Health and Wellbeing Board

Date **Thursday 18 March 2021**

Time **9.30 am**

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

Business

Part A

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

1. Apologies for Absence
2. Substitute Members
3. Declarations of Interest
4. Minutes of the Health and Wellbeing Board held on 21 January 2021 (Pages 5 - 14)
5. Path to Excellence: Report of Programme Manager, Path to Excellence (Pages 15 - 24)
6. Joint Health and Wellbeing Strategy 2021-25: Report of the Head of Partnerships and Community Engagement, Durham County Council (Pages 25 - 96)
7. Health and Social Care Integration (standing item): Verbal update from Corporate Director of Adult and Health Services, Durham County Council, and Director of Integrated Community Services, Durham County Council
8. Joint Health and Wellbeing Strategy 2020-25 - Public Health update against priorities: Presentation of Director of Public Health, Durham County Council (Pages 97 - 112)

9. Transforming Care, Learning Disabilities Commissioning Strategy, and Think Autism Strategy: Report of Joint Head of Integrated Strategic Commissioning for County Durham CCG and Durham County Council, and Director of Commissioning Strategy and Delivery (Digital, Mental Health and Learning Disabilities) County Durham CCG (Pages 113 - 130)
10. Health Protection Annual Assurance: Report of Director of Public Health, Durham County Council (Pages 131 - 152)
11. Primary Care Commissioning and Investment Strategy: Report of Director of Strategy and Delivery - Primary Care, County Durham CCG (Pages 153 - 218)
12. Community Champions: Report of Director of Public Health, Durham County Council (Pages 219 - 234)
13. Approach to Wellbeing - Academic Evaluation: Report and Presentation of Corporate Director of Adult and Health Services, Durham County Council and Director of Public Health, Durham County Council (Pages 235 - 248)
14. Health and Wellbeing Board Campaigns: Presentation of Director of Public Health, Durham County Council (Pages 249 - 254)
15. Covid 19 update: Presentation of Director of Public Health, Durham County Council (Pages 255 - 260)
    a. Local Outbreak Control Plan: Progress Update
    b. Questions from members of the public and stakeholders
16. 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
10 March 2021

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**
M Forster	**Harrogate and District NHS Foundation Trust**
M Laing	**Associate Director of 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 Remote Meeting of **Health and Wellbeing Board** held in **via Microsoft Teams** on **Thursday 21 January 2021 at 9.30 am**

Present:

Councillor L Hovvels (Chair)

Members of the Committee:
Councillors J Allen and O Gunn, L Buckley, S Caddell, C Cunnington-Shore, R Chillery, Dr S Findlay, A Healy, S Helps, F Jassat, M Laing, J Murray and Dr J Smith.

Also Present: Councilor J Robinson (Chair of Adults Wellbeing & Health Overview & Scrutiny Committee)

1 Apologies for Absence

Apologies for absence were received from J Gillon, V Mitchell, S White and J Illingworth

2 Substitute Members

LB was present as substitute for J Gillon, S Caddell for S White and JM for J Illingworth.

3 Declarations of Interest

There were no declarations of interest.

4 Minutes of the meeting held on 24 November 2020

The minutes of the meeting held on 24 November 2020 were confirmed as a correct record and signed by the Chairman.

5 Health and Social Care Integration

The Board received a verbal update from the Corporate Director of Adult and Health Services supported by the Director of Integrated Community Services on Health and Social Care Integration progress.

The Board were advised of three practical items in terms of integration, the first being that they were currently working on a discharge team and deploying therapists into GP practices to assist with rehabilitation following discharge. The second was a joint piece of work with Primary Care, Community Services to equip District Nurses to allow them to assist with the COVID-19 vaccination programme.

The Board were also updated on the recent consultation exercise 'Integrating care: Next steps to building strong and effective integrated care systems' and advised that Alan Forster had been invited to a future meeting.

Resolved: That the update be noted.

6 Draft Joint Health and Wellbeing Strategy 2021-25

The Board considered a report of the Head of Partnerships and Community Engagement which presented the draft refresh of the Joint Health and Wellbeing Strategy (JHWS) 2021-2025 for comment (for copy see file of Minutes).

The Strategic Manager (Partnerships) explained that JHWS had developed in March 2020 to cover a one year period, whilst further work was undertaken to ensure that the Strategy considered the County Durham Vision 2035.

She further explained that COVID-19 had made a huge impact on how Durham County Council and its partners delivered services, especially health and social care services, ensuring that vital services remained accessible to those who needed them. This had been addressed through joint action and working together with partners and it was positive to note that actions contained within the current strategy had supported this approach during these unprecedented times.

The Strategic Manager went on to highlight the life course approach taken by the Board through the three strategic priorities. She further noted that the six objectives included in the JWHS 2020-2025 were to be monitored and evaluated each year.

The Strategic Manager (Partnerships) explained that wider consultation on the JHWS would run from January 2021 – February 2021, followed by final sign off of the JHWS by the Health and Wellbeing Board on 18 March 2021.

Discussions ensued regarding the consultation process and the value of engaging with young people across a wide geographical area and age group so that a diverse range of opinions were gathered.

Resolved: That the Draft JHWS 2021-25 be agreed for wider public consultation.

7 Joint Health and Wellbeing Strategy update

The Board considered a report and presentation of the Director of Public Health, County Durham which provided an update on work taking place within the three strategic priorities in the Joint Health and Wellbeing Strategy (JHWS) (for copy see file of Minutes).

