



## Health and Wellbeing Board

**Date**        **Wednesday 8 May 2019**  
**Time**        **9.30 am**  
**Venue**       **Committee Room 2 - County Hall, Durham**

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### **Business**

#### **Part A**

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

1. Apologies for Absence
2. Substitute Members
3. Declarations of Interest
4. Minutes of the meeting held on 6 March 2019 (Pages 5 - 10)
5. Health and Social Care Plan (standard item): Presentation 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 (Pages 11 - 26)
6. Durham Health and Wellbeing System Plan 2019/20 - Part B Children and Young People: Report and Presentation of Chief Officer, North Durham and Durham Dales Easington & Sedgefield Clinical Commissioning Groups (Pages 27 - 56)
7. SEND Strategy Refresh: Report of Corporate Director of Children and Young Peoples Service, Durham County Council (Pages 57 - 70)
8. Paediatric Admissions to Secondary Care: Report Chief Officer North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups (Pages 71 - 80)

9. Durham Safeguarding Children Partnership Arrangements: Report of Independent Chair of Durham Safeguarding Children Partnership (Pages 81 - 112)
10. First Annual Update of the Pharmaceutical Needs Assessment 2018-21 Action Plan: Report of Director of Public Health, Durham County Council (Pages 113 - 128)
11. Better Care Fund - Quarter 3 2018/19 Performance: Report of Strategic Programme Manager Integration, Durham County Council (Pages 129 - 136)
12. Overview of Initiatives Linked to the Adult Care Transformation and Innovation Fund: Report and presentation of Corporate Director Adult and Health Services, Durham County Council (Pages 137 - 158)
13. Falls Prevention Strategy 2018-2021: Report of Interim Head of Commissioning, Durham County Council and Associate Director of Nursing, Patient Safety and Governance, County Durham and Darlington NHS Foundation Trust (Pages 159 - 176)
14. Health and Wellbeing Board Campaigns: Presentation of Director of Public Health, Durham County Council (Pages 177 - 190)
15. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration
16. 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)**

17. 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  
30 April 2019

**To: The Members of the Health and Wellbeing Board  
Durham County Council**

Councillors L Hovvells, O Gunn and J Allen

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

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**Contact: Jackie Graham**

**Tel: 03000 269704**

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**DURHAM COUNTY COUNCIL**

At a Meeting of **Health and Wellbeing Board** held in **Committee Room 2, County Hall, Durham** on **Wednesday 6 March 2019** at **9.30 am**

**Present:**

**Councillor L Hovvels in the Chair**

**Members of the Board:**

L Buckley, Dr S Findlay, A Healy, B Jackson, S Jacques, V Mitchell, J Robinson and M Whellans

**1 Apologies**

Apologies for absence were received from Cllr J Allen, N Bailey, D Brown, R Chillery, J Gillon, Cllr O Gunn, L Jeavons, Dr D Smart and Dr J Smith

**2 Substitute Members**

Cllr M McKeon for Cllr O Gunn, J Parkes for J Gillon and K Wanley for D Brown

**3 Declarations of Interest**

There were no declarations of interest.

**4 Minutes**

With an amendment to a spelling error to change the name of a substitute member from Naokami to Nedkarni, the minutes of the meeting held on 30 January 2019 were agreed as a correct record and signed by the Chair.

**5 Health and Social Care Plan**

J Robinson, Corporate Director of Adult and Health Services informed the Board that a report on the County Durham Health and Social Care Plan will be presented to Cabinet on 13 March 2019 which will provide an update on the integration of health and social care in County Durham. A progress update on the development of the integrated strategic commissioning function will be provided to the Board in due course. It was highlighted that a lead elected member network will be in place over the coming weeks.

**Resolved:**

That the update be noted.

## **6 Durham Health and Wellbeing System Plan 2019/20**

The Board considered a report and presentation of Dr S Findlay, Chief Officer, Durham Dales, Easington and Sedgefield and North Durham Clinical Commissioning Groups and Chair of the County Durham Integrated Care Board, which presented the Durham Health and Wellbeing System Plan 2019/20. The plan outlined an approach to the development of a five-year Durham plan which considers the recently published NHS Long Term Plan (for copy of report and presentation see file of minutes).

Dr S Findlay informed the Board that Appendix 2 is part A of the plan which focuses predominantly on adults. Part B, which is the children's element of the plan will be presented in May 2019.

In response to a question from the Chair, M Houghton, Director of Commissioning and Development, explained that a planning group has been established and partners are represented. Work will be undertaken to ensure key priorities are aligned with the County Durham Vision. A Healy, Director of Public Health commented on the high level of detail in the plan which will help to inform the longer-term Health and Care Plan. M Houghton outlined that a workshop is being planned to focus on the longer-term plan with members of the Health and Wellbeing Board and Adults Wellbeing and Health Overview and Scrutiny Committee.

### **Resolved:**

The Board:

- a) Noted the approach to the development of the long-term Durham System Health and Wellbeing Plan outlined in the report.
- b) Noted that a Durham System Plan for Children will be presented in May 2019.

## **7 Winter Planning arrangements (LADB)**

The Board received a presentation from S Jacques, Chief Executive, County Durham and Darlington NHS Foundation Trust, on the County Durham and Darlington Local A&E Delivery Board Winter Planning Arrangements (for copy of presentation see file of minutes).

The presentation included details on the following:

- System wide expectations
- Content of the winter plan and contributors
- Christmas and New Year arrangements
- Overview of performance and next steps

Cllr McKeon commented on the comparatively mild winter and the effect of this on performance, asking if the main pressure points had been identified.

S Jacques responded that there had been an emphasis on improved collaborative and operational working to alleviate pressure, particularly at the point of entry to hospital. There were no issues in relation to delayed discharges. Jane Robinson highlighted that the one-off monies received had helped this winter but there was still concerns due to the delay in the Social Care Green Paper.

It is acknowledged that this winter has seen contributing factors such as the milder weather conditions and the two-day bank holiday. One of the main pressure points for Durham emergency department is the lack of physical space. A formal debrief will take place on 14 March and the findings will be brought back to the Board. Dr S Findlay, added that bed capacity is another pressure point and there are initiatives in place to improve this, including Teams Around Patients and the further development of services within the community.

A Healy, Director of Public Health referred to the importance of the work undertaken to implement dedicated flu vaccination programmes across organisations. It was also noted that flu had hit the area at a later period than last year.

In response to a question from Cllr McKeon on the complexity of admissions, S Jacques responded that, in general, admissions are becoming more complex and it is important that the health and care system work closely together with prevention and early intervention being a key part of the process.

## **8 Update on NHS Dental Provision**

The Board received a report of the Primary Care Commissioning Manager (Dental) NHS England, presented by T Robson, Local Dental Network Chair, which provided 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 (for copy of report see file of minutes).

B Jackson expressed concern that although 52% of dental practices have the capacity to accept new patients for urgent treatment, 34% of practices had not provided information. T Robson explained that when calling NHS 111, those in need of urgent dental treatment are provided with contact details for an emergency dental service and, in addition, they are signposted to routine dental practices.

In response to a question from the Chair on the recruitment challenges for dental service providers, T Robson replied that factors such as the increasing desire for flexible working and age demographics are impacting on the number of dental practitioners.

Responding to a question from A Healy, Director of Public Health, as to what measures are in place to increase access to NHS dentists, T Robson responded that work is being undertaken, for example, an early start initiative is taking place in Middlesbrough, specifically targeting the under 5s.

Councillor McKeon asked if recruitment could be improved through actively encouraging young people to consider dentistry as a career.

T Robson replied that there are plans to increase the number of dental schools however this will be a long-term project and it may take up to 10 years for these young people to complete their training and join the workforce.

**Resolved:**

That the report be noted.

**9 Healthy Weight Alliance - Annual Update**

The Board considered a report and presentation delivered by K McCabe, Advanced Practitioner for Public Health, which provided an update of work carried out by County Durham Healthy Weight Alliance (for copy of report and presentation see file of minutes).

The presentation included information on the following:

- The National Child Measurement Programme
- Childhood Obesity Plan
- Supporting Healthy Weight in County Durham including the Active 30 campaign

K McCabe explained the Active 30 initiative and presented a short video by Byerley Park primary school who are participating in the campaign. The campaign encourages children to achieve 30 minutes of physical activity every day. There are also similar programmes to achieve 10 or 20 minutes of physical activity. The video showed how children and staff have benefited, with children reporting feeling more positive and staff observing improvements in the children's concentration and teamwork as well as improvements both physically and mentally.

K Wanley of County Durham and Darlington Fire and Rescue Service acknowledged the good work being carried out in schools, however, he expressed concern that reportedly 25% of 4-5 year olds in County Durham have excess weight and he asked whether there is engagement with pre-school children. K McCabe explained that one of the key themes identified by the Healthy Weight Alliance is to begin conversations earlier in a child's life in relation to weight. She added that there is also a need to focus on older children, with unhealthy weight in childhood often leading to weight issues in adulthood.

The Chair commented on the importance of work done by health visitors to encourage parents to develop healthy eating habits at the early stages of a child's development.

Councillor McKeon referred to vulnerable children and families and asked how the service is ensuring that they reach these groups. K McCabe replied that the Healthy Weight Alliance is committed to reaching vulnerable groups adding that it is clear that, within the schools that have not yet pledged to join Active 30, there will be vulnerable families, therefore there will be further promotion of the campaign to encourage those schools to participate.

L Buckley commented on the link between healthy weight and emotional wellbeing. The Director of Public Health commented that it is vital to join all these elements together, going forward.

**Resolved:**

The Board:

- a) received the update report
- b) agreed to continue to provide commitment to and support for on-going work of County Durham Healthy Weight Alliance.

**10 Mental Health at Scale / Local Government Association work**

The Board considered a report and presentation of the Director of Public Health, presented by C Woodcock, Strategic Manager for Public Health, which provided an update on the Mental Health at Scale project (for copy of report and presentation see file of minutes).

The presentation included information on:

- Priorities for 2018-20
- The LGA Prevention at Scale Programme
- Workforce and the Employer Pledge
- Design Council
- Time to Talk Day

B Jackson commented that although it is clear that a great deal of work is being done within the workplace, he asked what provision exists for those who are not in employment. The Strategic Manager explained that this particular programme is specifically designed for the workplace, however, support is provided to those not in employment through colleagues in Regeneration and Local Services and other agencies, such as work done by the mental health centre, Waddington Street. Whilst the programme has a specific focus on workforce mental health, the service is mindful that health and wellbeing requires a holistic approach. For example, the CREE network (Men's Sheds) which encourage communities to help each other stay well.

J Robinson, Corporate Director of Adult and Health Services referred to the noticeable change in awareness that has resulted from initiatives such as the Time to Talk Day which has received very positive feedback. The aim is to maintain this momentum and continue to promote good mental health. The Director of Public Health commented on how valuable the assistance of the Trade Unions has been in supporting frontline staff.

The Chair suggested that the promotion of good mental health should be a feature of inductions for staff and elected members.

**Resolved:**

The Board:

- a) Noted the contents of the report.
- b) Agreed to champion good mental health and support key elements of the project such as improving workforce mental health, as leaders in their respective organisations.
- c) Committed to delivering the Time for Change employer pledge.

**11 Health and Wellbeing Board Campaigns**

The Board noted a presentation by A Healy, Director of Public Health, on the following public health campaigns (for copy of presentation see file of minutes):

- Alcohol
- Tobacco
- Stay Well This Winter
- Time to Talk

**12 Exclusion of the public**

**Resolved:**

That under Section 100(A)(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involved the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act.

**13 Pharmacy applications**

The Board considered a report of A Healy, Director of Public Health which presented a summary of Pharmacy Applications received from NHS England in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (for copy see file of minutes).

**Resolved:**

That the report be noted.

# 2019 / 2020 GP Contract Summary



# KEY THEMES

- Primary Care Networks:
- Digital improvement
- Improving access
- Workforce and indemnity solutions
- Changes to QOF
- Schedule of contract changes 2019/20



# PRIMARY CARE NETWORKS

- Primary Care Networks (PCNs) are an essential building block of every Integrated Care System
- **General Practice takes the leading role** in every PCN
- Dissolve the divide between primary and community services
- PCNs are about provision not commissioning
- Not new organisations



# Primary Care Network – Formation



Population 30-50000 population



Each PCN to have a network area or boundary that makes sense to:

- (a) its constituent practices;
- (b) to other community-based providers
- (c) to its local community.



Practices will only join one network



Backstop option for non-participation of a practice in the DES



Rurality allows us to go slightly below 30K



We would not like to go much above 50K as then loses practice engagement.



# PRIMARY Care Networks - DES

- Extension of the core GP contract – with 3 parts:
  - Network Service Specifications
  - Network Financial Entitlements (akin to existing Statement of Financial Entitlements)
  - Supplementary Network Services
- The PCN as a whole that becomes responsible for delivery



# PRIMARY CARE NETWORK - SUPPORT

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- Clinical Director
  - - each PCN will receive an additional ongoing entitlement to the equivalent of 0.25 FTE funding per 50,000 population size (£0.69/head)
- £1.50 per registered patient
  - This will be a recurrent Network Financial Entitlement funded from CCG allocations and combined, this equates to £2.19 per head (£2.01 in 2019/20) - approx. £109,000 for a 50,000 PCN
- Support in kind via CCGs
- NHS England's new national development programme for PCNs
- New NHS Chief People Officer to ensure continued leadership development for Network Clinical Directors



# PRIMARY CARE NETWORKS - TIMELINE

29 Mar 2019	NHS England and GPC England jointly issue the Network Agreement and 2019/20 Network Contract DES
15 May 2019	All Primary Care Networks submit registration form to CCG with all member practices in the PCN signed up to the DES
31 May 2019	CCGs confirm network coverage and approve variation to GMS, PMS and APMS contracts
Early Jun	NHS England and GPC England jointly work with CCGs and LMCs to resolve any issues
<b>1 Jul 2019</b>	<b>Network Contract DES goes live across 100% of the country</b>
Jul 2019-Mar 2020	National entitlements under the 2019/20 Network Contract start: <ul style="list-style-type: none"> <li>• year 1 of the additional workforce reimbursement scheme</li> <li>• ongoing support funding for the Clinical Director</li> <li>• ongoing £1.50/head from CCG allocation</li> </ul>
Apr 2020 onwards	National Network Services start under the 2020/21 Network Contract DES



# PRIMARY CARE NETWORKS – NATIONAL NETWORK SERVICES

- 1. Structured Medications Review and Optimisation (2020/21)**
- 2. Enhanced Health in Care Homes (2020/21)**
- 3. Anticipatory Care (2020/21)**
  - targeted proactive support for high risk/need patients delivered by a fully integrated primary and community health team
- 4. Personalised Care (2020/21)**
- 5. Supporting Early Cancer Diagnosis (2020/21)**
- 6. CVD Prevention and Diagnosis (2021/22)**
- 7. Tackling Neighbourhood Inequalities (2021/22)**



# INVESTMENT AND IMPACT FUND

## 20/21

Commitment to the principle of 'shared savings':

1. **Avoidable A&E attendances**
2. **Avoidable emergency**
3. **Timely hospital discharge**
4. **Outpatient redesign**
5. **Prescribing costs**



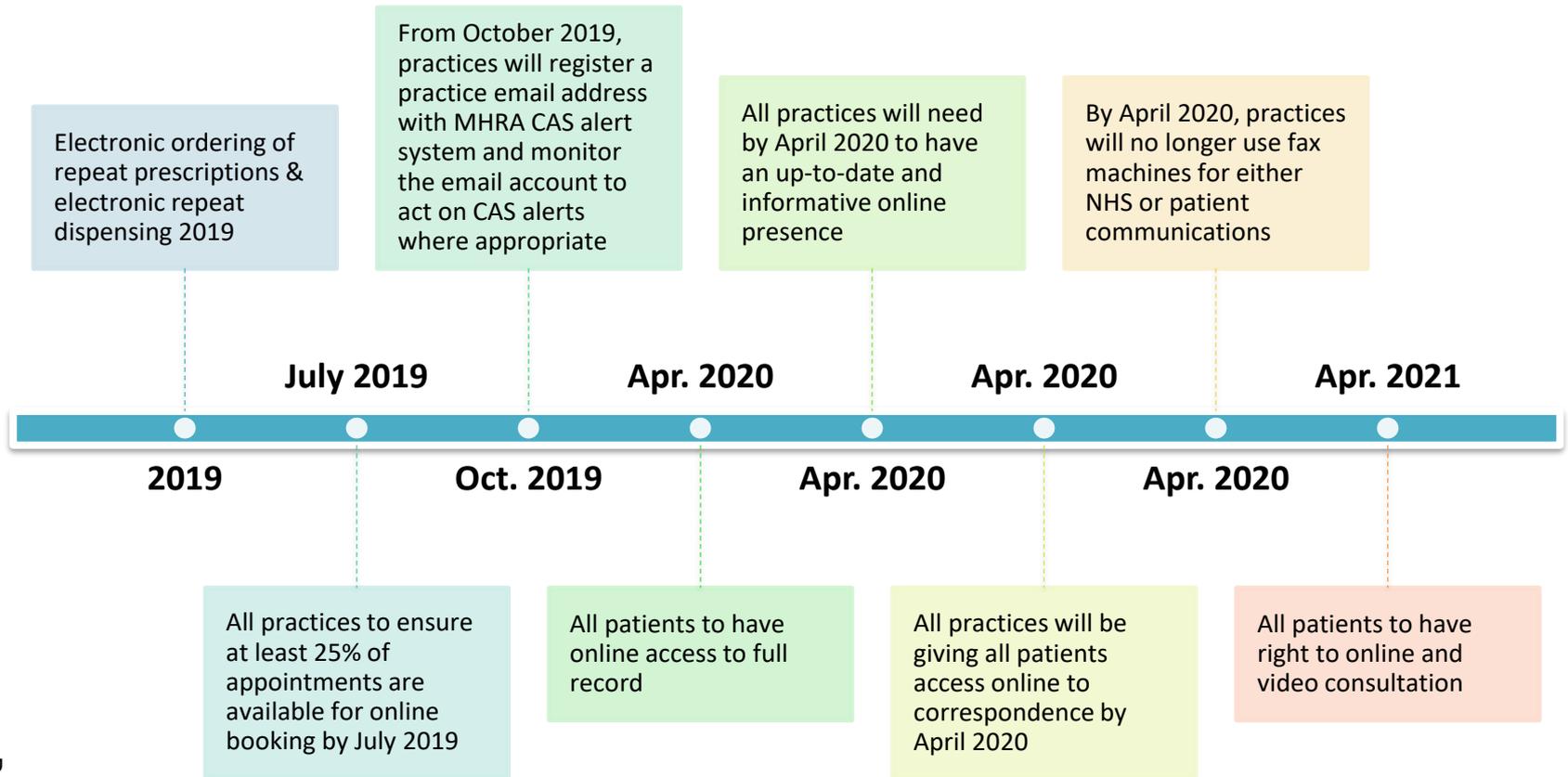
# ADDITIONAL ROLE REIMBURSEMENT SCHEME

	(from July)	2020/21	2021/22	2022/23	2023/24
<b>National total</b>	£110 m	£257 m	£415 m	£634 m	£891 m
<b>Av. max per 50k typical network</b>	£92,000	£213,000	£342,000	£519,000	£726,000

- The scheme will meet the recurrent salary costs in 2019 for:
  - AfC Band 7-8a **clinical pharmacists** (70% of costs, up to a maximum amount of £37,810)
  - Band 5 **social prescribing link workers** (100% of costs, up to a maximum of £34,113)
- The scheme will continue for:
  - **Physician associates** (70%) and **first contact physiotherapists** (70%) in 2020
  - **First contact community paramedics** (70%) in 2021



# DIGITAL IMPROVEMENTS



# IMPROVING ACCESS

- **Extended Hours Access DES and GP Extended Access Service**
- **To PCNs by July 2019**
- **Combined fund by 2021**
- **111 access to appointments**
  - **1/3000**
  - **1/2000 locally**



# INDEMNITY

- New Clinical Negligence Scheme for General Practice will start from 1 April 2019
- All NHS GP service providers including out-of-hours provision will be eligible to become members of the Scheme (with no membership subscription fee)
- Coverage of the scheme will extend to all GPs and all other staff working in delivery of primary medical services
- It will also cover their wider NHS primary care work, including out-of-hours cover



# WHERE ARE WE IN DURHAM?

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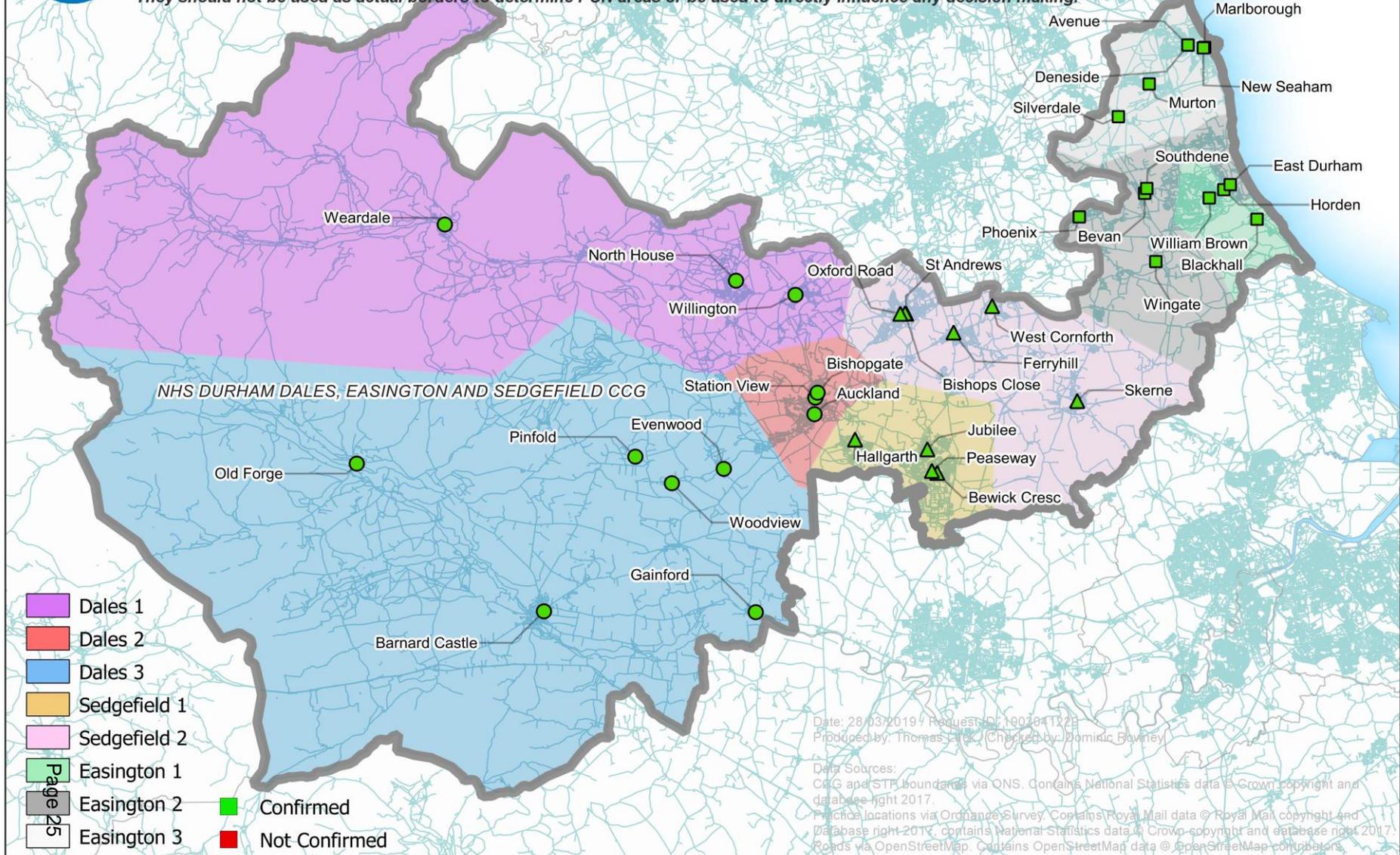
- Already ahead of the rest of the country
- PCNs in place for 3 years
- Integrated with community and social care services
- MH workers wrapped around practices
- Established in DDES fully by 1/4/19
- Some issues remain in North Durham





# DDES CCG - GP Practice Primary Care Networks Confirmed

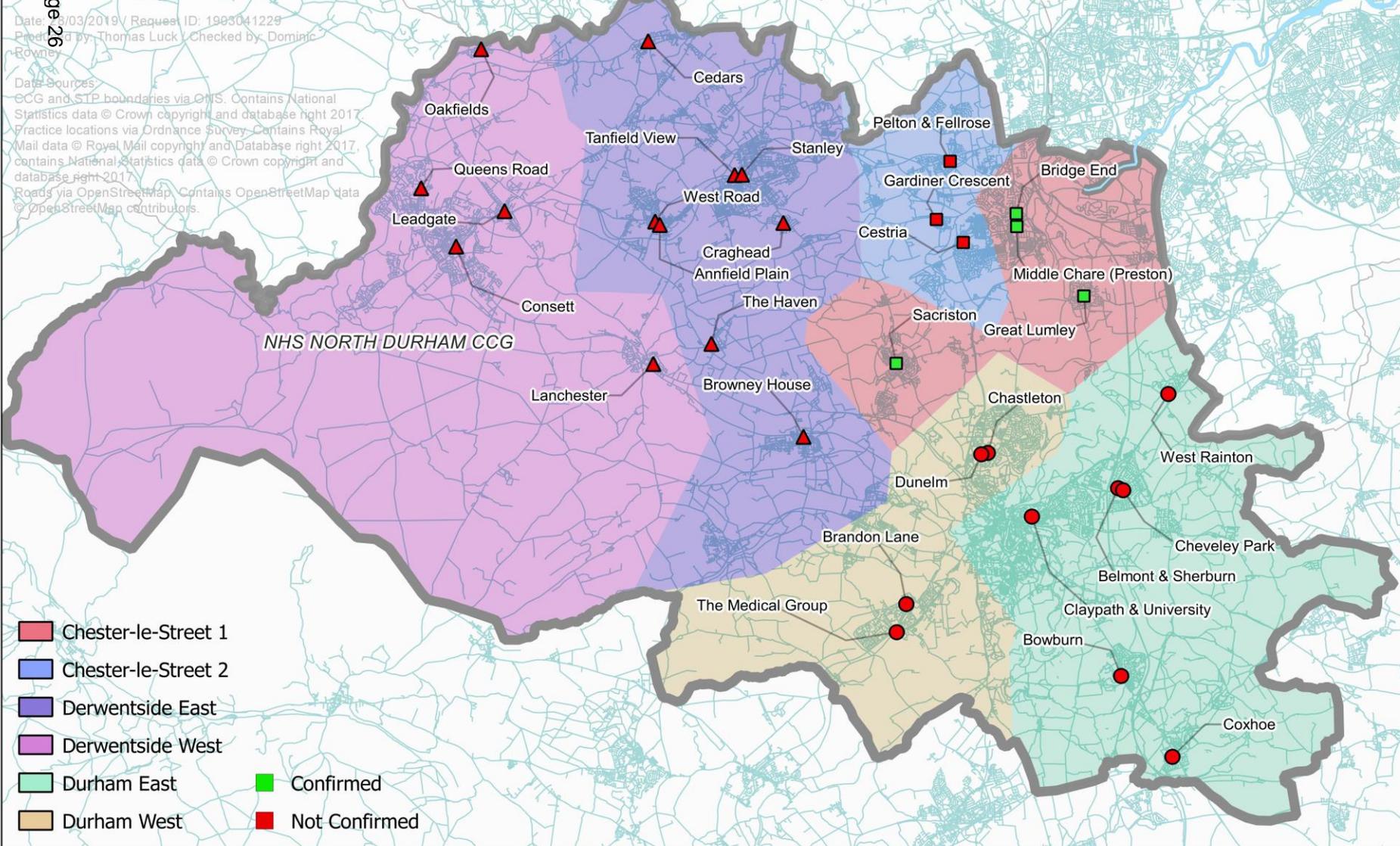
Primary Care Network (PCN) borders within the CCG are arbitrary, and have been produced to show the approximate areas covered by each PCN. They should not be used as actual borders to determine PCN areas or be used to directly influence any decision making.



