Health and Wellbeing Board

Date **Friday 11 September 2020**

Time **9.30 am**

Venue **Remote Meeting - This meeting is being held remotely via Microsoft Teams**

Business

Part A

Items which are open to the Press and Public

1. Apologies for Absence
2. Substitute Members
3. Minutes of the meeting held on 14 July 2020 (Pages 5 - 14)
4. Declarations of Interest
5. Health and Social Care Integration (standing item): Verbal update from Corporate Director of Adult and Health Services, Durham County Council
6. County Durham Place Based Commissioning Plan 2020-2025 - six-month review: Report of Corporate Director of Adults and Health Services, Durham County Council, and Chief Officer, NHS County Durham Clinical Commissioning Group (Pages 15 - 86)
7. SEND Inspection update: Report of Corporate Director of Children and Young People's Services, Durham County Council (Pages 87 - 112)
8. Healthwatch County Durham Annual Report, including next steps arrangements: Report of Chair, Healthwatch County Durham (Pages 113 - 134)
9. Health Impact Assessment for Health Inequalities During COVID-19: Report of Director of Public Health, Durham County Council (Pages 135 - 150)

10. County Durham's Approach to Wellbeing - update on progress: Presentation of Corporate Director of Adult and Health Services, Durham County Council and Director of Public Health, Durham County Council (Pages 151 - 160)
11. Health and Wellbeing Board Campaigns: Presentation of Director of Public Health, Durham County Council (Pages 161 - 164)
12. Local Outbreak Engagement Board - Covid 19 update: (Pages 165 - 228)
    (a) Local Outbreak Control Plan - Progress Update: Presentation of Director of Public Health, Durham County Council, including questions from members of the public and stakeholders
13. 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
3 September 2020

To: The Members of the Health and Wellbeing Board

Durham County Council

Councillors L Hovvels, O Gunn and J Allen

J Robinson	**Adult and Health Services, Durham County Council**
J Pearce	**Children and Young People's Services, Durham County Council**
A Healy	**Public Health, County Durham Adult and Health Services, Durham County Council**
Dr S Findlay	**County Durham Clinical Commissioning Group**
Dr J Smith	**County Durham Clinical Commissioning Group**
N Bailey	**County Durham Clinical Commissioning Group**
F Jassat	**County Durham Clinical Commissioning Group**
S Jacques	**County Durham and Darlington NHS**

	Foundation Trust
J Gillon	**North Tees and Hartlepool NHS Foundation Trust**
J Illingworth	**Tees, Esk and Wear Valleys NHS Foundation Trust**
V Mitchell	**City Hospitals Sunderland NHS Foundation Trust**
C Cunnington-Shore	**Healthwatch County Durham**
R Chillery	**Harrogate and District NHS Foundation Trust**
M Walker	**Integrated Community Services**
S White	**Office of the Police, Crime, and Victim's Commissioner**
S Helps	**County Durham and Darlington Fire and Rescue Service**
L Hall	**Housing Solutions**

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

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DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in **remotely via Microsoft Teams** on **Tuesday 14 July 2020** at **9.30 am**

Present:

Councillor L Hovvels (Chair)

Members of the Board:
Councillors J Allen and O Gunn, L Buckley, S Caddell, R Chillery, Dr S Finlay (Vice-Chair), S Helps, A Healy, S Jacques, J Pearce, J Robinson, M Smith and M Walker

Also in attendance:
S Barry, T Collins and A Petty

1 Apologies for Absence

Apologies for absence were received from N Bailey, Mr C Cunnington Shore, Gillon, Hall, Illingworth, MItchell, Smith and White.

2 Substitute Members

L Buckley substituted for J Gillon, S Caddell substituted for S White and M Smith substituted for L Hall.

3 Minutes

The minutes of the meeting held on 11 March 2020 were agreed as a correct record and would be signed by the Chair.

4 Declarations of Interest

There were no declarations of interest.

The Chair noted that Items 5 and 6 would be taken together as one item.

5 Update on COVID-19 and COVID-19 Local Outbreak Control Plan

The Board considered a verbal update report from the Chief Executive, T Collins and a report and presentation of the Director of Public Health, A Healy relating to COVID-19 and the Local Outbreak Control Plan (for copy see file of Minutes).

The Chief Executive noted he wished to offer his condolences on behalf of the Council to all families that had lost loved ones, friends and family to COVID-19. He wished to express his thanks to all the partners working together in County Durham in response to the emergency, including: Clinical Commissioning Groups (CCGs); Foundation Trusts; Durham Constabulary; County Durham and Darlington Fire and Rescue Service; Local Resilience Forum (LRF) including their work with the military; Durham University; Colleges; Schools; Third Sector Organisations and most importantly the fantastic people of County Durham, offering their support and help. He reiterated that all partners had worked incredibly hard and he would thank them for their efforts.

The Chief Executive noted that the agenda for the meeting was very interesting, including the Local Outbreak Control Plan, and that he was pleased to note that at this time the infection rate and risk was generally quite low in County Durham. He explained that from a recent regional meeting he understood the regional rates were also comparatively low. He expressed that partners remain vigilant for any possible outbreaks and that a great deal of planning was taking place within the local area. With the experience he had with local partners, both pre-COVID-19 and during the last few months, he was sure that all would work together effectively to do the best for the people of the County.

The Chief Executive was continuing to work with government to provide efficient testing facilities within the County, when needed, and ensuring the Council was provided with the relevant data to enable the appropriate decision making in terms of any such outbreaks. He reiterated that partners were working together very effectively, and he was aware that the issues with national data and testing were starting to improve.

The Chief Executive thanked the Director of Public Health, her team and partners for their hard work, including in the preparation of the comprehensive Local Outbreak Control Plan, which he felt sure would stand the County in good stead.

The Director of Public Health gave a detailed presentation that highlighted the following:

- Purpose of a Local Outbreak Control Plan, protecting the health of our local communities;
- The role of the Health and Wellbeing Board;
- The governance arrangements for Durham outbreak control;
- The seven outbreak controls themes within the Plan: Care Homes and Schools; high risk places, locations and communities; local testing capacity; contract tracing in complex settings; data integration; vulnerable people; and Local Boards;
- Local Outbreak Control Teams;
- NHS Test and Trace;
- Key Public Health Messages: stay at home as much as possible; work at home if you can; social distancing, 2m apart where possible; washing hands regularly; avoiding touching one's face where possible; coughing and sneezing into a tissue, to be binned safely, or one's arm if no tissue; and not to leave home if anyone from your household has symptoms;
- Communication, including preventative elements, reactive and support elements; and control and contain elements

The Director of Public Health noted that the next steps in relation to the Local Outbreak Control Plan were to continue to work with the partners and prepare for any outbreak in the area and she thanked them for working very rapidly to help develop the Plan. She added that a Local Dashboard was being developed which could be shared with the Board and partners to highlight cases, outbreaks in specific places or localities and other issues. She added that there would be continued work on this, and further information would be brought back to the next Board.

Members of the Board noted there would be a continued focus on prevention and engagement with the public and partners to ensure the ability to respond rapidly to any outbreak. The Director of Public Health explained that the Council and partners would learn from any outbreaks and adjust the outbreak response rapidly and accordingly, noting information and lessons learned. The Director of Public Health noted that the Local Outbreak Control Plan would develop into a more focussed action plan, alongside a toolkit for those key themes identified. She added that it would rely upon all partners working together, responding as rapidly as possible to contain and prevent onward spread.

The Chair thanked the Director of Public Health and asked Members of the Board if they endorsed the Local Outbreak Control Plan as per the recommendation within the report. All agreed.

The Chair noted there were several questions from the public and asked the relevant Members of the Board to read out the questions and provide the relevant answers accordingly.

Dr S Finlay, Chief Officer from the County Durham CCG and Vice-Chair of the Health and Wellbeing Board thanked the Chair and noted a question received via the Area Action Partnership (APP):

> *"What assurance can the Board give to residents with non-Covid-19 related illnesses who are worried about whether to book an appointment with their GP?"*

Dr S Finlay wished to assure the public that GP Surgeries were extremely safe, and staff were all used to wearing masks in public spaces and were all socially distancing, not only from patients, but also from other staff members. He explained that staff were wearing the appropriate Personal Protective Equipment (PPE) when in contact with patients and during consultations. He noted most surgeries had either set up "hot site" branch surgeries or "hot areas" within their surgeries so that patients with suspected COVID-19 and those without suspected COVID-19 could be separated. The Board noted that anyone attending a GP Surgery would be triaged via telephone first, with consultations to be via telephone or video conferencing wherever possible.

Dr S Finlay noted that of the antibody tests carried out so far on primary care staff, with over a 1,000 carried out, only nine percent of staff had been infected with COVID-19, a lower rate than in most Acute Trusts, demonstrating that the Practices had been protecting their staff as best they could. He added that there had been no new recorded cases of COVID-19 for a number of weeks within primary care practices. It was explained that the worry now was that people were not contacting GPs with potentially serious illnesses and Dr S Finlay noted that people needed to be encouraged to return to their GP with illnesses that potentially could become serious if left untreated.

The Board noted that in addition, GPs were resuming some of their routine activities, such as cervical screening and shingles vaccine, and continuing with other important activities such as the children's vaccination programme. Dr S Finlay concluded by assuring the public that GP Surgeries had taken all necessary precautions so that the risk of contracting COVID-19 in a GP Surgery was extremely low.

The Chair thanked D S Finlay and asked S Jacques, Chief Executive of the County Durham and Darlington NHS Foundation Trust to read the next question and give the answer.

The Chief Executive, CDDFT noted the question read:

> *"What advice can we give residents about whether they need to be tested for Covid-19 before working actively with and within their communities as some people are worried that if they are asymptomatic, they could spread the virus without knowing it?"*

The Chief Executive, CDDFT noted the specific reference to asymptomatic carriage, however, she would advise anyone in those circumstances be very vigilant and aware of the signs and symptoms of COVID-19: the recent onset of a new and continuous cough; a high temperature; and loss of, or change in, normal sense of taste or smell. In terms of testing, she noted that anyone with symptoms could get a test, adding that asymptomatic testing was only available to essential workers in England, a list of those being on the Government website.

She explained that there were many strategies designed to limit transmission within communities including keeping one's distance from those outside of one's household and keeping 1m "plus" away from people as a precaution and taking additional mitigating steps. She noted such steps included avoiding being face-to-face with those from outside of your household or support bubble, try to stay side by side; keeping one's hands and face as clean as possible, washing hands often with soap and water and drying them thoroughly; and use hand-sanitiser outside of the home in particular when one enters a building or has contact with surfaces, together with avoiding touching one's face. She added that if in an indoor space, one should ensure it was well ventilated, with windows kept open where possible.

The Chief Executive, CDDFT explained that people should avoid crowded space and should work from home wherever possible, using technology to reach out to community groups. She added that if there was a need to travel, people should try to walk if possible or cycle, and if using public transport try to avoid peak times.

She noted that in terms of face coverings, they should be worn in enclosed public spaces where one could not socially distance and where one would come into contact with people one would not normally meet. She emphasised that face coverings did not replace social distancing, and it was important to ensure people did both. It was added that shouting and singing close to people outside of your household or support bubble should be avoided and that people should reduce the amount of time they spend with in those groupings.

The Board noted advice to wash clothes regularly, as the virus could live on fabrics for a few days and noted that when meeting those community groups within business of public premises the advice specific to those premises should be followed, those buildings having advice available to the public.

The Chair thanked the Chief Executive, CDDFT and asked the Corporate Director of Adult and Health Services, J Robinson to read out the next public question and respond accordingly.

The Corporate Director of Adult and Health Services noted the question read:

> *"During the Covid-19 response there has been a reliance upon access to Information Technology (and residents being IT literate) or having access to a car for those vital services that local people need, like health care and shopping which has impacted disproportionately on the most disadvantaged. What would the Health and Wellbeing Board's message be to those people who have experienced these challenges?"*

The Corporate Director of Adult and Health Services noted she would like to thank the residents of County Durham for their actions during the pandemic, our communities making an immense contribution to the County Durham Together response to support our most vulnerable residents. She noted that additionally the Council made available £1.5 million to support local community groups to provide assistance to residents in need that required help to deal with the impact of COVID-19 on their lives. It was explained that over £1 million of that fund had been allocated to a plethora of schemes across the County in addition to the critical assistance that over 30 mutual aid groups that spontaneously sprang up over the County had provided, as well as the many acts of kindness provided by friends and neighbours over the last few months. The Corporate Director of Adult and Health Services noted in addition that The Hub had been contacting vulnerable individuals to understand their needs and put them in touch with staff or external agencies that could provide the help that they need. She explained that anyone that had telephoned The Hub with access issues had been supported through a combination of either Council staff that had been redeployed, volunteers or NHS GoodSAM volunteers.
She noted deliveries had been provided to people's door to enable those self isolating to do so and the County's voluntary and community service had been responsive in supporting people in local communities with many undertaking "door-knocks" to those thought to be potentially more vulnerable.

The Corporate Director of Adult and Health Services explained The Hub had supported those with IT challenges and guided them in many activities, such as setting up priority online shopping.

She added that it was recognised that not everyone was comfortable using technology or had access to it and therefore a variety of media had been utilised to communicate the support available to communities such as social media, printed media, radio, and directly addressed mailshots to those known to have multiple social vulnerabilities, as well as the County's shielding population. She added that the promotion of The Hub has also taken place through other existing routes such as pharmacies, primary care, secondary care, housing providers and social care.

The Corporate Director of Adult and Health Services noted the support put in place had been done quickly and comprehensively and demonstrated the effectiveness of both partnership working and the local communities within the County.

The Chair thanked the Corporate Director of Adult and Health Services and asked the Portfolio Holder for Transformation, Culture and Tourism, Councillor J Allen to read out the next public question and for the Corporate Director of Children and Young People's Services, J Pearce to respond accordingly.

"Social isolation has been a by-product of the Covid-19 lockdown that has impacted on many people's mental health. What provision is available for those who need additional mental health or social support?"

The Corporate Director of Children and Young People's Services noted that in terms of the support offered to children and young people and their families, there was a range of resources to support their mental health and emotional wellbeing. He added those resources were targeted at parents, carers, teachers and other professionals, together with additional resources targeted specifically for children and young people. He noted that it was recognised that it was a challenging time for many young people and their families, and some may continue to experience difficulties as restrictions continued to take effect and we moved into the next phase.

The Corporate Director of Children and Young People's Services noted that for many the impact of social isolation, and the impact upon their mental health and wellbeing, may not yet be manifesting itself and therefore it was important to continue to have a service offer going forward and the Council was shaping its services in that way accordingly. He added that all the Council's key resources were available on the Council's updated local offer, a dedicated page on the Council's website, and within that there was a section on social, emotional and mental health support. It was explained the Council had been working very closely with our schools and looking at how to support children and young people back into learning and to look at the impact there would be for many children and young people who would have had many months out of school by the time that they return.

He noted the guidance around returning safely and settled provided a whole range of information that could be used by children and young people and their parents and also by schools, teaching staff and governors, again available via the local offer and also circulated out to schools for their use. The Corporate Director of Children and Young People's Services noted that information was broken down into blocks, with a number of activities in terms of guidance and support for the curriculum, re-engaging young people in learning, as well as professional development for staff and governors. He added that there was more broad support through the Council's Family Support Service and One Point Centres, which had continued to operate during the lockdown period, providing activities, social support into families. He noted some excellent examples of the work they had done and impact that had for families. He explained that the One Point Service was also available to connect families into community resources and reiterated that we were very lucky in County Durham to have the breadth and quality of local community resources available and the One Point Centres had been able to support children and young people and their families to access those resources and would continue to do so as we progressed into the next phase.

The Chair thanked the Corporate Director of Children and Young People's Services and asked the Portfolio Holder for Children and Young People's Services, Councillor O Gunn to speak in relation to the question.

Councillor O Gunn noted that she would follow on from the comments of the Corporate Director and focus on children and what was happening in schools. She explained that, as mentioned, there were a number of documents circulated to schools, with one relating to children returning to schools safe, happy and settled. She noted it had been developed within the Council with a particular focus on encouraging health and wellbeing and added that there was quite a rich array of information including sources of advice and help and direct support, together with staff development.

She explained that it was known that, even prior to COVID-19, research had suggested that many children and young people could find the transition between schools unsettling and stressful so following COVID-19 it was more than likely, given information from parents themselves too, that many children and young people would experience quite similar feelings in respect of returning to school after social isolation. Councillor O Gunn noted she had received e-mails from parents expressing their concerns about this and emphasised that it was important that the Council had done what it had in terms of getting that information out to schools. She added it was important to support a successful and "soft landing" back into school.

She concluded by noting that it was a process, not a single event, and there was not one particular agency involved, rather a number of partners all coming together as a team to effectively support children and continuing to do all they could to support our children and young people.
The Chair thanked the Portfolio Holder and thanked all the Officers and Members for their attendance.

Resolved:
That the Health and Wellbeing Board endorse the COVID-19 Local Outbreak Control Plan.

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Health and Wellbeing Board

11 September 2020

County Durham Place Based Commissioning and Delivery Plan 2020-2025 - September 2020 update

Report of Jane Robinson, Corporate Director of Adults and Health Services, Durham County Council and Stewart Findlay, Chief Officer, NHS County Durham Clinical Commissioning Group

Electoral division affected:

Countywide

Purpose of the Report

1 The County Durham Placed Based Commissioning and Delivery Plan - September 2020 update (the plan) is the first update since being adopted by the Integrated Care Board and the Health and Wellbeing Board in March 2020. Partners that are covered within the plan include NHS and Local Authority commissioners, Public Health, and acute and mental health NHS providers.

Executive summary

2 The plan sets out the commissioning and delivery intentions of all partners represented at the Integrated Care Board and forms the health and care delivery component of the County Durham Joint Health and Wellbeing Strategy. Written in part as a response to the NHS Long Term Plan the plan encompasses 22 chapters across the life cycle and enablers, focusing on system rather than organisational goals, interventions and measures. It is not intended to replace organisational operational plans, but is a means to set out how collaborative working across the system supports the delivery of the strategy.

3 The September 2020 update fulfils a commitment made to the Health and Wellbeing Board to provide a twice yearly update on progress against the initiatives detailed within the plan, provides an opportunity to add new schemes where these have been adopted, and offers partners the opportunity to further explore collaborative and integrated ways of working.

4 Historically commissioning intentions and provider plans have been written from an individual organisational perspective without reference to the interdependence that these organisations have on the delivery of health and care services. The plan has therefore been written from a system perspective where engagement across the system considering pathways rather than organisations has been central.

5 The updated plan demonstrates a maturing of integration and collaboration within service areas and/or health and care pathways, and whilst not at an end state it demonstrates the steps made over a challenging period to improved system working.

6 The plan represents a period in time and as such further work continues on developing system plans, not least in responding to the impact of the pandemic, the restoration of services, and moving towards living with Covid-19 in the medium to long term.

Recommendation

7 The Health and Wellbeing Board is asked to approve the County Durham Place Based Commissioning and Delivery Plan 2020-2025 / September 2020 update.

Background

8 Since the plan was adopted in March 2020 the health and care system has been faced with responding to the impact of the pandemic, and whilst collaborative working across the system has been challenging it has also been a vehicle for system integration. The updated plan reflects this period accordingly.

9 The updated plan has followed the same format as the one previously agreed though chapter leads who have updated each chapter (or OGIM - Objectives, Goals, Initiatives, Measures) with 3 'asks';

(a) 'BRAG' rating of the previously approved schemes

(b) Covid-19 recovery plans

(c) Development of the County Durham Outcomes Framework

'BRAG' rating

10 The first ask was to indicate how each of the schemes and initiatives set out within each chapter are progressing using the following format:

- Blue – complete
- Red – not started
- Amber – delivery concerns
- Green – on track

11 Timescales for completion of each initiative are set out within the Gantt charts for each OGIM at Appendix 2, and where these have been impacted upon due to the pandemic or otherwise this is clear to see. Many schemes remain on track given the long lead in time for completion (2024/25). Additional schemes added since the first iteration of the plan are also highlighted.

Covid-19 Recovery

12 Each of the chapters has provided a summary of system recovery plans for their chapter area over the:

- short term (restarting society – 2020)
- medium term (living with Covid-19 – 2021)
- longer term (recovering – 2022)

13 The County Durham Health Welfare and Community Recovery Subgroup has supported the development of these plans through reviewing and providing feedback to chapter leads. This new assurance process provides an opportunity for partners to consider whether a

system view to Covid-19 recovery has been undertaken, notwithstanding the vital role that organisational recovery plans have within the restoration of services and living with Covid-19 in the longer term.

County Durham Outcomes Framework

14 The outcomes framework is designed to provide the Integrated Care Board with a series of high-level outcome metrics that enable a greater understanding of system performance, set within the Triple Aim. The Triple Aim of health outcomes, patient / resident experience, and service costs reflect the interdependence that one has upon the other.

15 During the development of the framework it was evident it is not currently possible to disaggregate service costs along each of the chapters. For instance, system costs associated with diabetes range from primary prevention to detection, through to management and the treatment of consequences, i.e. amputations. It was therefore agreed that a focus on workforce as the third aim was more appropriate, and still reflects the interdependence with outcomes and experience.

16 Each chapter lead was therefore asked to facilitate with relevant stakeholders the identification of no more than 3 outcomes for each of the 3 aims, which will provide the Integrated Care Board with a suit of metrics from which the performance of the system can be understood.

17 The development of the framework is in its infancy and further work is required to support chapters on the identification of genuine outcomes rather than activity metrics. Work is also required on understanding whether the data is available within the system, and how this can be interpreted and presented to ensure that the Integrated Care Board is provided with meaningful data to support decision making.

Conclusion

18 This longer-term County Durham Place Based Commissioning and Delivery Plan sets out to deliver the requirements of the Children and Social Work Act 2017, Children and Families Act 2014, Care Act 2014, 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.

19 We recognise that the landscape in health and social care is rapidly changing in light of the pandemic and other previously known challenges. The plan will continue to be updated twice a year to reflect any emerging priorities within the wider context of the Joint Health and Wellbeing Strategy.

Authors

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Appendix 1: Implications

Legal Implications - Should it be necessary to amend contracts for provision of services this will follow legal guidelines for the NHS and Local Government.

Finance - A financial plan is developed annually by all partners. This will reflect the content of this plan and will follow individual organisational governance arrangements for approval.

Consultation - If any changes are proposed to services as part of this plan, then this would take place in line with the statutory obligations of DCC and the CCGs to engage and consult.

Equality and Diversity / Public Sector Equality Duty - If any changes are proposed to services as part of this plan, then this would take place in line with the statutory obligations of DCC and the CCGs to consider the impact on equality and diversity.

Climate Change - To promote carbon neutral approaches in our commissioning/delivery

Human Rights - No implications

Crime and Disorder - No implications

Staffing - No implications

Accommodation - No implications

Risk - There are risks associated with delivery of key performance targets for the NHS and Local Government. These risks will be identified and logged on the relevant risk registers for the organisations with appropriate mitigating actions identified.

Procurement - Should it be necessary to amend contracts for provision of services or carry out new procurement exercises this will follow legal guidelines for the NHS and Local Government.

Appendix 2: County Durham Place Based Commissioning and Delivery Plan 2020-2025 - September 2020 update

Attached as a separate document

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County Durham Care Partnership

County Durham Place Based Commissioning and Delivery Plan 2020-2025 | September 2020 update

County Durham and Darlington NHS Foundation Trust

County Durham Clinical Commissioning Group

Durham County Council

Harrogate and District NHS Foundation Trust

North of England Commissioning Support Unit

Tees, Esk and Wear Valley NHS Foundation Trust

Contents

Introduction

The County Durham Partnership has agreed the Vision for 2035 with the following ambitions:

- More and better jobs
- People live long and independent lives
- Connected Communities

One of the objectives under 'people live long and independent lives' focuses on better integration of health and social care services.

The Health and Wellbeing Board brings together key statutory services who have a role to reduce health inequalities in County Durham and support people to live well for longer. The Joint Health and Wellbeing Strategy 2020-25 includes a life course approach to its priorities, recognising the importance of mental health and wellbeing and the social determinants of health cutting across all our priorities. These priorities are:

- Starting Well
- Living Well
- Ageing Well

Aligned to the Health and Wellbeing Board, 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 making best use of the resources available. This forum is proving effective in co-ordinating commissioning and delivery activities across the County.

Historically each organisation has had its own commissioning and 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, they all 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 commissioning and delivery plans into a single system plan which will become embedded within the Joint Health & Wellbeing Strategy. This will enable greater involvement from partners and greater oversight as we work to deliver our priorities in County Durham. The ICB allows us to have a common view of the issues and priorities for health and social care across County Durham and ensure that we are joined up as we work to deliver improvements, as one element of the Health & Wellbeing Board's work.

The development of this plan is possible because of the strong track record of joint working and collaboration between health and social care. The development of our

shared plan will strengthen the joint working and also allow us to demonstrate how effective collaboration is in County Durham.

The Joint Strategic Needs Assessment (JSNA) helps inform the planning and improvement of local services and guides us in making the best use of funding available. It builds a picture of current and future health and wellbeing needs of local people. This plan is underpinned by evidence from the JSNA to shape the joint commissioning priorities to improve health and wellbeing as well as reduce health inequalities in our communities.

Following the development of a one year system delivery plan in the summer of 2019, partners have been working together to develop this five year system delivery plan to inform integrated commissioning and implementation for County Durham. This sets out the key activities that we will be working on together across the next five years. We recognise that the landscape in health and social care is rapidly changing and this plan will need to be reviewed annually and updated to reflect any emerging priorities within the wider context of the Joint Health & Wellbeing Strategy.

This plan sets out to deliver the requirements of the Children and Social Work Act 2017, Children and Families Act 2014, Care Act 2014, the NHS Long Term Plan and other relevant policy documents. It will demonstrate the journey towards greater system thinking in commissioning, delivery, performance monitoring, driving efficiency and improving outcomes for the people of County Durham. It does not however replace or deprioritise any of the statutory responsibilities for inspection that any of the partner organisations currently have, for example in regards to safeguarding or SEND.

It is recognised this plan is an internal document that is being used to hold partners to account on delivery of our priorities over the next five years; however a shortened brochure for the public and wider stakeholders will be developed to more effectively communicate its aims.

This single system plan is structured around the life course, reflecting the spirit and content of the Joint Health and Wellbeing Strategy and the Approach to Wellbeing; this also ensures that prevention is prominent in both the structure and content of our planning. It explains the key commissioning and delivery projects that we are working on together and can be read alongside individual organisational plans and national policy.

This version of the plan (September 2020) is the first update since its approval by the Health and Wellbeing Board in April 2020, and fulfils the commitment of the ICB to provide the Health and Wellbeing Board with a twice yearly update.

Each chapter has been updated with 3 ‘asks’ requested over the summer.

The first is in relation to Covid-19 as since April the country has been in the midst of the pandemic which has impacted on all aspects of our lives, and not least in the health and care services that we all rely upon. Each of the chapters within the plan has included a new section detailing how it is to manage recovery from Covid in the short, medium and longer term.

Secondly, each chapter has 'BRAG' rated each of the schemes and initiatives set out over the coming 4 and a half years using the following definitions:

- Blue – complete
- Red – not started
- Amber – delivery concerns
- Green – on track.

Not surprisingly the pandemic has impacted on some of timings of the schemes and initiatives, and further detail on how can be found within each chapter.

Finally, each of the chapters has identified a number of metrics that will support the development of the County Durham Outcomes Framework which will enable the ICB to monitor and understand the performance of the system.

The framework is based upon the Triple Aim of Outcomes, Experience and Workforce, recognising that these are key factors in the delivery of high quality, safe, effective and sustainable health and care services.

The framework is in its infancy and further work is required to develop the suite of system (rather than organisational) outcomes, however great progress has been made by system partners in identifying outcomes that reflect the interdependence of health and care services.

The plan identifies nine cross cutting themes which are described in more detail in the following sections.

1. Health inequalities and Prevention

The health and wellbeing of the people in County Durham has improved significantly over recent years but remains worse than the England average. Health inequalities remain persistent and pervasive. Levels of deprivation are higher and life expectancy is lower than the England average, with too many of our population suffering from avoidable ill-health or dying prematurely.

The factors that underpin health inequalities are known as the social determinants of health. These include educational attainment, employment, housing, and financial security. If people do not have good educational attainment, they are less likely to find good employment and are then less likely to have good housing. These factors are all interlinked and are considered in the broader Joint Health & Wellbeing Strategy.

As well as understanding health and wellbeing needs and health inequalities we also want to increase the focus on our community assets and how we can use them to help people to remain healthy, both physically and mentally, and to remain independent for as long as possible. This is why a wellbeing approach is being adopted in County Durham.

The aim for our population's health is to have the best start in life and to maintain health as people progress through the life course. To prevent ill health is a major theme within the NHS long term plan. To do this there must be concerted effort in maintaining people's health and wellbeing and prioritizing protective factors. In addition to ensuring the social determinants of health are considered across County Durham, there are also positive health behaviours that will reduce the risk of developing long term conditions such as heart disease, respiratory disease and cancers. The health behaviours that can impact negatively on longer term health which must be addressed through the five year system delivery plan include:

- stopping people from starting to smoke and supporting those who do smoke to stop
- maintaining a healthy weight and supporting those who are overweight or obese to lose weight
- encouraging an active lifestyle and increasing physical activity levels
- encouraging people to drink alcohol within recommended levels and supporting those who are high risk or dependent drinkers to reduce or stop
- promoting good sexual health, and
- the foundation for all of this is promoting good mental health

To ensure County Durham is a health promoting environment, the health and social care infrastructure must commission and deliver effective evidence based programmes which empower people and enable the heathier choice to be the easier choice. This is only possible through the wellbeing approach and to start all health and social care pathways with prevention first. As a County Durham Place Based Commissioning and Delivery Plan, both medical and non-medical approaches to prevention and treatment will be considered.

The social prescribing infrastructure will be developed to provide sufficient reach into all communities. All health and care staff working in County Durham will be trained in making every contact count and will understand the importance of starting from the point of prevention and appreciating the assets in local communities which are complementary to medical interventions. All commissioned services will adhere to these principles.

The ongoing Covid-19 pandemic has impacted disproportionately on certain segments of our population, namely our older population; those with existing underlying health conditions such as diabetes and obesity; our BAME population and those living/working in more disadvantaged circumstances.

The mental wellbeing impact of the pandemic has impacted the whole of society across the life course. Covid-19 has widened health, social and economic inequalities and the County Durham health inequalities impact assessment provides a comprehensive review with key recommendations which will be interwoven into this plan. Recovery will take years and all chapters of this NHS system plan must consider how it has impacted on health and wellbeing and work to prevent inequalities widening further.

2. Approach to Wellbeing

The County Durham Approach to Wellbeing has been adopted by the Health and Wellbeing Board as a means of ensuring all organisations and services consider wellbeing as a common currency; it includes everything that is important to people and their lives. It is designed to promote whole system change and to invoke a culture where the wellbeing of the County's residents is considered in every decision that is made, whether this is regarding decisions about people or places or the systems designed to support them. It is aligned to the County Durham Vision and its 3 aims of More and Better Jobs; People Live Long and Independent Lives; and Connected Communities.

Our approach has six guiding principles which are all underpinned by a strong evidence base. These principles affirm the key role communities can play in supporting their residents and the significant improvements in health and wellbeing outcomes that can result from involving them more in decisions that affect them. A community can be a geographical community or one based on interest such as people living with dementia or asylum seekers.

Our approach has people and places at its heart, supporting the positive development of neighbourhoods, fostering resilience and empowerment through the support offered to everyone, and importantly to those who are most vulnerable.

Our approach highlights the importance of supporting systems – encouraging alignment across agencies and sectors, ensuring services are commissioned and delivered in a way that is collaborative and supportive.

For those requiring more formal interventions or treatment, our approach supports person-centred interventions that are empowering rather than stigmatising. Through commissioners and providers of services across the sectors the model helps to

provide a framework against which we can address the needs of people, communities and neighbourhoods whilst working towards a cultural change. This means ensuring all services self-assess against the model using the structured framework that helps to reflect on current practice and will inform future decisions about how local work and activities can support the wellbeing of people living in communities. Over time it is aimed that the model will be integrated into commissioning decisions, supporting providers to deliver services that place improving wellbeing at the centre of service delivery.

Finally, and most importantly, all our actions need to be informed by local conversations with people and communities – using and building on their knowledge and learning from their own experiences of knowing what they need, what is right and what works for them. In doing this we will also ensure that the model is dynamic, adapting, changing and that it is shaped and developed over time by County Durham residents.

3. Personalised Care

The Comprehensive Model of Personalised Care remains at the forefront of service transformation and health and care delivery within County Durham, ensuring that people have the same choice and control over their mental and physical health that they have come to expect in every other part of their life.

Key to delivering personalised care is moving the conversation with our patients, residents and communities from 'What's the matter with you?' to 'What matters to you?'

It is expected that people's knowledge, skills and confidence in managing their long-term condition is greatly improved by ensuring that supportive conversations allow people to make informed choices and reduce treatment decision regrets.

Whilst there is a specific chapter on personalised care which details some of the goals stipulated within the NHS Long Term Plan, each chapter is required to demonstrate how it is adapting to deliver personalised care. This work is supported by a multi-agency group from across the system and will evolve to include an equal or greater number of members of the public within its membership.

The components of the model remain:

1. Choice
2. Shared decision making
3. Social prescribing
4. Personalised care and support planning
5. Patient activation
6. Personal health budgets

Over the pandemic period, the capacity to reform services in light of personalised care aims has been limited. However, with the restoration of services comes an opportunity to use the tools within the model to advance and sustain change.

Developments within personalised care since the last version of the plan include:

- The appointment of a project lead to work across County Durham and Darlington Foundation Trust (CDDFT) and South Tyneside and Sunderland Foundation Trust (STSFT) to integrate Patient Activation Measures within outpatient settings. This project will reduce avoidable face to face outpatient appointments by adopting new ways such as telephone or video conferencing appointments, and shift resources from providing a one-size fits all model of outpatient care to supporting people to develop the skills, confidence and knowledge on how to self-care and manage their long-term condition
- The rolling out of Personal Wheelchair Budgets to support people in choosing options that suit their needs, rather than being provided with standard issue equipment
- Embedding Social Prescribing Link Workers within every Primary Care Network to support people to access community based services to meet their individual non-medical needs.

4. Mental Health and Learning Disabilities

There are specific chapters in this plan that relate to patients with mental health issues or a learning disability and targeted actions to make improvements in these areas. However, the needs of people with mental health needs and/or learning disabilities cross all aspects of this plan, therefore we will be considering the broader approach to wellbeing and any additional actions we need to take to ensure that the needs of people with mental health issues, learning disabilities and/or autism are addressed when looking at particular areas of service improvement.

The actions within this plan support the aims and objectives of a wide range of local and national strategies, including:

- NHS Long Term Plan and associated guidance, including:
  - Transforming Care which aims to reshape services to ensure more services are provided in the community and closer to home rather than in hospital settings
  - Community Mental Health Framework for adults and older people

- Durham Mental Health Strategic Partnership Board priorities delivered through multiagency workstreams:
  - Dementia strategy implementation
  - Children and young people' mental health
  - Suicide prevention,
  - Resilient Communities
  - Crisis Care Concordat.

- County Durham Commissioning Strategy for People with Learning Disabilities. This strategy has a focus on adults and young people aged 14+, and sets out how the system will work together to deliver better outcomes for people with learning disabilities, increasing choice and control and supporting them to remain living in their communities. The shared vision is for all people with learning disabilities to have a good life in their community with the right support from the right people at the right time.

- Think Autism Strategy. This all-age strategy aims to ensure children, young people and adults in County Durham who are on the autism spectrum live fulfilling and rewarding lives within a society that accepts and understands them.

- Integrated Care System priorities relating to mental health and learning disabilities

For the September 2020 update we have incorporated planning to meet the expected surge of additional mental health demand over the coming months and years that has resulted from Covid-19. Within County Durham a specific Health Impact Assessment, supported by detailed forecasting and modelling work has given a helpful, system-wide picture of the possible impact of the pandemic and lockdown on County Durham over the next 5 years. Broadly speaking we anticipate this will come from:

- New Covid-19 related demand - Mental health support for Covid-19 survivors; mental health impact of lockdown on vulnerable groups ; moral injury amongst frontline staff (all key workers)

- Backlog of clinical activity – work that was not possible due to restrictions (e.g. autism and dementia assessments); increased referrals and demand as a result of referring agencies getting back to normality (schools, GPs, social care etc); delayed diagnosis and access to treatment for more routine/non urgent cases resulting in increasing complexity of case loads

- Exacerbation and relapse of mental health conditions - due to impact of Covid-19 on mental health, continuity of care, bereavement, changes to social conditions,

- Long term impact of the socioeconomic consequences - impact of unemployment, reduced finances, ‘austerity’ and relationship breakdown

Following the undertaking of health impact assessments and modelling of possible demand our plans have necessarily been refreshed and revised. Solutions to meeting this demand continue to be worked upon to ensure we are able to meet these needs.

5. Children

A life course approach to all health and social care must be considered. All children are in the context of family and their educational environment and home setting. The children's strategy for County Durham sets out the vision for children and young people and the priorities for improvement. There are specific chapters in this five year system delivery plan that relate to children with specific and targeted actions to make improvements via commissioning and delivery activities.

The evidence for health and wellbeing improvement for children and young people is sound and commences with the first 1001 critical days which place maternity and health visiting services as central planks of support from a universal perspective. A graded response of support is then required pending the needs of the child and the vulnerability's or health conditions they are living with.

The plan recognises the cross-cutting nature of vulnerability and how the conditions and family circumstances, into which children are born, grow, learn and develop can significantly affect their lives and determine variations in health, wellbeing, attainment and social mobility. These can be further compounded for children and young people with a disability, ill health or developmental difficulties – including mental ill health and special educational needs; children who are vulnerable or of concern by virtue of their identity or nationality or children who care for others.

All chapters of the plan consider the impact on children to ensure pathways and services are life course in approach.

6. Digital

A digital strategy for the North East and Cumbria integrated care system has been published. This document outlines how as a system we will improve how we use Information & Technology Services to meet the needs of care providers, patients and the public, helping care professionals to share information and our patients to manage their health and care. The key priorities for health and social care are to enable people to improve their wellbeing and maintain their independence for as long as possible. Our digital ambition is to use technology to achieve these goals and to provide the best possible experience for people when using health and care services in County Durham.

A cross agency digital group is in place enabling collaboration and development of joint priorities and action planning. The benefit of this approach is being seen in the joint working on the implementation of the Great North Care Record within the County, as well as the joint development of an approach to technology enabled care. We also need to consider the environment and look at ways to reduce unnecessary travel associated with health and care provision where we can and where it is appropriate to do so. We will be considering how we do this in our commissioning and delivery activities to support delivery of sustainable health and care in County Durham.

7. **Finance**

Covid-19 has had, and continues to have, a significant financial impact for all partners in the County Durham system, both in respect of the additional costs of responding to the pandemic as well as the impact of lost income/funding.

From an NHS perspective, temporary financial arrangements have been implemented which are intended to fund additional costs and deliver a breakeven overall position for organisations although at present there continues to be uncertainty around funding arrangements for the remainder of the financial year and beyond. From a Local Authority perspective, whilst some additional Government funding has been provided, the impact of Covid-19 has resulted in significant financial pressures which continue to grow.

This presents a substantial challenge both in managing the immediate financial pressures in the short term as well as the potential longer term impact including additional efficiency requirements and uncertainty around future funding. Managing these pressures will be critical to the sustainability of the Durham system and may involve difficult decisions around funding priorities and efficiency measures.

As we develop and implement integrated commissioning arrangements we will look to achieve the best possible service delivery and improvement for our population, whilst dealing with the significant financial pressures arising from Covid-19 and collectively agreeing efficiency plans as necessary. This will include focussing on reducing duplication and joining up services wherever possible. Where this frees up resources we will consider together the most appropriate areas for investment based on the priorities set out in this plan, including the pressures arising from Covid-19.

There will be a strong focus on delivering services within our available resources and achieving and maintaining financial balance.

There will be deliberate and concerted focus on reducing hospital based treatment and permanent care home admissions, and increasing spend on prevention, primary and community based care and non-medical interventions.

As a partnership of commissioners and providers, there will also be a focus on ensuring the financial sustainability of our provider organisations and working with them to deliver the best possible services within the available funding.

We will also ensure we meet our obligations under the relevant legislation including:

- The need to facilitate markets that offer a diverse range of high quality and appropriate care and support services, to enable genuine choice for people in meeting their needs.
- The need to make joint arrangements to plan and commission education, health and social care provision for children and young people with SEN or a disability.
- The need to secure sufficient accommodation for looked after children within their local authority area.

The Care Act 2014 represents the most significant changes to adult social care in recent times, it provided fundamental reforms in how the law on adult social care will work, placing a stronger emphasis on advice and information, prevention and market shaping. The Act introduced new challenges for commissioners and providers which may also realise opportunities for service development. The Care Act places statutory duties on the local authority to facilitate markets that offer a diverse range of high quality and appropriate care and support services, to enable genuine choice to people in meeting their needs.

Similarly, the Children and Families Act 2014 aims to improve services for children and young people and their families. The Act requires local authorities, clinical commissioning groups and, where relevant, NHS Commissioning Boards to make joint arrangements to plan and commission education, health and social care provision for children and young people with SEN or a disability.

The council also has a duty, as stated in section 22G of the Children Act 1989, to take steps to secure, as far a reasonably practicable, sufficient accommodation for looked after children within their local authority area. The 2010 guidance on the 'sufficiency duty' states that local authorities should have embedded plans, as part of their commissioning processes and through partnership working, to meet the duty.

8. **Integration**

This plan is built on bringing together services and commissioning across County Durham with all of our system partners and stakeholders. We are building on the good start we have made with our Community Contract and the work of our Teams Around the Patient and the development of Primary Care Networks. Commissioning services together will enable us to look at the whole pathway and holistic needs of population rather than look at these in isolation and so further improve the outcomes for local people. By using our collective resources more efficiently we can maximise the impact of the Durham pound to benefit our communities

As would be expected from a strategic integrated commissioning function, we will be seeking to understand the opportunities at every stage of the development and delivery of joined up health and care services. We will be ensuring that we look at a whole person's needs when redesigning or commissioning/delivering new services, removing the boundaries between health and care. We will be commissioning across the full life course and part of the function will be dedicated to children's services from 0-25; this will help us to develop our work to ensure that outcomes for vulnerable children and their families are central and services are more joined up and responsive to meet their needs.

The Health and Social Care commissioning teams came together formally in April 2020 under new senior leadership, just as the pandemic was taking grip. Transformational change may not have started as quickly as intended, however, there has been enormous value in the teams working closely together during times of crisis and the learning from all parts of the team will be invaluable in developing services for the future.

9. Cultural Change

There is no denying system working can be hard, yet across County Durham we have strong foundations on which to build. The successful delivery of this plan will be dependent on a change in ways of working and also the mind set of our commissioners and providers. This may be challenging due to the years of ingrained behaviours and previous ways of working. We will be considering the culture change that will be required to make this successful as we develop new commissioning and delivery initiatives.

We are proud of the dedicated individuals in all of our organisations; they want to do the best for the people of County Durham. We will be maximising the skills available across the wider health and social care workforce, learning from each other and be looking to our leaders to demonstrate positive collaboration from the top.

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

In future there will be an even greater focus on plans to address shortages and the capacity and skills needed to support the long term plan and service transformation. We will also consider the development of new hybrid roles to support development of Health & Social Care in a more joined up way to help reduce duplication.

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 and the development of new roles.

Estates

Work has been ongoing for a number of years between the partners that have developed this plan to ensure:

- Shared planning of estate utilisation
- Effective use of current estate and reducing costs for all partners
- Estate plans support the transformation of community and primary care services
- Support to enable integrated working between health and social care teams

This work will continue across the duration of this plan to achieve the objectives listed above.

Next steps, future plans.

This is the first update to the plan and has been undertaken whilst in the midst of the pandemic. Needless to say this has had a significant bearing on each of the separate plans within each chapter. However, the pandemic has also shown that collaborative working across the County Durham health and care system continues to support service reform, sometimes as a direct result of the pandemic, and at other times in spite of it.

As the new integrated commissioning team continues to evolve, and collaborates jointly with partners in Public Health and provider organisations it is expected that the plan will become increasingly embedded and reflects the system thinking at that time. It is therefore a reflection of a point in time and will evolve and develop between updates.

Next steps include the development of the County Durham Outcomes Framework from that presented here in the 'Triple Aim' section of each chapter, into a meaningful performance framework to assist the Integrated Care Board in supporting effective and efficient services to provide a positive experience for patients and residents of County Durham.

The next iteration of the plan will be submitted to the Health and Wellbeing Board in Spring 2021.

Contributors

- CDCCG – County Durham Clinical Commissioning Group
- CCDFT – County Durham and Darlington NHS Foundation Trust
- DCC – Durham County Council
- HDFT – Harrogate and District NHS Foundation Trust
- NECS – North of England Commissioning Support
- NHSE/I – NHS England & Improvement
- NTHFT – North Tees and Hartlepool NHS Foundation Trust
- STSFT – South Tyneside and Sunderland NHS Foundation Trust
- TEWV – Tees, Esk and Wear Valley NHS Foundation Trust

The Plan Content

Starting well

- Maternity
- Children and Young People

Living Well

- Cancer
- Cardiovascular Disease
- Diabetes
- Drugs and Alcohol
- Respiratory
- Sexual Health
- Stroke

Aging Well

- Dementia
- Frailty
- Palliative Care

Whole life course

- Carers
- Learning Disability and Autism
- Mental Health
- Oral Health
- Primary Care Networks
- Urgent and Emergency Care

Enablers

- Digital
- Personalised Care
- Population Health and Prevention
- Shorter waits

Maternity

Why is change needed?

