuring the full service is providing more robust GP cover in peak times and meets Urgent Treatment Centre standards.

Name of scheme: Non elective admissions/bed occupancy

Partner(s): CCGs, CDDFT

Scheme dates: April 2019 onwards

Need for the scheme: This is a joint project between CDDFT, CCGs and other partner organisations to look at reducing non elective attendances, admissions and bed occupancy at Darlington Memorial Hospital, University Hospital North Durham and Bishop Auckland General Hospital.

Aim and benefits of scheme: The project aims to reduce the number of patients attending A&E, as well as improve the number of beds available on each site, to ensure improved patient flow. The four main areas of consideration are;

- System-wide A&E Attends Avoidance
- System-wide Admission Avoidance
- CDDFT Internal Processes
- System-wide Facilitation of Discharges

Planned Care, including surgery & outpatients

Name of scheme: 7-day Diabetes Nurse Specialist Team

Partner(s): CCGs, CDDFT

Scheme dates: April 2019 - onwards

Need for the scheme: The National Diabetes Inpatient Audit suggested that 1 in 6 inpatients have diabetes. These patients are at an increased risk of prolonged hospital stays due to complications associated with their condition, however most are admitted for something other than their diabetes, i.e. receiving orthopaedic or general surgical care. Currently the Diabetes Specialist Nursing Team covers 5 days, with associated Consultant cover.

Aim and benefits of scheme: The service will extend to 7-day for both Specialist Nursing and Consultant access, and will be available to all departments within the Trust, including Accident and Emergency, and Medical Admissions. It is expected that 75% of all inpatients with a diagnosis of diabetes will be reviewed by the team, with an expected reduction in the average length of stay, and a reduction in avoidable non-elective admissions.

Name of scheme: Ophthalmology Outpatients

Partner(s): CCGs, CDDFT

Scheme dates: April 2019 - onwards

Need for the scheme: Within County Durham there is an over reliance upon Secondary Care for the management of non-complex ophthalmology care, most notably post routine surgery and for patients with stable conditions. There has also been a variance in the clinical pathways that people have accessed for post routine cataract removal depending upon which part of the County they live in.

Aim and benefits of scheme: Community Optometry services are able to provide high level of care for patients with non-complex needs, and therefore a redesign of the clinical pathways for stable glaucoma and post-cataract removal to access these services provides care closer to home, and reduces demand on Secondary Care services to deliver more complex care. A redesign of the post cataract removal assessment pathway will also ensure that all patients are seen in a 1-stop service, thereby eliminating the variance in experience across the County.

Planned Care, including surgery & outpatients

Name of scheme: Dermatology Outpatients

Partner(s): CCGs, CDDFT

Scheme dates: April Q1 and 2

Need for the scheme: Demand for Dermatology services continues to grow, with particular use of the 2 week wait referral pathway for people who's needs are found not to be as urgent as first thought. This increasing demand impacts on the ability of the service to appropriately manage both urgent and non-urgent activity. It also impacts on CDDFTs ability to meet cancer standards.

Aim and benefits of scheme: The use of tele-triage prior to an outpatient appointment enables the correct use of the clinics available. This is facilitated by the use of dermatoscopes with smartphone cameras in Primary Care, and a programme of education on what constitutes an urgent referral. There is also the development of Community Dermatology Services and enhancing Primary Care provision that will move activity from Secondary Care to the most appropriate community setting, providing care closer to home.

Name of scheme: Orthopaedic Centre of Excellence – Bishop Auckland General Hospital

Partner(s):CDDFT

Scheme dates: Q1

Need for the scheme: The opportunity to better utilise the upgraded theatres within the Bishop Auckland General Hospital site has been an ambition for some time with the ultimate end of creating a true centre of Excellence in Orthopaedic Surgery performed from the site in the future. This in turn would be supported by appropriate rehabilitation services both in the hospital setting and the community setting helping to improve recovery times for patients.

Aim and benefits of scheme: Substantial improvement in Referral to Treatment (RTT) performance for orthopaedic activity; Improved utilisation of theatre capacity on BAGH site.

Planned Care, including surgery & outpatients

Name of scheme: RightCare Genitourinary (GU) Project

Partner(s): CCGs, CDC, CDDFT

Scheme dates: April 2019 - onwards

Need for the scheme: Non-elective admission for Urinary Tract Infection (UTI) within County Durham is higher than when compared with similar populations across the country. The reasons behind this are many with dehydration and misdiagnosis of delirium part of the picture, though any avoidable admission to hospital represents a poor patient experience and an outcome that could have been managed more appropriately. The RightCare GU project has brought together clinicians from across Primary, Community and Secondary Care to tackle this problem.

Aim and benefits of scheme: The project has multiple aspects including an education programme on the importance of hydration in care homes and by domiciliary care providers, the standardisation of catheter care across the health economy, and the appropriate assessment and treatment of delirium using the mnemonic PINCH-ME; **P**ain, **I**nfection, **N**utrition, **C**onstipation, **H**ydration, **M**edication and **E**nvironment which aims to reduce misdiagnosis and ensure optimal treatment is commenced.

Name of scheme: Operational Productivity Opportunities GIRFT / Model Hospital

Partner(s): CCGs, CDC, CDDFT

Scheme dates: April 2019 - onwards

Need for the scheme: The Model Hospital and Getting it Right First Time (GIRFT) are both generating Operational Productivity opportunities to improve patient pathways, for example improving the percentage of lap cholecystectomy which are performed as Day Cases instead of Inpatients.

Aim and benefits of scheme: The Model Hospital and GIRFT ambition is to identify areas of unwanted variation in clinical practice and/or divergence from the best evidence. The work will culminate in a report and set of national recommendations aimed at improving quality of care and also reducing expenditure on complications, litigation, procurement and unproven treatment.

End of Life

Name of scheme: 7 Day Community Nursing Service

Partner(s): CDDFT

Scheme dates: Q1-Q4

Need for the scheme: Previously the Community Palliative Care Nursing Team provided services Monday to Friday, 9-5. This meant that patients whose condition deteriorated at the weekend had very little option in terms of accessing appropriate specialist support, and often led to otherwise avoidable attendances at Accident and Emergency and subsequent non-elective admissions, in spite of patient choice not to be admitted to hospital.

Aim and benefits of scheme: By providing a 7-day service which now covers 9-5 at the weekend the Community Palliative Care Nursing Team are able to support patients at times of need, and where appropriate allow them to remain in their preferred place of residence. The result will allow for fewer unnecessary and avoidable attendance to Accident and Emergency over the weekend, and provides a significantly enhanced quality of service to patients.

Name of scheme: Six Steps for Care Homes

Partner(s): DCC, CDDFT

Scheme dates: TBC

Need for the scheme: Provision of training for End of Life care within residential and nursing care homes has been patchy and sporadic, and the resulting outcomes for residents has been poor. As the cohort of care home patients at End of Life grows there is a greater need for appropriately trained staff that are able to meet the needs of this patient group.

Aim and benefits of scheme: The Six Steps approach, which is a recognised best practice End of Life training programme for care homes, which has been undertaken elsewhere in the country, and is being considered by the Palliative Care Task and Finish Group. Data is currently being collated and steps are being made to resource the programme. Appropriate resourcing will allow for a consistent approach to delivery of End of Life care, which has been shown to significantly improve outcomes for care home residents. This includes improving conversations about conditions, fewer attendances at Accident and Emergency and associated avoidable non-elective admissions, and improved clinical skills in areas such as syringe driver administration.

Governance – leadership and accountability

The County Durham Integrated Care Board (ICB) works alongside the Health and Wellbeing Board. The ICB provides senior system wide leadership and accountability to support the vision and direction of travel set out in the County Durham Health and Care Plan. There is an Integrated Steering Group for Children that provides senior leadership across partners in respect of the priorities for children and young people.

There are a number of sub groups, set out in the overarching shared County Durham Partnership structure that support the work of the ICB and Integrated Steering Group for Children.

It is important to note that each partner as a statutory organisation retains accountability to its own governing body.

Within the ICB arrangements outlined, partners have agreed to plan together. A health, social care and prevention planning group has been established, reporting to IBC, with representatives from each organisation. The aim is to support the development of:

- an annual Durham Health and Wellbeing System Plan
- a long term plan taking account of Health and Wellbeing Board priorities and the recently published NHS long term plan.

Governance – delivery

To support and coordinate delivery of the Health and Wellbeing System Plan the following mechanisms have been established by partners. Their aim is to reduce duplication support partnership working:

- **Groups to support the Integrated Steering Group for Children** - with a focus on SEND and other priorities
- **System assurance group** – chief officer level responsible for assurance of delivery including performance.
- **Programme board** – oversight of the key programmes and escalation to the system assurance group.
- **System delivery group** – operational delivery and implementation of plans
- **Planning group** – supports the development of the annual Durham system plan and long term plans.
- **Local A & E delivery board** – oversight of the urgent and emergency care system for County Durham

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County Durham and Darlington Local A&E Delivery Board

Health and Wellbeing Board

System wide expectations

- Keep patients safe and provide them with high quality and timely care.
- Provide the right care as close to home as possible.
- Achieve A&E 4-hour wait trajectory agreed with NHSI and associated Emergency Departments targets.
- Minimise ambulance handover delays
- Flexed use of Reablement Spot Beds
- Rapid Response Dom Care – 70hrs per week commissioned with a 2 hr response & some night capacity

System wide expectations

- Extra Reablement Packages
- Continued effective use of resources, moving staff to respond to pressure points
- Home from hospital - Care Connect
- 7 day social work assessment Weekend/Bank Holiday working over Xmas
- Increased Occupational Therapy support
- Continue to use Assistive Technology to reduce unnecessary admissions to hospital as well as supporting discharge

System wide expectations

- To maximise uptake of flu vaccination with staff and patients
- To support the NHS with existing flu vaccination programme
- Provide additional social work capacity to manage demand
- Ensure Social Work presence across all the Bank Holidays
- Support effective hospital discharges
- Commission additional capacity in Domiciliary Care

Broad content of our winter plan with contributors identified

County Durham and Darlington Local A&E Delivery Board (LADB) Summary of Winter Assurance Plan 2018/19

Points to consider:	LADB Response:
<ul style="list-style-type: none"> What is your LADB assessment of the 3 to 5 most important things that will really make difference this winter? What are your priority initiatives? 	<ul style="list-style-type: none"> Embed Project Margaret / #NextStepHome Intermediate Care services fully operational Extend Discharge Lounge hours Additional bed capacity within residential/nursing sector Additional domiciliary care Trusted assessment Brokerage Service Ensuring timely response from mental health liaison services Maintaining low DToC Develop TAPs to reduce admissions Review streaming in ED Implement Consultant Connect
<ul style="list-style-type: none"> Timescales for implementation of individual initiatives where these are new to our local system and not yet in place. Including plans to assess the impact and benefits of the new schemes. 	<ul style="list-style-type: none"> ASC support to discharge team at DMH two weekends over Christmas Rapid response domiciliary care extended to "Home First", in support of admission avoidance. Reablement beds procured and flexed in response to discharge team demand to reduce LoS To manage discharge over the Christmas period staff are working additional shifts not normally covered by CHC. Pre purchased domiciliary hours are being sourced in conjunction with the Local Authority Pre purchased Nursing Home beds sourced in conjunction with the LA to maintain patient flow over this period.
<ul style="list-style-type: none"> Flu management: what more could be done to achieve the nationally stated and challenging ambition for vaccinating 100% of front line health and social care workers. 	<ul style="list-style-type: none"> 8 High Impact changes Staff Flu vaccination programmes implemented across organisations Flu plans in place – additional clinics and opportunities for receiving flu vacs

Broad content of our winter plan with contributors identified

County Durham and Darlington Local A&E Delivery Board (LADB) Summary of Winter Assurance Plan 2018/19

Points to consider:	LADB Response:
<p>Addressing mental health in winter planning. Increasing capacity in community mental health crisis services, as well as alternatives to A&E that can provide a more suitable service for many people who would otherwise attend A&E (for both adults and children)</p>	<p>Both Adult and Children's Crisis Teams are fully staffed to cover 24/7 over the winter and do not anticipate any issues with providing the level of cover required. Commissioners are leading on a review of the crisis pathway and we are linked into this work, which includes alternatives to Crisis House provision. Assessment at home and/or Intensive Home Treatment is also available as an alternative to A&E and is fully staffed over this period.</p>
<p>Moving towards provision of 24/7 liaison psychiatry to provide safe care in A&E and general hospital wards, as well as preventing avoidable emergency admissions via A&E and facilitating earlier discharge</p>	<p>Local Liaison mental health services are currently provided 24/7 in A&E and there is an extended service 7 days for in-patients in general hospital wards and community hospitals. The mental health service is considering options for both elements of the service operating 24 hours.</p>
<p>Ensuring sufficient capacity in core community and acute mental health services so that people can access local beds when needed, and can be transferred from A&E in a timely manner</p>	<p>Mental health bed states and patient flows are monitored daily in TEWV. Crisis Teams gate keep acute admissions for adult patients. The MHSOP in patient and community teams work collaboratively regarding admissions to MHSOP wards, as do those in AMH services.</p>
<p>Emphasis on the importance of reflecting any specific considerations for paediatric urgent and emergency pathways, alongside those for adults.</p>	<ul style="list-style-type: none"> • The Children's Crisis Team is fully staffed to cover 24/7 over the Winter and do not anticipate any issues with providing the level of cover required • At OPEL 3 paed patients pull patients from ED this is part of Trust escalation

Christmas and New Year Arrangements

North Durham - Primary Care extended access providing pre-bookable from GP practices and urgent same day via NHS 111 appointments 365 days per year. Additional GP, Nurse and HCA appointments. Hubs are located across the geographical area.

Darlington - Primary Care extended access fully providing pre-bookable appointments 365 days per year from Dr Piper House. This service provides appointments:

- Monday to Thursday 6.30pm to 9pm, Friday 6.30pm – 8.30pm
- Saturday 8am to 12pm, Sunday 9am to 1pm

The Extended Access appointments are available for routine and urgent same day patients, and practices and NHS 111 are able to book patients into the service

DDES - Primary Care hubs/GP Extended Access is available in DDES 365 days per year:

- Additional GP and nurse/HCA appointments will be available weekends and every bank holiday for a minimum of 4 hours

The Extended Access appointments are available for urgent same day patients, NHS 111 are able to book patients into the service

Christmas and New Year Arrangements

NHSI Action on A&E Improvement - Embedding Project Margaret

- **SAFER CHALLENGE**

- Daily huddle and board twice a day (AM & PM)
- Senior review by midday: 1 discharge per ward by 11 am and 2 by 2pm. Medical fit list to be completed (real list) by 11 am each day
- Estimated Date of Discharge
- Red and Green Days
- Criteria led discharge: patients to be identified by Friday to bronze list in command room. Criteria to be followed at weekend
- Length of stay review

- **Patient Choice Policy – six steps.**

- Step 1 - Providing standard information and support
- Step 2 - Assessing need.
- Step 3 - Preparing for discharge
- Step 4 - Seven day window
- Step 5 - Interim placements and packages
- Step 6 - Escalation

Christmas and New Year Arrangements

- **Resilience beds for medical patients**
 - Surgery to stand down elective activity to enable transfer of 20 beds on each acute site to Medicine (IMS) from 21st Dec. to 28th Feb. Up to 6 additional Gynaecology flex-up beds.
 - Additional short term flex-up beds on medical wards.
- **Command and Control:** Silver and Bronze command doubled on peak days & times.
- **Medical and nursing capacity**
 - Resilience team of medics to review all patients in the mornings for early discharge.
 - Step down medical clinics and SPA time to enhance consultant cover during surge periods.
 - Additional A&E nurses dedicated to receiving Ambulance Handovers.
- **Others:**
 - Extended social care and discharge lounge hours
 - Consultant Connect (commenced 14th January 2019).
 - Specialist nurse ward rounds every AM in AMU to pull patients into the community.
 - Extended hours pharmacy if requested during surge periods.
 - Additional Emergency Department Board rounds.
 - Successful rapid assessment and commenced redesign of minors streaming in ED
 - Embed #nextstephome philosophy to support earlier discharges