# North Durham CCG - GP Practice Primary Care Networks Confirmed

Primary Care Network (PCN) borders within the CCG are arbitrary, and have been produced to show the approximate areas covered by each PCN. They should not be used as actual borders to determine PCN areas or be used to directly influence any decision making.

Date: 03/03/2019 / Request ID: 1903041229  
 Produced by: Thomas Luck / Checked by: Dominic Rowley  
 Data Sources:  
 CCG and STP boundaries via ONS. Contains National Statistics data © Crown copyright and database right 2017.  
 Practice locations via Ordnance Survey. Contains Royal Mail data © Royal Mail copyright and Database right 2017, contains National Statistics data © Crown copyright and database right 2017.  
 Roads via OpenStreetMap. Contains OpenStreetMap data © OpenStreetMap contributors.



- Chester-le-Street 1
- Chester-le-Street 2
- Derwentside East
- Derwentside West
- Durham East
- Durham West
- Confirmed
- Not Confirmed



**Health and Wellbeing Board**

**8 May 2019**



**Durham Health and Wellbeing System Plan 2019/20  
Part B Children and Young People**

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

**Purpose of the Report**

1. The purpose of this report is to present part B (Children and Young People) of the Durham Health and Wellbeing System Plan 2019/20

**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 first part of the plan (Part A) was presented at the March Health and Wellbeing Board meeting, and focused predominantly on adults. It identified a number of key operational delivery priorities across partners for 2019/20, and set out a number of shared agenda areas related to quality, finance, workforce, performance and estates.
4. Part B has been developed under the leadership of the Integrated Steering Group for Children. Its content focuses on the following key areas:
  - a) Children and Young People's Strategy
  - b) The Integrated Steering Group for Children governance and work programme
  - c) Integrated commissioning approach for children and the priorities linked to the inspection regimes in children's services.
  - d) Therapy services review
  - e) Development of place based 0-19 services
5. In relation to the development of the long term plan the Chair of the Health and Wellbeing Board and Chair of the Adults, Wellbeing and Health Scrutiny Committee have agreed to hold a joint development session on the 13<sup>th</sup> June 2019. The development session will provide

an opportunity to explore the operating environment for health, social care and prevention and the priorities that need to be set out in a longer term plan. This will take account of the draft County Durham Vision and Strategy 2035, NHS Long Term Plan and other national strategies and policies.

6. A planning group, reporting to the Integrated Care Board, has been established comprising senior officer leads from each partner organisation. The role of the planning group will be to support the coordination and development of the County Durham Health and Wellbeing Long Term System Plan. This will include agreement of an outline timetable for developing a final draft long term plan by autumn 2019 and a programme of public and stakeholder engagement including Area Action Partnerships.

### **Recommendation(s)**

7. Members of the Health and Wellbeing Board are recommended to:
  - a) Consider the report and plan attached at appendix 2.
  - b) Note the approach to the development of the long term Durham System Health and Wellbeing Plan outlined in the report.

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**Contacts:** Jon Quine, Commissioning                      07899 086357  
Delivery Manager North of England    [jon.quine1@nhs.net](mailto:jon.quine1@nhs.net)  
Commissioning Support

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## **Appendix 1: Implications**

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### **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.

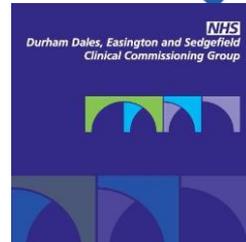
# Durham Health and Wellbeing System Plan 2019-2020



# Partners within the Durham System Plan

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- City Hospitals Sunderland NHS Foundation Trust – CHS
- Harrogate and District NHS Foundation Trust – HDFT
- 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



# A walk through the life course in County Durham

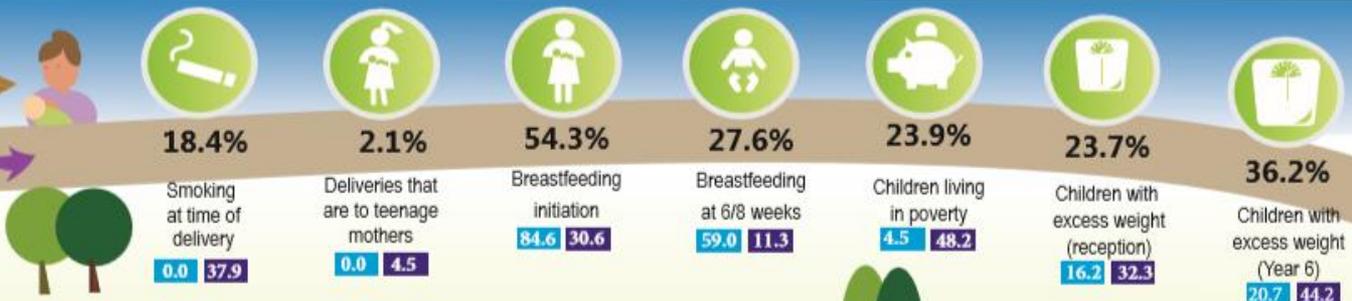
Key

Best MSOA in County Durham

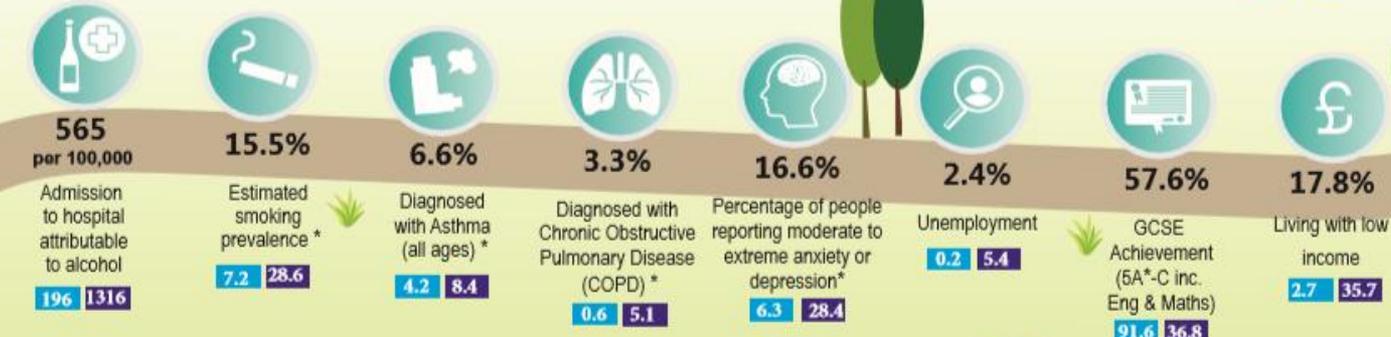
Worst MSOA in County Durham



## Starting Well



## Living Well



## Ageing Well



## Healthy Life Expectancy



## 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.



# Local Priorities: Joint Health & Wellbeing Strategy Vision

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**County Durham is a healthy place, where people live well for longer**

Good jobs and places to live, learn and play

Every child has the best start in life

Support positive behaviours

Improved mental health and wellbeing for everyone

Promoting a healthy workforce

Better quality of life

# 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. 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 does not 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. We have also aligned this plan, where appropriate, to the Health and Wellbeing Board's Joint Health & Wellbeing Strategy which is currently in development.

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 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, Children and Families 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, partnership 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



HM Government

The NHS Long Term Plan



County Durham SEND Strategy 2019/20

County Durham Joint Health and Wellbeing Strategy

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

Autism Strategy

Children & Young People's Strategy 2019/22

**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 Children and Young People's Strategy and JHWS and underpinned the development of the 6 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
- A Health Needs Assessment for young people who offend found evidence that the young people did not regularly access traditional health services which led to health inequalities and increased risk of offending. A Health Steering Group commissioned a multi-agency professional health team based within CDYOS and have seen significant improvements to both the level of access and the quality of health services received for young people who offend.
- 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.

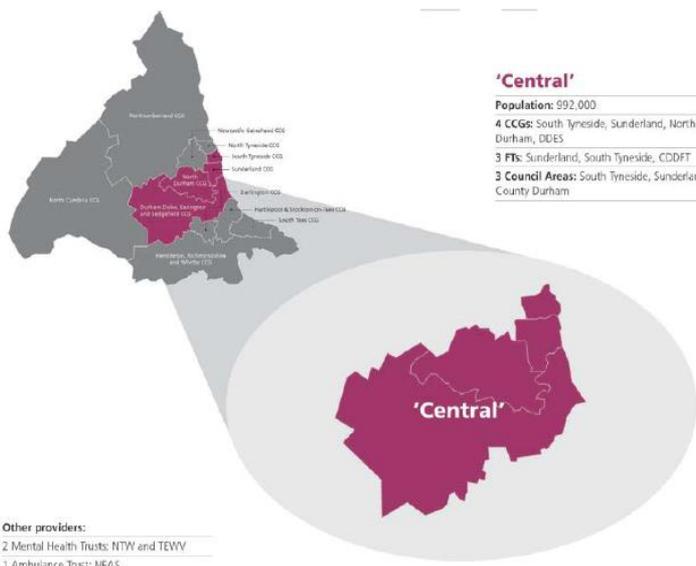
The majority of County Durham residents receive acute care from three providers:

- 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 pathways are smooth and effective.





# 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
- Strategic Review of Looked After Children Services

## Quarter 2

- Stroke rehabilitation
- Ward 6 inpatient Services
- Pre consultation engagement Sunderland and South Tyneside Path to Excellence Phase 2
- Strategic Review of Special Educational Needs and Disabilities services

## 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
- Co-production with children, young people and families

# Shared Agenda

## 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 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
  - Increase in demand on Children’s Services social care and SEND
  - 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 on to another and work to achieve better outcomes from the local 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 outpatient system to ensure a focus on clinical outcomes and improvement
  - 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 Social Services Information Database (SSID) 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
  - Ensuring 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 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
- Providing high quality social care services to children, young people and families, adults and carers.

## 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
- Initial Health Assessments completed within statutory timelines
- % pregnant mothers smoking at time of delivery
- SEND Local Area high priority indicators including timeliness of EHCPs and performance of therapy services

# 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

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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 and support partnership working:

- **Groups to support the Integrated Steering Group for Children** - with a focus on SEND, LAC, transitions 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

# Durham Health and Wellbeing System Plan 2019-2020

## Part B - Children and Young People



# Local Priorities: Children & Young People's Strategy

**Children & Young People's Strategy Vision: County Durham will be a great place for children & young people to grow up in & for Durham to be a place where all children & health, happy, safe and achieving their potential**

All children & young people have a safe childhood

Children & Young People enjoy the best start in life, good health & emotional wellbeing

Young people gain the education, skills & experience to succeed in adulthood

Children & young people with special educational needs and disabilities (SEND) achieve the best possible outcomes

# Prevention

**Name of scheme:** Smoking in pregnancy

**Partner(s):** 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 SiP 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

**Aim and benefits of scheme:**

Fewer still births - Fewer neonatal deaths - Fewer low birth weight babies - Better outcomes for mum

Culture change: Change the language from lifestyle choice to tobacco dependence and raise the profile of the clinical impact of smoking in pregnancy

Workforce: Ensure all staff working in maternity pathway are adhering to NICE guidance

Smoke free home: 0 – 19 service to continue the smoke free pathway from maternity to reduce the risk of relapse

**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. Following FISCH and tier three review implement a new pathway for children with excess weight and monitor impact

# Maternity Service

**Name of scheme:** Maternity Service Review

**Partner(s):** CCGs, CDDFT, NTFT, STFT

**Scheme dates:**

**Need for the scheme:** The southern ICP footprint has a total population of just over 1.1 million including almost 200,000 women of child-bearing age resulting in over 12,000 annual births. These families are served by five CCGs commissioning maternity services from three acute provider Trusts. The majority of births take place in a hospital environment with approximately 80 homebirths per annum. Overall birth rates are predicted to increase slightly from 12,227 annual births in 2015, to 12,626 annual births in 2020

**Aim and benefits of scheme:** In order to deliver the vision for maternity services is in line with the Five Year Forward View staff will be supported to deliver women centred care working with highly trained and competent staff in a culture of innovation and improvement working across organisational boundaries. This will include implementing the national maternity services review "Better Births" on behalf of the NCNE ICA; a focus on reduction of health inequalities and variations in standards of care; encouraging collaboration between providers to provide the best care, in the most appropriate setting, closer to the home wherever possible; determining optimal service models based on multiple considerations including quality of care, financial stability and workforce sustainability, as well as support for clinical work via a functioning digital care record (e.g. Great North Care Record); and changing the focus from hospital-based services to community hubs that build services around the family.

**Name of scheme:** Gynaecology Service Review

**Partner(s):** CCGs, CDDFT

**Scheme dates:**

**Need for the scheme:** Gynaecology services are included as interdependency with the maternity and obstetric services to understand any impact on the services.

**Aim and benefits of scheme:** The new model proposed will require the development of a clear escalation plan and communication pathways across the health economy. It is recognised that alongside this a wider system change will be required to ensure that pathways, competencies and governance are robust and reach into the community and primary care in order to build confidence amongst the team and attract new recruits to the service. To enable this change we must create a single managed Women’s and Children’s service which patients and staff can clearly identify; that provides strong clinical leadership, governance & management oversight; a single unified workforce; and adopt a single electronic patient management system.

# Children and Young People Services

**Name of scheme:** Implementation of the SEND Strategy

**Partner(s):** Whole System

**Scheme dates:** April 2019

**Need for the scheme:** 1 in 6 children in County Durham have SEND. Life with SEND can be difficult if needs go unidentified or unmet, with the right support there is no reason that children and young people cannot function well and make progress in many or all aspects of their life. It is recognised that while provision from 0-25 is a great benefit for young people there is still a need to ensure that young people are prepared for their transition into adulthood. This strategy encourages opportunities that develop outcomes in independence, good health, resilience/inclusion and employment (or life opportunities relevant to needs) throughout childhood in preparation for adulthood.

**Aim and benefits of scheme:** The County Durham SEND Strategy is aligned to the Children and Young People's Strategy (2019 – 2022). As part of this Strategy we aim to bring the whole resources of local public services and the voluntary sector to work with children and families to improve the life chances of our children and young people. Our aspiration is for County Durham to be a great place for children and young people to grow up in. We will deliver this through:

Co-ordinated leadership and governance across the local area. Ensuring that young people with SEND are well prepared for adult lives and can live independently- Providing better coordinated services for children and young people with SEND across the local area including Alternative Education Provision, Place Based Therapies.

**Name of scheme:** Strategic review - Children who are Looked After (CLA) **Partner(s):** Whole System

**Scheme dates:** May 2019

**Need for the scheme:** Numbers of children in County Durham who are moving into the care system continue to rise. Significant work has already been done and is ongoing to increase the number of fostering and adoption opportunities. However some of these young people have complexities and challenges that require specialist and in some cases bespoke interventions. These services come at a high cost and require significant planning and market development if we are to ensure we have sufficiency to meet the needs of these individuals. Health Needs Assessments are also to be undertaken with all Children who are Looked After.

## **Aim and benefits of scheme**

The key elements of CLA provision including fostering and residential care both commissioned and in house will be reviewed from a sufficiency quality and value for money perspective. This work will be the basis of our strategic planning, sufficiency strategy and market development going forward.

Implementation of transformed mental health pathway for children looked after and care leavers

# Children and Young People Services

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**Name of scheme:** Paediatric Therapies Services      **Partner(s):** CCGs, CDDFT, North Tees & Hartlepool FT and DCC      **Scheme dates:** April 2019 onwards

**Need for the scheme:** The three Children's Therapy Services; Physiotherapy, Occupational Therapy (OT) and Speech and Language Therapy (SaLT) were procured in 2012/13 and commissioned by the former Primary Care Trust (PCT) in County Durham and Darlington. Two providers were commissioned, County Durham and Darlington NHS FT to provide Physiotherapy and OT, and North Tees and Hartlepool NHS Foundation Trust to provide SaLT. There has been no formal review since. Currently the three services work in silo and service users are opting for out of area private education establishments that are able to provide an integrated service; this is at a high cost to the CCG and local authority and means that children have to travel some distance to school. In order for the CCG and Local Authority to comply with the Special Educational Needs and Disability (SEND) agenda there is a need to move to an integrated therapies service.

**Aim and benefits of scheme:** The local authority and health services will work together to provide a service that can respond to the current challenges to Education Health Care Plans (EHCP) with regards to identified therapy provision. An integrated service will facilitate a joint initial assessment for children who may require all three therapies. This will be provided in the child's current school or their home meaning there will be no need for children to travel out of County for this service.

**Name of scheme:** Development of placed based 0-25 services      **Partner(s):** whole system      **Scheme dates** review commences March 2019:

**Need for the scheme:** Some services are generally quite local to where people live e.g. childminders, nurseries, primary schools, GPs. Others we need to agree whether they are in local arrangements ( e.g. support from health visitors to all families) or provided as specialist county/regional based services (e.g. support for complex hearing and sensory impairment) We currently don't have an agreed locality footprint across County Durham for different service arrangements and governance. In general the more universal a service is we can arrange in localities, the most specialist and low incidence we arrange county wide / organisation wide or commission to meet a specific need. This work will encompass the review of the current 0-19 services contract which will be recommissioned in the next 12 months and the therapies reviewed.

**Aim and benefits of scheme:** We want to work together in partnership to support good outcomes with children and families and close the gap in unacceptable inequalities. Working with children, families and communities as close as possible to where they live and provide the 'right support at the right time in the right place' to support early intervention and support children, families and communities to help themselves where possible. Scheduling of and access to services is important especially where children and families have multiple issues and a more integrated approach will enable this.

# Children and Young People Services

**Name of scheme:** Transitions

**Partner(s):** Whole System

**Scheme dates:** April 2019 onwards

**Need for the scheme:** The County Durham Children and Young People's Strategy 2019-2022 sets aspirations to improve the life chances of children and young people. By 2022 one aim is *'to see our more vulnerable children and young people living safe and healthy lives, achieving well and making successful transitions to adulthood'*. Transitions is therefore a focus for all partners including the public, who on consultation selected young people's transition from children to adult services as one of their four priorities for 2018/19. We will improve service user and their families' experience of transitions and improve arrangements particularly the support for vulnerable young people aged 14+ who require ongoing support when moving into adult services.

**Aim and benefits of scheme:** The local authority and health services will work together to develop and improve the arrangements to support the effective transition of vulnerable young people aged 14+ - 25 years towards adulthood including where required, specific arrangements to support their transition to adult services.

Working with children and young people, carers and families and engaging with the workforce we will focus on evidenced based local need, improve co-ordination and co-production in the planning and delivery of transition arrangements, improve access and build on existing good practice to establish a quality assurance framework.

**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.

# Children and Young People Services

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**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 mechanisms 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 CAMHS. 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

**Health and Wellbeing Board****8 May 2019****SEND Strategy Refresh**


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**Report of Margaret Whellans, Corporate Director of Children and Young Peoples Service, Durham County Council**
**Electoral division(s) affected: Countywide.**
**Purpose of the Report**

- 1 This report presents the refreshed strategy for supporting work across local partners for children, young people and young adults with Special Educational Needs and Disabilities (SEND)

**Executive summary**

- 2 This report provides an update on the joint strategic approach to SEND in County Durham across the 0-25 age range involving Health, Social Care, Education and other partners.
- 3 The report and strategy has been presented for approval at the Integrated Steering Group for Children, Durham County Council Corporate and Children and Young People Management Teams as well as to the Clinical Commissioning Group Executive.
- 4 The report reflects the work undertaken by multi-agency planning groups, including engagement with stakeholders such as Making Changes Together (the recognised parent and carer partnership for SEND provision) and the eXtreme group (a group of young people with SEND who help to inform services of their experiences of life with SEND in County Durham).
- 5 This strategy is aligned to the new Children and Young People's Services (CYPS) strategy which was recently approved at Cabinet in February 2019. It updates the strategic direction and action of the local area partnership against the key SEND priorities and provides an update of progress of actions taken in response to the Ofsted and CQC local area inspection in late 2017.
- 6 The refreshed strategy replaces the existing SEND Strategy for Children and Young People with Special Educational Needs and/or Disabilities 0-25.

- 7 The implementation of the SEND strategy vision is guided through a working strategic action plan, which is monitored and updated as required through the work of the Integrated Steering Group for Children and the updated governance structures for SEND.

### **Recommendation(s)**

- 8 Members of the Health and Wellbeing Board are recommended to:
- (a) Approve the refreshed SEND Strategy;
  - (b) Note that the SEND Strategy will be updated later in 2019/20 following completion of an in depth health needs analysis which is currently underway.

### **Background**

- 9 The Integrated Steering Group for Children County Durham SEND Strategy (appendix 2) is an update of the existing SEND Strategy for Children and Young People with Special Educational Needs and/or Disabilities 0-25. The document considers what life is currently like for people with SEND in County Durham, based on feedback from people and analysis of their needs.
- 10 This strategy has been prepared jointly by Durham County Council, the North Durham CCG and DDES CCG, wider health partners, parents of young people with SEND represented by the Parent Carer Forum Making Changes Together (MCT) and feedback from the eXtreme group.
- 11 The updated strategy is also one part of the response to the written statement of action required following the Ofsted and CQC local area inspection in late 2017. The strategy acknowledges progress made across the local area which was detailed in a 'one year on' report.
- 12 This refreshed strategy aligns with the Children and Young People's Strategy aim to achieve the best possible outcomes for children and young people with SEND.
- 13 The refreshed strategy is informed by the findings of the High Needs Review and the Social Communication and Interaction Review, the Children and Young People's SEND Promise and the Local Area Participation Strategy. It is also informed by the initial work produced from health needs analysis work covering an updated SEND factsheet which is now published on <https://www.durhaminsight.info>

## Main Implications

- 14 The Refreshed SEND Strategy sets out a shared aim for all children and young people with SEND to achieve the best possible outcomes. To realise this vision the Strategy provides three objectives:
  - i. Provide better coordinated services for children and young people with SEND across the local area
  - ii. Children and young people with SEND have high quality support which meets their needs
  - iii. Ensure that young people with SEND are well prepared for adult lives and can live independently
- 15 The Strategy will be steered by the Governance and Accountability Framework illustrated in appendix 1 of the strategy. This framework has been further refined one year on from the Local Area SEND Inspection. Progress will also receive continued political oversight to ensure we further monitor progress, quality improvements and evidence impact for children and young people. In addition to reports to Cabinet and regular meetings with the portfolio holder a further example of this would be the report, presentation and discussion at Children and Young People's Overview and Scrutiny Committee in February 2019. Further consideration is also being given to the governance arrangements for work on supporting 14-25 year olds to ensure this links into both children's and adult services governance arrangements.
- 16 This refreshed strategy and the accompanying action plan was approved at the Integrated Steering Group for Children on March 18th 2019, Durham County Council Corporate Management Team on March 20th and from the CCG Executive on 9<sup>th</sup> April.
- 17 The current draft of the strategy and the latest action plan are published on the Local Offer website as a draft pending political approval. Following Cabinet approval the Strategy will be promoted through a Durham County Council and Clinical Commissioning Group joint communication plan to support wider communications across the County.
- 18 It is planned to further update the strategy following the completion of comprehensive health needs assessment work which is underway as indicated above. This will ensure the strategy and its accompanying action plan remains informed by accurate and up to date information about the changing needs of children and young people with SEND in County Durham.

## Conclusion

- 19 Durham wants to do the best it can for children and young people with SEND within the resources available across the partnership. We are seeking to build on recent progress captured in the one year on report since the SEND Inspection. The refreshed strategy and updated action plan seek to set this out in an accessible way with revised partnership governance arrangements to help us focus on key partnership actions and continuous improvement.

## Background papers

- (a) SEND Strategy for Children and Young People with Special Educational Needs and/or Disabilities 0-25.
- (b) Children and Young People's Strategy
- (c) Children and Adults Autism Strategy 'Think Autism in County Durham'

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## **Appendix 1: Implications**

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### **Legal Implications**

The requirement to have a strategy to provide support for children with special educational needs and disabilities, including joint commissioning arrangements, was set out in the Children and Families Act 2014.

### **Finance**

Resource challenges are referred to in the strategy and there is related work taking place on High Needs Block Sustainability; ongoing consideration of resources across the partnership and across commissioners will be required.

### **Consultation**

Engagement with a range of partners and stakeholders took place as part of the development of the refreshed strategy. Further engagement and consultation will take place as part of implementation of actions.

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

SEND work has to take account of Equality Act 2010, Children and Families Act 2014 and other relevant legislation.

### **Human Rights**

None

### **Crime and Disorder**

None

### **Staffing**

The updated strategy will guide resource decisions and priorities.

### **Accommodation**

None directly

### **Risk**

Key risks relate to resource pressures and the risk of not making sufficient progress across the partnership on SEND reforms which could result in poor outcomes or poor service delivery to children and young people with SEND.

### **Procurement**

The updated strategy will guide resource decisions and priorities.

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**Appendix 2: Integrated Steering Group for Children, County Durham Refreshed SEND Strategy**

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**Integrated Steering Group for Children  
County Durham SEND Strategy 2019-2020**

**(Refreshed - Version 2.5)**

**To include partnership organisation logos in final version**

## Purpose

This is our Local Area strategy for children, young people and young adults with Special Educational Needs and Disability SEND in County Durham, with the aim of providing focus and clarity on the priorities for improving services and opportunities. This Strategy is partnered with our wider children and young people strategy of which a key aim is better outcomes for those with SEND.

The document considers what life is currently like for people with SEND in County Durham, based on feedback from people and analysis of their needs. It demonstrates where we want to be 4 years from now, providing a one year set of actions that we will undertake to achieve this. After one year we will republish our Strategy. For the public it provides a summary of the importance of services and support for people with SEND and what they can expect from local services.