This narrative has been updated since the last OGIM in 2019 to update the maturing system and the closer working relationships that have been developed since October 2019

- Better Births (2016), report of the national maternity review found that despite the increase in the number of births and the increasing complexity of cases, the quality and outcomes of maternity services have improved significantly over the last decade. However, the quality of clinical and emotional outcomes for pregnant women and their families in the UK continues to lag behind those seen in many other developed countries.
    - Stillbirths and / or neonatal deaths are less common than previously, but the need for further improvements to the quality of maternity care has been highlighted by studies showing that:
    - Deficiencies in care are present in at least half of term, singleton normally formed antepartum stillbirths.
    - 76% of babies experiencing major adverse outcomes during labour at term might have had a different outcome with higher quality care
    - There is clear evidence of unwarranted variation in stillbirth rates across the country even when controlling for deprivation and other confounding factors
    - While perinatal and maternal mortality rates appear to have fallen over the last decade, the rates of improvement have 'stalled' over the last 2-3 years
- The population has significant widening health inequalities which have been highlighted in the Due North Health Inequality report (Whitehead, 2014) and are reflected in the maps of English deprivation (https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015) and Public Health England (PHE) statistics (PHE, 2018). Disadvantaged groups are disproportionately affected by health inequalities, with economically deprived and socially vulnerable groups being at higher risk. 7% of women booking in pregnancy are recorded as having complex social circumstances, for example, the North East has a higher than average teenage pregnancy rate and has the highest rates of smoking in pregnancy (16.1% opposed to 10.7% in England) (PHE, 2018). Pregnancy provides an excellent opportunity to support women and their families to make and sustain better health choices which will positively impact on pregnancy outcome, and the current and future health of the mother.
- Breastfeeding is a major contributor to public health. It has an important role in the prevention of illness and reducing health inequalities. If sustained for the first six months of life, breastfeeding can make a major contribution to an infant's health, wellbeing and development and is also associated with better health outcomes for the mother. Improving breastfeeding rates forms part of key national drivers in child health and is highlighted in numerous government policy documents, supported by the evidence (UNICEF, 2018). Across the region 59% of women initiate breastfeeding following delivery compared to 74.5% in other parts of England. Breastfeeding rates reduce quickly up to 6 weeks post-delivery. Supporting women to Breastfeed for longer will have a positive impact on health and well-being across County Durham and Darlington.

Objectives

By 2021

- We will work to ensure 35% of women are booked on a continuity of carer pathway.
- We will ensure women are provided a choice of place of birth including a midwifery led unit / pathway.
- We will launch a digital solution for the service and its users.
- We will roll out SBLCB v2 with the aim to reduce still birth, neonatal and maternal death by 20%.
- We will build on the existing maternity voices partnership and other engagement avenues to drive a co - produced service.
- We will continue to work to reduce health inequalities through supporting safe maternity care and the prevention work wrapped around this

By 2025

- Support enhanced Continuity of carer for 75% vulnerable women and women from BME groups.
- Continue to support Trusts to reduce still birth, neonatal and maternal death by 50% ensuring all elements of SBLCBv2 are in place.
- We will continue to address new health inequalities and transformation challenges as the present to maximise the service for our local families.

COVID – 19

- Short Term
    - The maternity service has made adaptions that have delivered less face to face community care, but utilised technology to connect at some points in pregnancy. However the team have maintained significant contact with women.
    - Home birth was phased but has restarted and the community team are driving an increase in home birth action group.
    - The antenatal education has discontinued but plans to alternatively deliver in development
    - Visiting on the postnatal ward and partners being present at scan has ceased, develop plan to reintroduce.
    - CO monitoring discontinued; scope alternative methodology.
    - All Health visitors face to face contacts to be reinstated by the 1st of September and vaccination programmes in line with national guidance and to continue to safeguard children as the top priority.
    - LMS team has supported vulnerable women in a variety of ways to access help and support online

- Medium Term
    - Develop a value added outpatient community pathway that has removed waste and added value
    - Reintroduce Co monitoring and drive smoking cessation.
    - Reintroduce visitors with reference to the feedback from women and their families and IPC advice.
    - Reintroduce education that is supported by technology and women's needs
    - Develop a business case to introduce a digital platform for data collection, a patient portal and full end to end EPR.

- Long Term
    - Provide a coproduced value added maternity service that removed wastes and improves outcomes.
    - Moving forward, the LMS prevention team will consider the health inequalities and unintended consequences as we progress to the later phases and recovery.

Goals

Implementing the Better Births Vision, especially for vulnerable groups of women in our region, will improve pregnancy outcomes. Providers and commissioners operating as Local Maternity Systems, with the aim of ensuring that women, babies and families are able to access the services they need as close to home as possible, provides the opportunity to bridge the widening health inequality gap.

The quality of care and clinical/emotional outcomes for women and their families in County Durham and Darlington will be at least equivalent to, or even better than, those seen in the rest of the UK. The maternity service will collaborate with women and their families to continuously improve maternity services by supporting and further developing the voice of women via the Maternity Voices Partnership (MVP).

The maternity service will deliver a robust governance framework including working closely with the clinical networks to allow for shared learning following serious incidents, working closely with HSIB and striving to improve clinical outcomes from acute and community care. Key performance indicators will be met in all areas including screening and child health to ensure quality assurance.

The maternity service will support, develop and empower a workforce; that is in readiness for a safe, quality, objective and proactive service of the future.

As the provider and commissioners of the maternity service we will work collaboratively to deliver the maternity transformation programme including striving to book the majority of women onto a Continuity of Carer pathway which will allow women and their families to establish a trusting relationship with their healthcare professional who will have effective oversight of their care. This will improve safety, clinical outcomes as well as better experience of their pregnancy journey.

In addition to the drive for continuity of carer the organisation will meet the majority of the digital challenges by procuring and empowering staff and users to utilise an electronic end to end patient record.

Better Births recognise that care in the postnatal period is equally important as during pregnancy and birth and we improve this service to ensure a personalised plan for women which transfers smoothly between other disciplines. It is important to ensure the mothers return to physical health is supported appropriately and that clear pathways for referral are in place if follow up is required. By 2024 postnatal physiotherapy will be offered to all women if physical complications because of birth are experienced within County Durham and Darlington.

The providers and commissioners will collaborate to fully implement the SBLCB v2 care bundle which will work towards halving stillbirths, neonatal and maternal deaths.

The maternity service has pledged to improve the health of the population by setting the following public health ambitions for women of County Durham and Darlington;

1. Reduce tobacco dependency in pregnancy
2. Increase vaccination uptake in pregnancy
3. Improve perinatal mental health; including mental health assessment, recognition of antenatal anxieties, fulminating deterioration and acute events and in collaboration with the region present pathways to support all levels of mental health needs
4. Reduce alcohol consumption in pregnancy
5. Increase breastfeeding at initiation and at 6-8 weeks, have an accredited Infant feeding strategy (Baby Friendly Initiative).
6. Improve management of obesity and promote healthy weight in pregnancy
7. Increase in Making Every Contact Count

Triple Aim Outcome Measures

Health Outcomes	Patient Experience Outcomes	Workforce Outcomes
1. Reduction in stillbirth and unplanned neonatal admissions	1. Women feel safe and supported by maternity services both during and in the immediate postnatal period and this is reflected in feedback	1.Continuty of care team engagement and staff satisfaction overall
2.Reduction in smoking at point of delivery and increasing breastfeeding rates at 6-8 weeks	2.Women are involved in the co-production of services that the maternity team provide	2.Turnover rate
3. Number of women on a continuity of care pathway increasing	3. Women are given a choice of place of birth and are supported to get this choice as far as possible	3.Sickness absence rates

Initiatives

Project Gantt Chart	20/21	21/22	22/23	23/24	24/25	BRAG
1. Health Inequalities and Prevention						
Implement an enhanced and targeted continuity of carer model, ensuring that by 2024, 75% of women from Black/Black British, Asian/Asian British communities and women from the most deprived areas or vulnerable groups will receive continuity of care						
Increase breastfeeding rates to achieve greater or equivalent to rest of England by 2025						
Less than 5% of pregnant mothers smoking by 2025						
Increase the offer of flu and pertussis vaccinations in the acute settings to achieve 95% uptake by 2025						
Less than 5% of pregnant mothers drinking alcohol by 2025						
100% of pregnant women with a BMI 30 or greater are supported by using NICE guidance recommendations by 2025						
100% women with BMI 30 and above at the postnatal review (6-8weeks) are signposted to a structured weight management programme by 2025						
2. Approach to Wellbeing						
Reduce rates of neonatal, death and maternal death and brain injury during birth by 20% by end of 2020/21						
Reduce rates of neonatal, death and maternal death and brain injury during birth by 50% by end of 2025						
Fully implement Saving Babies Lives care bundle (version 2) by March 2020						
Establish Maternal Medicines Networks to further ensure women with acute and chronic medical problems have timely access to specialist care and advice at all stages of pregnancy, by March 2024						
Postnatal physiotherapy is offered to women with physical complications because of birth by March 2024						
3. Personalised Care						
Most women (>51%) receive continuity of person caring for them during pregnancy, birth and postnatally by 2021						
4. Mental Health and Learning Disabilities						
Establish maternity outreach which integrate maternity, reproductive health, and psychological therapy for women who experience mental health difficulties arising from, or related to, the pregnancy or birth experience						
66,000 women across the UK with moderate to severe perinatal mental health difficulties will have access to specialist community care from preconception up to 2 years after birth						
5. Children						
By April 2020 ODNs and LMS to produce local plans to implement the neonatal critical care review						
6. Digital						
All women can access their electronic maternity personal health record by 2024						
Maternity, Neonatal and Perinatal mental health workforce can access the information that they need to provide safe and high quality care through the Health Information Exchange of the Great North Care Record by 2024						
7. Finance						
Work as part of the ICP to look at where training can be shared across the system and areas where staff can be upskilled closer to the patient						
Work with LMS to access any central funding in a targeted manner						
8. Integration						
Continue to work across the system on the prevention agenda looking at where organisations can work together to deliver the same messages with regards breastfeeding, obesity and smoking at time of delivery and where we can benefit from working together on an improvement project						
9. Cultural Change						
All maternity units to be accredited at UNICEF level 3 by 2025						

Children & Young People

Why change is needed

We recognise that variations in health and wellbeing outcomes can be significantly impacted by the cross-cutting nature of vulnerability and the conditions and family circumstances into which children are born, grow, learn and develop.

Best Start in Life

- We need to ensure that children have the best start in life and prevent ill health wherever possible and reduce health inequalities by prioritising protective factors and provide help and support as early as possible.

Prevention and Early Help

- The current healthcare system for children and young people can often feel disjointed.
- The CYP Workforce across the wider system needs to review training and development approaches to be intelligence led, remove organisational barriers, avoid duplication, and provide efficient and sustainable integrated approaches
- To embed a trauma informed" Think Family" approach to ensure services consider the impact of adverse childhood experiences on their health and wellbeing with earlier identification and provision of appropriate support for vulnerable CYP and their families.
- Reduce levels of risk and build on protective factors using a strength based approach to mental health and emotional wellbeing in County Durham.

Integration

- To provide a sustainable integrated approach to service support and delivery which involves communities, voluntary organisations and the wider health and care system which will support Children and Young people and families from birth and as they move into adulthood.

Transitions to Adulthood

- Children and Young people and their families have outlined that they need better transition planning at all transition points with more integrated pathways and approaches to their care that prioritises continuity.

Objectives

- To embed an integrated, child and family centred approach to the delivery of high quality services which delivers optimal outcomes, reduces health inequalities and is responsive and reflective to changes.

Goals

Best Start in Life

- Ensure that every child has the best start in life:
  - Increasing Breastfeeding Rates and deliver targeted community approaches to increase both breast feeding initiation and continuation to reduce the gap between County Durham and England breast feeding rates and reduce inequality
  - To have a significant and sustained reduction of A&E attendances and hospital admissions caused by unintentional Injuries by embedding the unintentional injuries framework for County Durham
- Improving Speech and Language and Communication through the provision of evidence based assessment, early intervention and therapies and the development of integrated pathways
- To embed the "Think Family approach" into all relevant assessment processes for children and families and apply professional curiosity that considers life through the eyes and voice of the child

Prevention and Early Intervention

- Children and Young People will be able to access high quality, age appropriate, support, advice and care that meets their physical and mental health and emotional wellbeing needs (right practitioner, right place, right time) including those children with additional needs and vulnerabilities.
- To provide innovative access to support and deliver services through the enhancement of a digital offer to reflect learning from new approaches during Covid.
- Ensure Children, Young People and vulnerable adults are safeguarded and protected from harm
- Ensure Children and Young People, their families and their carers are engaged in the development and co-production of services.

Transitions to Adulthood

- Children and Young People will be supported throughout their transition process into adulthood
- Pathways will support young people to have a planned, informed, coordinated and safe transition into adult services

COVID – 19

The below identifies the overall Covid recovery system plans. Detailed plans for individual services are available.

Short Term

- In the short term services have made changes to delivery where required to use appropriate virtual technology to deliver services safely.
- Face to face visits maintained where clinically indicated and to safeguard CYP
- Services have interpreted national and local guidance to deliver services in a safe and appropriate manner
- In accordance with the above point this has involved the use of RAG ratings on individual cases where appropriate in some services.

Medium Term

- In the Medium Term services will seek to apply face to face meetings where it is safe and appropriate to do so with National Guidance. It is recognised that not all services need to be delivered in that way and accordingly service reviews will seek to apply the most appropriate delivery methods on a service by service basis.
- Service reviews (including the use of Covid High Impact Assessments) will seek to ensure that any changes to service delivery will deliver equity of access to all children and their families, and to ensure a move towards a more virtual approach for some elements does not lead to a lack of provision for those children and families who do not have access to the requisite technology or for whom such an approach is not appropriate.
- Services will work in an integrated and joined up way and for those services who are able to provide face to face delivery a "Make Every Contact Count " approach will ensure that appropriate sharing of information with other services is undertaken.
- All services will continue to work in an integrated way as potential Covid related disruption to services (local lockdown or school closures) occurs.

Long Term

- The long term plan, 2022+ will be to have full service provision, as per pre Covid-19, but elements may be delivered differently when the learnings from the short and medium term have taken place.
- Services will deliver a co-produced approach to as well as ensuring equity of access through robust service reviews and data analysis. In this way we will deliver services that are child and family centred.

Triple Aim Outcome Measures

Title of the accountable governance group Children and Young Peoples Integrated Board		
Health Outcomes	Patient Experience Outcomes	Workforce Outcomes
1. Best Start in Life Reduction in the number of children who are very overweight through the delivery of a system wide approach focusing on achieving a Healthy weight for Children and Young People by Reception	**1. Best Start in Life** Promoting bonding and attachment through the delivery of the Solihull programme and approaches to improve short and long term outcomes, with improved relationships within families and with service providers	**1. Best Start in Life** Training all relevant multi-agency staff in the delivery of Trauma informed care
2. Prevention and Early Intervention Children who have speech language and communication needs are identified at the earliest opportunity and supported appropriately to promote school readiness and a good level of development (GLD) as they enter Key Stage 1 and beyond.	**2. Prevention and Early Intervention** Empowering and increasing confidence and resilience for parents and carers to support their children's health and wellbeing including managing childhood illnesses and mental health and emotional wellbeing needs.	**2 Prevention and Early Intervention** Upskilling all staff and Skills Matrix in the Making Every Contact Count Agenda
3. Transition to Adulthood Children with vulnerabilities including children who are looked after, care leavers and those children with special educational needs have continuity of care that meets their needs.	**3. Transition to Adulthood** Transition pathways are co-produced and co-designed with young people in accordance with their needs.	**3. Integration** To identify a core suite of workforce training needs and establish an agreed multi-agency training programme.

Project Gantt Chart	20/21	21/22	22/23	23/24	24/25	BRAG
1. Health Inequalities and Prevention						
Reduce unwarranted variation in the uptake of the Childhood Immunisation Programme						
All organisations to prioritise reducing tobacco dependency in pregnancy. Trusts to include as a clinical priority and all organisations to change the narrative to a one of addiction.						
Changing the social norm of breastfeeding by implementing the call to action. Including County Durham to become BF friendly.						
Increase breast feeding rates (up to 64.8%) in mothers initiating breast feeding & sustaining at 6-8 week by 2020/21						
Deliver a whole system unintentional injuries strategy to reduce accidents in the home and to see a significant and sustained reduction in the hospital admission rate for injuries in children 0-14						
Implement the whole system approach to obesity as laid out in the County Durham healthy weight framework						
Oral health • Roll out targeted tooth brushing schemes to early years settings and reception classes • Continue to explore the feasibility of expanding community water fluoridation across County Durham						
2. Approach to Wellbeing						
Review and redesign CYP pathways to consider a whole system approach to meet the CYP needs which are empowering						
Ensure shared decision making that involves CYP in the design and development of services that recognise the different needs of geographical communities						
Communication and engagement strategies are established that reflect the needs of CYP including those up to the age of 25 yrs old in line with the NHS plan						
3. Personalised Care						
Working with families and young people to deliver appropriate and timely person centred approaches to meet individual needs and considers a think family and trauma informed approach						
Promote the Signs of Safety approach to ensure everyone involved in a child's life has the same understanding of the strengths and the worries, and agrees the goals that need to be reached to make sure that CYP are safe and well at all times						
Ensure young people have choice, control and freedom over their lives and their voice is heard and reflected in their education health care plan where appropriate (SEND)						
4. Mental Health and Learning Disabilities						
Review the Education Health and Care opportunities for children and their families on the autistic spectrum and implement recommendations to improve outcomes						
Develop a transition pathway for young people with mental health issues including CYP with complex issues including autism and learning difficulties.						
Increase resilience of young people by promoting protective factors for MHEWB as reflected in the CYP local transformation plan and mental health OGIM						
5. Children						
That Children and Young Peoples Voice / through the eyes of the child is included in all service KPIs						
There are sufficient support and accommodation options to ensure that the placement of all children looked after are the most appropriate available to meet the child's needs						
6. Digital						
Review service provision to provide a menu of digital options to access services that meets the needs of CYP (consider learning from Covid business continuity)						
Ensure high quality data and intelligence is shared across Education, Health and Care to inform and improve services with joint KPIs where appropriate						
7. Finance						
Work as part of the integrated care partnership to scope shared resources to improve quality, efficiencies and better outcomes for CYP						
8. Integration						
Identify opportunities to further strengthen and integrate children's therapies services across the County and implement those opportunities						
Review children's equipment processes to improve current pathways and review the potential of joint commissioning/pooled budgets for children's equipment						
Develop and implement the early help and think family place-based approach to better connect community and public resources.						
Embed and maintain a joint commissioning cycle that improves access to integrated support in Education, Health and Care (SEND)						
Scoping exercise to be carried out to clarify cohorts, review transitions arrangements and build a multi-agency offer (Transitions)						
9. Cultural Change						
Improve engagement with children and young people, parents and carers to inform policy and service quality of all services including SEND.						
All services encouraged to empower communities to improve their own health and wellbeing through the application of the County Durham approach to wellbeing principles						

Cancer

Why change is needed

- Despite more cancer patients being diagnosed earlier and overall survivorship increasing year on year, the gap has been steadily widening between County Durham and the England average in One-Year Survivorship since 2003.
- Patients diagnosed early, at stages 1 and 2, have the best chance of curative treatment and long-term survival, but there are significant inequalities in our most deprived communities
- There is a significant gap between life expectancy across the ICP footprint and that of England
- There is a significant inequality gap within communities across our localities, more people from our deprived communities die from cancer or their quality of life post cancer treatment is worse than what it should be when compared to the local, regional and English averages.

What has changed since March 2020?

- The pandemic will delay progress on many of our 20/21 initiatives and these have been BRAG rated AMBER. However, these will remain a priority over the next 4-5 years and new timescales will be reset following LTP revised guidelines being published this Autumn
- Some of the initiatives under Integration are rated Green, but may need re-wording in light of RDC development
- The one Red rated initiative (lung case finding pilot) is most uncertain given radiology capacity concerns – however, lung is highlighted as a priority tumour group for RDC development in our ICP

Objectives

- Our ambition is by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to three-quarters of cancer patients – early diagnosis improves patient outcomes, survivorship and quality of life

Goals

- More people each year will survive their cancer for at least five years after diagnosis
- Raise greater awareness of symptoms of cancer
- Maximise the number of cancers that we identify through screening
- Closer working with all partners to support delivery of world-class cancer care and aim to increase cancer survival levels to match or exceed that of England as a whole
- Making best use of new emerging primary care networks and strong existing links with our Public Health partners to reduce health inequalities, improve overall cancer outcomes and deliver the best possible patient experience
- Faster Diagnosis Standard (28 days)
- Focus on quality of life, not just length of life
- Collaborative focus on key prevention initiatives such as smoking cessation and reducing alcohol harm

COVID – 19

- **Short Term** – our short term priorities are to restart and restore all cancer screening and immunisation, diagnostic and treatment services as safely as possible as well as to measure and model impact of the backlog of patients now waiting for services. Work will continue to reassure the public about coming forward with symptoms in order to restore levels of suspected cancer referrals. Some pathway redesign is also being developed/implemented immediately and PCN-level initiatives as part of the Cancer DES.

- **Medium Term** – continued multi-agency remedial action to achieve constitutional cancer targets where possible, recognising that the backlog is unlikely to be cleared in 2020. Greater focus on ICP-level pathway redesign and further development of the Rapid Diagnostic Centre (RDC) model as well as work towards Personalised Care objectives, Stratified Follow-Up (SFU) and addressing cancer health inequalities.

- **Longer Term** – by 2022 and beyond our objectives will continue to be on the RDC model as this is a four-year transformational programme aimed at delivering sustainable cancer services and improved outcomes in the context of limited clinical resources.

Triple Aim Outcome Measures

County Durham & Darlington Cancer Locality Group		
Health Outcomes	Patient Experience Outcomes	Workforce Outcomes
1. Early Diagnosis: The proportion (%) of cancers diagnosed at Stage I and II	1. Proportion of patients giving a high score to patient involvement question in the Five for Five (or CPES)	1. Vacancy rates in radiology, oncology and CNS
2. Rapid Diagnosis: the proportion (%) of suspected cancer referrals meeting the new 28 Day Faster Diagnosis Standard	2. Proportion of suspected cancer referrals achieving the 2ww standard	2. Staff satisfaction scores in the Five for Five Survey
3. The rates of cancer incidence across the Durham population	3. Proportion of patients able to self-manage their condition	

In order to achieve the above it is recognised that targeted work in areas of high deprivation and across hard to reach communities (such as LD, BAME, vulnerable groups, poor digital access, etc.) will take greater priority in order to reduce health inequalities in cancer

Project Gantt Chart	20/21	21/22	22/23	23/24	24/25	BRAG
1. Health Inequalities and Prevention						
Target prevention, awareness and screening activities in most deprived communities and adapt to specific needs of those communities and vulnerable groups e.g. offenders, care leavers, drug/alcohol users, BME, etc.						
Ensure robust links with secondary care prevention and pre-habilitation						
Fund and implement services and initiatives around the modifiable risk factors of cancer including tobacco control, healthy weight, alcohol harm and sexual health						
Following Cervical Screening Engagement Event: adopt a standardised approach to improving uptake with the support of practice cancer champions and sustained awareness campaigns						
Explore potential lung cancer case finding pilot to screen at-risk cohorts of patients and promote earlier diagnosis, taking learning from pilots across neighbouring cancer localities						
Continue to develop practice Cancer Champions, further training around signs and symptoms & local campaigns						
Undertake health equity audits of cancer screening programmes and act on the findings						
Explore potential for Lynch Syndrome Testing of all colorectal patients and family members						
Continue to implement, raise awareness and monitor impact of FIT (Faecal Immunochemical Test)						
Carry out audit to investigate and address widening gap in one-year survival rates for breast/bowel/lung/upper GI cancers and develop mitigation plan to close the gap						
Carry out clinical audit of late/emergency lung cancer presentation to investigate and address barriers to earlier diagnosis and develop mitigation plan to reduce ratio of emergency admissions						
2. Approach to Wellbeing						
Roll out of We Are Undefeatable - PHE Sport England campaign to launch in September 2019 linked to increasing physical activity in people with cancer						
GP and patient education/awareness to ensure 2WW and 62 day targets are met and support local implementation of new 28 day faster diagnosis target when introduced in 2020						
Renovate a new, modern chemotherapy department at UHND supported by a new staffing structure						
Embed End of Treatment Summaries key tumour groups and share content with patients and other care providers (initially breast and colorectal with all others to follow)						
Increase access to information and support for people affected by cancer across all settings						
Completion of Cancer Care Reviews within 6 months of diagnosis						
Continually improve patient/family/carer experience by acting upon feedback from surveys and continue to engage service users in service re-design and improvement across whole pathway including primary care						
3. Personalised Care						
Continue to develop Joining the Dots, delivering Holistic Needs Assessments, Support Plans and Follow-up support						
Work with relevant charities, voluntary and community sector organisations to establish support groups in areas or around cancer types where there are currently gaps						
Collaborative working between primary and secondary care to deliver necessary support to patients who are stratified to a self-managed pathway						
Utilise Care Navigator resource to support patients through the complexities of medical appointments and ensure target timescales are met across the pathway, including transfers of care between providers						
All patients diagnosed with cancer to be offered a Holistic Needs Assessment and where appropriate, a personalised care plan						
Develop and implement stratified pathways of care, including self-managed follow-up in all tumour groups (initially breast and colorectal)						
Implement Macmillan Right By You to support the integration of cancer services across all settings (particularly primary and community) so HNA, care and support is seamless from the patient perspective FUNDING PULLED DUE TO PANDEMIC						
4. Mental Health and Learning Disabilities						
Train IAPT services and ensure pathways are developed to ensure people with cancer have access to knowledgeable and empathetic mental health services						
Target prevention, awareness and screening activities in most deprived communities and adapt to specific needs of those communities and vulnerable groups e.g. people with learning disabilities						
5. Children						
Continue to provide specialist cancer care for teenagers and young adults aged 16 to 24 years and children aged 0-15 (paediatric oncology), to improve cancer treatment outcomes, reduce morbidity arising from treatment and support the patient and family throughout their cancer journey and beyond. NB these services are commissioned by NHS Specialist Commissioning.						
6. Digital						
Quality requirement within Practice funding schemes to use approved Cancer Care Review templates						
Introduction of treatment summaries to inform the Cancer Care Review						
Develop the use of digital technology and remote monitoring solutions to enhance patient experience						
7. Finance						
Northern Cancer Alliance (NCA) have announced an indicative 4-year budget for transformational initiatives and this will be begin to be allocated from April 2020						
8. Integration						
Work with neighbouring CCGs and Trusts to build sustainable radiology capacity						
Collaborate with neighbouring CCGs and Trusts to implementation national optimal pathways in main tumour groups						
Collaborate with neighbouring CCGs and Trusts to review demand/capacity and build sustainable oncology services across boundaries						
Build relationships with Primary Care Networks to enhance and develop primary care role across whole treatment pathway, from prevention and screening to diagnosis and follow-up care and utilising nursing teams and GPSIs						
9. Cultural Change						
Ensure that prevention and addressing health inequalities are prioritised in the cancer strategy, not just the constitutional diagnosis and treatment targets						
Work collaboratively with neighbouring cancer localities (commissioners, providers and public health) in new ways and across all boundaries to address universal challenges such as capacity and						

Cardiovasular Disease

Why change is needed

- Prevention, early detection and treatment of CVD can help patients live longer, healthier lives. Too many people are still living with undetected, high-risk conditions such as high blood pressure, raised cholesterol, and atrial fibrillation (AF). We must utilise all opportunities to work with partners to ensure that people are able to access services that will allow them to prevent and detect health conditions, and upon diagnosis ensure that conditions are managed and optimised effectively. In primary care networks we will support all clinical staff including pharmacists to case find and manage people with the 3 key high-risk conditions described above (AF, Hypertension, and FH). In tackling the CVD agenda, there is an ambition to Prevent 150,000 heart attacks and strokes.
- Behavioural risk factors such as poor diet, smoking and low physical activity, along with high blood pressure, high body mass index and high cholesterol are the main risk factors for cardiovascular disease. A large proportion of premature deaths in County Durham from CVD are preventable. An awareness raising of the impact public health interventions can have on CVD is important; whilst people are living longer, they are not necessarily living well and living with CVD contributes to this.

REMOVED from Gantt Chart: PH Commission BP and Pulse Checks in pharmacy - under 40 and over 75. No longer funded by public health.

Objectives

- AF
  - 30% reduction in No. of patients who have not been appropriately treated
  - 80% reduction in No. of patients who have not been risk assessed
  - 50% reduction in No. of patients who are inadequately anti-coagulated when required
- Hypertension
  - Increase in the number of patients detected with hypertension and to increase the number treated to bring blood pressure within safe parameters
- Hypercholesterolemia
  - Increase in the number of patients detected and appropriately managed. In Familial Hypercholesterolemia, we currently have a 7% detection rate –need to increase to 25%

Goals

- Continue to work closely with Public Health Partners on the CVD prevention agenda (smoking, obesity and healthy living) and implementation of effective and equitable NHS Health Checks
- Continue to work with partners to detect and medically optimise patients with AF to prevent stroke
- Continue to work with partners to detect and medically optimise patients with hypertension to prevent CVD events
- Continue to work with partners to detect and manage Hypercholesterolemia, and to undertake cascade testing of family members to identify and medically optimise those with Familial Hypercholesterolemia.

COVID - 19

- Short Term

The pandemic has meant that projects have been paused and anticipated end points have now been extended. Projects that were due to yield results in 20/21 will now likely only see results in 21/22 at the earliest. It is hopeful that projects that required data cleansing as their primary goal may still be achieved in year but this will be dependent on whether or not there is a second wave, and its impact, and therefore could be subject to change. The negative impact on cardiovascular health as a side effect of lockdown, and the substantially worse prognosis of a person that contracts COVID-19 that has CVD as a comorbidity, puts greater importance on the need for these lists to be cleansed and correct to enable targeted intervention. People remain concerned about utilisation of NHS resources and work will be required with people to ensure they know it is safe to go to the doctors for preventative purposes (engagement with VCSE could help here). People who may have had CVD episode during COVID may have been concerned about seeking treatment and therefore there may be additional morbidity.

- Medium Term

As described above the plan for the medium term is to complete projects that were put on hold during the initial grip of the pandemic and aim to get back on track. To accommodate this, dates for completion for several projects have been put back to 2021/22 for completion.

- Long Term

The long term goal for recovery is to get back on track to achieve the goals of the NHS Long Term Plan. This is outlined within the Cardiovascular Disease section of the document. The projects outlined in the Gantt Chart are specifically designed to meet these aims and objectives and is anticipated they can be achieved in the long term.

Triple Aim Outcome Measures

Cardiovascular Disease Strategy Group		
Health Outcomes	Patient Experience Outcomes	Workforce Outcomes
1. Reduction in the rate of AF related stroke admissions	1. Increased proportion of patients referred to cardiac rehabilitation.	1. Increased pharmacist presence in primary care management of CVD.
2. Increase in the proportion of patients treated to have BP within safe parameters therefore reducing admission for CVD conditions.	2. Attendance at the lipid clinic for more controlled cholesterol if Familial Hypercholesterolemia is identified; for patient and their future generations.	2. Increased self-management activity (e.g. know your numbers, BP home check etc.) on primary care to monitor and measure identified metrics.
3. Reduce prevalence of CVD particularly in younger adult age groups through improved detection of Familial Hypercholesterolemia	3. Improved quality of life for users with severe mental health with increased uptake of use of the Lester Tool 2014.	3. Increased measurement and capture of identified metrics in wider health community.

Risks to delivery / mitigation proposed

The primary risk to delivery is the impact that COVID-19 may have; not only in terms of a second wave that would delay timescales further, but if finances that had been attached to various areas of work from different sources e.g. pharmaceutical industry/AHSN, is reprioritised as a result of the pandemic. There is no indication that this will happen at this time but should be considered. To mitigate, timelines may have to be extended to achieve intended outcomes, and potentially other sources of funding identified and pursued, should the need arise.

Project Gantt Chart	20/21	21/22	22/23	23/24	24/25	BRAG
1. Health Inequalities and Prevention						
CCG league tables for hypertension – level/ treated/ untreated						
Reduce variation of practice in the identification and management of high-risk conditions and audit & clean-up registers to ensure people are coded properly. Root cause analysis						
Bespoke Data packs with updated info showing current recent position. Healthy Hearts website to promote prevention in local areas						
AF Optimisation and Detection Programme – Pharmacist delivered project across all GP practices in the Southern Collaborative to include; identification of patients from clinical systems, Pharmacist led appointment to risk assess, educate and prescribe optimal medication, and an educational programme for Primary and Secondary care clinicians. CVDPREVENT audit will also be used in 2020. AliveCor rolled out to 12 practices.						
NHS Healthchecks - targeted at people with estimated high CVD risk						
NEW: Develop a program to address CVD outside of people that attend primary care						
Hypertension Detection and Optimisation Programme – Data analysis, audit and education programme. Although slightly different versions, this will be replicated across the Southern Collaborative						
Hypercholesterolemia Programme – Data analysis and communication plan with all Primary Care to ensure patients are detected and are referred into a specialist Lipids clinic if found to have a cholesterol of 7.5mmol or more. These patients will be risk assessed and cascade testing offered to ensure this is prevented in future generations. This will be replicated across the Southern Collaborative						
2. Approach to Wellbeing						
Review of Cardiac Rehabilitation services and aim to increase referral and uptake of cardiac rehabilitation during 2021/22.						
In 2023/24, funding for wider roll out will be included in fair shares allocations to systems. This links to community for longer term rehabilitation following on from specialist services						
MOVED: NHS Healthchecks check for hypercholesterolemia						
3. Personalised Care						
Further development and utilisation of referral pathways for people at risk of CVD to Ways to Wellbeing / Wellbeing for Life Services commissioned by Public Health link with PCNs.						
NEW: Implementation of referral pathways with Smokefree County Durham for people who are identified in general practice and secondary care as smokers.						
NEW: Implementation of shared decision making within NHS Healthchecks to include patent activation, behaviour change and self-management measures						
4. Mental Health and Learning Disabilities						
NEW: Ensure educational materials around CVD prevention and risk are developed with and for people with learning disabilities						
Lester Tool 2014 wider uptake for mental health services						
5. Children						
Preventative measures for C&YP to address ACE's by utilising trauma informed care						
NEW: Active 30, Healthy Weight Alliance, Quality Standards Framework in Schools (potential to link to poverty agenda)						
6. Digital						
AliveCor has been nationally supported to help local partners identify AF. Investigation is ongoing to potentially roll this out further. Other schemes such as including a 'suspected AF' box on the diabetic podiatry screening sheet are being investigated. Use of a digital tool for the AF Optimisation and Detection Programme for patient stratification and identification.						
NEW: Promotion of Heart Age Tool						
7. Finance						
We will detect and medically optimise patients with AF to prevent stroke leading to savings via fewer AF related admissions and stroke episodes which can be re-invested into stroke and CVD services.						
NEW: prevention programmes and health checks commissioned by DCC, plus the public health stop smoking service, wellbeing for life and ways to wellbeing services all contribute to the prevention agenda and will reduce admissions.						
8. Integration						
Pilot extended in pharmacies and re-modelled with formal GP feedback. Primary care led/paid for pulse checks to detect people with hypertension						
9. Cultural Change						
Public and health care professional awareness work re: BP/Pulse/NHS health checks/ Wellbeing for Life/ Ways to Wellbeing/ Specialist Stop Smoking Service/ Whole System Approach to Obesity/ CVD Prevention Self-Assessment with work done on links to employment, housing, pollution and poverty.						
NEW: Implementation of Making Every Contact Count across the health care system by health care professionals						
NEW: Recognition and understanding of wider determinants of CVD including protecting people from traumatic events, increasing physical activity, improving diet/nutrition, access to green spaces, reducing air pollution and working as a system to address these risk factors.						

Diabetes

Why change is needed

- There is variation in the care people receive
- Opportunities for patients to be supported to manage their own condition aren't widely available
- High reliance on hospital based care

Objectives

- To support people living with diabetes to manage their own health through an enhanced support offer and reducing variation in care

Goals

- Increased identification and improved management of patients at risk of developing diabetes or those with Non Diabetic Hyperglycaemia (NDH) /pre diabetes
- All patients have access to NHS Diabetes Prevention Programme
- Access to structured education and digital self-management tools have been expanded
- All eligible patients have access to flash glucose monitors
- Reduced variation in achievement of diabetes treatment targets
- Reduction in length of stay and readmission rates for diabetes related admissions

COVID - 19

Short Term

- ❖ Diabetes service restart plans agreed (see summary below) and consultation completed with GP practices in all localities.
- ❖ Diabetes Governance Board meetings restarting 28th July 2020. Diabetes Clinical Advisory Group meetings to restart September 2020
- ❖ Diabetes Locality Group meetings restarting in August 2020 and will pick up the work around the Integrated Model. Meetings to be held every month in order to gain momentum following COVID.

Acute

- ❖ Diabetes outpatient services re-opened on ERS – 1st July 2020.
- ❖ Backlog - All Consultant/DSN outpatient appointments that were cancelled over the last 3 months being triaged by Consultant /DSNs and rearranged into telephone review, virtual, face to face or discharged.
- ❖ Face to face appointments limited to a maximum of 4 patients per clinic due to social distancing measures.

Integrated Diabetes Model – Consultant and DSN practice based clinics

- ❖ Backlog - Consultants/DSNs triaging patients cancelled during COVID. Telephone reviews or face to face consultations being offered.
- ❖ Support for Integrated model to restart September 2020 -dependant on *DSNs being released from the wards & no second wave of the virus.*
- ❖ Plan to move to virtual Consultant/DSN clinics with GPs/PNs and patients as much as possible, using AccuRX. Demos of AccuRX held for consultants/DSNs and tests completed with practices.
- ❖ Proposed to have 1 in 4 consultant clinics face to face, remaining clinics virtually, based on the support individual practices need.
- ❖ DSNs contacting practices they support in July & August to establish support required with priority being given to "care basic" practices and those that have employed new nurses.

Structured education – MyDesmond app and virtual X-Pert sessions being offered until face to face group sessions restart.

Medium Term – Virtual clinics and meetings to continue. Face to face consultations offered based on patient and/or practice need. Integrated model to continue as per service specification

Long Term – If successful, mixture of virtual clinics and face to face to continue in the longer term. Integrated model to continue as per service specification

Triple Aim Outcome Measures

Diabetes Governance Board		
Health Outcomes	Patient Experience Outcomes	Workforce Outcomes
1. Reduction in obesity and diabetes prevalence: Increase in number of referrals and attendance for the NHS Diabetes Prevention programme (NDPP)	**1. Improved patient care in the community** • Increase in % of people with type 2 diabetes who have had a medication review in the last 12 months. • Increase in % of people with diabetes achieving the 3 treatment care targets (BP, Chol & HbA1c) • Increase in % of people with diabetes receiving the 9 care processes.	**1. More skilled primary care workforce** • % of GPs, nurses and HCAs with training needs that have completed training. • Increase in number of GP practices delivering at Care ++ level (*based on care level criteria).*
2. Less diabetes related complications Reduction in number of hypo and hyper admissions per 1000 people with diabetes	**2 Better informed patients** Increase in the number people referred to and attend type 2 diabetes structured education sessions.	

Project Gantt Chart	20/21	21/22	22/23	23/24	24/25	BRAG
1. Health Inequalities and Prevention						
We will continue to lobby the Government nationally on the introduction of legislation that will support diabetes prevention – *Progress update: through ICS Diabetes Steering Group and ICS NDPP Operational Group*						
We will continue to lobby locally for responsible licensing which may impact on obesity/diabetes prevention including responsible local planning and licensing for food outlets etc.						
We want to increase our use of primary care data to identify and target patients who are at risk of diabetes and other diseases and develop a strengthened approach to management and support for these people – *Progress update: NDDP in place. Patient searches in use. NDPP and referral numbers standing agenda item for Diabetes locality group and Diabetes Governance Board meetings*						
We want to continue to use the National Diabetes Prevention Programme (NDPP) wherever possible, but we recognise that we need to offer a range of programmes/ interventions to support people to stay healthy – *Progress update: NDPP in place (WW provider)*						
We will consider any barriers to participation and work with people to enable them to participate in the NDPP or any locally developed programmes- *Progress update: through Diabetes Locality groups and ICS NDPP Operational Group*						
We will ensure that the PCN social prescribing link workers have a focus on supporting patients who at risk of developing diabetes *Progress update: through Diabetes Locality groups.*						
We will consider how we use real time primary care data to support case finding for those patients who are risk of developing Diabetes or other conditions *Progress update: through Diabetes Locality groups.*						
We will consider the role that a primary care weight management service can play in supporting patients who are at risk of diabetes (and other health conditions)						
We will continue work to reduce variation in outcomes and treatment targets across County Durham. We know there is variation in outcomes by age with older people achieving the best outcomes in terms of the NICE recommended treatment targets currently – *Progress update: working to reduce variation through diabetes locality groups*						
We plan to undertake a health needs assessment for diabetes to identify if there are sections of the population where outcomes are not improving in line with the general population. We will use the HNA to identify if we need to target or adapt our diabetes offer for prevention, education or treatment						
2. Approach to Wellbeing						
We will continue to work to improve management of blood glucose, but will also expand our focus to a broader range of targets such as lipids, hypertension, diabetic renal disease and micro albuminuria. We will work to increase the areas that we focus on incrementally. *Progress update: through Diabetes Locality groups and Diabetes Governance Board*						
We will engage with community pharmacies to understand the role they could play in diabetes management						
We will review the pilots that have taken place to reduce hospital length of stay for diabetes patients and identify a way of making sustainable improvements. We will work to narrow the gap in length of stay for patients with diabetes compared to the rest of the population – *Progress update: 7 day DISN service introduced at CDDFT but problems recruiting due to short term funding. Evaluation report and business case to be considered by Diabetes Governance Board with potential to reinstate the service through 2020-24 NHS E Diabetes treatment & care programme funding*						
We will continue to offer a single point of contact for diabetes structured education with a range of packages available *–Progress update: in place (DIET service), recurrent funding agreed.*						
We will develop a directory of the range of diabetes education packages that are available and identify any gaps in provision *Progress update: Virtual & face to face courses and digital app options currently being offered.*						
We will work to identify any barriers to accessing structured education and identify how we can address this. *Progress update: through Diabetes Locality groups and Diabetes Governance Board*						
We will continue to use the Wellbeing for Life service to support people to improve their health, wellbeing and quality of life. *Progress update: Currently in place*						
3. Personalised Care						
We will use Patient Activation Measures to identify those who are able to self-manage their own condition with fast track access back into primary and secondary care services where required.						
4. Mental Health and Learning Disabilities						
We will ensure that there is a focus on people with Severe Mental Illness or people with a Learning Disability as part of the Health Needs Assessment focussing on prevention, education and treatment						
We will review the bespoke education package for patients with Learning Disability that has been developed in North Tyneside to consider implementation in County Durham *– Progress update: pilot delayed due to COVID. Liaising with colleagues in North Tyneside.*						
5. Children						
We will work with schools and families to increase exercise, healthy behaviours and reduce childhood obesity						
We will work to reduce the number of children diagnosed with type 2 diabetes						
We will improve outcomes for children with type 1 diabetes and ensure compliance with the best practice pathway for paediatric diabetes						
6. Digital						
We will recommend digital applications for diabetes structured education following the current trials that are ongoing - *Pilot delayed due to COVID – NHS E app offer available from Autumn 2020*						
We will review processes for responding to the data that is generated from Flash glucose monitors to ensure that we have safe and effective systems for managing patients who use those devices						
We will develop a pilot initiative to use a digital photography application to enable review of potential diabetic foot ulcers and identify patients that need to be seen in an urgent clinic						
7. Finance						
We will reduce admissions for complications of diabetes and reinvest funding in prevention and the rising cost of diabetes related drugs.						
8. Integration						
We will continue to have an integrated model of care for diabetes across County Durham which includes primary, community and secondary care. The model of care is overseen by a Diabetes Governance Board which includes representatives from the voluntary sector (Diabetes UK) – *This is for Type 2 Diabetes and is in place*						
Our specialists (who were previously hospital based) will continue to work in our GP practices training and upskilling primary care staff – *This is for Type 2 Diabetes and is in place*						
9. Cultural Change						
We will work with clinicians to increase awareness of the wellbeing approach and of the alternatives to medical treatment for diabetes						

Drugs and Alcohol

Why change is needed

- To reduce the burden of disease and inequality caused by alcohol and drug harms by addressing the physical, mental and social impact of addiction on individuals, families and local communities.
- The percentage of adults drinking above the recommended weekly consumption rate is significantly higher in the north east than national average.
- Local prevalence estimates indicate that drug treatment penetration rates leave an unmet need of 45% for opiate and crack users.
- Hospital admissions for alcohol-related conditions have risen nationally over the past 8 years. In 2018 to 2019, there were over 1.2 million admissions related to alcohol, of which alcohol was the main reason for admission for about 336,000 cases.
- Deaths from drug misuse are increasing nationally but are significantly higher both regionally and locally. Addiction problems disproportionally effect those from disadvantaged groups and areas of social deprivation widening health inequalities.
- Tackling intergenerational drug taking is essential and an important element in the Think Family approach.

Objectives

- To improve upstream prevention initiatives for the reduction of harm caused by alcohol and drugs
- To optimise the care setting of drug and alcohol services
- To manage long-term conditions for those in treatment
- To reduce the impact on the wider family using the Think Family approach

Goals

Maintenance of the County Durham Alcohol and Drug Harm Reduction Strategy and Action Plan

- Primary prevention – provide a systematic approach for Audit C screening for alcohol within a range of settings. Increase referrals rates for alcohol from Health Checks and secondary care into Alcohol and Drug Recovery Services based on Identification and Brief Advice (IBA) for alcohol. Reduce primary care prescribing rates for prescription medication. Maintenance of harm reduction services including screening for BBV's and overdose prevention.
- Secondary Prevention – delivery of comprehensive Alcohol and Drug Recovery Services providing an optimal care package for young people, adults and families suffering with substance misuse. Develop integrated care pathways to build recovery capital, including clinical interventions, trauma-informed care, mental health and wellbeing, criminal justice, social care, housing, poverty reduction, domestic abuse and smoking cessation.
- Tertiary Prevention – target the aging population of substance misusers to address long term conditions including respiratory care, CVD, complex needs.