Christmas and New Year Arrangements

- Commissioned additional capacity in Domiciliary Care - increased demand prior to Christmas but limited impact upon available capacity
- Arranged 'Trusted Assessment' with a cohort of Care Home Providers - worked well over the Christmas period
- Brokerage Service commissioned and operational covering all days (except Christmas day) – very good uptake, pressure points around new year week
- Expanded capacity across the 'Home from Hospital' service over Christmas including bank holidays. - good response which facilitated patient discharge
- Extended access to social care services, utilising one off winter pressure monies received from government

Christmas and New Year Arrangements

- Additional GP, Nurse and HCA appointments are available during the winter period to meet the demands of the service
- Frail elderly service providing a service 8am-8pm Monday to Friday and on a weekend which focuses on nursing homes and avoiding inappropriate admissions
- 15 enhanced short stay residential intermediate care beds supported by the Responsive Integrated Assessment Care Team (RIACT) to facilitate discharge of medically optimised patients who require rehabilitation
- A proactive and reactive home visiting service is available across Durham and DDES offering vulnerable patients a primary care visit to ensure where clinically appropriate they can remain in their own home, the service accepts referrals from GPs, NHS 111 and OOHs
- Proactive GP led care home service to avoid unnecessary hospital admissions in Darlington
- **Pilot** – Proactive nurse led home visiting service is available in TAPS areas, the aim of the service is to:
 - ✓ Reduce batching of requests for patient transport raised by primary care
 - ✓ Reduce batching of patient arrivals at acute settings
 - ✓ Improve response times for requests for same day primary care home visits

Overview of regional performance

A&E Performance w/c 25th December 2018

	25/12/2018	26/12/2018	27/12/2018	28/12/2018	29/12/2018	30/12/2018	31/12/2018	01/01/2019	Average
Cheshire & Mersey	87.01%	84.54%	81.47%	80.89%	78.09%	78.69%	78.75%	82.30%	81.47%
Cumbria & North East	94.13%	94.44%	92.79%	93.92%	92.29%	90.42%	90.02%	91.62%	92.45%
Greater Manchester	85.33%	85.28%	80.20%	78.16%	73.92%	82.20%	78.25%	81.04%	80.55%
Lancashire & South Cumbria	89.05%	89.16%	82.35%	79.24%	72.25%	79.11%	76.45%	80.92%	81.06%
Yorkshire & Humber	90.25%	85.95%	84.63%	84.26%	82.14%	80.45%	80.97%	81.78%	83.80%
North Regions	90.30%	87.77%	85.06%	84.03%	81.00%	82.40%	81.32%	83.19%	84.38%

Overview of regional performance

General Performance & Bed Occupancy w/c 25th December 2018

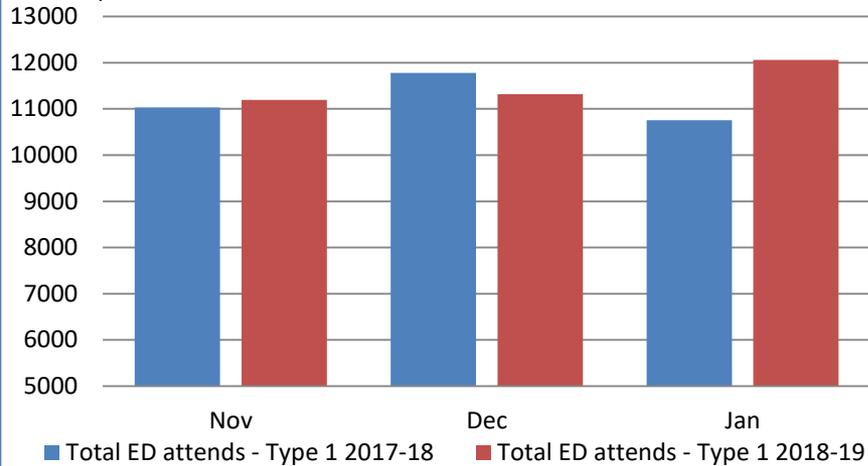
		25/12/2018	26/12/2018	27/12/2018	28/12/2018	29/12/2018	30/12/2018	31/12/2018	01/01/2019	Average
General & Acute beds total	C+M	5,346	5,354	5,396	5,437	5,417	5,450	5,519	5,508	5,428
	CNE	6,551	6,575	6,680	6,624	6,628	6,742	6,722	6,764	6,661
	GM	5,840	5,856	5,924	5,913	5,868	5,908	5,926	5,904	5,892
	L+SC	3,131	3,136	3,139	3,139	3,134	3,159	3,151	3,167	3,145
	Y+H	10,249	10,370	10,243	10,386	10,311	10,343	10,395	10,382	10,335
	North	31,117	31,291	31,382	31,499	31,358	31,602	31,713	31,725	31,461
General & Acute bed occupancy	C+M	81.8%	86.1%	89.0%	90.8%	92.0%	92.6%	91.6%	92.1%	89.6%
	CNE	69.2%	76.1%	81.6%	82.4%	83.5%	85.7%	84.8%	85.4%	81.1%
	GM	79.6%	82.9%	84.8%	86.1%	90.2%	91.5%	89.6%	91.2%	87.0%
	L+SC	83.1%	87.7%	90.3%	92.2%	91.6%	93.9%	92.1%	94.3%	90.7%
	Y+H	85.5%	87.8%	92.7%	90.7%	92.4%	93.6%	90.9%	92.7%	90.8%
	North	80.1%	84.1%	88.0%	88.3%	89.9%	91.4%	89.6%	90.9%	87.8%

The data suggests a strong correlation between A&E performance and bed occupancy

CDDFT Overview – 1st Nov to 31st Jan

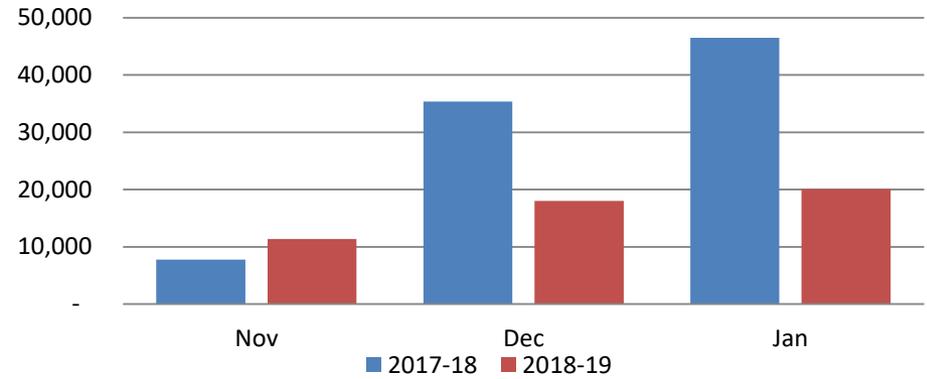
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A&E type 1 attends – up 3%

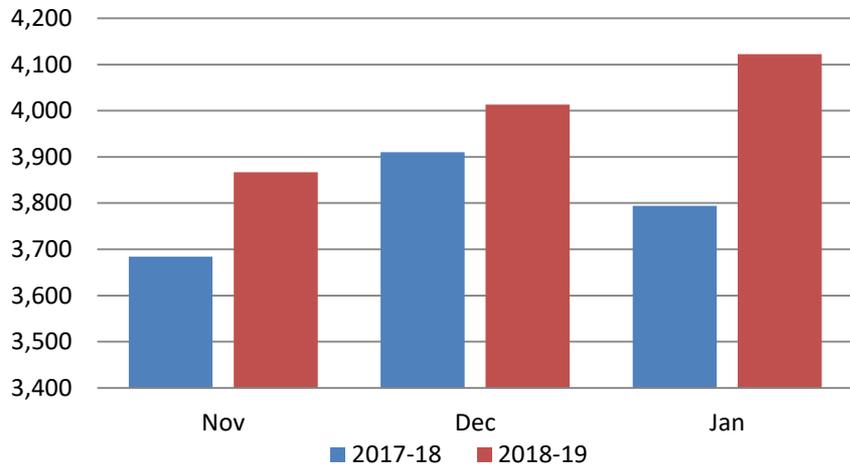


4-hour wait standard	Nov-18	Dec-18	Jan-19
Trust performance (including UCC)	90.01%	88.59%	83.74%
STF Improvement Trajectory	93.71%	84.81%	83.26%

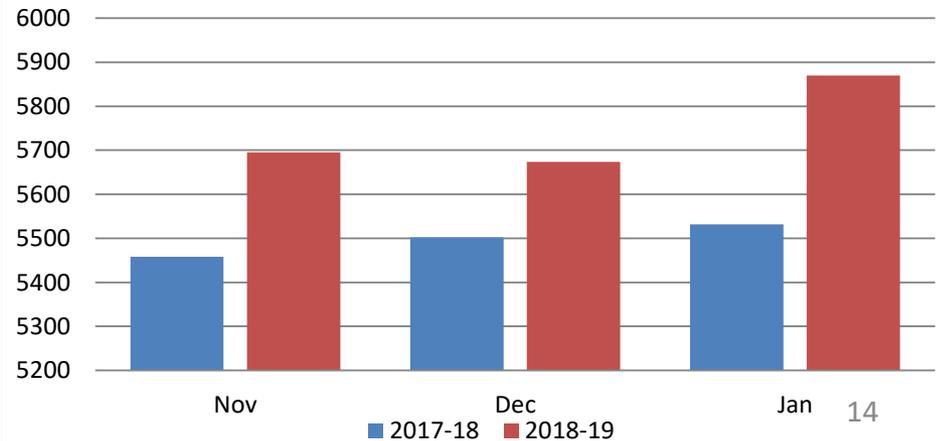
NEAS hours lost awaiting handover - 670 hours less this year



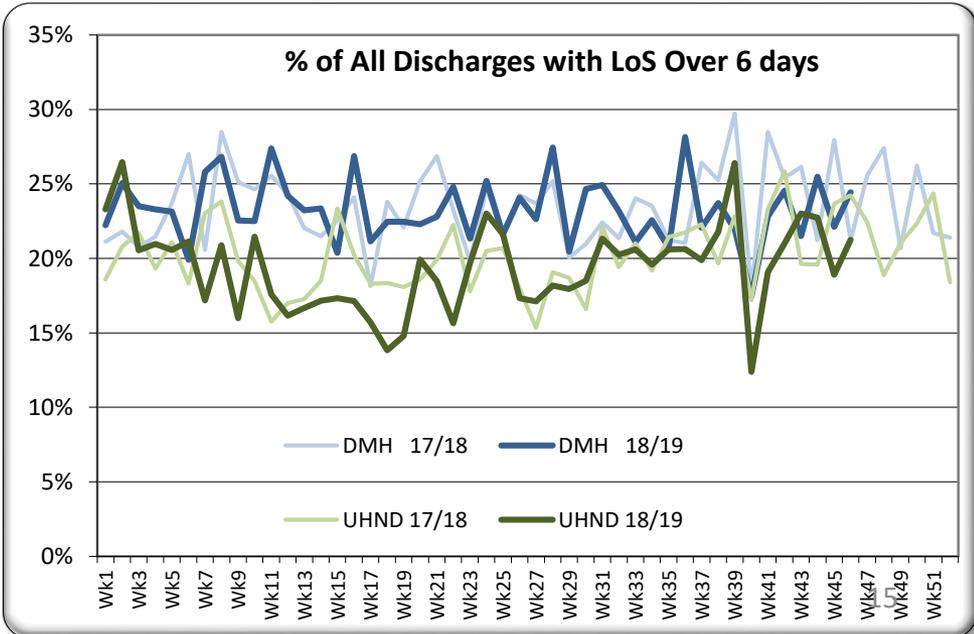
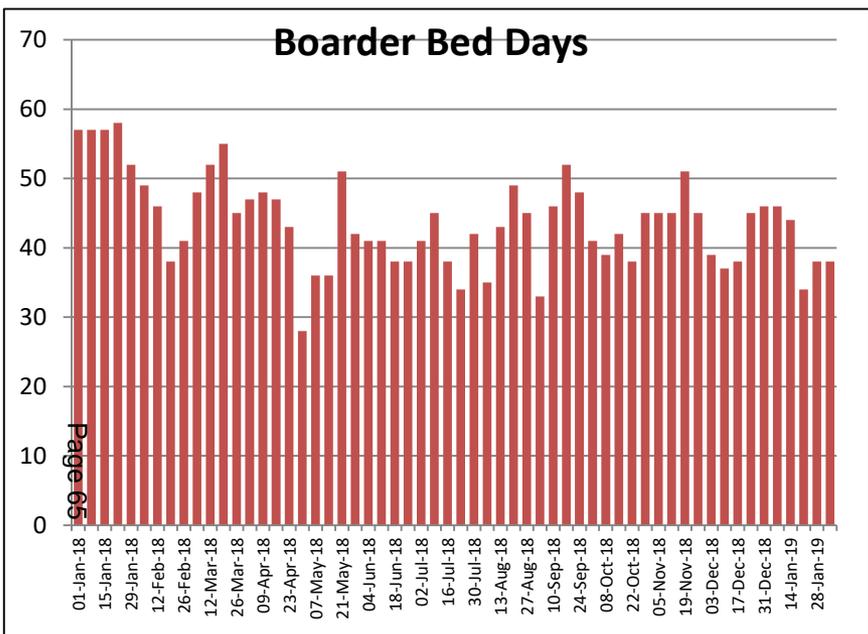
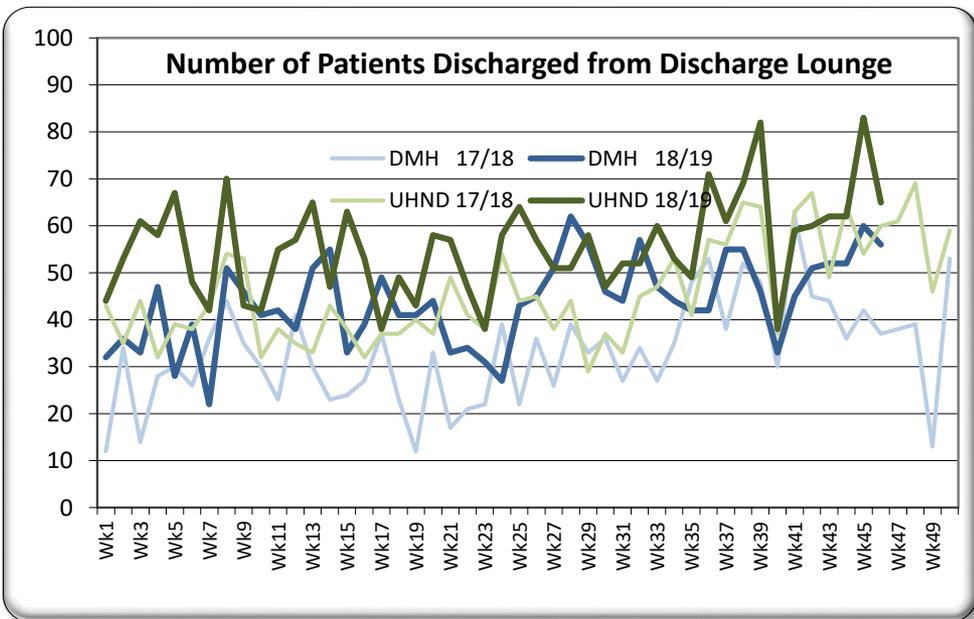
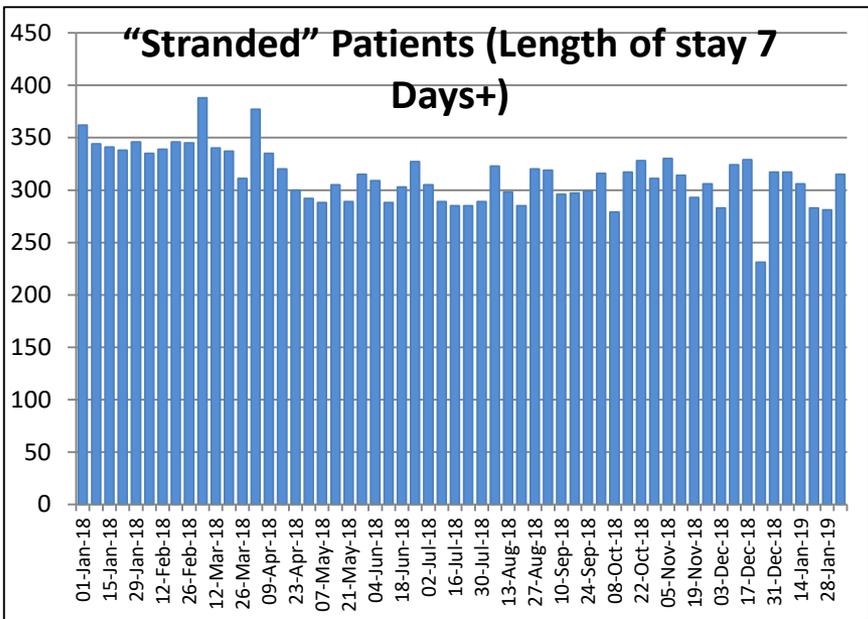
NEAS arrivals - up 5.4%