This strategy has been prepared jointly by public services including the Council and local health services and parents of young people with SEND represented by the Parent Carer Forum Making Changes Together (MCT) who work together to improve outcomes for people With SEND. The strategy has been informed by the High Needs Review and Social Communication and Interaction (including ASC) Review. The Strategy provides context to the SEND Local Area Joint Commissioning Strategy, the Children and Young People's Promise and the Local Area Participation Strategy.

For those responsible for delivering services, any future work programmes should contribute to achieving the aims set out in this strategy. It can therefore be used as an aid in deciding what to do and of equal importance, what not to do. Members, officers and partners will find this document of practical use in evaluating whether to participate in new national initiatives and funding bids and help select the work programmes that we need to do. The strategy is therefore a living document that is designed to be used regularly.

## Introduction

Many children and young people with SEN find it harder to learn than most children and young people of the same age. This means they may need extra or different help from that given to others.

Many children and young people will have SEN of some kind at some time during their education. Learning providers can help most children and young people succeed with some changes to their practice or additional support. Some children and young people will need extra help for some or all of their time in learning and beyond.

There are four recognised areas of SEN, children and young people may have one primary SEN or needs across more than one area. The areas are:

**Communication and interaction** – where speech, language and communication difficulties make it hard to make sense of language or to understand how to communicate with others

**Cognition and learning** – where learning is at a slower pace than others of the same age. Understanding part(s) of learning, organisation and memory skills is difficult

**Social, emotional and mental health difficulties** – where managing relationships with other people can be challenging. Affecting health and wellbeing, sometimes being withdrawn or behaving in ways that obstructs learning for self or others

**Sensory and/or physical needs** – where, visual and/or hearing impairments, or a physical need require additional ongoing support and equipment

## Disabilities

Many children and young people who have SEN may also have a disability. A disability is described in law (the Equality Act 2010) as 'a physical or mental impairment which has a long-term (a year or more) and substantial adverse effect on their ability to carry out normal day-to-day activities.' This includes, for example, sensory impairments such as those that affect sight and hearing, and long-term health conditions such as asthma, diabetes or epilepsy.

Life with SEND can be difficult if needs go unidentified or unmet, with the right support there is no reason that children and young people cannot function well and make progress in many or all aspects of their life. The (2014) Children and Families Act has created a framework in the SEND Code of Practice that improves support by extending provision from birth to 25 years of age and providing a legal context that gives families greater choice in decisions and ensuring needs are properly met.

It is recognised that while extending provision from 0-25 is a great benefit for young people there is still a need to ensure that young people are prepared for their transition into adulthood. This strategy encourages opportunities that develop outcomes in independence, good health, resilience/inclusion and employment (or life opportunities relevant to needs) throughout childhood in preparation for adulthood.

## Our Vision and Aims

Our shared aim is that all children and young people with SEND achieve the best possible outcomes through having every opportunity to take control of their lives, be as independent as possible and achieve their potential. To achieve the best possible outcomes of our vision for children and young people with special educational needs and disabilities and we aim to:

1. Provide better coordinated services for children and young people with SEND across the local area
2. Children and young people with SEND have high quality support which meets their needs
3. Ensure that young people with SEND are well prepared for adult lives and can live independently

## Key Outcomes

Our strategic aims will be monitored through our delivery framework and the County Durham SEND Strategy Plan on a Page 2019-2021. We will measure the success of our local service delivery to support these outcomes in one or more of the following four areas by the performance indicators shown below:

Outcome	Performance Measure
Developing <b>Independence</b> ensuring that children and young people have the freedom to develop personal and social skills in their local school and community settings with the opportunity to develop friendships.	<ul style="list-style-type: none"> <li>• Education Health Care Plans produced in a timely fashion for those children who require extra help to achieve what they want to in their life.</li> <li>• Child and parent satisfaction measures</li> <li>• Learning progress rates</li> </ul>
Experiencing good <b>Health</b> through timely assessment and support from 0-25 years with all professionals using person centred approaches in their integrated support.	<ul style="list-style-type: none"> <li>• Child and parent satisfaction measures</li> <li>• Learning progress rates</li> <li>• Therapy assessment and treatment waiting times</li> </ul>
Building <b>Resilience</b> , receiving the right adaptations and support to develop personal strategies that secure inclusion in learning and community settings.	<ul style="list-style-type: none"> <li>• Child and parent satisfaction measures</li> <li>• Learning progress rates</li> <li>• Rates of school exclusion, attendance and moves</li> </ul>
Achieving <b>Employment</b> (or life opportunities relevant to their needs) through providing pathways opportunities that support transition into adult life.	<ul style="list-style-type: none"> <li>• Education Health Care Plans produced in a timely fashion for those children who require extra help to achieve what they want to in their life.</li> <li>• Child and parent satisfaction measures</li> <li>• Learning progress rates</li> <li>• Volume and, type and duration of out of county placements</li> <li>• Percentage of children who are not in Education, Employment and training (NEET)</li> <li>• Young people in supported internships</li> </ul>

## How we will ensure future success?

The County Durham SEND Strategy is aligned to the Children and Young People's Strategy (2019 – 2022). As part of this Strategy we aim to bring the whole resources of local public services and the voluntary sector to work with children and families to improve the life chances of our children and young people. Our aspiration is for County Durham to be a great place for children and young people to grow up in.

## Delivery Framework

There is a governance and delivery framework (appendix 1) underpinning the strategic aims and objectives which includes detailed action plans and programmes for improvement as follows:

### Aim 1 To provide co-ordinated leadership and governance across the local area:

A 12-month plan to ensure we build on the improvements made in 2018 has been developed. The actions in this plan are being monitored through a Quality Improvement Board and the Integrated Steering Group for Children. This plan takes into account the SEND Local Area Inspection Written Statement of Action to ensure that improvements in Local Area Leadership and Governance are sustained and built on,

### Aim 2 Ensure that young people with SEND are well prepared for adult lives and can live independently

This aim will be discharged through the Preparation for Adulthood Partnership, Supported Internship Forum and a series of Local Area Workstreams, time limited groups that will be governed by the Integrated Steering Group for Children. The Workstreams will deliver against a Local Area Action Plan that is informed by the High Needs Review and the Autism Review.

### Aim 3 Provide better coordinated services for children and young people with SEND across the local area:

This aim will be delivered through the Local Area Workstreams.

## Monitoring and Review

Each aspect of the delivery framework will be monitored through the governance framework described above using a range of performance indicators and actions (each of the sub groups have delivery plans and are responsible for the delivery of those plans).

The strategy will be refreshed in Dec 2019 following the publication of an updated comprehensive Health Needs Assessment of Children and Young people with SEND. Following this the Strategy will be subject to a review every three years where the outcomes and objectives are revisited and the strategy will be rewritten to ensure that it is current and reflects the strategic environment and what children, young people and young adults with SEND and their families are telling us. The delivery framework will be subject to an annual refresh to ensure that actions and measures are current.

## Partnership Oversight of Performance and Quality Assurance

In continuing to ensure that our Local Area SEND systems are working for children and young people with SEND and their families it is essential that as a partnership we work effectively together. To ensure the effectiveness and quality of our progress the following arrangements are in place:

- The Integrated Steering Group for Children has oversight of working arrangements and partnership performance across education, health and care services.
- A quality assurance framework which includes a programme of multi-agency and single agency audits
- Feedback from children, young people and families
- Partner feedback
- Review and analysis of performance
- Regular political oversight through the council's cabinet and scrutiny committee
- Corporate parenting panel
- Peer support and challenge through the sector lead improvement and partners in practice programmes
- Continuing monitoring and learning from external inspection, serious case reviews

Overall we want to see the following for Children and Young People with SEND:

- ✓ More young people receiving a good quality education closer to their home
- ✓ Continued high quality needs assessment that makes a positive impact on outcomes
- ✓ Greater inclusion in schools and their communities
- ✓ Swift assessment of health needs and to the appropriate support that meets these needs

- ✓ Family support where required that ensures family resilience
- ✓ An increase in access to pathways into employment
- ✓ More young people with SEND living independently where they choose to do so

## Our Local Area Progress in 2018 Includes

- Autism training reaching 900 school staff
- EHCP completions within 20 weeks improved from 85% to 91%
- Fixed Term exclusions of young people with SEND have reduced by 13% 2016-17 to 2017-2018
- Durham continues to have no young people with an EHCP being permanently excluded
- Continued improvement in waiting times for Speech and Language Therapy assessment and treatment
- Waiting times for patients on SCAT waiting list have halved
- 71% of Social Care Staff have undertaken SEND awareness training
- Reduction in young people with SEND who are not in education, employment or training from 20.2% to 16.1%
- 991 young people with SEND participated in employment, education or training,
- 438 progressed to employment
- Increases in Supported Internships
- Tri-Work Young Persons' Supported Work Experience for Schools Pilot introduced resulting in 125 young people gaining work experience
- Coproduction of a Participation Strategy which is cited as best practice by Local Government Association All leaders and frontline staff to be trained in the new strategy by the parent carer forum and Special Educational Needs and Disabilities Information and Advice Service early in the new year
- Parent Carer Form delivered two conferences attended by over 150 parents, raising the awareness of local area services and support.

## Resource Context

In developing this strategy we are acknowledging the decade of Public Sector austerity and its likely continuation. An area of key resource pressure in Durham as elsewhere is the High Needs Funding Block, the High Needs Funding Block is an education fund that pays for specialist and enhanced provision. The funding pressure is largely a result of the successful implementation of the SEND reforms. This includes an increase in the accessibility to support from 5-19 to 0-25 years, more specific adaptations to meet identified needs and more young people with SEND receiving their education in specialist placements due to parental preference than in 2015. It is essential that plans are in place to recover this position whilst achieving improved outcomes and maintaining parental confidence. To achieve this the Local Authority is working with all schools to develop SEND systems, a linked action plan is in place to achieve this.

## National Legislative Policy

Key policy areas are:

- The **Children and Families Act 2014** addresses the needs of children and young people up to the age of 25, including those with Special Educational Needs or Disabilities (SEND). Reforms include a single coordinated birth to 25 Educational, Health and Care (EHC) Plan for these children and young people whilst in education; improving cooperation and collaboration between all the services that support individual and families, particularly local authorities, education providers and health services; and the introduction of the 'Local Offer' including centralised information, advice and guidance.
- **The Equality Act 2010** replacing all existing equality legislation such as the Race Relations Act, Disability Discrimination Act and Sex Discrimination Act. It places specific duties on schools and local authorities relating to a number of 'protected characteristics' including disability. Giving a direct duty to the Local Authority to eliminate unlawful discrimination, harassment and victimization, to advance equality of opportunity between people who share a protected characteristic (such as disability) and people who do not share it. The Act also outlines indirect duties for the Local Authority relating to supporting and challenging education providers to fulfil their duties under equality legislation.
- The **Care Act 2014** covers the needs of people eligible for social care needs and also the duties of preventative approaches such as early support; advance planning; helping people to maintain independence and wellbeing and avoid a crisis. The Care Act also requires statutory agencies to work together in partnership with individuals and families within assessment and care planning processes, including help with accommodation and employment/meaningful activity, supporting families and accessing necessary health and social care services.
- Department for Education (DfE) **Preparing for Adulthood Programme** recommends that:
  - Preparing for adulthood starts from the earliest years
  - Services that have a statutory responsibility should focus on how they can support people to progress towards Preparing for Adulthood (PfA) outcomes
  - Mainstream agencies should be more inclusive and engaged
  - Young people and their families should be involved in strategic planning and service design and would support commissioners in design and development of future services
  - The Local Offer should provide children, young people and their families with up to date and clear information on what is available locally through the Local Offer. The Local Offer will also have a feedback and review mechanism for commissioners to capture information on where the gaps are for families
  - Young people and families should be involved in the ongoing development and review of the Local Offer
- The National Autistic Society (NAS) has produced **Autism Strategy Good Practice Guides (2016)** for local authorities and NHS bodies on the following topics
  - Ensuring preventative support
  - Diagnosis and the care pathway
  - Planning and leadership
  - Training
  - Transition
  - Employment
  - People with complex needs or whose behaviour may challenge
  - Criminal justice

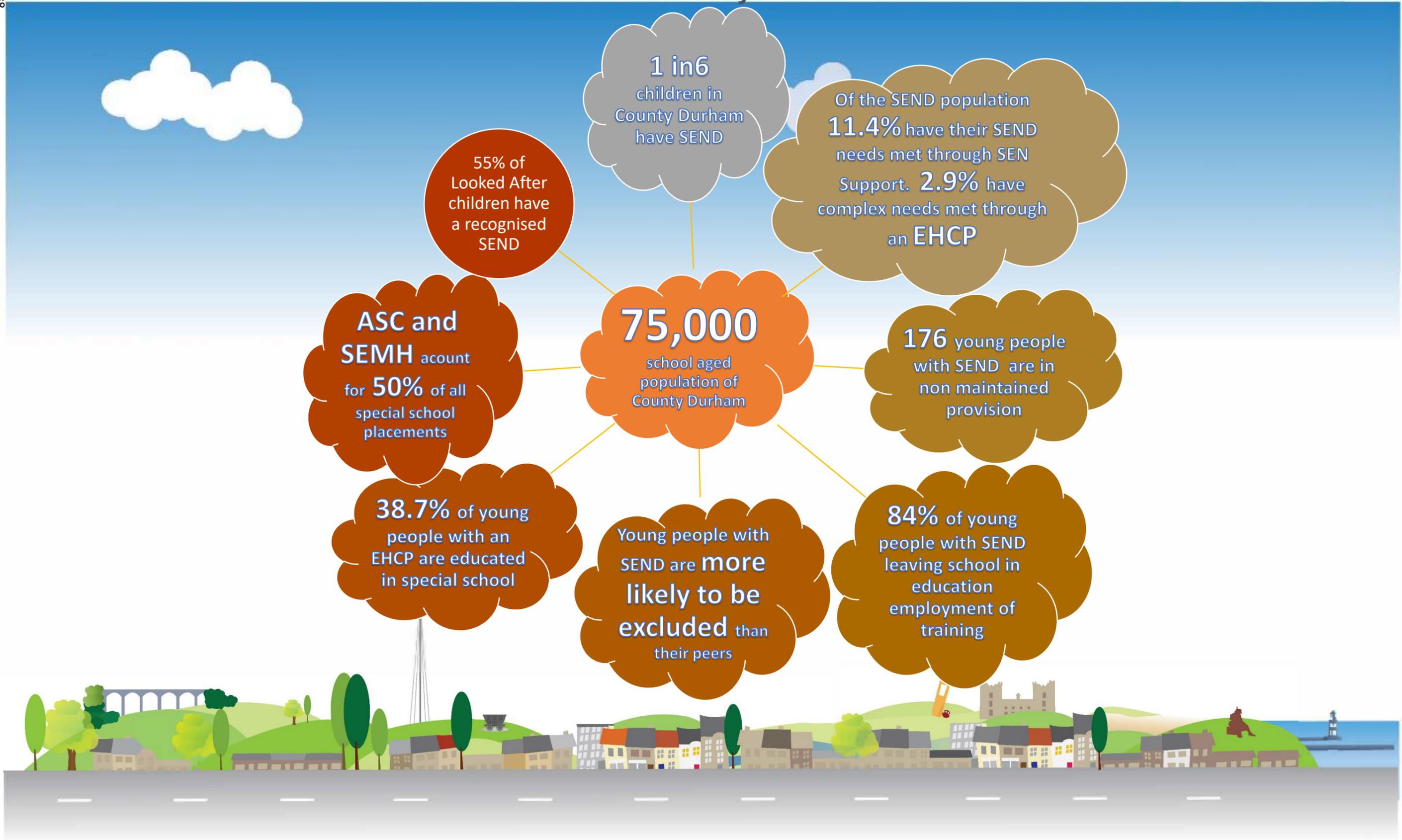
- ***Future in Mind (2015): Promoting, Protecting and Improving our Children and Young People's Mental Health and Wellbeing.*** Setting out core principles and requirements to create a system that properly supports the emotional wellbeing and mental health of children and young people. The key themes are:
  - Promoting resilience, prevention and early intervention
  - Improving access to effective support – a system without tiers
  - Care for the most vulnerable
  - Accountability and transparency
  - Developing the workforce
- The government and other leading organization across the health and care system are committed through ***Transforming Care for People with Learning Disabilities – Next Steps (2015)*** to transforming care for people with learning disabilities and/or autism who have a mental illness or whose behaviour challenges services.

**Supporting progress and linking with the SEND Strategy are the following family of Strategic Documents**

- Children and Young Peoples Strategy
- Durham SEND Joint Commissioning Plan
- Think Autism - Autism Strategy for Children, Young People and Adults
- High Needs Review
- Children and Young Peoples SEND Promise
- The SEND Participation Strategy - Engaging and involving parents & carers
- Children's and Young Peoples Mental Health and Wellbeing Transformation Plan
- Preparation for Adulthood Partnership, Supported Internship Forum

# Where we are now

## SEND in County Durham





# County Durham SEND Strategy Plan on a Page 2019-2020

## Mission

*Children and young people with special educational needs and disabilities achieve the best possible outcomes*

### Key Outcomes

Developing Independence ensuring that children and young people have the freedom to develop personal and social skills in their local school and community settings with the opportunity to develop friendships

Experiencing good Health through timely assessment and support from 0-25 years with all professionals using person centred approaches in their integrated support.

Building Resilience, receiving the right adaptations and support to develop personal strategies that secure inclusion in learning and community settings.

Achieving Employment (or life opportunities relevant to their needs) through providing pathways opportunities that support transition into adult life.

### Aims

1. Provide better coordinated services for children and young people with SEND across the local area

2. Children and young people with SEND have high quality support which meets their needs

3. Ensure that young people with SEND are well prepared for adult lives and can live independently

### Key Actions

- Embed and maintain a joint commissioning cycle that improves access to integrated support in Education Health and Care
- Provide families with information about Local Area Services through improvements to the Local Offer and its communication
- Ensure 'High Priority Indicators' capture relevant data and key performance information across Education, Health and Social Care
- Improve engagement with children and young people, parents and carers to inform policy and service quality
- Co-production of an updated SEND Strategy (2019-2022) which is regularly reviewed

- Develop a shared vision for inclusive education of young people with SEND that raises the confidence of providers and parents
- Improve access to social activities achieving greater opportunities for social inclusion of young people with complex needs
- Develop the current Enhanced Mainstream Provision in schools to support young people where there are identified gaps in provision
- Create new Enhanced Mainstream Provision to specifically support young people with autism in KS3
- Ensure the workforce is well equipped to effectively support children and young people with SEND
- Improve Education Health and Care opportunities for Children and Young People and their families on the autism spectrum
- Ensure a greater sufficiency of education places and use of SEND provision in County Durham

- Develop improved pathways into education, training and employment, including the expansion of supported internship opportunities
- Ensure young people have choice, control and freedom over their lives.
- Maximise opportunities to enable young people to participate in society
- Promote the importance of being healthy.
- Working with families and young people to determine when an Education, Health and Care Plan should be maintained

### Drivers

#### Strategic Leadership and Governance

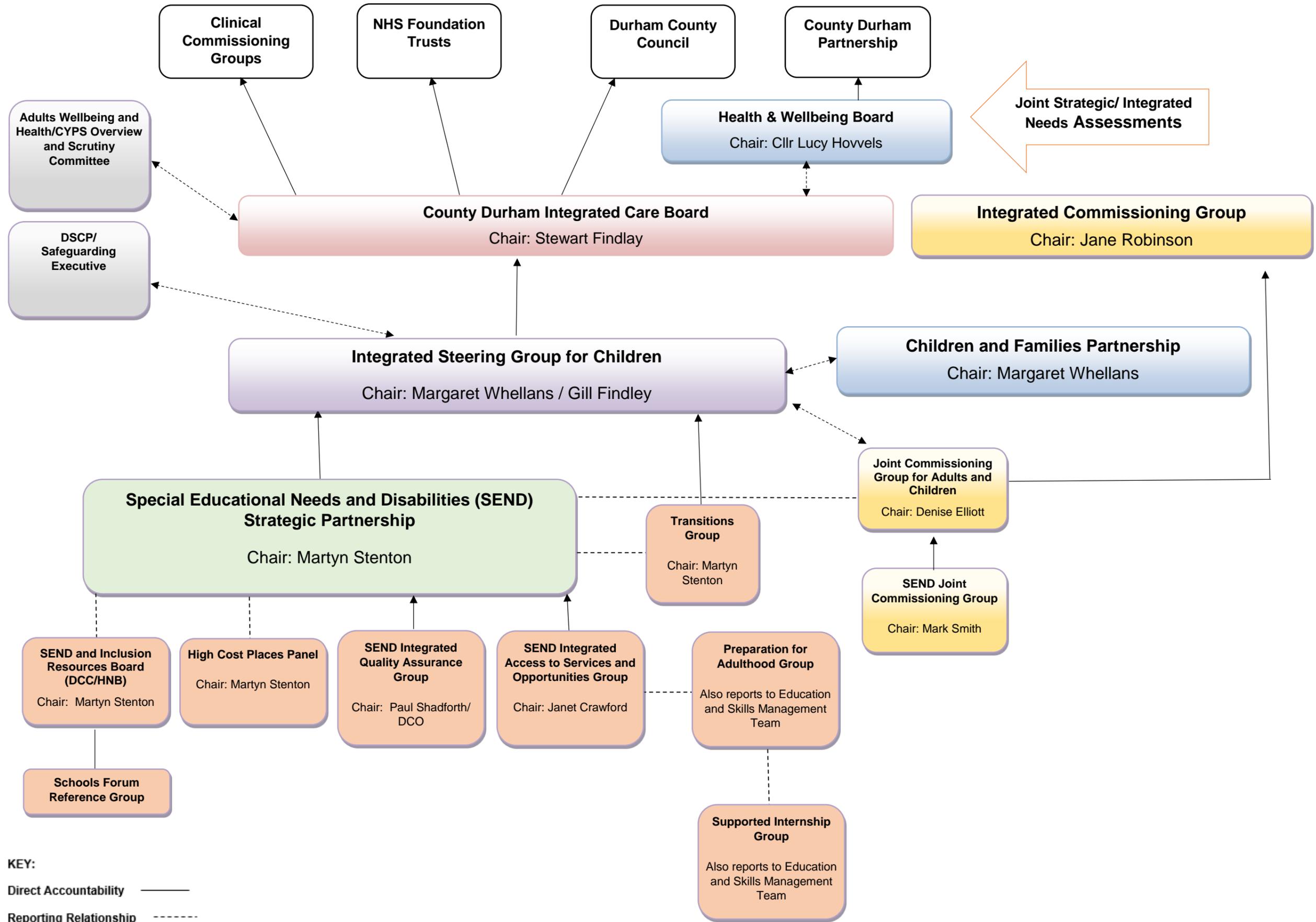
- Strategic and operational approach to co-production across the local area
- Service user feedback informs service design
- Regularly updated needs assessment for children with SEND

#### Partnership Working

- Strong strategic governance for joint commissioning, operational partnerships and quality improvement
- A Think family approach for families with multiple issues
- Effective democratic scrutiny and monitoring of SEND matters by multiple agencies
- Effective governance procedures for commissioning of services for children and young people with SEND

#### Partnership Performance Management

- A SEND scorecard across education, health and care providers
- Ensure that performance is better captured across multiple services and that all providers are SEND compliant
- Improve integration of systems to ensure accuracy of data
- Improve analysis of needs and outcomes for CYP with SEND across education, health and care providers to better inform commissioning
- Benchmark SEND reform implementation



**KEY:**  
 Direct Accountability ———  
 Reporting Relationship - - - - -

**Health and Wellbeing Board**

8 May 2019

**Paediatric Admissions to Secondary Care****Report of Stewart Findlay, Chief Operating Officer North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups (the CCGs)****Electoral division(s) affected:**

Countywide

**Purpose of the Report**

1. The Health and Wellbeing Board have requested an update on work being undertaken by the CCGs to reduce paediatric admissions to hospital.

**Executive summary**

2. There are a number of projects underway which are working towards reducing paediatric referrals into secondary care. The ones discussed in this paper are led by the CCGs but delivered in partnership with County Durham and Darlington NHSFT (CDDFT), Durham County Council (DCC - children's commissioning, education and Public Health) and other partners where appropriate such as General Practice colleagues and other Acute Trusts. The overall aim of the work is to ensure that patients are treated in the community where possible, by a professional with the right level of expertise for their presenting condition.
3. Initial analysis of data suggests 5 conditions create a high proportion of activity in CDDFT. This will be considered next to information about what General Practice can currently see with confidence and it is anticipated that some training needs will be identified. The outcome proposals will be strongly linked to the Children's Community Nursing review outcomes which are considering expanding the role of the Children's Community Nursing team. The continence review will result in a specific paediatric continence service; something which Durham has not had to date. The potential size and scope of this service will be determined by the review. Children's therapies impact significantly on individual educational performance and this work is part of the delivery of the Special Educational Needs and Disabilities (SEND) Written Statement of Action (WSOA). The work has developed an equal service

offer across County Durham and will go forward to develop a new model across the County.

### **Recommendation**

4. The Health and Wellbeing Board is recommended to accept this report and the progress made to date.

## Background

5. CCGs have been notified by CDDFT that Consultant Paediatricians felt there are too many children being seen in secondary care, often but not always having been referred from general practice where more treatment or observation could have been undertaken in the community prior to referral.
6. The Better Care Fund (BCF) states that paediatric admissions make up 21% of all admissions to CDDFT over January 2018 to February 2019. This is an increase from around 16% in 2017.

TABLE 1

	DDES		ND		
age	Cost (£,000)	Activity	Cost (£,000)	Activity	Condition
0 to 4	129	275	63	130	acute upper respiratory infections
	235	272	44	85	Other acute lower respiratory infections
	26	34	9	12	chronic lower respiratory diseases
	24	34	8	12	Asthma
	15	33	Not an outlier		symptoms and signs involving circulatory and respiratory systems
5 to 19	23	57	1	18	acute upper respiratory infections
	27	28	15	23	Other acute lower respiratory infections
	38	21	18	28	chronic lower respiratory disease
	37	21	19	28	asthma
	Not an outlier				symptoms and signs involving circulatory and respiratory systems

7. Right Care data suggests that, for respiratory conditions, these are small numbers and low cost as detailed in Table 1 below. Consequently, although Durham CCGs are outliers when compared with other CCGs, the numbers involved make it difficult to build a case for investment.

8. Therefore the CCGs decided to look at the top 5 referrals into secondary care in order to make a greater impact on activity and patient experience.
9. As well as asthma and respiratory conditions, CDDFT have also contacted the CCGs about continence and constipation. A specific project was initiated in 2018/19 looking at paediatric continence, the details of which are included from paragraph 24.
10. The Co Durham Strategy for the Prevention of Unintentional Injuries in Children and Young People 0-19 has been reviewed and a multi-agency seminar held in October 2018 to review and refresh the unintentional injuries (UII) framework and update the action plan. A calendar of events is currently being developed to raise awareness and highlight UII at specific times of the year.
11. A home safety training & development package is being jointly commissioned between Public Health, One Point Service and Early Years to support multi agency workforce training to align all child safety education to the children's workforce to bring everyone up-to-date with new and relevant training. This will be delivered over the next three years.