The Board noted the presentation which provided details on:

- Cutting the cost of the school day – understanding the scale of child poverty and providing practical help to schools to support those children and aim to reduce child poverty.
- Unintentional injuries – addressing child safety, including training of 350 practitioners.
- Mental Health Support Teams in Schools – Comprehensive approach, range of interventions across education settings and services for 0-25 years enhanced during the pandemic.
- Suicide Prevention – Small numbers reported through monthly data surveillance although a slight increase during November 2020.
- Tobacco Control – Smoking prevalence in County Durham is 17%, higher than both the regional and national figure.
- Link Worker Activity – Converted plan of action and assessments
- Physical activity and workplace health – Work ongoing on the development of a draft physical activity strategy to help tackle physical inactivity across County Durham.

Resolved: That the content of the report and presentation be noted.

8 Director of Public Health Annual Report 2020

The Committee received a report of the Director of Public Health for County Durham that presented the Annual Report for 2020 (for copy see file of Minutes).

The Director of Public Health gave a detailed presentation on the Annual Report that focused on the following: -

- Health and wellbeing across County Durham
- Response to COVID-19
- Approach to Wellbeing
- The Taylor's Community
- How we have worked with partners to impact on the Health and Wellbeing of residents living in County Durham
- Update on the seven public health strategic priorities

- A focus on the following strategic priorities and recommendations for their future work:
  i) Good jobs and places to live learn and play
  ii) Every child to have the best start in life
- Update on recommendations from 2019
- A set of recommendations based on the two priority areas of focus.

The Director of Public Health highlighted that COVID-19 had been the major focus in the last year, highlighting the importance of the role of Public Health in protecting the public from infectious diseases whilst supporting and improving their health and wellbeing. The pandemic had highlighted health inequalities which would inform future transformational work such as the COVID related ill health project. She agreed to come back to a future meeting to update on progress, the focus of which would be upon:

- High quality drug and alcohol services
- Better quality of life through integrated health and care services
- Promoting positive behaviours
- COVID-19 recovery

Councillor Gunn added that she wished to commend the report as she felt that it brought together so much information which allowed the Board to focus on other areas of work which was extremely valuable. She further added that the reference to the Taylor family really helped its messages resonate and thanked the Director of Public Health and the team for pulling it together.

Resolved: That the 2020 Annual Report be received and noted.

9 Better Care Fund

The Board considered a joint report of the Corporate Director of Adult and Health Services and Dr Stewart Findlay, Chief Officer, County Durham Clinical Commissioning Group which provided an update on Better Care Fund (BCF) Policy Statement published on 3 December 2020 (for copy see file of Minutes).

The Corporate Director of Adult and Health Services advised that on 3 December 2020 the Government announced that areas would not be required to submit plans for assurance in 2020-21 and instead roll forward schemes from 2019-20 where appropriate following local agreement.

She went on to highlight the national conditions for the Better Care Fund in 2020-21 and detailed the seven main programmes within the local BCF which focussed on health and social care initiatives which facilitated and enabled integration and closer working between the NHS and Durham County Council.

Resolved: That the Board

(a) Note the contents of the report
(b) Ratify the continuity of provision
(c) Delegate authority for the allocation of expenditure for the BCF 2020-21 to lead officers.

10 Adults, Wellbeing and Health Overview and Scrutiny Committee review of GP services

The Board considered a report of the Chair of Adults Wellbeing and Health Overview and Scrutiny Committee which presented the key findings and recommendations of the Adults Wellbeing and Health Overview and Scrutiny Committee's review report focusing on GP Services in County Durham (for copy see file of Minutes).

Councillor J Robinson, Chair of Adults Wellbeing and Health Overview and Scrutiny Committee explained that the Review was undertaken in 2019 following concerns about the potential cumulative impact of a number of proposed applications to review, merge or close GP branch services across County Durham during 2018/19.

The working group met 6 times and evidence was collected from North Durham and DDES CCG; North East Ambulance Service NHS FT; Care Quality Commission; County Durham and Darlington Local Medical Committee, DCC Public Health, Planning Policy and Transport teams; NHS England's 2018 GP Patient Survey and reports by County Durham Healthwatch into Care Navigation; Access to GP Services survey and GP Enter and View visits.

The key findings of the review informed the proposed 9 recommendations as detailed within the report and a service response from NHS County Durham CCG is also included with in the report at para 31.

In conclusion Councillor Robinson added his thanks to members, officers, and partners for their valuable contribution to the review process.

Councillor Allen asked how the Board could ensure a consistent service across the County which should in turn improve patient experience. In response Councillor Robinson advised that this was for the Health and Wellbeing Board to determine as part of the levelling up agenda for healthcare across County Durham. He noted that the move to a single CCG for Durham would help, but less clear was the potential impact of the ongoing consultation on Integrated Care Systems and their future role in Commissioning arrangements currently undertaken by CCGs. In respect of the latter issue, it was essential that any resources required were earmarked

for County Durham and based upon its health need and deprivation levels and retained within Primary Care in Durham.

He further referenced the report which highlighted the need for a consistent approach to communications and message management, in respect of how the community access primary care and this should consistent across County Durham as is training and development of primary care staff.

F Jassat, County Durham Clinical Commissioning Group welcomed the report and thanked the Adults Wellbeing and Health Overview and Scrutiny Committee for the review undertaken. He assured the Board that the CCG had received and considered the recommendations and found it to be visionary. He advised that the CCG would undertake a review of the recommendations contained within and report back in 6 months' time.