COVID - 19

- Awareness raising of the prevention and early identification of drug and alcohol misuse as a coping mechanism to effects of covid-19.
- Ensure system wide links are maintained to promote mental wellbeing and reduce increases in alcohol consumption.
- Increased virtual support for those already in treatment unable to access psycho-social intervention and supervised consumption due to lockdown.
- Risk management of chaotic clients via a multi-agency approach with increased support.
- Close monitoring of substance misuse related deaths in order to react quickly to prevent further.
- Support for easy access to testing for the vulnerable aging population of substance misusers with LTC. As well as support for physical health e.g. flu vaccinations. Support for outbreak control in services.
- Developing further opportunities for partnership working to address complex need.

Triple Aim Outcome Measures

Alcohol and Drug Harm Reduction Group		
Health Outcomes	Patient Experience Outcomes	Workforce Outcomes
1. Reduce levels of alcohol consumption	1. Increase opportunities for prevention and early intervention	1. Access to training for prevention and early intervention (IBA)
2. Numbers in treatment	2. Ease of access into recovery services based within local communities	2. Accessibility for discreet and confidential access for any members of the system workforce into DARS
3. Successful Completions	3. Client satisfaction with the service	3. Ensure a recognised standard DARS workforce, trained to deliver within a quality standard framework

Project Gantt Chart	20/21	21/22	22/23	23/24	24/25	BRAG
1. Health Inequalities and Prevention						
Develop integrated care pathways for substance misusers with long term conditions including respiratory health and CVD						
Provision of women-only services						
Maintain primary prevention initiatives including IBA and extended IBA in primary care.						
2. Approach to Wellbeing						
Increase systematic referrals from Health Checks into Alcohol and Drug Recovery Services.						
Reduce prescribing rates of potentially addictive medication within primary care.						
Develop Alcohol Care Teams based in secondary care						
Develop optimal care pathways from secondary care into Alcohol and Drug Recovery Services						
Alcohol and drug education for secondary care staff to support identification, IBA and onward referral						
Provision of holistic Alcohol and Drug Recovery Services utilising a life course approach to address the needs of individuals, families and local communities (Current contract runs until 21/22)						
Develop pilot outreach clinics from the hospital based respiratory service into one or more of the drug treatment centres and evaluate the impact this has on the health of this vulnerable group.						
Administer influenza and pneumococcal vaccinations within drug and alcohol services						
Consider opportunities to develop addiction services to include problematic gambling						
3. Personalised Care						
n/a						
4. Mental Health and Learning Disabilities						
Further develop and imbed provision of pathways for patients with co-occurring mental health and alcohol/drug use *conditions.* *(NB All OGIM workstreams will be working closely with each other to ensure we have a consistent and coherent approach across the system to addressing mental ill health)*						
5. Children						
Provision of Drug and Alcohol Recovery Service for CYP and families (current contract runs until 2021/22)						
6. Digital						
Improve data collation in A&E for regular attenders and cross reference with criminal justice partners, primary care and Alcohol and Drug Recovery Services.						
7. Finance						
Local Authority Budget allocation secured until 2021/22.						
8. Integration						
Improve recovery capital in individuals by working with partners to address need including clinical interventions, trauma-informed care, mental health and wellbeing, criminal justice, social care, housing, poverty reduction, domestic abuse and smoking cessation						
Support attrition between services by ensuring plans are put in place to prevent patients dropping out of the pathway						
9. Cultural Change						
Integrated approach to referring those identified with substance misuse into Drug and Alcohol Recovery Services.						

Respiratory

Why change is needed

- Lung conditions, including lung cancer, are estimated to cost wider society around £9.9 billion each year. Respiratory disease affects one in five people in England, and is the third biggest cause of death. Hospital admissions for lung disease have risen over the past seven years at three times the rate of all admissions generally and remain a major factor in the winter pressures faced by the NHS. Over the next ten years we will be targeting investment in improved treatment and support for those with respiratory disease, with an ambition to transform our outcomes to equal, or better, our international counterparts.
- Incidence and mortality rates for those with respiratory disease are higher in disadvantaged groups and areas of social deprivation, where there is often higher smoking incidence, exposure to higher levels of air pollution, poor housing conditions and exposure to occupational hazards.

Objectives

- Improved services and outcomes for respiratory disease.
- Provide an integrated approach to delivery which involves communities, voluntary organisations and the health and care system.
- Focus on prevention, early detection and diagnosis and optimal treatment options, concentrating interventions initially on populations at greater risk.

Goals

- Early and accurate diagnosis: to increase early and accurate diagnosis for people with respiratory disease.
- Medicines management: to promote appropriate prescribing of respiratory medication and inhaler use to promote better compliance and prevent avoidable acute admissions and deaths from poor self-management.
- Flexible learning: to develop an accredited education programme for individuals diagnosed with common respiratory diseases such as COPD, asthma and bronchiectasis.
- Expansion of pulmonary rehabilitation: to increase the number of patients who would benefit from Pulmonary Rehabilitation and are referred to and complete a good quality programme.
- Community-acquired pneumonia: to reduce avoidable admissions and bed days for patients with community acquired pneumonia, achieved through implementation of risk stratification tools and ambulatory care services such as nurse-led supported discharge services.
- Breathlessness models: A model of care for breathlessness management is designed for patients who have either cardiac or pulmonary disease and have symptoms of breathlessness in common, to include the diagnostic pathway and joint rehabilitation models.

Triple Aim Outcome Measures

Respiratory Clinical Advisory Group		
Health Outcomes	Patient Experience Outcomes	Workforce Outcomes
1. Non-elective admissions for COPD	1. Proportion of patients who report being confident in being able to self-manage (Patient Activation Measure level 3 & 4)	1. Number of nurses trained and competent in delivering diagnostic spirometry treatment
2. Non-elective admission for asthma		2. Staff vacancy rates in respiratory specific roles
3. Community steroid prescribing rates		

COVID-19

Short Term

- A new cohort of patients affected by COVID-19; who have a plethora of physical and psychological symptoms that require an integrated approach (including respiratory)
- Our existing patient groups, many who have multi-comorbidities (including respiratory); they may also have now suffered an episode of COVID-19
    - Develop a working group across the Health and Care System – involving public health, DCC and voluntary services to develop community pathways for respiratory, pulmonary, cardiac with the medium term plan of including other LTCs
    - Support our workforce to work differently, ensuring they have the skills required (understand the training needs)
    - Develop new roles to support innovative pathways

Medium Term

Focus on the four key points to ensure interventions are evidence based, integrated and community focused.

I. Redesigned evidence based trans-diagnostic pathways

a. Current single diagnostic pathways, will not adequately meet the physical, psychological and social needs of patients.
b. A trans-diagnostic pathway would enable allow a wider cohort of people to access appropriate rehabilitation. This is of particularly important during the current pandemic due to anticipated escalating rehabilitation demands with multiple presenting symptoms.

II. **the development of integrated and cross-organisational roles**

a. to address patient specific trans-diagnostic needs including:
    - Redesigning current roles for qualified clinicians (e.g. nurses, physiotherapists)
    - Working with Public Health and County Council (e.g. Wellbeing for Life)
    - Working with Mental Health Organisations (TEWV)

III. the use of the Patient Activation Measure (PAM) [1]

a. Targeting appropriate people/ care
b. Shared decision making
c. enablement to self-management approach

IV. A programme of training for upskilling the current and future workforce for psychologically informed care.

a. CBT training already embedded within Respiratory Team
b. Workshops and training which could enhance

- Patient Activation Measure
- Acceptance and Commitment Therapy
- “Fear of recurrence”
- Introduction to CBT skills
- Motivational Interviewing

Long Term

Project Gantt Chart	20/21	21/22	22/23	23/24	24/25	BRAG
1. Health Inequalities and Prevention						
Respiratory CAG reviewing local treatment guidelines and standard exacerbation plans						
Ensure adequate provision of Pulmonary Rehabilitation is commissioned and funded by CCGs, and that pathways into community physical activity provision ensure this element is sustained.						
Increasing flu vaccine uptake.						
Awareness of signs and symptoms and risk factors for respiratory disease. Discussions from primary care physicians about second hand smoke where children are diagnosed. Preventative measures for Smokefree homes						
Feasibility of pulmonary clinics in drug and alcohol recovery services.						
Smoking cessation in the home identified as part of HIA on Housing and to be integrated into the Housing licensing scheme for landlords.						
Extend the Silverdale pilot as part of the warm homes initiative						
Respiratory Health Equity Audit to be undertaken and outcomes reflected in future commissioning plans						
2. Approach to Wellbeing						
ARTP standard spirometery reversibility performance with accurate interpretation and an education programme targeting GPs re interpretation.						
Development of a diagnostic spirometry service delivered via a hub and spoke method e.g. at PCN level based on regional model across the county. Need to rationalise who does this, consider online interpretation after HCA ARTP equivalent trained test performed. Needs to have clear screening guidelines/referral criteria into the service and consideration of staffing required/skill mix.						
Roll out of the education programme across the County and include practice nurses, community nursing and ANP/VAWAS teams.						
Hospice Support/ end of life/palliative support						
Commitment from acute Trust and CCG colleagues to adhere to guidance to ensure best possible prescribing						
Holistic assessment for patients with pneumonia required where housing conditions, movement, hydration and nutrition are taken into account and in acute emergency services						
On-going education of acute admitting teams on the importance of CURB and early intervention in pneumonia						
Launch of PHE/Sport England WeAreUndefeatable campaign to keep people physically active in September 2019						
In order to develop generic breathlessness services to their full potential there needs to be recruitment to vacant cardiology and respiratory posts to full establishment. This will provide the long-term continuity needed for successful attainment						
3. Personalised Care						
Education plan for patients at point of diagnosis, including education on correct inhaler techniques						
Consider patient folders to be used to hold all plans/documents to be used by all clinicians						
4. Mental Health and Learning Disabilities						
Pilot for nurses to provide CBT to respiratory patients suffering with anxiety						
Access to CBT for patients with breathlessness with history, examination & investigation to be completed prior to referral						
5. Children						
Education programme for children and young people and their parents/carers						
Encourage use of the Child Health app for parents						
6. Digital						
MyCOPD training for PNs to be delivered. Consider giving MyCOPD license to all new COPD patients						
Consider alternatives for current Pulmonary Rehabilitation classes, such as myCOPD App/videos at home, days & times of sessions and venues. Engagement with patients						
Improved use of the CURB score within primary care for pneumonia						
7. Finance						
Review/intervention of over/under use of patients inhaler prescriptions						
Work with Meds Ops and Local Pharmacy committee						
8. Integration						
Increased use of community resources for people who are unable to commit to the intensity of pulmonary rehabilitation, or because of days & times of sessions and venues. Review issues surrounding transport						
On COPD template in GP's , patients with COPD screened prior to leaving hospital and referred, outpatient consultant and nurse referrals made / Ways to Wellbeing provision of community physical activity/social activity						
9. Cultural Change						
Increase focus on preventing respiratory ill health including smoking cessation or switching to vaping						

Sexual Health

Why change is needed

- Sexual and reproductive health is fundamental to health and wellbeing. It is a national priority and matters to both individuals and communities. Sexual health needs vary according to factors such as age, gender, sexuality and ethnicity, and some groups are particularly at risk of poor sexual health. Achieving good sexual health is complex, and there are variations in need for services and interventions for different individuals and groups. It is essential that there is collaboration and integration between a broad range of organisations, in order to achieve desired outcomes.
- Unplanned teenage pregnancy is a cause and consequence of education and health inequality for young parents and their children. Despite significant progress over the last 18 years, with a reduction of almost 62% in the under-18 conception rate, a continued focus is needed as this remains significantly higher than the national average and the gaps remains static
- The statutory requirement for educational setting to provide age-appropriate Relationships and sex education (RSE), and health education
- The requirement of an integrated, graded approach for support and services that covers prevention through to health intervention

Objectives

- All residents of County Durham have access to high quality integrated sexual health services, information advice and guidance,
- Children and young people have access to appropriate relationship and sex education (RSE), and health education that addresses inequalities and reduces the number of sexually transmitted infections and unplanned pregnancies.

Goals

- Improvement in chlamydia screening rates aged 15-24
- Improvement in HIV late diagnosis rate
- Reduction of under 18 conception rate
- Co-production of services with service users, including young people, to inform service delivery
- High quality age appropriate relationship and sex education (RSE) is delivered to children and young people.
- Improvements to data sharing between stakeholders
- Better use of service level data to inform service planning to improve outcomes and tackle inequalities
- Improved access to Long Acting Reversible Contraception (LARC) based upon informed choice.
- Have a clear understanding the needs of vulnerable groups, and respond accordingly
- The voice of the young person to inform service delivery
- Improve the whole system digital offer

COVID - 19

Short Term

- Identify suitable alternative site for the ISHS community hubs
- Understanding the impact of COVID 19 on system wide delivery model's – what positive innovations have been made
- How to address any clinical backlogs within the ISHS e.g. LARC through phased return to face to face contacts
- Focus on targeting vulnerable groups by all agencies including young people
- Develop a system wide communications plan that supports short/medium/long term recovery

Medium Term

- Identify/implement appropriate activity to ensure that the ISHS has 2 community hubs in specified locations
- All partners/services move to restore face to face contacts where possible
- Explore how to capture the voice of all service users including children and young people across the system to inform future service delivery plans
- Review the digital offer in line with multi agency comms plan considering all vulnerable groups and potential inequalities

Long Term

- The ISHS will be delivered through 2 main community hubs will have moved to suitable locations in Durham City and Bishop Auckland
- Revised delivery models will be in place ensuring that innovation/best practice developed through COVID 19 has been incorporated
- Improved quality framework in place based on service user feedback etc

Triple Aim Outcome Measures

Teenage Pregnancy and Sexual Health Steering Group		
Health Outcomes	Patient Experience Outcomes	Workforce Outcomes
1. Young people will will have the ability to make informed healthy relationship choices, they will know where to go if they need information, advice and/or guidance resulting in a reduction in unplanned teenage conceptions	1. Ensure that the voice of all service users including children and young people is captured and used to inform system design and/or improvements	1. All relevant staff/agencies will have a workforce that is trained to support young people to make healthy relationship choices
2. All residents of County Durham will have access to high quality sexual health services accessed through a range of community-based hubs and spokes	2. Identify and consider all vulnerable groups in system planning to ensure a reduction in inequalities	2. The workforce will be upskilled and supported to ensure that they can effectlivy support vulnerable groups to access relevant support
3. A multi-agency quality framework will be in place that ensures data is robustly used to inform service delivery	3. Ensure that all services are developed considering the impact of adverse childhood experiences(ACE's) and trauma informed practice	3. The system workforce will have an understanding of ACE's and apply a trauma informed approach

Project Gantt Chart	20/21	21/22	22/23	23/24	24/25	BRAG
1. Health Inequalities and Prevention						
Better understanding of the risk-taking behaviour of high-risk groups which informs more impactful delivery						
Reduce inequalities in sexual health and under 18 conceptions through the integrated sexual health service providing both universal and targeted services provision and support						
Continue to sustain low STI rates locally and reduced inequalities						
2. Approach to Wellbeing						
Develop and implement a 3-year Sexual Health Strategy which includes clear actions to deliver strategic recommendations						
3. Personalised Care						
Ensure that Personalised Care approaches are embedded within service delivery, including the use of shared decision making and choice are included within the offer						
4. Mental Health and Learning Disabilities						
Ensure that people with learning disabilities and other vulnerable groups are supported to make appropriate choices regarding their sexual health and relationships						
5. Children						
Develop a local multi-agency action plan based on the national framework for sexual health improvement to reduce the conception rates in those under 18						
6. Digital						
As part of the development of the strategy to ensure that the digital offer supports the sexual wellbeing of the people of County Durham, including advice and guidance, and signposting.						
7. Finance						
Through the development of the strategy ensure a whole system approach to financial management is undertaken						
8. Integration						
To support the further development of integrated services across pathways of care as part of the strategy, including Primacy Care Networks, and the Voluntary and Community Sector.						
9. Cultural Change						
To ensure that leaders within the system are identified from partner organisations to support the cultural change that will ensure positive experience and outcomes for the people of County Durham.- what do you mean by this / what will it look like and how will it be measured?						

Stroke

Why change is needed

- Due to changing demographics, the number of people having a stroke will increase by almost half, and the number of stroke survivors living with disability will increase by a third by 2035
- Advances in treatment are not universally available
- Changes to the hyperacute elements of the pathway have improved patient outcomes however these gains are not being realised due to the fact that rehabilitation is not standardised for all patients across County Durham
- The current model of care does not provide adequate levels of therapy input as ort of the overall stroke pathway
- Inequality exists within the current model of care, accessibility into services is disparate and requires bolstering of community and inpatient based therapy provision

Objectives

- To provide high quality specialist care to all patients, improving quality of life following a stroke
- Ensure that supported discharge and high quality, consistent rehabilitation is embedded into pathways.

Goals

- All patients who can benefit from mechanical thrombectomy and thrombolysis receive it
- Services are configured to ensure that high quality specialist care is the norm for all patients
- The stroke workforce are well equipped to deliver specialist interventions and high quality rehabilitation
- To develop a person-centred model of care that delivers care closer to home
- To minimise variation, reduce inequalities and maximise the health outcomes of our local population
- To develop a service which retains and attracts an excellent workforce
- To ensure care is accessible and responsive to people's needs

COVID - 19

- Short Term – emergency stroke services maintained in light of COVID to ensure resilience. Services have adapted pathways to ensure patient needs are met whilst also following latest Government guidelines. Remote technology has been used particularly in relation to ongoing review appointments

- Medium Term – understanding any impact that the COVID pandemic has had on known stroke cases and the way in which services have and continue to be accessed

- Long Term – ensuring all future plans for service transformation are quality assured in line with COVID guidance

Triple Aim Outcome Measures

Stroke Improvement Group		
Health Outcomes	Patient Experience Outcomes	Workforce Outcomes
1. Adults having stroke rehabilitation in hospital or in the community are offered at least 45 minutes of each relevant therapy for a minimum of 5 days a week.	1. Patients and their families are involved in rehabilitation goal setting which is documented and reviewed in a standardised way across acute and community	1. Ring-fenced funding in place for inpatient stroke specialist therapy input
2. Reduced length of stay across inpatient stroke units	2. All eligible patients to receive opportunity for 6 month review	2. Implementation of a skill mixed therapy model which meets NICE clinical guideline (CG162)
3. Patients to receive a swallow screening assessment within four hours of arrival at hospital	3. Personalised care plans in place with a MDT approach to goal setting, intervention and care management – across all settings	3. To develop and implement a stroke-specific staff survey to be used as a measure of success with community and acute based teams

Project Gantt Chart	20/21	21/22	22/23	23/24	24/25	BRAG
1. Health Inequalities and Prevention						
Ensure standardised model of care is rolled out across CDD for Atrial Fibrillation						
To utilise existing commissioned services focussed on prevention across NHS, social care and voluntary sector organisations to identify opportunities for AF screening						
To review equity of access to stroke services following potential change in model of care						
2. Approach to Wellbeing						
Continue to actively use the SSNAP data to review any service improvements and best practice. Active stroke consultant recruitment						
Finalise plans to enhance hospital based specialist rehabilitation						
Implement community based stroke service and measure improvements against baseline information as part of 6 month review of service						
Mobilise future model of care for inpatient rehabilitation across County Durham and Darlington						
Review future model of care for inpatient rehabilitation against baseline measures						
3. Personalised Care						
To review the utilisation of the shared decision making model throughout the pathway						
4. Mental Health and Learning Disabilities						
To review and continue to develop acute and community based stroke rehabilitation to include access to psychological therapies as per NICE guidance						
To ensure there are reasonable adjustments made to ensure equity of access as part of the pathway						
5. Children						
6. Digital						
To ensure all clinical and performance systems interact with one another, particularly in relation to the Stroke Association and their delivery of the 6 month review service						
7. Finance						
To review appropriate use of resources ensuring that any savings are reinvested in workforce and additional investment in community services realises benefits.						
8. Integration						
Review contracts with stroke association as an integrated approach						
Ensure integration of health and social care processes have a positive impact on patient outcomes i.e. ensure discharge planning and implementation is done holistically						
9. Cultural Change						
To review effectiveness of new model of care and change in culture of working practice by comparing quality and performance against baseline. In particular to assess average length of stay to ensure a more seamless pathway and early discharge.						
To work with teams across acute and community as well as social care to create a culture of “one team” to ensure seamless transitions for patients and their families						

Dementia

Why change is needed

- To ensure people living with dementia and their carers are supported and receive a high quality, consistent level of service. Appropriate support, services and signposting are in place to ensure that people can live as well as possible with dementia. This encompasses people living in the community and in care homes.

Objectives

- People with dementia live in their own home / community for as long as possible
- Appropriate support, signposting and services are available to people with dementia and their carers.
- Communities, public services and providers are supported to achieve dementia friendly status

Goals

- People with dementia are able to live at home for as long as possible, avoiding as far as practicable the requirement for long-term care placements and hospital admissions. Technology, carer support and environmental factors all contribute effectively to this goal
- Countywide Dementia Advisor Service commissioned on a long-term basis with sustainable funding in place
- Dementia Advisors fully integrated within Primary Care ensuring those with a diagnosis of dementia are supported from the onset
- Dementia Advisors working across prisons in County Durham supporting prisoners with dementia and assisting rollout of dementia friends training in prisons
- Ensure appropriate, specialised services are in place to support those with dementia including early onset dementia
- Market dementia services and ensure, simple, effective communication to those living with dementia and their carers.
- Continue to Support the development of Dementia Friendly Communities across the County, including dementia friendly organisations, providers, employers and services.

COVID - 19

- Short Term - Ensure that dementia support services are robust during / post pandemic, including availability of voluntary sector support and domiciliary / personal assistant offer; and care home dementia specialist provision.

- Medium Term – Increased urgency to test new ways of working and, in particular, digital solutions for people living with dementia, given the need to improve outcomes but also increase the pace of invest to save initiatives, taking into account funding pressures. In addition, focus on wider system change such as improved diagnosis and integrated working with primary cares can open up opportunities to bring forward initiatives at a time when increased partnership working with the voluntary and independent sector has become more prevalent due to the pandemic

- Long Term – Recognition that dementia services may change in the longer term, both in terms of strategic aims, desired outcomes and methods of service delivery. For example, increased focus on digital services and service delivery in post-pandemic environment and acknowledgement of a shift in terms of funding pressures. New ways of working may lead to invest to save initiatives and improved future outcomes for some individuals, e.g. a focus on rehab and rehabilitation for dementia rather than an approach of 'management of decline'. Careful monitoring of OGIM and associated action plans as live documents and ability to change focus to address emerging or changing pressures.

Triple Aim Outcome Measures

Dementia Strategy Implementation Group		
Health Outcomes	Patient Experience Outcomes	Workforce Outcomes
1. Improved diagnosis rates and access to specific support post diagnosis	1. Increased availability of services for people with early onset dementia	1. Sustainable funding secured for dementia advisor service
2. Improved recognition of early onset dementia across the system, with aim that diagnosis is achieved as early as possible and support identified	2. Improved information and access to information for people living with dementia and their carers	2. Increased availability of personal assistants for people living with dementia and their carers
3. Further integration with primary care to ensure joined up approach to dementia services and seamless, quality services to individuals	3. Embed new / improved digital solutions and new ways of working with people with dementia. Reduce demand on statutory services	3. Increased co-production with people living with dementia / carers and the wider system – including dementia alliance and voluntary sector

Project Gantt Chart	20/21	21/22	22/23	23/24	24/25	BRAG
1. Health Inequalities and Prevention						
Community Services available for older people with dementia and their carers across the County. Address gaps in service provision around early onset dementia (under 65)						
2. Approach to Wellbeing						
Long-term funding is secured for the Dementia Advisor Service						
Continue to review / improve information for people with dementia and their carers and the accessibility of the information. Increased focus on digital solutions for provision of information, where this suits the needs of people living with dementia and their carers						
Consider alternative options to residential / nursing care for people living with dementia, e.g. specialist supported housing, extra care, use of technology; provider training and support (NB cost considerations are crucial to this). Review of care home commissioning strategy to consider options to meet dementia needs in alternative provision, particularly extra care						
3. Personalised Care						
Promote personal health and social care budgets, including direct payments (DP), for people living with dementia and their carers. Investigate ways of increasing take up of such opportunities for more self-directed care. Increase availability of personal assistants, through improved pay rates and Care Academy initiative, to facilitate more opportunity and choice. Plans in place for improvement in DP pay rates. Explore opportunities to quicken the pace of this work given the economic impact of the pandemic and possibility of attracting more people to a career in care						
4. Mental Health and Learning Disabilities						
Improve service availability for people with learning disabilities and dementia, identified as an increasing national trend. Through both access to existing OP services, where suitable, and possible new / specific services. Consideration of the role of specialist residential care as part of specific review process.						
5. Children						
6. Digital						
Improve technology and telecare options for people living with dementia, including investigation of new / innovative solutions, e.g. sensors, tracking technology, health / interactions analysis etc.						
7. Finance						
Dementia advisors core contract funding in budget until March 2021 – identification of long-term funding required. Acknowledged that this is likely to be a budget pressure given increased financial pressure on the system Additional primary care dementia advisor service extension to be considered, including identification and agreement of budget. Potential funding required for Dementia Friendly Co-Ordinator, as below						
8. Integration						
Improve services / support for people with dementia / carers including integration with primary care (including dementia advisor service); hospital offer; investigation and adoption of new ways of working and new technology solutions						
Working with all the dementia groups e.g. Dementia Action Alliance, Strategy Group and ADASS Dementia Leads to align priorities to achieve best outcomes for people with dementia and their carers and identify gaps in service provision. This promotes a co-production approach to dementia strategy and services. Refresh and reinvigorate strategic approach. Consider whether desired outcomes, needs and risks have changed due to the pandemic						
Dementia Advisor Service to be granted access to prisons in County Durham (currently Frankland only) to support prisoners with dementia and promote dementia friends approach. Acknowledge need to consider COVID-19 risks in this work						
9. Cultural Change						
Potential funding to be sourced for Dementia Friendly Co-ordinator to support communities across the County in becoming dementia friendly.						

Living well with frailty / Older People – Community Care

Why change is needed

- To ensure frail elderly are able to live well at home for as long as possible and receive high quality, consistent levels of service. To take a preventative, progression approach to care, utilising short-term support, preventative services and signposting in delivery models to ensure an enabling approach, positive individual outcomes and sustainable budgets

Objectives

- Promote preventative, short-term approaches and a progression approach to care delivery
- Appropriate services, signposting and VCS resources are available to service users / carers.
- Achieve an invest to save solution to delivery, promoting reablement and independence and avoiding as far as possible costly long-term care
- Changing culture to ensure that all involved in delivering care focus on maximising wellbeing, independence and quality of life pertinent to the individual

Goals

- Short-term, preventative and rehab / reablement services are the first option for care delivery. People are able to live at home / in the local community for as long as possible. VCS and provider markets are able to support this goal. Where long-term care is required, stakeholders retain a progression approach to ensure that service users are enabled to maintain independence and develop skills, rather than being 'maintained' in terms of care
- Technology, carer support and environmental factors are able to contribute effectively to this goal
- Reablement and intermediate care / hospital discharge services continue to deliver high quality outcomes and sustain capacity across the Durham geographical footprint
- Equipment provision is available to support reablement, progression and sustainable outcomes, including community equipment and provision in care homes
- Domiciliary care availability, coverage and quality is maintained and able to deliver a progressive approach through appropriate staffing and skills
- Day services are commissioned for all specialisms and function appropriate to the needs of the user groups
- Integration between adult social care and community health services delivers improvements in quality and efficiency. A multidisciplinary Discharge Team coordinates the pathway for complex discharges reducing errors and improving patient experience
- There is a coordinated approach to the provision of training and support to care home and domiciliary care provider staff from the range of community health services that supports the quality of their care
- People with a learning disability and/or autism are supported to live safe and healthy lives in the community
- People with a learning disability and/or autism are not subject to health inequalities
- Integration between adult social care and community health services delivers improvements in quality and efficiency. A multidisciplinary Discharge Team coordinates the pathway for complex discharges reducing errors and improving patient experience
- There is a coordinated approach to the provision of training and support to care home and domiciliary care provider staff from the range of community health services that supports the quality of their care

COVID - 19

- Short Term – Ensure that critical services, including reablement and domiciliary care, are robust in terms of service delivery and able to function during the winter period and / or during an increase in COVID-19 cases. Contingency planning and system support in place, including continued focus on Care Academy opportunities for people not in employment who may be willing to change career and work in care
- Medium Term – Increased urgency to test new ways of working and, in particular, reablement approaches in wider services, given the need to improve outcomes but also increase the pace of invest to save initiatives, given funding pressures. In addition, focus on wider system change such as improved discharge pathways and opportunities to bring forward initiatives at a time when increased partnership working with the voluntary and independent sector has become more prevalent due to the pandemic
- Long Term – Recognition that services may change in the longer term, both in terms of strategic aims, desired outcomes and methods of service delivery. For example, day services may be less in demand and / or delivered in a different way, including virtual support, while learning disability services or those for people with dementia may have an increased reablement focus which has been thought to be to challenging in the past. Increased focus on digital services and service delivery in post-pandemic environment and acknowledgement of increase in funding pressures and greater urgency to transform services. Careful monitoring of OGIM and associated action plans as live documents and ability to change focus to address emerging or changing pressures.

Triple Aim Outcome Measures

Durham Frailty Group		
Health Outcomes	Patient Experience Outcomes	Workforce Outcomes
1. Episodes of falls in older people	1. Proportion of over 65s in care homes	1. Vacancy rates in community nursing
2. Rates of loneliness in older people	2. Hospital admission rates for older people	2. Morale in community services
3. Rates of depression in older people	3. Long hospital stays endured by older people	3. Vacancy rates in community therapy services

Project Gantt Chart	20/21	21/22	22/23	23/24	24/25	BRAG
1. Health Inequalities and Prevention						
Continued investment in VCS infrastructure and services to enable preventative approaches. Includes Public Health commissioning and interventions						
Preventing loneliness and social isolation						
Increasing participation in exercise in older people including building strength and balance. Focus on improving 'activity' provision in care homes						
Enhancing falls services to support falls prevention. Pilot new falls prevention approaches, potentially using extra care services initially						
2. Approach to Wellbeing						
Changes to commissioning models / specifications to ensure a focus on outcomes. Embed reablement and outcome focussed intervention approaches across the system. Increased financial pressures due to pandemic mean need to embed improved long-term outcomes and 'invest to save' approaches are more urgent						
Identify sustainable funding for reablement service, to ensure reablement can be offered to all with potential to benefit. Ensure reablement national target of package start times continues to be met across Durham footprint. Reablement / rehab approach to be embedded to wider services – so this becomes an ongoing system aim						
Recommissioning of IC / Hospital Discharge Beds to ensure continued effectiveness of model and system developments are reflected in delivery. Continued promotion and work with providers to sign up to spot provision, to ensure rising demand is met.						
Development of a community frailty model including Same Day Emergency Care for frailty						
Developing in reach model to support discharge from hospital and supporting the Home First community collaborative						
Development of the existing community lymphedema service to include non-complex patients						
Implementing the extended community delivery model for intravenous antibiotic treatment						
Implementing the improved stroke rehabilitation model						
Reviews of SALT dietetics, cardiac rehabilitation, ISC Catheter and osteoporosis services to support improved patient outcomes						
3. Personalised Care						
Implementation of Personal Health Budgets for wheelchairs (including powered chairs)						
Increased uptake of PHBs for continuing care patients						
Increase in personalised care and shared decision making						
Implementation of Social Prescribing Link Workers targeting people with long term conditions						
4. Mental Health and Learning Disabilities						
As work takes place to reduce the gap in life expectancy for people with a learning disability we will review the community models of care and support to enable people with a learning disability to age well						
We will continue to develop flagging systems to ensure adjustments are made for those people who have a learning disability. Include consideration of reablement approaches for people with a learning disability						
Ensure that the two hour response for mental health crisis is linked to the wider frailty crisis response						
5. Children						
6. Digital						
Implementation of digital technology in care homes to support better patient care and outcomes, including Health Call, NHS mail roll out and electronic care plan sharing						
Improvement and electronic sharing of Emergency Health Care Plans						
Development of Local Directory of Service to ensure that all involved in care provision are aware of local services that are available						
Re-launch of mobile working for NHS community teams						
Review technology offer through strategic system groups, including review of care connect service and potential new delivery models						
Implementation of digital technology in care homes to support better patient care and outcomes						
7. Finance						
Ensuring that there is continued growth in funding for community based services to support prevention, support in crisis and returning to independence after a period of ill health						
Community equipment contract to be reviewed / recommissioned, multi-disciplinary approach across all stakeholders. To include review of care home equipment policy						
Review / recommission other equipment contracts, e.g. ceiling track hoists / slings						
Review options for future commissioning of domiciliary care in terms of basing delivery / payment on tasks / outcomes. Potential for new AZEUS system to facilitate new ways of commissioning, when implemented						
Day Services review and remodelling to promote employment, volunteering, training as an alternative to traditional day service delivery. Potential Invest to Save model; outcome focussed provider interventions to promote service users moving into meaningful activity / employment and avoid long-term costs. Reablement type approach of specific service before access to any long-term provision. Need to factor in effects of pandemic on wider economy and employment opportunities						
8. Integration						
Integrated commissioning model for domiciliary care; initially spot provision but moving to framework contracts also. Includes piloting joint care facilitation and payment processes through AZEUS						
Further development of integrated working between health and social care and mental health and physical health within the Teams Around patients framework						
Improved working between hospital and community teams including developing a multi-disciplinary approach to the Discharge Management Team						
Development of integrated commissioning of nursing and residential care across health and social care; potential for new ways of commissioning care home services to ensure they are on a sustainable footing and able to deliver the quality needed within budgets for the longer term						
9. Cultural Change						
Recruitment and Training support to community providers (particularly domiciliary care / reablement) through supporting the Provider Market project Care Academy. Aim to increase / sustain capacity and quality and enable workforce is able to shift to progression / outcomes based model						
Developing understanding of the services available in the community and their ability to manage patients safely and effectively. This is vitally important for both relationships between clinicians and also between H&SC staff and the public						

Palliative Care and End of Life

Why change is needed

- Death and dying are inevitable. The quality and accessibility of this care will affect all of us. The needs of people of all ages who are living with dying, death and bereavement, their families, carers and communities, must be addressed, taking into account their priorities, preferences and wishes. Personalised care at end of life will result in a better experience, tailored around what really matters to the person, and more sustainable NHS and social care services. In County Durham the National Ambitions Framework for Palliative and End of Life Care forms an effective basis for action. There are perceived inequalities in access to palliative and end of life care which need to be identified and actions to reduce inequity developed.

Objectives

- "I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)."

Goals

- I, and the people important to me, have opportunities to have honest, informed and timely conversations and to know that I might die soon. Those who care for me know that and work with me to do what's possible.
- I live in a society where I get good end of life care regardless of who I am, where I live or the circumstances of my life.
- My care is regularly reviewed and every effort is made for me to have the support, care and treatment that might be needed to help me to be as comfortable and as free from distress as possible.
- I get the right help at the right time from the right people. I have a team around me who know my needs and my plans and work together to help me achieve them. I can always reach someone who will listen and respond.
- Wherever I am, health and care staff bring empathy, skills and expertise and give me competent, confident and compassionate care.
- I live in a community where everybody recognises that we all have a role to play in supporting each other in times of crisis and loss. People are ready, willing and confident to have conversations about living and dying well and to support each other in emotional and practical ways.

COVID - 19

- Short Term – palliative and end of life care has no doubt been affected by COVID-19 – family are unable to be there for people during their last weeks, days and hours if in hospital; people dying with COVID discharging home risks transmission of the virus into the community so people are not able to die in the place of their choice; bereavement has been difficult for families where they are unable to be in close proximity to each other for support - this will continue even as society restarts.

- Medium Term – as we live with COVID-19 there may be additional increases in death numbers – as long as there remains transmission in the community – palliative and end of life care staff will need to be mindful of the additional risks in their roles.

- Long Term – will need to get back to a more compassionate and holistic view of palliative and end of life care.

Triple Aim Outcome Measures

County Durham and Darlington End of Life and Palliative Care Group		
Health Outcomes	Patient Experience Outcomes	Workforce Outcomes
1. People are able to die in their usual place of residence (measured by Public Health Outcomes Framework indicator *Percentage of deaths in usual place of residence (DiUPR) (All ages*))	1. Quality of service is rated as good or excellent by informal carers (measured by Voices survey)	1. Nursing and consultant staff to be working at optimal capacity (measured by vacancy rates).
	2. Families' and others' experience of care is rated as good, excellent or outstanding (measured by National Audit of Care at the End of Life)	

Project Gantt Chart	20/21	21/22	22/23	23/24	24/25	BRAG
1. Health Inequalities and Prevention						
The Health and Wellbeing Board will lead the development of population-based needs assessment and Health Equity Audit (HEA) for palliative and end of life care services						
Development of End of End of Life and Palliative Care Strategy, informed by needs assessment and HEA.						
2. Approach to Wellbeing						
Patients and families/carers are engaged in the co-production of EoL and palliative care action plans locally and in the design/delivery of future services.						
Ensure patients have access to Specialist Palliative Care when needed, including a clear understanding of how to access medicines and equipment as part of the rapid response to changing needs.						
Every organisation will have clear governance at Board level for high quality palliative and end of life care and environments in which all staff can provide the best of their professionalism and humanity.						
3. Personalised Care						
Develop effective systems to reach people who are approaching the end of life, and ensure effective assessment, care coordination, care planning and care delivery.						
Work with the voluntary and hospice sector to ensure paid carers and clinicians at every level are trained, supported and encouraged to bring a professional ethos and awareness of a personalised care approach to care.						
Ensure that all those who provide palliative and end of life care understand and comply with legislation that seeks to ensure an individualised approach.						
Ensure care records encompass patients' needs and their preferences as they approach the end of life, using Decide It Right and 'Everything in its place'. With the person's consent, these records should be shared with all those involved in their care.						
Ensure unpaid carers receive the support, training and education they need to effectively care for their loved ones.						
4. Mental Health and Learning Disabilities						
Work to be undertaken with clinical leads across the system to ensure appropriate adjustments are made to pathways to support people with Significant Mental Illness and Learning Disabilities.						
Continued meeting of the multiagency LD Service Improvement group (chaired by the County Durham CCG Director of Nursing), where the thematic tool will be discussed and future areas of work agreed						
5. Children						
6. Digital						
The End of Life and Palliative Care Steering Group will ensure that Individual organisations and local systems of care engage with initiatives to generate much more robust and useful data.						
7. Finance						
8. Integration						
Develop a better system-wide response to dying people, using a full range of coordinated services deployed in the community. Informed by the Health Equity Audit, improve equity of access to EoL and palliative care services across County Durham, taking into account rurality, deprivation and other socio-economic and health factors.						
9. Cultural Change						
Maintain an End of Life Steering Group/commit to Integrated Care Partnership level steering group whilst keeping links with Darlington and Tees Valley.						
To achieve our ambition more should be done locally and nationally to recruit, train, value and connect volunteers into a more integrated effort to help support people, their families and communities.						

Carers

Why change is needed

- To ensure unpaid carers are recognised across the system and receive appropriate support, services and signposting to ensure they can manage their own wellbeing and maintain their caring role

Objectives

- Carers are supported in their caring role
- Carers are able to maintain their own health & wellbeing
- Carers are able to maintain unpaid care, to support the health and social care system (invest to save basis)

Goals

- Unpaid carers across all sectors and specialisms are able to self-identify and recognise that they have a caring role and may require support, including young carers / BME groups. Carers receive a consistent quality of service, no matter the care needs of the person they care for and whether they are an adult or child (acknowledging that the focus of young carer services is to protect from inappropriate caring and give YC's similar opportunities to their peers, whereas adult carers is focused on maintaining caring role).

- Carers continue to be able to access appropriate practical and emotional support to maintain their caring role and own wellbeing and are recognised and valued by all parts of the system; with professionals having knowledge of carer services and where to signpost, as well as knowledge of adjustments required for carers and how to recognise their knowledge / experience

- Health & Social Care system is able to manage increase in volume of carers, including investment in services and potential new ways of working / new technology to mitigate demand on resources. Increased complexity of caring roles is recognised and supported, e.g. services for 'sandwich carers' who are dealing with often competing caring roles for individuals of different generations.

- Carers are able to maintain employment and are supported to do so, including engagement with employers across work sectors. Carers are no longer discontinuing their employment in order to care, affecting their own wellbeing, financial status and the local economy. Closer / stronger working with employers, Job Centre Plus, Adult Learning & Skills service etc.

COVID - 19

- Short Term – increased focus on carer breaks and identifying risks of carer breakdown; in recognition that the pandemic has increased pressures on many carers as services the person they care for stood down and they were in lockdown. Specific actions have been developed to address this and funding has been provided to the Carers Support Service. "Keeping in Touch with Carers" project has been set up to maintain contact and offer support to unpaid carers affected by the pandemic in the most high-risk groups.
- Medium Term – Employment support and aiming to get more carers into employment is a significant outcome focus for Durham. This contributes to several of our strategic aims in terms of wellbeing, financial security, cultural change etc. We are aware that this work will need to be adapted considering the affects of the pandemic, both in terms of the overall economy and the potentially increased demand on carers as a result of COVID-19. This will involve potentially longer timescales and changes to approaches. Carers services are also working with employers under DCC's umbrella membership of Employers for Carers to raise awareness of issues carers face and how best to work with carers to achieve outcomes satisfactory for all.
- Long Term – Recognition that services for carers may change in the longer term, both in terms of strategic aims, desired outcomes and methods of service delivery. For example, increased focus on digital services and service delivery in post-pandemic environment and acknowledgement of a shift in terms of funding pressures. Careful monitoring of OGIM and associated action plans as live documents and ability to change focus to address emerging or changing pressures.

Triple Aim Outcome Measures

Durham Carers		
Health Outcomes	Patient Experience Outcomes	Workforce Outcomes
1. Reduce instances of carer breakdown leading to emergency service provision being required	1. No of carers applying for / accessing carer breaks	1. No of carers accessing employment support initiatives
2. Carers outcomes reported in the national Survey of Adult Carers remain above NE and England averages	2. No of carers assisted to claim / retain benefits	2. Development of carers self-assessment tool / RAS, incorporating personal budgets for both health and social care where applicable
3. Robust mental health support is available for carers, particularly in light of pandemic pressures	3. Parent carer services to be consolidated and long-term funding identified	3. Successful re-launch of carers card / carers discount schemes including no of carers issued with this support

Project Gantt Chart	20/21	21/22	22/23	23/24	24/25	BRAG
1. Health Inequalities and Prevention						
County Durham continuing to improve outcomes and operate at higher standard than both north east and national targets in the Survey of Adult Carers in England (based on baseline from 18-19 survey						
2. Approach to Wellbeing						
Carer breaks and continued training / development of carers through DCC Supporting the Provider Market Care Academy project						
Development of plan for further employment support, with event for employers (including health / social care and SME's) in 20-21 and 21-22. This will be delivered virtually if required and adapted to take into account pandemic pressures in the employment market. Focus on carers maximising benefit opportunities where needed, e.g. those who have lost their jobs						
Parent carer resources to be developed and funded. Particular resource pressure as previous provider grant funding no longer available.						
Potential short-term funding availability to Q3/4 20-21 and long-term funding to be identified, with appropriate specifications, thereafter						
3. Personalised Care						
Revisit and explore the possibility of a carer's self-assessment tool and resource allocation system leading to carers receiving their own personal budget. NB: Would involve consideration of services delivered under current contracts. Explore use of carers personal health budgets						
Continue to deliver personalised carer breaks to prevent carer breakdown.						
4. Mental Health and Learning Disabilities						
Contracts for carers deliver a universal offer irrespective of the needs of the cared for. Opportunities are in place for carers, e.g. training to safeguard their own mental health and wellbeing.						
5. Children						
Continue to work with CYPS to identify hidden young carers and to ensure delivery of the right services to this carer group (including carer breaks). Particular focus on schools as services return post pandemic.						
Monitor the services provided to Parent Carers currently delivered from adults non-recurrent funding as a short-term solution. Carer services provider to continue to seek more longer-term funding for this group of carers with specific needs; commissioners to also consider funding options if required. Acknowledge that funding pressures may be more acute in post-pandemic system						
6. Digital						
Continue to improve information for carers and the accessibility of the information. Increased importance to delivery of information, services, and support virtually in pandemic and post pandemic environment						
Improve services for carers on a practical level – marketing approaches; improved recognition; signposting to services such as Wellbeing for Life; support for carers in hospitals; investigation and adoption of new ways of working and new technology solution						
7. Finance						
Carer breaks funding built into contract; STPM funding currently to end 20/21						
8. Integration						
Carers provider, Durham County Carers Support (DCCS) working into employers to offer assistance and support to carers and employers						
Re-launch Carers Discount scheme and carers card initiatives – including marketing and joint working with retail and services sector through DCCS						
9. Cultural Change						
To continue to reverse the national trend of decreasing satisfaction of carers – this is not being seen in Co Durham						

Learning Disability & Autism

Why change is needed

- People with lived experience tell us they are unable to access health services the same way as other people
- Some people with learning disability die prematurely of preventable and treatable causes
- People with a learning disability, autism, or both tell us they want to live safe lives in their own community, with friends and family and have the same rights and choices as everyone else.
- For more information, please see:
  Joint Commissioning Strategy for People with Learning Disabilities and Durham insight Learning Disability Factsheet
  Think Autism in County Durham Strategy

Objectives

- For all people with a Learning Disability, Autism, or both in County Durham to have a good life in their community with the right support from the right people at the right time.
- To learn from Learning Disability mortality reviews and prevent premature mortality

Goals

- Develop keyworkers for children and young people with the most complex needs and their carers/families
- Reduced numbers of people in specialist learning disability or autism inpatient settings
- The 7 keys of Citizenship are fully embedded increasing outcomes such as independence, wellbeing, choice, control and community resilience
- Increased focus on preventative support, early help and timely intervention, with the right information, advocacy, advice and support to help prevent/manage a crisis
- More people with a learning disability and/or autism living in their own homes receiving personalised care and support, which helps them make choices, maximise independence and reach their personal goals
- More people with a learning disability and/or, autism in paid employment as well as meaningful activity, education and training
- More children, young people and adults with a learning disability each year will have an annual health check and better access to health and social care
- To raise greater awareness of the appropriate use of psychotropic medication
- To reduce the number of people with a learning disability and /or autism who die prematurely unnecessarily.
- Equity of access to community-based specialist mental health, learning disability and autism services, which includes the best care, the right accommodation and good provision of assistive technology and equipment
- To complete a mortality review within 6 months of notification of death for all people with a learning disability over the age of 4 years who have died using LeDeR methodology
- To share the learning from Leder reviews with partners across health and social care

COVID - 19

Short Term

- Keeping people safe- people with learning disabilities are at higher risk from Covid 19 due to levels of respiratory related mortality); workforce being able to support people safely and practice infection control where people lack capacity, have increased anxiety/distress or have behaviours which challenge
- Keeping people connected and providing mental health support- increased vulnerability, loneliness & isolation during the pandemic emergency; post trauma among frontline staff (key workers)
- Address backlog of clinical activity/health checks due to restrictions (e.g. health checks, autism assessments)
- Focus targeted work on vulnerable and marginalised groups as part of COVID-19 recovery to reduce preventable inequalities.