### **Current position**

12. A project has been agreed which will look at paediatric activity referred from general practice into CDDFT (data collected will also look at City Hospitals Sunderland and North Tees & Hartlepool Hospital to take account of Easington locality patient flows) with a view to ensuring that all observations and interventions which should have been carried out in primary care have been completed prior to referral. This would include discussions about how to increase parental confidence in relation to self-care for their child.
13. The project will focus on the top 5 conditions as identified from activity data sets, and a qualitative evaluation of activity.
14. Meetings have been undertaken with Paediatric Consultants, Service Managers, nursing staff as well as primary care representatives and an initial action plan has been developed. This action plan looks to identify specific conditions where improvements could be made in primary care. Consideration will then be given to how those improvements could be made (investment in training, for example) and these will then be planned out and implemented.

15. Data suggests that there are slight differences in the primary diagnosis for admission according to age, but for 0-17 year olds, the main diagnosis on admission is recorded as (in no order);
  - Viral infection
  - Intestinal infection
  - Bronchiolitis
  - Other respiratory infection
  - Tonsillitis
12. This is for short stay admissions but is reflected in the highest cost activity data. For admissions with the highest number of bed days, jaundice replaces tonsillitis.
16. Data has also been gathered which tracks the time patients come into hospital (whether via A&E or GP referral or another route). During the week there is a spike at around 8am and again at around 4pm, with activity trailing off to almost zero by midnight. At weekends, activity peaks at lunchtime with this period being significantly higher than the rest of the day. This applies to both DDES and North Durham CCGs and to other CCGs in the area. Over a year, there is an increase in activity in August which will be investigated. This has happened every August for the last 3 years.
17. This data analysis now needs to be tempered by a qualitative assessment of how children are presenting when they arrive in hospital to see whether or not more could have been done in primary care. Equally, consideration will be given as to how this could be implemented, whether it's a training need for example and how that would be best offered. This work may change the conditions that the project focusses on as we need to concentrate on conditions where the most significant impact can be made.
18. Several other projects are currently underway which are linked too and support this work. These are;
  - Review of the Children's Community Nursing Team
  - Therapies review
  - Continence review

### **Review of the Children's Community Nursing team**

16. A desktop review of the Children's Community Nursing (CCN) Service was carried out in early 2019. The key findings were:

- The Children’s Community Nursing (CCN) service is delivered by CDDFT and provides community nursing for children and young adults (0-18 years) with additional health care needs in County Durham and Darlington.
  - The CCN service is divided into two main teams or pathways; care and early supported discharge for acute illness, post-surgery or post-A&E attendance and care for children with long-term illness or disability (separate to the Children and Young People’s Continuing Care service)
  - Currently, GPs cannot refer into the CCN service, although there is a line in the service specification to ‘explore opportunities to improve the skills of primary care to handle children’s problems and to make appropriate referrals’. The CCN teams do work with GPs around managing prescriptions, although new GP contracts are likely to have an impact on the responsibilities of GPs going forward
  - Referrals into the CCN team are currently only from secondary care and in 99% of cases they are following a hospital stay
19. There are examples nationally and locally of CCN teams working more collaboratively with primary care to proactively manage acute/chronic conditions and increase self-care in order to prevent avoidable hospital admissions
20. Recommendations from the review included:
- Develop a business case that will explore and put forward options to maximise the CCN Service and potentially provide a community-based pathway for children with chronic or acute conditions that GPs can refer into and gain support from.
  - The business case will need to demonstrate impact in terms of improved quality of care and potentially a reduction in avoidable secondary care admissions, particularly as upfront investment may be required to increase capacity within the CCN service.
  - Consideration will also need to be given to other areas of work within the programme of projects within the children’s workstream and how these align, to avoid duplication.

## **Review of Children’s Therapy Services**

21. The review of Children’s Therapy Services (Physiotherapy, Occupational Therapy, Speech and Language Therapy) main aim is to agree how to improve access Children’s Therapies, determine a health and education offer within County Durham and Darlington and to ensure

the most efficient service model is implemented with appropriate clinical skill mix.

22. In order for the CCGs and Local Authority to contribute to mandatory SEND compliance, an integrated children's therapies model is something both organisations wish to move towards to ensure children are receiving the most appropriate care with a holistic approach.
23. At present, parents of children who require support from the children's therapy services and educational support opt to attend a special school out of the County, as they believe their child is unable to receive the same integrated support locally. This ultimately drives up costs and the travel for children to school is longer. The main aim of the integrated children's therapies model would be to improve the local offer in County Durham and Darlington, to assure parents that the sufficient support, from the children's therapies teams and education would meet the needs of their children.
24. An options report is to be discussed in April for CCGs to review and determine the preferred model. A workshop is scheduled for the 2nd May involving local authorities, the CCGs and service leads to develop a new model. This report will also be taken through DCC committees.
25. The next steps will be to agree whether the scope of this piece of work is to determine the health offer for the three children's therapy services or jointly commission the services with the Local Authority and define the health and education offer. These will be amongst the options put to the CCGs and DCC in the options report.

## **Paediatric Continence Services Review**

26. Commissioning arrangements for continence services for Children and Young People across County Durham and Darlington have lacked integration and have been delivered very separately. This has been the case for a number of years, dating back to Primary Care Trusts (PCTs).
27. As a result of historical commissioning arrangements and changes to commissioning responsibilities between CCGs, Public Health / Local Authorities, children and young people currently have to attend multiple appointments to meet their needs.
28. The main objective of this project is to review service provision with a view to introduce an integrated Level 2 Paediatric Continence Service that manages all aspects of continence rather than separate services that will:

- Ensure health care meets the needs of local children and young people
  - Reduce health inequalities
  - Bring care closer to home
  - Reduce Non Elective Admissions for continence related issues
29. The Paediatric Continence Services review has looked at the level of service provision commissioned and provided across County Durham and Darlington, including the current 'Level 2' bedwetting and constipation services provided by County Durham and Darlington NHS Foundation Trust (CDDFT) and the 'Level 1' service provision offered by the 0-19 Health Child Programme provided by Harrogate and District NHS Foundation Trust (HDFT).
  30. As stated, the current level of service provision for paediatric continence is very fragmented, with specialist clinics being managed separately by one specialist nurse within CDDFT, meaning children and their family members are likely to attend a number of different appointments to see the same clinician.
  31. The review has also looked at the 'Level 1' provision which the 0 -19 Health Child Programme deliver, provided by Harrogate and District NHS Foundation Trust, including the current 'Level 1' service offer, the referral route and criteria to access the 'Level 2' services.
  32. In addition to the review, the provision and containment of paediatric continence products has been transferred to the paediatric team within CDDFT, as this had previously been provided and managed within the Adults' Continence Service.
  33. Following two workshops with key stakeholders, proposed future state pathways have been drafted, based on National best practice pathways published by Bladder and Bowel UK.
  34. In the NICE-accredited Paediatric Continence Commissioning Guide (2014, updated 2015), the Paediatric Continence Forum (PCF) stated 'All children and young people from birth to 19 years with bladder and bowel dysfunction (continence problems) including those with learning difficulties and physical disabilities should have access to an integrated community based paediatric continence services: the Community Paediatric Continence Service (CPCS).'
  35. From a County Durham and Darlington CCGs perspective, NICE guidance is not currently met in terms of commissioning continence service provision for children and young people.

36. Further discussion is required to specifically look at how a 'Level 2' service will operate in more detail and what is required to make the Paediatric Continence Service offer more equitable and financially sustainable across County Durham and Darlington.
37. A business case will be developed with recommendations to explore a jointly commissioned integrated Community Paediatric Continence Service for County Durham and Darlington.
38. We will also look at developing a structured training programme with clinicians to ensure new pathways are embedded locally, share best practice and key information (for example information as simple as toileting positions) with primary care colleagues, 0-19 Healthy Child Programme teams and other identified stakeholders

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## **Appendix 1: Implications**

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### **Legal Implications**

None.

### **Finance**

Details are provided in Table 1 of the report

### **Consultation**

None.

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

None.

### **Human Rights**

None.

### **Crime and Disorder**

None.

### **Staffing**

None.

### **Accommodation**

None.

### **Risk**

Minimal.

### **Procurement**

Details of commissioning of continence services and children's therapies and community nursing team outlined in the report

**Health and Wellbeing Board**

**8 May 2019**

**Durham Safeguarding Children  
Partnership Arrangements**



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**Report of Michael Banks, Independent Chair of the Durham Safeguarding Children Partnership**

**Electoral division(s) affected:**  
Countywide

**Purpose of the Report**

- 1 To provide an update on the transition from the Local Safeguarding Children Board (LSCB) to the new statutory partnership arrangement known as the Durham Safeguarding Children Partnership (DSCP) and a copy of the Plan outlining the new safeguarding arrangements (Appendix 2).

**Executive summary**

- 2 Throughout 2018 partner agencies of the Durham Local Safeguarding Children Board undertook a process of designing new local safeguarding arrangements that were compliant with statutory guidance.
- 3 Safeguarding partners have up to 12 months, from 29 June 2018, to agree their local arrangements, how to provide for independent scrutiny of their work, agreeing their funding plans, equitable and proportionate to meet local needs and identify which relevant agencies they consider appropriate to work with them to safeguard and promote the welfare of children in their area.
- 4 Safeguarding partners must notify the Secretary of State for Education when they publish their arrangements any time before the end of the 12 month period. Following publication of their arrangements, safeguarding partners have up to three months to implement the arrangements.
- 5 Throughout the period of transition to the new arrangements the LSCB has continued to carry out all its statutory functions.
- 6 During the transition process an Executive Group was established which consisted of representatives of the three safeguarding partners (local authorities, chief officers of police, and clinical commissioning groups). The Executive Group made the decision to complete the transition to new arrangements by the end of March 2019.

## **Recommendation(s)**

- 7 Members of the Health and Wellbeing Board are recommended to:
- a) Note the content of this report.
  - b) Receive the update on the transition arrangements to Durham Safeguarding Children Partnership from 1<sup>st</sup> April 2019 and the new Safeguarding Arrangements Plan (Appendix 2).
  - c) Agree to receive an annual update from the Durham Safeguarding Children Partnership to ensure links are made between local child death issues and learning from regional reviews etc.

## **Background**

- 8 Under the Children Act 2004, as amended by the Children and Social Work Act 2017, LSCBs, set up by local authorities, will be replaced.
- 9 Under the new legislation, three safeguarding partners (local authorities, chief officers of police and clinical commissioning groups) must make arrangements to work together with relevant agencies (as they consider appropriate) to safeguard and protect the welfare of children in the area.
- 10 LSCBs must continue to commission Serious Case Reviews (SCR), until the point at which safeguarding partner arrangements begin to operate in their area. Likewise, LSCBs must continue to ensure that Child Death Reviews are undertaken by the established Child Death Overview Panel (CDOP) until the point at which new Child Death Review Partner arrangements are in place.
- 11 Under the new arrangements the responsibility for how the system learns the lessons from serious child safeguarding incidents lies at a national level with the Child Safeguarding Practice Review Panel (the Panel) and at local level with the safeguarding partners.
- 12 Child death review partners (local authorities and clinical commissioning groups) must set up child death review arrangements. From 29 June 2018, the Child Safeguarding Practice Review Panel (“the Panel”) may commission and publish national reviews of serious child safeguarding cases which they consider are complex or of national importance.

## **Transition Process**

- 13 Development sessions were convened between July and October 2018 at which LSCB partner agencies agreed a proposal for a new structure and governance arrangement in response to the Statutory Guidance Working Together 2018.

- 14 The new structure proposal included establishing an Executive Group of the three safeguarding partners to oversee the transition process and prepare for the implementation of the new arrangements following publication.
- 15 A Transition Project was initiated with a Transition Project Group coordinating five distinct work streams. LSCB partners decided that each work stream should be Chaired by a partner agency representative and aim to ensure that the new arrangements were compliant with the expectations as set out in statutory guidance. The work streams addressed the transitional requirements as follows:
- (I) Work Stream 1: Governance, Data and Legal  
Chair: Health
  - (II) Work Stream 2: Serious Case Reviews  
Chair: LSCB Business Manager
  - (III) Work Stream 3: Child Death Overview Panel  
Chair: DCC Public Health
  - (IV) Work Stream 4: Performance and Quality  
Chair: Police
  - (V) Work Stream 5: Training and Communications  
Chair: DCC Children and Young People's Service
- 16 Each work stream followed an agreed delivery plan of objectives and reported progress to the Project Group to ensure LSCB partners were kept informed of progress throughout the period of transition. The work stream chairs also attended the Executive group to report progress directly to safeguarding partner representatives.

## **Consultation**

- 17 Throughout the transition period partners undertook both consultation with safeguarding stakeholder groups and compiled findings from previous engagement. The information was used to inform the development of the new arrangements.
- 18 The consultation included:
- Survey of key safeguarding concerns of parents and carers
  - Survey of DCC CYPS Service Users
  - Two 'Agenda Days' (focus groups of, and facilitated by, young people)
  - A Focus Group session with Police Cadets
  - A survey of Designated Safeguarding Leads in Secondary Schools
  - Learners at New College affected by the Safeguarding Alert Process

- Review: School Parent Questionnaire
- Review: Durham Vision: Stage one consultation
- Review: Durham Pupil Survey 2017

## **Main implications**

### ***Safeguarding Partnership***

- 19 Following implementation of the new arrangements the DSCP membership will consist of an extended DSCP Executive group and Relevant Agency partners (virtual members).
- 20 The Relevant Agencies will also be represented by four agency groups that will be expected to meet and provide assurance reports to the Executive Group on an annual basis. These agency groups will represent the Criminal Justice Service, Education Sector, Health Service and the Voluntary and Community Sector.
- 21 Relevant agencies will not be required to attend every meeting but will nevertheless have a part to play in the business of the Durham Safeguarding Children Partnership.
- 22 The Independent Chair and The Local Authority Children and Young People's Service representative will engage with the Local Authority Portfolio Holder for Children and Young People every six months.

### ***Independent scrutiny***

- 23 The Durham Safeguarding Children Partnership will call upon different aspects of scrutiny throughout the year to review arrangements and inform the annual report. The safeguarding partners have agreed that the independent scrutiny will come from:

- Independent Chair
- Commissioned annual review
- Third party assurance and DSCP Support Team
- Internal Scrutiny Panel (to include Lay members, parents, practitioners and young people)
- External regulatory functions

and will:

- Provide assurance in judging the effectiveness of services to protect children.
- Assist if there is disagreement between the leaders responsible for protecting children in the agencies involved in the Durham Safeguarding Children Partnership.

- Support a culture and environment conducive to robust scrutiny and constructive challenge.
- The Independent Chair will work independently of the three safeguarding partners and in liaison with the DSCP Business Unit.

### ***Safeguarding Practice Review***

- 24 From 29 June 2018, local authorities are required, under a new statutory duty, to notify the Panel of incidents where they know or suspect that a child has been abused or neglected and the child has died or been seriously harmed.
- 25 LSCBs must continue to make decisions on initiating and publishing SCRs until the point at which safeguarding partner arrangements have been published and are in place.
- 26 They must also continue to ensure that the review of each death of a child normally resident in the LSCB area, is undertaken by the established child death overview panel (CDOP), until the point at which new child death review partner arrangements are in place. At the latest the new safeguarding and child death review arrangements must be in place by 29 September 2019, in Durham it is planned to be in place by 1st April 2019.
- 27 They should set out any decisions on SCRs which are outstanding at the time of handover and before safeguarding partner arrangements begin to operate in a local area, LSCBs should plan how and when to hand over all relevant data and information. LSCBs should ensure the retention of pertinent historical records and arrange to pass on copies of records they hold to the safeguarding partners. In doing so, they should comply with the Data Protection Act 2018 and the General Data Protection Regulation and provide a clear audit trail.
- 28 The Serious Case Reviews that are not complete at the point of LSCB should seek to complete and publish any incomplete serious case reviews within six months of the date of the decision to initiate the review but has a maximum of 12 months to do so. In this 12-month grace period the LSCB may not commission any further SCRs or continue with any other former activities and the latest date for completion and publication of an LSCB initiated Serious Case Review is 29 September 2020.

### ***Child Death Review***

- 29 A child death review partner in relation to a local authority area in England is defined under the Children Act 2004 as (a) the local authority, and (b) any clinical commissioning group for an area any part of which falls within the local authority area.

- 30 The two partners must make arrangements for the review of each death of a child normally resident in the area and may also, if they consider it appropriate, make arrangements for the review of a death in their area of a child not normally resident there.
- 31 They must also make arrangements for the analysis of information about deaths reviewed under this section. The purposes of a review or analysis are (a) to identify any matters relating to the death or deaths that are relevant to the welfare of children in the area or to public health and safety, and (b) to consider whether it would be appropriate for anyone to take action in relation to any matters identified. The review should also provide data to NHS Digital and then, once established, to the National Child Mortality Database.
- 32 Child death review partners for a local authority area in England must prepare and publish a report as set out in the statutory responsibilities above. They may therefore wish to ask the CDOP (or equivalent) to produce an annual report for child death review partners on local patterns and trends in child deaths, any lessons learnt and actions taken, and the effectiveness of the wider child death review process in order to assist child death review partners to prepare their report.

## Conclusion

- 33 In April 2019 the Local Safeguarding Children Board will cease to exist and will be replaced with the Durham Safeguarding Children Partnership (DSCP). This DSCP will be led by three statutory safeguarding partners and they are Durham County Council, Durham Constabulary, and the Clinical Commissioning Groups which have responsibility for North Durham and Durham Dales, Easington and Sedgefield geographic areas.
- 34 The statutory guidance *Working Together to Safeguard Children (2018)* sets out key roles to deliver effective safeguarding arrangements. It is essential that these arrangements are strongly led and promoted at a local level, specifically by local area leaders, including local authority Chief Executives and Lead Members of Children's Services, Mayors, the Police and Crime Commissioner and through the commitment of chief officers in all organisations and agencies, in particular those representing the three safeguarding partners. These are Directors of Children's Services, Chief Constables of police and Accountable Officers and/or Chief Nurses of clinical commissioning groups.

## Background Papers

- [Working Together to Safeguard Children 2018](#)

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**Jacqui Doherty, Business Manager,  
Durham Safeguarding Children Partnership**

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## **Appendix 1: Implications**

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### **Legal Implications**

Under the Children Act 2004, as amended by the Children and Social Work Act 2017, Local Safeguarding Children Boards, set up by local authorities, will be replaced. The statutory guidance Working Together to Safeguard Children 2018 sets out key roles to deliver effective safeguarding arrangements.

### **Finance**

Safeguarding Partners (local authority, clinical commissioning groups and police) need to agree their funding plans for the local area, ensuring they are equitable and proportionate to meet local needs.

### **Consultation**

Throughout the transition period partners undertook consultation with safeguarding stakeholder groups and compiled findings from previous engagement.

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

Equality and diversity has been considered throughout the transition process.

### **Human Rights**

Human rights have been considered throughout the transition process.

### **Crime and Disorder**

The new arrangements consider contextual safeguarding which is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families, for example "county lines".

### **Staffing**

The Durham Safeguarding Children Partnership is supported by a Business Unit.

### **Accommodation**

Not applicable.

### **Risk**

A risk register has monitored risks associated with the transition and moving to the Durham Safeguarding Children Partnership.

### **Procurement**

Not applicable



# DURHAM SAFEGUARDING CHILDREN PARTNERSHIP ARRANGEMENTS

OUR NEW ARRANGEMENTS APRIL 2019

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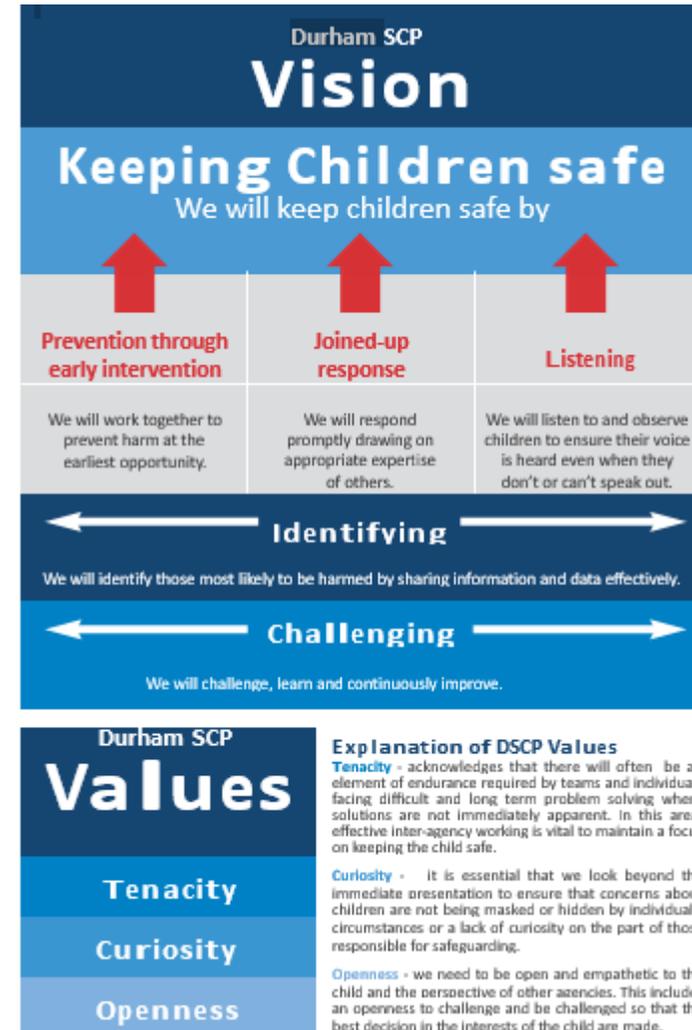
## Introduction

The Durham Safeguarding Children Partnership (DSCP) is established in accordance with the Children Act 2004 (as amended by Children and Social Work Act 2017) and Chapter 3 Working Together to Safeguard Children 2018. The DSCP provides the safeguarding arrangements under which the safeguarding partners and relevant agencies work together to coordinate their safeguarding services, identify and respond to the needs of children in County Durham, commission and publish local child safeguarding practice reviews and provide scrutiny to ensure the effectiveness of the arrangements.



## Vision and Values

The vision of the DSCP is to 'Keep Children Safe'.



## Durham Safeguarding Children Partnership

The 3 Statutory Safeguarding Partners in Durham are:

- County Durham Clinical Commissioning Groups
  - North Durham CCG
  - Durham Dales, Easington and Sedgefield CCG
- Durham County Council (Children and Young People's Service)
- Durham Constabulary

The Safeguarding Partners share responsibility for ensuring effective local safeguarding arrangements. In situations that require a clear, single point of leadership, all three Safeguarding Partners should decide who would take the lead on issues that arise. These three Safeguarding Partners are charged with supporting and enabling local organisations and agencies to work together in a system where:

- children are safeguarded and their welfare promoted
- partner organisations and agencies collaborate, share and co-own the vision for how to achieve improved outcomes for vulnerable children
- organisations and agencies challenge appropriately and hold one another to account effectively
- there is early identification and analysis of new safeguarding issues and emerging threats
- learning is promoted and embedded in a way that local services for children and families can become more reflective and implement changes to practice
- information is shared effectively to facilitate more accurate and timely decision making for children and families

In order to work together effectively with local organisations and agencies the Safeguarding Partners will develop processes that:

- facilitate and drive action beyond usual institutional and agency constraints and boundaries
- ensure the effective protection of children is founded on practitioners developing lasting and trusting relationships with children and their families.

DSCP supports, oversees, challenges and facilitates these systems at a strategic level. In addition to monitoring safeguarding activity, the Partnership has a role in challenging single agency practice in relevant circumstances.

The business of the Durham Safeguarding Children Partnership is carried out by DSCP Safeguarding Executive Group and the relevant partner agencies.

## Geographical area

County Durham stretches from the rural North Pennines Area of Outstanding Natural Beauty in the west to the Heritage Coastline in the east and is home to a range of national treasures including Durham Cathedral, a UNESCO World Heritage Site.



The DSCP arrangements apply to the area defined by the Durham County Council local authority boundary.

However, some partners to these arrangements may have responsibility for services beyond this area either due to their organisational boundaries overlapping other local authority areas or because they have responsibilities for children living in another area.

Durham has its challenges in relation to deprivation and the differing needs of its population. There are 100,540 young people of which 12,000 children under the age of 16 are living with

domestic abuse; 6,000 are receiving early help services; 3,500 are considered to be children in need; 800 are looked after; and 500 are subject to a child protection plan.

The DSCP child protection procedures include appropriate guidance for operational arrangements to address the needs of children and families who move across or live within different areas.



There are an estimated **100,540 children and young people (0-18)** living in County Durham



**Child poverty** in County Durham is higher than the England average, with **19.4% of children** under 18 years living in poverty



The County has **12 major centres of population** including Durham City, Chester-le-Street, Newton Aycliffe, Consett and Peterlee



Although levels of deprivation in County Durham have improved we are ranked the **75th most deprived area** out of 326 local authorities in England

## Durham Safeguarding Children Partnership Membership

The DSCP membership will consist of an extended DSCP Executive group and of relevant partners (virtual members).

Extended DSCP Executive Group:

- Independent Chair
- The Local Authority Children and Young People's Service
- The Clinical Commissioning Group (CCG) - North Durham CCG and Durham Dales, Easington & Sedgefield CCG
- Durham Constabulary
- Chairs of the DSCP Sub-Groups
- Designated Doctor for Safeguarding Children
- DSCP Business Manager (for support)

The relevant agencies required to provide virtual representation or representation at subgroups, development session and agency groups are:

- County Durham & Darlington NHS Foundation Trust
- Tees, Esk & Wear Valleys NHS Foundation Trust
- Harrogate & District NHS Foundation Trust
- North Tees and Hartlepool NHS Foundation Trust
- City Hospitals Sunderland NHS Foundation Trust
- North East Ambulance Service
- Durham Voice (Voluntary Sector)
- Further Education Settings
  - Bishop Auckland College
  - New College Durham
  - East Durham College

- Derwentside College
- Children and Family Court Advisory and Support Service (Cafcass)
- Education
- Independent Schools
- Schools
- Public Health
- National Probation Service Durham
- Durham Tees Valley Community Rehabilitation Company
- County Durham Youth Offending Service
- Housing Services
- NHS England
- The Local Authority Adult & Health Services
- The Local Authority Early Help, inclusion and vulnerable children Services
- The Local Authority Legal Services
- The Prison Service
- County Durham & Darlington Fire & Rescue Service
- British Transport Police
- Faith Groups

Out of the relevant agencies, there will be 4 agency groups that will be expected to meet and provide assurance reports to the Executive Group on an annual basis.