Emergency admissions - up 4.5%



CDDFT – Patient flow



Detail: Winter performance

1st December 17 – 20th January 18

Measure	1 st Dec 17 to 20 th Jan 18	1 st Dec 18 to 20 th Jan 19	Variation (Impact)
ED Type 1 Attendances	18,609	19,001	392 (2.1%) Up 
Attendances Arrived by Ambulance	6,769	7,280	511 (7.5%) Up 
Handover Performance (Numbers over 30 Minutes) – December only	621	324	297 (47.8%) Down 
ED Acuity of Level 1 and 2 only (Immediate care and Very Urgent)	2,696	4,516	1,820 (67.5%) Up 
Admissions From ED	6340	6608	268 (4.2%) Up 
UCC Walk-In's Attendances	11,145	10,184	961 (8.6%) Down 
Acute Site Bed Occupancy % (exc Paeds and Mat)	91.64%	92.53%	0.89% Up 

Detail: Winter performance

1st December 17 – 20th January 18

Measure	1 st Dec 17 to 20 th Jan 18	1 st Dec 18 to 20 th Jan 19	Variation (Impact)
ED Type 1 UHND 4hr Performance	71.3%	76.9%	5.6% Up 
ED Type 1 DMH 4hr Performance	76.7%	85.6%	8.9% Up 
ED Type 1 4hr Performance	73.9%	81.0%	7.1% Up 
Trust 4hr Performance	83.8%	87.7%	13.9% Up 
Ambulance Handovers % within 30 minutes – DMH	70.6%	86.7%	16.1% Up 
Ambulance Handovers % within 30 minutes – UHND	67.9%	82.8%	14.9% Up 
Ambulance Handovers % within 30 minutes - Trust	69.2%	84.6%	15.4% Up 
DTOC	359	58	
Guest beds occupied at midnight	2001	1290	

Overview of Christmas / New Year week

	2017 - 18	2018-19	Performance
Type 1 Attends	4698	4351	↓
Type 3 attends	2961	2450	↓
Type 1 4hr performance	68.2%	87.1%	↑
Admissions via A&E	1579	1594	↑
All emergency admissions	2264	2152	↓
Bed occupancy	83.3%	83.1%	↓
NEAS arrivals - DMH	636	626	↓
NEAS arrivals - UHND	880	914	↑
Handover delays – DMH (60-120 mins)	70	25	↓
Handover delays – UHND (60-120 mins)	88	64	↓
Handover delays – DMH (>120 mins)	21	0	↓
Handover delays – UHND (>120 mins)	46	7	↓

Overview of Christmas performance

Week 32 (1st Nov) – Week 43 (20th Jan)

Summary Assessment of winter so far (weeks 32 – 43) – compared to last year

- A&E attendances rose 1.7%
- NEAS ambulance arrivals increased by 7.3%
- Non-elective admissions grew 2.4%
- The number of late cancellations of operations declined by 17.8%.
- The number of patients with long lengths of stay fell.
 - 3.3% fewer patients stayed for longer than 14 days
 - 2.8% fewer patients stayed longer than 21 days.
- The Trust achieved the A&E 4-hour wait trajectory in Dec/Jan as agreed with NHSI in spite of unexpected surge in Surgery pressures.



Overview of Christmas performance

- In County Durham, the Discharge Management Group co-ordinated planning, to support discharge during all of the Christmas holiday including weekends and Bank Holidays.
- From a discharge support perspective SWs were available to ensure assessments for care packages were in place as well as guaranteed domiciliary care packages, reablement and care home places. Despite these services being available they were not utilised as demand for discharge was simply not there

Christmas activity comparison

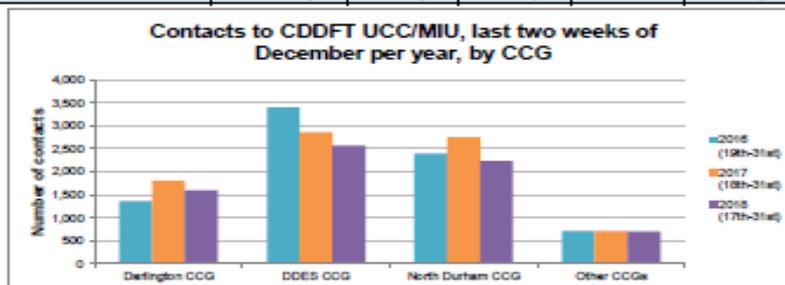
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NHS North of England Commissioning Support Unit
Business Information Services Department
Christmas period activity across County Durham & Darlington
CDDFT urgent care and minor injuries activity - Christmas period



December comparison

Service	CCG / Year	Last two weeks of December			2017 vs. 2016	2018 vs. 2017
		2016 (19th-31st)	2017 (18th-31st)	2018 (17th-31st)		
CDDFT UCC/MIU	Darlington CCG	1,350	1,799	1,599	439	-200
	DDES CCG	3,401	2,863	2,574	-538	-289
	North Durham CCG	2,390	2,753	2,236	363	-517
	Other CCGs	710	709	707	-1	-2
	Total	7,861	8,124	7,116	263	-1,008



The data covers the two week period over Christmas. The days the weekends and bank holidays occur on differ in each year and this must be taken into account when interpreting the data.

DDES CCG has seen a decline in activity year on year which can be explained by the closure of the service from Seaham Primary Care Centre, and the downgrading of Peterlee and Bishop Auckland urgent care services to minor injuries services. In DDES CCG GP extended access hubs were created to take on the urgent care element of the service.

Darlington and North Durham CCGs have seen a decrease in activity from 2017 to 2018, with Darlington seeing a decrease of 11% and North Durham seeing a decrease of 19%.

Bank holiday comparison

Note the following table includes the festive holidays only.

Service	CCG	Day type	2016	2017	2018
CDDFT UCC/MIU	Darlington CCG	Xmas eve	164	176	73
		Xmas day	71	89	93
		Boxing day	148	182	171
		New years eve	140	186	79
	DDES CCG	Xmas eve	351	334	118
		Xmas day	181	163	155
		Boxing day	346	333	240
		New years eve	345	360	84
	North Durham CCG	Xmas eve	268	305	101
		Xmas day	174	160	129
		Boxing day	311	286	199
		New years eve	292	324	81
Other CCGs	Xmas eve	59	65	55	
	Xmas day	46	33	41	
	Boxing day	83	88	90	
	New years eve	63	59	36	

Activity during the holiday periods at Darlington CCG does not appear to have changed significantly.

DDES CCG have seen large reductions in activity on each day. Although the changes to the urgent care services had occurred by Dec-17, it is possible that they are now more embedded and making more of an impact as patients become used to what services are available.

North Durham CCG saw decreases on each day when comparing 2017 to 2018.

Jan-19 data is not available so New Year's Day data for the 2018(19) period has not been provided.

NB. In each year the festive holidays land on different days of the week, which can impact on activity, for example Christmas eve was Saturday in 2016, Sunday in 2017 and Monday in 2018. Particularly in 2018 this day being on a working day may have reduced activity.

Christmas activity comparison

Official-Sensitive: Commercial

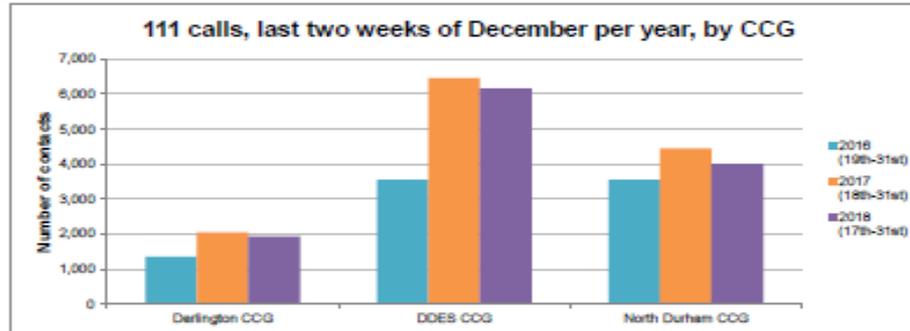
NHS North of England Commissioning Support Unit
Business Information Services Department
Christmas period activity across County Durham & Darlington
111 calls - Christmas period



December comparison

Service	CCG / Year	Last two weeks of December			2017 vs. 2016	2018 vs. 2017
		2016 (19th-31st)	2017 (18th-31st)	2018 (17th-31st)		
111 calls	Darlington CCG	1,345	2,040	1,941	695	-99
	DDES CCG	3,552	6,459	6,156	2,907	-303
	North Durham CCG	3,538	4,444	4,001	906	-443
	Total	8,435	12,943	12,098	4,508	-845

The data covers the two week period over Christmas. The days the weekends and bank holidays occur on differ in each year and this must be taken into account when interpreting the data.



DDES CCG has seen a large increase in 111 calls received when comparing 2016 to 2017. This is thought to be attributable to the introduction of DDES CCG GP extended access hubs which opened 1st April 2017 and were created to take on the urgent care element of the CDDFT services. A communications campaign has been running to encourage patients to 'talk before you walk'.

All three CCGs have seen a decrease in activity from 2017 to 2018, though this could be attributable to normal variation.

Bank holiday comparison

Note the following table includes the festive holidays only.

Service	CCG	Day type	2016	2017	2018
111 calls	Darlington CCG	Xmas eve	144	181	93
		Xmas day	90	120	96
		Boxing day	141	224	189
		New years eve	123	209	93
	DDES CCG	Xmas eve	358	574	297
		Xmas day	264	445	305
		Boxing day	423	694	527
		New years eve	345	580	287
	North Durham CCG	Xmas eve	364	472	184
		Xmas day	279	307	236
		Boxing day	417	482	336
		New years eve	382	422	202

In each year the festive holidays land on different days of the week, which can impact on activity, for example Christmas eve was on the following days:

- Saturday 24th December 2016
- Sunday 24th December 2017
- Monday 24th December 2018

Particularly in 2018 this day being on a working day may have reduced activity in comparison to previous years that were weekend days. A similar thing happened on New Years Eve, which was a working day in 2018 only.

Christmas activity comparison

Official-Sensitive: Commercial

NHS North of England Commissioning Support Unit
Business Information Services Department
Christmas period activity across County Durham & Darlington
999 calls - Christmas period

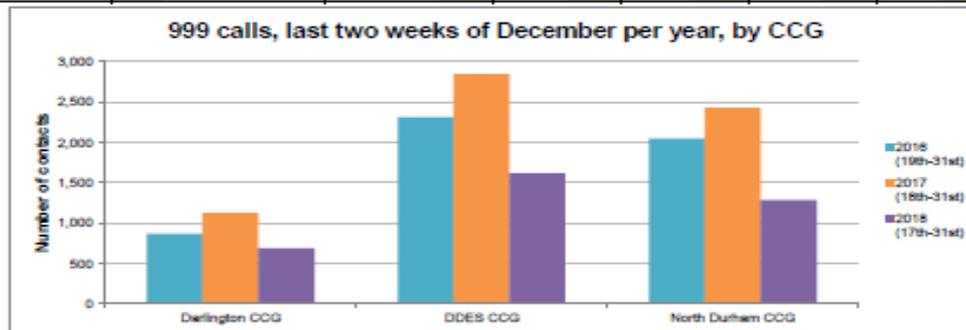


December comparison

Service	CCG / Year	Last two weeks of December			2017 vs. 2016	2018 vs. 2017
		2016 (19th-31st)	2017 (18th-31st)	2018 (17th-31st)		
999 calls	Darlington CCG	868	1,129	687	261	-442
	DDES CCG	2,317	2,845	1,617	528	-1,228
	North Durham CCG	2,046	2,431	1,288	385	-1,143
	Total	5,231	6,405	3,592	1,174	-2,813

The data covers the two week period over Christmas. The days the weekends and bank holidays occur on differ in each year and this must be taken into account when interpreting the data.

All three CCGs have seen an increase in activity from 2016 to 2017, then a decrease from 2017 to 2018, though this could be attributable to normal variation.



Bank holiday comparison

Note the following table includes the festive holidays only.

Service	CCG	Day type	2016	2017	2018
999 calls	Darlington CCG	Xmas eve	56	64	51
		Xmas day	62	57	42
		Boxing day	94	120	64
		New years eve	57	90	49
	DDES CCG	Xmas eve	145	161	131
		Xmas day	221	215	180
		Boxing day	220	247	202
		New years eve	167	262	176
	North Durham CCG	Xmas eve	146	135	139
		Xmas day	156	179	117
		Boxing day	157	226	150
		New years eve	172	183	137

In each year the festive holidays land on different days of the week, which can impact on activity, for example Christmas eve was on the following days:

- Saturday 24th December 2016
- Sunday 24th December 2017
- Monday 24th December 2018

Particularly in 2018 this day being on a working day may have reduced activity in comparison to previous years that were weekend days.

A similar thing happened on New Years Eve, which was a working day in 2018 only.

Christmas activity comparison

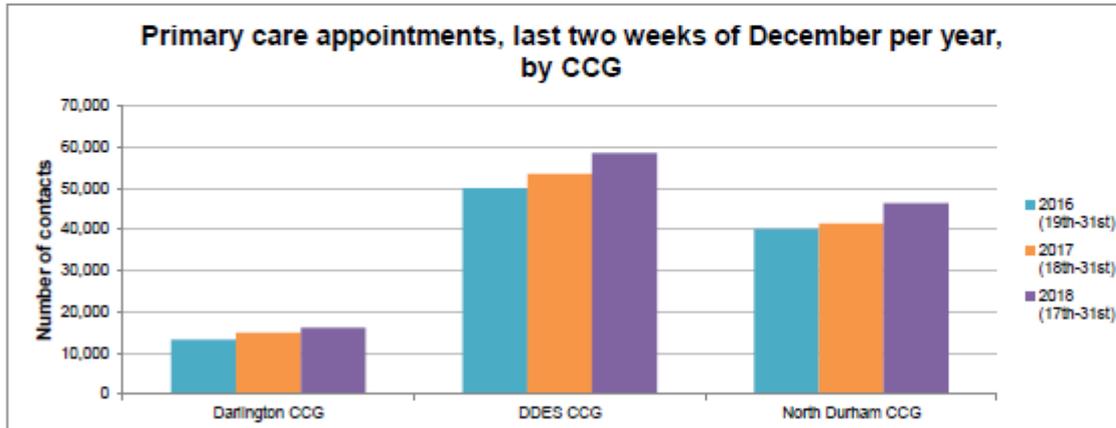
Official-Sensitive: Commercial

NHS North of England Commissioning Support Unit
Business Information Services Department
Christmas period activity across County Durham & Darlington
Primary care appointments - Christmas period



December comparison

Service	CCG / Year	Last two weeks of December			2017 vs. 2016	2018 vs. 2017
		2016 (19th-31st)	2017 (18th-31st)	2018 (17th-31st)		
Primary care appointments	Darlington CCG	13,255	14,916	16,243	1,661	1,327
	DDES CCG	49,959	53,440	58,596	3,481	5,156
	North Durham CCG	40,091	41,482	46,468	1,391	4,986
	Total	103,305	109,838	121,307	6,533	11,469



The data covers the two week period over Christmas. The days the weekends and bank holidays occur on differ in each year and this must be taken into account when interpreting the data.