Medium Term

- Respond to impact of Covid19 on mental health and wellbeing, continuity of care, bereavement, relationship management, financial resilience, changes to social conditions.
- Impact on the most vulnerable communities and need to ensure equitable access to support and advice

Long Term

- Long term impact of the socioeconomic consequences - Impact of unemployment, reduced finances, ‘austerity’, relationship breakdown
- Long term impact of the pandemic/lockdown/social distancing on mental health and behaviours, anxiety and fear, pressure on family carers and on the workforce
- Delays due to the pandemic in developing new services for people with learning disabilities and/or autism with complex needs; impact on the market, design of and financial impact on services to take into account infection control measures

Triple Aim Outcome Measures

Durham Learning Disability and Autism Strategy Delivery Groups		
Health Outcomes	Patient Experience Outcomes	Workforce Outcomes
1. We will Improve health and wellbeing by reducing health inequalities, improving healthy life expectancy and preventing illness and avoidable death	1. We will work collaboratively with people and their families to develop new ways to deliver services and support to achieve better outcomes and improve their lives	1. We will support **workforce development** and **culture change** to ensure that alternative options and new ways of working are actively promoted and considered as positive alternatives.
2. People experience good physical and mental health and a sense of wellbeing in spite of any underlying health issues related to their disability/condition and are helped to be as independent as possible.	2. People are helped to achieve what is important for them, ensuring their needs are met in their community and helping to reduce loneliness and isolation.	2. People who provide support will have the necessary knowledge and skills to meet needs and also understand any reasonable adjustments required (e.g. due to autism/sensory/communication and learning difficulties)
3.. People's physical and health needs are addressed in a timely manner	3. All factors that impact on people's lives are considered in plans to meet health and social care needs to improve broader wellbeing	3. People who provide support in whichever setting understand the importance of people getting their physical and mental health needs addressed

Initiatives

Project Gantt Chart	20/21	21/22	22/23	23/24	24/25	BRAG
1. Health Inequalities and Prevention						
Eye, hearing and dental services examinations in residential schools						
Promotion of screening and prevention programmes : Cancer, Flu, Annual Health Checks across primary care and the community						
Ensure Medication is used appropriately where there is a diagnosed through greater awareness of the appropriate use of psychotropic medication.						
Continue the work supported by the Autism in Schools Project to increase support and preventative strategies to maintain children and young people in education						
Further develop the Learning Disability training programme within Primary Care, covering mental capacity act, communication, alternative approaches to medication and equality in health care for the learning disability population						
2. Approach to Wellbeing						
Roll out, as part of new PCN arrangements the STOMP-STAMP programmes						
Continue to promote and deliver Building the Right Support by reducing further the number of people in inpatient setting whose needs can be met in the community in their own homes						
3. Personalised Care						
Implement and embed the 7 key principles of Citizenship; As part of the Transforming Care Delivery Network, Support the development of a coproduced focused programme of initiatives, which addresses: Housing, Employment, Personalised care and support and advocacy						
4. Mental Health and Learning Disabilities						
5. Children						
Robust Child Death process is in place within the Trust						
6**. Digital**						
Work with Network partners to explore further developments to improve digital flagging and optimal use of assistive technology						
7. Finance						
Work across our Integrated Health and Social Care system to further ensure value for money and cost effective commissioning frameworks in line with the Durham Joint Health and Social Care Learning Disability Commissioning Strategy and Autism Strategy						
8. Integration						
Deliver the Joint Health and Social Care Learning Disability and Autism Strategy across Durham - establishing new supported accommodation services for people with the most complex needs						
Jointly review the support commissioned for people living in specialist residential care including out of county placements.						
9. Cultural Change						
Implement and embed the 7 key principles of Citizenship; As part of the Transforming Care Delivery Network, Support the development of a coproduced focused programme of initiatives, which addresses: Housing, Employment, Personalised care and support and advocacy						

Mental Health

Why change is needed

- **Start well**
- Half of mental health problems are established by the age of 14, 75% by 24 years
- While the County has a good range of resources to support re know that not all systems are joint up meaning families don't know where to first seek support.

- **Live well**
- 1 in 4 adults are diagnosed with mental ill health at some stage in their life. Due to the Covid we predict this number will increase as a direct result of the pandemic, result of lockdown and further economic challenges in the future as a result. Other factors like rise in domestic abuse and its impact on mental health are expected to rise.
- Economic factors are a factor to emotional mental health; only 8% of people on Care Programme Approach (CPA) are in employment and predicted to rise as a result of economic downturn and increased deprivation.
- Use of alcohol and prevalence of substance misuse is higher in those presenting with a mental health diagnosis and learning disability.

- **Age well**
- There is an ageing population in North East and North Cumbria - in people over 65 years 7% have dementia, 28% have depression - the rate of depression is higher than the England average.
- Loneliness and isolation are felt to be key factors in emotional wellbeing need in the older population, further exacerbated by covid19/lockdown
- The life expectancy of mental health service users is 20-30% less, in terms of years lived, for mental health service users than the rest of the population. The gap in the North East and North Cumbria is higher than the national average.

- **Full life cycle**
- The North East has some of the highest rates of mental illness in England and demand is increasing, Need predicted to accelerate due to covid19/lockdown impact on emotional wellbeing.
- Health inequalities exist; mental health impact for those with autism, vulnerable groups such as LGBTQ+, BAME have some different needs to be supported.

What has changed from the last plan?

Easy read healthy lifestyle booklets have been created and will be distributed via learning disability partnership – reason not strategic enough.

Objectives

Our objectives are set out within the **Mental Health Strategic partnership** covering 5 key objective areas;

1. Children and young people's Mental Health and Emotional Resilience Transformation Plan
2. Suicide prevention alliance
3. Crisis care concordat
4. Dementia strategy implementation group
5. Resilient Communities

The Living Well Alliance as three key objectives;

1. Recovery and staying well
2. Own choice
3. Participation

The Heath Impact Assessment has key objective areas;

Using a system wide approach to address:

1. Socio-economic factors linking to County Durham Poverty Reduction Strategy and Poverty Reduction Plan
2. Improving mental health and emotional wellbeing via County Durham Mental Health Strategic Partnership
3. Build resilience in community assets and community networks
4. Promote inclusion for marginalised groups

Key **cross theme** objectives are;

- **Start well**
- Ensure all young people and their families have the best start in life. Mental health services designed to support at point of need with open door.
- **Live well**
- Connected communities rich in community assets to support
- **Age well**
- Maximise the support offer to reduce loneliness and social isolation

Goals

- **Start well,**
- Maternity and Paediatrics – allowing evidence- based treatment and interventions to be provided closer to home
- Child Health - Implementation and evaluation of multiagency, co-produced plans to transform children and young people's services in order to improve children and young peoples' mental and physical health and wellbeing. This includes supporting family around any child/young person.
- Services are commissioned to ensure those who work, live with, and support children and young people receive the support they need in order to continue to care while maintaining their own well-being.

- **Live well**
- Promoting prevention and early intervention and connectivity into VCSE to increase mental health and wellbeing within local communities and build resilience by delivering the right support and care in the right place at the right time. This will include wrapping service around Primary Care Networks as appropriate.
- Empowering the system-wide workforce to feel confident in addressing mental health and wellbeing through MECC training, mental health first aid and suicide prevention.
- Reduce the premature mortality of people living with severe mental illness and autism by enabling more people to have their physical health needs met through increased early detection and access to evidence based physical care, assessment and intervention.
- Improving the physical health of people in receipt of treatment or support for a mental health condition and/or autism–– Reduce the premature mortality of people living with severe mental illness by enabling more people to have their physical health needs met through increased early detection and access to evidence based physical care, assessment and intervention.
- Urgent Care and Crisis –enhance the full pathway so people with mental health needs can access the right care at the right time from the right person/team/service
- Community Framework – maximise the mental wellbeing and resilience of our population by delivering the right support/care in the right place at the right time. This will include wrapping service around Primary Care Networks as appropriate, delivery of enhanced community based, early intervention support and stabilised specialist provision
- Maternity and Paediatrics – allowing evidence based treatment and interventions to be provided closer to home
- Suicide Prevention and Bereavement Support – Implementation of the North East North Cumbria Integrated Care Sector regional Zero Ambition for suicide.
- Psychological Wellbeing Therapy– Develop a more integrated IAPT model with Primary Care Networks to increase IAPT workforce within primary care

- **Age well**
- Ensuring a skilled workforce to meet the needs of the communities they support in a place based setting.
- People's choice will be supported in order to meet their needs.
- People with dementia and their carers will have the support they need, when they need it.

- **Full lifecycle**
- The strategic partnership will ensure services are recovery / wellbeing focussed
- Ensure positive patient outcomes from all services provided and ensure high levels of patient satisfaction
- Optimising Mental Health Services and mental health outcomes across the full system. This will include development of Resilience Hubs providing a range of specific interventions (from community based to highly specialist) to support the key worker workforce and wider community (across the life course) address covid-specific mental health/emotion needs

COVID – 19

Prevention at scale is a key theme that runs through short, medium and long term. Ensuring support at a population level and ensuring that every contact counts is a key element to the Covid recovery plan for mental health.

- **Short Term**
- Understanding predicted demand.
- Accepting New Covid19 related demand - Mental health support for Covid19 survivors; mental health impact of lockdown on vulnerable groups ; post trauma amongst frontline staff (*all* key workers)
- Address backlog of clinical activity due to restrictions (eg autism assessments, dementia assessments);
- Focus targeted work on vulnerable and marginalised groups as part of COVID-19 recovery to reduce preventable inequalities.

- **Medium Term**
- Exacerbation and relapse of mental health conditions - relapse due to impact of Covid19 on mental health, continuity of care, bereavement, relationship management, financial resilience, changes to social conditions.
- Medium term economic impact due to social restrictions/ reduction in income/job losses.
- Impact on the most vulnerable communities and need to ensure equitable offer

- **Long Term**
- Long term impact of the socioeconomic consequences - Impact of unemployment, reduced finances, 'austerity' , relationship breakdown

Triple Aim Outcome Measures

Due to the challenge of Covid this section is all related to Covid 19

Mental Health Strategic Partnership Board		
Health Outcomes	Patient Experience Outcomes	Workforce Outcomes
Start well In the community I know where I can get support e.g. mental health and emotional wellbeing services for myself or my child via my school, local area, or where I can self-refer or access digital support like Kooth.	**Start well** People who support me help me to achieve what is important for me	**Start well** People who support me (workforce) help increase my access to low level early mental health support pathways within educational and community settings. They offer a graded response and trauma informed support. Consideration given for most vulnerable in my community such as LGBTQ+ and BAME
Live well In the community I have knowledge of the Resilience hubs and what they can offer me. I can easily access these and they help me with issues specific to COVID. I am able to easily access good mental health services for all other needs I might have	**Live well** People who support me ensure that my needs are locally met in my community. This might be from a range of providers.	**Live well** People who support me understand financial welfare support and the impact money worries can have on my health and wellbeing They have the necessary knowledge and skills to meet my needs and also understand any reasonable adjustments I may need (e.g. due to autism/sensory/communication and learning difficulties)
Age well People who support me have been part of the age well strategy and are able to understand my support needs and give me better outcomes.	**Age well** People who support me consider all factors that impact on my life and ensure my health and social care needs are met. Helping to reducing loneliness and isolation supports my broader wellbeing	**Age well** People who support me in whichever setting, including my care home/care sector support my physical and mental health needs.

Initiatives

Project Gantt Chart	20/21	21/22	22/23	23/24	24/25	BRAG
1. Health Inequalities and Prevention						
Start Well – Schools have a graded and robust offer to support children, young people and their families via a cross system response. This offer support teachers and school based staff						
Live Well - Aim to prevent all suicides, and to reduce the suicide rates by a minimum of 10% by 2021.						
Age Well – Through new Ageing Well Strategy, reduce social isolation across the County to improve wellbeing and prevent mental ill health with a particular focus on those who are clinically vulnerable						
COMPLETE Implementation of IPS - Increase in education, training, volunteering and employment opportunities for people with mental ill health						
COMPLETE Promote, increase and maintain screening rates prevention programmes: Cancer, Flu, Annual Health Checks for those with a learning disability and a severe mental illness.						
2. Approach to Wellbeing						
Start Well – Perinatal services meet 4% target in order to support the best start in life, and supporting parents at the first opportunity.						
Live Well - Development and delivery of implementation plan for new community based models of care, in line with national framework for community mental health services (5 year programme) and improved pathways of care. Improve capacity for early intervention and prevention services, and develop community assets across Durham in line with DCC Approaches to wellbeing						
Age Well – Through new Ageing Well Strategy, reduce social isolation across the County to improve wellbeing and prevent mental ill health for all adults.						
COMPLETE “Make Every Contact Count” – a brief interventions toolkit paper – has been developed to support patient-facing services in engaging with clients around depression, generalised anxiety disorder, social anxiety disorder, alcohol use disorder, smoking cessation and gambling awareness						
COMPLETE Increasing staffing resource within urgent care and crisis bids investing to support; frequent users of services (High intensity users), trauma informed care post within crisis teams, a happiness hub fund to support VCS organisations to establish new alternatives to crisis, establishing new 111 (option 2) services and an older peoples team						
3. Personalised Care						
Start Well – Ensure all services can support personalised care for children and young people, ensuring they can express what is important to them and their needs.						
Live Well – Everyone accessing specialist services feels involved in their care and has co-produced their care plan						
Age Well – Ensuring everyone has a say in a co-produced care plan that best meets their needs						
COMPLETE Social prescribing funded navigator posts will be available to Primary Care Networks						
4. Mental Health and Learning Disabilities						
Start Well – Ensuring resilience approaches are available to all young people to prevent MH needs.						
Live Well – Implement mental health support line for people in crisis, including those with substance use needs (dual diagnosis)						
Age Well - Mental Health Services for Older People (including dementia services) improvement plan						
COMPLETE Continued delivery of Core 24 standard Liaison Psychiatry Service and build on offer to include HIU and discharge support						
COMPLETE Improved access, recovery and waiting times to IAPT accredited interventions and therapists – Implementation of a new service model from 1st of April 2019, including a single point of assessment undertaken by suitably qualified staff and a wellbeing offer. Recruitment ongoing to increase capacity within the service to offer the full range of NICE approved, evidence based interventions; including trainee PWP and HIT.						

Oral Health

Why change is needed

- Despite being largely preventable, tooth decay remains a significant health problem amongst young children in England; a quarter of 5-year olds and 12% of 3-year olds have experienced tooth decay, and alongside the risks of pain and infection, this can have a wider impact on children's nutrition, school-readiness, development and well-being. Tooth decay is the leading cause of hospital admission for children aged 5-9 years, contributing to an NHS spend on hospital-based tooth extractions for children in excess of £35m per year.

Objectives

- Improve the oral health of County Durham through population wide and targeted approaches.
- Help improve dietary habits, dental hygiene and use of dental services.
- The proportion of 5 year old children free from dental decay continues to rise (measured by PHE)

Goals

- An increase in dental access and attendance for children aged 0-2 years;
- A reduction in hospital-based tooth extraction for children, with associated economic benefits;
- A reduction in restorative and emergency dental treatment for children attending NHS primary care dental services, with associated economic benefits;
- A reduction in Emergency Department attendances, a decrease in NHS 111 use and unscheduled dental care appointments, and a decrease in antibiotic and analgesia prescribing - for young children, with associated economic benefits; and
- A decrease in the number of missed school days associated with poor oral health, and a decrease in the number of days taken off work by parents or carers due to caring for children with poor oral health.

COVID - 19

Since developing the OGIMS the covid-19 pandemic has affected the whole of society. All OGIMS are now required to be considered through the lens of recovery over three phases: short term (restarting society – 2020), medium term (living with covid – 2021), longer term (recovering – 2022). Please provide a brief narrative of how you have adapted the detail below to take this into account.

- Short Term – dentists closed during lockdown. School based programmes, early years also paused.
- Medium Term – covid-19 diet studies are highlighting an increased calorie intake. Plausible impact on food consumption. Community based interventions will need to consider how they function within social distancing guidelines. However, covid-19 highlighted the health risk of obesity and obesity strategy may begin to tackle food manufacture.
- Long Term – lockdown suspended the public consultation on community water fluoridation, which may have a long term impact for the process.

Triple Aim Outcome Measures

Oral Health Strategy Group		
Health Outcomes	Patient Experience Outcomes	Workforce Outcomes
1. Improved dmft for children age 5.	1. Satisfaction with NHS dentistry	1. Integration into early years settings
2. Reduction in extractions	2. Tooth brushing schemes core business County Durham Health settings (part of Early Years Healthy Settings)	2. Component of better health at work
3. Reduction in 111 usage	3. Support for community water fluoridation	3. Drinking water and sugar free foods seen across public sector settings

Initiatives

Project Gantt Chart	20/21	21/22	22/23	23/24	24/25	BRAG
1. Health Inequalities and Prevention						
Increase in families accessing the dentist in 30% most deprived MSOAs						
Increase breast feeding initiation by 5%						
Increase breastfeeding at 6 – 8 weeks by 5%						
Training on oral health promotion given to front line practitioners						
Collaborate to deliver community water fluoridation and consider appropriate approaches to revenue costs.						
2. Approach to Wellbeing						
Plain drinking water in public sector and community venues is the main drink available						
Provide a choice of sugar free foods – including vending machines						
Increase number of schools following national school food plan; ensure plain drinking water available and sugar free snacks						
Explore feasibility of minimum set of standards for oral health within care home contracts, and those in receipt of adult social care e.g. oral health assessment on admission to care home, oral health care plan established and regularly reviewed – quality metrics						
3. Personalised Care						
Implementation of labelling dentures to reduce loss and cost of replacement						
4. Mental Health and Learning Disabilities						
Ensure that the new County Durham Oral Health Strategy considers the specific needs of people with Learning Disabilities and those with Mental Health needs.						
5. Children						
Targeted oral health promotion work for vulnerable groups; SEND and vulnerable parent pathway; training sessions delivered to special school support staff on oral hygiene and health promotion						
Encourage schools to include oral health as part of the curriculum – PSHE resources easily available						
School Nurses to promote dental access at parent sessions and to assist with dental practices regularly visiting schools to facilitate the uptake of dental care in targeted communities						
6. Digital						
Ensure that the new County Durham Oral Health Strategy considers opportunities to utilise digital approaches to support good oral health						
7. Finance						
Include training and support in residential care homes on importance of oral hygiene and dual training on dementia care as part of contract						
8. Integration						
Align dental practices to children centre cluster areas in targeted communities, and dental practices to each residential care home to ensure a general dentist is available for advice/guidance						
9. Cultural Change						
Breastfeeding friendly venues – UNICEF accreditation maintain status						
Consider lobbying for national policy change, but also local implementation on tackling the promotion of less healthy food and drink by place and policy and introducing calorie labelling in the out of home sector. Consider extending the current soft drinks levy, with a local levy to the foods popular with children (and adults) that are high in sugar such as sugary drinks, breakfast cereals, biscuits, ice cream, chocolate confectionery, cakes, puddings and sweet confectionery.						

Please note the Oral Health Strategy was due to be published in April 2020 which would have updated the content of this chart, however due to Covid has not occurred to date. Once available this will be updated to reflect the new strategy, including new timescales.

Primary Care Networks

Why change is needed

- It is estimated that around 90% of NHS contacts take place in primary care, with approximately 8,700 patient contacts per day (over 3 million per year) in general practices across County Durham.
- In County Durham, it is estimated that 23.6% of over 65s are living with a limiting long term illness or disability.
- In January 2019, NHS England published the NHS Long Term Plan setting out the overarching long term goals for the NHS and specific changes for Primary Care through dissolving the divide between primary care and community based health services. Building on the ambitions set out in the NHS Five Year Forward View and The General Practice Forward View, the plan emphasises a shift of focus away from hospitals and towards community and primary care and acknowledges the challenges currently being faced in General Practice such as
    - Increase in an aging population with multiple Long Term Conditions and Health Inequalities
    - Workforce demands including challenges with recruitment and retention of GPs, Practice Nurses and Practice Managers
    - Increase in the number of financially vulnerable practices
    - Demands in Secondary Care with expectations of more specialist care delivered closer to home

Objectives

- Increase the scale and integration of out of hospital services, based around communities and improve population health outcomes

Goals

1. To improve access to primary care services for people living in County Durham, both in hours or within extended services (during evening and weekends), through a range of methods, including digital solutions and the ability to share electronic care records for better continuity of care.
2. By ensuring good access to primary care seven days a week, we will offer better support for patients, while reducing urgent demand at our hospitals to enable them to care for acutely unwell patients.
3. Through Primary Care Networks, we will increase the scale of multi-agency integration to reduce health inequalities and improve our population health outcomes. We will also support better health through prevention and develop a culture that promotes self-care.
4. Ongoing development of new models of proactive, co-ordinated and personalised care that promote shared decision making to ensure high quality care is delivered closer to home. This approach will ensure hospital stays are seen as part of a continuing relationship with care services and not an isolated episode.
5. Patients will continue to have a named GP who is accountable for their care, but may be supported and treated by another member of the extended multi-disciplinary team who can best meet their needs.
6. Work in collaboration with wider health and care partners to provide a fully integrated health and social care system without visible boundaries.
7. To build capacity, skills and capability into the extended primary care team. The team will include a range of clinical and non-clinical roles, to meet the health and social care needs of the local population. We will continue our focus on both recruitment of additional roles and retention of our existing workforce to help improve workforce satisfaction.
8. Following national direction, we will aim to reduce unnecessary bureaucracy to release more time to care.
9. To help practices to become more resilient and sustainable we will continue to identify and support vulnerable practices. We will implement initiatives aimed at reducing workload pressures resulting from increased demand and/or workforce shortages. We recognise that PCNs provide an opportunity for practices to work together to improve their collective resilience and sustainability.

COVID - 19

The COVID-19 outbreak is arguably one of the greatest public health challenges of our time, not least for general practice.

Data on primary care activity suggests that activity has returned to pre COVID-19 levels although there has been a huge shift to telephone or video consultations.
PCNs were required to deliver on the newly developed COVID-19 Care Home Support requirements in May 2020 and are now refocusing once again on the Network Contract Direct Enhanced Service (DES) and have reinstated the Extended Hours Access DES.
Primary care is focused on re-start, understanding patient's views of new ways of accessing services and collaboration with secondary care on service delivery such as out-patient support.
Our programme of work, over the next six months, will focus digital technology to help patients to access primary care services in different ways and support new ways of working. We will also give priority to re-starting primary care services and supporting early cancer diagnosis.
To ensure that the positive transformative changes are not lost, we must take steps to lock-in these improvements moving forward. As part of our refreshed primary care strategy and recovery planning we need to take into consideration three dimensions:

- Embedding COVID driven transformation.
    - Guidance has been shared with practices originally developed by 'The Maltings Surgery', around the use of face to face and remote consultations, linked to the COVID-19 risk level. Practices will be able to review and adapt these policies based on their individual circumstances.
    - The CCG has undertaken a review of the LIS to identify indicators that are no longer viable or deliverable given the pandemic. These are to be replaced by indicators that support pathways between primary and secondary care as part of COVID-19 recovery planning.
- Managing the backlog of non-COVID patients, whose treatments have been delayed during the crisis.
    - One of the key Network DES priorities during recovery is Early Cancer Diagnosis.
    - We will continue to work with partners to support system recovery. This will include understanding demand already in the system and the re-establishment of GP referrals to acute hospitals and mental health services.
- Restart service development and redesign which was planned pre COVID-19
    - Practices have restarted many nurse clinics where safe to do so.
    - PCNs are to fully implement the requirements of the Enhanced Health in Care Homes (EHiCH) service model as part of the Network Contract DES.
- Building resilience for future COVID waves, embedding the lessons learned into ways of working, business continuity plans, and future pandemic response.
- Health inequalities
    - There is a risk that recovery of services could cause confusion and lead to increasing health inequalities for our population. Future work plans will aim to recover services in ways which address population differences which have been exacerbated by COVID-19.

Triple Aim Outcome Measures

Primary Care Networks Clinical Directors Group		
Health Outcomes	Patient Experience Outcomes	Workforce Outcomes
1. Proportion of people with a learning disability on the GP register receiving an annual health check	1. National GP survey (annual)	1. Number of GPs employed by NHS (CCG level data)
2. Increase uptake of screening programmes (breast, bowel and cervical)	2. GP contract / Primary Care Network Patient reported access measure – measure to be confirmed*	2. Number of FTEs, above baseline, in the Primary Care Network additional role reimbursement scheme
3. Delivery of structured medication reviews	3. Patients whose care has been discussed as part of shared decision making	3. Proportion of providers with an outstanding or good rating from the CQC for the "well led" domain

Project Gantt Chart	**20/21**	**21/22**	**22/23**	**23/24**	**24/25**	**BRAG**
1. Health Inequalities and Prevention						
Implementation of DES service specification – Early Cancer Diagnosis						
Implementation of DES service specification – Structured Medication Review and Medicines Optimisation						
Flu preparedness						
Population Health Management in conjunction with Public Health to inform PCN's understanding of population health needs						
Implementation of DES service specification – CVD diagnosis and prevention						
Implementation of DES service specification – Tackling health inequalities						
Implementation of Diabetes Prevention Model (interdependency with Diabetes OGIM)						
2. Approach to Wellbeing						
Extended Access – potential development of new model post COVID-19						
Extend Social Prescribing Link Workers model						
Helping staff working in primary care stay safe during the Pandemic						
3. Personalised Care						
Implementation of DES service specification – personalised care						
Implementation of DES service specification – anticipatory care						
4. Mental Health and Learning Disabilities						
Community Mental Health – practice based mental health workers (Interdependency with MH OGIM)						
Promote annual health checks with people living with learning disabilities – increase to 75% and health checks for patients with autism to be piloted (Interdependency with MH OGIM)						
PCN workforce additional role – new Mental Health practitioners						
5. Children						
Support PCNs with any specific improvement projects						
6. Digital						
Virtual Consultation – embedding of digital solutions in line with the regional strategy						
7. Finance						
Co-commissioning activity which may include management of arising contract issues, practice mergers and branch closures and overall sustainability particularly in relation to vulnerable practices						
Local Improvement Scheme (LIS) - refreshed annually to reflect local needs and national priorities						
IIF - Support primary care on implementation of work to support indicators						
8. Integration						
Primary Care Workforce plan including training and development of expanded multi-disciplinary team working						
Additional Roles Reimbursement Scheme						
Fuller joining up with urgent care services and NHS 111 Direct booking						
Ongoing PCN development as part of an integrated system approach						
Implementation of the DES service specification – Enhanced Health in Care Homes						
Review of VAWAS and CSP role in the context of PCN development and integration						
Primary Care input into system wide planning for recovery and preparing for future COVID waves						
9. Cultural Change						
Total Triage – embedding transformation post COVID						
Care Navigation – understanding how this will fit with total triage and post COVID transformation						
Continue to support the cultural shift from separate primary, community and social care services towards integrated Primary Care Networks through the organisational development programme						

Urgent and Emergency Care

Why change is needed

- Urgent and Emergency Care demand has increased year on year and for services to meet the needs for those who most need it changes to the current system must be made. To ensure that we continue to meet the needs of our most unwell patients, we must ensure that patients are treated in the most appropriate setting and in the most appropriate timeframes, reducing pressure on our most stretched services. Staffing remains a challenge, with large gaps in most sectors, due to difficulties in increasing staff numbers within limited financial budgets, we must reduce activity in order to need the most urgent needs of the population.

What has changed since March 2020?

- During the peak of the Covid-19 pandemic, the level of patients attending Urgent and Emergency Care reduced significantly, with approx. 30% less attendances that pre Covid-19. These levels have increased again, but still remain approx. 10% lower, if this could be maintained would mean that the Trust has sufficient capacity to manage both the emergency demand and the standing up of the elective demand.

Objectives

- To reduce demand on Urgent and Emergency Care Services, improving patient flow experience and performance.
- Reducing unwarranted variation across the Region standardising services and delivery

Goals

Highly responsive 24/7 seamless urgent and emergency care including:

- Pre-Hospital Care - a single multidisciplinary Clinical Assessment Service (CAS) within integrated NHS 111, ambulance dispatch and GP out of hours services, ensuring patients receive the most appropriate clinical advice and direction to the most appropriate services.
- Timely and accurate data flowing through the ECDS for all EDs, UTCs and CDES from 2020 and the National Ambulance Dataset to be implemented.
- Adults, children and young people experiencing mental health crisis will be able to access the support they need – single point of access through NHS 111, access to crisis care 24/7 and intensive follow-on to reduce future use.
- The Urgent Treatment Centre model universally implemented by autumn 2020.
- Ambulance services, at the heart of urgent and emergency care system, providing timely responses and patients treated at home or in more appropriate care settings outside of hospital. Ambulance staff will also be trained and equipped to respond effectively to mental health crisis, including mental health transport, mental health nurses available for ambulance EOC, and mental health training for front-line crews.
- Improved responsiveness of community health crisis response services to deliver the services within two hours of referral in line with NICE guidelines.
- All parts of the country delivering reablement care within two days of referral.
- Enhanced health in care homes – upgrade NHS support to all care home residents who would benefit by 2023/24.
- Evening and weekend GP appointments in place through Extended Access Services.
- All hospitals with a major A&E department will have a comprehensive model of Same Day Emergency Care at least 12 hours a day, every day, in both medical and surgical specialties; and provide an acute frailty service for at least 70 hours a week achieving clinical frailty assessment within 30 minutes of arrival.
- Implement the findings of the Clinical Standards Review to focus on patients with the most serious illness and injury.
- Extending digital services beyond care homes to vulnerable patients in their own homes

COVID - 19

Since developing the OGIMS the covid-19 pandemic has affected the whole of society. All OGIMS are now required to be considered through the lens of recovery over three phases: short term (restarting society – 2020), medium term (living with covid – 2021), longer term (recovering – 2022). Please provide a brief narrative of how you have adapted the detail below to take this into account.

- **Short Term** – to continue to manage the ongoing Covid-19 demand via segregated emergency streams, both in the Emergency Department and the Acute Medical Units, as well as managing other emergency demand.
- **Medium Term** – to manage the level of emergency demand (both Covid-19 and non Covid-19) to ensure that we have sufficient capacity to cope with the emergency demand, as well as the elective demand. If levels of emergency demand increase back to pre Covid-19 levels, we won't have enough capacity to fully stand up our elective services. Emergency demand needs to be contained at 85-90% of pre Covid-19 levels.
- **Long Term** – to actively work across the system to manage emergency demand for patients with chronic / long term conditions, and to ensure that patients are

Triple Aim Outcome Measures

Local Accident and Emergency Delivery Board (LADB)		
Health Outcomes	Patient Experience Outcomes	Workforce Outcomes
1. Improved management of Long Term Conditions	1. See and Treatment Standards (95% within 4hrs)	1. Senior Decision Makers at the Front Door
2. Multi-disciplinary management of complex patients	2. Short Lengths of Stay - linked to Same Day Emergency Care (SDEC)	2. Enhanced Clinical Model in the Emergency Departments
3. Improved management of frail patients	3. Improved pathways for frail patients – linked to acute and complex frailty units	3. Improved vacancy rate across all professions

Project Gantt Chart	20/21	21/22	22/23	23/24	24/25	BRAG
1. Health Inequalities and Prevention						
Continue to utilise local and national data to understand local variation in use of hospital based services and access to treatment						
Work with Primary Care Networks to understand variation in their population's use of health services						
2. Approach to Wellbeing						
NEAS pathfinder to be rolled out to County Durham utilising the single point of access. Requires ongoing training of staff within NEAS						
There is an expectation that once the findings of the Clinical Standards review are finalised, any required changes to reporting and monitoring will be implemented. Shadow monitoring to be agreed and introduced.						
Increase the proportion of people that are treated and discharged on the same day by meeting the new national guidelines for same day emergency care						
Increase the focus on wellness and prevention						
3. Personalised Care						
Appropriate approaches to self-management to be considered by the Personalised Care Steering Group that may positively impact on UEC services						
4. Mental Health and Learning Disabilities						
Continued delivery of Core 24 standard Liaison Psychiatry Service and build on offer to include High Intensity User and discharge support						
5. Children						
Ongoing implementation of the poorly child pathway						
6. Digital						
Development and implementation of a solution to enable compliance with the Emergency Care Data Set database. Approval agreed to progress with IT solution during Quarter 3 to be in place for 2020/21 which will help the urgent and emergency care system to understand capacity and demand which will in turn improve patient care						
Support continues use of the Child Health app						
7. Finance						
Continue to focus on increasing planned care and decreasing use of unplanned care wherever possible to ensure most efficient use of resources						
8. Integration						
Implementation of Consultant Advice Line to provide urgent advice to GPs						
Clinical Assessment Service support NHS111 to provide a clinically backed service which now includes GPs 24/7. This works alongside GP out of hours services across all County Durham and Darlington with direct booking access is in place.						
Supporting streaming from A&E to primary care where appropriate to ensure people are seen in the most appropriate service to meet their needs						
Services are in place with facilities/services in A&E and also in the community. NHS111 profiles ensure these patients are profiled to the correct services. This work is being progressed following the recent System Summit.						
All TAPs and the overnight services together ensure that in a crisis response service is accessible for adults experiencing a sudden change in their physical health condition to prevent avoidable hospital admission. The service is accessed through a single point of access (C3) and includes patients presenting in the ED department at UHND. This service is to be expanded to NEAS, starting in quarter 2 of 2020/21.						
9. Cultural Change						
Continued engagement with the public regarding accessing appropriate services suitable to meet needs, including use of 111						

Digital, Data and Technology

Why change is needed

- Data: The NHS is made up of hundreds of separate but linked organisations, and the burden of managing complex interactions and data flows between trusts, systems and individuals is vastly time consuming. Investing in data interoperability gives the opportunity to release time and resources to focus on clinical care and health promotion.
- Technology: is a significant part of our everyday lives improving the way we socialise, shop and work. It also has great potential to improve how the NHS delivers its services in a new and modern way; providing faster, safer and more convenient care.

Objectives

- To enable the delivery of high quality, easily accessible and efficient health and care services to local population through digital solutions.

Goals

- Flow of data between provider and commissioning organisations for the provision of better patient care and population health management and to support research.
- Providers must submit Emergency Care datasets on a daily basis (as currently mandated)
- Secondary care provides will be fully digitised including clinical and operational process across all settings, locations and departments
- Increase the digital maturity of all health and care organisations.
- Digital solutions are robust and adhere to core standards set across interoperability, accessibility, cyber security and key quality standards achieved in collaboration with our partners
- Patients are empowered to manage their health, access services and view their clinical information using digital solutions. These solutions are provided in addition to the current methods of accessing health and care services.
- Timely information to ensure seamless transfers of care for patients
- Improve access to contemporaneous medical records at the point of care by providing mobile devices and digital services to clinicians

COVID - 19

- Short Term
  - Adoption of the 100% triage first model in primary care with the use of remote consultation software and equipment including online and video solutions
  - Creation of hot and cold sites within individual GP Practices and cross PCN
  - Adoption of video consultation software for the use in MDT meetings in all settings
  - Accelerated roll out of Health Call
  - Expansion of Locate as resource platform in response to Covid 19 for people and for the community hubs

- Medium Term
  - Continuation of the triage first model in primary care with an increase of face to face appointments where clinically necessary.
  - Continuation of the use of hot and cold areas within GP Practices with the ability to step up cross PCN working if necessary
  - Continuation of the use of video software to support MDT meetings as appropriate
  - Strategy for assistive technology being developed

- Long Term
  - Continuation of the triage first model in primary care as part of a blended approach with face to face consultations
  - Video and online consultations remain in place as part of future ways of working
  - Continuation of the use of video software to support MDT meetings as appropriate

Triple Aim Outcome Measures

County Durham Digital Integration Group		
Health Outcomes	Patient Experience Outcomes	Workforce Outcomes
1. Information held by partners more efficiently shared, resulting in professionals being enabled to make more informed decision making	1.Improved information provision enabling more self-resilience and ownership of own health and care.	1. Staff efficiency improved due to utilisation of digital platforms and equipment

Project Gantt Chart	20/21	21/22	22/23	23/24	24/25	BRAG
1. Health Inequalities and Prevention						
Rollout of telehealth solutions including Healthcall / Digital Care Homes						
2. Approach to Wellbeing						
Delivery of the Veteran Health Armed Forces Directory						
Development of the role of social prescribers working within PCNs						
Review of community directory information provision to ensure that people have access to robust advice/information to enable them to live healthy and independent live in their local community						
3. Personalised Care						
Continued development of an digital shared care record through the implementation of a Health Information Exchange and Patient Engagement Platform						
4. Mental Health and Learning Disabilities						
Expansion of the ERS system to include mental health referrals						
Develop a community based mental health patient record system (SystmOne) for use across County Durham and Darlington which integrates with local systems						
5. Children						
Use digital functionality to improve the sharing of child protection information across health and care settings						
6. Digital						
Continuing to identify additional opportunities within the Global Digital Exemplar expansion programme either to obtain GDE status or identify a fast follower arrangement						
The NHS App, online consultations and GP Online, will provide a secure way for citizens to access digital NHS services such as 111 and GP record, book appointments and register for organ donation.						
Mobile devices with remote access software installed will be available to primary care clinicians						
Ensure that the implementation of all digital solutions meet current standards and requirements with regards to interoperability and DSPT						
Deployment of ophthalmology software to allow patient information flow between community ophthalmologists and secondary care clinicians						
7. Finance						
Digitisation of primary Lloyd George care records						
8. Integration						
Ensure that the implementation of all digital solutions meet current standards and requirements with regards to interoperability, accessibility and cyber security						
Further develop the digital solutions available to all care home staff and their residents including secure correspondence						
Improve the transfers of care process using functionality such as FHIR and ERS						
9. Cultural Change						
Develop a communications strategy to support the engagement of patients in the use of digital solutions						
Offer support to care providers in the use of digital solutions that interface with health and social care						

Personalised Care

Why change is needed

- Whilst the health and care system has been changing, the population itself has also changed. People are living for longer with more complex health and care needs. The focus on hospital-based, disease-based and self-contained "silo" curative care models undermines the ability of health systems to provide universal, equitable, high-quality and financially sustainable care. People are often unable to make appropriate decisions about their own health and health care, or exercise control over decisions about their health and that of their communities.

Objectives

- People have choice and control over the way their care is planned and delivered, based on 'what matters' to them and their individual strengths, needs and preferences.
- Personalised Care will benefit up to 2.5 million people by 2024, giving them the same choice and control over their mental and physical health that they have come to expect in every other aspect of their life
-

Goals

- Empowering people, integrating care and reducing unplanned service use through Integrated Personal Commissioning, including proactive case finding, and personalised care and support planning through multidisciplinary teams, personal health budgets and integrated personal budgets.
- Supporting people to build knowledge, skills and confidence and to live well with their health conditions through proactive case finding and personalised care and support planning through General Practice. Also ensuring support to self-manage by increasing patient activation through access to health coaching, peer support and self-management education.
- Supporting people to stay well and building community resilience, enabling people to make informed decisions and choices when their health changes through 1) Shared Decision Making, 2) Enabling choice, 3) Social prescribing and link worker roles, 4)Community-based support.

COVID - 19

- Short Term
  The role of the Social Prescribing Link Worker (SPLW) has been (and will continue to be) a key element of both the proactive calls to support those who are shielded and clinically and/or socially vulnerable, identified via the County Durham population health management approach, and reactive response provided by the County Durham Together Community Hub. The inclusion of the SPLWs in this programme has reduced duplication and has facilitated the provision of a wide range of support including welfare calls, mental health support, linking with community groups including food provision, support engagement with stop smoking services etc.

- Medium Term
  The response to the pandemic resulted in the suspension of all non-urgent services, including outpatient clinics. As these are being restored work is underway to incorporate Patient Activation Measures as a means to identify those cohorts of patients who, due to their knowledge, skills and confidence in managing their long term condition. The statement from National Voices regarding the next stages of the pandemic response adopted within the Phase 3 letter from Simon Stevens and Amanda Pritchard places the adoption of personalised care as one of the 5 principles to the restoration of services whilst living with Covid

- Long Term
  Embedding the principles of Personalised Care in all aspects of commissioning and delivery intentions across all clinical pathways and services delivery

Triple Aim Outcome Measures

County Durham Personalised Care Group		
Health Outcomes	Patient Experience Outcomes	Workforce Outcomes
1. Improvement in the Short Warwick Edinburgh Wellbeing Scale (SWEMWBS) scores of people using the SPLW service	1. Reduction in the number of avoidable outpatient appointments	1. Number of staff within the County Durham health and care system trained in Shared Decision Making and Personalised Care and Support Planning through the Institute of Personalised Care
		2. Number of staff within the County Durham health and care system trained in the use of the Patient Activation Measure

Initiatives

Project Gantt Chart	20/21	21/22	22/23	23/24	24/25	BRAG
1. Health Inequalities and Prevention						
Integration of Shared Decision Making approaches within the renewal of the NHS Health Check service, including use of evidenced based decision support tools						
2. Approach to Wellbeing						
Recruitment of Social Prescribing Link Workers in each Primary Care Network by April 2021						
14,500 referrals to Social Prescribing by 2023/24						
12,000 people, including those with long term conditions and people at the end of life and pregnant women supported by personalised care and support planning by 2023/24						
3. Personalised Care						
Full compliance with The NHS Choice Framework						
Shared Decision Making embedded in 30 high-value clinical situations in primary and secondary care, and at the interface between these, by 2023/24						
Patient Activation Measures (PAM) to be incorporated into outpatient setting for a minimum of 5 clinical specialities with staff trained in the administration of PAM, supported by a project lead working across the County Durham, South Tyneside and Sunderland ICP and into the both CDDFT and STSFT						
Proactive and personalised care planning undertaken for everyone identified as being in their last year of life						
By 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.						
People who are off work for more than four weeks will receive personalised care plans to manage their condition in work, with reasonable adjustments where needed.						
4. Mental Health and Learning Disabilities						
To ensure that all approaches to personalised care consider the needs of people with learning disabilities and mental health needs.						
5. Children						
To ensure that appropriate use of personalised care approaches are applied in services for children and young people						
6. Digital						
100% of elective referrals exercising choice through e-RS by 2023/24						
7. Finance						
1,600 Personal Health Budgets in place in County Durham by April 2021						
1,600 Personal Maternity Care Budgets by April 2022						
All wheelchair provision to include a Personal Wheelchair Budget offer						
All people receiving home-based Continuing Health Care by April 2020 will have a Personal Health Budget (approx.320)						
8. Integration						
1,200 staff within the County Durham health and care economy undertaken professional skills training in Shared Decision Making and Personalised Care and support planning by 23/24						
Train a minimum of 8 people with lived experience to become system leaders in conjunction with the Peer Leadership Academy by 2023/24						
9. Cultural Change						
All transformational schemes to consider opportunities for integration of Shared Decision Making approaches within the scope of the project, whilst also rolling out the ‘Ask 3 Questions’ or ‘BRAN’ across the health and care sector within County Durham						
All transformation schemes to consider opportunities for integration of Patient Activation Measures (PAM) approaches within the scope of the project, whilst all commissioning staff to undergo awareness training of PAMs						

Population Health and Prevention

Why change is needed

- Delivering service transformation of the scale set out in the NHS Long Term Plan requires a well-developed system and effective underpinning infrastructures. Over the next five and ten years the NHS will progressively increase its focus on prevention and closing the gap in inequalities in health and unwarranted variation in care is at the centre of all our plans

Objectives

- An integrated local system, with population health management capabilities which support the design of new integrated care models for different patient groups.
- Improved incidence and prevalence of key protective factors including smoke-free lungs and living environments, active living and healthy diets; effective and equitable uptake of screening and immunisations; appropriate use of medicines.

Goals

- Strong Primary Care Networks and integrated teams with clear plans to deliver the service changes set out in the Long Term Plan;
  - Reduced inequalities and unwarranted variation in health outcomes through stronger action by the NHS working with Durham County Council and key stakeholders
  - Developed system architecture, with clear arrangements for working effectively with all partners and involving communities as well as strong system financial management and planning (including a way forward for streamlining commissioning, and clear plans to meet the agreed system control total moving towards system financial balance)
  - A move from reactive care towards a model of NHS and Social Care services that embody active population health management, through the Durham Wellbeing Model

COVID - 19

- **Short Term**

  In March 2020 at the early stages of the Covid 19 global pandemic, Durham Council partnered with NECS to adopt a Population Health Management (PHM) approach to support the Covid19 response. The challenge was to use PHM to:

  • Identify patient cohorts by level of vulnerability and risk of severe Covid19 disease and complications, as well as the indirect impacts of the social distancing and lock down measures.

  • Utilise insight and intelligence to target the most vulnerable with a range of care, welfare and well-being support through the local community hub.