Relevant agencies will not be required to attend every meeting but will nevertheless have a part to play in the business of the Durham Safeguarding Children Partnership.

Other agencies outside of the 4 agency groups are:

- Public Health
- Housing Services
- County Durham and Darlington Fire and Rescue Service
- Faith Groups

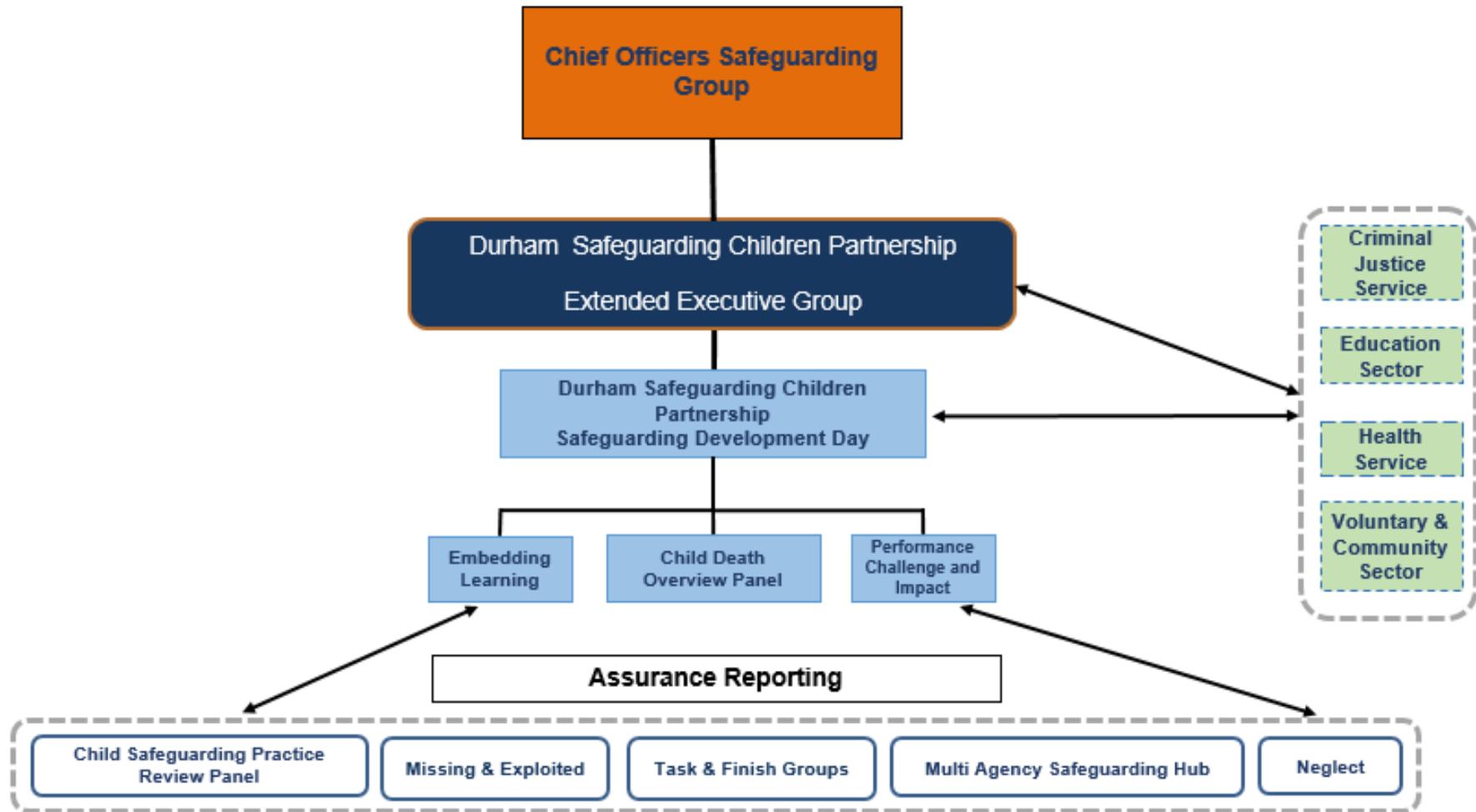
All of these members, along with other officers, will be invited to attend the Extended Safeguarding Executive meetings as appropriate, for example: to provide information and updates on actions, initiatives and inspection; and to provide annual assurance on safeguarding activity and exception reporting if necessary using the DSCP Agency Assurance Report template which will be included in the annual report. All members including Lay members will also be invited to attend DSCP development days to review priorities and identify partnership progress.

The Independent Chair and The Local Authority Children and Young People’s Service representative will engage with the Locality Authority Portfolio Holder for Children every 6 months.



<b>Criminal Justice Group</b>	<b>Health Group</b>	<b>Education Group</b>	<b>Voluntary Sector</b>
Durham Tees Valley Community Rehabilitation Company	Tees, Esk and Wear Valleys NHS Foundation Trust	New College Durham	Durham Voice (Voluntary Sector)
National Probation Service	Harrogate and District NHS Foundation Trust	East Durham College	
County Durham Youth Offending Service	North Tees and Hartlepool NHS Foundation Trust	Derwentside College	
The Prison Service	City Hospitals Sunderland NHS Foundation Trust	Bishop Auckland College	
British Transport Police	North East Ambulance Service	Schools	
Durham Constabulary	County Durham and Darlington Foundation Trust	Education	
	NHS England	Independent Schools	
	The Clinical Commissioning Group (CCG) - North Durham CCG and Durham Dales, Easington & Sedgfield CCG		

# Durham Safeguarding Children Partnership Structure



Use existing Task and Finish Groups of other partnerships or Task and Finish Groups prescribed by the Executive Group to progress additional partnership priorities to ensure we are responsive to emerging issues. These groups will report above

Key:  
Working Relationship ————  
Reporting Relationship - - - - -

# Durham Safeguarding Children Partnership Reporting and Assurance Structure

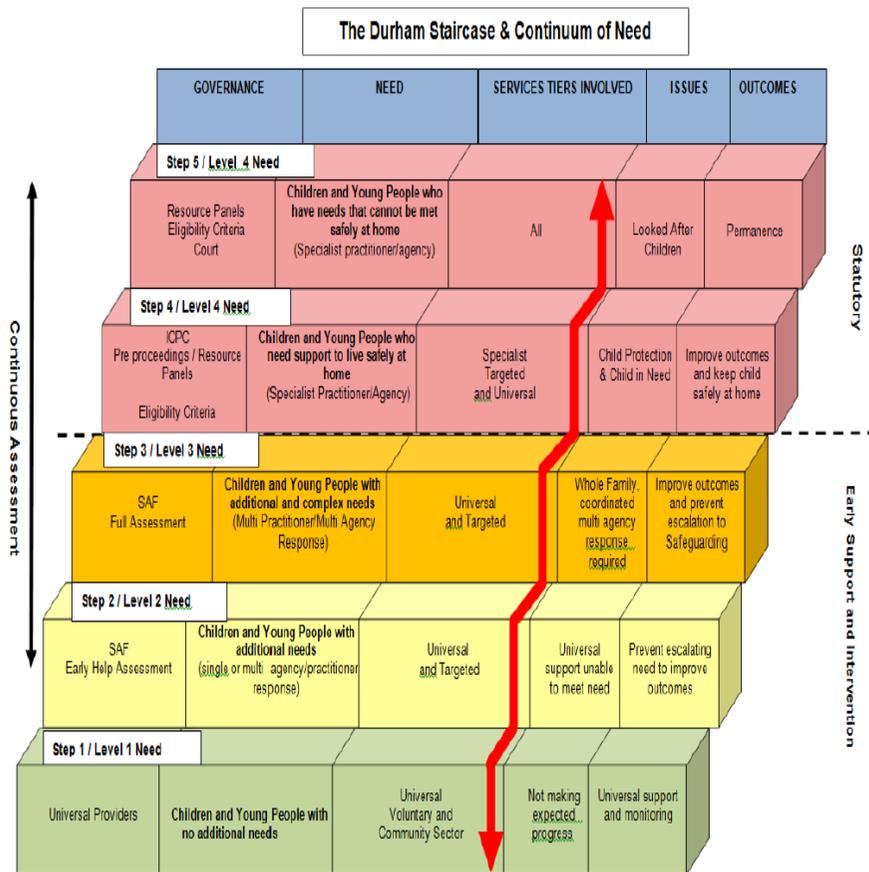


Use existing Task and Finish Groups of other partnerships or Task and Finish Groups prescribed by the Executive Group to progress additional Board priorities to ensure responsive to emerging issues. These groups will report above

Key:  
Reporting Relationship - - - - -

## Thresholds

The threshold document outlines Durham's criteria for action when a family requires support. This tool is designed to be transparent, accessible and easily understood by families and professionals alike. The support that is offered to families should increase in line with the level of concern or risk, including referral to children's social care for assessment for statutory services.



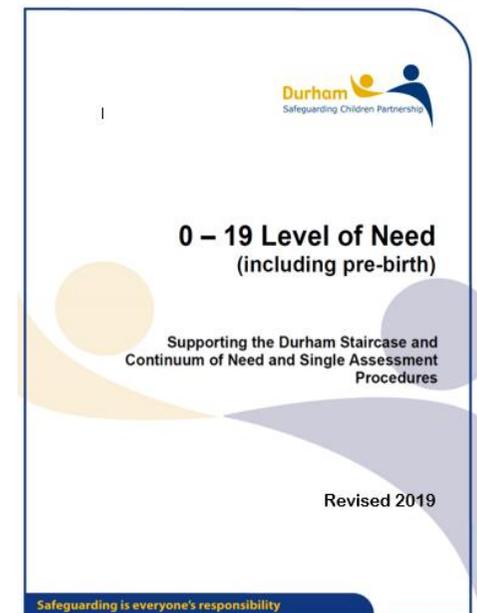
In County Durham, a staircase model has been used to illustrate levels of need since 2012. The lowest need is shown as the bottom step and the highest level of need as the top step.

Regardless of which 'step' children, young people and family's needs are on, they will be supported at the earliest opportunity and continue to be supported by the relevant services as they move up and down the staircase.

The Durham staircase illustrates our integrated services pathway model and is designed to reflect the fact that the needs of children, young people and families exist along a continuum.

The staircase sets out need across 4 levels - 5 steps.

The current document [Threshold of Need](#) will stand until a review is completed in light of developments in practice, Durham's threshold document will be reviewed and updated during 2019. It will include the strengths based approach being developed across the partnership (Signs of Safety), which seeks to build on families strengths and resilience to resolve problems and reduce risk. It will also integrate indicators about contextual safeguarding guidance in light of growing concern about exploitation and



harm caused to young people outside of their family environment. It is anticipated that the new document will be launched towards the end of 2019.

### Extended Safeguarding Executive Group

The purpose of the Extended Safeguarding Executive Group is to ensure that DSCP fulfils the requirements of Working Together to Safeguard Children 2018.

#### Objectives:

- Set the strategic direction for safeguarding arrangements across the partnership.
- Act as a constructive critical friend and promote reflection to drive continuous improvement.
- Provide independent oversight and scrutiny in judging the effectiveness of multi-agency arrangements to safeguard and promote the welfare of all children in a local area, including arrangements to identify and review serious child safeguarding cases.
- Be informed and assured about the quality of the safeguarding work being undertaken by all partner organisations using the system of regular Agency Assurance Reports to Board in the required format.
- Seek assurance that partnership messages and learning are disseminated.
- Drive the safeguarding children agenda forward.
- Endeavour to ensure that the risk of future harm to children is reduced.

### Performance, Challenge and Impact Group

The purpose of the Performance, Challenge and Impact group is to monitor the impact and outcomes of partner activity on behalf of the Durham Safeguarding Children Partnership (DSCP), as required by Chapter 3 of Working Together to Safeguard Children 2018.

The group will consider the performance of all agencies involved in safeguarding children using the Vision of the DSCP as a basis from which to assess good practice and concerns, reporting such to the Safeguarding Executive Group, by using data and intelligence.



## Objectives:

### Performance

- To report the key quality and performance standards that reflect the above Vision and Values.
- Hold agencies to account for their organisational performance reporting concerns to the DSCP.
- Maintain the DSCP performance report card.

### Effectiveness

- Ensure robust systems are in place to measure the effectiveness of safeguarding policy and procedures.
- Ensure gaps in understanding and performance are understood, communicated and actioned.

### Impact

- Ensure that performance is assessed through the eyes of the child.
- Ensure that performance is assessed with clear line of sight to front line practice.
- Ensure that the limitations of any performance data is recognised and consideration is given to areas where it is not possible or difficult to collate data but remain important in keeping children safe.

## Embedded Learning Group

The purpose of the Embedding Learning Group is to improve the quality of multi-agency safeguarding frontline practice through the implementation of a joint, co-ordinated approach which will ensure good outcomes for children which will be evidenced through multi-agency audit; peer review and inspection.

The work will respond to the recommendations and actions from inspection; audit; child safeguarding practice reviews; local learning lessons reviews; complaints; performance information; and feedback from children and families. This is to ensure multi-agency safeguarding practice is high quality; makes a difference to children; and enhances learning about what works for children and families.

### Objectives

- Understand and communicate key areas for multi-agency practice improvement following inspection activity, multi-agency audits and/or lessons from local and national child safeguarding practice reviews across their own agencies;
- Understand DSCP multi-agency performance information and what this means for practice improvement as well as areas of good practice;
- Work together to identify and address aspects of frontline practice that require improvement;
- Contribute to the development and delivery of identified actions and plans which will ensure practice improvements keep children safe;

- Contribute and co-ordinate to multi-agency audit processes and ensure all areas for improvement are actively addressed through individual and joint agency action;
- Monitor and challenge progress against identified improvements so that all partners are held to account;
- Develop required systems to ensure effective partnership working across all statutory and inspection requirements;
- Have clear links to workforce development and training to ensure lessons learned are effectively disseminated;
- Identify and celebrate good practice and encourage the partnership to do more of it.
- Complete the Learning & Workforce Development Strategy which sets out the partnership approach to learning and development.
- Identifying training needs, setting the Safeguarding Children Competency Framework/Training levels, and multi-agency training.

#### Child Death Overview Panel (CDOP)

The purpose of the County Durham & Darlington Child Death Overview Panel (CDOP) is set out in HM Government Child Death Review Statutory & Operational Guidance (England). These terms of reference for the CDOP are therefore based on that guidance.

Working Together 2018 specifies that:

When a child dies, in any circumstances, it is important for parents and families to understand what has happened and whether there are any lessons to be learned.

In County Durham and Darlington the child death review will be considered jointly for the purpose of undertaking child death reviews and learning lessons across the agencies that delivery services in both County Durham and Darlington.

The responsibility for ensuring child death reviews are carried out is held by 'child death review partners,' who are defined in County Durham and Darlington as Durham and Darlington Local Authorities, North Durham Clinical Commissioning Group, Durham Dales & Easington Clinical Commissioning Group and Darlington Clinical Commissioning Group.

Child death review partners must make arrangements to review all deaths of children normally resident in the local area and, if they consider it appropriate, for any non-resident child who has died in their area.

In order to fulfil the requirements of the child death review process, County Durham and Darlington will request information agencies who have had involvement for the purposes of enabling or assisting the review. Agencies must comply with the request, and if they do not, the child death review partners may take necessary action to seek compliance.

The purpose of a review and/or analysis is to identify any matters relating to the death, or deaths, that are relevant to the welfare of children in the area or to public health and safety, and to consider whether action should be taken in relation to any matters identified. If child death review partners find action should be taken by a person or organisation, they must inform them.

In addition, County Durham & Darlington CDOP will publish an annual report of the analysis of the Child Death Reviews undertaken and what they have done as a result.

## Objectives

- To collect and collate information about each child death, seeking relevant information from professionals and, where appropriate, family members;
- To analyse the information obtained, including the report from the Child Death Review Meeting(s), in order to confirm or clarify the cause of death, to determine any contributory factors, and to identify learning arising from the child death review process that may prevent future deaths.
- To make recommendations to all relevant organisations where actions have been identified which may prevent future child deaths or promote the health, safety and wellbeing of children.
- To notify the Child Safeguarding Practice Review Panel and local Safeguarding Partners when it suspects that a child may have been abused or neglected
- To notify the Medical Examiner (once introduced) and the doctor who certified the cause of death, if it identifies any errors or deficiencies in an individual child's registered cause of death. Any correction to the child's cause of death would only be made following an application for a formal correction;
- To provide specified data to NHS Digital and then, once established, to the National Child Mortality Database;

- To produce an annual report for Child Death Review partners on local patterns and trends in child deaths, any lessons learnt and actions taken, and the effectiveness of the wider child death review process.
- Exception reports to be presented to the Safeguarding Executive group as and when required.
- To contribute to local, regional and national initiatives to consider learning from child death reviews, including, where appropriate, approved research carried out within the requirements of data protection.
- To engage with regional partners to ensure learning is shared and implemented.

## Child Safeguarding Practice Reviews

Durham Safeguarding Children Partnership will identify serious child safeguarding cases which raise issues of importance in relation to the area and commission and oversee a review of those cases where they consider it appropriate to do so. The identification of serious child safeguarding cases will primarily be through the notification requirements<sup>1</sup> placed on Durham County Council which require certain incidents to be notified to the national Child Safeguarding Practice Review Panel. In Durham this responsibility will lie with a multiagency single point of contact (SPOC) group to determine if the criteria is met for a notifiable incident. Any organisation within statutory or official duties in relation to children (including all members of the partnership) should inform the Durham Safeguarding Children Partnership Business Unit of any incident which they think should be

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<sup>1</sup> s16C(1) of the Children Act 2004 (as amended by the Children and Social Work Act 2017)

considered as a notifiable incident and should be considered for a child safeguarding practice review<sup>2</sup>.

The definition of a serious child safeguarding case are those in which:

- abuse or neglect of a child is known or suspected; *and*
- the child has died or has been seriously harmed.

Serious harm includes (but is not limited to) serious and/or long-term impairment of a child's mental health or intellectual, emotional, social or behavioural development. It should also cover impairment of physical health. This is not an exhaustive list. When making decisions, judgment should be exercised in cases where impairment is likely to be long-term, even if this is not immediately certain. Even if a child recovers, including from a one-off incident, serious harm may still have occurred.

### Notification of incidents

When a Safeguarding Partner knows or suspects that a child has been abused or neglected and the definition of a serious child safeguarding case applies, a referral will be made to the Durham Safeguarding Children Partnership Business Unit to hold a multiagency notification consideration meeting to determine if the criteria is met for a notifiable incident within 5 working days of becoming aware of the incident.

A meeting of single points of contact members will be arranged and a decision made as to whether the criteria for a notifiable incident is met.

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<sup>2</sup> Child perpetrators may also be the subject of a review, if the definition of 'serious child safeguarding case' is met.

If the criteria is met for a notifiable incident Durham Safeguarding Children Partnership will notify the National Child Safeguarding Practice Review Panel on behalf of Durham County Council of any incident that meets the notification criteria within 5 working days of becoming aware using the approved online notification process.

### Rapid Review

The Business Unit will arrange for a Rapid Review to be undertaken and completed for:

- All cases agreed to be a notifiable incident.

The aim of a Rapid Review is to enable safeguarding partners to:

- Gather the facts about the case, as far as they can be readily established at the time.
- Discuss whether there is any immediate action needed to ensure children's safety and share any learning appropriately.
- Consider the potential for identifying improvements to safeguard and promote the welfare of children.
- Decide what steps they should take next, including whether or not to undertake a child safeguarding practice review.

As soon as the Rapid Review is complete, the safeguarding Business Unit should send a copy to the National Panel. They should also share with the National Panel their decision about whether a local child safeguarding practice review is appropriate, or whether they think the

Case may raise issues which are complex or of national importance such that a national review may be appropriate.

The Rapid Review will be undertaken and completed within 15 working days of notification and will be coordinated by the DSCP Business Manager. A detailed process for Rapid Reviews has been agreed across Durham. (See Appendix A)

When considering whether to commission a child safeguarding practice review the safeguarding partners will have regard to the definition of a serious child safeguarding case (see earlier) and the following criteria:

Whether the case:

- highlights or may highlight improvements needed to safeguard and promote the welfare of children, including where those improvements have been previously identified.
- highlights or may highlight recurrent themes in the safeguarding and promotion of the welfare of children.
- highlights or may highlight concerns regarding two or more organisations or agencies working together effectively to safeguard and promote the welfare of children.
- is one which the Child Safeguarding Practice Review Panel have considered and concluded a local review may be more appropriate.

Where there are differences of opinion in whether the criteria for a review have been met, a majority decision will be accepted (i.e. 2 of the 3 partners in agreement). The Safeguarding Partners may consider that a child safeguarding practice review is appropriate for cases that do not meet the definition of a 'serious child safeguarding

case' but nevertheless might reveal learning related to good practice, poor practice or near misses.

The response of the National Panel to the Rapid Review will be reported back to the Safeguarding Partners. Should the National Panel disagree with the decision made by the Safeguarding Partners the DSCP Business Manager will circulate the details of the response and convene a meeting/telephone conference of the DSCP Executive Group to consider the information provided and review the initial decision. The Safeguarding Partners, with advice from the Independent Chair, may decide to adhere to their initial decision or conclude that a Child Safeguarding Practice Review should be commissioned, in either case the justification should be clearly recorded and provided to the National Panel.

The outcome and rationale for the Safeguarding Partners' decision on whether or not to conduct a review will be communicated in writing to the child/family concerned. Where possible this should be provided in person through the practitioner currently working with the family (social worker/police officer) to allow an opportunity for any questions to be raised and responded to.

The Independent Chair will complete a 6 monthly audit of the Rapid Reviews undertaken during the previous period to provide assurance to the Extended Safeguarding Executive Group that the process is working effectively and that appropriate decisions are being made with a clear rationale.

Child Safeguarding Practice Reviews will be undertaken in line with the local procedures. The process will be managed by the Child Safeguarding Practice Review Panel. Once completed the Review

Report will be presented to the Extended Safeguarding Executive Group for sign off.

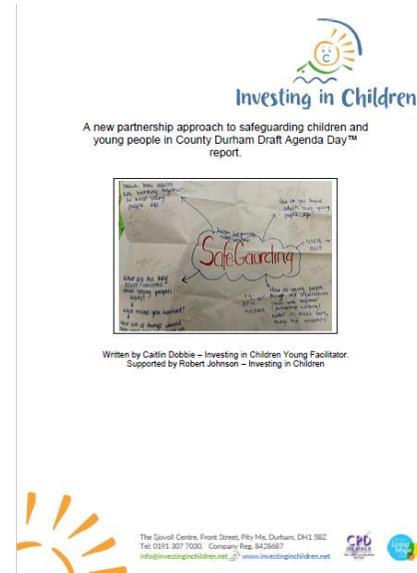
Reviews will be completed and published within six months unless there are extenuating circumstances such as an ongoing criminal or coronial proceedings. Any delay to the completion or publication of a review will be approved by the Extended Safeguarding Executive Group and the reasons notified to the National Panel and Secretary of State. In some circumstances the Extended Safeguarding Executive Group may consider it not to be appropriate to publish a review report in which case arrangements will be made to publish information about the improvements that should be made following the review. The Safeguarding Executive Group will set out for the National Panel and the Secretary of State the justification for any decision not to publish either the full report or information relating to improvements<sup>3</sup>.

Publication of Child Safeguarding Practice Reviews or information about the improvements that should be made will be via the DSCP website. The reports/information will remain on the website for a one year period and thereafter will be available on request. The NSPCC maintains a national case review repository where case reviews remain available electronically for five years.

The learning from the reviews will fed into the Embedded Learning Group to assure that learning is disseminated and embedded by practitioners.

<sup>3</sup> Safeguarding partners should have regard to any comments that the Panel or the Secretary of State may make in respect of publication.

## Voice of Children and Families



We will create a Young Commissioner Apprenticeship which will be supported by Investing in Children (a community interest company).

The Young Commissioner will engage with young people and coordinate a young people's annual report from feedback from agenda days below and the internal scrutiny panel.

Our Young Commissioner and the internal scrutiny panel will meet 6 monthly and will include young people, families, Lay Members and practitioners. The panel will review and scrutinise the previous 6 months' work of the partnership and influence the priorities and forward plan.

Investing in Children will facilitate 2 agenda days with young people annually to review the previous years' work and influence the next year.

We will continue to ask our relevant agencies and other partners how they ensure they have captured the voices of children, young people and families in their work as well as identifying other innovative ways to gather this feedback through the partnership.

We have engaged with young people in the development of this plan.

## Independent scrutiny

As described in Chapter 3 of Working Together the three Safeguarding Partners are responsible for determining local arrangements including involving other relevant agencies. The Safeguarding Partners have agreed that the independent scrutiny will come from 5 areas.

- Independent Chair
- Commissioned annual review
- 3<sup>rd</sup> party assurance and DSCP Support Team
- Internal Scrutiny Panel (to include Lay members, parents, practitioners and young people)
- External regulatory functions

The Safeguarding Partnership will call upon different aspects of scrutiny throughout the year in order to respond to findings in a timely manner review and inform the annual report.

The scrutiny functions will form part of these arrangements and will achieve the following:

- Provide assurance in judging the effectiveness of services to protect children.
- Assist if there is disagreement between the leaders responsible for protecting children in the agencies involved in the Durham Safeguarding Children Partnership.

- Support a culture and environment conducive to robust scrutiny and constructive challenge.
- The Independent Chair will work independently of the three Safeguarding Partners and in liaison with the DSCP Business Unit.



The key questions in terms of the scrutiny function:

- How effective are the multi-agency safeguarding arrangements in getting a clear line of sight on single agency and multi-agency practice?
- Do the arrangements enable space for reflection and learning from practice?
- Do the partnership arrangements have a positive impact on multi-agency working and/or front-line practice?

The role of the scrutiny functions is to:

- Assess how well organisations come together to cooperate with one another to safeguard and promote the welfare of children and to hold each other to account for effective safeguarding.
- Contribute to the content of the partnership's annual report on the effectiveness of safeguarding arrangements, their performance and the effectiveness of local services. Assess the effectiveness of the help being provided to children and families including early help.
- Assess whether the three Safeguarding Partners are fulfilling their statutory obligations.

### **Partnership Yearly Report & Review of Arrangements**

It is the intention of the DSCP to publish a report at least once annually. Partners will ensure the report is widely available.

The DSCP Annual Report will:

- set out what has been done and outline the effectiveness of the partnership in practice.
- outline actions relating to local child safeguarding practice reviews and what the Safeguarding Partnership has done as a result.
- present evidence of the impact of the work of the Safeguarding Partners and relevant agencies on outcomes for children and families.
- include a record of actions taken by the Safeguarding Partnership during the reporting period (or planned to be taken) to implement the recommendations of any reviews.

- highlight ways in which the Safeguarding Partnership have sought and utilised feedback from children, young people and families to inform their work and influence service provision.
- include the evidence collated through independent scrutiny.
- provide evidence from the assurance reporting from the relevant agencies and the structure supporting the partnership.