Year on year primary care appointments have been increasing at all three CCGs.

Darlington CCG saw an increase in 2018 of 9% on the previous year, DDES CCG saw an increase in 2018 of 10% on the previous year, and North Durham CCG saw an increase in 2018 of 12% on the previous year.

Bank holiday comparison

Unlike the other services in this report, GP practices are not routinely open on bank holidays therefore a comparison of activity per year over the main four festive holidays shows that in 2018 Christmas Eve and New Year's Eve saw much higher activity than previous years, but this was because these days were working days whereas in 2016 and 2017 they were weekend days.

Overview of Christmas performance for Darlington Borough Council

- Spot Bed usage flexed from 7 to 29 (Dec-Jan) - 9 health direct admissions
- 57 Rapid Response packages (total of 323 hrs over 191 days with 9 overnights) Dec-Jan
- 17 Referrals to Home from Hospital/Care Connect (Dec -Jan)
- 7 weekend and bank holidays worked – 22nd, 23rd, 25th, 26th, 29th and 30th December and 1st January

15 clients seen in the 7 days Weekend & Bank Holiday working over Christmas

- 5 Discharges facilitated
- 1 Discharge planned
- 4 Not medically fit
- 1 Declined Assessment
- 4 NFA (1 Fast Track, 1 Rehab, 1 Advice give, 1 OofA)

Overview of Christmas performance

- 184 Reablement referrals received into RIACT in December
- 67 Reablement referrals were hospital discharges (from all acute & community hospitals)
- 68 People received a Reablement package in December, an increase of 28% from the previous year
- 3% more people than in December 201, left Reablement with no ongoing care needs in December 2018
- Telecare/Lifeline referrals: 274 YTD (an increase from 159 this time last year) take up is 80%

Conclusions

Regional data provides a snapshot of activity and performance over the festive period, 2017/18 and 2018/19. It gives an early indication of how well Cumbria and the North East operationally managed the seasonal pressures.

This supports early regional winter management discussions at strategic and operational meetings where additional contributing factors have been considered:

- Milder weather conditions
- Two day bank holiday
- Revised OPEL triggers
- Revised divert flow diagram
- Regional Choice and Repatriation policies
- Standardised Urgent Treatment Centre models
- Regional and local schemes
- Robust capacity and demand planning
- Robust winter plans and escalation frameworks
- Improved communications with joint winter working

Conclusions

- Christmas cover enabled effective partnership approach to discharge
- A social worker and an occupational therapist were both allocated to the hospital to enable decision making around potential unsafe discharges.
- During this period pharmacy and transport were available through the Discharge Lounge, enabling discharges to be facilitated.
- Pro-active visits to wards through DMH were undertaken, discharges facilitate from AMU, community hospitals, from ward 41,43 and advice and support inputted into A&E and other wards as requested.
- Feedback from families in terms of positive support to enable timely discharge.

Conclusions

The Discharge Management Group in County Durham has undertaken a mini Christmas debrief and the spreadsheet is a product of that. The group also identified the following learning points:

- The group felt that it should be acknowledged that Christmas Day and Boxing Day are 'different' and that whilst many families want their loved ones home immediately prior to Christmas they simply do not expect discharges to take place on these days and are unable or not prepared to receive people home on these days.
 - Therapy availability on BHs is an issue as even if there were to be discharge activity, assessment and advice cannot be provided.
 - It was felt that the absence of ward managers on BHs to push discharge was an influencing factor.
 - Given the lack of hospital discharge activity it would be preferable to increase staffing during the lead up to Christmas and the follow up from New Year.
 - SW provision should be organised on an on call basis for Bank Holidays.
 - Similar consideration needs to be given to Easter and other BHs.
 - CHC referral patterns indicate that referral activity stopped immediately before Christmas and no further referrals were made until 2nd January, despite CHC staff being available in the intervening period other than the BHs.
 - Milder weather was felt to be an influence.
- It was felt that the whole system was better prepared this year and that communication in relation to what was available was much improved.
- Winter planning needs to start much sooner given staff make plans early for Christmas.

Next steps

Forth coming Events:

- Development of a regional Falls strategy – 26 February 2019, hosted by RVI (venue TBC)
- Regional Trusted Assessor workshop – 6 March 2019, hosted by North Tees (Main Lecture Theatre)
- Regional Winter Debrief – Spring 2019 (venue TBC)
- Regional Masterclass: preparation for 2019/20 – Autumn 2019 (venue TBC)

Next steps

- Winter de-brief: understand what went well and areas for improvement.
- Build winter lessons into the Transforming Emergency Care Programme.
- Continue to embed Project Margaret and SAFER initiatives into daily practice.
- “Mighty March” initiative.
- Easter planning must start immediately

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Health and Wellbeing Board

6 March 2019

Update on NHS Dental Care provision



Report of Pauline Fletcher, Primary Care Commissioning Manager (Dental), NHS England.

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 The purpose of this report is to provide the Health and Wellbeing Board with an update on NHS general dental services and access in Durham, including the challenges faced by general dental practices and initiatives being taken forward to support sustainability and transformation.

Executive summary

- 2 NHS England are responsible for the commissioning of all dental services across the whole dental care pathway.
- 3 Whilst overall take up of NHS dental services in Durham compares favourably against the England average position, it is below the rates reported for Cumbria and North East and the North of England.
- 4 In 2017-18 only 92.23% of the capacity commissioned by NHS England from NHS dental practices in Durham was used to deliver treatment to patients.
- 5 NHS England is currently working with the local dental community and other key stakeholders to better understand the challenges facing NHS dental providers with a view to developing a local practice resilience programme aimed at supporting practices to deliver improved levels of access for patients.

- 6 NHS dental practices are experiencing similar challenges to those highlighted by other primary care contract groups (GPs) around workforce recruitment and retention and sustainability, in addition to challenges associated with the current dental contractual framework.
- 7 The National Dental Contract Reform Programme is seeking to introduce a new primary dental care regulatory contract based on a standardised clinical pathway, and remuneration model that includes weighted capitation which aligns to the intentions set out in the NHS Long Term Plan.

Recommendation(s)

- 8 Members of the Health and Wellbeing Board are recommended to:
 - (a) Receive the report, note the challenges faced by general dental practices and the work being undertaken to support sustainability and transformation, to improve services for the patients/local residents.

Background

- 9 NHS England are responsible for the commissioning of all dental services across the whole dental care pathway.
- 10 Primary care dental services operate in strict accordance with the National Dental Regulations and must evidence compliance with GDS/PDS Dental Regulations and the Dental Charge Regulations.
- 11 The Regulations set out the expectations and responsibilities of dental contract holders through the adoption of a standard General Dental Services (GDS) contract/Personal Dental Services (PDS) Agreement and contracting frameworks.
- 12 The regulations do not require a patient to be 'registered' with a practice, they operate on a demand led basis with a patient being the direct responsibility of the NHS dental provider only whilst they are in an 'open' course of treatment.
- 13 The regulations outline the mandatory dental services, clinical governance and quality assurance responsibilities of a primary care NHS dental provider to ensure consistent, safe, high quality dental care is provided nationally.

14 The Regulations set out the contract currency which is measured in units of dental activity (UDAs) that are attributable to 'banded' course of treatment prescribed under the regulations:

- Band 1 Course of Treatment – routine visit, scale and polish where clinically necessary = 1 UDA
- Band 2 Course of Treatment – fillings, extractions etc = 3 UDAs
- Band 3 Course of Treatment – dentures, appliances – 12 UDAs

The regulations also outline the requirement to collect patient charges in accordance with the National Dental Charges Regulations unless exemptions apply.

National Strategic Direction for Dentistry and alignment with the NHS Long Term Plan

15 The National Dental Contract Reform Programme is seeking to introduce a new primary dental care regulatory contract. Currently at prototype stage nationally with a small number of dental practices testing and refining the standardised clinical pathway approach and remuneration model.

16 The Dental Contract Reform (DCR) aligns with the intentions set out in the NHS Long Term Plan:

Chapter 1 – A new service model:

- “people will get more control over their own health and more personalised care when they need it” – the DCR clinical pathway placed an emphasis on communicating patients individual risk for oral and general disease and working with them to provide bespoke tailored prevention for them. This includes advising them that they can make the greatest improvement through adapting their own personal daily oral health care and lifestyle and supporting them to make these changes.
- “Local NHS organisation will increasingly focus on population health” – DCR introduces a blended model of remuneration with a majority of a dental practice’s annual contract value based on capitation. This introduces a focus on the number of patients being looked after and cared for rather than delivery of items of treatment with an incentive to keep patients as healthy as possible. The weighted element of capitation aims to contribute to reducing health inequalities through enabling more time to be

spent for those who need it the most. It also helps the dental team to develop relationships with other health and social care partners in primary care networks.

Chapter 2 – Prevention:

- The DCR clinical pathway identifies risk for smoking, alcohol and sugar consumption primarily because they affect tooth decay, gum disease and oral cancer, but the pathway also encourages preventative conversations about general health and referral to appropriate services.

Chapter 6 – Taxpayers investment will be used to maximum effect:

- The DCR clinical pathway guides clinicians to recall patients for ‘check-ups’ at individually tailored intervals rather than the standard 6 months. For low risk patients this is recommended as 2 years.
- Evidence from the piloting phase of the programme indicates that practices are increasingly using skill mix to deliver this model, including dental nurses and dental hygienist and therapists.

Durham Primary Care Dental Access

17 Nationally published NHS England dental statistics (September 2018) highlights that 53.4% of the Durham Local Authority population accessed NHS dental care within the 24 month of the period ending September 2018, which is higher than the all England average of 52.4% but below that recorded for the Cumbria and North East area.

Table 1 – Percentage of population accessing a dentist in previous 24 months

	Adults (18+)	Children (0-17)	Total
Durham	52.7	56.7	53.4
Cumbria & North East	56.2	62.4	57.4
North of England	56.0	63.5	57.7
All England	50.6	58.7	52.4

18 NHS dental access is impacted positively or negatively by individual or family oral health seeking behaviour. It is unlikely that NHS dental access would ever reach 100% as there are those who seek NHS dental care on an ‘irregular’ basis or not at all, and those who choose to secure private dental services.

Primary Care Dental Provision for Durham

- 19 There are 56 dental practices across Durham providing general dental access to adults and children, 3 of which are currently operating under a national prototype contract.
- 20 During the period April 2017 to end of March 2018 there were 787,525 UDAs funded to support general patient access across Durham (excludes capacity commissioned under prototype contracts).
- 21 726,309 UDAs (92.23%) were used to provide dental treatment for 240,152 patients of which approx.74% were adults (18 years+) and 26% children (0-17 years).
- 22 A recent audit of practices across Durham undertaken in January 2019 identified that 52% of practices had capacity to accept new patients for urgent and routine treatment,34% had not provided information with only 14% of practices advising that they were currently unable to offer access for new patients.

Patient Satisfaction & Experience (source GP Patient Survey)

- 23 The tables below compare the results from the last two GP patient surveys in relation to patient satisfaction and experience of NHS dental services.

Table 2 – Patient successful in getting an appointment

	Jan 17 – Mar 17	Jan 18 – Mar 18	Movement
NHS Durham, Dales, Easington & Sedgefield	96.8%	97.3%	↑
NHS North Durham	96.0%	96.6%	↑

Table 3 – Patient successful in getting an appointment at a new practice

	Jan 17 – Mar 17	Jan 18 – Mar 18	Movement
NHS Durham, Dales, Easington & Sedgefield	89.3%	91.3%	↑
NHS North Durham	83.6%	87.2%	↑

Table 4 – Positive Experience

	Jan 17 – Mar 17	Jan 18 – Mar 18	Movement
NHS Durham, Dales, Easington & Sedgfield	90.2%	89.7%	↓
NHS North Durham	87.0%	89.9%	↑

Key challenges for dental service providers

- 24 **Workforce recruitment and retention** – Some providers are experiencing difficulties in recruiting and retaining clinical staff to work within the practice. This is most noticeable in rural areas. Dentists are also choosing to work part-time hours which increases the number of staff required to cover the practice.
- 25 **Operational delivery** – recruitment and retention, increased costs; variable UDA rates; impact on contract delivery of patients failing to attend appointments, treatment of high needs patients and lack of clarity around the contract regulations are some of the examples that have been cited by providers at a recent listening event held by NHS England (Cumbria and North East) in January 2019.
- 26 **Increased workload pressures** – providers have highlighted the challenge of balancing the increased workload involved in running an NHS dental practice with delivery of clinical services, citing changes to regulations and requirements around clinical, contract management and information governance and safeguarding as examples.

Identifying and Supporting Vulnerable Practices

- 27 Over the last two years there have been a total of 2 contract handbacks within the Durham area. The first was a small single-handed contract in Sacriston handed back in December 2017 for personal reasons. The second contract in the Seaham area closed in December 2018 due to recruitment and retention issues which had impacted on contract performance and the overall viability of the contract.
- 28 NHS England (Cumbria and North East) is currently developing a local tool to provide early detection of potentially vulnerable practices, using a range of financial, workforce, business management and deprivation measures as well as soft intelligence.
- 29 This information, together with the feedback received from the January 2019 listening events will be used to inform the development of a dental practice resilience programme.

30 Examples of work undertaken to date are set out below.

- A recruitment event for Foundation Dentists to meet with practices who have vacancies. A further event is planned for April 2019.
- Work with Health Education England to develop a mentored training programme aimed at attracting overseas dentists into areas of need.
- Work with Health Education England and Local Dental Committees to develop educational events aimed at raising awareness of dental regulations and assurance processes.
- Funding peer review audit events aimed at supporting practices by increasing awareness and knowledge of Delivering Better Oral Health.

Contact:	Pauline Fletcher Primary Care Commissioning Manager (Dental) NHS England	Email: Pauline.fletcher2@nhs.net
	Tom Robson, Chair – Local Dental Network, NHS England	Email: tom.robson2@nhs.net
	Dawn Calvert Primary Care Business Manager (Dental) NHS England	Email: dawncalvert@nhs.net

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Health and Wellbeing Board

6 March 2019

A presentation update of the work of County Durham Healthy Weight Alliance

Ordinary Decision



Report of Corporate Management Team

Amanda Healy, Corporate Director of Public Health

Councillor Lucy Hovvels, Cabinet Portfolio Holder for Adult and Health Services

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 The purpose of this report is to provide members of the Health and Wellbeing Board with an update of work carried out and planned by County Durham Healthy Weight Alliance. The report provides a contextual overview of the presentation to be delivered at the meeting.

Executive summary

- 2 The Healthy Weight Alliance is a subgroup of The Health and Wellbeing Board. This report supports the presentation to be delivered at the meeting, which provides an update on national policy and the work undertaken by partners in the Healthy Weight Alliance since the 2018 report to this Committee.
- 3 Obesity is a population health and inequalities challenge which has profound long term consequences for health and wellbeing across County Durham. Without action, the health of individuals will continue to suffer, inequalities will remain and economic and social costs will increase to unsustainable levels.
- 4 It is therefore vital that we do all we can to support individuals, in particular our children and young people, to develop healthy eating habits and take part in physical activity from early ages.

- 5 Nationally, UK Government aims to “*halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030.*”
- 6 Durham County Council Public Health team with partners from the Healthy Weight Alliance are driving forward work within our whole systems approach to obesity in many of the areas of action identified within Childhood obesity: a plan for action Chapter 2 (2018). Key areas of work are outlined and presented.
- 7 From January 2019, the Healthy Weight Alliance is meeting to discuss national and local priorities around healthy weight. As a group, partners will work together to review the current focus of the Healthy Weight Alliance and define and align priority themes and goals to support healthy weight across County Durham for 2019 and beyond.

Recommendation(s)

- 8 Members of the Health and Wellbeing Board are recommended to:
 - (a) receive this update report and presentation and comment accordingly.
 - (b) continue to provide commitment to and support for the on-going work of County Durham Healthy Weight Alliance.