Dr S Findlay, County Durham Clinical Commissioning Group also noted his thanks, adding that the cross-party support for primary care was encouraging. He went on to comment that COVID-19 had catapulted technology within the health service and many aspects of primary care would change forever as a result including the impact upon the estate, because of increased use of remote consultations.

He further noted that with regard to contracts and investments there was an element of choice, however it would be important to invest in primary care going forward to ensure access to services were consistent across County Durham and felt it important that Durham continued to lobby for control of the budget in County Durham.

Resolved: That the Board endorse the recommendations contained within the review report and agree to work in partnership to deliver the identified improvements.

11 Physical Activity Strategic Committee

The Board considered a report of the Managing Director, County Durham Sport which provided an update in respect of the approach to system stewardship (physical activity) in order to contribute to the improvement of health inequalities (for copy see file of Minutes).

Councillor Allen referred to the Active Shildon and Valleys schemes and asked whether it was intended to roll this out to other areas of the County. In response, M Rhodes, Managing Director advised that the project at Shildon and Valleys had taken a place-based approach to tackle inequalities under a control method of a 5-year funded programme. It was acknowledged expanding this to other areas would be increasingly important over the next 10 years.

The Chair, Councillor L Hovvels asked whether there was any known impact yet of COVID-19 on physical activity. In response, M Rhodes advised that COVID-19 had widened the inequalities gap and therefore providing and promoting low cost exercise options would be extremely important in targeting the lower socio-economic groups, whilst also meeting the demand for increased choice.

Resolved: That the content of the report be noted.

12 Poverty Issues

The Board considered a report of the Head of Transformation, Durham County Council, which provided an overview of the most recent welfare, economic and poverty indicators for the county and the progress of the Council and its partners' efforts to address and alleviate poverty including a summary of the actions to respond to the negative financial impacts experienced by residents as a result of the COVID-19 pandemic, and the poverty action strategy and plan (for copy see file of Minutes).

The Head of Transformation picked on some of the key highlights contained in the report including; the work to support children and families with initiatives such as holiday activities and ways to make the school day more affordable and vouchers issued during October half term. Work to support those seeking employment through the employability team and the impacts of welfare reform and COVID-19 on the County and its residents. Initiatives taken over the last 12 months were further detailed within paragraph 55 onwards of the report for information.

Councillor Gunn passed on her thanks to the team and Councillor Surtees, Portfolio holder for their work on this issue. She noted that there were many layers to poverty, and it was concerning to see increased numbers of children living in poverty. She therefore felt that a comprehensive government plan to tackle this issue across the whole country was required urgently.

In response Councillor Surtees referred to the increasing uncertainty faced by many families in County Durham and the impact hardship has upon mental well-being. She noted her concerns regarding future funding and welcomed the comments made by Councillor Gunn above.

Councillor Hovvels agreed that a letter should be sent to the government lobbying them for action and suggested that this should be done so with the support of the Board's partners.

Resolved: That the content of the report and progress update be noted.

13 Child Death Overview Panel

The Board considered a report of the Director of Public Health, which presented the 2019/20 County Durham and Darlington Child Death Overview Panel (CDOP) Annual Report (for copy see file of Minutes).

The Director of Public Health explained that during the period 20 child death reviews were considered by the CDOP and of those 20 cases, there were modifiable factors in five deaths with seven factors identified which had been put forward into the plan for further work including:

- Raising awareness regarding Signs & Indicators of Acute Illness in Children
- Children with Chronic Medical Conditions
- Accidental Deaths
- Neonatal Deaths

She went on to highlight areas within the CDOP where good practice could be drawn upon and noted developments in 2019/20.

Discussion took place regarding how the Board could assist the work of the CDOP and the Director of Public Health noted that a co-sleeping campaign was currently being developed as identified as a modifiable factor and was one which the Board could advocate to help prevent in the future.

Resolved: That the Board note the

(a) content of the annual report and the developments planned for 2019/20 and beyond.
(b) importance of the work of the raising awareness campaigns to recognise and respond to children showing signs of an acute illness and also the raising awareness through existing campaigns regarding bike safety as these issues were identified as modifiable factors in child deaths reviewed by the Child Death Overview Panel during this period.
(c) the work ongoing to develop thematic reviews through a merged CDOP with other CDOP areas in the North East region.

14 Health and Wellbeing Board Campaigns

The Board considered a detailed update and presentation of the Director of Public Health which provided details of COVID-19, Mental Health and Help us to help you alcohol campaigns (for copy see file of Minutes).

With regard to the alcohol campaign the Director of Public Health explained that this annual campaign from NHS England and NHS Improvement sought

to ease, among other things the winter pressures on our healthcare system by directing people to the most appropriate resource for their needs. This also ran alongside Dry January, which despite the challenges faced in terms of getting people signed up because of remote ways of working, a good take up to the campaign had been seen across the county.

Resolved: That the content of the presentation be noted.

15 Covid 19 update

The Board considered a report and detailed presentation of the Director of Public Health which provided an update on the COVID-19 response and the COVID-19 Local Outbreak Control Plan (for copy see file of Minutes).

The Director of Public Health reported that the rate across County Durham had now reduced, although numbers were still high and the number of deaths was also starting to reduce however there was a lag in the reporting of these numbers. She went on to explain that the new variant detected in the UK was around 70% more transmissible and this strengthened the importance of the key messages of hands, face, space.