### **Schools, Educational Establishments and Early Years Settings**

The Durham Safeguarding Children Partnership will include a 'virtual membership' of relevant partners.

These members, along with other officers, will be invited to attend as appropriate, for example: to provide information and updates on actions, initiatives and inspection; and to provide assurance on safeguarding activity using the DSCP Agency Assurance Report template which will be included in the annual report.



DSCP have identified schools (including multi-academy trusts), colleges and other educational providers, in the local area to be fully engaged, involved and included in the new safeguarding arrangements. A representative, or representatives, for educational providers will also, therefore be virtual members of the Safeguarding Partnership. The reporting relationship between the Education Sector and DSCP Executive is shown in the DSCP structure chart.

### **Children Living Away From Home**

The Durham Safeguarding Children Partnership will ensure that those responsible for looking after children in settings away from home, including residential homes for children, foster carers, mental health and custodial settings are engaged with the safeguarding arrangements through the Safeguarding Partner responsible for commissioning those services or by direct contact with those organisations.

### **Secure Children's Home**

There is one secure children's home in County Durham. The Performance, Challenge and Impact Sub-group will receive the Annual Ofsted Report and the notes of regulatory visits and a representative from the secure children's home is a member of this Sub-Group. The Performance, Challenge and Impact group, will have an overview of the restraints that have taken place on a quarterly basis and the findings will be included in the DSCP annual report.

### **Funding**

The funding arrangements for the Durham Safeguarding Children Partnership have been agreed for 2019/20 and will comprise of:

- Contributions by partner organisations at the same level as previously provided to the Local Safeguarding Children Board 2018/19.
- Accommodation and communications services provided by Durham County Council and hosting of the Business Unit with the ability to seek legal advice from the Council's Legal services when required.
- The contributions from Health Partners will be collated and provided by the Clinical Commissioning Group.

The existing LSCB reserve will be transferred to the new safeguarding arrangements.

A review of the funding arrangements will be undertaken during 2019 to enable the Safeguarding Partners to consider the future resourcing requirements; agree the level of funding provided by each Safeguarding Partner; and any contributions from relevant agencies. The review will consider how the reserve should be used and the appropriate level of reserve moving forward and will also take account of the statutory guidance which requires the Safeguarding Partners' funding of the arrangements to be 'equitable and proportionate'.

### **Safeguarding Offer**

The Safeguarding Partnership has undertaken a review of the safeguarding offer to ensure that the provisions meet the requirements of Working Together 2018. This review will support the new arrangements including funding.

## Audit

The DSCP Audit Framework describes the Safeguarding Partnership approach to multi-agency and inter-agency audit. An annual audit programme will be agreed and overseen by the Embedded Learning Group and the aim will be to undertake a minimum of six multi-agency audits annually. Single agency audits will also be undertaken and reported to the Embedded Learning Group on a quarterly basis.

The programme will reflect the priorities for safeguarding children in Durham and will be informed by:

- Child Safeguarding Practice Reviews.
- Performance indicators.
- The findings and themes from previous audits.
- The outcome of inspections by regulatory bodies.
- Section 11 Audits.
- Practitioner Survey.

### Inter-agency training

The Embedded Learning Group is responsible for the Learning & Workforce Development Strategy which sets out the Safeguarding Partnership approach to learning and development. This includes identifying training needs, setting the Safeguarding Children Competency Framework/Training levels and multi-agency training.

The Training Strategy is designed to provide the approach to support commissioners and practitioners to embed good practice in relation to the safeguarding of children and young people in County Durham. It aims to ensure that all staff working with children and/or adults are aware of the need to safeguard and promote the safety and welfare of children and are skilled and competent in carrying out their

responsibilities when concerns arise. This includes the use of early help services.

Every partner organisation of Durham Safeguarding Children Partnership is required to produce a service specific training plan that outlines how safeguarding training will be delivered.

All DSCP training will be based on relevant legislation and statutory guidance. The standards will be monitored on behalf of the DSCP through the Embedded Learning Group.

All aspects of training will seek to achieve better outcomes for children and young people by fostering:

- a shared understanding of the tasks, processes, principles, roles and responsibilities outlined in national guidance and local arrangements for safeguarding children and promoting their welfare;
- more effective and integrated services at both a strategic and operational case level;
- improved communication and information sharing between professionals, including a common understanding of key terms, definitions and levels of need;
- effective working relationships, including an ability to work in multidisciplinary groups or teams;
- sound child-focused assessments and decision-making;
- learning from Child Safeguarding Practice Reviews (CSPRs) and child death reviews.

## Working with other Strategic Partnership Boards

The DSCP will have a working and reporting relationship with a number of other Partnership Boards including the Local Safeguarding Adults Board, Safe Durham Partnership and Health & Wellbeing Board. This relationship will ensure the DSCP is cognisant of, and has the opportunities to challenge arrangements in relation to the safety and welfare of children and young people, for example:

- Domestic abuse
- Think Family
- Modern slavery
- Female Genital Mutilation (FGM)
- Prevent and Channel
- Exploitation
- Health and wellbeing of Looked After Children.

This challenge will take place through regular updates from the relevant Partnership Boards.

## Evaluating our Partnership Arrangements

The Safeguarding Partners and Relevant Agencies in County Durham are committed to the ongoing development of Durham Safeguarding Children Partnership. We will ensure that services are targeted to support children and families in need in order to achieve the best possible outcomes.

Through self-assessment, continuous audit and scrutiny (external and internal):

- We will have line of sight of frontline delivery of services;
- We will have an awareness of the outcomes for children and families in County Durham;
- We hear the voice of children and young people; parents and carers and practitioners.

## Signatories

### Margaret Whellans

Corporate Director of Children and Young People's Services

Durham County Council

### Gill Findley

Director of Nursing

Durham Dales, Easington and Sedgfield CCG

North Durham CCG

### Dave Ashton

Detective Superintendent (Force Lead for Safeguarding)

Durham Constabulary

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**Health and Wellbeing Board**

**8 May 2019**

**First Annual Update of the  
Pharmaceutical Needs Assessment  
2018-21 Action Plan**



**Report of Amanda Healy, Director of Public Health, Adult and Health Services, Durham County Council**

**Electoral division(s) affected:**

Countywide.

**Purpose of the Report**

- 1 The purpose of this report is to present the Health and Wellbeing Board with the first annual update of the Pharmaceutical Needs Assessment (PNA) 2018-21 action plan (see Appendix 2).

**Executive Summary**

- 2 This report describes the annual progress against the actions described in the PNA action plan. Overall, good progress has been made and a number of collaborative workstreams are ongoing (e.g. monitoring changes to pharmaceutical services; supporting access to medicines and appropriate use of pharmacy services; ongoing work with Healthwatch and a local pharmacy awareness raising campaign).

**Recommendation(s)**

- 3 The Health and Wellbeing Board is recommended to:
  - a) Consider the first annual update of the PNA 2018-21 action plan.
  - b) Note the progress to date, and the ongoing and future workstreams.

**Background**

- 4 As part of the publication of the PNA in April 2018, an accompanying action plan was developed under the headings of the three key statements in the PNA which are:
  - a) There are sufficient pharmaceutical services in the 6 localities in County Durham.

- b) There is still scope to further develop locally commissioned services from the existing service providers in order to further support targets in the Joint Health and Wellbeing Strategy (JHWS). These services should particularly focus on:
- i. The growing older population, the integration agenda, and incorporating pharmacy services into Teams Around Patients (TAPs).
  - ii. The further expansion of community pharmacy based public health services now that every pharmacy is working towards becoming a Healthy Living Pharmacy (HLP).
  - iii. Continuing to ensure that pharmacy supports key priorities in the Sustainability and Transformation Plans (STPs) around the promotion of self-care, a more appropriate use of health services, and the development of urgent care services.
- c) In order to achieve these developments, the public need to be made aware of what pharmacy can do, by all stakeholders working together to promote the role of pharmacy in County Durham.
- 5 This report describes the annual progress against the actions described in the PNA action plan.

## Conclusion

- 6 The Health and Wellbeing Board is recommended to:
- a) Consider the first annual update of the PNA 2018-21 action plan.
  - b) Note the progress to date, and the ongoing and future workstreams.

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**Contact:** Claire Jones, Public Health      Tel: 03000 267662  
Pharmacy Adviser, Adult and  
Health Services, Durham  
County Council

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## **Appendix 1: Implications**

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### **Legal Implications**

The role of the HWB in relation to the publication of a PNA and changes to pharmaceutical services are contained in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

### **Finance**

No significant implications within the current workstreams.

### **Consultation**

No implications.

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

Community pharmacy can target hard to reach groups and tends to be situated in the heart of deprived communities, thereby reducing inequalities.

### **Human Rights**

Residents have the choice to access pharmaceutical services.

### **Crime and Disorder**

None.

### **Staffing**

No significant implications within the current workstreams.

### **Accommodation**

Pharmaceutical services based within pharmacies and GP practice dispensaries across County Durham.

### **Risk**

The HWB is fully supported in the production of a PNA and ongoing monitoring of changes in pharmaceutical services.

### **Procurement**

No significant implications within the current workstreams.



# **Pharmaceutical Needs Assessment 2018-21**

**First annual update of the  
PNA action plan**

**April 2019**

# Introduction

As part of the publication of the PNA in April 2018, an accompanying action plan was developed under the headings of the three key statements in the PNA which are:

1. There are sufficient pharmaceutical services in the 6 localities in County Durham.
2. There is still scope to further develop locally commissioned services from the existing service providers in order to further support targets in the Joint Health and Wellbeing Strategy (JHWS). These services should particularly focus on:
  - The growing older population, the integration agenda, and incorporating pharmacy services into Teams Around Patients (TAPs).
  - The further expansion of community pharmacy based public health services now that every pharmacy is working towards becoming a Healthy Living Pharmacy (HLP).
  - Continuing to ensure that pharmacy supports key priorities in the Sustainability and Transformation Plans (STPs) around the promotion of self-care, a more appropriate use of health services, and the development of urgent care services.
3. In order to achieve these developments, the public need to be made aware of what pharmacy can do, by all stakeholders working together to promote the role of pharmacy in County Durham.

**This is first annual update of the PNA action plan. It describes the actions and the progress to date under each of the three key statements in the three tables that follow.**

# Key statement 1: There are sufficient pharmaceutical services in the 6 localities in County Durham

Title	Comments	Action	Annual Update
<b>Access to services</b>		<u>HWB action:</u> HWB to keep this key statement under review as urgent care primary care services develop, and as part of its ongoing responsibility to assess the impact of ongoing changes to pharmaceutical services, e.g. pharmacy closures, in order to determine if these changes are significant and would therefore be relevant to the granting of future pharmaceutical applications.	<p><i>Ongoing changes to pharmaceutical services:</i> The Director of Public Health submits a routine report to HWB members describing pharmaceutical applications and responses submitted by the HWB Chair to NHS England. In 2018-19, responses have been submitted to NHS England for a distance selling application in Sacriston (taking the total number of pharmacies in County Durham to 126), and a no significant change relocation in Chester-le-Street.</p> <p><i>Urgent care provision:</i> See Key Statement 2.</p>
<b>Dispensing GP practices</b>	<i>AWHOSC comments during the public consultation:</i> Following the recent closure of the St John's Chapel dispensary, the Committee has previously expressed its concerns at the way in which this was handled particularly regarding engagement with the local community, the OSC, and the HWB.	<u>CCG action:</u> The CCG has plans to support business planning in GP practices in order to e.g. prevent future closures of GP practice dispensaries.	In April 2019, there are still 16 dispensing GP practices in County Durham. However, the dispensary at the West Rainton GP practice will close on 1 <sup>st</sup> May and due process is being followed.
<b>Delivery of medication in rural areas<sup>1</sup></b>	<i>Lartington Parish Council comments during the public consultation:</i> On the occasional lack of access to urgent medication following GP home visits,	<u>HWB action:</u> HWB to recommend that options for medicines delivery in the Dales should be explored, taking into account the concerns expressed in Teesdale and Weardale, the contribution of all	This work has now begun. All pharmacies in the Dales locality were contacted in March 2019 to determine the nature of their goodwill delivery service. Practice managers in the Dales GP practices will then be contacted for their views.

<sup>1</sup> Pharmacy delivery services are non-commissioned goodwill services. In the May 2017 community pharmacy survey, there are generally one to two pharmacies in each locality that do not provide a delivery service.

Title	Comments	Action	Annual Update
	<p>consideration should be given to the provision of an emergency delivery service on those occasions when it is clear that a medicine is urgently needed but cannot be easily obtained.</p> <p><i>AWHOSC comments during the public consultation:</i> It is essential that there is a good distribution of pharmaceutical services in the County and for patients to access services including extended opening hours and delivery services for those rural communities.</p>	<p>stakeholders (e.g. dispensing GP practices, community pharmacies), and all the options available to patients to receive their medication.</p>	<p>Healthwatch will also be asked to consult with residents in the Dales area on medicines deliveries as part of a future request from the Council Public Health Team to undertake a patient consultation exercise at the beginning of 2020 in order to inform the PNA for 2021-24.</p>
<p><b>eRepeats</b></p>		<p><u>CCG and LPC action:</u> All stakeholders to continue to work together to support the ongoing utilisation of eRepeats in order to support convenience and ease of access to pharmaceutical services for patients across County Durham.</p>	<p>The CCG medicines optimisation team continues to work proactively with GP practices to support this agenda.</p> <p>The CCG and LPC have continued to work collaboratively with NHS Digital on the roll out of eRepeats in 2018, e.g. by hosting events for practitioners across County Durham and Darlington. Following these events, a repeat dispensing eLearning programme was developed by NECS and NHS Digital at <a href="https://medicines.necsu.nhs.uk/education-training/erd-elearning/">https://medicines.necsu.nhs.uk/education-training/erd-elearning/</a> to promote the benefits of electronic repeat dispensing and the practical aspects of its introduction into practice.</p> <p>As part of the GP contract 2019/20, there is a renewed national focus for electronic ordering of repeat prescriptions and electronic repeat dispensing.</p>

Title	Comments	Action	Annual Update
<b>Disability issues<sup>2</sup></b>	<p><i>AWHOSC comments during the public consultation:</i> There are some concerns within the report of some pharmacies being inaccessible to wheelchair users. This must be addressed by pharmacies.</p> <p><i>Healthwatch report comments during the public consultation:</i> Specific issues were raised by blind and partially sighted customers. To address these issues respondents said that brail dots on medication and being made aware of any changes to packaging would support these customers.</p>	<p><u>LPC action:</u> LPC to work with local contractors to highlight the simple practical steps that can be followed for blind and partially sighted customers when dispensing medicines; and to explore the feasibility of improving unaided pharmacy wheelchair access across the County.</p>	<p>In the summer of 2018, the LPC contacted a sample (n=17) of the 24 pharmacies that had indicated that their premises did not have unaided wheelchair access. Pharmacy staff are generally very aware of the needs of their disabled customers. Mechanisms to assist disabled customers onto pharmacy premises without unaided access were found to include patients alerting pharmacy staff that they need assistance (e.g. by ringing a bell at the entrance); provision of a portable ramp by pharmacy staff; or signposting to nearby stores which do have unaided access. This information was then fed back to Healthwatch which found this satisfactory.</p> <p>In the summer of 2018, the LPC also attended a blind and partially sighted patient group meeting in Durham to discuss the general offer from community pharmacy.</p>
<b>Young people</b>	<p><i>Healthwatch report comments during the public consultation:</i> The LPC should lead on developing a strategy that encourages younger users to access pharmacy services. This could increase the uptake of particular services e.g. emergency contraceptive services and sexual health testing.</p>	<p><u>LPC action:</u> LPC to consider this recommendation.</p>	<p>The LPC is currently working with Healthwatch to develop a strategy to encourage younger users to access pharmacy services. This involves Healthwatch-led younger people's engagement activity taking place between January and April 2019. Healthwatch then aims to produce a report and recommendations in the summer of 2019.</p>
<b>Confidentiality</b>	<p><i>Healthwatch report comments during the public consultation:</i> Facilities to enable customers to talk to the pharmacist without being overheard should be clearly advertised. This may mean the</p>	<p><u>LPC action:</u> LPC to pass these recommendations onto pharmacy businesses.</p>	<p>The LPC website now has example posters for pharmacies to use highlighting the availability of pharmacy consultation rooms. This issue will also be one of the main focuses of the local pharmacy publicity campaign in 2019 (see Key Statement 3).</p>

<sup>2</sup>In the May 2017 community pharmacy survey, 19% of pharmacies do not have unaided wheelchair access.

Title	Comments	Action	Annual Update
	better signage of existing facilities or verbally informing the customer that a private space is available when it becomes clear that the advice being sought is of a personal/confidential nature.		

## Key statement 2: There is still scope to further develop locally commissioned services from the existing service providers in order to further support targets in the JHWS

Title	Action	Annual Update
<p><b>Develop locally commissioned services to particularly focus on the growing older population, the integration agenda, and incorporating pharmacy services into TAP's</b></p>	<p><u>LPC actions:</u></p> <ul style="list-style-type: none"> <li>• LPC to continue to input into the Integration Steering Group to ensure that community pharmacy is involved in the patient pathways of care.</li> <li>• LPC to continue to work with all stakeholders to support the ongoing utilisation of Post-Discharge Medicines Use Reviews through the Transfer of Care Pathway (TOPC)<sup>3</sup>.</li> <li>• For advanced pharmacy services, LPC to scope local training packages for the Appliance Use Review (AUR) Service and the Stoma Customisation Service (SCS), the provision of which by community pharmacy is still very minimal in each locality.</li> <li>• If the pharmacy anticoagulation monitoring service is expanded, the LPC will support pharmacies through the 'any qualified provider' process.</li> </ul>	<p>In 2019 and as part of the GP contract for 2019/20, TAPs and Primary Care Homes (PCHs) will become Primary Care Networks (PCNs) serving a population of 30-50,000 people. Each PCN will appoint a clinical director and clinical pharmacist support. The LPC will continue to be involved to promote the ongoing integration of the community pharmacy role.</p> <p>In relation to scoping local training packages for the AUR service and the SCS; and providing support to pharmacies on the anticoagulation monitoring service 'any qualified provider' process, LPC work is ongoing.</p> <p>Collaborative working on the provision of the regional Transfer of Care Around Medicines (TCAM) process takes place in the local pharmacy Joint Working Group which meets on a bimonthly basis with stakeholders from all pharmacy sectors. The LPC continues to support the TCAM process through weekly contact of pharmacies in the LPC area which have received a referral from secondary care and have yet to action it.</p>

<sup>3</sup> This pathway is essentially a communication template operating between local hospital Trusts and County Durham pharmacies. The name of this scheme has now changed to the Transfer of Care Around Medicines (TCAM).

Title	Action	Annual Update
	<p><u>NHS England and CCG action:</u> Commissioning of services to further support medicines optimisation should be considered, particularly with the growing elderly population in County Durham. This should include commissioning of enhanced services by NHS England, and take into consideration other medicines optimisation services e.g. clinical pharmacists working in GP practices and in care homes.</p>	
<p><b>Develop locally commissioned services to particularly focus on the further expansion of community pharmacy based public health services</b></p>	<p><u>LPC action:</u> For advanced pharmacy services, LPC to continue its work to encourage all contractors to provide the annual flu vaccination service.</p> <p><u>Public Health actions:</u></p> <ul style="list-style-type: none"> <li>• Commissioners to increase the provision of the community pharmacy needle exchange service.</li> <li>• Commissioners to continue to promote community pharmacy signposting to the Wellbeing for Life Service, and the Macmillan Joining the Dots Service.</li> <li>• HLPs to continue to be supported now that attainment of the Level 1 Award is part of the quality criteria in the national pharmacy contract, and as part of the local drive to expand community pharmacy based public health services particularly in the deprived areas across the county.</li> </ul>	<p>The LPC continues to support the national pharmacy advanced service flu immunisation scheme, with e.g. the organisation of pharmacist training sessions with the National Pharmacy Association in 2018. In the 2018-19 flu season, immunisation figures from across the Region have shown that the pharmacy service has been responsible for approximately 8% of the immunisations of older people, and approximately 10% of the immunisations of those patients with chronic diseases.</p> <p>The pharmacy needle exchange scheme was extended in 2018 and now operates alongside the Drug and Alcohol Recovery Service at 10 sites across the County.</p> <p>At the beginning of 2019, all pharmacies received updated briefings on the Wellbeing for Life Service, and the Macmillan Joining the Dots Service. Signposting to these services by community pharmacy continues to be highlighted in the local HLP Award.</p> <p>As part of the national pharmacy contract quality payment scheme, the majority of pharmacies in County Durham have now self-assessed for the national Level 1 HLP Award. The annual local HLP framework and ongoing supporting materials are now</p>

Title	Action	Annual Update
		written in such a way as to support pharmacies undertaking a local Award or the national self-assessment Award. In 2018/19, 17 pharmacies achieved the local Level 2 or Continuing Excellence Awards.
<p><b>Develop locally commissioned services to particularly focus on continuing to ensure that pharmacy supports key priorities in the STPs around the promotion of self-care, a more appropriate use of health services, and the development of urgent care services</b></p>	<p><u>All stakeholder action for urgent care:</u> CCGs to continue to monitor the nature of the prescribed medication (i.e. whether the prescribed medication is urgent or could be dispensed at that person's usual pharmacy the following day) and the distances that people travel to receive any urgent medication in order to make a judgement as to whether there continues to be an adequate provision of pharmaceutical services across all localities. LPC is then work with the HWB, the CCGs, and existing local pharmacies to look at the feasibility of increasing the opening hours of existing providers should a demand for this be identified; whether this arises as a consequence of extended GP access or any other reason.</p>	<p><i>Medicines access:</i> Patients continue to access medicines prescribed from urgent care services from the 100-hour pharmacies<sup>4</sup> or as a direct supply from the Dales service.</p> <p><i>North Durham CCG annual update:</i> North Durham CCG commissions GP extended primary care services which are delivered from hubs in Chester-le-Street, Derwentside (Stanley), and Meadowfield in Durham. The number of hubs change between the winter and summer months. These services are available until 9.00pm Monday to Friday, 6pm on Saturday, 1.30pm on Sunday and all Public Holidays. Appointments can be pre-booked by a patient's own GP or via NHS 111 on the day. Urgent care and out of hours GP services are also provided from Urgent Treatment Centres at the University Hospital of North Durham, and at Shotley Bridge Community Hospital (the CCG is undertaking an eight week engagement programme ending on 22nd May 2019 focusing on services provided at Shotley Bridge Community Hospital<sup>5</sup>).</p> <p><i>DDES CCG annual update:</i> At the end of 2018, DDES CCG consulted on a proposed change to urgent care services involving a move to 'GP hubs' which are GP practices or groups of practices working together to offer additional appointments after 6pm on weekdays and additional appointments at weekends. This will replace the existing 9 'extended primary care hubs' which were</p>

<sup>4</sup> There are 13 100-hour pharmacies across 5 County Durham localities.

<sup>5</sup> See [www.northdurhamccg.nhs.uk/involve-me/currentprojects/shotley-bridge-community-hospital-services/](http://www.northdurhamccg.nhs.uk/involve-me/currentprojects/shotley-bridge-community-hospital-services/)

Title	Action	Annual Update
	<p><u>CCG and LPC actions for appropriate use of NHS services:</u></p> <ul style="list-style-type: none"> <li>• For advanced pharmacy services, LPC to consider the potential of improving and extending the national pilot, the NHS Urgent Medicine Supply Advanced Service (NUMSAS), to also include a walk-in service.</li> <li>• A consistent approach to a minor ailment scheme across the North-East region would deliver greater benefits in terms of a consistent formulary of product choices and promotion of the scheme to patients. This is particularly important with the national drive to better utilise community pharmacy to more widely support self-care and to become the first port of call for minor ailments, hence moving appropriate patient consultations away from GP practices.</li> </ul>	<p>introduced across the area in April 2017. A review of these hubs has found that they are significantly underused, with the appointments being made available being double the national requirement. The proposal therefore is to reduce the number of 'GP hubs' to be located in:</p> <ul style="list-style-type: none"> <li>• Bishop Auckland (Dales area)</li> <li>• Spennymoor/Newton Aycliffe and Sedgefield (Sedgefield area)</li> <li>• Peterlee/Seaham (Easington area)</li> </ul> <p>There are now a number of national (and hence local) initiatives to encourage people to 'self-care' when safe and appropriate, with medicines that can be bought over-the-counter (OTC) for the treatment of minor ailments such as headaches, upset stomachs, coughs and colds, and indigestion. Such national initiatives include the Stay Well Pharmacy campaign (see <a href="http://www.england.nhs.uk/commissioning/primary-care/pharmacy/stay-well-campaign/">www.england.nhs.uk/commissioning/primary-care/pharmacy/stay-well-campaign/</a>), which encourages people to visit their local pharmacy first for clinical advice for minor ailments; and guidance from NHS England to CCGs and GP practices to reduce the prescribing of OTC medicines for minor ailments (see <a href="http://www.england.nhs.uk/medicines/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/">www.england.nhs.uk/medicines/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/</a>).</p> <p>NECS is currently leading on the regional approach to self-care which includes making recommendations on minor ailment schemes. The Regional LPC Group is supporting this work with the nomination of a local LPC representative.</p> <p>At a national level, the NUMSAS is currently being commissioned as a national advanced service by NHS England until September 2019.</p>

Title	Action	Annual Update
		<p>In March 2019, NHS England announced an extension of a Digital Minor Illness Referral Service (DMIRS) pilot until June 2019. There are 4 pilot sites including the North East and ongoing funding is being provided through the NHS England Pharmacy Integration Fund. The interim evaluation report has shown the service is working safely and achieving the aim of moving patients from GP appointments referred from NHS 111 to a booked consultation about symptoms of minor illness with a community pharmacist.</p> <p>And finally, signposting to community pharmacy is one of the options for the Care Navigation Programme in GP practices.</p>
<b>Asthma patients</b>	<p><u>CCG action:</u> The appropriate links between the quality criteria in the new pharmacy contract and the ongoing CCG medicines optimisation respiratory work stream to continue.</p>	<p>Pharmacies continue to ensure that patients can use their inhaler devices via the New Medicines Service (NMS); and continue to flag patients with their GP practice who receive more than 6 short acting bronchodilator inhalers without any corticosteroid inhaler within a 6-month period as part of the national pharmacy contract quality payment scheme 2018-19.</p> <p>County wide asthma guidelines have recently been updated. This information has been circulated to all practitioners.</p>
<b>Advanced pharmacy services</b>	<p><u>CCG and LPC action:</u> The advanced pharmacy services, the Medicines Use Reviews (MURs), and the New Medicines Service (NMS), to be further developed to enhance feedback mechanisms to GP practices in order to improve patient care and free up GP time. The LPC and CCGs to continue to work together to facilitate this.</p>	<p>Collaborative working on the provision of MURs and the NMS takes place in the local pharmacy Joint Working Group which meets on a bimonthly basis with stakeholders from all pharmacy sectors. For example, ongoing work on the regional TCAM process and exploring the potential of a forthcoming NHS Digital Electronic Referral System (ERS).</p>

# Key statement 3: The public need to be made aware of what pharmacy can do by all stakeholders working together to promote the role of pharmacy in County Durham

Title	Comments	Action	Annual Update
<p><b>The public need to be made aware of what pharmacy can do by all stakeholders working together to promote the role of pharmacy in County Durham</b></p>	<p><i>Healthwatch report comments during the public consultation:</i> Although the public are very aware of some services pharmacies offer, others with a lower profile should be more clearly displayed as this could reduce pressure on other parts of the health care system. Similarly, consideration should be given to increase the uptake of certain services specifically medicine reviews, minor ailments scheme, adult flu vaccination, dispensing appliances, smoking cessation, emergency contraceptive service, alcohol consumption and sexual health testing. These services are used by less than 30% of the respondents.</p>	<p><u>LPC action:</u> LPC to work with all stakeholders to consider a local publicity campaign to raise the awareness of pharmacy services alongside the current national campaigns.</p>	<p>The LPC began to work collaboratively over the summer 2018 with Durham County Council, the CCGs, and Healthwatch in order to plan a local publicity campaign for pharmacy in 2019. The first campaign provided extra local publicity to the national NHS England Help Us Help You Pharmacy Advice campaign which launched in February 2019 and which positioned pharmacies as the first place to go to for advice on minor health concerns (since research shows that 27% of GP appointments in England could potentially be treated elsewhere and approximately 18 million of these could be treated through self-care and community pharmacies). The second local campaign in the Autumn of 2019 will focus on three key themes of:</p> <ol style="list-style-type: none"> <li>1. The training and expertise in the pharmacy team.</li> <li>2. The accessibility of the community pharmacy service.</li> <li>3. The nature of pharmacy consultations and the services provided.</li> </ol>

## And finally: Celebrating local success

At a national Chemist and Druggist Award ceremony in 2018 John Low Pharmacy in Shotley Bridge was the winner of the Independent Pharmacy of the Year Award (see [www.chemistanddruggist.co.uk/awards/winners-2018](http://www.chemistanddruggist.co.uk/awards/winners-2018)).