Background

- 9 Healthy Weight Alliance is a sub group of the Health and Wellbeing Board. In January 2018 Health and Wellbeing Board received a presentation detailing the work of County Durham Healthy Weight Alliance highlighting work undertaken alongside the challenges childhood obesity presents.
- 10 This report supports the presentation to be delivered in March 2019, which provides an update on national policy and the work undertaken by partners in the Healthy Weight Alliance since the 2018 report.

Context

- 11 Obesity is a population health and inequalities challenge which has profound long term consequences for health and wellbeing across County Durham. Yet obesity is preventable. Without action, the health of individuals will continue to suffer, inequalities will remain and economic and social costs will increase to unsustainable levels.
- 12 Younger generations are becoming obese at earlier ages and staying obese for longer and there is concern about the rise of childhood obesity and the implications of such persisting into adulthood.

- 13 In County Durham, whilst rates of excess weight and obesity in children largely follow national trends, our starting point was higher and our rates remain significantly worse than those for England.
- 14 In 2017/18 data from NCMP shows that 25% of reception age children (4-5 year olds) and 37.1% of Year 6 pupils (10-11 year olds) in County Durham are overweight or obese. That means around 3400 children, over 100 classrooms, in these 2 school year groups alone, across the County are overweight or obese.
- 15 At an individual level the root cause of obesity is straightforward, it is when average calorie consumption exceeds the calorie requirements for maintaining a healthy body weight. However no single intervention alone can tackle obesity as the causes are multifactorial, including biological; physiological; psycho-social; behavioural; and environmental.
- 16 It is therefore vital that we do all we can to support individuals, in particular our children and young people, to develop healthy eating habits and take part in physical activity from early ages. Environmental factors however encourage poor diets and physical inactivity which can undermine intentions to eat better and exercise more.
- 17 Local responses need to consider adopting a collaborative whole systems approach rather than single interventions on their own.

Key national and local policy drivers

- 18 *The Health & Social Care Act (2012)* gave statutory duties for local authorities to take appropriate steps to improve population health. The vision being that local authorities would put health and wellbeing at the heart of everything they do.
- 19 *NHS 5 year Forward View (2014)* pledges support to deliver Public Health obesity priorities to ensure children get the best start in life.
- 20 Nationally, UK Government aims to “*halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030*”. In “*Childhood Obesity: a plan for action Chapter 2 (2018)*” HM Government outline key commitments that focus action within five areas:
 - (a) sugar reduction
 - (b) calorie reduction
 - (c) advertising and promotions
 - (d) work with local authorities and local areas

- (e) work with schools
- 21 Locally the challenge is how we build on national guidance and best practice to bring about real change within our communities.
- 22 Within County Durham promoting healthy weight is a strategic priority underpinning many local partnerships and is a central tenet within local policies and guidance documents:
- (a) A shared objective for the Children & Families Partnership and County Durham Health and Wellbeing Board is children and young people make healthy choices and have the best start in life.
 - (b) Reducing the number of reception age and year 6 children in County Durham classified as overweight or obese by 2021 is a key target for the Active Durham Partnership
 - (c) Key DCC Public Health strategic priorities are to:
 - (i) support development of good jobs and places to live, learn and play
 - (ii) ensure every child has the Best Start in Life
 - (iii) promote positive behaviour change around activity and food

Update County Durham Healthy Weight Alliance

- 23 County Durham Healthy Weight Alliance is a multi- agency subgroup of the Health and Wellbeing Board and the partnership taking forward County Durham’s whole system approach to support healthy weight.
- 24 The vision of the Healthy Weight Alliance is *to; “halt the rise in obesity in County Durham by 2022 and, by focusing resources upon addressing inequalities, see a sustained decline in obesity rates locally to below England national average by 2025”*
- 25 Durham County Council Public Health team with partners from the Healthy Weight Alliance are driving forward work within our whole systems approach to obesity in many of the areas of action identified within Childhood obesity: a plan for action Chapter 2 (2018). Key examples include work around:
- (a) **SugarSmart Durham** - SugarSmart presentations have taken place with primary PHSE co-ordinators, early years providers and nursery managers and 8 early years settings/nurseries and 14 primary schools have pledged SugarSmart actions. Taylor Shaw, County Durham’s main school food provider have developed

SugarSmart resources for school assemblies and Food Durham have delivered sessions with School Nurses (Harrogate & District NHS Trust) who promote the campaign in schools. SugarSmart has also been a key element of oral health and tooth brushing work developed across early years settings.

- (b) **Soft Drinks Industry Levy/Healthy Pupil Capital Fund** – In 2018-2019, £100m of revenue generated from the Soft Drinks Industry Levy in England was provided to the Healthy Pupils Capital Fund. County Durham received around £429,000. Schools were to consider the promotion of positive mental and emotional wellbeing and engage children of all abilities in physical activity. Developments from the DCC allocation include:
- school kitchen and dining environment refurbishments
 - purchase of school outdoor play equipment
 - development of school outdoor sports facilities
 - matched funding opportunities to develop projects
 - development of school growing clubs
- (c) **Vending across all DCC Estates** - Work has been developed with DCC Catering and Culture & Sport to address the vending offer across all DCC (LA and C&S) premises. All vending machines now stock products of equivalent nutritional composition as those available across NHS estates:
- all drinks vending machines stock zero and low sugar ranges
 - 90% of soft drinks contain less than 5g added sugar/100ml, maximum serving is 330ml
 - 80% of confectionery and sweets are 250 calories and below
 - all crisp packs are less than 30g and a range of nuts, seeds and low calorie crisps are available
- (d) **Hot Food Takeaway Policy** - Public Health and Spatial Planning have worked jointly to develop a Hot Food Takeaway Policy within the County Durham Plan to restrict numbers of new takeaways premises across the County in areas of existing high proliferation or within 400m proximity of schools and colleges.
- (e) **Holiday Activities with Food** - This summer DCC took forward a strategic (pilot) approach to food poverty during school holidays. This work is being taken forward by a subgroup of DCC Child Poverty Working Group and included: capturing and publicising over 177 activities (with or without food) across County Durham; joining up and co-ordinating activities within local areas; and

developing a programme of activities with healthy food provision (lunches or snacks depending upon the duration of the activity) for some of our most vulnerable children and young people.

Activities provided by DCC were planned and provided by Culture & Sport, the food offer was sourced and co-ordinated by DCC catering in consultation with the school meals team to ensure the healthy options were compliant with School Food Standards. The pilot established links with the One Point Service and FISCH team and staff referred children/families to the programme.

Following positive feedback from the summer programme, free healthy snacks were available over October 2018 half term in DCC leisure centres with pools and Clayport Library,

Going forward, the Child Poverty Working Group and Holiday Activities with Food subgroup are committed to moving towards a more sustainable approach that is embedded within communities, building upon community assets that ultimately aims to provide a community resource over a longer, more permanent duration.

A bid has been submitted by the Child Poverty Working Group to Department for Education - Local Coordination of Free Holiday Provision Fund to support delivery, during the summer holiday period, across County Durham. The outcome of this bid will be known w/c 25/03/19.

- (f) **Active 30** - The Active Durham Partnership Active 30 Durham programme consists of two elements:
- (i) *Active 30 Durham Hub* - is an online resource hosted within the Active Durham webpage (education tab) that provides schools with a centralised bank of resources to help schools to make their school day active for every child and support them to achieve the Active 30 agenda.
 - (ii) *Active 30 Durham Campaign* - Joining Active 30, schools pledge to work towards *all children* achieving 30 minutes of moderate to vigorous activity every day in school. The awards system can be used as a development tool to work from 10 to 20 to 30 minutes of activity for all children, alternatively, schools can aim straight for Active 30. The Active 30 Durham campaign was launched in September 2018 and currently have over 100 schools are engaged. In January 2019, the first cohort of schools will be receiving their initial awards. The campaign will be further promoted

to engage new schools and existing schools will be encouraged to maintain or increase their active minutes over the spring term and beyond. There are plans to increase the scope of *Active 30 Durham* to include early years settings.

- (g) **Quality framework for schools** - DCC Public Health team are also working closely with school staff and pupils to develop a quality framework for schools which will support schools to establish whole school improvement goals and support and promote staff and pupil wellbeing.

Child Healthy Weight Pathway Review

- 26 In 2018, a short term goal set by the Healthy Weight Alliance was to carry out a review of the child healthy weight pathway. The aim of this review was to develop clear recommendations as to how we can best plan locally to support children to maintain a healthy weight.
- 27 As part of the review a stakeholder consultation took place between July and September 2018. 412 people participate in the consultation.
- 28 Consultation findings highlighted some strong, broad themes:
- (a) **The key factors** that influence children, young people and family's ability to maintain and achieve a healthy weight are related to the environment and the influence of social norms.
 - (b) A universal, family focussed approach to promote healthy weight and prevent overweight is favoured
 - (c) Addressing healthy weight is 'everybody's business, healthy weight should be discussed with families as early as possible in a child's life.
- 29 Findings from the consultation have been incorporated into the findings of the wider child healthy weight review. Recommendations have been proposed and options to support child healthy weight across County Durham are currently being considered. Recommendations will be shared early Spring 2019 and any changes implemented in due course.

The Healthy Weight Alliance going forward

- 30 In January 2019, the Healthy Weight Alliance meeting took the form of a workshop. Within this workshop partners had opportunities to discuss national and local priorities around healthy weight. As a group, partners worked together to review the current focus of the Healthy Weight

Alliance and define and align priority themes and goals to support healthy weight across County Durham for 2019 and beyond.

Main Implications

- 31 This report provides an update on the work of County Durham Healthy Weight Alliance following the previous report and presentation in January 2018. There are no decision making implications to be considered in relation to this report.

Conclusion

- 32 This report provides the Health and Wellbeing Board with an update of work carried out and planned by County Durham Healthy Weight Alliance. The report provides a contextual overview of the presentation to be delivered.
- 33 The Health and Wellbeing Board are asked to receive this update report and presentation and comment accordingly. The Health and Wellbeing Board are asked to continue to provide their commitment to and support for the on-going work of County Durham Healthy Weight Alliance.
- 34 Further work around healthy weight within County Durham will be detailed at the May meeting of the Health and wellbeing Board when reports outlining the work of the Active Durham Partnership and The County Durham Strategic Cycling & Walking Delivery Plan are presented.

Contact: Karen McCabe

Tel: 03000 267676

Appendix 1: Implications

Legal Implications

Legal advice will be sought if required

Finance

No impact

Consultation

This report and presentation refer to the consultation process that was undertaken during 2018 as one element of the Child Healthy Weight Pathway Review. This consultation process was submitted through DCC COG process in order to ensure the views of key professional stakeholders, wider public and children and families were gathered and used to inform recommendations.

Equality and Diversity / Public Sector Equality Duty

This report and associated presentation outlines work to date and work currently planned to promote healthy weight within County Durham, undertaken by Durham County Council Public Health team and partners within County Durham Healthy Weight Alliance. This work aims to promote equality and diversity and seeks to reduce inequality and target resources in accordance with need.

Human Rights

No impact

Crime and Disorder

No impact

Staffing

No impact

Accommodation

No impact

Risk

No impact

Procurement

No impact

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An update on the work of County Durham Healthy Weight Alliance

6 March 2019

County Durham Health
and Wellbeing Board

Karen McCabe

Aim

Provide an update of work carried out to support healthy weight at a whole system level across County Durham

Objectives

- Outline healthy weight context in County Durham**
- Outline key national and local drivers**
- Outline work to date and planned**
- Share goals for the future**

Altogether better

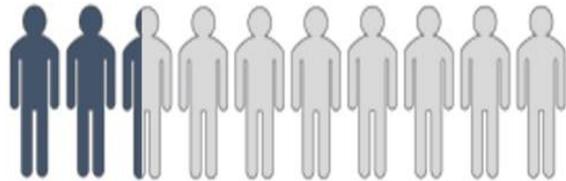
The National Child Measurement Programme

Annually around 11,000 County Durham children

- 93% reception age school population
- 93.5% year 6 school population.

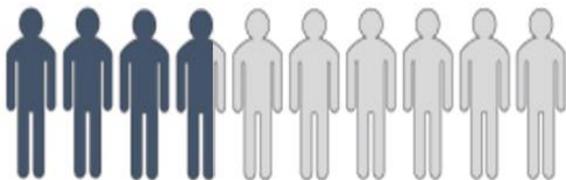
Excess weight in children, age 4-5 and 10-11, County Durham, 2017/18.

Source: NHS Digital, NCMP.



25%

4-5 year olds in County Durham have excess weight (around 1400 children or 46 classrooms across the county).

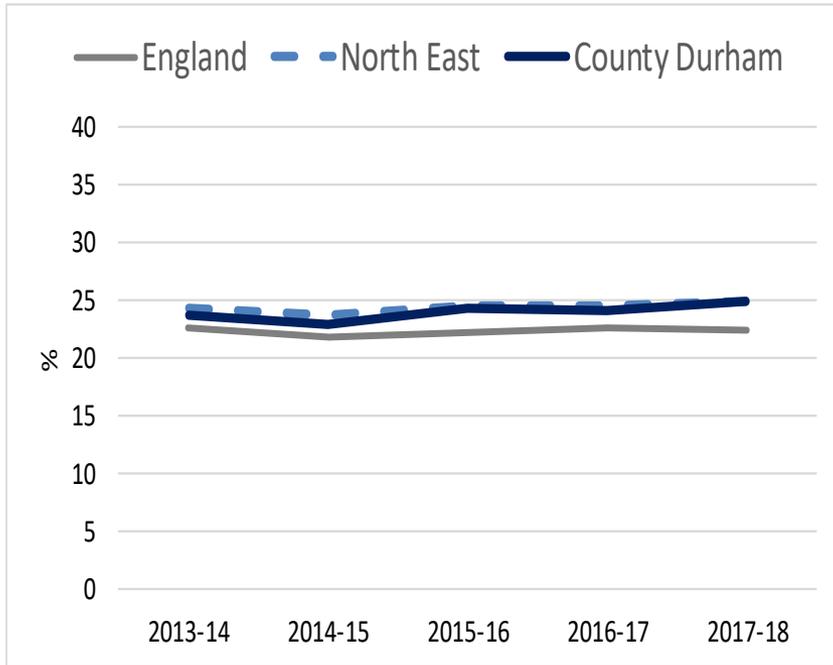


37.1%

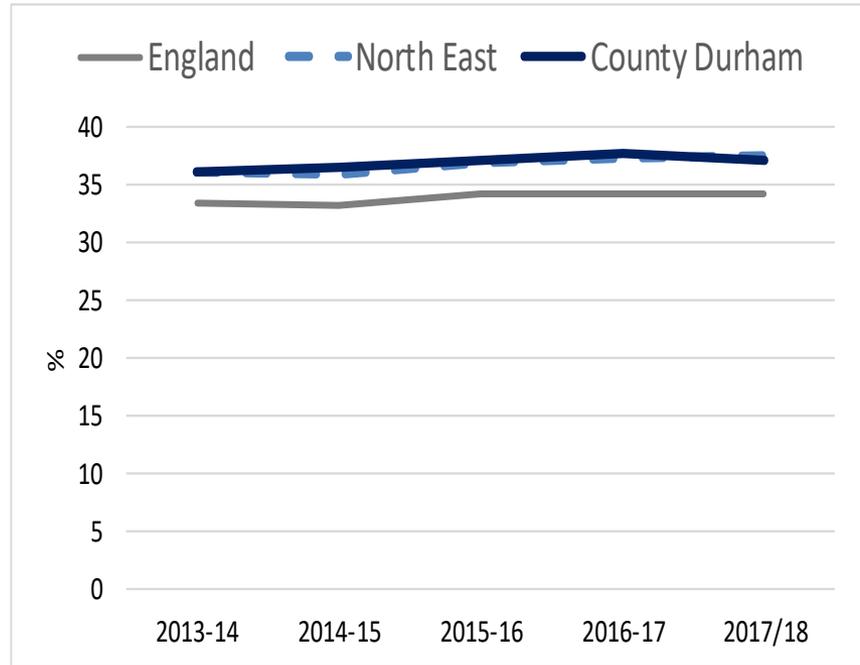
10-11 year olds in County Durham have excess weight (around 2,000 children or 67 classrooms across the county).