An update was further reported in respect of the Local Health Protection Assurance Board whose key purpose was to lead, co-ordinate and manage work to prevent the spread of COVID-19. The Director of Public Health explained that the spike detection tool had been developed to identify localised outbreaks and allowed for a mobilised community response to any such outbreaks and would also be utilised in education, care home and workplace settings.

The Director of Public Health in relation to the vaccination programme noted that as of 6 January 2021, 28,000 vaccinations had been administered.

In response to questions submitted by members of the public.

When there are spikes in the community transmission, do we know the reasons – for example there was a recent spike in Durham City prior to the Christmas break?

The Director of Public Health explained that the outbreak in Durham City was known to be non-student related and had been found to be from broader community transmission. It was noted that similar outbreaks had been seen in Annfield Plain and South Moor.

S Caddell asked whether County Durham were close to opening a mass vaccination site, the Director of Public Health advised that work was ongoing

through discussions with NHS England and partners and it was hoped that a conclusion on this matter would be reached soon.

What is the current situation in County Durham regarding visits to Care Homes?

The Corporate Director Adult and Health Services recognised the importance of the connections from allowing residents and their families to be able to visit and visiting should be supported where it's possible to do so in line with the national guidance. It was also important that within the care home environment appropriate measures to manage any risks were undertaken and to strike a balance between the benefits of visiting on the well-being and the risk of transmission based on a dynamic risk assessment. However, for all care homes except in the event of an active outbreak outdoor visiting should be enabled and in exceptional circumstances visits should be enabled where that's safe and practical to do.

She went on to explain that it was extremely important that the guidance was followed by care home providers and it's also important to note that in the event of an outbreak in a care home visiting should stop immediately. Support and advice was being provided to care homes to enable them to facilitate those risk assessments and support for visiting within the context of the guidance where possible.

What services are the Council and partners able to offer local people if they must self-isolate due to either being Covid positive or being a Covid contact?

The Corporate Director of Adult and Health Services advised that along with partners the council were able to offer a broad range of services to people who have to self-isolate either due to a confirmed case of COVID-19 or as a contact for example:

- single access point for the COVID-19 support through the County Durham Together Community Hub
- Food / Voluntary / Mutual aid groups
- Medication deliveries
- Fuel vouchers
- Test and Trace isolation payments for low income earners
- Advice and guidance
- Benefits, debt and welfare advice
- Bereavement and mental health support

Resolved: That the content of the report and presentation be noted.

Health and Wellbeing Board

18 March 2021

Update on Phase 2 Path to Excellence Programme

Report of Ceri Bentham, Programme Manager, Path to Excellence

Electoral division(s) affected:

Countywide

Purpose of the Report

1 This report updates the Board on the status of Phase 2 of Path to Excellence Programme, the learning from COVID-19 and the impact on the Programme.

Executive summary

2 The Path to Excellence Programme is a strategic transformation programme looking at hospital services across South Tyneside and Sunderland and the impact on the local populations of South Tyneside, Sunderland and parts of Durham (who consider Sunderland as their local hospital).

3 Following an enforced pause in Phase 2 of the Programme, due to COVID -19, work recommenced in October 2020 with a situational analysis, which confirmed the need for change is more relevant as a consequence of the pandemic, and that original programme objectives remain valid.

4 The main drivers for change are closely interlinked with each other and have been identified from involvement activity with staff, patients and stakeholders; they are:

a) Workforce
b) Quality Improvement
c) Future demand
d) Financial constraints

5 A review of the current situation shows that these drivers have been amplified as a result of the pandemic. Phase 2 prior to COVID-19 included services, in medicine and emergency care, surgery, support services and out–patients across both hospital sites. Given the ongoing operational pressures associated with the pandemic, it was not practical or realistic to continue with a programme of this scope and it was

therefore agreed that a phased approach would be taken, focusing initially on the surgical specialties of General Surgery and Trauma and Orthopaedics. The remaining surgical specialties; vascular, ophthalmology, urology and head and neck surgery are considered out of scope for the programme.

6 The working ideas for both General Surgery and Trauma and Orthopaedics are being developed in more detail however at the simplest level they can be described as:

a) All emergency/unplanned operations at Sunderland Royal Hospital

b) South Tyneside District Hospital focusing on providing planned operations

c) Some planned operations will continue at Sunderland

d) Out-patient care will continue to be provided from both sites

7 Similar models of care are successfully provided across the country and offer a number of benefits to patients and staff.

8 An updated draft case for change document has been published to explain the current position and we are gathering views from staff, public and stakeholders on our working ideas.

Recommendation(s)

9 Members of the Health and Wellbeing Boars are asked to:

a) Note the update on Path to Excellence Phase 2

b) Review the updated case for change document

c) Provide views on the six questions via the on-line survey link by 26th March 2021.

Background

10 The Path to Excellence Programme is one of the 3 pillars of transformation for the local health economy, focusing on in-hospital transformation; alongside system-wide work on Out of Hospital care and on Prevention.

11 The programme aims to create outstanding future services, which offer high quality, safe patient care and clinical excellence for the local population of South Tyneside and Sunderland, and the population of north and east Durham who consider Sunderland as their local hospital. The programme is in 2 phases:

Phase 1 – considered stroke care, maternity and gynaecology services and acute paediatrics – implemented in August 2019

Phase 2 – considered how we look after people in an emergency or who have an urgent healthcare need in Medicine and Surgical specialties and how we provide planned care.