  The approach was supported by the North East & North Cumbria Integrated Care System (NENC ICS) Population Health Management steering group. The PHM approach combined medical and social vulnerability intelligence to identify patients and residents who had a greater risk of severe Covid19 disease and ensure they were provided with the right support. The support arrangements included the implementation of the Government advice on social distancing, isolation and shielding. This work is ongoing within the gradual restart of services

  The County Durham and Darlington Health, Welfare and Communities Recovery Group have initiated a rapid Health Impact Assessment (HIA) on health inequalities to provide a 'snapshot' insight into the impact of Covid lockdown during the recovery and restoration phase of the pandemic. An HIA is a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of the population and the distribution of those effects within the population. The Assessment's recommendations support all sectors in ensuring community voices and assets are considered in organisational recovery plans.

- **Medium Term**

  The PHM approach has enabled the Durham Health System to explore other opportunities where integrating data and developing deeper intelligence and insights into the population can support the development and delivery of integrated interventions. These include the following:

  a. Using the PHM approach and population stratification to inform reset of services as well as the development of the local Covid19 recovery plans across the system,
  b. Modelling of the mental health impact of covid19 by applying planning scenarios to the different vulnerable populations (including recognising multiple vulnerabilities) and using this to inform the identification and delivery of targeted early intervention
  c. Using PHM to understand the health and well-being issues for children and young people as part of the Growing Up In Durham programme
  d. Exploring the use of PHM to help inform the NHS and wider health system operational reset and winter plans for the coming year
  e. Using PHM to further understand the mortality profile for Covid19 and non-Covid19 deaths during the pandemic and using the information for future planning for subsequent waves of the pandemic.
  f. Using PHM approach to understand flu immunisation uptake and to inform plans for improving uptake for the coming winter as well as prepare for the covid19 vaccination programme

  In the medium term the County Durham Outcomes Framework will provide the Integrated Care Board with a suite of metrics framed within the Triple Aim that enables a greater understanding of system performance and the interdependence

- **Long Term**

  Work will continue to support the development of PMH approaches that support geographical populations via Primary Care Networks, age related cohorts aligned to the life cycle, and communities of interest (BAME, LGBTQ, etc.)

Initiatives

Project Gantt Chart	20/21	21/22	22/23	23/24	24/25	BRAG
1. Health Inequalities and Prevention						
PCNs provided with Health Analytics from NECS to identify unwanted variation at a locality level, drawing upon multiple data sources including NHS RightCare						
Triangulation and alignment of DCC Business Intelligence (including Durham Insight) and NHSE/I & RightCare data to address health inequality and wider determinates of health						
PCN strategic and operational plans to address health inequality						
2. Approach to Wellbeing						
Integration of the Durham Wellbeing Model in all system planning and operational delivery						
3. Personalised Care						
All initiatives identified as a result of addressing health inequalities to consider and implement appropriate Personalised Care strategies including population segmentation and shared decision making to address unhealthy behaviours and						
4. Mental Health and Learning Disabilities						
See MH & LD OGIM						
5. Children						
See Children and Young People OGIM						
6. Digital						
Development of a system-wide performance framework that includes operational performance (including waiting times, non-elective care, service outcomes, etc.) and wider determinates of health (including housing, employment, healthy life expectancy, activity, smoking, etc.) whilst incorporating the Triple Aim						
7. Finance						
Integrated Governance arrangements further developed to support integrated working across the system that supports strong system financial management and planning						
8. Integration						
Single PCN / TAP operational plans and governance frameworks						
Integrated Commissioning Team established between Durham CCG and Durham County Council						
9. Cultural Change						
Use of population health approaches to shift cultural thinking in health and social care provision from a reactive illness model of care to a proactive and targeted preventative model						

Shorter Waits

Why change is needed

- Receiving timely care is important to patients when they are referred to hospital for treatment
- In some cases care could be provided differently rather than a face to face appointment which would improve patient experience and efficiency of care delivery
- The waiting list position has been deteriorating and the number of people waiting for treatment has increased.
- There is a requirement to implement the recommendations of the Clinical Standards Review (2019) regarding patient access and choice.
- There is no agreed system in place to offer all patients waiting more than 6 months an alternative provider.

Objectives

- Reduce the number of people waiting for hospital treatment to March 18 levels and achieve Referral to Treatment (RTT) targets.
- No patients waiting more than 52 weeks for treatment
- To offer every patient waiting 6 months or longer the choice of receiving treatment from an alternative provider.
- To implement the outcome of the Clinical Standards Review.
- All referrals triaged on receipt
- Implement MSK First Contact Practitioner.

Goals

- All referrals triaged on receipt to identify the most appropriate pathway of treatment
- Achieving 92% Referral to Treatment Incomplete Pathway target.
- Achieving waiting list requirements of the Long Term Plan whereby waiting lists are below March 18 levels and no patient is waiting 52 weeks or more for treatment.
- All patients waiting more than 6 months are offered an alternative provider through an agreed system in place.
- All recommendations of the Clinical Standards Review are implemented.
- A range of alternative pathways are developed as an alternative to face to face appointments (where appropriate)

COVID - 19

- **Short Term**
  - Demand Management - Development and implementation of advice and guidance, digital consultation, shared decision making and prioritisation.
- **Medium Term**
  - Return to pre Covid levels of performance
- **Long Term**
  - Fundamental changes embedded and the achievement of the objectives set

Triple Aim Outcome Measures

System Assurance Group		
Health Outcomes	Patient Experience Outcomes	Workforce Outcomes
1. Waiting list mortality	1. Reduction in 18 & 52 week waits for CDDFT & CCG	1. Consultancy vacancy rates / no of fragile services
2. Waiting list morbidity	2. Advice & Guidance	2. Staff competent and confident utilising A & G
3. Effective system of patient prioritisation	3. Patient experience of remote consultation	3. Staff competent and confident in digital consultations

Initiatives

Project Gantt Chart	20/21	21/22	22/23	23/24	24/25	BRAG
1. Health Inequalities and Prevention						
Continue to utilise local and national data to understand local variation in use of hospital based services and access to treatment						
Work with Primary Care Networks to understand variation in their population's use of health services						
Undertake respiratory health equity audit						
2. Approach to Wellbeing						
Increase the focus on wellness and prevention						
Implementation of Clinical Review Standards – to be published Spring 2020						
3. Personalised Care						
Develop a process to offer choice of an alternative provider where patients have been waiting more than 26 weeks for treatment						
Consider implementation of a Patient Activation Measures (PAMs) approach across a number of specialties to support people to self-manage their condition where appropriate						
Improving elective capacity at Bishop Auckland and choice of hospital for surgery						
4. Mental Health and Learning Disabilities						
Ensure that appropriate adjustments to pathways continue to be in place for patients with a Learning Disability and that their effectiveness is monitored						
5. Children						
Implementation of a community based level 2 and 3 continence service as an alternative to hospital based treatment						
6. Digital						
Continue to implement a range of pathways as an alternative to face to face appointments building on the successful implementation of virtual fracture clinics and tele-dermatology						
7. Finance						
On-going delivery of the Outpatient Transformation programme						
Continuation of the MSK First Contact pilot to support evaluation and a decision on full roll out across the county						
Introducing triage of referrals on receipt to ensure that people are booked into the most appropriate service						
8. Integration						
Reduce Demand - Additional impact will be realised with ongoing focus on the joint OP Efficiency Programme to reduce secondary care demand e.g. Virtual fracture clinics and tele-dermatology						
9. Cultural Change						
Communicate the benefits of alternative models for delivery of outpatient care						
Develop partnerships between primary, community and acute care to support joined up service delivery and care close to home wherever possible						

Health and Wellbeing Board

11 September 2020

Inspection of SEND services

Report of John Pearce, Corporate Director of Children and Young People's Services, Durham County Council

Electoral divisions affected:

Countywide

Purpose of the Report

1 To inform the Health and Wellbeing board of progress across County Durham with SEND services highlighted in the Ofsted and Care Quality Commission (CQC) SEND re-visit in January 2020 and the publication of their letter in March 2020.

Executive summary

2 Special Educational Needs and Disability (SEND) services across the local area were initially inspected by Ofsted and CQC between 27 November 2017 and 1 December 2017. In addition to a range of strengths and areas for development the inspection team determined that four specific areas required a Written Statement of Action (WSoA) to be drawn up to improve local area provision. The WSoA was agreed by Ofsted and CQC on 28 June 2018.

3 Local partnership arrangements were put in place to address the areas for improvement following the inspection. In addition, from July 2018, the area was also supported in implementing the WSoA by the DfE Regional SEN and Disability Professional Adviser and the NHS England Deputy Director of Quality Assurance who provided monitoring and support visits. The last visit occurred on 5 November 2019 and progress was reported to the DfE nationally.

4 All local areas with a WSoA are subject to a revisit from Ofsted and the CQC, around 18 months after the WSoA is signed off. Durham was notified of the revisit in early January 2020 with inspectors then on site between 22 and 24 January 2020.

5 Following the revisit, the outcome letter was received in March 2020 and communicated across the local area. It highlighted that sufficient progress had been made in all four areas and no further monitoring of progress is now planned. Partners are now working on an action plan to further develop local SEND support for children and their families.

Recommendations

6 Members of the Health and Wellbeing Board are recommended to:

(a) note the progress made in partnership across County Durham since the original SEND Inspection and WSOA was put in place;

(b) note the update provided in relation to the SEND revisit, the published outcome letter and the work outlined on next steps being done with partners through the SEND Partnership.

Background

7 Between 27 November and 1 December 2017, Ofsted and the CQC conducted a joint inspection of the effectiveness of the local area in implementing the special educational needs and disability reforms as set out in the Children and Families Act 2014.

8 In addition to a range of strengths and areas for development the inspection team determined that four specific areas required a Written Statement of Action (WSoA) be drawn up to improve local area provision. The Local Area WSoA was agreed by Ofsted and CQC on 28 June 2018.

9 Local partnership arrangements were put in place to address the areas for improvement following the inspection. This included a SEND Inspection Preparation Group which was put in place to provide co-ordination and planning for the revisit process across the Local Authority, CCGs and partners.

10 From July 2018, local arrangements were also supported by the DfE Regional SEN and Disability Professional Adviser and the NHS England Deputy Director of Quality Assurance who provided monitoring and support visits. There were five monitoring and support visits with the last taking place on 5 November 2019.

11 The Integrated Steering Group for Children (now called the Children and Young People's Integrated Board) requested that a 'one year on' report should be completed to summarise progress after the SEND Inspection. This was presented to the council's corporate management team and was also presented to the Health and Wellbeing Board in late 2018.

12 A Local Area Position Statement, detailed WSOA update and evidence log were maintained to be submitted as evidence of progress for the revisit.

13 Alongside the work taking place on the WSoA, the Local Area has also considered the further development of the SEND strategy and High Needs Block sustainability plan.

14 The local area were notified of the re-visit in early January 2020 and the inspection team were on site between 22 and 24 January 2020. The re-visit inspection team was led by one of Her Majesty's Inspectors (HMI), accompanied by a CQC inspector. A Quality Assurance Lead from CQC was on site for 1 day and attended visits with the CQC inspector and a colleague from Ofsted shadowed the lead inspector during the re-visit.

15 Whilst on site inspectors undertook a variety of activities including:

- Several meetings with leaders from the local authority and CCG as well as staff including Special Educational Need Co-ordinators (SENCO's), SEND Support Advisors, therapies and autism teams.
- Case sampling of Education, Health and Care Plan (EHCP) processes and cases from 18 months prior to the re-visit.
- Meeting with the parent/carer forum, Making Changes Together (MCT).
- Gathering contributions of parents and families though an online survey.
- Three open meetings were held across the county with parents and carers to gather their views.
- Inspectors spoke to two groups of children and young people.

16 The inspectors noted a genuine commitment to ensuring there were various communication and engagement mechanisms with families, and it was very pleasing to see that over 400 parents, carers and young people contributed feedback during the inspection.

17 The outcome letter was published on Ofsted's website in March 2020 outlining that the local area had made sufficient progress against all 4 areas of the WSoA. The outcome letter is attached as Appendix 2.

18 The outcome letter highlights a number of areas where positive changes have been achieved including:

- The partnership between education, health and social care leaders is stronger than it was and there had been a determined focus on improving arrangements for identifying, assessing and meeting the needs of children and young people with SEND.
- Council and health services are praised for their commitment to involving children, young people and their families in shaping

services, with this work “contributing strongly” to improvement in SEND arrangements.

- The letter cites the Making Changes Together parent and carer forum, the Rollercoaster Support Group and eXtreme group of young people as examples of those that have been “instrumental in several significant developments since the initial inspection”.
- The area’s Participation Strategy is praised for setting out “clear and helpful quality standards” for joint working for children and young people and their families.
- Children and young people with SEND and their families have increasingly strong and influential voices in the development of the area’s strategic plans and there has been a marked reduction in waiting times for specialist autism assessment and speech and language therapy assessment, with times now in line with national guidance.
- Previous concerns about the effective use of performance data to tackle weaknesses have been addressed by the development of new systems and strengthening of existing ones. Again, with children and young people featuring more prominently in this work.
- The Local Area’s self-evaluation provides a clearer and more comprehensive assessment of how well SEND arrangements are working in County Durham.
- Commissioning decisions, service planning and performance monitoring are also better informed by the area’s analysis of education, health and social care needs.
- Overall, both the council and North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups (now the NHS County Durham Clinical Commissioning Group) are praised for their “greater collective ambition” for service users.

19 Partners across education, health and care have worked together closely to address issues raised in the previous inspection including a full review of the Local Offer website. The site provides a wealth of information for the families of children and young people with SEND and offers a first point of contact for many people and this has seen significant improvements over the past two years.

20 Going forward, we see it as crucial that the needs and views of young people and their families continue to be embedded at the heart of SEND provision in County Durham.

21 While the inspectors’ report highlights the range of improvements that have been made since their last visit, it also identifies areas where work is still needed:

- The Local Authority and CCGs have not yet fully achieved their objective of improving understanding and awareness of SEND at every level.
- Children, young people and their families continue to have very different experiences at schools and with individual health and social care services, with the quality of health advice remaining too variable and the quality of education, health and care (EHC) assessments suffering from a lack of participation of some health professionals.
- There is more work to do to develop quality and consistency across all health services in the area. Similarly, the importance of high-quality professional advice and the full involvement of health practitioners in EHC assessment and planning are not prioritised adequately in either commissioning or operational management decisions.
- There are gaps in commissioned support following autism assessment but recognition that leaders from all organisations are aware that provision needs to be strengthened.

22 The inspectors' findings mean that the formal quarterly support and challenge visits we had been receiving from the Department for Education and NHS England will no longer take place.

23 Changes to the inspection framework are anticipated now that the current regime is nearing completion but further details on its replacement are not known at this time and no further full inspection activity is currently taking place due to the coronavirus outbreak.

24 The SEND leadership group and SEND strategic partnership have considered the outcome letter alongside the feedback received at the time of the re-visit and a new action plan to address the areas for further improvement identified has been developed. This takes account of the coronavirus outbreak and disruption to children and young people's learning and access to services in recent months. The action plan is attached as Appendix 3.

25 In July 2020, a positive letter from the Parliamentary Under-Secretary of State for Children and Families was received regarding the action taken by Durham following our original inspection, the impact the WSoA has had, the stronger partnership links between education, health and social care leaders and an effective approach to joint commissioning. The Local Area were also asked to thank Making Changes Together who have worked with us throughout our improvement journey and revisit.

Proposed Next Steps

26 Work will continue in the following areas to ensure as a partnership we deliver further service transformation to support young people with SEND. It is recognised that the coronavirus outbreak and the subsequent recovery period is likely to mean some of this work is disrupted and the highest priority will be given to supporting vulnerable children and their families during this time.

27 Key work strands which are being developed and implemented include:

(a) Monitoring of the SEND action plan which will be undertaken by the SEND partnership.

(b) Continuing to work on actions based on the findings of the Integrated Needs Assessment work.

(c) Reviewing Partnership governance arrangements over the year to ensure they align with SEND priorities and are able to sufficiently monitor progress, demonstrate accountability, support quality improvements and evidence impact for children, young people and families.

(d) Later this year, planning to revise the SEND strategy for the county taking into account the timing of the local area's self-evaluation, as well as any review of the current SEND inspection framework and impacts from the coronavirus outbreak.

(e) Working with leaders across all learning settings to transform high needs provision, ensuring that the local offer is further improved and that the high needs block funding becomes more sustainable.

28 Ofsted and the CQC will visit a number of local areas to support strengthening SEND systems in the wake of the COVID-19 pandemic, before returning to full inspections at a later date. Although at this time it is not clear that the local area will be subject to a visit, the SEND Strategic Partnership will consider the themes of the visits and any good practice which emerges from them.

Author

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Appendix 1: Implications

Legal Implications - There is a published statutory framework for local area SEND inspections and re-visits undertaken by Ofsted and CQC which is periodically updated. The report refers to the latest guidance published in mid-November 2018. In view of the coronavirus outbreak the Government temporarily changed some of the requirements of SEND legislation and this is being kept under regular review.

Finance - None directly from this report, other related work is addressing SEND resources and pressures.

Consultation - The report identifies consultation arrangements and further opportunities for engagement and co-production through the participation strategy.

Equality and Diversity / Public Sector Equality Duty - The inspection framework includes consideration of how the council and local partners are meeting legal duties under the Equality Act and the public sector equality duty.

Climate Change - An intended outcome of SEND Transformation is to increase support for young people to attend local schools, rather than travel to schools that are further away, both within and outside of the county.

Human Rights - None.

Crime and Disorder - None.

Staffing - Partnership resources are being aligned to support future service development and improvement work.

Accommodation - None.

Risk - Key risks included insufficient progress and poor inspection preparation, these were being managed through the partnership arrangements for SEND and included regular political oversight. Issues and risks from the coronavirus outbreak are also being monitored alongside Government guidance.

Procurement – None.

Appendix 2: Local Area SEND Re-visit outcome letter

Attached as a separate document.

Appendix 3: SEND Local Area Action Plan

Attached as a separate document.

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27 February 2020

Mr John Pearce
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Nicola Bailey, Chief Officer, North Durham Clinical Commissioning Group and Durham Dales, Easington and Sedgefield Clinical Commissioning Group
Martyn Stenton, Local Area Nominated Officer, Durham County Council

Dear Mr Pearce and Ms Bailey

Joint area SEND revisit in Durham

Between 22 and 24 January 2020, Ofsted and the Care Quality Commission (CQC) revisited the area of Durham to decide whether sufficient progress has been made in addressing each of the significant weaknesses detailed in the written statement of action (WSOA) issued on 15 January 2018.

As a result of the findings of the initial inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) determined that a written statement of action was required because of significant areas of weakness in the area's practice. HMCI determined that the local authority and the area's clinical commissioning groups (CCGs) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 28 June 2018.

The area has made sufficient progress in addressing the four significant weaknesses identified at the initial SEND inspection. This letter outlines our findings from the revisit.

The inspection was led by one of Her Majesty's Inspectors from Ofsted and a Children's Services Inspector from CQC.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, representatives from schools, and local authority and National Health Service (NHS) officers. More than 400 parents and carers contributed to the revisit. Inspectors looked at a range of information about the performance of the area in addressing the four significant weaknesses identified at the initial inspection, including the area's improvement plans and self-evaluation.

Main findings

- The initial inspection found that:

  There were fundamental weaknesses in the area's strategic leadership and governance which resulted in the disability and special educational needs reforms being implemented too slowly.

  The partnership between education, health and social care leaders in the area is stronger than it was at the time of the initial SEND inspection. Since this inspection, there has been a determined focus to improve the arrangements for identifying, assessing and meeting the needs of children and young people with SEND. There is greater collective ambition for these children and young people. Importantly, however, much still needs to be done to secure tangible change in the lives of children and young people with SEND and their families in County Durham.

  Substantial changes to leadership and governance are contributing well to improvement in the area's SEND arrangements. There is a more committed approach to co-production with children and young people with SEND and their families. Nevertheless, at this stage, children and young people with SEND and their families continue to have widely different experiences of schools, as well as individual health and social care services. While some parents and carers can see improvement in the help and support their children receive, others say that little has changed since the initial SEND inspection.

  Initial work focusing on improving the knowledge of education, health and social care professionals, and strengthening their understanding of SEND, has been effective. However, the area has not fully achieved its objective of improving understanding and awareness at every level in a way that positively affects the experience of children and young people with SEND and their families. The importance of this was highlighted by one young person who told us, 'I just want people to know about autism and understand how it affects me.'

  The area has made sufficient progress to improve this area of weakness.

- The initial inspection found that:

  Leaders had an inaccurate view of the area's effectiveness. The analysis and use of performance information to tackle weaknesses in education, health and social care outcomes were poor. There was a lack of rigorous quality assurance and monitoring to inform decision making.

  New systems for collecting, analysing and evaluating important performance information have been developed. Existing systems have been strengthened. Learning from the experience of children and young people with SEND and their families features more prominently in this work. As a result, the area's self-evaluation provides a clearer and more comprehensive assessment of how well SEND arrangements are working in County Durham.

  The pathway for education, health and care (EHC) assessment has been successfully redesigned. The quality of reports from education, health and social

care professionals for these assessments has improved in the last 12 to 18 months. In part, this is because systems for checking these reports and the quality of draft and finalised EHC plans are working more effectively. The quality of health advice, however, remains too variable. Too often, this advice provides insufficient insight into how clinical conditions affect a child or young person's daily life. In addition, the quality of EHC assessment is still, at times, undermined by the lack of participation of some health professionals in important multi-disciplinary meetings. Despite this variability, recently finalised EHC plans are co-produced more genuinely and they integrate education, health and social care advice well.

The strategic manager for SEND and the designated clinical officer (DCO) have contributed strongly to improving EHC assessment and planning. Currently, however, the DCO's work focuses too much on improving practice within individual provider health trusts and not enough on developing quality and consistency across all health services in the area. Similarly, the importance of high-quality professional advice and the full involvement of health practitioners in EHC assessment and planning are not prioritised adequately in either commissioning or operational management decisions.

The area has made sufficient progress to improve this area of weakness.

- The initial inspection found that:

  Poor strategic planning and joint commissioning were leading to unacceptably long waiting lists for access to services, delays in treatment for some conditions, and a variable experience for children and young people with SEND.

  Area leaders have developed and implemented a more effective, needs-based approach to joint commissioning services for children, young people and families since the initial SEND inspection. Commissioning decisions, service planning and performance monitoring are better informed by the area's analysis of children and young people's education, health and social care needs.

  Children and young people with SEND and their families have increasingly strong and influential voices in the development of the area's strategic plans, as well as in decision making about service commissioning and redesign. Examples of improved co-production include the development of the 'Think Autism in County Durham' strategy, the redesign of short-break services and the commissioning of the area's integrated paediatric continence service.

  There has been a marked reduction in the unacceptably long waiting times for specialist autism assessment and speech and language therapy assessment and intervention since the initial SEND inspection. Waiting times are currently in line with national guidance. Short-term support, following specialist autism assessment, from the child and adolescent mental health service (CAMHS) and the autism and social communication team is benefiting children, young people and families. Area leaders know, however, that there are gaps in the support commissioned for children, young people and families following specialist autism

assessment and acknowledge that this provision must be strengthened in future commissioning arrangements.

The area has made sufficient progress to improve this area of weakness.

- The initial inspection found that:

  The area did not have an embedded approach to strategic co-production with designated representatives of children, young people and families to inform strategic planning and secure improvements.

  The partnership's approach to developing and embedding strategic co-production with children, young people and families has been prioritised well and is contributing strongly to improvement in County Durham's SEND arrangements. 'Making Changes Together', the local parent and carer forum, along with other groups such as the 'Rollercoaster Support Group', have been instrumental in several significant developments since the initial inspection. They work hard to represent families, and their contribution to the area's leadership and governance is both constructive and challenging.

  The 'eXtreme group' has made a similarly influential contribution to improvement since the initial SEND inspection. Members of this group are fantastic ambassadors for children and young people with SEND in County Durham.

  These positive developments are an important part of the area's participation strategy. This strategy sets out clear and helpful quality standards for co-production with children and young people with SEND and their families. The standards are a valuable resource for education, health and social care leaders and professionals, but they are not, at this stage, being well used to evaluate the effectiveness of co-production at strategic or operational levels.

  The area has made sufficient progress to improve this area of weakness.

The area has made sufficient progress in addressing the four significant weaknesses identified at the initial SEND inspection. As the area has made sufficient progress in addressing all the significant weaknesses, the formal quarterly support and challenge visits from the DfE and NHS England will cease.

Yours sincerely

Nick Whittaker
Her Majesty's Inspector

Ofsted	Care Quality Commission
Emma Ing HMI Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Nick Whittaker HMI, Lead Inspector	Jan Clark CQC Inspector

cc: Department for Education
Clinical commissioning group(s)
Director Public Health for the area
Department of Health
NHS England

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SEND Updated Action Plan - July 2020

Durham County Council

Investing in Children

MAKING CHANGES TOGETHER

County Durham Care Partnership

NHS County Durham Clinical Commissioning Group

Introduction and Context

This latest SEND partnership action plan builds on a number of key developments including:

- **Overarching Children and young peoples strategy**
- **refreshed SEND strategy; all age autism strategy**
- **improved JSNA factsheet and detailed work on integrated needs assessment**
- **regular oversight of performance information**
- **updated content for SEND Local Offer**
- **outstanding actions from our previous Written Statement of Action and findings from the SEND re-visit**
- **learning from good practice, quality assurance work, feedback from families and stakeholders**

Since March 2020, the impact of Covid-19 on all services for children and young people has required a dynamic and considered response by all stakeholders. The impact on children and young people in receipt of SEND Services has seen some services change, whilst others are delivered differently. This has been accompanied by enhanced monitoring and joint working to ensure that risks are managed and essential services continue to be delivered.

Over the next 6 months, there will clearly be a period where organisations are working to restore services as part of the national and local response to COVID-19. This will impact on the volume of improvement work that can be taken forward.

This SEND Action Plan therefore reflects a practical balance between delivering what parents and young people need during this period, working to restore services, taking forward priority improvement work and also refreshing how we assess the impact of our work through a review of the performance management framework and development of a new SEND Strategy

What's changed since the SEND inspection in 2017?

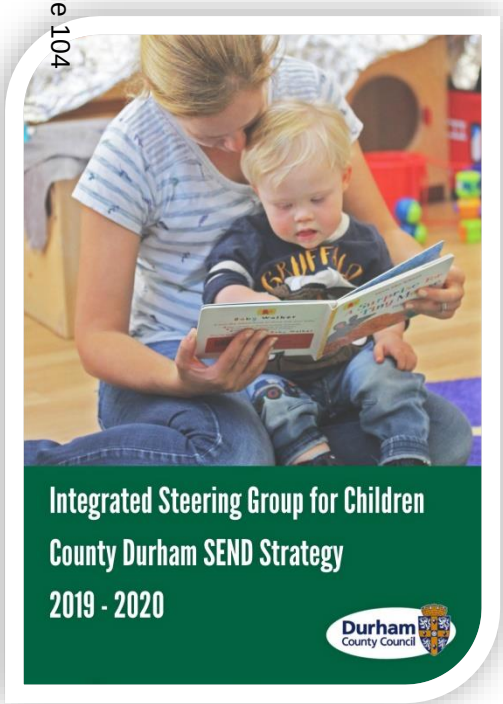
Some of our key developments cover:

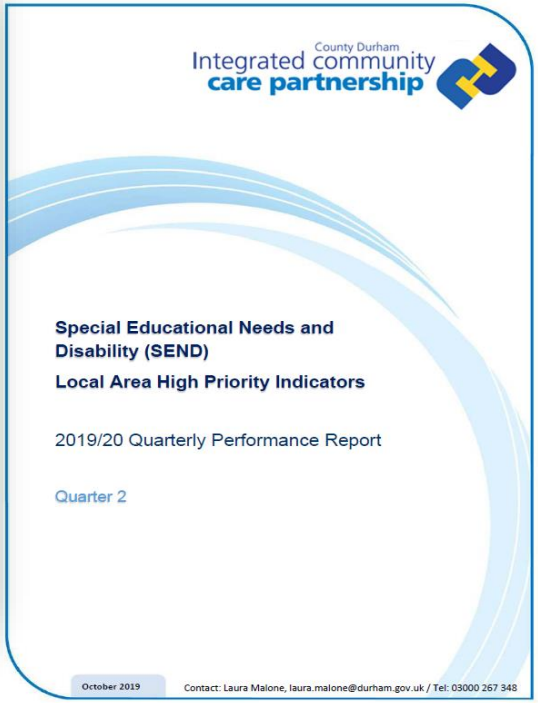
- Leaders significantly strengthened focus on SEND
- Refreshed strategies and wider Durham 2035 vision
- Review of governance and new posts in local authority and health
- Focus on performance management and quality assurance
- Undertook a detailed health needs assessment
- New joint commissioning strategy and integrated commissioning function
- Revisions to Local Offer co-produced and new pages
- Renewed emphasis on co-production

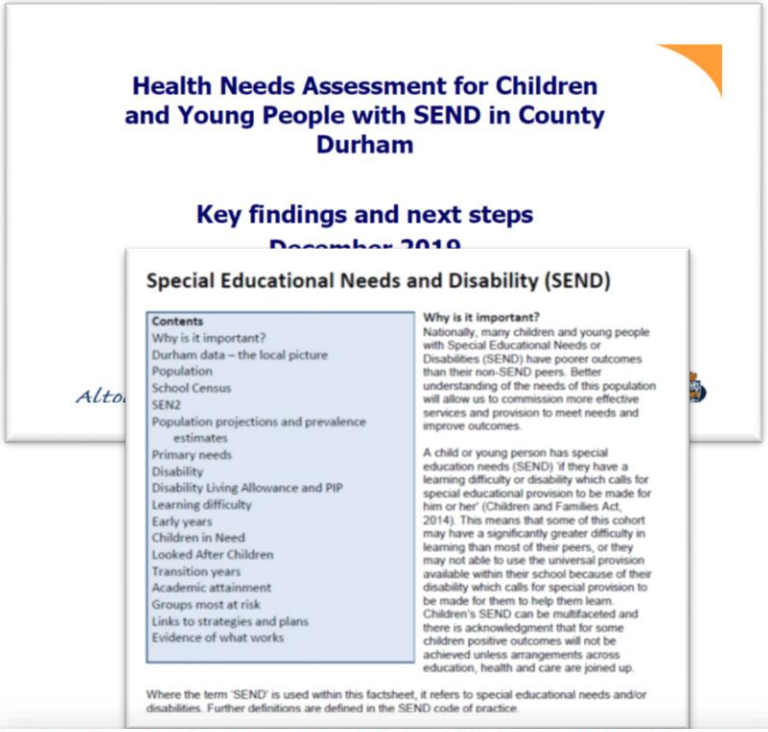
Examples of changes for children and young people

- More children and young people educated in local settings
- More participation and engagement of young people e.g. reductions in exclusions
- Improved access and reduced waiting times for health provision
- Increased involvement of children and young people in service developments e.g. short breaks, mental health support

Examples of what's in place now







Our Current Key Areas of Focus – July 2020 +

1. Communication, Participation and Engagement
2. Enhancing Quality/Performance of Services
3. Systems Transformation
4. Leadership
5. Workforce Development



Theme 1 – Communication, Participation and Engagement

Aim: Develop and embed strategic co-production with children, young people and families

No	Action	Start Date	End Date	Lead	Outcome
1	Developing targeted communications to ensure public awareness is raised, with particular reference to Covid-19 and returning to education.	Jul 20	Dec 20	Education Providers/ Local Authority	Children, young people and families are well informed through education settings
2	In relation to Covid-19 ensure a clear focus on risk assessments, confidence building and return to learning/supported distance learning to achieve high attendance rates amongst young people with SEND.	Jul 20	Dec 20	Education Providers/ Local Authority	Parents and carers are provided with clear guidance on returning young people to school safe, happy and settled.
3	Undertake an audit of current communications mechanisms and levels of engagement with providers.	Commenced	Oct 20	Integrated Commissioning Unit	Parents and carers are given helpful, reliable and consistent information about services
4	Continue to develop the content and accessibility of the Local Offer both in relation to Covid-19 and ongoing use by young people and families. This will include opportunities for greater use of social media and video as a means of communicating.	Sep 20	Dec 20	SEND Strategic Partnership – Subgroup	Parents and carers are given helpful, reliable and consistent information about services
5	Understand existing Service User feedback mechanisms and develop additional arrangements where there are gaps.	Commenced	Oct 20 Scoping Report	SEND Strategic Partnership – Subgroup	Service user values and experience inform service reviews and developments
6	Promote and evaluate the use of the co-production standards from the Participation Strategy to determine their effectiveness at strategic or operational levels. To include engagement with harder-to-reach groups.	Sep 20	Oct 20 - Promotion Mar 21 - Evaluation	SEND Strategic Partnership – Participation Subgroup	Service user values and experience inform service reviews and developments
7	Agree the revised SEND Promise ensuring that stakeholders are aware of the Promise.	Jul 20	Sept 20	SEND Strategic Partnership	Children and young people receive clear statements of standards to be delivered.
8	Continue to explore the use of online platforms and virtual events to engage stakeholders and ensure their participation in service development and improvement	Aug 20	Dec 20 – Programme developed	SEND Strategic Partnership - Subgroup	Parents and Young People have Increased opportunities to influence services
9	Further develop Opportunities for Parent Groups to participate in SENCO/Governor/Education related arrangements	Aug 20	Dec 20 – programme developed	SEND Strategic Partnership – Participation Subgroup	Increased opportunities for Parents and Young People to influence services

Theme 2 – Enhancing Quality/Performance of Services

Aim: Leaders have an accurate view of effectiveness and develop quality and consistency across all services in the area

No	Action	Start Date	End Date	Lead	Outcome
1	To develop arrangements to ensure the timely and accurate reporting to leaders across the system on the quality of EHCPs to provide challenge and secure improvements.	Sept 20	Dec 2020	Leadership Group/EHCP QA Subgroup	Children and young people with SEND receive consistently high quality services informed by appropriate professional advice.
2	Expand the Designated Clinical Officer's (DCO) work to develop quality and consistency across all health services including: • Further develop the DCO role to provide oversight and quality assurance of all health partners advice and information submitted as part of the Education, Health and Care Plan (EHCP) process. • Undertake a SEND audit of health providers to establish a baseline position of barriers to gaining appropriate health and social care advice, knowledge of statutory responsibilities and existence of standard operating procedures. • Ensure that health advice provides sufficient insight into how clinical conditions affect a child or young person's daily life. • Develop arrangements to ensure consistent participation of health professionals in multi-disciplinary meetings.	July 20	Ongoing	Designated Clinical officer (all actions)	Children and young people with SEND receive consistently high quality services informed by appropriate professional advice.
3	Further develop multi-agency SEND performance, data and intelligence to provide oversight of all aspects of SEND work and enable challenge and scrutiny (with focus on feedback from young people and families)	July 2020	December 20 – Scoping work	SEND Leadership Group	Children and young people with SEND receive high quality services appropriate to their needs.
4	Develop innovative and electronic ways of enabling EHCP Review processes to be completed by professionals online.	Commenced	Oct 20 – Business Case	DCC Children/young Peoples Services	More efficient approaches to creating EHCPs for children and young people with SEND.

Theme 3 – System Transformation

Aim: Children and young people with SEND have high quality support which meets their needs

No	Action	Start Date	End Date	Lead	Outcome
1	Further develop needs-led neurodevelopmental services to ensure that the needs of children, young people and families are met before, during and after specialist autism assessment.	Aug 20	April 21	Children's Strategic Commissioning Group/Principal Ed. Psychologist	Children, young people and their families have better information and access to co-ordinated support
2	Continue to develop arrangements to share data across agencies to ensure that children and young people are effectively identified, and the level of their SEND needs understood: •Develop a digital solution to monitor financial information relating to children and young people in independent provision •Enhance data reports from health partners in relation to community-based services to better understand the needs of the SEND cohort •Develop Child in Need data to ensure we have full understanding of those with a disability	 Commenced Jul 20 Sep 20	 Pilot Oct 20 Dec 20 Dec 20	 CYPS Strategic Manager, Support Integrated Commissioning Unit Strategic Manager, Social Care	Improved understanding of the needs of children and young people with SEND
3	Develop a plan and timeframe to move commissioned services towards trauma informed practice where appropriate.	Aug 20	Oct 20 – Plan agreed	Integrated Commissioning Unit	Clear understanding of trauma informed practice within commissioned services
4	Mobilise the new universal health visiting and school nursing service to support the needs of children and young people (0-25 years) with SEND	Commenced	Dec 20	Public Health	Children and young people with SEND in schools experience an integrated nursing support service.
5	Re-procure short break offer to ensure sufficient high-quality options are available to meet the needs of families of children with SEND following delays linked to COVID-19 (including more specific leisure opportunities)	Commenced	Oct 20 – Review completed Mar 21 - Service in place	Integrated Commissioning Unit	Increased options available to meet the respite needs of families who care for children and young people with SEND

Theme 4 – Leadership

Aim: Provide better coordinated and understood services for children and young people with SEND

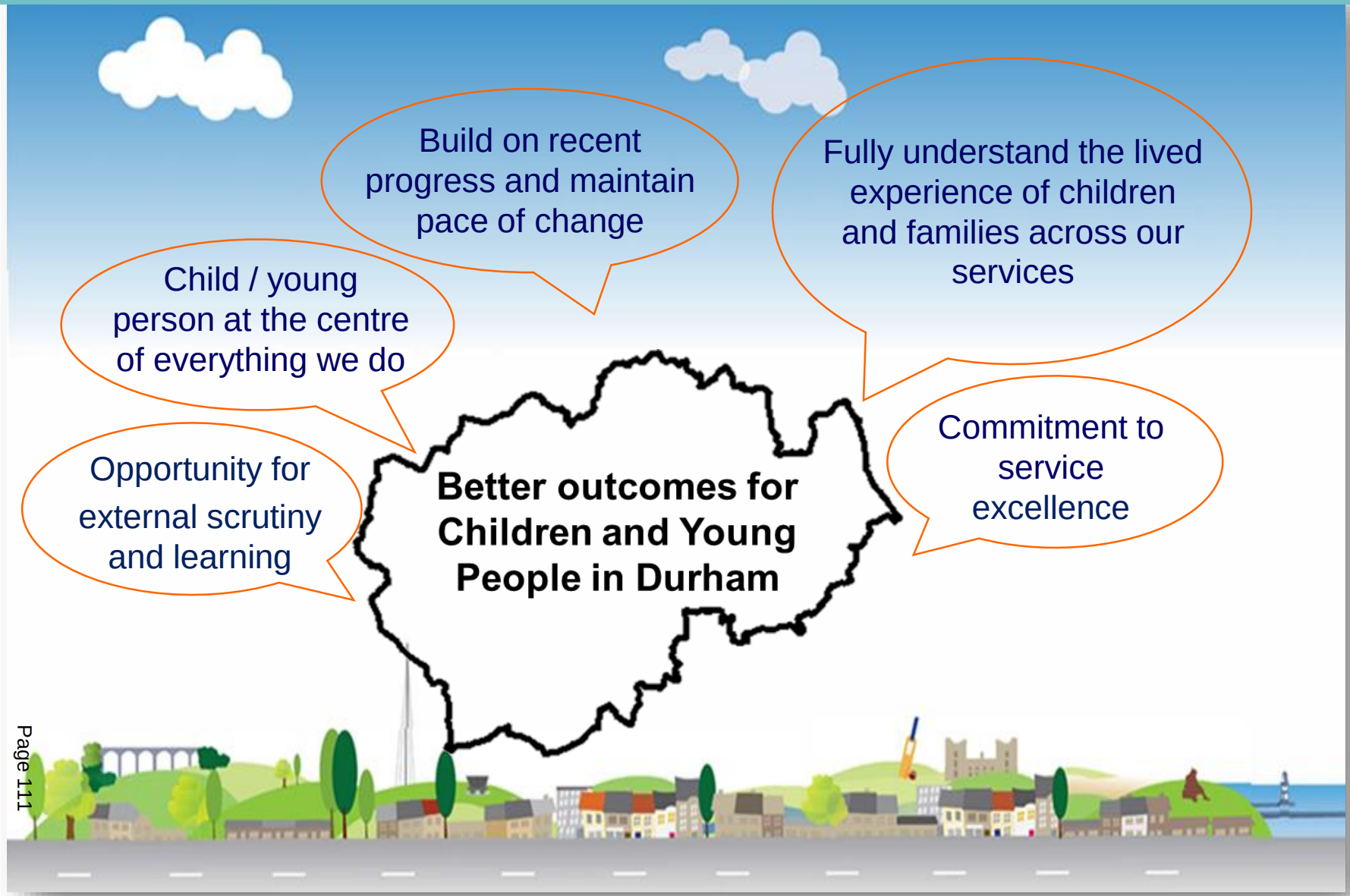
No	Action	Start Date	End Date	Lead	Outcome
1	Develop Governance arrangements between the new Integrated Commissioning Unit and the SEND Strategic Partnership to ensure that improving outcomes for children, young people and families with SEND is prioritised within commissioning activity.	Started	Sep 20	SEND Strategic Partnership/ Integrated Commissioning Unit	Outcomes for children, young people and families with SEND are clearly visible in Commissioning activity
2	Oversee arrangements to support children and young people with SEND in transitioning back to Education.	Commenced	Sep - Dec 20	SEND Leadership Group/Education Providers	Children and Young Peoples returning to Education have a positive experience.
3	Put in place support arrangements to enable Stakeholders in the local area to develop the role of Autism Champions	Commenced	Dec 20 – specification agreed by partners	Autism Steering Group	Autism Services meet the needs of Children and Young People and are informed by their lived experiences.
4	Develop a plan to move Services and Education Providers towards trauma informed practice where appropriate.	Aug 20	Oct 20 – Plan agreed	SEND Strategic Partnership	Children and young people with SEND have needs identified and met by services who understand trauma informed practice
5	Ensure that Preparing for Transitioning to Adulthood (PfA) outcomes are considered and embedded into the EHCP plan at the earliest opportunity for every young person.	Aug 20	Dec 20 – clear examples available	EHCP Quality Assurance Group	Children and young people with SEND have their needs identified and progress to routes appropriate to needs.
6	Ensure that the Think Autism Strategy developments are implemented across all agencies	Commenced	Dec 20	Autism Steering Group	Children and Young People with Autism have their needs met by Services
7	To scope the experiences of young adults and their family as they transition out of formal learning and into adult life. • Develop focus group discussions / surveys with young learners in colleges • Mapping of the existing offer for young people at various thresholds of needs in the 19-25 years age phase	Sep 20	Dec 20 - Scoping complete	SEND Leadership Group	The needs of older young people with SEND are identified and met

Theme 5 – Workforce Development

Aim: Improve the knowledge of education, health and social care professionals, and strengthen their understanding of SEND

No	Action	Start Date	End Date	Lead	Outcome
1	Implement a plan to ensure that professionals are utilising appropriate evidence-based tools as a way to identify Speech and Language Communication needs (SLCN) at the earliest opportunity, linking to an all age SLCN pathway.	Sep 20	Dec 20 – Plan agreed	Integrated Commissioning Unit and DCC Children and Young Peoples Services/Education Providers	Improved workforce understanding of the needs of children and young people with SEND.
2	Understand the gaps in the graduated training offer for education providers and professionals/providers in the Local Authority and NHS. Services to undertake mapping of their offer and take up of training to inform future developments	Sep 20	Dec 20 – Programme developed	SEND Strategic Partnership and each organisation.	Improved workforce understanding of the needs of children and young people with SEND, leading to improved inclusive provision and outcomes.
3	For Adverse Childhood Experiences (ACEs) develop a consistent offer of support in all Educational settings to access a development programme that recognises the impact of ACEs and supports the implementation of trauma informed practice	Oct 20	Apr 21 – Offer of support developed	DCC Children and young Peoples Services (Education and SEND)	Improved workforce understanding of the impact of Adverse Childhood Experiences and the positive impact of a relationship led approach.
4	To ensure appropriate oversight arrangements of the support for school staff and/or specialist services in delivering appropriate interventions to support good mental health and emotional wellbeing of children and young people with SEND.	Commenced	Implementation in line with LTP Timetable	DCC Children and young Peoples Services/Public Health/LTP/ Education Providers	Children and Young People are accessing and engaging in education

Our Ambition



Health and Wellbeing Board

11 September 2020

Healthwatch County Durham annual report 2019/20 and workplan 2020/21

Report of Christopher Cunnington-Shore, Chair, Healthwatch County Durham

Electoral divisions affected:

Countywide

Purpose of the Report

1 The purpose of the report is to provide the Health and Wellbeing Board with the Healthwatch County Durham (HWCD) annual report 2019/20 and priorities for 2020/2-21. The annual report is attached as Appendix 2 of this report.

Executive summary

2 The annual report covers the highlights from 2019/20, how we set our priorities, how we've made a difference, how we have helped people to find the answers they need, how our volunteers help us and our priorities for next year.

3 2663 people gave feedback on the services they use and 233 contacted us for information and signposting. We carried out seven Enter and View visits to GP practices and hospital wards and we attended 112 engagement events throughout the year. 21 volunteers gave 1696 hours of their time, which is an average of 32.6 hours per week.

4 The annual report was available on our website from 30 June 2020 and shared with Healthwatch England, the Care Quality Commission, NHS England, Clinical Commissioning Groups, Adult, Wellbeing and Health Overview and Scrutiny Committee and Durham County Council

Recommendations

5 Members of the Health and Wellbeing Board are recommended to:

(a) Receive the HWCD annual report

(b) Note closing date for comments on the HWCD priorities survey is Friday 18 September 2020

Background

6 HWCD is the consumer champion for health and social care and delivers an evidence based workplan agreed by an independent board.

7 The workplan comprises our core functions of information and signposting, Enter and View visits and volunteering, public priorities and workplan requests that have been agreed by the HWCD board.

8 Healthwatch County Durham (HWCD) is hosted by the Pioneering Care Partnership, Citizen's Advice County Durham and Durham Community Action.

Key events over the last year

9 Healthwatch County Durham published 19 reports about the improvements people would like to see with their health and social care, and from this, we made 75 recommendations for improvement.

10 The published reports included:

- Flu vaccination
- Smoke-free hospital sites
- Young people and pharmacy services
- Plans for Ward 6 at Bishop Auckland Hospital
- Supported living schemes for adults

As well as Enter and View reports for Care homes across the county. A full list of reports can be found on Healthwatch County Durham's web site (http://www.healthwatchcountydurham.co.uk/reports)

11 In December 2019 the procurement process for the new contract began and Pioneering Care Partnership were successful in retaining the contract on an initial 2 year +1yr+1yr+1yr tenure.