NCMP Trends

Reception



Year 6



Altogether better



National & Local Drivers

- The Health & Social Care Act (2012)
- *NHS 5 year Forward View* (2014)
- Childhood obesity plan (2016)
- **Childhood obesity plan Chapter 2 (2018)**

- County Durham Children & Families Partnership
- County Durham Health & Wellbeing Board
- **DCC Public Health strategic priorities**
- Active Durham Partnership
- County Durham Healthy Weight Alliance



Childhood Obesity Plan Chapter 2 (2018)

Page 106

- **Aim:** “*halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030*”
- **Key Focus**
 - sugar and calorie reduction
 - advertising and promotions
 - work with local authorities and local areas
 - work with schools
- **Consultation**

Altogether better



Public health priorities



Supporting Healthy Weight in County Durham

- **SugarSmart Durham**
 - beyond the funded campaign Sept. 2018
- **Soft Drinks Industry Levy – Healthy Pupil Capital Fund**
- **Vending across all DCC Estates**
 - 90% soft drinks less than 5g added sugar/100ml
 - 80% confectionery and sweets 250 calories and below
- **Hot Food Takeaway Policy**

Altogether better



Supporting Healthy Weight in County Durham

- **Holiday activities with food**
 - consistent, asset building approach across County
 - social gradient, inequalities, wider determinants of health
- **Active 30**
 - Cohort 1 - 124 schools
 - Active 10 / Active 20 / Active 30
 - <http://www.activedurham.org.uk/active30durham/>
- **Quality framework for schools**

Child healthy weight pathway review

- **Short term goal set for the Healthy Weight Alliance 2018**
- **Stakeholder consultation July – Sept**
- **Professional / Public / children & families**
 - **Workshops, online, Investors in Children, conversations**
- **412 responses**

Altogether better



Key themes identified

- **The environment and social norms are key influences**
 - **especially for older children**
- **Begin conversations earlier**
 - **in child's life / in relation to weight gain**
- **Everybody's business**
 - **Support key stakeholders to begin conversations**

Going forward ...

Page 112

- **Healthy Weight Alliance**
 - Jan 19 workshop - reviewed focus and priorities
 - Ensure aligned with national/local priorities including consultation findings/refresh of JHWS
 - Agree & set new short/longer term goals
- **We would like you to:**
 - receive this update report
 - continue to champion and provide support for on-going work to support healthy weight across County Durham

Altogether better



The Taylor family 2020



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Health and Wellbeing Board

6 March 2019

Mental Health at Scale
**Report of Amanda Healy, Director of Public Health County Durham,
Durham County Council**
Purpose of the report

- 1 To provide the Health and Wellbeing Board with an update on the Mental Health at Scale project.

Executive summary

- 2 Mental health at Scale is a Local Government Association (LGA) pilot programme. There are a number of prevention at scale programmes across the country.
- 3 The project has evolved based on partnership shared learning and reframed its goal as: “Tackling stigma and discrimination with a focus on young people, workforce and the community in order to build more resilient communities and reduce death by suicide.”
- 4 There are a number of initiatives and approaches underway which are seeking to promote good mental health across a variety of settings. Partnership support is required in order to develop a shared understanding and approach across County Durham.

Recommendations

- 5 The Health and Wellbeing Board is recommended to:
 - (a) Note the contents of this report.
 - (b) As leaders in their respective organisations, champion good mental health and support key elements of the project such as improving workforce mental health.
 - (c) Commit to delivering the Time for Change employer pledge

Background

- 6 Improving the population’s mental health and wellbeing and preventing mental illness and suicide is a key priority for Durham County Council (DCC). The County Durham Partnership have identified mental health at scale as multi agency priority. The Local Government Association recognises the need for local government staff to be skilled in improving

the public's mental health, wellbeing and resilience. This is relevant to the entire workforce. It is also a priority for local government to demonstrate leadership in addressing the mental health and wellbeing needs of their communities and their staff.

- 7 During 2018, there has been a new vision developed for public health in County Durham. It has been developed through a review of the evidence, and has been grounded and supported through consultation with colleagues, Cabinet and partners. One of the core overarching priorities for 2018-20 is mental health at scale.
- 8 The Health and Wellbeing Board have hosted an annual “Big Tent” Engagement Event to gather the views of stakeholders for the last six years. These events have provided an engagement opportunity to inform the review of the Joint Health and Wellbeing Strategy. In order to ensure a more joined up approach, last year a wider partnership event took place across the County Durham Partnership. In County Durham, partners focused on World Mental Health day on Wednesday 10th October 2018. At the event Durham County Council and Pioneering Care Partnership signed the Time to Change employer pledge as a demonstration of organisational commitment to change how colleagues think and act around mental health in the workplace.

Mental health at scale

- 9 Mental health at scale is a Local Government Association (LGA) pilot programme. The LGA offer a support manager and an LGA advisor for guidance during the project. They have provided networking and masterclasses around prevention at scale. They have commissioned training sessions delivered by the Design Council and commissioned programmes such as the behavioural insights programme in County Durham.
- 10 The mental health at scale project’s original focus was “Suicide prevention with a focus on capacity building, workforce development and reducing discrimination and stigma through Time for Change”.
- 11 The project has evolved based on partnership shared learning and reframed its goal as: “Tackling stigma and discrimination with a focus on young people, workforce and the community in order to build more resilient communities and reduce death by suicide.”
- 12 Adults spend much of their lives at work, and as such the workplace is a key setting in which to promote and protect mental health.

Workforce

- 13 The County Durham Partnership, mental health at scale project, has a workforce development focus. Given the evidence for work place health initiatives, and the impact of the workplace upon mental health, sustained efforts are required to drive through change across County Durham.
- 14 Within County Durham, the Mental Health Partnership Strategy highlights the importance of workforce mental health. Public Health England suggest that solutions are needed that enhance people's sense of control, resilience, inclusion and participation, address health and wellbeing holistically, and reduce the barriers and negative impacts on people's mental health.

Workforce co-ordination

- 15 A newly instigated workforce leads group is exploring the possibility of creating a universal approach to improving mental health across County Durham. Organisations such as Durham County Council have access to many opportunities to improve their wellbeing: through public health expertise, culture and sport professionals, welfare advice or carer's advice. Organisations such as Tees, Esk and Wear Valleys NHS Foundation Trust have an extensive offer attached to mental health. The police offer pastoral and trauma based care to its workforce. There are many examples of good practice in County Durham and a mapping exercise has been completed to help collate best practice, define what is organisationally bespoke and what is transferable to other organisations. This will help identify and shape a common approach across County Durham.
- 16 The County Durham Partnership has endorsed the Time for Change employer pledge and efforts are underway to work with partners to ensure the pledge is adopted by as many organisations as possible.

Workforce mental health training

- 17 Workforce training is an issue that has been identified by each work stream in the County Durham Mental Health Partnership Strategy. Ensuring staff have the knowledge and skills to improve mental health and wellbeing and prevent mental illness and suicide is a specific recommendation within the NHS Five Year Forward View for Mental Health, and Public Health England's (PHE) public mental health leadership and workforce development framework.
- 18 Among adults, the workplace is a key setting for identifying and reducing stress, if line managers and occupational health staff have the right skills. The workforce leads group is assessing current practice

against established Public Health England/ Health Education England training competencies to establish the training need across County Durham. Large statutory partner organisations appear comparatively well resourced. However, variation in provision risks an inequitable approach to workforce and public mental health interventions. A universal approach to training and an accessible training resource could help to mitigate this.

- 19 In assessing an appropriate approach for County Durham, evidence has been reviewed from Public Health England and the Governmental Stevenson & Farmer report to indicate the most appropriate approach to mental health training. This is currently being implemented by Durham County Council.

Small and Medium Enterprises

- 20 A significant part of the workforce challenge is how to extend the reach of the County Durham Partnership into many of the other employers across County Durham. Effective implementation of preventive strategies at work can not only promote better mental health but also help avoid some of the immediate substantial costs of absenteeism and presenteeism that are associated with poor mental health. The annual cost to employers is estimated to be between £33 billion and £42 billion.
- 21 Many employers across County Durham are small and medium enterprises (SME). Due to their size and scale they may not always have the resources and infrastructure available to larger employers to support employee health and wellbeing. Business Durham provide a business development and support offer to many SMEs across the county. (Business Durham themselves have committed to achieving Better Health at Work in order to act as an exemplar employer.) Work is underway with Business Durham and its network to explore how to provide support to the SME sector from an advisory and a co-ordination aspect in order to increase the number of workplace health interventions across multiple employers.

Behavioural insight

- 22 A behavioural insight programme has recently been completed as part of the Mental Health at Scale programme. This included a focus on stigma and discrimination aimed at males. Two insight sessions were completed in the workplace, one private sector and one public sector organisation, with frontline employees (there was also a third session completed in the community) as well as 1:1 sessions with key stakeholders. It is anticipated that these findings provide an insight into the scale of the challenges surrounding stigma and some of the barriers around good mental health.

- 23 It is plausible that many of the barriers to good mental health are the unintended consequences of the current system. Tackling this will become a priority for the partnership. Potentially this will require a system wide response to removing the barriers in current practice. However it is anticipated that a large mass awareness campaign would be part of our approach to begin to promote good mental health in County Durham.

Tackling stigma and discrimination

- 24 Tackling stigma will require a consistent and multi-faceted approach. Anecdotal feedback highlights how ingrained mental health stigma is across many of our communities. The Time for Change hub (stamp it out) will make a positive contribution towards community level interventions and will provide a focal point for local communications activity.
- 25 From a stigma perspective, tackling stigma models include a focus on workforce, policy and areas such as education. Time for change highlight five key organisational challenges to tackling stigma in the workplace: securing senior buy in, turning words into action, building awareness and momentum, finding time and 'opening a can of worms'. Support that could be offered to partners to assist with best practice, access services or support, support in developing a 'mental health champions' networks, could all be beneficial to a countywide movement.

Time To Change

- 26 Time to Talk Day, 7th February, is part of the Time to Change campaign which is an approach working to change the way people think and act about mental health problems. In Durham County Council senior leaders championed the mental health agenda. Time to Talk day featured vlogs by Terry Collins, Chief Executive Officer and Jane Robinson, Corporate Director of Adult and Health Services. Cllr Lucy Hovvells is the Elected Member mental health champion and is chair of the North East Elected Members Mental Health Network.
- 27 Colleagues were encouraged to make mental health an agenda item at team meetings, all managers were encouraged to approach the subject with their teams and make staff aware that they can talk about their mental health.
- 28 Since signing the Time for Change Employer Pledge over 100 colleagues across Durham County Council have volunteered to become Time for Change champions. The champions' role is to actively tackle stigma and discrimination in their workplace and promote good mental health.

County Durham Time for Change Hub

- 29 County Durham has recently been awarded Time for Change hub status. This will allow the hub to receive a small funding grant for operational purposes from the national Time for Change office. The hub could begin to fulfil a co-ordination role for county wide activity around stigma and discrimination. It could deliver key campaigns such as Time to Talk Day and World Mental Health Day to support the overall approach of the County Durham Partnership.

Social movement

- 30 Social movements can be thought of as organised yet informal social entities that are oriented towards a goal. These goals can be either aimed at a specific and narrow policy or be more broadly aimed at cultural change. The THRIVE campaigns in London and Birmingham are based around the principles of a social movement for good mental health.
- 31 In County Durham development sessions are planned for early 2019 with national experts in social movements. These sessions will begin to explore social movements in communities across County Durham and how they can be instigated, maintained and allowed to flourish.
- 32 There is also an established CREE (Men's Sheds) network in County Durham. Using social movement methodology whereby they are allocated a collective budget, are encouraged to develop a new CREE model and utilise participatory budgets, could all help to extend the reach of the CREE network. This may help instigate key skills which could allow the CREEs to become sustainable.

Contact: Chris Woodcock

Tel: 03000 267 672

Appendix 1: Implications

Legal Implications

None

Finance

Budget is required to support training provision and communications activity. The ACTIV fund will support the delivery of the various elements of the project.

Consultation

Key stakeholders have been involved in the behavioural insight programme of the project.

Equality and Diversity / Public Sector Equality Duty

Public health actively seeks to address health inequalities.

Human Rights

Not impacted by current activity.

Crime and Disorder

Improved mental health may impact upon crime and disorder.

Staffing

Currently delivered through existing resource across Durham County Council.

Accommodation

Not required

Risk

Programme elements such as tackling stigma may prove challenging from an evaluation perspective. Culture change around mental health may be a long term commitment.

Procurement

N/A

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Mental Health at Scale

Our priorities 2018 - 2020



County Durham Partnership Priority

- Overall Prioritising Prevention agenda
- Four main areas
 - Scaling Up Best Practice
 - Maximising Funding
 - Reducing the Demand for Services
 - **Prevention at Scale – Mental Health – supported by the Local Government Association**

LGA Prevention at Scale Programme

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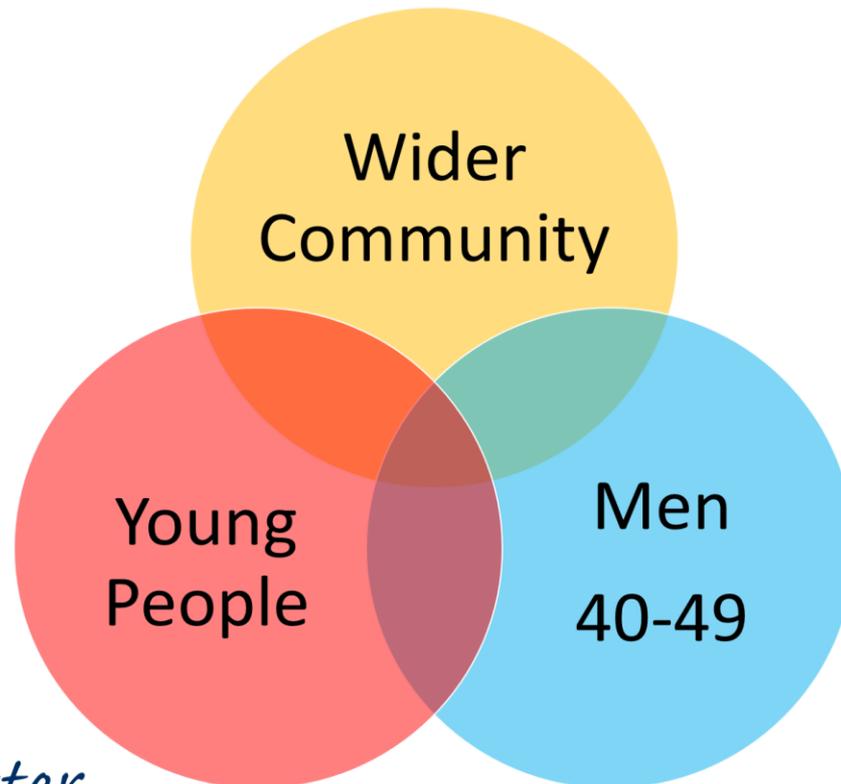
The offer

- Areas assigned a Support Manager and an LGA Adviser for guidance
- Networking and masterclasses
- Areas will have up to 20 days expert support
- ‘Expertise’ can be as innovative as the LGA can procure
 - peer-led/learning from elsewhere
 - provided by the Support Manager
 - procured through the LGA e.g. Design Council, Behavioural Insights; digital expertise
- External evaluation
Altogether better



Our approach

- Reducing deaths by suicide with a focus on workforce, anti-stigma and discrimination
- Interventions build progressively from community level into work with specific target groups.