12 A temporary 6 month pause on the programme was introduced in April 2020 due to the global pandemic COVID-19. This involved introducing a pause to the design work associated with working ideas for Medicine, Emergency Care and Surgery in Phase 2.

The Case for Change

13 Following the pause due to COVID-19 the programme restarted in October 2020 with a situational analysis, which confirmed the need for change is more relevant as a consequence of the pandemic, and that original programme objectives remain valid.

14 The main drivers for change are closely interlinked with each other and have been identified from involvement activity with staff, patients and stakeholders; they are:

a) Workforce
b) Quality Improvement
c) Future demand
d) Financial constraints

15 The pandemic has impacted on the drivers for change:

<u>Workforce</u>

The past year has had a huge impact on the entire NHS workforce. We recognise the enormous contribution that NHS staff have made with

compassion, competence and professionalism to deliver patient care during the pandemic and understand that COVID-19 has increased the mental and physical pressure on many NHS staff. They have had to think about the risk of infection to themselves and their family, as well as their duty of care to patients.

Increased staff sickness rates due to COVID-19 and staff absence due to shielding has put extra pressure on front line clinical teams. Maintaining safe staffing levels has meant that staff have had to be flexible both with working patterns and their areas of work, with many of our surgical teams working in support of other wards and departments. As a result of these combined pressures staff health and wellbeing is now even more of a concern.

Quality Improvement

Hospital services are recognised as being safe and high quality (CQC report 2020), however we recognise these could be even better if organised differently.

The pandemic required improved standards of infection and prevention and control, which we now need to embed to ensure they are sustainable in the long term and that we can continue to protect our patients from COVID-19.

In addition, the national decision to postpone all non-urgent operations has left the trust, like hospitals across the UK, with a backlog of patients awaiting surgery. Recovering from COVID-19 includes reducing our waiting lists of people who need planned operations.

Future Demand

Thanks to medical advances and improvements in technology more people than ever before are successfully treated by the NHS and as a result living longer; the ageing population means that demand for services will continue to grow.

The pandemic resulted not only in reductions in planned care but also in fewer patients attending hospitals with urgent or unplanned health needs. With reports that that one in three people with an existing health condition delayed seeking help from the NHS, rising to two in five for people with diabetes, lung disease and mental health conditions.

We also know that COVID-19 has impacted more negatively on certain groups than others. The health inequalities exposed by COVID-19 mean we must work harder than ever to close the gaps that exist, to ensure that everyone has access to the same high quality care. The pandemic has only accelerated the need for change.

Phasing the Programme

16 As we entered the winter period (November 2020) and experienced increasing pressure associated with a second wave of COVID-19, it was clear that clinical and administrative capacity would be limited and that a realistic approach needed to be taken to what was achievable within the programme.

17 As a consequence it was agreed that a phased approach would be taken, with surgical changes being pursued in advance of those in Medicine and Emergency Care.

18 Whilst the pressures on medicine and emergency care continue the phased approach has the benefit of allowing more time to consider the impact and learning from COVID-19 on future working ideas and demand for these services

19 The surgical specialties being considered as part of the new Phase 2 are:

a) General Surgery (including upper GI and bariatrics, general surgery and colorectal services)
b) Trauma and Orthopaedics

20 Other surgical specialties currently centralised at SRH as part of a regional service, i.e. Opthamology, Urology, Vascular and Head and Neck are not within the programme scope.

21 Out-patient care has seen a significant transformation during the pandemic with large numbers of patients now receiving virtual (telephone or video) appointments. In order to 'lock in' this positive change, which reduces the need for patients to travel to hospitals, work on out-patient care will be managed as part of our routine business and not as part of the Path to Excellence programme.

22 The trust continues to have an ambition to develop an integrated imaging centre to meet the increasing demand for tests and scans; however this will no longer be considered as part of the Phase 2 programme and will be pursued as part of normal business planning.

Surgical Working Ideas

23 The working ideas for both General Surgery and Orthopaedics are being developed in more detail by our clinical leaders; however working ideas in both specialties involve providing emergency/unplanned care from a single site:

a) All emergency/unplanned operations at Sunderland Royal Hospital
b) South Tyneside District Hospital focusing on providing planned operations
c) Some planned operations will continue at Sunderland
d) Out-patient care will continue to be provided from both sites

Similar models of care are successfully provided across the country and offer a number of benefits including:

a) fewer cancellations or delays to planned operations for patients
b) protected pathways supporting infection control principles
c) improved care pathways for common injuries and conditions leading to better individual care
d) better use of our theatre resources
e) increased staff satisfaction
f) improved training opportunities for staff

The working ideas are now being refined by clinical teams, considering feedback from wider staff engagement and other stakeholder feedback.

Public, patient and staff communications and engagement

24 An updated draft case for change document has been published to explain the current position and to ask people for feedback on key questions which are included below.

Communications and engagement activities include:

a) Public information media release and social media
b) Animation to explain the change in focus
c) Live briefing sessions with staff
d) Updates in staff newsletters and other communications channels
e) Informal session's with Durham, South Tyneside and Sunderland Joint Health Overview and Scrutiny Committee (JHOSC) (formal sessions being planned)
f) Briefing to programme Stakeholder Panel representing key partners
g) Briefing sessions with Hospital Trust Governors
h) Update to Clinical Commissioning Group Governing Bodies
i) Updates to Primary Care teams (TITO)

Gaining views

25 We are gathering views about the plan to focus on developing proposals for changes to the way surgery services are arranged.