The judging panel acknowledged the innovative practices adopted by the pharmacy, its enthusiasm for providing services, and attention to detail in customer service.

Now, arising from that, John Low Pharmacy has been nominated to represent England under the category for Excellence in Service Delivery at the Alphega Pharmacy European Convention in 2019. This category focuses on service provision and engagement with patients.

Services that the pharmacy provides includes, for example, the alcohol brief intervention service, stop smoking services, flu immunisation, anticoagulant monitoring, blood pressure screening, and atrial fibrillation detection.

This pharmacy also currently holds a local HLP Continuing Excellence Award.

**Health and Wellbeing Board****8 May 2019****Better Care Fund  
Quarter 3 2018/19 Performance****Report of Paul Copeland, Strategic Programme Manager:  
Integration, Adult and Health Services, Durham County Council****Purpose of the Report**

- 1 The purpose of this report is to provide the Health and Wellbeing Board with a summary of the Better Care Fund (BCF) Quarter 3 2018/19 Performance metrics.

**Executive summary**

- 2 Performance of the four key metrics and deliverables for the BCF are measured against current targets and historical performance.
- 3 BCF Q3 2018/19 demonstrated positive performance in two out of the four key metrics namely, the impact of Reablement/Rehabilitation on people aged 65 years+ who remained at home 91 days after discharge from hospital, and Delayed Transfers of Care (DToC) delayed days per 100,000 adult population which had improved significantly when compared to the same period in 2017/18.
- 4 Permanent admissions of older people aged 65 years + to residential/nursing care homes per 100,000 population was worse than the Q3 2018/19 target and remains a challenging area of activity. Non-elective admissions did not meet the Q3 2018/19 target but showed a modest improvement compared to the same period in 2017/18.

**Recommendation(s)**

- 5 The Health and Wellbeing Board are recommended to:
  - (a) note the content of this report;
  - (b) agree to receive further updates in relation to BCF quarterly performance.

## Background

- 6 The BCF is a jointly agreed programme of service delivery which supports health and social care projects which enable integration through a pooled budget arrangement.
- 7 The BCF allocation for Durham in 2018/19 was £68.35m, which included the improved Better Care Fund (iBCF) allocation to support adult social care, reduce pressures on the NHS and support the social care provider market.
- 8 The BCF for 2017/19 was required to meet four conditions:
  - (a) the BCF plan including the minimum contribution to the pooled fund in the allocations, must be 'signed off' by the Health and Wellbeing Board and by the constituent Local Authority and Clinical Commissioning Groups (CCG's);
  - (b) the plan must demonstrate how the area will maintain in real terms, the level of spend on social care services from the minimum CCG contribution to funding in line with inflation;
  - (c) that a specific proportion of the areas allocation is invested in NHS out of hospital community services, or retained pending release as part of a local risk share agreement;
  - (d) all areas must implement the High Impact Change model (HICM) for managing Transfers of Care to support system wide improvements in relation to transfers of care.
- 9 The two year Durham Better Care Fund Plan for 2017/19 was formally approved by NHs England on 27<sup>th</sup> October 2017.

## National Metrics

- 10 The BCF policy framework determined the national metrics for measuring performance and progress through the BCF programme and include the following:
  - Permanent admissions of older people (aged 65 years+) to residential/nursing care homes
  - Non-elective admissions
  - The percentage of older people (aged 65 years+) who remained at home 91 days after discharge from hospital into reablement/rehabilitation
  - Delayed Transfers of Care (DToC) delayed days

## Performance Metrics

- 11 A traffic light system is used in the report, where green indicates 'on' or 'better than target', amber is within '2.0% of target' and red is 'below target' or 'target not achieved'.

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

Indicator	Historical Q3 2017/18	Actual Q3 2018/19	Target Q3 2018/19	Performance against target
Permanent admissions of older people (aged 65 years+) to residential/nursing care homes per 100,000 population	533.8	583.7	548.3	

- 12 The Q3 2018/19 rate of older people (aged 65 years+) permanently admitted into residential or nursing care homes per 100,000 population at 583.7 was above the target of 548.3 and higher than in the same period in 2017/18.
- 13 Although avoiding permanent admissions into residential or nursing care homes may be seen as a measure of delaying dependency, there are increasing numbers of frail older people in the population who are living longer with complex co-morbidities and unable to be managed safely within their own homes.
- 14 Permanent admissions remain a challenging target despite the stringent scrutiny which is applied to all placements.
- 15 The number of actual bed days commissioned remains relatively stable as older people are being admitted into residential or nursing care homes much later in life.
- 16 County Durham will however, need to prepare for a potentially significant increase in frail elderly residents with multiple long term conditions as demographics shift over the next 10-20 years. Population projections suggest that by 2023 our population aged 85+ will have increased by 17.5% from the 2016 baseline. (Office for National Statistics 25<sup>th</sup> May 2018)

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

Indicator	Historical Q3 2017/18	Actual Q3 2018/19	Target Q3 2018/19	Performance against target
Non-Elective admissions per 100,000 population per (3 month period)	3230	3181	2957.9	

- 17 The Q3 2018/19 figure for non-elective admissions was 3181 per 100,000 population against a target of 2957.9. Non-elective performance was worse than target but a slight improvement on the corresponding period in Q3 2017/18.
- 18 Non-elective admissions continue to be a challenging area of activity where patients are presenting with increasing complexity and acuity.
- 19 Respiratory disease and infections continue to have a major adverse impact upon emergency non-elective admissions.
- 20 The number of non-elective admissions for Durham patients to County Durham and Darlington NHS Foundation Trust by age group 0-18 years between January 2018 and February 2019 were 11,752 (21.3%). For 19-64 years non-elective admissions for the same period were 22,313 (40.4%), and finally for 65+ years the figure was 21,150 (38.3%).
- 21 Emergency non-elective admissions from care homes generally show a decrease from April 2018, although numbers have slightly increased over the winter months which appear to be seasonal variation.
- 22 Most age groups have a shorter average length of stay at County Durham and Darlington NHS Foundation Trust hospitals and the majority of patient segments have seen a reduction in the average number of bed days per admission.
- 23 A recent report commissioned by NHS North Durham CCG, NHS Durham Dales Easington and Sedgefield CCG and Darlington CCG provided an overview of those services designed to impact upon non-elective admissions which included:
  - It is anticipated that Teams Around Patients (TAPs) will have a positive impact upon emergency non-elective admissions as they

progress with coordinated care and virtual ward models for people who are frail and have multiple long term conditions.

- 24 Anecdotally, the schemes that are in progress and designed to minimise non-elective activity appear to be making a contribution, however, it is not possible to reach any definitive conclusions at this time.

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

Indicator	Historical Q3 2017/18	Actual Q3 2018/19	Target Q3 2018/19	Performance against target
Percentage of older people (aged 65 years+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation	89.5	86.1	85.9	

- 25 Reablement/rehabilitation in relation to older people (aged 65 years+) remaining at home following discharge from hospital continues to perform well with the actual at 86.1 against a target of 85.9.

**Delayed Transfers of Care (DToC) delayed days per 100,000 population**

Indicator	Historical Q3 2017/18	Actual Q3 2018/19	Target Q3 2018/19	Performance against target
Delayed days from hospital (DToC) per 100,000 population (3 month period)	283	219	312	

- 26 Q3 2018/19 delayed days per 100,000 population at 219 has exceeded the target. Activity and performance has improved significantly compared to the same period in 2017/18.
- 27 521 (55.8%) of the total delayed days in Q3 were attributed to the NHS with the main reason for delay was 'awaiting further non-acute NHS care (49.85) of all NHs delays.
- 28 228 (24.4%) of the total delayed days in Q3 were attributable to social care with the main reason being 'awaiting residential care home placement (which involved one patient with complex needs).
- 29 Between April – December 2018 Durham had the 4<sup>th</sup> lowest rate of delayed transfers of care per population in England.

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## **Appendix 1: Implications**

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### **Legal Implications**

Any legal implications concerning the BCF programme have been considered and addresses previously.

### **Finance**

The BCF 2018/19 allocation for Durham was £68.35m, which includes the iBCF allocation to support adult social care.

### **Consultation**

As necessary through the Health and Wellbeing Board.

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

The Equality Act 2010 requires the council to ensure that all decisions are reviewed for their potential to impact upon people.

### **Human Rights**

None.

### **Crime and Disorder**

None.

### **Staffing**

None.

### **Accommodation**

None.

### **Risk**

No requirement for a risk sharing agreement with the BCF.

### **Procurement**

None.

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**Health and Wellbeing Board****8 May 2019****Overview of Initiatives Linked to the Adult Care Transformation and Innovation Fund****Report of Jane Robinson Corporate Director of Adult and Health Services, Durham County Council****Electoral division(s) affected:**

Countywide

**Purpose of the Report**

- 1 To provide the Health and Wellbeing Board (HWB) with an update on initiatives linked to the Adult Care Transformation and Innovation Fund (ACTIF).

**Executive summary**

- 2 ACTIF brings together a number of short-term funding streams available to both social care and NHS organisations locally and is managed on an integrated basis, supporting the ongoing direction of travel for the local social care and health economy and ensuring quality of outcomes.
- 3 The Supporting the Provider Market (STPM) project has been funded by ACTIF, with the aim of improving services and support to providers and promotion of market stability and sustainability. Several key work streams led by STPM are underway.
- 4 The STPM work is supporting providers in a number of areas: recruitment and selection, training, practice guidance, technology and innovation and their interfaces with Health and Social Care. Notable progress has been made to date working with the relevant stakeholders and providers are responding positively to this proactive support and approach.
- 5 A number of further initiatives have been funded across social care and health. These are designed to support system pressures and innovation / efficiency in service delivery. A significant area of focus has been on alleviating winter / system pressures across social care and NHS systems in County Durham in 2018-19.

## **Recommendation(s)**

- 6 Members of the Health and Wellbeing Board are recommended to:
- (a) Note the updates included in this report;
  - (b) Endorse continued use of ACTIF funding to alleviate system pressures and support the local health and social care system, including providers;
  - (c) Receive further updates on use of the funding as required.

## **Background**

- 7 ACTIF brings together a number of short-term funding streams available to both local social care and NHS organisations. Funding has been brought under a single work programme, supporting the ongoing integration agenda and ensuring initiatives are benefitting the local health and social care economy in the most efficient way possible.
- 8 ACTIF has been available since the 2017-18 financial year. It is anticipated that funding will be utilised over a period of several years, due to the long-term nature of some of the interventions and the need to create an appropriate legacy / ensure quality of outcomes.
- 9 A group of senior officers, chaired by the Corporate Director – Adult and Health Services, considers bids for ACTIF. Partner organisations within the NHS are represented and meetings are also attended by the Director of Integrated Care.
- 10 Funding on ACTIF projects to date has focussed on the following main areas:
- Promoting innovative approaches to supporting providers, increasing capacity and quality to support service delivery
  - Alleviating winter / system pressures across social care and NHS systems in County Durham.

## **Supporting the Provider Market (STPM)**

- 11 Supporting the Provider Market (STPM) is a Council led project that involves close working with partners across the health and social care system and also adult social care providers, to improve services and support and promote market stability and sustainability.
- 12 The main areas of STPM work include supporting providers with:
- (a) Recruitment and selection

- (b) Training and development
  - (c) Proactive interventions
  - (d) Technology and innovation
  - (e) Their interfaces with the social care and health system
- 13 Progress to date and future plans in each of these areas will be outlined.

### *Recruitment and Selection*

- 14 STPM has been promoting the 'values based recruitment' (VBR) approach to care providers, through promoting local VBR training being held by Skills for Care and also sharing useful resources. VBR is where the values of the interview candidate are assessed to determine their suitability to work for that care provider, as well as any experience they have. This means that qualities such as 'empathy' and 'compassion' become more important in the assessment of care worker candidates, alongside 'traditional' skills and experience.
- 15 A significant development for STPM is the introduction of the new County Durham Care Academy which was signed off by the Integrated Care Board in January 2019. A number of 'Get into Care' information sessions were held in early April 2019 across the County to recruit the first cohort of people who are interested in working in care. Marketing work to support this initiative has included promotion via the Council's website, North East jobs website, the Council's social media, posters sent to a range of stakeholders and also work with Jobcentre Plus.
- 16 People interested in working in care are given information and advice on their options:
- (a) Applying direct to a local care provider for a job,
  - (b) Guidance on how to become a Personal Assistant (utilising Direct Payment routes), including free Personal Assistant training delivered in partnership with the Council's Adult Learning and Skills Service (ALSS)
  - (c) Participating in free pre-employment training: Level 1 'Preparing to work in adult social care'; also delivered in partnership with the Council's ALSS and with candidates then having a guaranteed job interview with a local home care provider that the Council contracts with.

- 17 Other key work by STPM has included:
- (a) Sharing with providers literature on best practice for recruiting and retaining care staff
  - (b) Supporting the promotion of national initiatives to care providers such as new Nursing Associate Role and national recruitment campaign for adult social care.
- 18 Future work planned includes:
- (a) Further 'Get into Care' sessions and additional cohorts of people to be trained in preparing to work in social care, increasing system capacity and quality;
  - (b) Further joint work with the Council's Adult Health Services Directs Payments team to expand the number of Personal Assistants and review and improve the information and support available to them.

### *Training and Development*

- 19 STPM have arranged and funded free access for all providers to the 'SCILS' and 'EILS' online training, which is an important resource for social care providers and covers a range of relevant care topics.
- 20 Free training courses have also been arranged or supported by STPM working in partnership with Health partners in areas such as 'Falls', 'Infection Prevention and Control', 'Sepsis' and 'Telehealth'. The approach taken wherever possible is to train key provider staff so they can cascade learning in their own organisation.
- 21 STPM have also been promoting other free training that care providers can access direct, such as through the Council's ALSS.
- 22 Future work planned includes:
- (a) Supporting County Durham and Darlington Foundation Trust (CDDFT) with rolling out pressure ulcer prevention training and promoting Oral Health training
  - (b) Offering additional training sessions on 'falls', 'sepsis' and 'infection prevention and control'
  - (c) STPM funding training in areas such as 'childrens safeguarding', 'bariatric moving and handling' and 'digital skills'.

### *Proactive Interventions*

- 23 STPM has introduced a new bi-monthly provider newsletter, 'G.A.P. Bulletin', which has been well received and provides an opportunity to:
- (a) Offer advice and guidance to care providers to improve their practice;
  - (b) Keep up to date with both national and local developments;
  - (c) Find out about training opportunities.
- 24 STPM have also supported a number of individual care providers who have needed assistance with service delivery / practice issues. This early-stage assistance is important to avoid further deterioration in service quality for service users and more resource intensive work for Adult Health Services staff if problems become worse and need resolution at a later date – which may require formal safeguarding / commissioning action.
- 25 Future work planned includes:
- (a) Development of a 'Pocketbook of Practice', which will be a key guide for front line care staff to use
  - (b) Development of 'Provider InfoHub' pages on the DCC website, which will be an important resource for local providers.

### *Technology and innovation*

- 26 STPM have been supporting CDDFT with rolling out the new 'Health Call' IT system, which enables care home staff to send information, such as blood pressure and temperature readings for their residents, electronically to local NHS staff for a clinical decision on any medical intervention required. There are 5 Care Homes now using Health Call with plans in place to roll out further in the next 12 months. Healthcall has clear positive outcomes for the NHS, but also benefits homes as they do not have to arrange medical appointments / wait for visits, which can be time consuming. Service users and families benefit from the system by having increased NHS oversight and reassurance that issues and wellbeing are being monitored on an ongoing basis.
- 27 Future work planned includes:
- (a) A 'falls' pilot in Chester-le-Street, which is a joint initiative between CDDFT and Durham County Council, which will involve the Council's Care Connect staff sending falls information, including blood pressure readings, to Health via an 'app' to

ensure that 'fallers' receive appropriate health intervention. The pilot will be evaluated to inform a wider roll out;

- (b) Exploring the use of Alexa in Care Homes, working with the Alzheimer's Society;
- (c) Possible development of a technology and innovation fund for providers to bid for.

### *Provider interfaces with the social care and health system*

- 28 STPM led the commission of the new Brokerage Service, which commenced November 2018 and supports patients in hospital that need to be discharged into long-term residential care to make decisions about their Care Home placement and enable a prompt discharge. Operational teams, hospital staff, local care home providers and service users and their families have found this service to be beneficial.
- 29 STPM have developed new processes to identify improvements to communications between the Hospitals and home care providers to support effective and safe discharges, reducing potential for mistakes and promoting service user safety.
- 30 STPM have also supported with the development of local provider 'compacts' between both CDDFT and care homes / home care providers. The 'compacts' outline agreed responsibilities and standards that each party will work to in relation to people both admitted to and discharged from hospital. These are important tools for providers in terms of guaranteeing their standards and what they can expect from discharge professionals.
- 31 STPM are also promoting and supporting national initiatives such as:
  - (a) The 'Red Bag Scheme' (used to safely transfer resident medications and paperwork between hospital and care home);
  - (b) The 'Capacity Tracker' (a website for Care Homes to update their bed availability in 'real-time')
  - (c) The opportunity to complete the entry level Data Security and Protection Toolkit to enable providers to be allocated an NHS Mail account, which allows them a new, secure method of information sharing with NHS staff.
- 32 Future work planned includes:
  - (a) Commissioning of a Short Term Assistance Service during 2019/20, which will aid crisis response in terms of supporting operational teams with short-term cover for domiciliary care

packages when contracted providers are not immediately available to pick up a care package; urgent hospital discharge / admission avoidance and provision of replacement care in an unpaid care emergency.

### **Alleviating winter pressures**

- 33 Adult Health Services has initiated a number of specific interventions to support system pressures over winter. In recent years, difficulties in the system have led to significant pressure on hospitals, particularly over Christmas periods.
- 34 In 2018, CDDFT developed several new initiatives to ensure patient flow over Christmas / winter, including safe discharge during evening / weekends and bank holidays. Durham County Council worked in partnership with the Trust and local CCG's to respond to this through specific social care interventions to meet increased expectations and statutory duties.

#### *Domiciliary Care (circa £105k cost for Christmas period)*

- (a) Commissioned a rapid response out of hours provision, including weekends / bank holidays, across the full Christmas period;
- (b) Increased demand was mainly evident pre / post-Christmas and demand managed. Service was available throughout and picked up referrals as required.

#### *Trusted Assessor (Nil Cost, negotiated with providers)*

- (c) Three of the largest Residential / Nursing Providers agreed to take new referrals on 'Trusted Assessor' (TA) basis if they could not arrange a quick care home manager assessment for urgent hospital discharge;
- (d) TA uses the established Intermediate Care (IC) checklist form which Care Homes are already familiar with. Homes accept a placement based on info in the form, direct from partner staff;
- (e) The demand was manageable over the period generally, with individual commissions utilising TA where required. No issues reported when using the checklist form.

#### *Brokerage (£150k pa – nil cost for extended Christmas service)*

- (f) Brokerage Service fast tracked through Council Commissioning Service (STPM) – service started November 18 so it was established for winter / Christmas period;

- (g) Arranged with service to cover all days over Christmas period, including weekend / bank holidays (with exception of Christmas day);
- (h) The service performed well and managed all pressure points, particularly during New Year week when high numbers of referrals made. Brokerage demand continues to be high, though the service is managing this very well with excellent feedback from all stakeholders – including providers.

*Home from Hospital Service (£10,200 for extended Christmas service)*

- (i) Service provided by Care Connect to ensure patients are fully supported when returning home, including those without specific social care needs.
- (j) Additional capacity arranged over Christmas period, including weekend / bank holidays and the expansion worked well, meeting all additional demand generated.

**Other agreed schemes**

35 There are a number of other schemes that have been funded by ACTIF, including:

- (a) GP Home visiting service
- (b) Care home Trusted Assessor (pending – potential extension to Brokerage service)
- (c) Palliative Care
- (d) Falls Enhanced Service (CDDFT)
- (e) Falls First Responder (Care Connect)
- (f) Falls Medications Review
- (g) TEWV - additional IC+ staff and pharmacy
- (h) IC+ additional SW resource
- (i) Transport Co-ordinator in A&E
- (j) Digital Programme inc. Health Call (*linked to STPM work*)
- (k) Transformation Project Support
- (l) TAPs allocations for local schemes

## **Conclusion**

- 36 As detailed in this report, significant progress has been made with improving key outcomes through utilisation of ACTIF funding.
- 37 Partners are focussed on ensuring that the funding is able to improve care delivery systems in County Durham both now and in the future, with legacy of the funding in terms of long-term improvement and sustainability being key drivers.
- 38 Social Care and Health organisations will continue to roll-out and monitor the initiatives outlined in this report; while considering new proposals which meet the outcomes of the fund. Further positive work is ongoing with providers through the STPM project in particular.

## **Background papers**

- None

## **Other useful documents**

- None

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**Contact:** Lee Alexander

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## **Appendix 1: Implications**

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### **Legal Implications**

All new working methods and procurement activity linked to initiatives is considered by legal services, where required.

### **Finance**

ACTIF funding is covered in the body of the report. Supporting the Provider Market (STPM) project is funded from ACTIF.

### **Consultation**

Providers are being consulted with at relevant stages in the projects. Provider engagement is a key ongoing part of STPM work. Providers have helped to co-design some winter planning initiatives, drawing on their delivery expertise.

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

None identified.

### **Human Rights**

None identified.

### **Crime and Disorder**

None identified.

### **Staffing**

STPM staffing resource has been funded by ACTIF.

### **Accommodation**

None identified.

### **Risk**

None identified.

### **Procurement**

Any project work which requires procurement will be carried out in accordance with the Council's contract procedure rules and utilising existing procurement arrangements, where available.

# Adult Care Transformation & Innovation Fund (ACTIF)

Health & Wellbeing Board  
8 May 2019

# Adult Care Transformation & Innovation Fund

ACTIF brings together a number of short-term funding streams

Focus;

- Alleviating winter / system pressures across NHS / social care
- Promoting innovative approaches to supporting providers, increasing capacity and quality to support service provision

*Altogether better*



# Supporting the Provider Market – Main Areas:

- Recruitment and Retention
  - Promotion of Values Based Recruitment
  - ‘*Get into Care*’ marketing and events
  - Care Academy
- Training and Development
  - Free access now available to online training for care providers
    - Training offered to date
    - Planned training
- Proactive Interventions
  - Provider newsletter, supporting providers with practice
  - Planned
    - ‘Pocketbook of Practice’ being developed for care staff
    - Council website development ‘Provider InfoHub’

# Supporting the Provider Market

- Technology and Innovation
  - Health Call System
    - Joint work between DCC and CDDFT
    - Observations (e.g. blood pressure, temperature) taken by care home staff and sent to Clinicians via a tablet ‘app’
    - Clinicians provide immediate advice and prioritise work of Nurses / GPs
    - More efficient and responsive system
    - 4 Care Homes using Health Call at present & further roll out planned
  - Falls pilot (Chester le Street) partnership
    - Falls information incl. blood pressure to be sent to Health via a smart phone ‘app’
    - Will ensure that ‘fallers’ have appropriate health intervention
    - Evaluation to inform wider roll out
    - \* Reducing hospital admissions
  - Exploring use of Alexa in Care Homes with Alzheimer’s Society
  - Developing Technology & Innovation Fund - Providers to bid

*Altogether better*

# Supporting the Provider Market

- Social Care and Health Systems and Provider Interfaces
  - Short Term Assistance Service commission:
    - Soft market testing completed
    - New service to commence early 2019/20.
    - Prompt hospital discharge, admission avoidance and provide replacement care in unpaid carer emergencies.
  - Compacts between Providers & CDDFT:
    - Provider responsibilities linked to admissions and discharges
    - Residential and Nursing Care & CDDFT Compact – In development
    - Domiciliary Care & CDDFT Compact – draft compact to be shared with providers
  - Unsafe discharges to domiciliary care providers:
    - New process implemented to log concerns
    - DCC working with CCG / CDDFT on issues raised
    - Work to ensure safeguarding referrals made by Providers when appropriate

# Winter Pressures:

- **Domiciliary**
  - Commissioned rapid response out of hours, incl. weekends / bank holidays, across Christmas period. Increased demand was met.
- **Trusted Assessor**
  - Three of the largest Res / Nursing Providers agreed to take new referrals on TA basis using established IC checklist, when needed.
- **Brokerage**
  - DCC procured Brokerage to start Nov 18. Service performing well
- **Home from Hospital**
  - Service provided by Care Connect to ensure patients are supported when returning home, incl. those without specific social care needs..

*Altogether better*

# Alleviating NHS Pressure:

- The use of the NHS element of the ACTIF must meet the following criteria:
  - Must ease NHS pressure and have additional benefits for adult social care.
  - Invest to save initiatives will be viewed favourably.
  - Utilised for strategic initiatives linked to admission avoidance and hospital discharge.
  - Funding must be used to enhance provision for County Durham residents only.