Our Workforce

- Workforce Leads meeting held Autumn 2018
 - Many public sector organisations included
 - Explore current approaches to provision
 - Co-operative approach to training to be shared
 - Is there a County Durham toolkit?
 - Using existing evidence and good practice e.g. Public Health England
 - Culture, policy, workforce development

Altogether better



Mapping training against competencies

Public Health England
Health Education England

Mental health promotion and prevention training programmes

Emerging practice examples

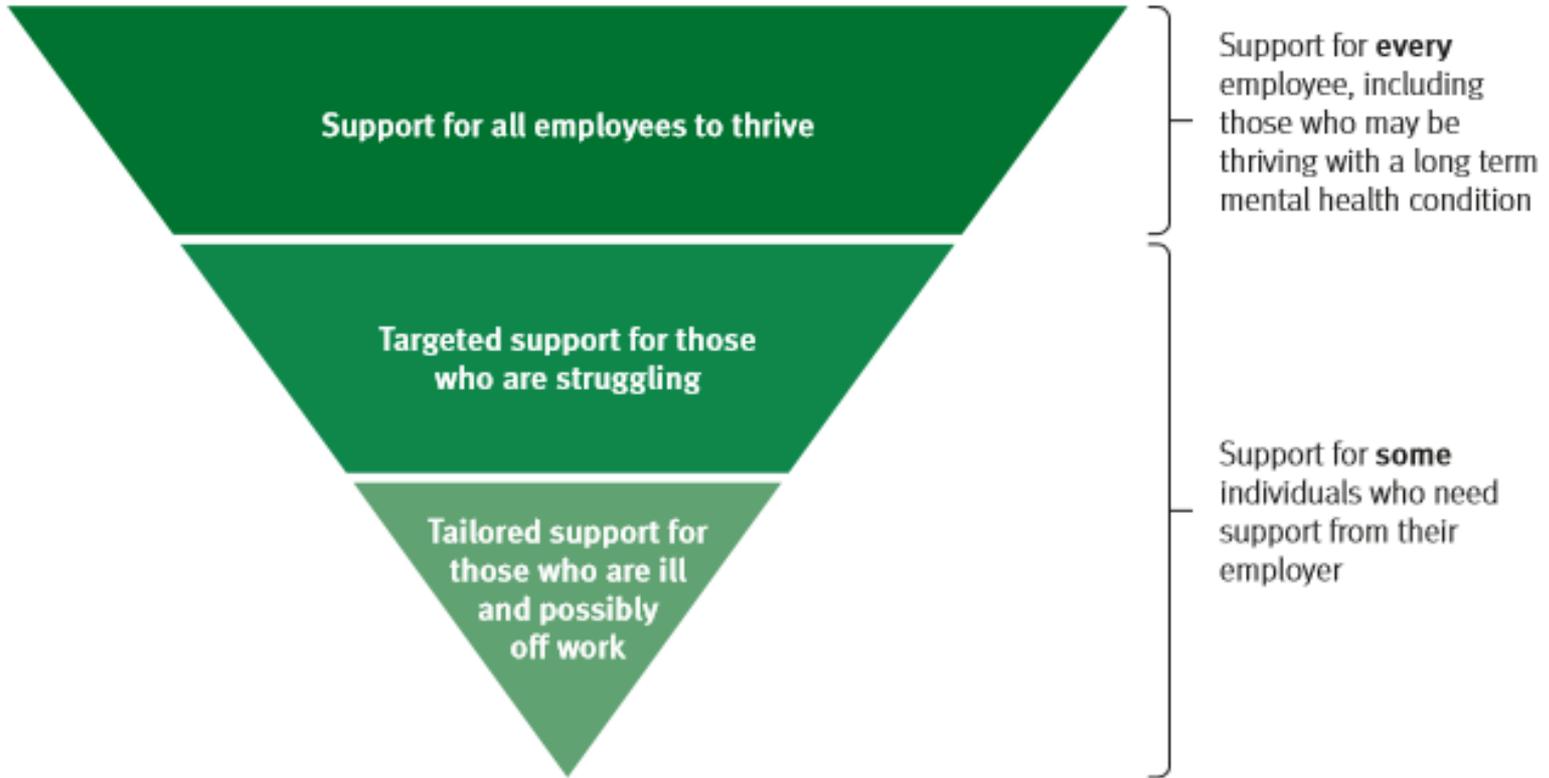
Public Health England
Protecting and improving the nation's health

Public mental health leadership and workforce development framework

Confidence, competence, commitment

Know	Believe	Act
1. Know the nature and dimensions of mental health and mental illness.	5. Understand your own mental health, what influences it, its impact on others and how you can improve it.	9. Communicate effectively with children, young people and adults about mental health.
2. Know the determinants at a structural, community and individual level.	6. Appreciate that there is no health without mental health and the mind and body work as one system.	10. Integrate mental health into your own area of work and address mental and physical health holistically.
3. Know how mental health is a positive asset and resource to society	7. Commitment to a life-course approach and investment in healthy early environments.	11. Consider social inequalities in your work and act to reduce them and empower others to.
4. Know what works to improve mental health and prevent mental illness within own area of work.	8. Recognise and act to reduce discrimination against people experiencing mental illness.	12. Support people who disclose lived experience of mental illness.

Our workforce



Altogether better

Training approach – individual – internal and external focus

Mental health awareness – e-learning

- Mental Health 4 Life
- No More Suicide

Corporate training programme – targeted awareness program (i.e. C&S)

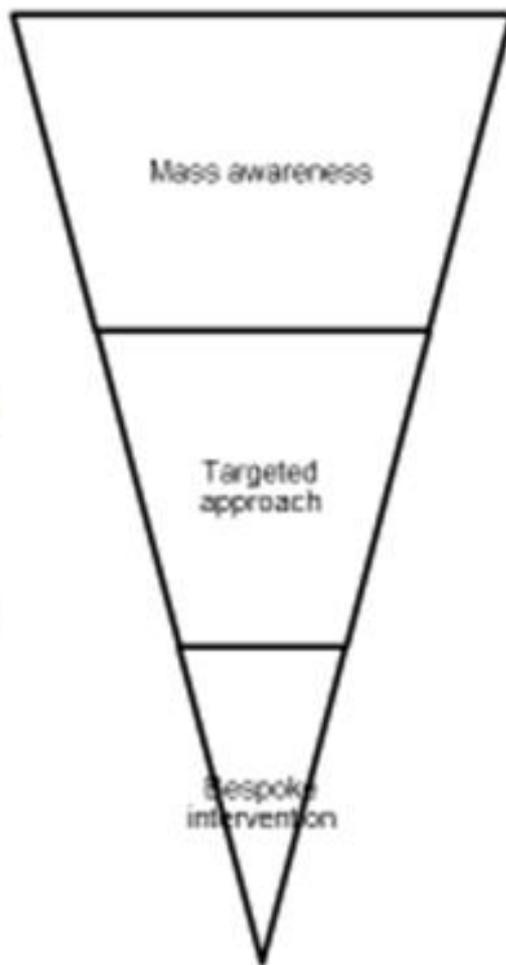
- Mental health awareness (1/2 day) - wellbeing for life

Bespoke programmes i.e. Adult

- Connect 5 - Train the trainer approach

Mental Health First Aid 2 day course

- 1 per 100 employees



Support/training approach – personal

Mindfulness–e-learning course

- Mental health foundation

Corporate training programme – resilience

- Stress and resilience(1/2 day) - wellbeing for life – prioritised

Employee support programme

Employer pledge criteria

- Demonstrate senior level buy-in.
- Demonstrate accountability and recruit employee champions.
- Raise awareness about mental health.
- Update and implement policies to address mental health problems in the workplace.
- Ask your employees to share their personal experiences of mental health problems
- Equip line managers to have conversations about mental health.
- Provide information about mental health and signpost to support services.



Mental Health and Wellbeing Strategic Plan 2018-21

Individuals, families and communities in County Durham are supported to achieve their optimum mental wellbeing.



Indicators

- Wellbeing for children and young people
- Pupils accessing Youth Aware Mental health.
- Reduction in tier 4 admissions
- Suicide Rate
- Hospital admissions for self harm
- Emergency hospital admissions for intentional self-harm
- Registered dementia prevalence
- Ratio of inpatient service use to recorded diagnoses
- Wellbeing for adults
- Number of people in secure accommodation
- Number of people in paid employment

Outcomes

- Improved resilience, health and mental wellbeing.
- Development of specialist services.
- Improved access to support.
- Targeting action to those who need it most.

Cross-cutting themes

Evidence based and intelligence lead – using the best evidence to address local needs

Workforce – ensuring staff have the right knowledge, skills and competencies

Good governance – being accountable for what we promised to deliver

Communications and Engagement – meaningful engagement and information to support choice, reduce stigma and discrimination and foster early intervention

Think Family - adopting a whole family approach and recognising the roles played by carers and significant others.

Scope of work - workforce

- To be cogniscent of the distinct needs of the five workstreams
- Identify key stakeholders working in this field.
- To take into consideration any competency frameworks and national policy guidance on mental health workforce development
- To review current best practice locally and nationally
- To review the range of current initiatives being taken forward across the North East by partners in the public (and VCSE and private sector)
- To explore the potential to pool resources across partners.

Altogether better



Behavioural Insights

- Programme of reviewing the evidence locally and nationally, and local insight through stakeholders and residents.
- 1:1 interviews with six key stakeholders
- Session with men's groups (community group, public sector and private sector workforce)
- Through schools (one SEND school, one YAM school and one secondary school)
- Follow up 1:1s with GP, floating support and HR manager
- Wider community work – awaiting feedback from the initial phase – will inform social movement and time for change

Early thoughts

- In addition to the 'known' risk factors, stakeholders also suggest social isolation, interactivity, self image/pride (in both aspiring to be 'someone' and expectations of how 'life has turned out'.)
- Hobbies that exacerbate social isolation e.g. gaming and 'surface level' socialising at the pub rather than engaging in activities that foster meaningful networks / relationships.
- 'Bad' coping strategies, such as drinking too much, to 'escape' feelings.

Altogether better

Barriers

- Belief that only CAMHS / formal mental health services will help and that anything else equates to being 'fobbed off'.
- Stigma - for both groups and for population in general. Stigma not confined to mental health problems - any sign of 'weakness' is stigmatised especially for employed men 40-49 or young people from particularly tough backgrounds.
- Mistrust and fear. For both target populations there is the issue of whether they trust that seeking help will be treated in confidence.

Design Council workshop



By the end of this day Teams will have:

<p>Understood the Framework for Innovation and how it can be applied to their challenge</p> <p>Set the vision for their project</p> <p>Developed their understanding of user-centred design methods</p> <p>Developed their team and started to make connections with other teams</p>	<p>Homework</p> <p>Developing their understanding of their challenge</p>	<p>Defined the problems they're trying to tackle</p> <p>Explored and defined their key stakeholders</p> <p>Developed their understanding of design research methods and started to put them into practice</p> <p>Developed an approach to further explore their project</p>	<p>Homework</p> <p>Exploring user needs through research techniques</p>	<p>Consolidated and explored their research</p> <p>Refined the focus of their project in light of their research and insight</p> <p>Developed ideas to tackle their challenge and prioritised these</p>	<p>Homework</p> <p>Further exploring and testing user needs through research techniques</p>	<p>Learned how they can monitor and evaluate their work</p> <p>Understood how they can rapidly prototype and test their ideas</p> <p>Defined how they will take their ideas forward</p> <p>Developed how they will present and pitch their ideas</p>	<p>Homework</p> <p>Developing their project pitch</p>	<p>Explored how they can develop a blueprint of their service</p> <p>Pitched their project to a panel of experts and received feedback</p> <p>Provided feedback on their experience and what they've learned</p> <p>Received useful information and resources to help them take their work forward</p>
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Design council

The process

Discover

insight into the problem

Define

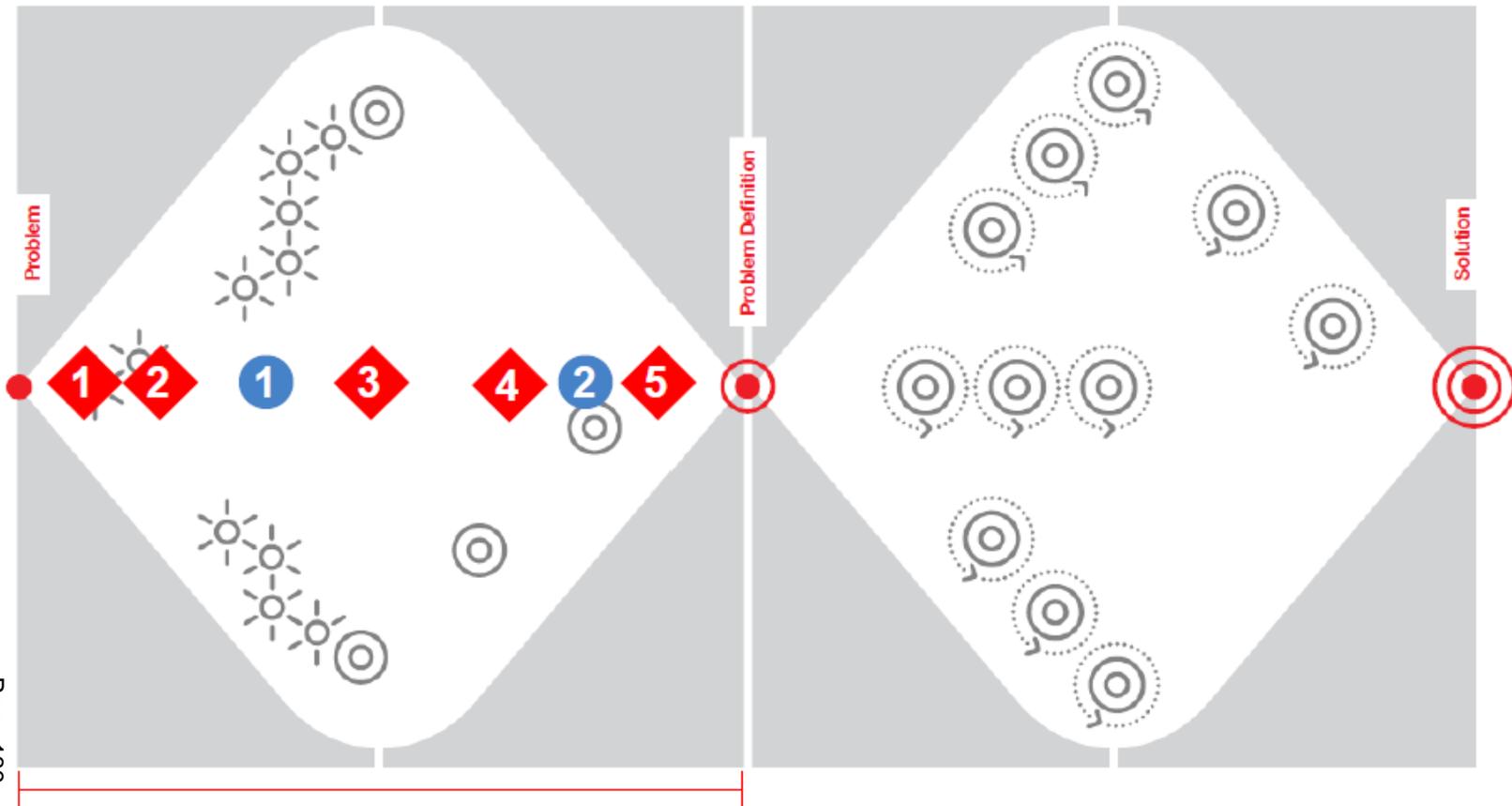
the area to focus upon

Develop

potential solutions

Deliver

solutions that work





Altogether better

LGA Prevention at Scale

Reducing death by suicide with a focus on workforce, young people and anti-stigma and discrimination

What have we been up to!