12 The beginning of 2020 brought about the spread of COVID 19 pandemic and it has impacted on service provision and our ability to engage with the community we serve. Staff have continued to work with our volunteers, take signposting calls and support service users where we can. We have reviewed our working practices and are looking at new approaches to engagement and working with the sector moving forward.

Choosing our priorities

13 The Board review all the thematic priorities at the end of each year and use what the people of County Durham tell them, to drive continuous improvement in the health and social care services.

14 They combined consultation, signposting enquiries and engagement work with assessment of national issues to make sure views and priorities are always balanced.

Delivering the workplan

15 Healthwatch County Durham consulted with over 300 people in preparing the Flu Vaccination report.

16 Healthwatch County Durham consulted with over 200 people in preparing the Smokefree Hospital report.

17 Healthwatch County Durham consulted with over 430 young people in preparing the Young People and Pharmacy report.

18 Healthwatch County Durham consulted with over 30 service users in preparing the Supported Living Report.

Our priorities for next year

19 In February 2020, the Healthwatch County Durham management board identified a short list of priorities to consult with the community to confirm the importance and verify that they reflected the views of the people in County Durham.

20 As the survey was prepared to launch in March 2020 events surrounding COVID 19 meant that we postponed the survey until the situation became clearer.

21 At the latest board meeting in July 2020, the Board have reflected and reviewed the shortlisted priorities and we will be launching a consultation with the community through partners, volunteers, community groups and social media. Members of the Health and Wellbeing Board were included in this consultation, providing an opportunity to comment on HWCD priorities. The closing date for feedback is Friday 18 September 2020.

22 The results of this consultation will shape our work-plan for the next 18 months.

23 Following the impact of COVID 19, Healthwatch County Durham is preparing for a new way of working looking at social media as a conduit for feedback as well as developing an ambassador role for our

volunteers. We will be looking at ways to engage with those who are unable to link up through modern IT.

24 We will need to review in line with guidance from Healthwatch England how we structure our Enter and View service as video links etc. have limitations and direct consultations using our volunteers is not permitted at present.

25 Our Freephone service continues to support local people and has supported many people throughout the pandemic, signposting and supporting people to access the services they need.

26 Healthwatch County Durham will look to improve the manner in which engage with stakeholders and community to enhance the service we provide.

Conclusion

27 This has been another busy year for HWCD which finished with an unprecedented impact on health and social care services in County Durham. We have worked throughout the year to represent the views of the community and to engage positively with our partners.

28 As ever we rely on partners in the HWB to consider the feedback we share with them from the public, patients, services users and carers and use their influence to make any improvements.

Authors

Christopher Cunnington-Shore (Chair) Tel: 07798 667805

Dave Logan (Project Lead) Tel: 07935 793785

Appendix 1: Implications

Legal Implications - All local Healthwatch are required to publish an annual report by 30 June each year and submit to Healthwatch England and local commissioners

Finance - HWCD is commissioned by DCC and the finances managed by Pioneering Care Partnership, the contract holder

Consultation - Engagement and consultation is the core work of HWCD

Equality and Diversity / Public Sector Equality Duty - HWCD adheres to PCP's equality and diversity policy and training

Human Rights - N/A

Climate Change - N/A

Crime and Disorder - N/A

Staffing - HWCD has 4.5 FTE staff

Accommodation - N/A

Risk - N/A

Procurement - The current contract runs till March 2022 + 3yrs

Appendix 2: HWCD Annual Report

Attached as a separate document.

Guided by you

Annual Report 2019-2020

healthwatch
County Durham

Contents

Welcome to our annual report. Due to the ongoing crisis with COVID-19 this report is slightly shorter than usual, but gives you an insight into the great things that have been happening at Healthwatch County Durham over the last 12 months. During the current pandemic Healthwatch is still working hard to make sure your voice is heard and that we keep you informed about health and social care in the County.

Thank you

Message from our chair

'I am grateful to all of you and the service providers who have allowed us to speak to patients and carers, or allowed us to speak up on your behalf'

This past year has seen County Durham become a much more focused deliverer of integrated health and social care, and our partner organisations continue to work toward improving the outcomes for all patients, carers and service users. Not without challenge given the scale of the integration agenda. Healthwatch County Durham through its dedicated staff, its team of volunteers and independent Board continue to work tirelessly to ensure that your voice is heard.

Developing relationships is a key element of the work we do, whether that is in research, signposting or Enter and View, we must remain mindful of our independent status. I am grateful to all of you and the service providers who have contacted us and allowed us to speak to patients and carers, or allowed us to speak up on your behalf, and who have responded positively to us as a consequence of our work.

I acknowledge that we all live in changing and challenging times, and I know that Healthwatch County Durham will continue to strive in the best interests of you all over the coming year. I want to thank all of our excellent volunteers and dedicated staff for their hard work, professionalism and enthusiasm and without who we couldn't function. A special thanks to the Board for their ongoing support, expertise and professional approach.

Chris Cunnington Shore

Healthwatch County Durham Chair

About us

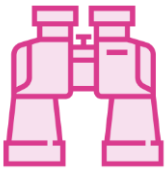
Here to make care better

The network's collaborative effort around the NHS Long Term Plan shows the power of the Healthwatch network in giving people that find it hardest to be heard a chance to speak up.
The #WhatWouldYouDo campaign saw national movement, engaging with people all over the country to see how the Long Term Plan should be implemented locally. Thanks to the thousands of views shared with Healthwatch we were also able to highlight the issue of patient transport not being included in the NHS Long Term Plan review – sparking a national review of patient transport from NHS England.

We simply could not do this without the dedicated work and efforts from our staff and volunteers and, of course, we couldn't have done it without you. Whether it's working with
your local Healthwatch to raise awareness of local issues, or sharing your views and experiences, I'd like to thank you all. It's important that services continue to listen, so please do keep talking to your local Healthwatch. Let's strive to make the NHS and social care services the best that they can be.

'I've now been Chair of Healthwatch England for over a year and I'm extremely proud to see it go from strength to strength, highlighting the importance of listening to people's views to decision makers at a national and local level.'

Sir Robert Francis, Healthwatch England Chair



Our vision is simple

Health and care that works for you.
People want health and social care support that works – helping them to stay well, get the best out of services and manage any conditions they face.

Our purpose

To find out what matters to you and to help make sure your views shape the support you need.

Our approach

People's views come first – especially those who find it hardest to be heard. We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference to you.

How we find out what matters to you

People are at the heart of everything we do. Our staff and volunteers identify what matters most to people by:

- Visiting services to see how they work
- Running surveys and focus groups
- Going out in the community and working with other organisations

Get involved with Healthwatch County Durham

Help us to make decisions and to make a difference!

- **Join our mailing list:** Join over 1,100 people in County Durham who find out what we are doing and tell us what they think. Subscribe here: http://www.healthwatchcountydurham.co.uk/e-bulletin
- **Contact us if you are interested in volunteering:**
  - Freephone contact number: 0800 3047039
  - Email us: healthwatchcountydurham@pcp.uk.net
- **To find out more take a look at our website:** http://www.healthwatchcountydurham.co.uk/content/contact

Health and care that works for you

21 volunteers

During the last 12 months volunteers have given 1696 hours of their time, average in 32.6 hours every week!

We employed the equivalent of

5 full time staff

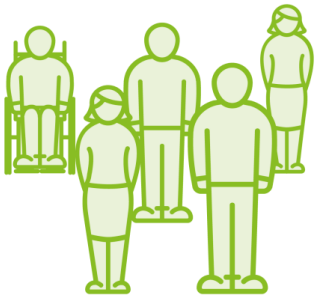
Made up of 7 staff members

We received

£197,500 in funding

from our local authority in 2019-20

Providing support



233 people

accessed Healthwatch advice and information online or contacted us with questions about local support,

74 people

People were signposted to other health and social care organisations

Reaching out

1,139 people

56 engaged with us through our website and social media, 1083 people engaged with us at community events.

Making a difference to care

We published

19 reports

about the improvements people would like to see with their health and social care, and from this, we made 75 recommendations for improvement.

Our Volunteers

We could not do what we do without the support of our amazing volunteers, here's some of the things they have been up to:

Learning from volunteers

Our volunteers have been involved in a vast amount of engagement work throughout 2019-2020 including:

- The Care Navigation survey
- NHS Long Term Plan Focus Group
- Support for website updates to Care Homes
- Representation at Durham Community Action
- Representation at Pioneering Care Partnership Volunteers celebration
- Healthwatch County Durham Annual Event
- Distribution of our leaflets/ information
- Flu Survey engagement
- Patient Alliance Group
- Place Assessment work
- Representation at Joining the Dots initiative (DCC/Macmillan)
- University Hospital North Durham 'smoke free' engagement
- The refurbishment of the chemotherapy unit at University Hospital North Durham

Jean Snow, one of our amazing engagement volunteers, who worked tirelessly with us up until she sadly passed away, in 2019

Healthwatch Training for our Volunteers

We have provided training for our volunteers in the County to enable them to carryout their volunteer engagement. Volunteers have been trained in First Aid, Motivational Interviewing, Dementia awareness, Effective Communication and Enter and View. Training has enabled our volunteers to forge relationships and establish local community connections. The volunteers meet as a group every 6 months and have regular weekly contact with the volunteer supporter. Healthwatch County Durham and Healthwatch Sunderland were selected to receive funding from HW England to run regional Enter and View training- this has been temporarily delayed due to Covid-19.

Healthwatch County Durham Board

Healthwatch County Durham's Board attend numerous events and meetings including:

- Health and Well Being Board
- Overview and Scrutiny Committee
- Safeguarding Adults Board
- Mental Health Strategic Partnership Board

The Board meets regularly and the board welcome members of the public to attend. The Board reviews all of the thematic priorities at the end of each year and uses what the people of County Durham tell them, to drive continuous improvement in the health and social care services. They combine consultation, signposting enquiries and engagement work with assessment of national issues to make sure views and priorities are always balanced.

Enter and View

We are fortunate to have 9 fully trained authorised representatives, 6 of which have been active during the year. They have been involved in seven Enter and View visits in Care Homes and GP surgeries.

Speaking up about your experiences of health and social care services is the first step to change.

Having safe, high-quality health and social care services is important to all of us. To check the quality of our local services we have been:

- **Looking** at how local heath and care services are doing against national targets and standards
- **Carrying out** Enter and View visits in Care Homes and GP surgeries, using our findings to improve patient **experiences.**
- **Attending** and providing information to the Council's committees, which look at health and social care services
- **Working** in partnership with CCG's, NHS and the Council to help improve services and highlight what is important to patients, carers and families.
- **Telling** the Care Quality Commission (CQC) about your experiences of services so they can consider this before their inspections

Did You Know?

People who have used our signposting service said:

It's good to know that you can get things done for me. I've been trying and getting nowhere. A phone call from you and everything is sorted. I can't thank you enough.

Thank you for your help I really appreciate it as you are the first person who has actually tried. That means a lot. ☺

Views about Enter & View and volunteering:

HWCD Enter and View - *"So important that users are given the chance at a ground level to express what is important to them with regard to health services"*

Volunteer – *"I really am feeling valued, welcome and part of the professional team (considering I am a volunteer). That takes some doing!!!"*

Sharing views and experiences at a local care home

Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch at Healthwatch County Durham.

Telephone: 0800 3047039
Email: healthwatchcountydurham@pcp.uk.net
Website: http://www.healthwatchcountydurham.co.uk

Our reports and recommendations in 2019/2020

We have used the information people have told us to decide which areas of health and care to find out more about. Some of the reports we have produced are:

- Vascular services
- Flu vaccination
- Smoke-free hospital sites
- Young people and pharmacy services
- Plans for Ward 6 at Bishop Auckland Hospital
- Supported living schemes for adults

We have shared your views on local and national issues. Our reports have been sent to the organisations who runs services; the Clinical Commissioning Groups(CCG's) , Durham County Council and NHS England.

The people who lead these have told us what they will do in response to the recommendations we have made. We will follow this up to make sure it happens.

We also send our reports to the Care Quality Commission (CQC), who inspect health and care services and Healthwatch England to help build a picture of services at a national level.

All our reports can be found on our website
http://www.healthwatchcountydurham.co.uk

How we find out about what's important to you:

- We attended 112 engagements events throughout the year
- 2663 people provided us with feedback about health and social care
- 3994 people signed up to receive our e-bulletin this year

Our Key Reports

One of our Vascular events

Flu Vaccination

Healthwatch worked with Durham County Council's Public Health team to find out what discouraged vulnerable people from having seasonal flu jabs and what might encourage an increased uptake. 300 surveys were completed and our findings were shared in a report which will be used to help inform the local flu campaigns in 2020. Read the full report here

Vascular Services

When vascular services were being reconfigured in the region, NHS England called on Healthwatch to help them undertake a series of listening and informing events across County Durham, as well as undertaking a survey of former patients. The information gathered at the events and from the survey was presented in a report giving details of what was important for patients, families and carers in delivering services. Read the full report here

Young People and Pharmacies

Healthwatch received information from 439 young people in the County. Using an online survey and going into schools and colleges to talk directly to young people about their experience of using pharmacy services. We came up with a number of recommendations for the Local Pharmaceutical Committee to help them increase the number of young people using a pharmacy for health advice and services. Read full report here

Smokefree Hospitals

When the local hospital trust went Smoke-free they turned to Healthwatch to gather the views of patients, staff and visitors. We worked with Healthwatch Darlington and we captured the views of 218 people. In our report we made a number of recommendations based on our findings. We hope to be able to re-visit this work next year to see how things are going. Read the report here

Supported Living

When Durham County Council outsourced their supported living schemes for vulnerable adults they asked Healthwatch to gather some independent data from the service users about how the experience had been for them. Healthwatch had conversations with 33 services users, who were really happy to be able to share their experiences. In the report Healthwatch made a number of recommendations to the council. Read the report here

Speaking up about your experiences of health and social care services is the first step to change.

Take a look at how your views have helped make a difference to the care and support people receive in County Durham.

Improving experiences visiting your GP surgery

Throughout the year we carried out Enter and View visits to 4 GP surgeries and thanks to people speaking up here are examples of some changes that have been made:

- Improved parking for disabled patients
- More nurse practitioners recruited
- Changes to the layout of reception areas

A patient sharing views and experiences at a GP surgery

'Your visit has certainly helped us focus our minds, not only on what we are doing well, but also on areas where we know we need to improve in addition it has also highlighted further areas where we need to develop and improve our service to patients'

Responding to patient concerns

Over 20 people contacted us about their concerns that a step-down ward at a local hospital was going to close. Healthwatch felt there was an opportunity for more robust patient consultation about the proposals and as a result it was agreed we would work with the Trust to conduct engagement with patients to find out what was important to them about the care they received and the support available to help them get well. We had 180 questionnaires completed and spoke to 18 patients. The final report was presented to the hospital trust in July with our recommendations.

The great news is ultimately the Trust decided to retain the step-down ward at the hospital, showing the benefits of working together with our health partners in the county

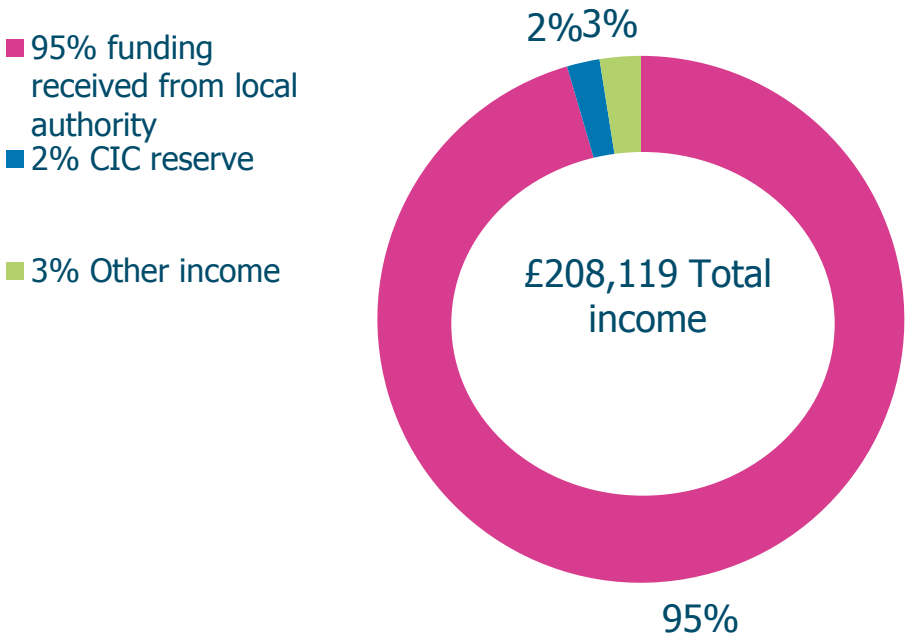
Bishop Auckland Hospital

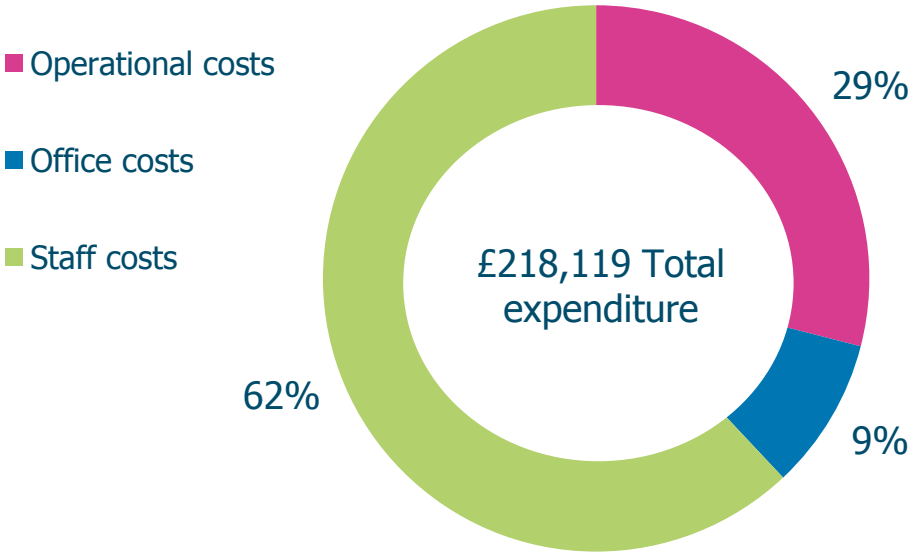
Finances

We are funded by our local authority under the Health and Social Care Act (2012).

In 2019/20 Durham County Council paid us £197,500 under contract to deliver local Healthwatch services, we also received £10,619 from other sources. The main areas of expenditure have been:

Staff costs: £128,389
Office costs: £19,146
Operational costs: £60,584





Thank you

Thank you to everyone who is helping us put people at the heart of health and social care, including:

- Members of the public who shared their views and experience with us.
- All of our amazing staff and volunteers.
- The voluntary organisations that have contributed to our work.

Our volunteers training and sharing views

Contact us

By Phone:

0191 378 1037 (office landline)
0191 378 7695 (volunteer support)
0800 304 7039 (Freephone signposting)
07756 654218 (text)

By Post:

Healthwatch County Durham
Whitfield House, St Johns Road
Meadowfield Industrial Estate
Durham
DH7 8XL

By E-mail:

healthwatchcountydurham@pcp.uk.net

Online:

Website: www.healthwatchcountydurham.co.uk

Facebook: Healthwatch County Durham

Twitter: @HWCountyDurham

Instagram: @healthwatchcodurham

Healthwatch County Durham Board Meeting

The organisation holding the local Healthwatch contract is the Pioneering Care Partnership (PCP), Carers Way, Newton Aycliffe, DL5 4SF
Tel: 01325 321234
Email: enquiries@pcp.uk.net

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you need this in an alternative format please contact us.

Note: Registered Charity No: 1067888

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Durham
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e: healthwatchcountydurham@pcp.uk.net

@HWCountyDurham

Healthwatch County Durham

Health and Wellbeing Board

11 September 2020

Health Impact Assessment for Health Inequalities During COVID-19

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

Electoral divisions affected:

Countywide

Purpose of the Report

1 The purpose of this report is to give the Health and Wellbeing Board an overview of the findings and recommendations taken from a Health Impact Assessment (HIA) on health inequalities conducted in response to the COVID-19 pandemic. The Health Impact Assessment for Health Inequalities During COVID-19 is available on request.

Executive summary

2 The response to the COVID-19 pandemic has been developed over time to help contain the spread of the virus through local communities. On 23rd March 2020, the government introduced measures to help protect the public from COVID-19 by introducing Staying at Home and social distancing policies; staying at home is commonly referred to as 'lockdown'.

3 Evidence suggests the consequence of lockdown restrictions are likely to increase inequalities in our most deprived communities. This is due to the prolonged and predicted socio-economic impact of COVID-19 on individuals, families, communities and businesses.

4 The lockdown measures implemented have led to a range of new policies being developed to mitigate the spread of the virus. Areas impacted by lockdown have included health, social care, education, housing, criminal justice, communities, the environment, business and the economy.

5 In response, the County Durham and Darlington Health, Welfare and Communities Recovery Group initiated a rapid Health Impact Assessment (HIA) to provide a 'snapshot' insight into the impact of COVID-19 lockdown on inequalities during the recovery and restoration phase of the pandemic.

6 From the HIA screening and prioritisation process undertaken, the priority high impact areas identified by the HIA requiring further action to mitigate against health inequalities are:

- Socio-economic factors - poverty reduction
- Mental health and emotional wellbeing
- Community assets and community mobilisation
- Inclusion of vulnerable groups integrated into the key priorities.

7 Areas of policy screened out the HIA prioritisation process remain significant and will continue to be monitored for outcomes within current delivery mechanisms e.g. the pause in housing evictions. This will help with the ongoing assessment of any changes in impacts occurring over the COVID-19 recovery timeframe. These areas include:

- Education and skills
- Housing and homelessness
- Criminal justice
- Domestic abuse
- Healthcare
- Tobacco control
- Alcohol and drug harms

8 At the time of writing the HIA, the full impact of reduced access to health care for physical needs due to COVID-19 was not fully quantified (May - June 2020). Evidence emerging from Europe regarding mental health highlighted growing concerns. Subsequently, the County Durham Place Based Commissioning and Delivery Plan 2020-2025 OGIM's have been developed referencing the HIA to help frame each OGIM response to reducing inequalities across County Durham.

9 The findings and recommendations from the HIA will be developed into a system-wide Recovery Plan for Health Inequalities which will be integrated into key strategic partnership plans such as the Joint Health and Wellbeing Strategy and the County Durham Place Based Commissioning and Delivery Plan 2020-2025.

Recommendations

10 The Health and Wellbeing Board is recommended to:

(a) Endorse the actions identified in the HIA to mitigate negative impacts and enhance positive impacts of the COVID-19 recovery response using a system wide approach.

(b) Promote the key priorities identified in the HIA with all partners to enable their integration into all strategies and polices as a contribution to reducing inequalities.

(c) Prioritise and promote the recommendations made in the HIA (see paragraph 43 and Appendix 2).

(d) Monitor data in priority areas to measure impact of future actions undertaken at a local level.

(e) Work with partners to build on learning and support preparations for any second wave or local outbreak situations.

Background

COVID-19 and Inequalities

11 There is clear evidence that the COVID-19 virus does not affect all population groups equally. Public Health England (PHE) indicate those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness due to COVID-19 (PHE, June 2020).

12 Many analyses have shown that older age, ethnicity, male sex, obesity and geographical area, for example, are associated with the risk of getting the infection, experiencing more severe symptoms and higher rates of death.

13 The PHE review of disparities in the risk and outcomes of COVID-19 shows that there is an association between belonging to some ethnic groups and the likelihood of testing positive and dying with COVID-19. (PHE, June 2020).

14 Risks associated with COVID-19 transmission, morbidity, and mortality can be exacerbated by the housing challenges faced by some members of BAME groups.

15 In County Durham, the Gypsy, Roma, Traveller communities present the largest minority ethnic group, but are not systematically highlighted in BAME definitions.

16 The most recent research from the UK suggests that both ethnicity and income inequality are independently associated with COVID-19 mortality. Individuals from BAME groups are more likely to work in occupations with a higher risk of COVID-19 exposure (PHE, 2020).

17 In March 2020, the Government Scientific Advisory Group for Emergencies (SAGE) advised that a combination of individual home isolation of symptomatic cases, household isolation and social distancing could have a positive effect on reducing the number of cases of COVID-19 (SAGE, 3rd March 2020).

18 On 16th March 2020, the UK Government introduced a shielding policy for the most vulnerable of our society and restrictions on non-essential contact and travel.

19 Evidence suggests the consequence of lockdown restrictions are also likely to increase inequalities in our most deprived communities. This is due to the prolonged and predicted socio-economic impact of COVID-19 on individuals, families, communities and businesses.

20 The lockdown measures implemented have led to a range of new policies being developed to mitigate the spread of the virus. Areas impacted by lockdown have included health, social care, education, housing, criminal justice, local communities, the environment, business and the economy.

21 The County Durham and Darlington Health, Welfare and Communities Recovery Group initiated a rapid HIA to provide a ‘snapshot’ insight into the impact of COVID-19 lockdown on inequalities during the recovery and restoration phase of the pandemic.

22 The HIA process was undertaken to inform a system-wide approach to mitigate against negative impacts of COVID-19 on inequalities and build on positive findings as part of the recovery response.

23 Findings from the impact assessment can be used by decision makers to:

(a) Identify actions to mitigate negative impacts and enhance positive impacts of the COVID-19 recovery response using a system wide approach.

(b) Integrate the key priorities identified by the HIA into all strategies and polices to contribute to a reduction in inequalities.

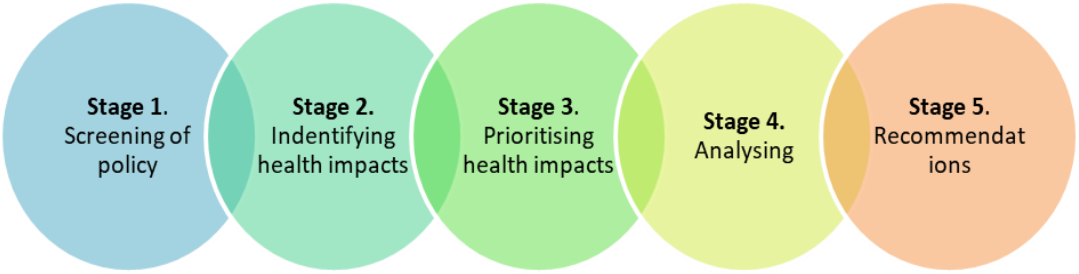
(c) Contribute to the recommendations made.

(d) Monitor data in priority areas to measure impact of future actions undertaken at a local level.

(e) Build on learning and support preparations for any second wave or local outbreak situations

Health Impact Assessment

24 A HIA is a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of the population and the distribution of those effects within the population. The 5-stages of an HIA include:



25 The HIA developed by the Health Welfare and Communities Recovery Group focuses on the key determinants impacting on the direct and indirect consequences of physical health, mental health and emotional wellbeing, social and economic factors over Marmots' Life course (Marmot, 2010).

26 The engagement of the views of individuals, families, communities and businesses is key to providing the narrative from those directly experiencing the impact of the pandemic.

27 The HIA provides a system-wide focus on specific population groups impacted by COVID-19 and encourages the development of a place-based approach to reduce inequalities.

Health Impact Assessment Screening

28 As part of the HIA screening process, local policies and approaches developed to reduce health inequalities have been screened and prioritised for impact. The screening matrix of the HIA highlighted positives and negatives of lockdown restrictions and timelines of short, medium and longer-term impact.

29 The screening enabled the ranking of key policy areas to help inform the progression into the assessment phase of the HIA which would ultimately inform the recommendations for action.

30 Those areas identified as high priority, but not taken forward as a priority for the HIA and will continue to be monitored for impact and progressed through existing partnership forums as business as usual.

31 It should be noted that, at the time of writing the HIA, the full impact of reduced access to healthcare for physical needs due to COVID-19 was not fully quantified (May - June 2020). Evidence emerging from Europe regarding mental health highlighted growing concerns.

32 From the HIA screening and prioritisation process undertaken, the priority high impact areas identified by the HIA that require further action to mitigate against health inequalities are:

a) Socio-economic factors - poverty reduction

b) Mental health and emotional wellbeing

c) Community assets and community mobilisation

d) Inclusion of vulnerable groups integrated into the key priorities.

33 Areas of policy screened out the HIA prioritisation process remain significant and will continue to be monitored for outcomes within current delivery mechanisms. This will help with the ongoing assessment of any changes in impacts occurring over the COVID-19 recovery timeframe. These areas include:

- Education and skills
- Housing and homelessness
- Criminal justice
- Domestic abuse
- Health care
- Tobacco control
- Alcohol and Drug harms

34 The findings and recommendations from this HIA will be developed into a system-wide Recovery Plan for Health Inequalities in September 2020, which will be monitored for outcomes in 2020, 2021 and 2022.

Area Action Partnership Data Sets

35 During the HIA process, data relating to local residents has been assessed to determine the inequalities within County Durham communities. This data will be monitored on an ongoing basis over a short, medium and long-term timeframe (2020, 2021 and 2022), bolstered by COVID related data published by Public Health England (WICH data, PHE, publication date to be confirmed).

36 Local authorities have received a shielded NHS patient list, which provides dynamic information on individuals who have specific medical conditions. This puts those people at higher risk of severe illness should they contract COVID-19. There are currently, 25,909 people across County Durham included on this list.

37 The information contained in the shielding data set has been used to analyse need at a county wide level through the lens of poverty reduction, mental wellbeing community assets and BAME communities.

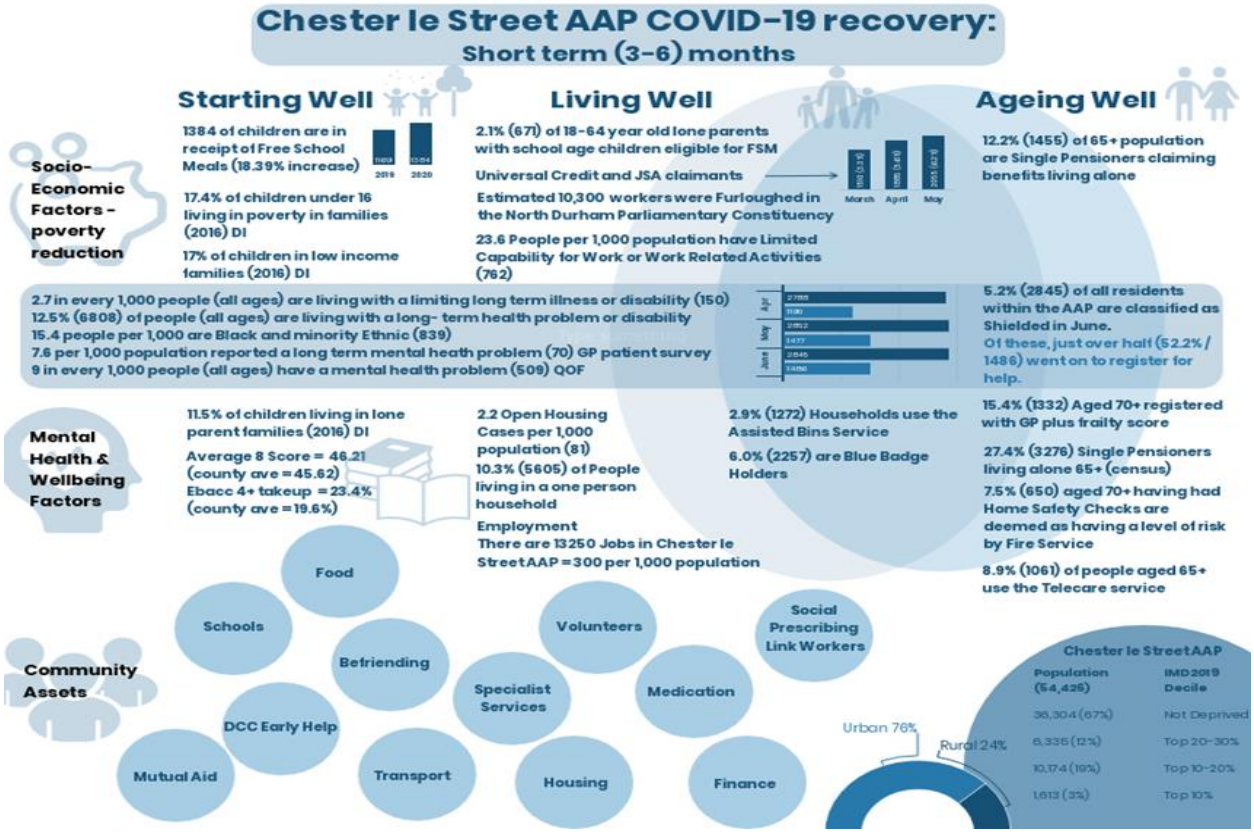
38 The data has then been segmented for each Area Action Partnership to help them understand the impact of COVID-19 on their communities and help in the planning process during each stage of recovery.

39 Data relating to Primary Care Networks boundaries is also being considered.

40 The monitoring process for the priorities warranting further assessment, as determined through the screening process require, where possible, 'real time' data to provide ongoing insight into any change in the needs of local communities.

41 The data sets will also provide the ongoing narrative underpinning the evidence base on the outcomes of the recovery and its impact on inequalities.

Figure 1. Example of AAP Infogram Chester-le-Street



Recommendations from HIA

42 The key priorities identified by the HIA have been developed into a set of recommendations to address the findings on the HIA process (see Appendix 2).

43 The recommendations of relevance to the Health and Wellbeing Board are:

(a) Develop an Ageing Well Strategy to inform future policy and service delivery across the system with a focus on both physical and mental health of the ageing population.

(b) Focus targeted work on vulnerable and marginalised groups as part of COVID-19 recovery to reduce preventable inequalities

(c) Train whole-system workforce to raise awareness of welfare support and impact money worries can have on health and wellbeing

(d) Increase access to low level early mental health support pathways for children and young people within educational and community settings linked to the Right Care, Right Place initiative.

44 The ask of all partners based within the health, welfare and community's system is to identify their contribution to reducing inequalities linked to the priority areas of socio-economic factors – poverty reduction, mental health and emotional wellbeing, building community assets and targeting the inclusion of minority ethnic groups.

45 This action can be achieved by reviewing all strategies and polices with an inequalities lens and contributing to the recommendation of the HIA. The County Durham Place Based Commissioning Plan 2020-2025 (OGIM's), also on this Health and Wellbeing Board agenda have been a positive example of this work being undertaken.

Conclusion

46 The response to the COVID-19 pandemic this will continue to develop over time as the local communities in County Durham learn to live with the virus.

47 As a consequence of the pandemic and governmental policies, health inequalities are expected to rise in our most deprived communities. This will be due to the prolonged socio-economic impact of COVID-19 lockdown on residents, their families, the communities and local businesses.

48 The recovery phase to the pandemic instigated by health, social care, education, housing, criminal justice, communities, environment, business and the economy all need to adapt to the changes.

49 The Health Impact Assessment for Health Inequalities during COVID-19 initiated by the County Durham and Darlington Health, Welfare and Communities Recovery Group has provided a 'snapshot' insight into the impact of COVID-19 lockdown using a place-based approach.

50 The focus on socio-economic factors impacting on levels of financial resilience, mental health and emotional wellbeing and the use of community assets and networks can now move into the action phase as part of the recovery process.

51 The requirement to ensure vulnerable, shielded and minority groups are targeted for consideration and has also been highlighted as a core function of helping to reduce inequalities especially as we aim to prevent a second wave and mitigate the risks of a local lockdown from occurring.

52 This includes ensuring early help, safeguarding, risk management and inclusion processes are implemented for the most deprived communities and proactive community engagement with communities least likely to engage with mainstream messaging to prevent the spread of the virus.

53 The recommendations made by the HIA present opportunities for all partners to work together to address the impacts of COVID-19 on health inequalities during 2020, 2021 and 2022.

Author

Jane Sunter, Public Health Strategic Manager Tel: 07825938455

Appendix 1: Implications

Legal Implications - The finding of the HIA do not incur any legal implications.

Finance - Multiple funding packages have been disseminated by HM Government to the local authority in response to COVID-19. No specific funding has been allocated to implement the recommendations of the HIA. All areas of work will be undertaken withing core funding allocated to the system and/or value added by COVID-19 monies.

Consultation - The HIA has developed by using partnership agencies to provide information on the impact of COVID-19 on specific community groups. The findings from the consultation process has been factored into the report. The Health, Welfare and Communities Recovery Group are currently considering further community engagement strategies to provide insight from local residents and vulnerable groups identified.

Equality and Diversity / Public Sector Equality Duty - Equity and the engagement of vulnerable and marginalised communities are highlighted within key findings and the recommendations of the HIA report. The effectiveness of the system to identify the needs of these communities during the pandemic will be monitored and part of the implementation of the HIA Action Plan (September 2020).

Climate Change - The impact of a reduced carbon footprint during COVID-19 has been identified within the HIA. This area for consideration will highlighted within the development of a local obesity strategy which will encourage the further development of a future obesogenic environment across the county by encouraging increases in green travel plans.

Human Rights - The World Health Organization has stated that stay-at-home measures for slowing down the pandemic must not be done at the expense of human rights, but there are risks that the impact of COVID-19 could have implications for increased stigmatisation, discrimination, racism and xenophobia. Impact on human right may also be may also be compromised by border controls and quarantine measures. At a local level there may be implications for an individual's right to health and right to privacy.

Crime and Disorder - During the initial stages of COVID-19 lockdown there has been a reduction in crime and disorder issues being reported to Durham Constabulary. The HIA has identified crime and order as an area consideration requiring further monitoring as the lockdown restrictions are eased, and/or reintroduced over time.

Staffing - There are no staffing implications for the implementation of the HIA recommendations.

Accommodation - There are no implications on accommodation for the implementation of the HIA recommendations.

Risk - COVID-19 brings multiple risks to local residents in relation to increases in morbidity and mortality rates, socio-economic factors, increases in mental ill health, social isolation, community disengagement, stigma and discrimination. The risks have been identified as negative implications of COVID-19 lockdown within the HIA and have been addressed within the recommendations contained within the report.

Procurement - There are no implication for procurement for the implementation of the HIA recommendations at this current time.

Appendix 2: HIA Recommendations

Using a system-wide approach	**Organisation**	**Timeline** **2020, 2021, 2022**
1. Ensure findings from this HIA are shared with regional partnerships such as the integrated care system and LA7 strategy group to work to reduce health inequalities across the NE	LA, NHS, VCSE, Businesses	Short term
2. Key findings and recommendations from HIA become embedded into existing local plans for recovery such as the refreshed joint health and wellbeing strategy	LA, NHS, VCSE, Businesses	Short term
3. Utilise the data and intelligence drawn from the HIA into all refreshed strategies to inform planning.	LA, NHS, VCSE, Businesses	Short term
4. Develop communication mechanisms to engage with the voice of children, young people and adults to ensure recovery is undertaken WITH our communities and not done to them	LA, NHS VCSE	Short, medium and long term
5. Develop and Ageing Well Strategy to inform future policy and service delivery across the system	LA, NHS VCSE	Short term
6. Focus targeted work on vulnerable and marginalised groups as part of COVID-19 recovery to reduce preventable inequalities	LA, NHS, VCSE, Businesses	Short, medium and long
7. Link to the County Durham Poverty Reduction Strategy and Poverty Reduction Action Plan to: i) Prioritise the reduction of food poverty through school-based and wider community approaches.	Schools and VCSE	Short, medium and long

ii) Improve all partner pathways to ensure understanding of how to access statutory and VCSE support	LA, NHS	Short term
iii) Train whole-system workforce to raise awareness of welfare support and impact money worries can have on health and wellbeing	LA, NHS, VCSE	Medium and long-term
iv) Undertake a specific review to understand the impact on older people and poverty linked to an ageing well strategy.	LA, NHS, VCSE, Businesses	Medium and long-term
8. Link to the County Durham Mental Health Strategic Partnership to:		
i. Increase access to low level early mental health support pathways for children and young people within educational and community settings – graded response and trauma informed. Consideration given for most vulnerable populations such as LGBTQ+.	LA, educational settings	Short, medium, long term
ii. Using population health management approaches and forecasting across the system, consider how to support prevention and early intervention to mitigate as far as possible any increased demand to secondary care	NHS, VCSE	Short, medium, long term
iii. Develop and implement a streamlined information resource to provide access for communities and individuals to support for mental health and emotional wellbeing	LA, NHS, VCSE, Businesses	Medium and long term
iv. Train system-wide workforces to address mental health and emotional wellbeing in local communities. – mental health champions and MECC	MHSP	Medium, Long term
v. Develop system response and offer to support the workforce (key workers) with a mental health and emotional wellbeing needs/moral injury that have developed as a result of COVID-19, eg through development of a resilience hub	LA, NHS, VCSE, Businesses	Short, medium, long term
vi. Provide targeted support for COVID survivors and their families – CDDFT, TEWV, VCSE, Primary Care	TEWV, CDDFT,	Short, medium

		VCSE, Primary Care	and long term
vii.	Undertake consultation with older people and carers as part of a developing ageing well strategy	TEWV, CDDFT, VCSE, Primary Care	Medium and long term
9.	Build resilience in community assets and community networks to:		
i.	Maintain and further develop the Community Hub to continue engagement with vulnerable and shielded populations ensuring system interface	LA, NHS	Short, medium
ii.	Map and add to Locate community assets to provide ongoing support for local residents utilising a place-based approach.	LA	Short, medium
iii.	Improve service user pathways to access statutory and VCSE support mechanisms as standard.	LA, NHS	Short, medium
iv.	Support the VCSE by providing sustained funding and measure outcomes to beneficiaries.	LA, VCSE	Short, medium and long
v.	Maintain support for volunteers and increase options to recruit more.	LA, VCSE	Medium and long
vi.	Progress Alliance contracting model to build community resilience.	LA, VCSE	Medium and long
vii.	Adopt the wellbeing approach across County Durham	LA, NHS, VCSE, Businesses	Short, medium and long
viii.	Ensure the community is prepared to respond to a second wave and local outbreaks	LA, NHS, VCSE, Businesses	Short, medium and long

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Health and Wellbeing Board

11 September 2020

County Durham's Approach to Wellbeing – Update of Progress

Report of Jane Robinson, Corporate Director of Adult and Health Services, Durham County Council and Amanda Healy, Director of Public Health, Durham County Council

Electoral divisions affected:

Countywide

Purpose of the Report

1 The purpose of this report is to share an update around the implementation of the County Durham Approach to Wellbeing.

Executive summary

2 The Health and Wellbeing Board approved the County Durham Approach to Wellbeing on 27 November 2019 and proposed that case studies be presented at future meetings to highlight the way in which the wellbeing principles were being adopted by partners.

3 This case study highlights the use of the Wellbeing Approach in two areas which are the Community Hub response to Covid-19 and the developments in the integration of the approach into commissioning.

4 In the first it looks at how the approach was used in the development and evaluation of the County Durham Together Community Hub and the second builds on developments in commissioning and how the approach is being integrated into the tender and evaluation of contracts.

5 Using the Wellbeing Principles to guide project development, the working groups continue to identify projects and pieces of work where the approach can be used, and the introduction of a project manager is allowing the approach to be tested in a much wider range of settings.

Recommendations

6 Members of the Health and Wellbeing Board are recommended to:

(a) Note the use of the Approach to Wellbeing in this case study and the opportunity it has brought in the development in the supporting systems around communities.

Background

7 The Health and Wellbeing Board approved the County Durham Approach to Wellbeing on 27 November 2019 and proposed that case studies be presented at future meetings to highlight the way in which the wellbeing principles were being adopted by partners.

Conclusion

8 Members of the Health and Wellbeing Board will have an understanding of ways in which the wellbeing principles were being adopted by partners in response to the Covid 19 global pandemic.

Author

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Appendix 1: Implications

Legal Implications - This work supports the Council's statutory responsibility to improve and protect the health and wellbeing of local residents[1].

Finance - There are no financial implications arising from adoption of the Approach to Wellbeing at present.

Consultation - Formal consultation on the Approach to Wellbeing is not appropriate, although adoption of the Approach does encourage partners to ensure greater community engagement in the development of services.

Equality and Diversity / Public Sector Equality Duty - Utilisation of this approach would support equality and diversity, emphasising the importance of citizens having equal opportunities regardless of where they belong, highlighting the need to address and reduce health inequalities, and valuing the diversity that people can bring to their communities as local assets.

Human Rights - This work would respect the human rights of citizens across County Durham, working with communities regardless of race, sex, nationality, ethnicity, language or any other status. In particular the work to engage communities would encourage freedom of opinion and expression.

Climate Change - None

Crime and Disorder - Improving community engagement and cohesion has the potential to reduce crime and disorder.

Staffing - There are no staffing implications arising from this approach at present.

Accommodation - There are no accommodation implications arising from this approach at present.

Risk - Partnership support will be required to take forward this Approach to Wellbeing and failure of this support may result in a risk to its adoption. The evidence base suggests that its introduction will result in improved health outcomes for communities, therefore the risk if it is not adopted is that improvement in health outcomes may be more limited.

Procurement - One of the key principles contained in this approach is the need to ensure collaborative commissioning and co-design of services. Adoption of this Approach to Wellbeing will therefore have an impact on the way in which services are commissioned in the future.

[1] Health and Social Care Act 2012

Using County Durham's Approach to Wellbeing

Health and Wellbeing Board

11 September 2020

Altogether better

Durham County Council

Wellbeing Approach

People and Places

Empowering communities
working with communities to support their development and empowerment

Being asset focused
acknowledging the different needs of communities and the potential of their assets

Building resilience
helping the most disadvantaged and vulnerable, and building up their future resilience

Supporting Systems

Working better together
working together across sectors to reduce duplication and ensure greater impact

Sharing decision making
designing and developing services with the people who need them

Doing with, not to
making our health and care interventions, empowering and centred around you as an individual

Using what works:
everything we do is supported by evidence informed by local conversations.