26 We are asking people to look at the updated case for change and tell us what they think are the important issues the Path to Excellence programme should consider by answering the six key questions below.

1. How do you think the pandemic has impacted NHS surgery services?
2. Has the pandemic changed the way you access NHS surgery services?
3. Has the pandemic caused or highlighted any issues with travel and transport to NHS surgery services?
4. What inequalities and/or disadvantages have you become aware of during the pandemic? How might these be addressed?
5. What else do you think is important to take into account about surgery?
6. What other ideas should the programme be considering about surgery?

You can do this via our on-line survey:
https://involvement.sunderlandccg.nhs.uk/surveys/23

You can view our Updated Draft Case for Change (February 2021)
https://pathtoexcellence.org.uk/wp-content/uploads/2021/02/NHS-PTE2-UCFC-Feb-2021.pdf

27 Work to engage with staff, the public and stakeholders will continue as working ideas are further developed, and feedback used to inform our plans as we approach public consultation.

Next Steps

28 A pre-consultation business case is being developed; informed by the working ideas and stakeholder feedback, along with external assessments of our ideas by the Clinical Senate, a Travel and Transport Impact Analysis and an Integrated Impact Analysis (considering equality, health and health inequalities).

Conclusion

29 The Board will be updated on Phase 2 of the Path to Excellence programme and will have had an opportunity to review the updated case for change document. Members of the Health and Wellbeing Board will have an opportunity to provide views individually on the six questions via the on-line survey link in advance of the closing date of 26 March 2021.

Other useful documents

https://pathtoexcellence.org.uk/wp-content/uploads/2021/02/NHS-PTE2-UCFC-Feb-2021.pdf

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Appendix 1: Implications

Legal Implications

None

Finance

None

Consultation

Public Consultation planned later in 2021

Equality and Diversity / Public Sector Equality Duty

Integrated Impact Assessment being carried out at part of the programme

Climate Change

None

Human Rights

None

Crime and Disorder

None

Staffing

None

Accommodation

None

Risk

None

Procurement

None

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Health and Wellbeing Board

18 March 2021

Joint Health and Wellbeing Strategy 2021-2025

Report of Gordon Elliott, Head of Partnerships and Community Engagement, Durham County Council

Electoral divisions affected:

Countywide

Purpose of the Report

1 The purpose of this report is to present the Joint Health and Wellbeing Strategy (JHWS) 2021-2025 for agreement. The strategy is attached as Appendix 2.

Executive summary

2 The JHWS is a legal requirement under the Health and Social Care Act 2012, to ensure health and social care agencies work together to agree services and initiatives which should be prioritised.

3 The Health and Wellbeing Board has the responsibility to deliver the JHWS, which is informed by the Joint Strategic Needs Assessment (JSNA), as part of Durham Insight, which is an assessment of the current and future health, wellbeing and social care needs of residents in County Durham.

4 The Health and Wellbeing Board agreed the JHWS 2020-25 in March 2020, to provide a holding position for a year whilst further work was undertaken to ensure the Strategy takes account of the County Durham Vision 2035.

5 Covid-19 has had a huge impact on how Durham County Council and its partners deliver services, especially health and social care services to ensure those who need to access vital services still receive them, whilst also supporting providers who run essential services. Many of the actions in the current strategy have supported our approach in these unprecedented times.

6 Utilising the approach to wellbeing, we have worked with communities and the voluntary and community sector to support residents who have shielded, are self-isolating or have no other support networks.

7 This JHWS 2021-25 also considers the impact Covid-19 has on our partners, communities and services and any Covid-19 related actions are included.

8 The JHWS takes account of any governance changes, for example, the inclusion of the Physical Activity Strategy Committee as a sub-group of the Health and Wellbeing Board, ensuring there is greater alignment with physical and mental wellbeing and physical activity and healthy weight.

9 The JHWS 2021-25 has been aligned to the Director of Public Health Annual Report 2020, the Marmot 10 Year Review and the County Durham Place Based Commissioning and Delivery Plan 2020-25. It also recognises proposals in the Department of Health and Social Care's 'Integration and Innovation: Working together to improve health and social care for all' white paper, which sets out the Government's legislative proposals for a Health and Care Bill.

Recommendation

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

(a) Agree the Joint Health and Wellbeing Strategy 2021-25.

Background

11 The Health and Wellbeing Board agreed the JHWS 2020-25 in March 2020, to provide a holding position for a year whilst further work was undertaken to ensure the Strategy takes account of the County Durham Vision 2035, the Marmot 10-year review and Covid-19.

12 The JHWS 2021-25 has been further aligned to the County Durham Vision 2035, which was developed together with partner organisations and the public and sets out what we would want the county to look like in 15 years' time. This vision is structured around three ambitions which are:

a) More and better jobs

b) People live long and independent lives

c) Connected communities

13 The JHWS 2021-25 will take forward objectives of the vision that are focussed on the health and wellbeing of residents of County Durham, mainly under the "People live long and independent lives" ambition and will contribute to other areas, working in partnership with other strategic partnership boards, for example:

a) We will promote positive behaviours

b) We will tackle the stigma and discrimination of poor mental health and building resilient communities

c) Better integration of health and social care services

14 Actions to deliver these vision objectives are incorporated into the action plans within the JHWS.

15 The 'Integration and Innovation: Working together to improve health and social care for all' white paper underlines the importance of 'place' as where joining up of care and support is most effective. In most cases this will be the defined by the local authority area.