Literature reviews

Case reviews

Peer review via MHAS board

Expert Insight

Focus on environment and communities not just the individual

Look at what's strong not what's wrong

Compassionate communities - Frome

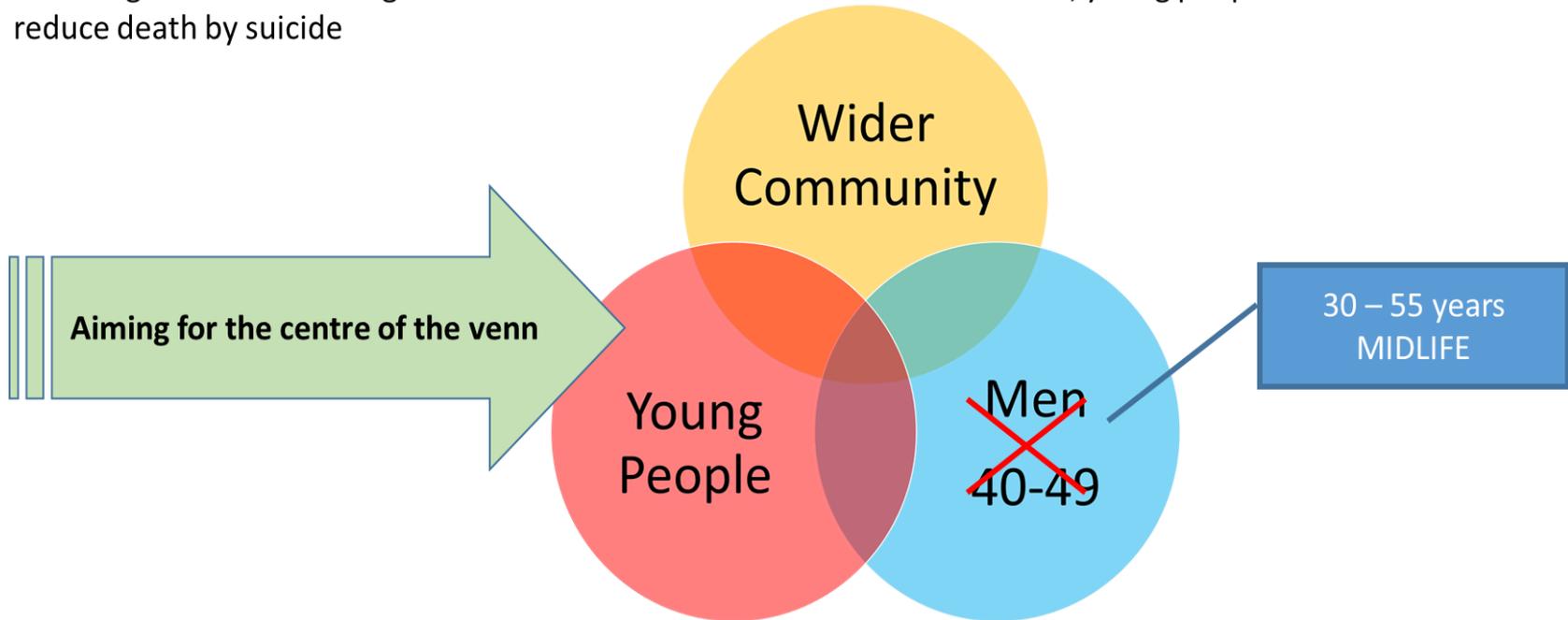
Deep associational community building

Prevention at Scale Logic Model

Reducing death by suicide with a focus on workforce, young people and anti-stigma and discrimination

Refreshed.....

Reducing mental health stigma and discrimination with a focus on workforce, young people and men in order to reduce death by suicide



Altogether better

8 Principles of Social Movement

Our Prototype: Crees in Durham

Cree's are built based on need and community development



Grant giving
No KPIs

1  **Acting early**

Understand health holistically, addressing the wider determinants of health and tapping into citizens' concerns about health and care.

2  **Shifting control**

Enable people to have more access to, and more control over, the resources in their community that impact on health and wellbeing (including funding decisions, public buildings, local health and wellbeing strategies).

3  **Bringing people together**

Connect and mobilise citizens to build knowledge, help each other, develop a shared purpose and then take collective action in their communities to help each other stay well.



Networks
Assets within communities to bring and share

Participatory budgeting
Natural alliances

Public Sector:
accepting this
as an approach
Crees: reduce
dependency

Legitimacy
of Cree
voice and
participants
are
community



Sharing toolbox
Crees
sharing back
learning

Time to
Change

Network
events
Cross site
learning

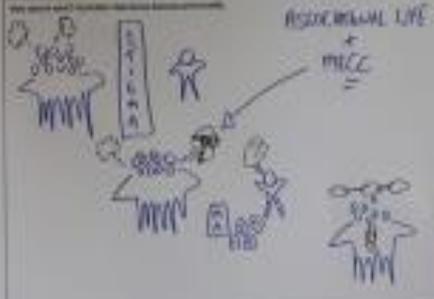
Altogether better

Project Poster



TIMES HAVE CHANGED

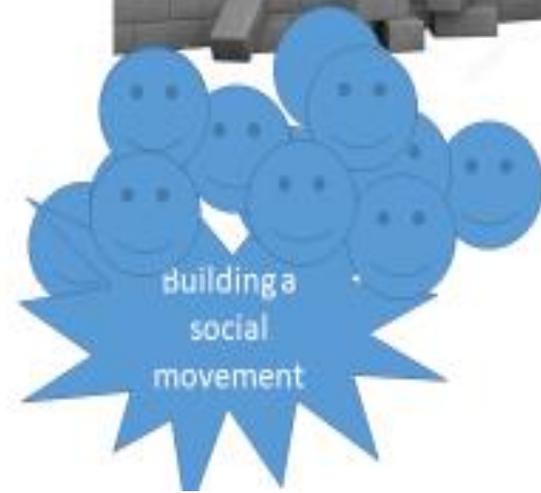
What are the barriers to mental health recovery? Stigma Discrimination Isolation Resilience	What are the barriers to mental health recovery? Psychological Physical Social Financial	What are the barriers to mental health recovery? Family Community Work Education
---------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------



What are the barriers to mental health recovery? Lack of support System of care	What are the barriers to mental health recovery? Social Financial Physical	What are the barriers to mental health recovery? Family Community Work Education
---------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------



Breaking down the wall of stigma and discrimination



time to change

let's end mental health discrimination

time to change

Time to talk day

let's end mental health discrimination

DCC is committed to changing the culture and stigma negatively associated with mental health and ensure that staff feel that can talk openly about mental health and access support:

- Chief Executive vlog. Elected member champion.
- Meeting agendas to include mental health – active meetings
- Time for change champions promoted the day
- Internal communications
- Mental health awareness training launched.

Altogether better



time to change

let's end mental health discrimination

Time to talk day

- Stamp it out – numerous activities across the county (two schools, activities in Barnard Castle town centre, youth 'club' in Durham Dales)
- Wellbeing for life – coffee mornings
- PCP – time to talk lunch

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Alcohol



Spot of lunch

Page 150

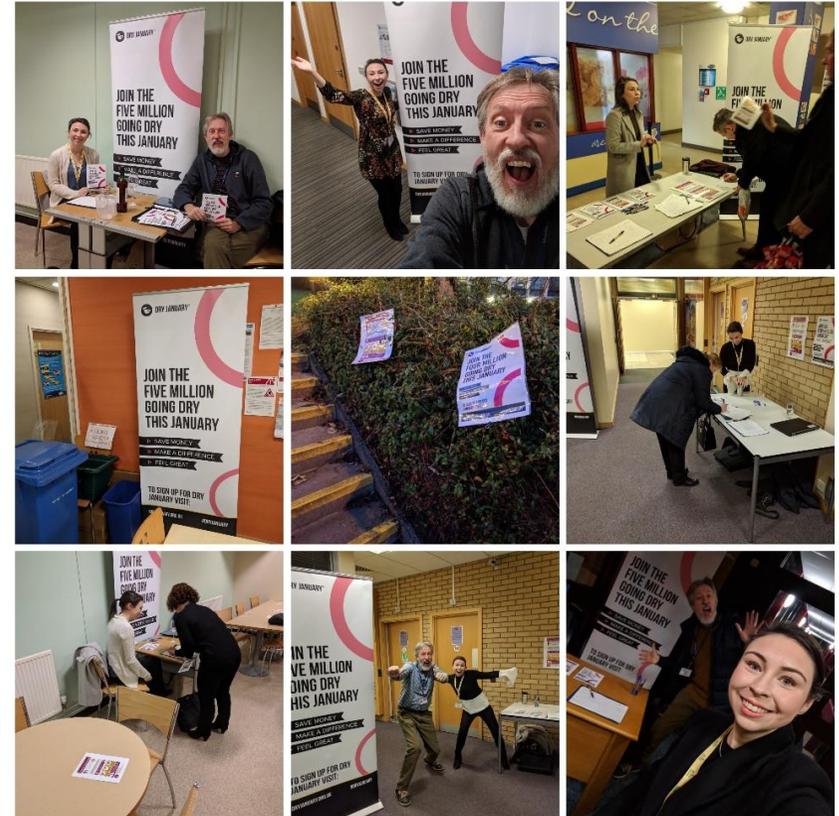
Highlighting links between alcohol and breast cancer

- Re-launched by Balance on Monday 4 February
- Campaign included TV and digital advertising
- Campaign website - www.reducemyrisk.tv/
- Supported through
 - Social media
 - Promotional material in healthy living pharmacies
 - Digital screen in Durham City
 - Disseminated through County Durham Drug and Alcohol Services and AAPs
 - Internal communications



Dry January

- More Dry January sign ups driven by DCC than any other local authority.
- Guest blog on [Alcohol Change website](#)
- Case studies for Balance
- More than 240 DCC staff signed up
- More than 700 app downloads in County Durham
- Supported through TEWV social media channels.



“What’s the harm?” Towards an alcohol free childhood

Durham Constabulary

Vision

Every Child is:

- free from the impact of other peoples’ drinking
- free from commercial, social and environmental pressure to drink
- free from health and social harms caused by drinking alcohol themselves
- supported and encouraged to make healthy positive lifestyle choices as they enter adulthood

CAMPAIGN OBJECTIVES

- Increase parental knowledge of dangers of children drinking
- Increase awareness of [Chief Medical Officer guidance](#) for children and young people - that it is safest to drink nothing before 18, and definitely not before 15
- Support parents to delay the age of children drinking
- Challenge myths around alcohol and children
- Provide information and resources for parents – and for professionals

Summary of Next Steps

- AFC Steering Group
- Policy and practice survey – sharing good practice and addressing areas for development
- Communications campaign and microsite development



**Alcohol before 18.
What's the harm?**

Like tobacco, alcohol is harmful.

We now know just how harmful alcohol before 18 can be. It can affect your child's developing brain, cause physical and mental health problems, and make them more likely to become a heavy drinker when they are older. Find out what every parent needs to know about drinking before 18 at whatstheharm.co.uk



County Durham Health and Wellbeing Board

Durham Constabulary Harm Reduction Campaigns

PO6-18 (A)

“ HI, I'M ANGELA,

ARE YOU ON A DATE THAT ISN'T WORKING OUT?

DO YOU FEEL LIKE YOU'RE NOT IN A SAFE SITUATION?

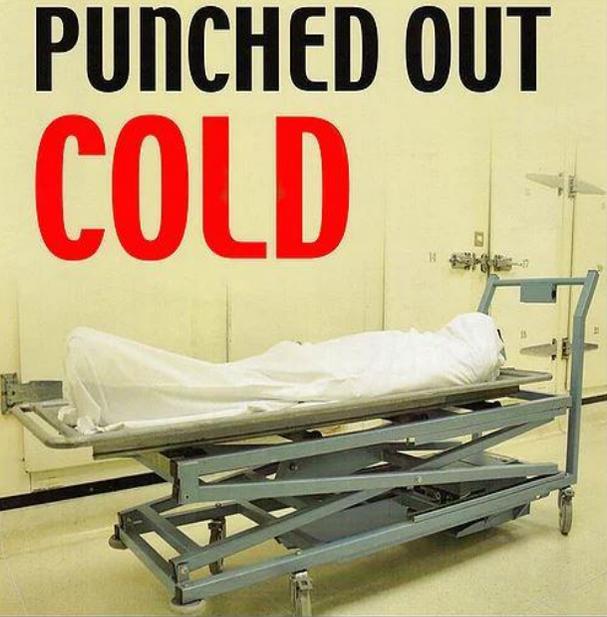
IS YOUR TINDER OR MATCH DATE NOT WHO THEY SAID THEY WERE ON THEIR PROFILE?

DOES IT ALL FEEL A BIT WEIRD?

IF YOU GO TO THE BAR AND ASK FOR 'ANGELA' THE BAR STAFF WILL KNOW YOU NEED SOME HELP GETTING OUT OF YOUR SITUATION AND WILL CALL YOU A TAXI OR HELP YOU OUT DISCREETLY - WITHOUT TOO MUCH FUSS ”



PUNCHED OUT COLD



One drunken punch could send you to prison and send someone else to the morgue.

#StopThinkWalkAway
#DontUseHandsAsWeapons



www.onepunch.org.uk/PunchedOutCold

Police road safety campaign calls for #noemptychair this Christmas

29/11/2018

Police road safety campaign calls for #noemptychair this Christmas.

Police have today launched a hard-hitting campaign to show the devastating effects of drink drug driving at this time of year.

Using the hashtag #noemptychair the campaign encourages people to see that drink drug driving kills.

The campaign states 'Pain is an empty chair' and reminds people not to be the reason why someone's loved one is not at the Christmas table, Christmas party or festive get together this year.

The latest available figures show that 38 people were killed on roads in the north east due to a suspected drink/drug driver between 2012 and 2016.

Officers from Cleveland and Durham Specialist Operations Unit (CDSOU), the team responsible for roads policing, want to make it clear that every death is one too many and leaves an empty chair for that person's family and loved ones which will never be filled.



Hundreds of drivers arrested for drink driving in latest campaign

Altogether healthier

County Durham Health and Wellbeing Board



Altogether Safer Policing

Durham Constabulary, courtesy of Safer Communities Sexual Violence and Abuse Partnership, Lincolnshire, originators of the 'Ask for Angela' poster campaign.

Tobacco



Tobacco

- **Quit 16** – Relaunch of campaign on TV by FRESH from 4 March
- **No Smoking Day** – Wednesday 13 March
- Campaign by FRESH
- Regional PR
- Local promotion of stop smoking service
- Promotion of posters and leaflets around DCC venues and GP surgeries.
- Supported through TEWV social media channels



Stay well this winter



HELP US HELP YOU

STAY WELL THIS WINTER



Stay well this winter

Overall campaign messages – Help us Help you

- **Stay well this winter**
- **Before it gets worse** – prevent an illness before getting worse
- **Know what to do** – take the best course of action if you think you have an urgent health need.



Stay well this winter

- Communications to encourage flu vaccinations – internal and external
- Communications to support national campaign
- Communications in County Durham to target those with heart and lung conditions to take up flu vaccination
- Promotions through a range of partner publications including Carers Matter magazine, Durham County News, Healthwatch newsletter.
- Promoted through partner social media channels.
- Extended promotions of flu vaccination early 2019 to target over 65s.
- External advertising arranged for March to highlight 'Help us help you before it gets worse' element of the campaign

Mental health



Time to Talk

However you do it, make a conversation about mental health.

#timetotalk



Time to Talk Day

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Durham County Council

- Promotion of Time to Change champions; health quiz;
- Promotional materials to encourage conversations about mental health.
- Vlog by Chief Executive, Terry Collins - https://www.youtube.com/watch?v=1PvTa2E_fMY
- Vlog by Director of Adult and Health Services, Jane Robinson - <https://www.youtube.com/watch?v=aXn9S9OKXCM>
- Activities by health advocates and Time to Change champions.
- Encouraged staff to take exercise and have walking meetings where possible.



Altogether
healthier

Time to Talk Day

- Supported through **TEWV** social media channels.
- **Pioneering Care Partnership (PCP)** coffee morning
- PCP health advocates available for staff to talk to.
- **Investors in Children (IIC)/Stamp it Out** working with Parkside Academy and Staindrop Schools
- IIC Barnard Castle walkabout – having conversations with people about mental health
- IIC working with UTASS in Middleton-in-Teesdale
- Time to Change Hub



Healthwatch engagement on mental health services

- Service user and staff engagement on mental health services
- Voted highest priority by people in County Durham.
- Spoken to almost 350 people.
- Produced 11 detailed service user case studies.
- Questionnaires and plans discussed with TEWV and findings to be shared with them.
- Report to be published in April.



National Autism Awareness week



- Monday 1 April – Sunday 7 April 2019
- Working with partners and stakeholders to encourage participation.
- Autism Strategy to DCC Cabinet - 3 April
- Think Autism in County Durham Conference – 5 April
- Information displays for services from childhood to adulthood.
- Employer engagement and workforce development
- Carer support groups
- Raising awareness in schools
- Raise awareness of partner/stakeholder activities.

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