Durham Insight
Insight & intelligence to inform

Response to Covid-19 – Development and Evaluation of County Durham Together Hub

Empowering Communities

- Utilises community assets to signpost and refer / free food parcels to those considered vulnerable.
- Clients encouraged to make contact with local groups/support themselves to help build personal resilience.

Being Asset Focused

- Established to meet the essential, new and unmet needs of residents
- Community Hub /updating of Locate helped identify areas across the county where the VCS may not be as strong.

Building Resilience

- Support to those most affected by the pandemic including proactive calls to those shielding.
- At the outset key referral pathways were established to ensure direct and timely referrals.

Response to Covid-19 – Development and Evaluation of County Durham Together Hub

Working Better Together

- Good partnership working to address the unprecedented circumstances experienced by all in society and most acutely by those with least resilience and personal resource.
- Engagement and co-production with key partners have supported the County Durham Vision aims of “Connected Communities”.

Sharing Decision Making

- The adoption of this principle was limited due to the timescale dictated by the pandemic however it has evolved and developed based on client feedback.

Doing with, Not to

- A person centred approach addressing the holistic needs and seeking to empower. Call handlers trained in MEC and effective communication.

USING WHAT WORKS

- Some people were unable to meet their basic needs due to shielding/self-isolating/symptoms.

Work with Commissioning – Progress to Date

- **Project Alliance** – outcomes are underpinned by the Approach.
- **Embedding in the tender process** (DCC PH and Adult Social Care) – This will then be evaluated annually as a routine part of contract monitoring.
- **Joint Commissioning** – looking at how we can have a consistent approach with both Health and DCC contracts
- **County Durham Place Based Commissioning and Delivery Plan 2020-2025** – All outcomes measured against the SAF to ensure that wellbeing is being considered for all chapters. Promoting system wide culture change.

Developments and Plans

- **Evaluation –** Ethical approval granted & phase 1 of the evaluation will begin soon – linked to Covid-19 response.

- **Community Buildings –** Explore how the approach can be used to support the development of new/existing projects as real community-based assets informed by what different communities need.

- **Preparing the VCS for Project Alliance** – to look at existing services and further develop in preparation for alliance contracting.

- **Community Engagement about how we are going to deliver services using the approach –** Also explore different ways of doing this.

- **Covid-19 Recovery** – how the approach can be used to shape services and service delivery.

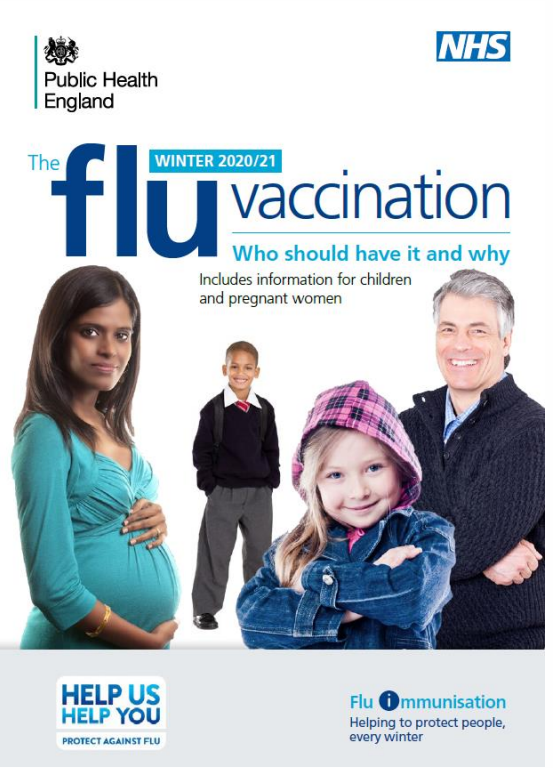
Flu vaccinations

Winter 2020/21

County Durham Health & Wellbeing Board

Overview

- Vitally important to protect those at risk from flu with Covid-19 in circulation.
- People vulnerable to Covid-19 also at risk of complications from flu.
- Want to reduce the chances of those vulnerable to Covid-19 from getting flu.
- Vaccination best way to protect against flu.
- More people eligible for the vaccination this year, including households of shielded population and year 7 school children.



County Durham Health & Wellbeing Board

To encourage uptake of the NHS funded flu vaccination within eligible groups

- Children aged 2 - 11
- 65 years and over
- 6 months to under 65 clinical risk groups
- Household contacts of shielded
- Close contacts of immunocompromised
- Carers
- Pregnant women
- People in long stay residential care
- *50 – 64 years (Nov/Dec subject to vaccine supply)
- Health and social care staff – residential, nursing, domiciliary care, personal assistants

County Durham Health & Wellbeing Board

Campaigns

National campaign launches October

Regional campaign from September

- Developed by Integrated Care System
- **#Doyourbit** concept – asking people to take **personal responsibility** and **protecting** community and loved ones
- Regional promotions including advertising and media.
- Local promotions including local publications, direct contact, social media, local adverts.

Staff campaigns to target health and social care workers, all DCC staff.

Regional campaign examples

County Durham Health & Wellbeing Board

Health and Wellbeing Board

11 September 2020

COVID-19 Local Outbreak Control Plan

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

Electoral division affected:

Countywide

Purpose of the Report

1 The purpose of this report and accompanying presentation is for the Health and Wellbeing Board to receive the updated COVID-19 Local Outbreak Control Plan (Appendix 2) and a progress update of the work.

Executive summary

2 The Government requires all Local Authorities to produce a COVID-19 Local Outbreak Control Plan.

3 In County Durham there are established health protection assurance arrangements with key partners working closely on infectious diseases, environmental hazards and emergency preparedness and response. This work reports annually to the Health and Wellbeing Board and has stood us in good stead to establish rapid partnership arrangements, including with the Public Health England (PHE) North East Health Protection Team, for developing the COVID-19 Local Outbreak Control Plan and preparing for complex cases of COVID-19 and outbreaks.

4 The overarching focus is to protect the health of local residents from COVID-19 and reduce any onward transmission from COVID-19.

5 We have also built on the extensive cross Council and partnership planning and response to COVID-19.

Recommendation

6 Health and Wellbeing Board is recommended to receive updated COVID-19 Local Outbreak Control Plan

Background

7 An increase in confirmed cases of COVID-19 are anticipated with the relaxing of lockdown measures. This requires a different approach to controlling transmission of the virus. The Trace and Test Service has been introduced to ensure that anyone who develops symptoms can be tested, and action taken to prevent spread of the virus by promoting isolation of individuals who test positive, and those who have been in direct contact with them.

8 Each local authority is expected to have its own local outbreak management arrangements, the COVID-19 Local Outbreak Control Plan, to support the national test, track and trace programme. The role of the local authority is to provide an oversight of COVID-19 outbreaks including those in complex settings such as schools, care homes and workplaces, as well as provide direct support to cases and contacts who have been asked to self-isolate through the community hubs. This is built on established and longstanding relationships with PHE North East Health Protection Team.

Role of the Local Health Protection Assurance Board

9 The key purpose of the Local Health Protection Assurance Board (HPAB) is to lead, co-ordinate and manage work to prevent the spread of COVID-19.

10 The HPAB are meeting on a weekly basis.

11 Update on the work of the HPAB:

- Progressed the implementation of the LOCP since its launch in July
- Each setting has developed their local outbreak control teams (OCT), standard operating procedures (SOP) with Public Health England (PHE) for outbreaks (this includes additional groups that are relevant to County Durham, for example, Durham University)
- Developed a COVID-19 Communication Toolkit
- Agreed local processes for schools informing local authority of suspected cases
- Produced community engagement strategy and action plan
- Developed a response to the contain framework and local escalation

- Actively responding to cases clusters and outbreaks of COVID-19
- Engaged nationally to ensure accurate up to date data and intelligence is received locally

12 Currently there remains no vaccine or cure for COVID-19. Community transmission of the virus continues across the UK. Testing among the public has been extended, in order to identify if an individual with symptoms is infected. Those testing positive are expected to self-isolate, along with any individuals they have been in direct contact with. This process is part of the Test and Trace Service.

13 The reason for testing for infectious diseases is to determine whether someone is infected with that disease. This can help in both the control of transmission of the infection and help the management of suspected cases and situations.

The Plan

14 The COVID-19 Local Outbreak Control Plan provides a framework for leading, co-ordinating and managing work to prevent the spread of COVID-19.

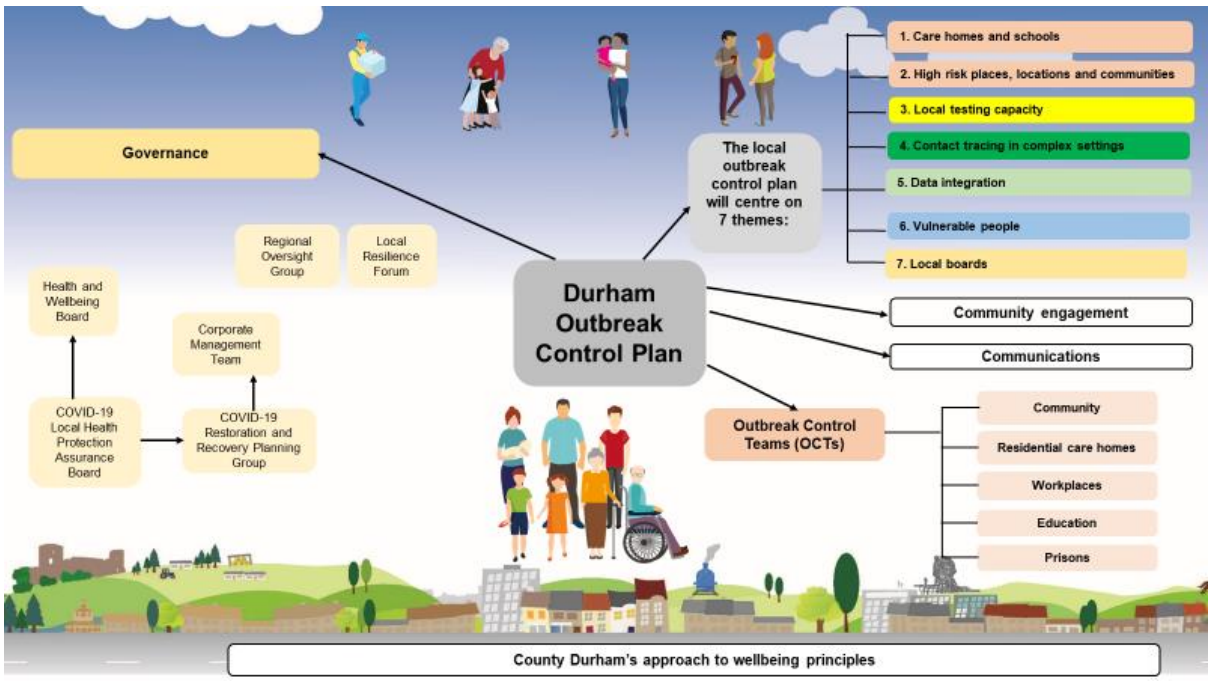
15 The COVID-19 Local Outbreak Control Plan has the following key objectives:

- Protect the health of our local communities through:
  - Provision of clear prevention messages in relation to COVID-19;
  - Rapid detection of COVID-19 outbreaks;
  - Controlling onward transmission;
- Provide support to those who need to self-isolate, building on our population health management approach to the pandemic;
- Develop and apply intelligence, including the knowledge and insight providing by our local communities.

16 Seven themes have been identified, which are addressed throughout this current plan:

- Care homes and schools
- High risk places, locations and communities
- Local testing capacity
- Contact tracing in complex settings
- Data integration
- Vulnerable people
- Local boards

17 The government has outlined that a public-facing Board should be set up led by council Members to communicate openly with the public. It has been agreed that the Health and Wellbeing Board will fulfil this function and have oversight of engagement with local residents and partners.



18 On 22 May 2020, the Government announced £300m additional funding for local authorities to support them to develop and action their plans to reduce the spread of the COVID-19 virus in their area as part of the launch of the wider NHS Test and Trace Service. Durham County Council is due to receive £4.498m. This funding will enable the local authority with partners to develop and implement tailored local COVID-19 outbreak plans through, for example, funding the recruitment of additional staff where required.

19 A dedicated local outbreak control team (including out of hours arrangements) over the coming year has been agreed which will consist of the following area of expertise: Public Health; community protection; communications; intelligence; Civil Contingencies Unit; Human Resources. The funding will cover capacity, contingency, community engagement and support to any local outbreaks.

Main Implications

20 Ability to respond rapidly to any outbreak situation

Author

Amanda Healy Tel: 03000 264323

Appendix 1: Implications

Legal Implications

Health Protection: Legal and Policy Context[1]

The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits:

- With Public Health England under the Health and Social Care Act 2012
- With Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With NHS Clinical Commissioning Groups2 to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- In the context of COVID-19 there is also the Coronavirus Act 2020.

Finance

Funding being provided by government.

Staffing

Staff time to implement the plan.

Risk

Unknown due to the nature of COVID-19.

Equality and Diversity / Public Sector Equality Duty

Community Hub has been developed to support vulnerable individuals.

Accommodation

No impact.

Crime and Disorder

No impact.

Human Rights

No impact.

[1] ADPH, FPH, PHE, LGA et al (2020) Public Health Leadership, Multi-Agency Capability: *Guiding Principles for Effective Management of COVID-19 at a Local Level.* https://www.adph.org.uk/wp-content/uploads/2020/06/Guiding-Principles-for-Making-Outbreak-Management-Work-Final.pdf

Consultation
Full consultation not possible due to impact of COVID-19.

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

Disability Issues
No impact.

County Durham COVID-19 Local Outbreak Control Plan

11 September 2020

Version control

Name of document:	**County Durham COVID-19 Local Outbreak Control Plan**
Owner:	**COVID-19 Health Protection Assurance Board**
Author:	**Amanda Healy, Director of Public Health, Durham County Council**

Version Control	Document comments:	Review date:
V1 – 29/06/20	Draft copy published on DCC website 29/06/20	14/07/20
V1.1 – 14/07/20	Endorsed by H&WB Board on 14/07/20	14/08/20
V1.1 – 13/08/20	Document reviewed. No content updated. Agreed to be updated for the H&WB Board 11/09/20	11/09/20
V2 – 11/09/20	Data removed from introduction as out of date. Version to be shared with H&WB Board on 11/09/20	

Contents page

Foreword from Cllr Lucy Hovvels MBE and Dr Stewart Findlay

We would like to take this opportunity to acknowledge the sadness experienced across our communities for the loss of life there has been and express our thanks to all NHS and social care colleagues, care workers and key workers who have worked extremely hard throughout the pandemic to ensure that service delivery is continued.

We are extremely proud of the way our partners and communities have responded to the challenges of COVID-19. The measures we have needed to take to keep us safe have changed the way that we all live, work, learn and travel.

As we enter the next phase of the pandemic it is crucial for everyone in County Durham to continue to follow government and public health advice and social distancing rules. This may mean that people will be asked to self-isolate for periods in order to help stop the spread of the virus.

The 'County Durham Together' community hub will support those who require additional assistance during this challenging time.

Our County Durham COVID-19 Local Outbreak Control Plan is a working document which will reflect the fast-moving changing circumstances of this pandemic to protect the health of our communities. The Health and Wellbeing Board, as the local Outbreak Engagement Board, will aim to keep local people up to date on the actions taken to reduce health inequalities and the spread of the virus.

The challenges posed and exacerbated by COVID-19 are not going to be resolved quickly. However, by working with our communities and our partners, we will help to protect the health of our residents.

Councillor Lucy Hovvels MBE
Chair of the Health and Wellbeing Board
Cabinet Portfolio Holder for Adult and Health Services

Dr Stewart Findlay
Vice Chair of the Health and Wellbeing Board
Chief Officer, County Durham Clinical Commissioning Group

Introduction

County Durham is a forward-thinking county with a strong sense of community. It has a population of 526,980 residents and covers 862 miles, from coast to dales, from villages to Durham City.

County Durham has a clear vision for its residents to have more and better jobs, long and independent lives and connected communities that are supportive of one another. There remain significant differences in health across County Durham and between County Durham and England which makes achieving the vision even more important.

The coronavirus pandemic is one of the most profound challenges society and our local communities have faced in more than a generation and with effective vaccines yet to be produced, we have to anticipate that society will be affected by COVID-19 for some time to come.

The council and its partners had emergency and business continuity management planning frameworks in place, which enabled us to respond promptly to the threat as it emerged. However, we have had to respond dynamically and innovatively revising our approach as the national coronavirus action plan and recovery strategy evolved. The Local Resilience Forum (LRF) declared a major incident and instigated the system response to the pandemic. The work has required us to follow national policy and guidance.

The council has worked nationally, regionally and locally to protect our communities and to support those affected by the pandemic, economically, socially and in relation to their own physical and mental health. This has included establishing a 'County Durham Together' community hub to protect those who require additional support.

County Durham communities themselves have been a major force in this and have made an immense contribution to the 'County Durham Together' response. County Durham residents have observed and cooperated with national guidance and while the lockdown restrictions are beginning to be relaxed for many, the council will continue to support the many thousands of residents who are still shielding and self-isolating.

This next phase of the pandemic is crucial for us in County Durham as we seek to fulfil Vision 2035, address the impact that COVID-19 has had on our communities to date and seek to slow the transmission of COVID-19 within our communities with the development of the local outbreak plan.

The plan is built on established and longstanding relationships with Public Health England (PHE) North East Health Protection Team.

The latest publicly available data for the County Durham and Darlington LRF and both local authorities is available via Durham Insight.

Purpose

In County Durham there are established health protection assurance arrangements with key partners working closely on infectious diseases, environmental hazards and emergency preparedness and response. This work reports annually to the Health and Wellbeing Board and has stood us in good stead to establish rapid partnership arrangements, including with the PHE North East Health Protection Team, for developing the COVID-19 local outbreak plan and preparing for complex cases of COVID-19 and outbreaks.

The overarching focus is to protect the health of local residents from COVID-19 and reduce any onward transmission from COVID-19.

We have also built on the extensive cross Council and partnership planning and response to COVID-19.

Funding

The Government has allocated £4.5 million to County Durham for managing COVID-19 outbreaks. It is anticipated that this will be required to support:

- *Capacity*. Increasing the capacity to respond rapidly and in a sustained way over the next 12 months. A proposal is in development for this and includes out of hours arrangements and a more dedicated team to co-ordinate and manage outbreaks across the partnership.
- *Contingency to support contact tracing*. This would be if specialist public health capacity and contact tracing expertise was required within Public Health England Health Protection Team.
- *Community engagement*. This will build on our wellbeing principles and existing arrangements including Area Action Partnerships (AAP's) and seek to pro-actively engage residents in prevention of COVID-19 and support to local residents needing to self-isolate. This work will build on existing infrastructures including social prescribing link workers and health advocates.
- *Support for vulnerable people*. This will continue to take place via the 'County Durham Together' community hub.

- *Commissioned services*. Scope to support and enhance key services (infection prevention and control for example) is being explored.

The grant is referred to as ringfenced, meaning it can only be spent for designated purposes (as deemed appropriate by the Department of Health and Social Care). The purpose of the grant - cited as the Local Authority Test and Trace Service Support Grant Determination (2020/21) [No 31/5075] - is to provide support to Local Authorities in England towards expenditure lawfully incurred or to be incurred in relation to the mitigation against and management of local outbreaks of COVID-19.

The Plan

The Government requires all Local Authorities to produce a COVID-19 Local Outbreak Control Plan

The COVID-19 Local Outbreak Control Plan has the following key objectives:

- Protect the health of our local communities through:
  - Provision of clear prevention messages in relation to COVID-19;
  - Rapid detection of COVID-19 outbreaks;
  - Controlling onward transmission;
- Provide support to those who need to self-isolate building on our population health management approach to the pandemic;
- Develop and apply intelligence, including the knowledge and insight providing by our local communities.

The government has identified seven themes that are addressed in this plan. The COVID-19 Local Outbreak Control Plan will centre on 7 themes:

- Care homes and schools.
- High risk places, locations and communities.
- Local testing capacity.
- Contact tracing in complex settings.
- Data integration.
- Vulnerable people.
- Local boards.

As this is a working document, reflecting a dynamic situation, it is anticipated that it will require updating as appropriate.

Background

An increase in cases of COVID-19 is anticipated with the relaxing of lockdown measures. This requires a different approach to controlling transmission of the virus. The national NHS Trace and Test Service has been introduced to ensure that anyone who develops symptoms can be tested, and action taken to prevent spread of the virus by promoting isolation of individuals who test positive, and those who have been in close contact with them. An added concern is asymptomatic transmission, which further emphasizes the importance of prevention.

Currently there remains no vaccine for SARS-CoV-2 or cure for COVID-19. Community transmission of the virus continues across the UK and there is the prospect of imported cases as international travel restrictions are eased.

Testing among the public has been extended, in order to identify if an individual is infected with the virus. This process is part of the NHS Test and Trace Service (see Appendix 1).

These new arrangements will be challenging for many of our communities as the impact of COVID-19 infection risk is felt by those directly affected by the virus who will need to self-isolate immediately and may need support to do so, their families and social contacts and their employers. The effects may ripple across the local economy and the local health, social care and welfare system.

Identification of a suspected outbreak

There are three possible routes through which information flows and an outbreak may be identified:

- NHS Test and Trace. This service receives positive COVID-19 lab tests results, contacts the individual case and seeks information on close contacts.
- Public Health England's local Health Protection Team continue to be notified of suspected cases of notifiable diseases and potential outbreaks in various settings.
- Local intelligence may identify cases that require further investigation and control.

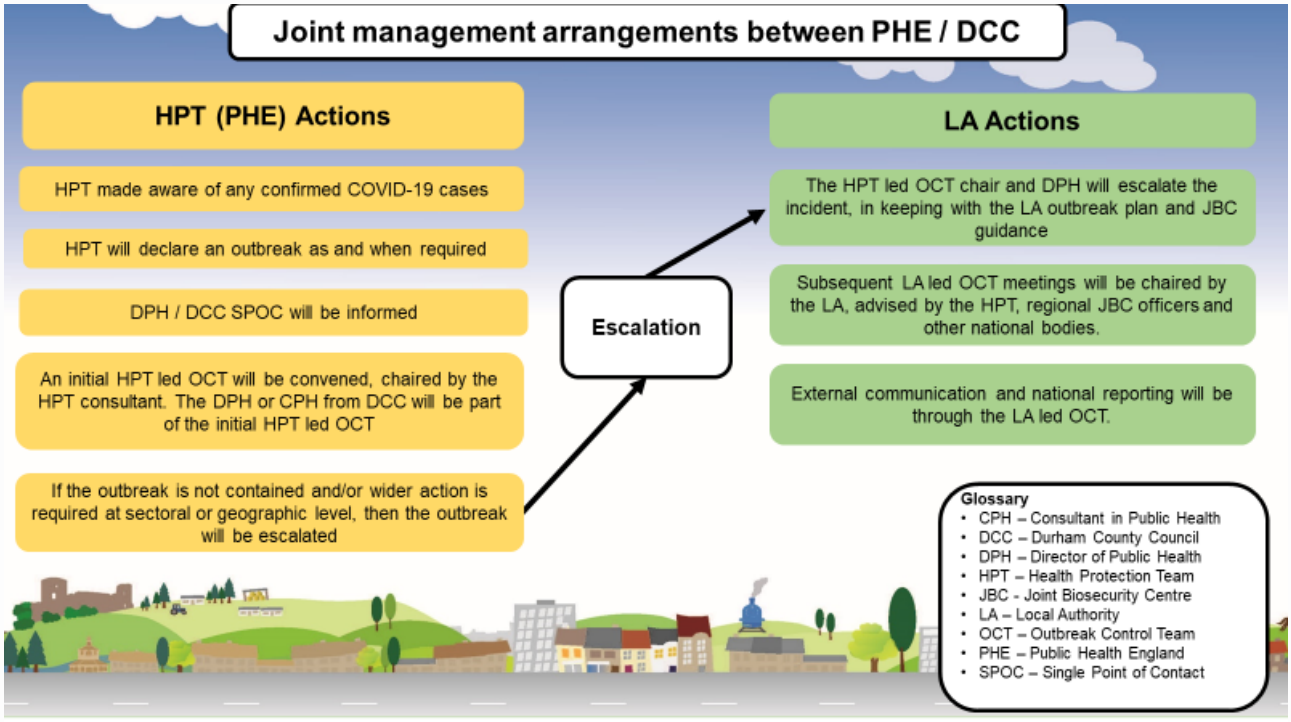
Outbreak management

At the moment it would usually be the role of the local Health Protection Team in Public Health England to bring together partners to discuss the circumstances around a suspected outbreak in the local area, and for this group to decide whether a formal Outbreak Control Team meeting should be set up. Part of the decision-making process would be agreed definitions of an outbreak (see Box 1).

The Health Protection Team at Public Health England provide support to prevent and reduce the effect of infectious diseases.

The following diagram shows how outbreaks in the North East are jointly managed between Health Protection Team and Local Authorities (see Figure 2).

Figure 2 joint management arrangements between PHE/DCC



Box 1: Definition of an outbreak in a non-clinical setting

Definition of an outbreak of COVID-19 in a non-clinical setting

Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days.

AND ONE OF:

Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for more than 15 minutes) during the infectious period of the presumed index case.

OR

(When there is no sustained community transmission or equivalent risk level assessed by the Joint Biosecurity Centre) - absence of alternative source of infection outside the setting for initially identified cases.

Closure of Outbreak

The decision to declare the outbreak over should be informed by on-going risk assessment and when:

No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters).

Data

The integration of both national and local data and intelligence is essential for scenario planning, rapid response to outbreaks in order to inform and support more effective targeting of interventions to prevent and manage outbreaks. and performance review. The COVID-19 Local Outbreak Control Plan will set out the arrangements, including national, regional and local roles and responsibilities, for monitoring and reporting available testing and tracing data. This will:

- Be used to identify and manage local outbreaks.
- Be based on existing and developing data sharing and reporting arrangements.
- Will include the necessary information governance protocols and arrangements.
- National guidance specifically identifies care homes and schools as requiring outbreak management plans.

- Ensure that all data from national, local and NHS sources are brought together to inform clear and decisive decision making to prevent, identify and control outbreaks and identify high risk settings, locations and communities.

NHSX have provided updated COVID-19 Information governance advice for IG professionals relating to the sharing of data which advises 'the legal framework has flexibility when it comes to the processing of information. Information relating to the COVID-19 outbreak should be shared as needed to support individual care and to help tackle the disease through research and planning during the COVID-19 situation. The focus should be to ensure the risk of damage, harm or distress being caused to individual residents and service users is kept to a minimum and that data is only processed where it is necessary to do so and in an appropriate manner.'

Further to this a COVID-19 Testing Rapid Data Sharing Contract between Public Health England and Durham County Council has been signed to allow for the provision of a weekly feed relating to point level positive testing data (Pillars 1 and 2). This agreement states that for all positive tests recorded from June 1st 2020, assigned to the local authority, PHE will provide the following data items on a weekly basis:

- Record ID
- Sex
- Age
- Postcode
- Ethnic Group
- Occupation (patient occupational group)
- Key worker (Patient key worker status)
- Test Date (date of COVID-19 test or specimen test)
- Pillar (COVID-19 test location type - laboratory, mobile testing station, home test)

COVID-19 tests in the UK are currently carried out through two main routes:

Pillar 1: Local swab testing in NHS hospitals for those with a clinical need, and health and care workers, processed in PHE laboratories. Pillar 1 data for England is provided by the NHS and PHE.

Pillar 2: Swab testing for the wider population, as set out in government guidance. Pillar 2 swab testing and processing is carried out in partnership between the Department of Health and Social Care (DHSC), commercial organisations and the military. Swab testing through takes place through regional testing sites, mobile testing units, and self-testing.

Durham County Council is developing an interactive mapping tool which presents location specific lab-confirmed tests (via the PHE positive testing data set) combined with a broad range of spatial data relating to settings and risks. This Risk and Outbreak map will be used to help iidentify and mange outbreaks over time spatially and by setting, and populations at risk of further outbreak whilst providing intelligence to support prevention activity: The following settings and risks have, or are in the process of, being identified and added to the developing mapping tool:

- Durham County Council owned premises including office buildings and depots, libraries, leisure centres and day centres.
- Schools.
- High risk accommodation settings including care homes, children's homes, prisons, houses of multiple occupation, hospitals and hospices.
- High risk employer or business settings that are workplaces including business type (such as manufacturing), hospitality venues (restaurants, pubs), tourism and leisure venues (such as major tourist attractions, cinemas, theatres) and sports venues. This also includes other workplaces and private commercial properties such as retail, offices and leisure services (such as gyms, hairdressers, barbers, beauticians etc).
- High risk communities including older people, Black and Minority Ethnic (BAME), Gypsy Roma Traveller (GRT).
- Population density by small area level.
- Index of Multiple Deprivation.
- The Small Area Vulnerability Index (SAVI)[1]

Currently, there several different data sources and organisations that feed into local surveillance. The different data feeds are collated centrally by the DHSC. Access to national datasets has been evolving over time and has been changing on a regular basis, culminating in the recent access to granular level positive testing data via PHE as previously detailed.

Incoming data to Durham County Council relating to testing can be seen in table 1.

Table 1. Current incoming testing data by frequency and source

Frequency	Name	Coverage	Source
Daily	PHE C19 report (P1 and P2)	North East LA	PHE
	PHE Exceedance report (P1 and P2)	North East LA	PHE
	PHE Contact Tracing UTLA Report (P2)	North East LA	PHE
	COVID-19 Testing (P1, local feed)	County Durham, P1, LSOA	CDDFT

[1] Small Area Vulnerability Index, Place Based Longitudinal Data Resource. June 2020. https://pldr.org/dataset/e6kl0/small-area-vulnerability-index-savi

	CDDFT COVID-19 care homes testing (P1)	Care Home	CDDFT
Daily dashboard	COVID-19 LA Testing dashboard (P1 and P2)	National LAs	NHS Digital
Weekly reports and data	PHE Test and Trace weekly report (P2)	North East LA	PHE
	PHE Weekly Care Home Outbreaks	National LA	PHE/CQC
	PHE Weekly C19 report (P1 and P2)	North East LA	PHE
	COVID-19 Positive Test Data	County Durham, individual level	PHE
As required	PHE HPT escalated issues	By setting	PHE HPT

NB: P= Pillar

Risks

- There is a requirement to fully understand the various national data feeds that are available to local authorities, and to ensure consistency across the various reporting platforms (PHE Surveillance reports, NHSD COVID-19 dashboard, local intelligence).
- Data identified via Data Sharing Agreements must be consistent and timely.
- Identification of data gaps in national and local data sets should continue to be prioritised.
- The developing Outbreak and Risk map and testing dashboard must be able to present critical information and analysis to inform local decision making, community support activity and performance review.

Next steps

- Continued development of the local risk and outbreak map.
- A local testing dashboard is being developed building on the intelligence contained in the various daily and weekly reports to enable daily monitoring of key measures. This will be as pro-active and transparent and accessible as possible in relation to the wide range of data.
- Further develop reporting specifications for the developing dashboard ensuring coverage of all themes.
- Continue to ensure appropriate use of terminology such as outbreak or cluster.

Principles

The plan has been developed in line with the four principles, based on the work of the Association of Directors of Public Health and Public Health

England, for the design and operationalisation of Local Outbreak Plans and arrangements, including local plans for contact tracing. These will be used to ensure that arrangements have been developed in a way which will enable maximum impact and effectiveness.

The prevention and management of the transmission of COVID-19 should:

- be rooted in public health systems and leadership;
- adopt a whole system approach;
- be delivered through an efficient and locally effective and responsive system including being informed by timely access to data and intelligence;
- be sufficiently resourced.

These principles have been supplemented with our local wellbeing principles, which are part of the County Durham Vision 2035 and which recognise that good mental and physical health is essential for individuals, families and communities to thrive. Six principles have been developed, which provide a framework to ensure that all policies, guidance and services are developed with wellbeing in mind (see Figure 3).

Figure 3. The Wellbeing Principles

Legal and policy elements relevant to the current work are described in Appendix 2.

Communications

Clear and timely communication plays a key part of any effective outbreak response. This is even more important now, given the heightened community concerns brought on by coronavirus. The aim of the outbreak communication is to communicate in ways that build and maintain trust between local communities and the Local Health Protection Assurance Group/Local Outbreak Engagement Board. Without this trust, our communities will not believe, or act on, the health information that is communicated by Public Health during a local outbreak and will be less inclined to work with us to develop local intelligence on infection risks and control.

Local communications and actions are aligned with Public Health England and always work with local, regional and national partners as appropriate and when required for the best outcomes for our communities and the reduction of community transmission.

Community engagement

In the current situation, many people are feeling that they do not have control within their lives, and many of the fundamental enhancers to life have been removed, such as access to family and friends and other social activities. Many of the requirements of lockdown have come from government, with no discussion with local people as to what it means to them or how they will cope. Most people locally have accepted the restrictions placed on them, recognising that this is critically important if the pandemic is to be curbed. Indeed, there have been huge numbers of people who have volunteered to help support overcoming the crisis, which has become a key part of the 'County Durham Together' response and based on the Wellbeing Principles.

The plan has been developed under tight time constraints, which has meant that there has been limited involvement of local people. However, the public's views have been sought through a range of methods, including staff and resident surveys. This will continue and where possible, there will be further methods of including the public as the plan progresses, is monitored and reviewed.

Risks

- People refuse to co-operate, having lost trust with the government and/or local authority.

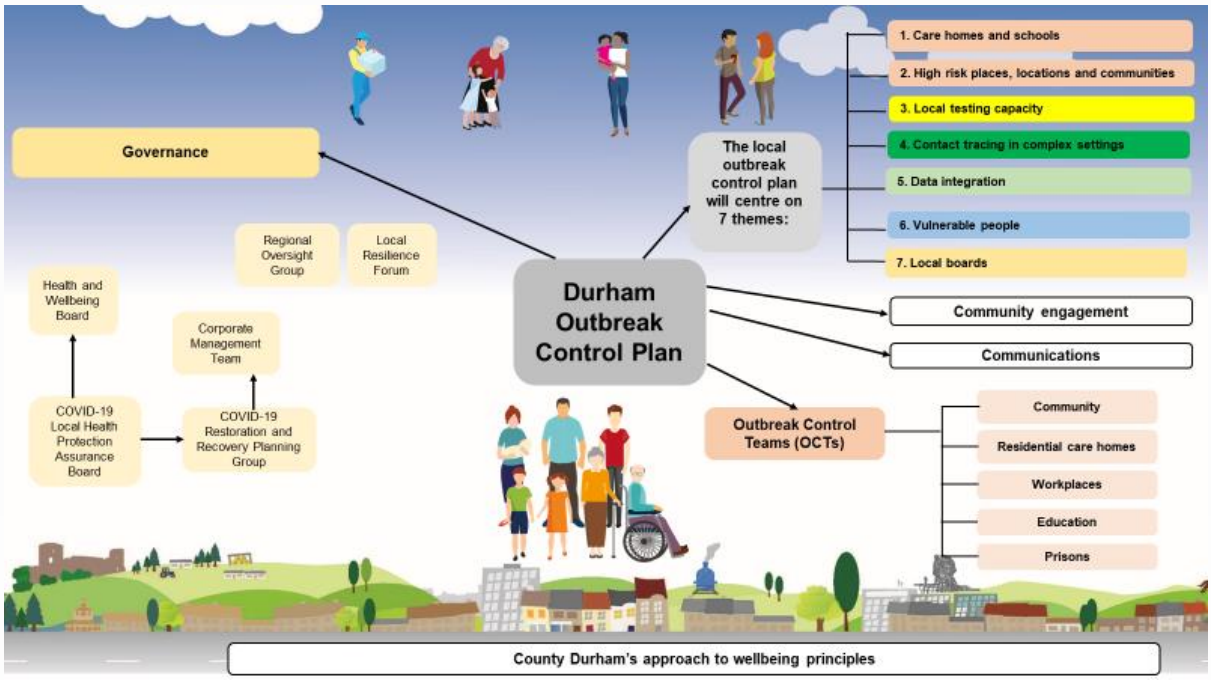
Next steps

- Residents is being adapted for current situation and will be administered in the near future.
- A clear communications plan is being developed in order to inform residents of current situation and will be adapted as required.

Governance

Figure 4 summarises the overall governance framework for COVID-19 outbreak control within the context of managing the county's wider response to the pandemic.

Figure 4: Durham COVID-19 Local Outbreak Control Planning and Governance



Local Health Protection Assurance Board

The key purpose of the Local Health Protection Assurance Board is to lead, co-ordinate and manage work to prevent the spread of COVID-19. As such it links with and supports wider work to help the county and its communities recover from the pandemic and restore some normality.

The Board meets on a weekly basis and the Terms of Reference which define the purpose and structure of the Board are attached as Appendix 3. It has developed the County Durham COVID-19 Local Outbreak Control Plan (the current document) to provide a framework for leading, coordinating and managing the outbreak prevention and control process.

The key priorities of the Board are to:

- provide a framework for leading, co-ordinating and managing the spread of COVID-19 including prevention and outbreak control and management;
- establish the support mechanisms Durham County Council (DCC) will provide to the Public Health England (PHE) Test and Trace Service;
- build on the established public health protection role and responsibilities of the local authority to manage outbreaks in specific settings;
- identify further action that might be required, including considering the impact on and needs of local communities;
- understand the local health, social and wellbeing challenges of COVID-19;
- support the role of the Health and Wellbeing Board in engaging the public, led by Cabinet Portfolio for Adult and Health Services.

The Board is chaired by the Director of Public Health and supported by a Consultant in Public Health (health protection) and Public Health Programme Manager.

Key strategic stakeholders are part of the Board to span the elements of the local outbreak plan including:

- NHS Clinical Commissioning Group (CCG) and NHS system lead.
- Health and Safety Executive (HSE).
- Durham University.
- LRF Data Cell interface.
- DCC – public health, community protection, community support hub, partnerships and community engagement, emergency planning, and response, commissioning, education and communications.

Clear roles and responsibilities have been set out for key stakeholders.

The Board has used the existing PHE North East Outbreak Control Guidance and the Standard Operating Procedure for outbreaks, developed by PHE in collaboration with local authorities to develop terms of reference.

There is an established and very strong arrangement between the Director of Public Health, Head of Community Protection and PHE Health Protection Team and our professional colleagues in neighbouring authorities.

Health and Wellbeing Board

The Health Protection Assurance Board reports formally to the Health and Wellbeing Board.

The Health and Wellbeing Board will be the Member-led board engaging with residents about the County Durham COVID-19 Local Outbreak Control Plan.

The Health and Wellbeing Board is well placed to fulfil this function with a wide range of partners including Healthwatch, NHS Foundation Trusts, County Durham and Darlington Fire and Rescue Service, Police and Crime Commissioner, Clinical Commissioning Group, Corporate Directors for Adults, Children and Director of Public Health

The Board is Chaired by Cllr Lucy Hovvels MBE, Cabinet Portfolio Holder for Adult and Health Services. In addition, there are two other Cabinet members on the Health and Wellbeing Board, Cllr Olwyn Gunn Portfolio Holder for Children and Young People's Services and Cllr Joy Allen, Portfolio Holder for Transformation, Culture and Tourism.

The County Durham COVID-19 Local Outbreak Control Plan will also be shared with the Adult and Health Overview and Scrutiny Committee and will be the focus of a future scrutiny committee.

Corporate Oversight

Internal to Durham County Council, the outbreak control arrangements report to the existing Restoration and Recovery groups to ensure close linkage to all COVID-19 plans and to Corporate Management Team to provide clear corporate oversight of the work.

Local Resilience Forum

There is also a clear interface with the County Durham and Darlington Local Resilience Forum (LRF). The forum has stood-up a Strategic Co-ordinating Group (SCG) and supporting cells and groups, under the overall strategic command of the Deputy Chief Constable for Durham and Darlington. Durham County Council strategic command has been provided by the Chief Executive and Corporate Directors who have been key members of the SCG. The council's Director of Public Health has also been a member of the LRF SCG.

LRF strategic oversight will transfer from the SCG to a Strategic Recovery Group (SRG) at the end of June 2020, which will be chaired by the Chief Executive of Durham County Council. This will enable close oversight of testing and outbreak management arrangements and coordination with wider recovery planning.

Regional Oversight Group

A regional oversight group for Local Outbreak Plans is being stood-up. The Chief Executive of Durham County Council will be the LA7 Lead Chief Executive on this regional oversight group. The council's Director of Public Health, the North East chair of the Association of Directors of Public Health will also be a member of this group.

Outbreak communication principles

A set of outbreak communication principles that shape and inform our communication plan have been developed by WHO[2]. These include:

- ensuring identified and at-risk populations have the information they need to make well-informed decisions and to take appropriate actions to protect their health during a local outbreak;
- supporting coordination and the efficient use of communication resources among local partners and stakeholders;

[2] https://www.who.int/ihr/publications/outbreak-communication-guide/en/

- providing relevant public health information to identified audiences;
- minimising sensationalist media;
- minimising social and economic disruption;
- maintaining and building public trust in public health communications.

Outbreak communication plan

A local communication plan has been developed to cover the following themes:

- Infection prevention measures;
- Awareness raising, promotion and signposting of NHS Test and Trace;
- Engagement and call to action for everyone to play their part;
- Communication support for the Local Health Protection Assurance Group / Local Outbreak Engagement Board;
- Pro-active communication support for outbreak teams and outbreak themes, based on our wellbeing principles;
- Support for those in self-isolation;
- Support for the community experiencing an outbreak;
- Reactive communications to promote factual coverage of issues, limit rumour and provide wrap-around support for affected communities.

Risks

- Lack of clarity in national to local responsibility of both proactive and reactive communications.
- National / Local repeated or misaligned communications.
- Slow or unclear communication.
- Media sensationalising an outbreak / Fake news / testing myths.
- Poor communication reach resulting in low engagement with testing and self-isolation.
- Over saturation on coronavirus messaging leading to public confusion / apathy.
- Lost trust with the government and/or local authority.

Next steps

- Test and Trace Awareness Raising Campaign.
- Play your part campaign.
- Communication support for outbreaks teams.
- Ongoing communication support for any outbreaks.

Local testing capacity

The reason for testing for infectious diseases is to determine whether someone is infected with that disease. This can help in both the control of transmission of the infection and help the management of suspected cases and situations. Further detail can be found in Appendix 4.

As noted above, our outbreak control arrangements will use two pillars from the national testing framework:

- Pillar 1: Scaling up NHS swab testing for those with a medical need and, where possible, the most critical key workers.
- Pillar 2: Mass-swab testing for critical key workers in the NHS, social care and other sectors.

Risks

There are two key risks associated with testing: a) lack of local testing capacity to rapidly respond to local outbreaks and contribute to control measures, and b) potential delays in the timeliness and accuracy of notifications through Pillar 2 to enable a sufficiently rapid local response to an active outbreak.

Next steps

There are ongoing developments in the following areas:

- Mobile testing units - it is expected that the number of these units within the Region will double during the course of June/July, and there are ongoing discussions as to how they can support local outbreak management;
- Testing in care homes - there is currently a proposal being considered on using Pillar 1 to conduct testing in whole homes;
- Pilots in schools - under the auspices of the Department for Education, schools are being asked if they would like to participate in a prevalence study of COVID-19.

Escalation and local lockdown restrictions

The Heath Protection Team and the Director of Public Health will escalate the incident, in keeping with the agreed joint management of COVID-19 working arrangements if:

- There are increased numbers of cases in a workplace or healthcare setting.
- There are linked cases in the community or supply chain.
- Media / political interest.

The Government (as of 3rd July) have developed an approach for controlling future local outbreaks which has five principle components: monitoring, engagement, testing, targeted restrictions and finally, as a last resort, lockdown.

- **First, monitoring.** Public Health England, working with the Joint Biosecurity Centre, will examine carefully data on the spread of the disease and people's behaviour across the country. They will look out for emerging trends, rising case numbers and other indicators, while taking into account local factors and work closely with the Director of Public Health.

- **Second, engagement.** If monitoring identifies local problems, NHS Test and Trace and PHE will work with the relevant local authority to develop a deeper understanding of the problem and identify solutions. Communication with residents will be a key part of this, ensuring that residents are informed and know what is happening. This ties in closely with the communications and engagement work.

- **Third, testing.** Substantial testing capacity is being developed nationwide and this should provide the ability to target capacity at local areas in order to support emerging outbreaks as appropriate. Scaled-up testing at a local level, combined with contract tracing through NHS Test and Trace and the local PHE Health Protection Team, will seek to implement control measures as rapidly as possible to slow the spread.

- **Fourth, targeted restrictions.** If the virus continues to spread, activities will be restricted at certain locations and close individual premises. This will be combined with local testing of contacts. Further guidance is awaited from Government of the legal powers required to carry this out.

- **Fifth, local lockdown.** If the previous measures have not proven to be enough, the Government will introduce local lockdowns extending across whole communities. That could mean shutting businesses venues that would otherwise be open, closing schools or urging people once more to stay at home. Local lockdowns will be carefully calibrated depending on the scientific and specific circumstances of each outbreak and we are continually exploring smarter means of containing the virus.

Further detail is expected from Government in relation to this escalation process.

Outbreak Control Teams (OCTs)

COVID-19 outbreaks will follow the Public Health England (PHE) joint management arrangements as agreed, which are based on well established guidelines. Arrangements between PHE and the Local Authority have been agreed via and overarching Standard Operating Procedure and then several Standard Operating Procedures (SOPs), based on different settings.

In the case of an unusual number of cases or particularly complex situation (e.g. multiple cases in a setting; high levels of anxiety or interest from media or other organisations), a multi-agency Outbreak Control Team (OCT) will be set up by PHE to review the situation and agree actions/required leadership of the situation. It is difficult to predict the likely frequency of occurrence of such critical incidents that PHE will lead on an OCT.

The Director of Public Health and the Health Protection Assurance Board will work closely with PHE if an OCT is required. In anticipation of key outbreaks identified in the PHE SOP the proposed governance is set out in Figure 5.