# Alleviating NHS Pressure

Page 154

- Also must contribute to and impact upon these performance outcomes:
  - Admissions of OP 65+ to residential and nursing care per 100,000 population.
  - Proportion of OP 65+ who are at home 91 days after discharge.
  - Readmissions within 30 days of a previous admission.
  - Delayed transfers of care (delayed days from hospital per 100,000 population).
  - Rate per 1,000 population of A&E attendances.
  - Rate per 1,000 of avoidable emergency admissions (AEA).
  - Reduction of adjusted bed days (AEA).
  - Proportion of older people who receive Reablement after discharge from hospital.
  - % of people who have no ongoing care needs following completion of a Reablement package.
  - % of hospital discharges where trusted assessor utilised via D2A approach.
  - Commissioners were asked to suggest schemes and proposals were analysed and agreed using the CCGs Executive Function

*Altogether better*



# List of Agreed Schemes:

- GP Home visiting service
- Discharge Brokerage Service
- Care home Trusted Assessor (pending)
- Palliative Care
- Falls Enhanced Service (CDDFT)
- Falls Training to Care Homes
- Falls First Responder (Care Connect)
- Falls Medications Review

# List of Agreed Schemes (continued):

- TEWV - additional IC+ staff and pharmacy
- IC+ additional SW resource
- Transport Co-ordinator in A&E
- Digital Programme inc. Health Call
- Transformation Project Support
- TAPs allocations for local schemes

*Altogether better*



# Next Steps

- Key progress reported into ACTIF group
- Project reviews/ evaluations
- Prioritise projects to be extended
- Review of service pressures
- Planning for winter 2019/20

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**Health and Wellbeing Board**

**8 May 2019**

**Falls Prevention Strategy  
2018-2021**



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

**Electoral division(s) affected:**

None

**Purpose of the Report**

- 1 To update Health and Wellbeing Board (HWB) on work undertaken as set out in the Community Action Plan element of the Falls Prevention Strategy 2018-2021.

**Executive summary**

- 2 Falls are common in older people and can have serious consequences, including loss of independence. Economic costs of falls increases with fall frequency and falls can be a predictor for admission to long-term care.
- 3 A joint Falls Strategy is in place for 2018-2021 which includes actions from both a community and acute perspective to reduce the number of falls and improve on performance.
- 4 Performance on two falls related indicators are reported to the Health and Wellbeing Board via the Performance Report: Falls and injuries in the over 65's and hip fractures in the over 65's.
- 5 Following a dip in performance of these indicators in 2017, a sub-group of the Joint Commissioning Group (Falls Task Group), led by the Head of Commissioning, was established to identify and address any issues.
- 6 There is significant work underway within the acute hospital sites to reduce the incidents of inpatient falls. However this report focusses on the community element of the strategy. The current Community Action Plan of the Falls Strategy maps initiatives and progress and is attached to this report at Appendix 2.

## **Recommendation(s)**

- 7 Members of the Health and Wellbeing Board are requested to:
  - a) Note the contents of this report and recognise the work being undertaken across the county led by the Joint Commissioning Group via the Falls Strategy Task Group.
  - b) Receive updates on the Falls Strategy Community Action Plan as required.

## **Background**

- 8 Falls are common in people aged 65 years and older and are the leading cause of injury in this age group. They can have serious consequences, including trauma, pain, impaired function, loss of confidence in carrying out everyday activities, loss of independence and autonomy and even death.
- 9 The economic costs of falls increase with fall frequency and falls are an independent predictor for admission to long-term care.
- 10 Strength, flexibility, balance and reaction time are considered the most readily modifiable risk factors for falls. People, even in their 90s, can improve their strength and balance to achieve stability and avoid falls.
- 11 The 2016-19 Performance Report, tabled at the Health and Wellbeing Board meeting on 26 July 2017, highlighted a dip in performance in County Durham relating to falls and injuries in the over 65's and hip fractures in the over 65's. Following that meeting the Joint Commissioning Group were tasked with addressing these issues and with providing a report to the Board in 2018. (NB: updated performance information will be available at the end of quarter 1, 2019-20).
- 12 A report tabled at the Health and Wellbeing Board meeting on 4 July 2018 concluded that work undertaken throughout the county to improve rates of falls and the injuries most common to falls should impact on outcomes positively in the medium term and that the Joint Falls Strategy 2018-21 would provide a strategic direction upon which all partner agencies could focus and work together to achieve common goals.
  - a) The Falls Task Group (a sub-group of the Joint Commissioning Group), chaired by the Interim Head of Commissioning, facilitates development, planning and implementation of the community element of the Joint Falls Strategy Action Plan. Key priorities for the community are:
  - b) Education, awareness and training around falls prevention amongst the workforce and wider community;

- c) Improved partnership working between community and acute services to streamline services;
- d) Increased accuracy of identifying those at risk of falls; and to
- e) Map out and develop a clear pathway for falls and fragility services in acute and community settings.

13 Members of the Health and Wellbeing Board requested an update on progress in early 2019.

### **Update on progress**

14 In addition to the ongoing work set out in the report to the Board on 4 July 2018 the following progress is continuing:

- The Falls Task Group is established and meeting on a monthly basis.
- A Community Action Plan (see Appendix 2) is in place and agreed by all partners. The action plan is updated at each Falls Task Group meeting and will be cross-referenced with the acute action plan.
- Agreement has been received from the Adult Care Transformation and Innovation Fund (ACTIF) that £6,000 from the DCC Commissioning Supporting the Provider Market (STPM) project contributes to the funding of two additional Raizers (with additional funding from Care Connect). Raizers enable a service user who has fallen to be safely lifted off the floor with only one member of Care Connect staff in attendance. The two additional Raizers will enable a faster response and free up time to deal with other calls, while reducing inappropriate interventions from domiciliary care services.
- A Falls Policy checklist is being developed led by the STPM project team, in consultation with relevant stakeholders and will be signed off by the Falls Task Group. Care home policies will be requested, targeting those homes with the highest number of 999 calls (linked to high incidence of falls), and reviewed against the Falls Policy Checklist. Care Home policies that do not meet an agreed standard will be provided with written feedback indicating recommended changes, which will be followed up by DCC Commissioning.
- A report to the Clinical Commissioning Groups Executive in Common in December 2018 recommended that £252,000 of iBCF funding be approved to expedite actions set out in the Falls Strategy Community Action Plan. It also recommended delegation of authority to the Director of Community Integrated Services to be flexible in the use of the iBCF

funding for enhanced falls service and to allow the flexibility to utilise monies to provide additional OTAGO<sup>1</sup> programmes.

Medication reviews were prioritised by the Falls Task Group and this is being delivered through the use of dedicated pharmacy resource to complete medications reviews and to expand the scope of this work into Care Homes

Following procurement and award to County Durham and Darlington Foundation Trust (CDDFT) of the community services contract, falls will be considered within the first phase of review of transferred services. The requirement of the contract is that services are developed to be equitable across the county. Whilst CDDFT are working towards this the funding above will be used to expedite the enhancement of the current services.

CDDFT executive has indicated a direction to shift falls services from secondary care and a willingness to pull a falls offer together which will put all falls services into the community.

- Falls training in care homes is continuing and “mop up” sessions took place in January 2019. The training has been positively received by care home staff and DCC staff will track impact of the training through 999 data for care homes. Data for training carried out from September 2018 to date is set out in the table below:

	<b>Completed Training</b>		<b>Planned Training</b>
No of Courses held	36	No of Courses planned	8
No of Homes received training	34	No of new homes to be trained (if some homes are in the January mop up that haven't been trained pre- Christmas)	3
No of staff trained	291	No of staff booked on	73 - 75

- Meetings have taken place between representatives from Care Connect and CDDFT to explore the potential of a pilot scheme in Chester-le-Street to improve communications between Care Connect and Health where Care Connect can refer directly into the Falls Service. Information from the pilot will be used to inform and support a more

<sup>1</sup> The OTAGO exercise programme is a set of leg muscle strengthening and balance retraining exercises designed specifically to prevent falls.

preventative approach in the medium to longer-term. Funding may be available through the STPM project for data enabled phones to allow staff access to an App for electronic referrals.

- The take up of the Care Connect pilot with NEAS for attendance at non-injury falls, as outlined in the July 2018 report, is picking up with 131 calls since the start of the pilot in June 2018.
- Colleagues from Commissioning and the STPM project met with the Falls Project Manager from Middlesbrough Borough Council whose role it is to develop and implement an integrated falls prevention strategy across South Tees.

An overall tiered system is being implemented in Middlesbrough in relation to the training and education model and falls systems pathways. The aim of the project, through a multi-agency partnership approach, is to reduce falls and to improve access to services for older people at risk of falling. Learning from Middlesbrough will inform ongoing work plans in Durham.

- The Falls Task Group are collating a list of key performance indicators that are currently collected by both health and social care to be provided to HWB in addition to the two reported through the performance report. (Number of hip fractures in people aged 65 and over per 100,000 population and emergency hospital admissions due to falls in people aged 65 and over per 100,000 population).

15 In addition to the above, regional work, including a Regional Falls Task Group, is ongoing led by the Clinical Director of Community Services. On a national level the recently published NHS 10 Year Plan sets out the aim to “work on falls and fracture prevention” and acknowledges that “fall prevention schemes, including exercise classes and strength and balance training, can significantly reduce the likelihood of falls and are cost effective in reducing admissions to hospital.”

## **Conclusion**

16 Extensive work, as set out in the Falls Strategy Community Action Plan, is being undertaken throughout the county to improve rates of falls and the injuries most common to falls. A positive impact on outcomes should be seen in the medium-term.

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## **Appendix 1: Implications**

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### **Legal Implications**

No issues

### **Finance**

Funds from the iBCF are in place to support the falls initiatives

### **Consultation**

Clinical consultation carried out as part of the enhanced falls work

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

N/A

### **Human Rights**

N/A

### **Crime and Disorder**

N/A

### **Staffing**

No issues

### **Accommodation**

N/A

### **Risk**

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

### **Procurement**

N/A

## Appendix 2: Joint Falls Strategy Community Action Plan

To do
In progress
Complete/ ongoing
Future start

Milestone/ Task Ref	Action/Task	Lead	Start	Finish	Status (RAG)	Comments
<b>Part 1 - Prevention (Primary and Secondary)</b>						
<b>P1</b>	<b>Prevention: Identify universal provision to improve the physical wellbeing of older people in order to reduce their risk of falling</b>					
P1.1	Map the current opportunities for older people including physical activity, healthy diet and reducing alcohol	MM/KW	01/12/2018	28/02/2019	Green	Public Health cardio vascular disease prevention audit. OP to be mapped as a sub-set of this work. Community exercise classes and activities that are suitable for people with complex mental health problems including dementia to be mapped as part of the above. DDHF carry out falls assessments without the community as part of their full assessment. Any one found to be high risk are referred to the Falls Team. Information is available via GIS (wellbeing activities, not falls specific). Information shared with community staff.

P1.2	Identify gaps, geographic and activity and make recommendation for future provision	MM/KW	28/02/2019		Amber	<p>Depending on the outcome of the housebound patient pilot, implement a programme of medication reviews for people living in Care Homes. Additional 1000 pharmacy sessions £140,000. This is in addition to the IBCF funding which was identified to deliver a programme of medication reviews for housebound patients.</p> <p>Ensure that all patients regardless of locality have an equitable access to group exercise programmes within the community. Additional 100 places £66,000</p> <p>Gap = Care Connect cannot refer directly to Community Services (of which the Falls Service is a part) and they are lifting 7,000 per annum. Chester le street pilot will address this issue as a representation of the county</p>
P1.3	Review and utilise the existing evidence base (i.e. NICE Guidance) in relation to falls prevention and use this evidence base to guide implementation and commissioning in the future	MM/KW			Amber	
P1.4	Make links with new strategic manager for sport/culture/public health	MM/KW	05/12/2018	16/01/2019	Green	Close working relationships developed

P1.5	Establish links with HWBB re social isolation	MMac	05/12/2018	16/01/2019	Amber	
P1.6	Develop/source communication materials on key messages i.e. strength, falls prevention, aids and adaptations	JT/HR	01/10/2018		Green	Acute and community falls services have reviewed their information leaflets and are using "Get Up and Go: a guide to staying steady". This leaflet will be utilised as the main offer for all service areas /partners to ensure consistency of message.  Booklet can be downloaded or printed. Logos can be added if required.
P1.7	Source costs for identified materials from P1.6 and identify budgets to be used	JT/HR	01/10/2018	05/12/2018	Amber	Cost identified as £679.00 for 2.5k copies of a 32 page booklet.
P1.8	Agree communication and roll out of materials identified at P1.6 to partners/stakeholders/front line staff	All	16/01/2019		Amber	LO will include in welcome packs
P1.9	Explore work at South Tees re prevention/triage service and education package delivered (link to P2.5 and P4.2)	MMac/SD	05/12/2018		Green	Meeting held 15 January 2019. South Tees willing to share their documents
P1.10	Work to disseminate information to rehabilitation teams	MM	16/01/2019		Green	
<b>P2</b>	<b>Technology: Identify technology currently being utilised in the community in County Durham, its availability, usage and impact</b>					
P2.1	Map technology (equipment) currently being utilised in the community in County Durham, its availability and usage	LO/NJ	05/12/2018		Green	e.g. Bed sensors, falls detectors, home hubs (e.g. Amazon Alexa, Google Home), chair sensors. People can also purchase equipment privately

						where no eligibility through social care
P2.2	Identify new sources of information/reports from usage of equipment	LO/CH	05/12/2018		Amber	<p>CH has been working closely with ID and BM (care connect) to find ways of capturing information on falls. The information captured on "Tunstall" (IT system used by Care connect) will be relayed back to the Health Care Coordinator team. Triggers for referral would be anyone who has had 3 or more falls, to be assessed or referred directly to the Falls team.</p> <p>LO, CH and ID met to look at reports which can be ran and shared. SD looking at information sharing agreement.</p> <p>HAS ARMED (identified through market testing exercise for IC+ service) would enable the Council to be able to record health metrics associated with frailty and falls. Case study shows successful outcomes.</p> <p>Chester le street may be able to assist in addressing issues.</p>

P2.3	From information identified at P2.1 and P2.2 identify impact of technology and gaps/areas of improvement and identify any new technologies	LO	05/12/2018		Green	<p>LO to include technologies available at Innovation Days</p> <p>Gaps in current services Care Connect are not able to refer frequent fallers to the falls services</p> <p><b>New Technologies</b></p> <p><b>Gociety Solutions-</b> wearable clip which registers a fall sends text or email with location to emergency contacts</p> <p><b>Angel 4 –Sense Care</b> is a sensor worn on belt connected to a telecare system or mobile phone and sends message indicating a fall and location</p> <p><b>Ellicie Health Smart</b> under development and is connected glasses. Sensors in the glasses and sends data (physical, physiological or environmental) via a smartphone. Provides information on wearers health and safety</p> <p><b>Apple</b> looking to develop fall detection into Apple Watches</p>
P2.4	Review current referral pathways into telecare services from all stakeholders	DE/NJ	05/12/2018		Red	<p>Review widening of scope for potential for partner associations to refer, including associated funding arrangements</p>
P2.5	Review current referral routes/signposting in addition to telecare services	LO	05/12/2018		Amber	<p>Care Connect would make referral to Adult and Health services where appropriate. See</p>

						P1.2 re issue that Care Connect cannot refer directly to Community Services (of which the Falls service is a part)
P2.6	Review communication/ awareness raising materials/ channels for telecare services to all stakeholders	LO	05/12/2018		Amber	On-line referral form with mandatory fields in progress. Care Connect Business Development Manager working with teams to promote telecare. Improve links between Commissioning and Care Connect
<b>P3</b>	<b>Aids and Adaptations: Identify current services/opportunities for people to access aids and adaptations, review referral pathways and communication/awareness of aids and adaptations</b>					
P3.1	Map the current services/opportunities for people to access aids and adaptations	NJ/LB	05/12/2018	28/02/2018	Red	
P3.2	Ensure reviews of services are current including: Handyman services Equipment and advice services HIA Community Equipment Service Sensory awareness teams	NJ/LB & CCGs	01/10/2018	31/03/2020	Amber	Handyperson services have been reviewed and are currently being recommissioned. Other service reviews are in the planning stage
P3.3	Review current referral pathways into aids and adaptation services from all stakeholders	NJ/LB & CCGs	01/10/2018	31/03/2020	Amber	Picked up within service reviews
P3.4	Review current referral pathways out of aids and adaptation services	NJ/LB & CCGs	01/10/2018	31/03/2020	Amber	Picked up within service reviews
P3.5	Review communication/ awareness raising materials/ channels for aids and adaptations services to all stakeholders	NJ/LB & CCGs	01/10/2018	31/03/2020	Amber	Picked up within service reviews

P4	Identification of higher risk individuals to allow targeted interventions					
P4.1	<p>Map inclusion of falls risk in all stakeholders assessments including:            Fire &amp; Rescue safe and wellbeing checks            Pharmacy checklists            Housing            Opticians            Social Care            TAPs            Durham Dales Health federation            Care Connect Data (accumulative total of falls throughout the year for any given time period)            Handypersons services</p> <p>Six monthly review to keep information up to date</p>	MMac	05/12/2018		Green	<p><b>Fire Service</b> - Safe and Wellbeing form includes questions around falls  <b>Pharmacies</b> - General information available on Pharmaceutical Services Negotiation Committee website <a href="http://www.psn.org.uk">www.psn.org.uk</a>.  <b>Housing</b> - referrals for DFG come through social care direct and are referred to OTs for assessment. Livin/CDHG do their own DFGs however they also rely on OT assessments in the same way.  <b>AHS</b> - Process for dealing with referrals linked to falls (referral to Falls Team, referral for Falls detector)  <b>AHS</b> - Process for dealing with Annual reviews where a Falls Detector is in place  <b>Handypersons</b> - Guidance, Signposting and Home Safety Check provides advice on the prevention of accidents in the home in relation to slips/trips/falls  <b>TAPs</b> - Health, within their contact assessment, have a domain for falls. GPs have EMIS system and identify frailty, risk of falls, social care own assessment.</p>

						Information only gets shared at an MDT. <b>DDHF</b> - carry out falls assessments without the community as part of their full assessment. Any one found to be high risk are referred to the Falls Team. (NB: not countywide and what about low/medium risk)
P4.2	Following information sought in P4.1 identify referral pathways (or gaps) once high risk person is identified (link to P1.9)					Red Falls risk has been mapped across to out of hours (ooh) emergency admissions, established that falls are the highest OOH admission. Training with health care assistants carries out. Further action to follow on pathways
P4.3	Encourage regular targeted case finding on GP systems including bone health to enable preventative prescribing (see BH1.2)	CH	05/12/2018			Amber HCAs are keen to develop the falls assessments. If do come out as high risk would be referred back to the GP. JT to pass on info re day hospital assessment focusing more on lifestyle. DE asked if they wanted to put some information about a sub pilot putting in here. HD/DH to amend and send on. Frailty assessment - GPs are automatically making a referral if a person hits a trigger on the assessment? Academic Health Services Network have carried out some work (DH to chase) Coding on System1

						and EMIS need to flag up higher risk person and GPs need to be made aware - this is a universal coding issue. CH to speak to AD. LO could provide reports - to meet with CH and ID. Interface with clinical services. Review of GP practices. Portal between portal and system 1 planned by March 2020.
P4.4	Develop a system for identification of "near miss" attendees at emergency departments and urgent care centres	GS	01/11/2018	31/01/2019	Amber	Part of business case at P4.5
P4.5	Scope the development of a potential business case for a follow-up call provision for the emergency department attendees	GS	01/10/2018	01/11/2018	Amber	Fallers are coming through UHND. Business case agreed by CCGs for short-term pilot. Recruitment progressing.
P4.6	Expansion of Falls teams to look at near misses and expand OTAGO therapy	GS	01/01/2019		Red	With ACTIF funding
P4.7	Scope a business case for piloting an ambulance aligned OT provision to reduce conveyances and initiate therapy responses	MW	01/11/2018	31/01/2019	Amber	With ACTIF funding With OT/NEAS pathway.
P4.8	Review community falls workforce and recommend optimum delivery model	MW	01/03/2019	30/09/2019	Amber	
<b>P5</b>	<b>Pathways</b>					
P5.1	Link into the review of falls services to ensure streamlining of pathways between acute and community services (include considering the development of one Community Falls Service to ensure an equitable service across County Durham).	JT	01/12/2018	30/04/2019	Red	Dependent on work above. Links to Acute Action Plan

P5.2	Review the access to specialist support/advice available to community and primary care teams to improve outcomes for those who have fallen or are at risk of falling	WL	01/03/2019	31/10/2019	White	This will be addressed as part of the transformation plan within Community Services. Links to 4.8 above.
P5.3	Review referral routes and service eligibility criteria for falls services	WL	01/03/2019	31/10/2019	White	This will be addressed as part of the transformation plan within Community Services
P5.4	To ensure falls service leads review the format and use of individual falls treatment plans to ensure they are NICE compliant and deliver a multiagency approach	WL	01/03/2019	31/10/2019	White	
P5.5	Review the falls community pathways to ensure appropriate exit strategies from specialist services are available with signposting/facilitation of progression into universal opportunities to reduce the risk of future falls	WL/KW	01/03/2019	31/10/2019	White	This will be addressed as part of the transformation plan within Community Services
<b>Part 2 - Workforce</b>						
<b>W1</b>	<b>Training: Identify training opportunities/gaps for the wider workforce (i.e. not just those delivering specialist services, e.g. staff in care.</b>					

W1.1	<p>Identify key workforce cohorts and their "falls awareness" training needs (encompassing prevention and response) including:</p> <ul style="list-style-type: none"> <li>Care home staff</li> <li>Domiciliary care workers</li> <li>Unpaid carers</li> <li>Care Connect staff</li> <li>Culture and Sport staff</li> </ul>	SD/JT/ MM	01/01/2019	31/03/2019	Amber	<p>DDHF associate practitioner and HCA have attended training in falls assessment at the Manor House.</p> <p>Round 3 of Falls Training ongoing in care homes</p> <p>NECS: A focused area of work in year one to support the care homes, to do this a designated person would be required to identify care home staff training requirements for falls prevention and develop packages of care in the first 6 months which can be delivered using a train the trainer model and/or e learning. These packages could then be used to deliver training to the domiciliary care providers. (NB: Must link with STPM project)</p> <p>Care Connect Staff and Culture and Support - Offer of Adult Learning and Skills Service Distance Learning (Falls Prevention Awareness) and SCILS (Social Care Information and Learning Service)</p> <p>Plans to engage with relevant stakeholders are in progress, future paper may be required for Integrated Care Board</p>
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W1.2	Develop/source evidence based training materials/ opportunities/channels on key topics, e.g. YouTube, e-learning for promotion to providers (website, newsletter, pocketbook of practice)	SD/JT	01/01/2019	31/03/2019	Amber	Sensory training sent by JT to SD
W1.3	Develop and implement a training delivery plan	SD/JT	01/01/2019	31/07/2019	Amber	
W1.4	Maintain links with regional and national falls networks and departments (e.g. NHSI)	HR	Ongoing		Green	
<b>Part 2 - Bone Health</b>						
<b>BH1</b>	<b>Bone Health: (NB: DE to establish if this service is included in the community contract)</b>					
BH1.1	Review Osteoporosis services including referral pathways and availability of DEXA scanning	GF	01/02/2019	31/08/2019	Red	
BH1.2	Develop high risk targeted case finding on GP systems to enable preventative prescribing (see P4.3)	CCGs	01/08/2019	30/11/2019	Red	

# Alcohol



# Campaign work

- Are we Kidding Ourselves – Balance PR based on findings of North East Drinking Habits Report, supported by DCC through social media retweets
- Continued social media promotions by Balance – know your units; alcohol guidelines; links with cancer; health harms.
- Promotion of alcohol and breast cancer – reduce my risk on social media by Healthwatch.

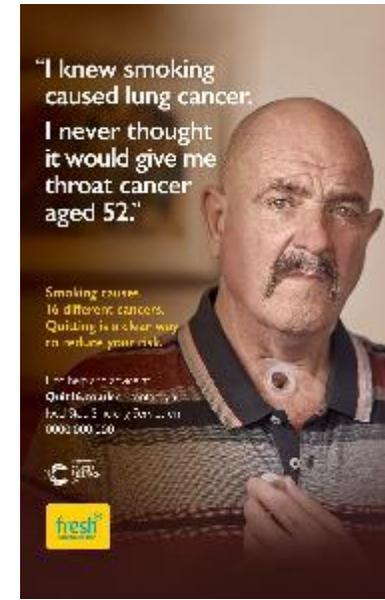


# Tobacco



# Tobacco

- No Smoking Day and Quit 16 campaign supported through DCC social media channels
- Digital advert in Durham City throughout March (Quit 16 design)
- Social media promotion by Fresh NE promoting the Smoke Free App and online support
- Internal communications include news item, Buzz article and Bulletin Board post
- Promotion of No Smoking Day by Healthwatch on social media



# Stay well this winter



# HELP US HELP YOU

## STAY WELL THIS WINTER



# ‘Before it gets worse’

prevent an illness before getting worse

- National Pharmacy Advice campaign launched on 4 February and ran until 31 March.
- Support for national campaign locally through advertisements on buses and bus stands in County Durham.
- Campaign promoted by Healthwatch through social media and ebulletin



# Mental health



# Time to change

- Investing in Children successful in funding bid for Time to Change hub in County Durham.
- Announcement promoted through press and social media.



## Social media posts and promotions

Healthwatch promotion of posts around:

- Positive mental attitude
- Talking therapies
- Children's mental health week
- Talking about mental health
- 'What would you do?' survey to improve mental health support

## Mental health awareness week – 13 May

- Currently planning
- Promotion of Time to Talk messages
- Promotion of Time to Change Hub
- DCC to coordinate internal messages with Better Health at Work



# 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 – 3-5 April
- Information issued to partners to encourage support.
- Information issued to DCC staff by email and staff newsletter about conference and information displays.

# Breastfeeding



# County Durham Breastfeeding Friendly Scheme

The County Durham Breastfeeding Friendly Scheme invites local businesses to register as a breastfeeding friendly venue to show their support for breastfeeding mothers.

A range of cafes, restaurants, leisure centres, libraries and medical centres are signed up to the scheme.

- 161 venues currently signed up to the Co Durham Breastfeeding Friendly Scheme (BfFS) including:
  - East Durham College, Peterlee
  - Empire Theatre, Consett
  - Diggerland, Langley Park
  - Lickety Split, Seaham
  - Locomotion, Shildon



# County Durham Breastfeeding Friendly Scheme

- Registered venues given thank you cards to hand to breastfeeding mums, who are encouraged to pass to other breastfeeding mums
- A suite of vlogs is in development for Breastfeeding Friendly Scheme for training and promotion summer 2019
- Promotion of Baby Buddy App in red baby books.