16 Health and Wellbeing Boards will continue to have a place level leadership role in driving partnerships and producing Joint Strategic Needs Assessments and a Joint Health and Wellbeing Strategy. This Joint Health and Wellbeing strategy will be the place-based plan for County Durham. Integrated Care Systems will be required to have regard to this plan.

17 Work has taken place on the JHWS 2021-25 through a strategy development group (comprising representatives from Durham County Council (Partnerships, Children and Young People's Services, Adult, and Health Services, Performance and Strategy, and Public Health), Physical Activity Strategy Committee, Harrogate and District NHS Foundation Trust, Tees, Esk and Wear Valleys NHS Foundation Trust, County Durham Clinical Commissioning Group, County Durham and Darlington Fire and Rescue Service and Area Action Partnerships to ensure that the JHWS is fit for purpose and reflects the work being undertaken in partnership by organisations across the county.

18 In response to the coronavirus pandemic, a County Durham Covid-19 Health Impact Assessment was undertaken which took account of the impact of the first lockdown, which was supported by detailed forecasting and modelling work. This has given a helpful, system-wide picture of the potential impact of the pandemic on County Durham residents over the next four years and has been considered in the development of the JHWS 2021-25.

19 Although recovery will take years, our partners will continue to work together to prevent health and wellbeing inequalities widening even further, and the actions in the JHWS 2020-25 have supported our approach in how we deliver health and social care services in these unprecedented times.

JHWS consultation

20 Consultation took place between 22 January 2021 and 21 February 2021 on the JHWS, which included public consultation via the Durham County Council website.

21 Partners were invited to take part in the consultation, including Health and Wellbeing Board Partners, Area Action Partnerships, Town and Parish Councils, Durham Community Action, Better Together Forum, VCS organisations, Armed Forces & Veterans Forum, Age UK, Young and Adult Carers, Patient Reference Groups, Poverty Action Steering Group, The People's Parliament, Disability Partnership, and County Durham Youth Council.

22 Children and Young People and Adults, Wellbeing and Health Overview and Scrutiny Committees also received a copy of the draft Strategy for comment. Both committees accept and agree the JHWS, and key priorities set out therein.

23 Investing in Children hosted two Agenda Days with a range of young people to gather their views. Nine young people aged between 16–21

provided feedback on the JHWS. The young people agreed that the strategic priorities were correct as they covered the life course, and they provided the following feedback:

- Young people agree that Mental Health should be a priority, especially given the impact of the pandemic as it has been difficult throughout the pandemic for young people to maintain routines and enjoy aspects of normal life. The restrictions have made accessing help and support more problematic and have made young people feel isolated from friends and family, whether this is physical isolation or due to restricted access to technology. Young people feel that Mental Health services should be more accessible and should be in an open and comfortable environment.

  Mental Health is identified in the JHWS as a priority across all age groups, and the Children and Young People's Mental Health, Emotional Wellbeing and Resilience Local Transformation Plan (LTP) is one of the delivery plan mechanisms in the JHWS. The LTP contains detailed actions for children and young people to support their emotional wellbeing and resilience.

- Concerns about unemployment were raised, and the young people felt there should be support for them to get an apprenticeship or a job. One of the core deliverables in the JHWS is to work with the Economic Partnership to maximise local opportunities for economic and job development, including apprenticeships. An Economic Strategy is also in development which will incorporate this.

- Access to sexual health services, information about the LGBT+ community, and education were all flagged as separate concerns as young people are not able to access the help and support in these areas as freely as they would pre-pandemic.

  One of the core deliverables in the JHWS is to develop a Sexual Health Strategy for County Durham to ensure equitable access and a strategic focus on reducing sexually transmitted infections and good contraceptive health.

  Durham County Council have a contract with Humankind who provide friendly and practical support for young people who identify as LGBT+. They offer lots of connectivity online due to the pandemic, and moving forward, blended services (a combination of online and face to face services) will continue to provide support as lockdown restrictions are eased.

Schools across the County have provided remote learning for the majority of students, whilst schools have remained open for vulnerable young people who need to attend. To ensure learning could continue, laptops were provided to young people who did not have access to digital devices.

- The young people agreed that physical health has been impacted as people across all age groups have become less physically active and suggested that more opportunities for exercise which is fun and appealing are created.

  Lots of work has taken place to encourage physical activity to continue, and examples of the projects funded through the Tackling Inequalities Fund, and through Area Action Partnerships are included in JHWS.

  The Active Partnership School Games is an online resource, which is a way for children to get physically active and engage in new activities and support the values of the school games programme. The resource is being distributed by County Durham Sport via social media.

  Mobile physical activity sessions funded through the Tackling Inequalities Fund (TIF) have provided families on GRT sites with access to robust physical activities which get people of all ages back to being active.

- The young people acknowledged that obesity in children is in the strategy and suggested that children who are underweight should also be a concern, especially given the number of families who are living in poverty.

  It is acknowledged that obesity is referenced in the strategy, however this is in relation to a specific performance measure. The objectives in the JHWS refer to children and young people being a 'healthy weight', which addresses overweight and underweight.

  The HENRY (Health, Exercise and Nutrition for the Really Young) approach will also be rolled out across County Durham over the next few years by the 0-25 Family Health Service. This approach works in partnership with families to make and sustain positive lifestyle changes, including diet, routines and physical activity, which impact through childhood to adulthood, supporting healthy weight.

- Young people suggested that the promotion of foodbanks and requests for help/donations for the food banks should be promoted.