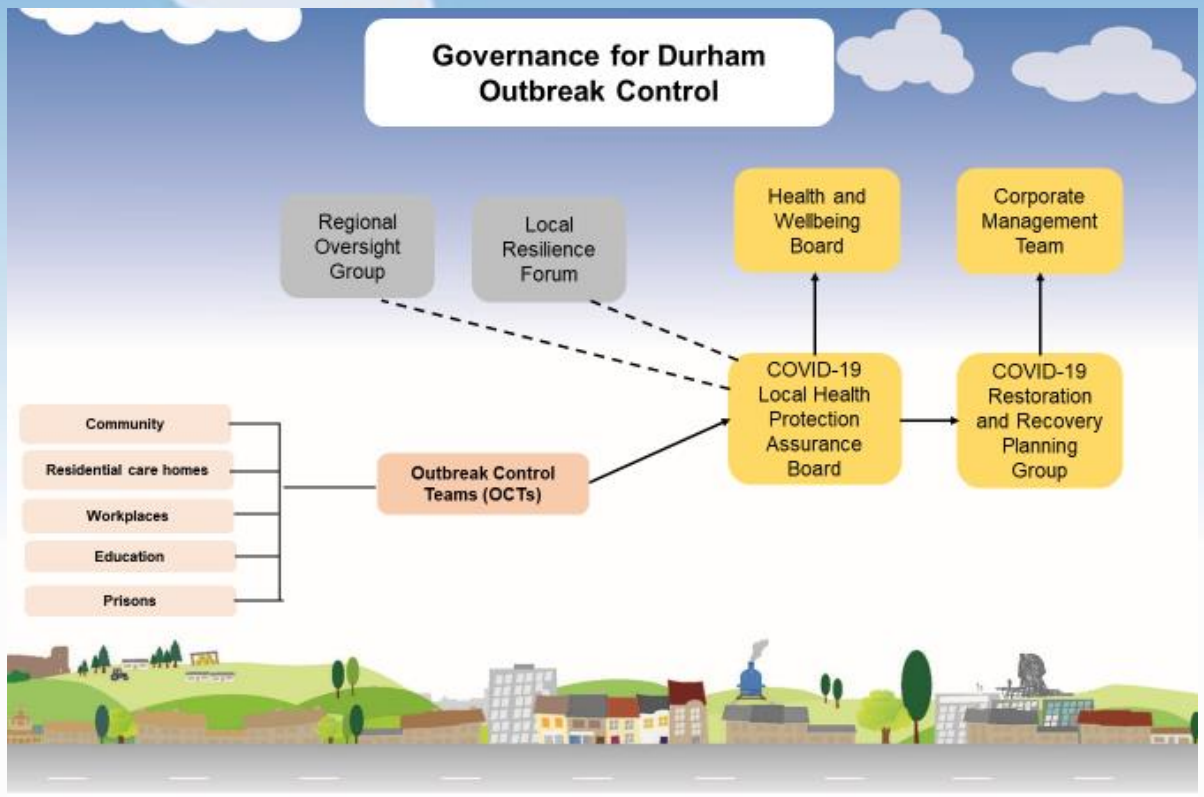
Each OCT will have standard OCT guidance agreed. It is the intention to draw on existing local authority expertise depending on the setting or group of people affected, such as school, workplace, prison etc. This will align to the existing COVID-19 guidance being used in key settings and with the general public.

Plans are in place in readiness for a call from PHE to convene an OCT. These are supported by a suite of papers for each setting, which include:

- Relevant SOP.
- Terms of Reference and membership.
- Agendas, Action and Decision log, Update forms.

The governance structure for OCTs is summarised in figure 5.

Figure 5. Governance around Local OCTs



It is unclear what local arrangements would be for any 'lockdown' situation and further clarity is required nationally in relation to this.

Out of hours arrangements

The contact tracing cell at Public Health England will be operational 8am-8pm 7 days a week and need to be multi-agency arrangements with a Single Point of Contact (SPOC) in place to support this.

A SPOC is in place with a dedicated email address for intelligence and escalation from Public Health England to the Local Authority. An out of hours rota is also in place to support any incident.

While incidents in healthcare settings will be managed by the healthcare organisation there is an expectation that the Director of Public Health, Deputy Director of Public Health or Consultant in Public Health will be part of an Outbreak Control Team

Out of hours arrangements are a risk due to senior capacity within the Public Health Team and Environmental Health Team as well as other service areas. This is being addressed.

Supporting vulnerable people: The Community Hub

The LRF declared a major incident in March 2020 and instigated the system response to the pandemic. A community support cell was established and tasked with setting up a community hub (County Durham Together Community Hub) to protect those both clinically vulnerable to COVID-19 (shielded) and those who had become socially vulnerable due to the virus infection containment measures. The hub was established to coordinate food provision, social contact, welfare support, volunteering and to provide central coordination of voluntary and community sector (VCS) support.

The hub offers support and guidance to County Durham residents who are shielded, vulnerable and have needs related to COVID-19, linking them to existing local services where possible and supporting with essential aid where necessary (for numbers of individuals identified, see Figure 6).

The Hub has two client pathways:

(a) Proactive pathway – outgoing calls made by CDDFT NHS Wellbeing for Life from NHS lists to those residents who meet all below criteria:

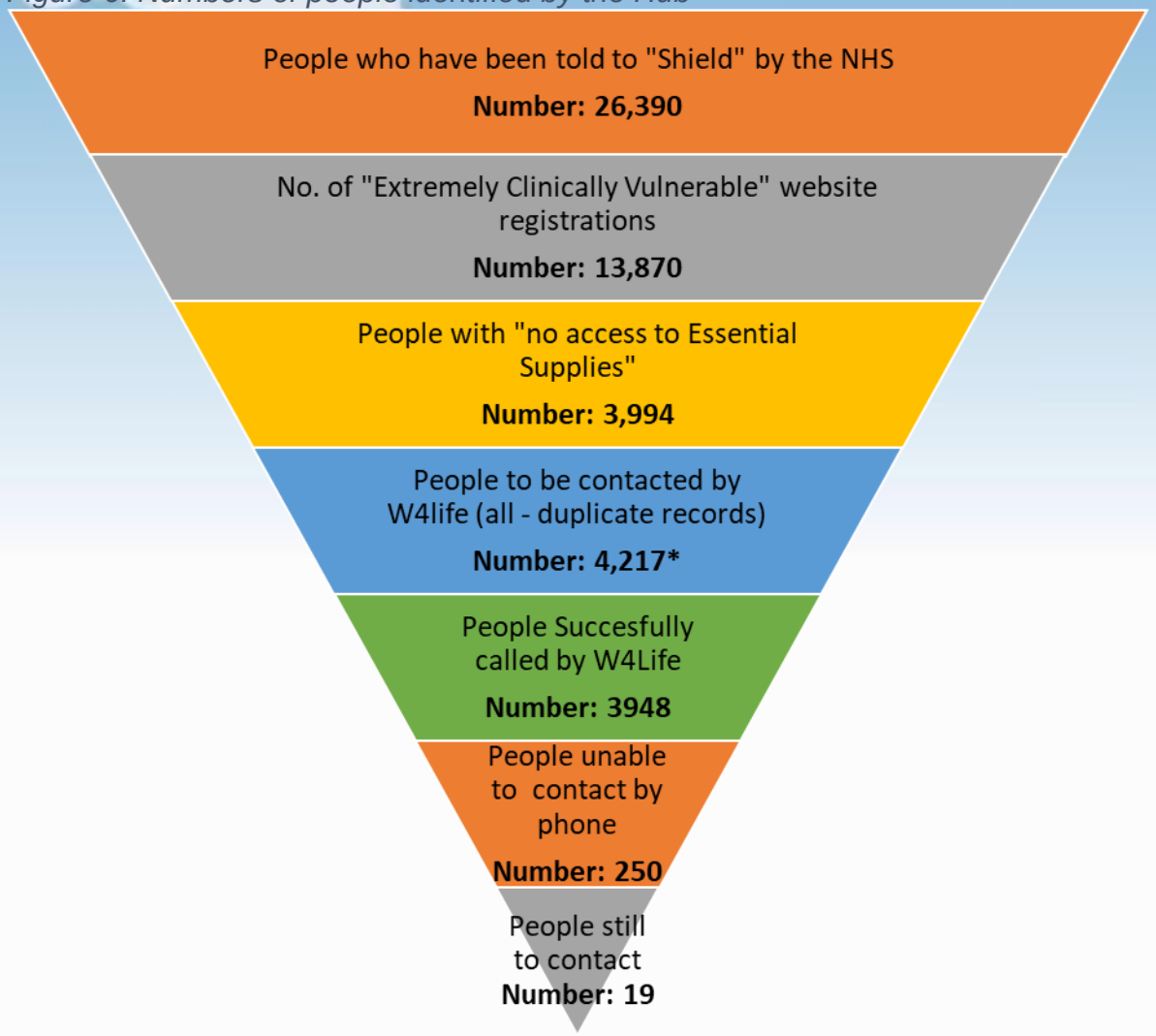
(i) Identified by NHS (letter to home) as clinically vulnerable to COVID-19;

(ii) As instructed in this letter, self-registered on the Government 'clinically vulnerable' website;

(iii) When registering stated that they do not have support with essential supplies.

(b) Reactive pathway – incoming contacts received via a dedicated online form / contact centre phoneline from residents who self-identify or are referred by third parties (e.g. family, neighbours, Tees Esk and Wear Valley (TEWV) NHS Trust, Adult Health Services, Housing Organisations, Probation) as needing support around issues linked to COVID-19.

Figure 6. Numbers of people identified by the Hub



In order to maximise awareness of the Hub across the county a communications plan is in place which includes print, radio and social media elements. Key partner organisations including TEWV, Primary Care, Adult Health Services also raise awareness of the Hub with their client populations. Direct mailshots have been sent out at various intervals to the shielded population and those identified as living with multiple social vulnerabilities.

The Hub was set up to provide additional support around COVID-19, not to replace existing service provision and where necessary Hub staff link clients (both new to and known by) to specialist providers and services via established, co-produced referral pathways where necessary.

The Hub has key contacts with key vulnerable populations and communities of interest such as faith communities. In County Durham a network of 14 Area Action Partnerships (AAP's) are in place. The AAP's have extensive knowledge of the local area, understanding of the health needs and assets and have played a key role in supporting local residents during the pandemic. This will continue with outbreak control.

The Hub will support residents requiring support when self-isolating due to being a confirmed case or a contact of a confirmed case.

Risks

- The most vulnerable do not make contact with the Hub and as the contact traced population dataset is not shared with the hub from PHE the hub cannot undertake any proactive calls. Mitigation: Menu of communications with those known to have multiple social vulnerabilities about where they can source support if required to self-isolate for 14 days.
- Vulnerable people choose not to self-isolate as they feel well and want to work; mitigation – work with employers to support those required to self-isolate and civic duty community engagement messaging.
- As the lockdown is eased and people become more used to living with COVID-19, it is possible that people will become less vigilant in maintaining preventative measures.
- Data flows to the hub from Test and Trace. This issue has been raised

Next steps

- Communication messaging from the hub to those known through PHM, as detailed in the Communications Plan.
- Work to support those who contact the hub and ensure they are safe and well during their 14 day self-isolation.

Settings

For each of the key settings lead officers have been identified and a team of key staff to work collectively on an outbreak if called.

Standard operating procedures are being applied which have been developed by PHE Health Protection Team and augmented locally, action and advice cards developed and scenarios are being tested for each setting to enable planning.

Care homes

Current picture in County Durham:

- 96 Care Homes (Older Person).
- 36 Specialist Homes.
- Care Home population: 3,602.

The Government's number one priority for Adult Social Care is for everyone who relies on care to get the care they need throughout the COVID-19 pandemic. Millions of people rely on this care and support every day. As the pandemic progresses, these vital services must remain resilient.

Staff working in the care sector face significant challenges in continuing to provide a safe, caring and stimulating environment. There is a huge amount of work already underway in care homes and in local areas to support and protect residents but as a local care system there is more that can be done.

Local teams involve health and social care professionals that are already embedded and known to care providers, and membership is dependent on local need and context.

Building on the mutual aid work in County Durham the local team consists of the following organisations: TEWV, CDFFT, DCC, CCG and NECS. This covers a range of skills and experience to provide the most appropriate local advice and support. System calls are convened three times a week to share information, highlight concerns and agree support offer.

The team already offers support to care providers in complying with health protection advice in preventing and managing individual cases and outbreaks of COVID-19, and assurance to the local system that care providers are protecting their residents. The team will be able to identify any gaps/needs for support and where practical offer additional support, training and advice.

Risks

- An outbreak is 'open' until a home is 28 days free from infection according to current outbreak management guidance. This may present a challenge in this setting given the possible transmission in the home, and the fact it may be in 'outbreak' for an extended period. This may affect the operations of an OCT.
- As there are different testing routes into care homes, it is difficult to know the current incidence of infection in the home. The 'capacity tracker' monitors infections at a point in time, but not whether they are new or existing infections.
- Whole home testing has presented challenges due to delays in national distribution.
- Track and trace could have implications for the staffing of care homes if a care home is heavily impacted.
- Admissions to care homes from the community and from primary and secondary care can be complex due to infection status.

- Adherence to strict PPE use is promoted and championed by all partners consistently, but given the vulnerability of this cohort, then small pockets of poor practice could have a significant impact.

Next steps

- Continuation of the mutual aid group approach and its response to outbreaks.
- Awaiting the care home SOP from PHE to understand when it 'passes over' to DCC.
- A regional group is looking at a possible regional SOP across LAs for consistency.
- Continued efforts with all care homes around infection control and support for testing using the whole mutual aid group.

Schools

Within County Durham there are currently:

- Over 250 schools.
- Over 100 private nursery providers.
- Approximately 300 childminders.

These school and early years settings are supporting over 101,000 children and young people aged 0 – 17 equating to almost 20% of the County Durham population.

Since the start of the pandemic, schools across County Durham have remained open where possible throughout lockdown to support vulnerable children and the children of key workers.

Since the 15th June, County Durham schools are taking a cautious and measured approach to welcoming larger numbers of children back to school in line with national guidance whilst ensuring children and staff are as safe as possible at all times. This includes providing advice and support to interpret national guidance in relation to reducing the transmission of the virus.

Local working arrangements with schools and early years settings are well established with public health representation at the local Education Department's COVID-19 processes, at both a strategic and operational level. Information, advice and guidance is provided on COVID-19 related issues including the interpretation of national guidance into practice, test and trace related issues and general public health guidance. Head teachers in education settings are kept informed of government updates impacting on

education settings and a process has been established for the escalation of any concerns raised by schools to the local public health team.

Additional testing processes have been established to quickly ensure children and young people who are looked after and living in residential care settings receive a test as soon as possible by appropriately trained nursing staff.

Risks

- County Durham is a large county with many early years and education settings. There is a potential for families to have children accessing several education settings with an increased risk of linked cases across schools / settings.
- Adherence to strict social distancing presents challenges for younger children.
- Testing for children under 12 years old is only available through the national (NHS) home testing process unless the child is currently living in a residential care home setting and this is available aged 5+. This may require extra support in ensuring testing happens, which is not available in times of reduced staffing.
- Children with complex health needs of children in special schools requiring multi-agency health support and increased PPE access for those children with aerosol generating procedures (AGPs).
- Children regularly present with high temperatures for many different reasons therefore large volumes of testing routinely will be required
- Delay in informing schools and settings of an outbreak could result in uncoordinated and varied school responses and confusion.
- Parental concern regarding safety of children to return to school.

Next steps

- Continue to develop an Outbreak Control Team (OCT) for schools and education settings and ensure early help and community support processes are established for families self-isolating.
- Development of a SOP for schools to ensure a clear and consistent approach.
- Inclusion of public health outbreak processes into schools business continuity plans.

Higher Education Establishments

There are over 20,000 students attending Durham University, New College Durham or University Technical College (UTC), South Durham, though many will not be currently resident in the local area. There are International students

who have been resident throughout the pandemic who will have particular issues.

Risks

- Unsure about timescales of reopening of colleges.
- Potential issues of multi-occupancy halls of residence and private accommodation.

Next steps

- OCT being developed to deliver support to PHE as required.
- Work with staff on prevention measures on return of students.
- Dedicated planning with Durham University.

Healthcare settings

Healthcare services within County Durham:

- County Durham and Darlington Foundation Trust (CDDFT) provides secondary hospital care from three main hospitals, two community hospitals and provide outpatient, community and outreach services from several other sites. The Trust has around 7,500 whole time equivalent staff and 1,200 beds.
- Tees, Esk and Wear Valley Foundation Trust provides mental health and learning disability services at two local hospitals and a range of community settings, including clinics, health centres and homes.
- There are approximately 55 general practitioner surgeries in Durham and 15 dental practices.

Healthcare providers face particular challenges, having responsibility for a large staff and for patients that are vulnerable for a range of reasons. Many will be dealing with COVID-19 directly, and already have wide experience of dealing with the consequences.

The Healthcare providers have wide experience of dealing with incidents and outbreaks, in partnership with PHE and the local HPT. They now have a responsibility to undertake risk assessment of any positive COVID-19 cases in their patients and / or staff to reduce the risk of transmission of infection. This includes assessing the contacts / exposures in healthcare settings and providing advice about isolation and exclusion from work. Within hospital and clinic sites this is proceeding.

CDDFT provides local swab testing for those with a clinical need, for NHS staff, and for other organisations including council workers, schools, and care homes.

When a case is confirmed, the healthcare provider undertakes a risk assessment of workplace-based contacts. This involves identifying close contacts and advising on isolation and exclusion from work.

Risks

- Easing of lockdown resulting in increased infection and subsequent increased demand on staff and resources.
- Increased demand on local testing.
- Possible transmission of virus between the health care setting and wider community.
- Community settings, particularly primary care may not have the experience of dealing with outbreaks.

Next steps

- Ensuring Outbreak Control Teams are aware of their responsibilities should PHE/local HPTs request local support.
- Work with primary care settings to ensure appropriate preventive measures are in place.
- Ensure communication plans are in place in case of particular media or political interest.

High risk places, locations and communities

Work is underway in identifying and planning how to manage high risk places, locations and communities of interest.

Risk profiles are currently being developed using various data sets to highlight potentially high risk places including workplaces, public spaces, forthcoming events other locations across the County where early and targeted interventions can be developed and implemented to control the incidence and spread of infection.

In addition, communities of interest will be a key feature in any outbreak strategies to ensure that the needs of our communities are properly addressed and that our most vulnerable individuals and groups are provided with help and support in the event of a local outbreak.

Risks

- Understanding the early signs /indicators of an outbreak in terms of increased absenteeism in the workplace and incidence of cases within the community. The infection control measures rely on co-operation

from COVID-19 cases in reporting symptoms, accessing test and trace, sharing relevant information e.g. close contacts, employment etc.

- Whilst larger employers may have established teams and available resources to support the development of their own infection control plans, many of our small and medium enterprises will have limited resources and capacity and may need additional business support to ensure compliance with public health control measures and cope in the event of a local outbreak.
- Being able to clearly define the scope of a community outbreak: mitigation – scope out the definition and assess against it for when an outbreak is declared by PHE.
- Being able to put a geographical 'ring' around the outbreak if it's a neighbourhood outbreak for prevention and control measures: mitigation – clear understanding of contract tracing undertaken by PHE.
- Due to nature of society opening back up and restrictions being eased and/or people's fears about employment then some contacts may not wish to comply and within the community the same levels of restrictions cannot be applied as in a workplace, school or care home: local lockdown measures to be agreed and tested.

Next steps

- Develop and deliver a range of targeted interventions in our highest risk places, locations and communities of interest to promote effective infection control and prevent local outbreaks.
- To define the scope of the OCT and relevant representation for particular settings.
- To refine the detail of the standard operating procedures (SOP) for particular settings including workplaces and communities.
- To run scenario exercises with key stakeholders to test the action cards.
- Review and sign off the SOPs and Action Cards.
- To be proactive in community engagement around civic duty to work with us if there is a community outbreak.

Workplaces

There are 50-100 workplaces in County Durham with 50 or more workers (including 5 Durham County Council locations); 9 workplaces have over 1000 workers, 9 between 500 and 1000 and 23 between 250 and 500. The remainder have fewer than 250 workers. Of the 73 largest workplaces 6 are food processing or distribution.
The Health Protection (Coronavirus Restrictions) Regulations 2020 impose restrictions on some workplaces which should remain closed.

As restrictions are relaxed however more workplaces are reopening and in doing so employers have a legal responsibility to protect their employees and other people on their premises from risks to their health and safety.

Government guidance exists for certain workplace settings to assist employers in making reasonable adjustments to their working arrangements to keep people safe during the coronavirus pandemic.

There are circa 14,000 workplaces within County Durham. Over 7700 workplaces are regulated under health & safety legislation by the Local Authority with the remainder being regulated by the Health & Safety Executive.

Risks

- Non-compliance with health protection legislation and failure to adhere to closure restrictions.
- Non-compliance with health & safety legislation and failure to make adequate arrangements to promote safe working.
- Understanding the early signs /indicators of an outbreak in terms of increased absenteeism in the workplace. and incidence of cases within the community. The infection control measures rely on co-operation from COVID-19 cases in reporting symptoms, accessing test and trace, sharing relevant information e.g. close contacts, employment etc.
- Whilst larger employers may have established teams and available resources to support the development of their own infection control plans, many of our small and medium enterprises will have limited resources and capacity and may need additional business support to ensure compliance with public health control measures and cope in the event of a local outbreak.

Next steps

- Develop and deliver a range of targeted interventions in our highest risk workplaces to promote safe working practices and effective infection control to prevent local outbreaks.
- To define the scope of the OCT and relevant representation for particular settings.
- To develop escalation procedures to the relevant enforcing authority to enable early intervention and COVID-19 compliance checking.
- To refine the detail of the standard operating procedures (SOP) for particular settings including workplaces.

Prisons

Guidance on the prevention and control of COVID-19 in prisons and other prescribed places of detention is subject to national guidance[3].There is also specific national guidance on the multi-agency management of outbreaks of communicable diseases or other health protection incidents in prisons and other places of detention in England[4]. National guidance has also been published on contact tracing in prisons.

Following national guidance, each prison has an outbreak plan, which provides for a range of control measures. Prisons also undertake infection prevention and control audits through health care providers with whom they contract.

Should there be an outbreak in a local prison, an Outbreak Control Team may be called to meet. This would be organised by Public Health England Health Protection Team and chaired by one of their Consultants in Communicable Disease Control. The Director of Public Health would be invited to attend or to send a representative. It is assumed that attendees have decision-making capacity on behalf of their organisations.

The meeting would follow a standard agenda including amongst other things case definition, epidemiology, working hypothesis, further investigations, risk and control measures, and communications.

Risks

Particular risks in prison settings include any underlying health conditions of inmates, willingness to disclose symptoms (which may lead to isolation), and compliance with hygiene and social distancing amongst staff (within and without the workplace).

Next steps

Continue to fully engage with national, regional and local partners in the monitoring and management of complex cases and outbreaks in prisons and other places of detention.

[3] https://www.gov.uk/government/publications/COVID-19-prisons-and-other-prescribed-places-of-detention-guidance/COVID-19-prisons-and-other-prescribed-places-of-detention-guidance

[4] https://www.gov.uk/government/publications/multi-agency-contingency-plan-for-disease-outbreaks-in-prisons

Next steps

The Public Health Assurance Board will continue to meet on a weekly basis to:

- Ensure continued leadership, co-ordination and management of the work to prevent the spread of COVID-19.
- Provide ongoing assurance to the Health and Wellbeing Board that the key issues identified by the plan are addressed and reported on appropriately.
- Update the plan as required, acknowledging that it is a dynamic process, working with regularly changing circumstances.

Conclusion

The COVID-19 Local Outbreak Control Plan has been developed to protect the health of our local communities by clear prevention messages in relation to COVID-19, rapid detection and management of COVID-19 outbreaks and the provision of support to those who need to self-isolate. Developing and applying intelligence is crucial to this process, in order to understand where added resources are needed to maintain population safety. The importance of ensuring that local people understand what is required of them and providing them with timely and appropriate information is key to preventing the spread of the virus, which the communication plan in this document will aim to ensure happens.

Feedback

If you would like to feedback on the draft County Durham COVID-19 Local Outbreak Control Plan please email PublicHealth@durham.gov.uk with your comments and suggestions.

Appendix 1

Guidance
NHS test and trace: how it works[5]

The NHS test and trace service will help to control the rate of reproduction (R), reduce the spread of the infection and save lives. An overview of the NHS test and trace service, including what happens if you test positive for coronavirus (COVID-19) or have had close contact with someone who has tested positive.

Test and trace service:

- ensures that anyone who develops symptoms of coronavirus (COVID-19) can quickly be tested to find out if they have the virus, and also includes targeted asymptomatic testing of NHS and social care staff and care home residents
- helps trace close recent contacts of anyone who tests positive for coronavirus and, if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus

Key actions to help stop the spread:

- if you develop symptoms, you must continue to follow the rules to self-isolate with other members of your household and order a test to find out if you have coronavirus
- if you test positive for coronavirus, you must share information promptly about your recent contacts through the NHS test and trace service to help us alert other people who may need to self-isolate
- if you have had close recent contact with someone who has coronavirus, you must self-isolate if the NHS test and trace service advises you to do so

Practical steps in the following situations:

- for someone with symptoms of coronavirus
- if you are contacted by the NHS test and trace service because you have been in close contact with someone who has tested positive for coronavirus

Guidance for people who develop symptoms:

- When to self-isolate
- How to order a test
- Testing negative or positive
- Health care workers
- Telling people about your result
- Sharing information about recent contacts
- Contact from NHS tracers
- What you will be asked – how the info will be used

[5] https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works?utm_source=62c084ed-8a21-47f3-aba6-0026b5bc0ec0&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate

Guidance for people who have had close contact with someone with coronavirus:

- If you are told to self-isolate
- How you will be told to self-isolate
- What happens next
- How we contact you

The NHS COVID-19 App: We are currently developing our NHS coronavirus app, which is being trialled on the Isle of Wight. When rolled out nationally this app will supplement the other forms of contact tracing

Support for people self-isolating:
We will direct you to your local authority helpline if you need the following during the period of self-isolation:

- practical or social support for yourself
- support for someone you care for
- financial support

Appendix 2

Health Protection: Legal and Policy Context[6]

The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits:

- With Public Health England under the Health and Social Care Act 2012
- With Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With NHS Clinical Commissioning Groups2 to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- In the context of COVID-19 there is also the Coronavirus Act 2020.

This underpinning context gives local authorities (public health and environmental health) and Public Health England the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease through local Health Protection Partnerships (sometimes these are called Local Health Resilience Partnerships) and local memoranda of understanding. These arrangements are clarified in the 2013 guidance *Health Protection in Local Government.*

PHE is mandated to fulfil the Secretary of State's duty to protect the public's health from infectious diseases, working with the NHS, local government and other partners. This includes providing surveillance; specialist services, such as diagnostic and reference microbiology; investigation and management of outbreaks of infectious diseases; ensuring effective emergency preparedness, resilience and response for health emergencies. At a local level PHE's health protection teams and field services work in partnership with DsPH, playing strategic and operational leadership roles both in the development and implementation of outbreak control plans and in the identification and management of outbreaks.

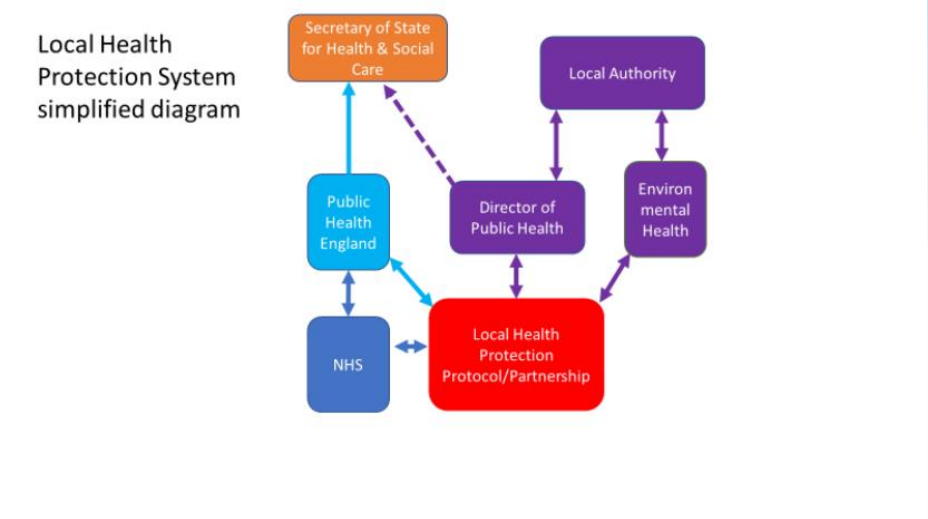
The Director of Public Health has and retains primary responsibility for the health of their communities. This includes being assured that the arrangements to protect the health of the communities that they serve are robust and are implemented. The primary foundation of developing and deploying local outbreak management plans is the public health expertise of

[6] ADPH, FPH, PHE, LGA et al (2020) Public Health Leadership, Multi-Agency Capability: *Guiding Principles for Effective Management of COVID-19 at a Local Level.* https://www.adph.org.uk/wp-content/uploads/2020/06/Guiding-Principles-for-Making-Outbreak-Management-Work-Final.pdf

the local Director of Public Health. The Director of Public Health will report to the Local Authority Chief Executive.

This legal context for health protection is designed to underpin the foundational leadership of the local Director of Public Health in a local area, working closely with other professionals and sectors (see Figure 7).

Figure 7: A simplified diagram of the Local Health Protection System.



Data Sharing: Legal and policy context[7]

Agencies will assume they are required to adopt a proactive approach to sharing information by default, in line with the Instructions of the Secretary of State, the Statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act.

The Secretary of State has issued 4 notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, local authorities, GPs. These notices require that data is shared for purposes of coronavirus (COVID-19) and give health organisations and local authorities the security and confidence to share the data they need to respond to coronavirus (COVID-19).

These can be found at https://www.gov.uk/government/publications/coronavirus-COVID-19-notification-of-data-controllers-to-share-information.

The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (CCA) and the Contingency Planning Regulations,

[7] ADPH, FPH, PHE, LGA et al (2020) Public Health Leadership, Multi-Agency Capability: *Guiding Principles for Effective Management of COVID-19 at a Local Level.* *https://www.adph.org.uk/wp-content/uploads/2020/06/Guiding-Principles-for-Making-Outbreak-Management-Work-Final.pdf*

Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA.

Appendix 3

Durham County Council
COVID-19 Local Health Protection Assurance Board
Terms of Reference

Purpose:

The Local Health Protection Assurance Board has been convened to provide oversight and leadership in the management of COVID-19. A COVID-19 Local Outbreak Control Plan has been developed to provide a framework for leading, co-ordinating and managing the spread of COVID-19. (The Plan clarifies how Durham County Council (DCC) will support the Test and Trace Service, a key element of the outbreak management process, which is being delivered by Public Health England (PHE). It builds on the established public health protection role and responsibilities of the local authority to manage outbreaks in specific settings. It identifies further action that might be required, including considering the impact on local communities and understanding the local challenges of COVID-19.

Objectives:

a) Close liaison with Public Health England (PHE) in line with standard operating procedure (SOP)

b) To develop a strategy (COVID-19 Local Outbreak Control Plan) to deal with communicable disease outbreaks and complex cases during the pandemic

c) To review the epidemiology of COVID-19 in County Durham in the context of international, national and regional trends including soft intelligence

d) To plan, implement and monitor outbreak management and control for other communicable diseases in County Durham during the pandemic

e) To plan contingency contact tracing measures and coordinate with all partners

f) To maintain oversight of the setting based OCTs

g) To report to CMT any resurgence in cases of COVID-19 and any risks

h) Ensure access to the Community hub for residents needing to self-isolate.

i) Liaise with PHE to develop a communications plan

j) To produce regular reports from outbreak management and control and contact tracing activities and outcomes

k) To ensure engagement with communities to ensure local residents understand the implications of outbreaks

l) Maintain oversight of the risk register

m) To liaise with and support the Local Outbreak Engagement Board (Health and Wellbeing Board) to ensure local community engagement and public understanding of the implications of any local outbreaks

n) To ensure all decisions are underpinned by the Wellbeing Principles

Membership:

- Chair: Director of Public Health
- Vice Chair: Consultant in Public Health
- Head of Community Protection
- Environment and Health Protection Manager
- PHE Consultant or representative
- Research and Public Health Intelligence Manager
- CCG/NHS rep
- CCG Infection Prevention and Control
- DCC Community Hub
- Public Health Strategic Manager - interface with social care
- Public Health Strategic Manager - interface with education
- Occupational Health and Safety Manager
- Strategic Manager Executive Support
- Communications
    - Business Partner
    - Public Health Practitioner
- Human Resources
- Public Health Programme Manager
- Health and Safety Executive
- Business support
- Locum Consultant in Public Health
- Partnerships
- As and when required representatives from Restoration and Recovery Groups depending on outbreak situation

Frequency of meetings

Meetings will be held weekly. This will be reviewed and when required further meetings will be arranged.

Governance arrangements/links with other groups

The COVID-19 Local Health Protection Assurance Board will report to COVID-19 Restoration and Recovery Planning Group.

The Health and Wellbeing Board will be used as the member-led board to communicate with the general public.

Durham COVID-19 Local Outbreak Control Plan

The COVID-19 Local Outbreak Control Plan will centre on 7 themes:

1. Care homes and schools
2. High risk places, locations and communities
3. Local testing capacity
4. Contact tracing in complex settings
5. Data integration
6. Vulnerable people
7. Local boards

The relevant leads to provide a weekly update on the themes above by close of play every Monday that will feed into the COVID-19 Local Health Protection Assurance Board.

Outbreak Control Teams (OCTs)

The Outbreak Control Teams (OCTs) are accountable to the COVID-19 Local Health Protection Assurance Board.

Appendix 4

Testing within the context of outbreak control in relation to Local Authority requirements

Purpose

The purpose of testing for infectious diseases is to determine someone has contracted an infectious agent. This can help in both the control of transmission of the agent and aid the clinical and environmental management of suspected cases and situations.

Systems and processes

If an individual is suspected of contracting an infectious disease, a confirmatory test would usually be requested by a Registered Medical Practitioner (RMP).

In accordance with the Notification of Infectious Diseases (NOID) guidance and Health Protection (Notification) Regulations (2010), the RMP should notify the Proper Officer of the Local Authority when there is a suspected case of infectious disease covered by the regulations. The regulations and guidance list a range of notifiable diseases and causative agents.

In County Durham, the Proper Officer is a Consultant in Communicable Diseases who works for Public Health England (PHE) Health Protection Team (HPT) and has a patch responsibility for the local area.

When a sample is processed through local laboratories, the result is passed through an established microbiological surveillance system and through this process, the HPT are notified of confirmed cases. This is in keeping with the NOID regulations.

This surveillance system helps HPT to calculate a) incidence (new cases) of infectious disease and b) determine whether an outbreak has occurred. An outbreak can be defined as a significant exceedance of incidence beyond that usually observed, or if there are two or epidemiologically linked cases within a certain setting and timeframe.

In March 2020, the Health Protection (Notification) Regulations were amended to include COVID-19 as a notifiable disease and SARS-CoV 2 as a causative agent.

Under the Coronavirus Act 2020, it is a legal requirement for an individual to provide a microbiological sample if directed to do so by a public health officer who suspects that an individual may be infectious. It is also a legal requirement for an individual requested by a public health officer to answer questions and provide information about their health or other relevant matters

(including their travel history and other individuals with whom they may have had contact).

Testing regimes

The system described above has been categorised as Pillar 1 of the national testing strategy, which is swab testing carried out through the NHS.

Pillar 2 of the national testing strategy comprises swab tests undertaken in arrangements with commercial partners including Deloitte, Amazon, Randox and Kingfisher.

Lab test results through both Pillar 1 and 2 are collated at national level and fed into the NHS Test and Trace service via the National Pathology Exchange and NHSX. Further detail on how this system works is available in the Government's privacy notice.

There are two types of tests for COVID-19: 1) antigen and 2) antibody. The antigen test checks for the presence of the genes of SARS-CoV 2 in swab samples taken from the back of the throat and nose. The antibody test checks for an immune response present in blood.

Locally, the antigen test is available through Pillar 1 to all patients and staff in County Durham and Darlington Foundation Trust. It also available to staff and household members in primary care, and to symptomatic residents and staff in local care homes, and to symptomatic staff through occupational health routes in various organisations such as the County Council, to staff in schools, and in the police and fire service.

Under this arrangement, individual swab tests are undertaken at drive-through sites based at the hospitals in Darlington and Durham. Community nurses can take swab tests from residents on site in care homes.

The antigen test is available through Pillar 2 to all symptomatic residents in England aged 5 and above. Care homes can also apply for testing kits to cover all staff and residents regardless of symptoms. At the time of writing, care homes could do this just once.

Swab tests through Pillar 2 can be undertaken by individuals at home, by staff or individuals on site at care homes, or by staff on site at regional and mobile testing units.

Antibody tests are being gradually rolled out, beginning with NHS Acute Trust staff and patients.

On 12th June 2020, the privacy notice above was updated to say that 'if you test positive, you may be contacted by text message to see whether you wish to donate blood plasma, as part of the potential treatment for coronavirus'.

Outbreak Management

There are currently 3 possible routes to identifying cases and contributing to the control of an outbreak.

1. NHS Test and Trace. This service collects lab results from Pillars 1 and 2, contacts the individual case and seeks information on close contacts.
2. HPT continue to be notified of suspected cases and potential outbreak and will initiate investigation in newly reported suspected outbreaks by issuing a set of sample swabs.
3. Local intelligence may identify cases that require further investigation and control.

Ongoing developments

There are ongoing developments in the following areas:

1. Mobile testing units. It is expected that the number of these units within the Region will double during the course of June/ July, and there are ongoing discussions as to how they can support local outbreak management.
2. Testing in care homes. There is currently a proposal being considered on using Pillar 1 to conduct testing in whole homes.
3. Pilots in schools. Under the auspices of the Department for Education, schools are being asked if they would like to participate in a prevalence study of COVID-19.

County Durham COVID-19 Health Protection Assurance Board Update

Health and Wellbeing Board
11 September 2020

Amanda Healy
Director of Public Health

Update on the work of the Health Protection Assurance Board (HPAB)

- Progressed the implementation of the LOCP since its launch in July
- Each setting have developing their local outbreak control teams (OCT), standard operating procedures (SOP) with Public Health England (PHE) for outbreaks (this includes additional groups that are relevant to County Durham for e.g. Durham University)
- Developed A COVID-19 Communication Toolkit
- Agreed local process for schools informing local authority of suspected cases
- Produced community engagement strategy and action plan
- Developed a response to the contain framework and local escalation
- Actively responding to cases clusters and outbreaks of COVID-19
- Engaged nationally to ensure accurate up to date data and intelligence is received locally

Key Communication Activity.

General

- Adverts bus shelters / newspaper / digital
- Social Media / Website
- Demographic targeting
- Local / partner channels
- Local COVID-19 champions
- Outbreak control toolkits for a range of setting - schools, years, community, business
- Lessons Learnt
- Specific materials – Gypsy, Roma, Traveller (GRT)

Specific Outbreaks

- Local targeted advice - self isolate / Got symptoms Get Tested
- Letters to those affected
- Wider community messaging working with the local community. Posters, social media. (over 1300 shares in two days)
- Press release / interviews TV, radio & print
- Various briefings for community
- Paid for advertising and social media in affected postcode areas

Communication

Preventative elements / Reactive and support elements / Control and contain elements

- Ad Shells
- Paper Ads
- Social Media
- Website
- Demographic targeting

COVID-19 in County Durham:

Cases (overall)

3,523*
Lab-confirmed cases
668.8
per 100,000
Rank:
34th of 149 UTLAs

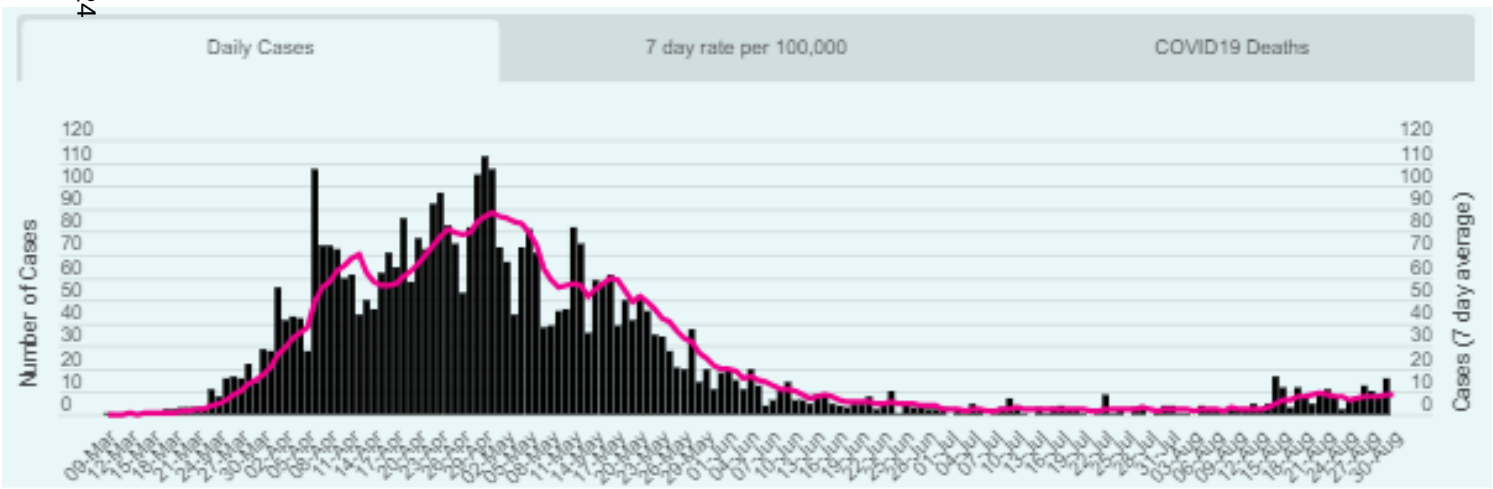
** As at 31/08/2020*

Incidence (7 day rate to August 26th)

RAG rating	Area	7 day rate per 100,000*
RED	Pendle	64.5
RED	Oldham	59.4
AMBER	Corby	49.4
AMBER	Blackburn with Darwin	46.3
AMBER	Bradford	43.2
GREEN	Middlesbrough	24.2
GREEN	South Tyneside	22.0
-	England	12.0
GREEN	County Durham	10.2

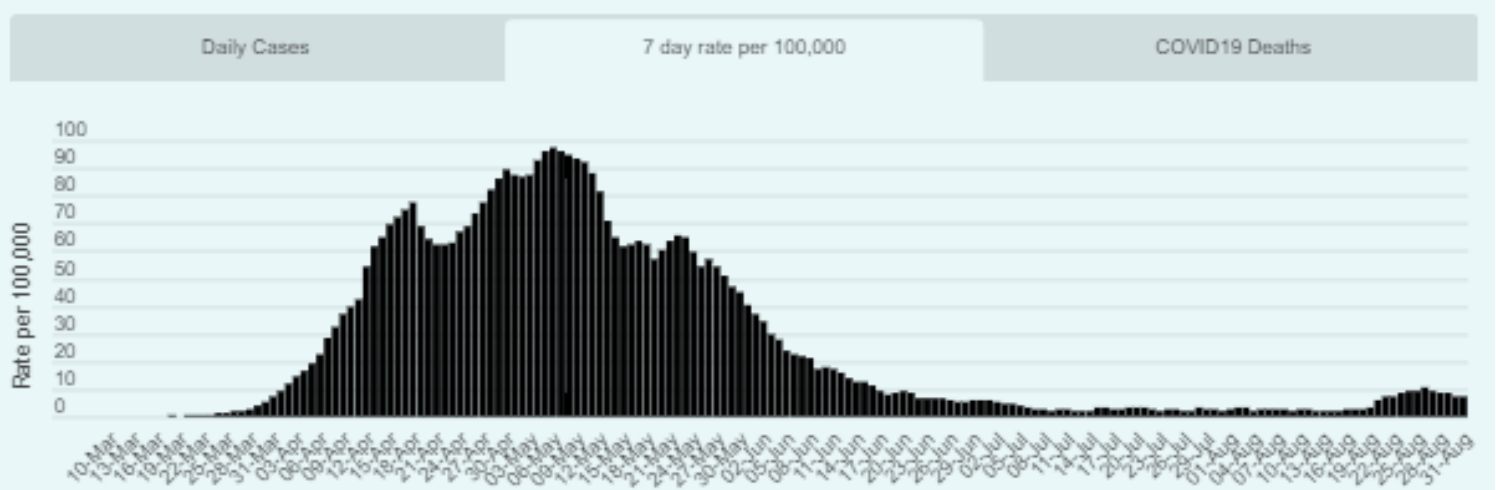
Rank	106th of 314 LTLAs

COVID-19 in County Durham:



Care home outbreaks	
7 day	Total
0	109

School outbreaks	
7 day	Total
0	4



Outbreaks

- Update on outbreaks in County Durham
- Outbreak Control Teams (OCTs)
- Response
- Mobile testing units
- Engagement with venues
- Update to Regional Oversight Group (ROG)
- Community response
- Collation of lessons learnt following recent outbreaks

COVID-19 Contain Framework and Local Lockdown Plans

- The Government published guidance: COVID-19 contain framework: a guide for local decision-makers (https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers).
- It sets out how national and local partners will work with the public at a local level to prevent, contain and manage outbreaks.
- The framework supports local authorities to take preventative action
- This includes a range of additional powers that local leaders have to enforce decision-making and stop local transmission of the virus.

Community champions programme

- Development of a COVID-19 Community Champion programme
- Continued support from the hub for those people who need to self -isolate

Questions from members of the public

- The Track and Trace System is in place to reduce the spread of the Coronavirus. What is happening to encourage local businesses to collect this information for people who use their services?
- How can we encourage people to follow social distancing guidelines in venues, for example, restaurants, pubs and clubs?
- The national guidance on operating indoor performances is unclear. Can you please provide clarity on whether a karaoke show in a local public house is allowed to take place?
- What jurisdiction does the Council have for events taking place on both their own land and also private land?
- To help people in this area to know the nature and extent of the local risk, can we make public the postcode level information on current reported infections?