  Poverty, including food poverty is included in JHWS and the work of the County Durham Community Hub supports this. Durham County Council also regularly ask staff to contribute to local food banks throughout the year as well as more timely specialist requests, for example at Easter and Christmas

  The Area Action Partnerships have funded a community kitchen, and projects such as the REfUSE 'pay as you feel' Café are in operation across the County, where the ultimate aim is to minimise food waste and abolish food poverty.

24 A range of comments were also provided as a result of the consultation, details of the changes made to the JHWS in response to these are outlined below.

- We were asked 'what does increase the number of organisations involved in Better Health at Work Award mean' and have expanded the term in the JHWS to make this clearer.

- We were asked 'what is meant by physical literacy', so the terminology in the JHWS has been expanded to explain this.

- We were asked 'what does cutting the cost of the school day mean' and have included examples of this in the JHWS.

25 Through the consultation, the following were raised as gaps in the JHWS:

- Alcohol and Drugs, Anti-Social Behaviour and Domestic Violence were highlighted as gaps. These issues are specifically addressed within the Safe Durham Partnership Plan. Alcohol, substance misuse and domestic violence are referenced in the JHWS due to the impact they have on people's health, including their mental health, but it is to note that these are addressed elsewhere.

- Reference to the 'Leisure Transformation Consultation and Strategy' was mentioned, however this strategy will help achieve the actions within the JHWS around physical activity, the outside environment and healthy weight.

- A number of responses highlighted that affordability around transport and access to leisure facilities was an issue. This will be addressed through the Physical Activity Framework currently in development and also through the Poverty Action Steering Group.

- Black and Minority Ethnic communities was highlighted as a gap, however the JHWS clearly identifies that the ongoing pandemic has impacted disproportionately on our BAME community, and lockdown has had a higher impact on BAME communities. The JHWS states that we will work with communities to develop targeted strategies to provide better support for vulnerable population groups, which includes BAME communities.

  The GRT community is County Durham's biggest ethnic minority group. There is a GRT Executive Group and an affiliated action plan for GRT communities on our permanent sites and temporary stop overs sites. A contract is also in place for GRT communities regarding access to services, however the JHWS acknowledges that in County Durham, the impact of Covid on Gypsy, Roma Travellers communities requires further investigation.

  There is focus on ensuring equity in the uptake of Covid 19 vaccinations, with a regional group focused on this. It is also a key area of action for the local Immunisations Board.

  A core deliverable has been included in the JHWS stating that we will consider Census 2021 data to identify BAME communities and the support needed. Although work will take place to address these issues it will take time to get a better understanding of need.

- Feedback indicated that LGBT+ was missing, and that people were not able to access the help and support from LGBT+ services as freely as they would pre pandemic.

  As previously noted, we have a contract with Humankind to provide support, which has continued throughout the pandemic and will continue as a blended approach as lockdown restrictions ease. Young people from an LGBT+ group were included in the IIC Agenda Days.

- Parenting / teenage pregnancy is highlighted as a gap. This is included in the JHWS but has not been identified as a priority area as we have made progress in recent years in

reducing teenage conceptions, and a range of work continues to support this, as outlined below:

The One Point Service in collaboration with key partners such as Durham Works deliver a Young Parents programme, funded by Public Health, on an annual basis to a target number of 70 young parents.

Harrogate and District NHS Foundation Trust 0-25 service have delivered the Vulnerable Parent Pathway, which is being updated and renamed as Enhanced Parenting Support Pathway and will include additional support to a young unsupported parent. The One Point Service co deliver this programme providing additional help and support at key points.

The One Point Service delivers a range of evidence based parenting programmes such as Triple P, Strengthening Families and Incredible Years and also works with a range of partners including the Youth Justice Service, and Child and Adolescent Mental Health Services (CAMHS) to provide parenting support.

- Consultation feedback recognises a gap for older people who have retired and mentions a gap around participation in groups within their communities. This is recognised throughout the JHWS through our Approach to Wellbeing and the work with VCS organisations around empowering communities.

  An Ageing Well Strategy is also in development, which will encompass this and will look at expanding integration, the approach to active ageing and how older people can continue to make positive contributions to society, which has already begun to be evidenced through the Covid Pandemic response within communities. The Ageing Well strategy will have a positive impact on older people across the board.

  County Durham Sport is part of 'Live Longer Better', a national network of Sport England Active Partnerships, working together to prevent and mitigate isolation, increase physical and mental activity to increase resilience, promote knowledge and understanding about living longer better among older people and the wider population to counteract the detrimental effects of ageism, and reduce the risk of and delay or prevent dementia. The network hosts regular events, to hear from a range of voices and to discuss relevant issues.

The project will prompt a conversation on changing the culture around ageing in the region, moving away from a system where ageing is seen as a problem to one where ageing is understood as a normal set of biological processes that can be positively influenced by physical activity.

- Levels of exercise amongst children, young people and young adults, as well as access to free healthy lifestyle choices and activities was identified as a gap, however the JHWS prioritises the importance of exercise throughout the life course. The JHWS also identifies that we will work with partners to put support in place to encourage sustainable 'active travel'.

- It is noted in the feedback that there is a gap in communication with communities, however this is addressed as part of the Approach to Wellbeing, especially around the Community Champions programme and the evolving County Durham Together work. Mutual Aid groups have already been established in communities to provide support in response to the pandemic, which has increased resilience and self-reliance and the work of the County Durham Together Community Hub will continue to build on this moving forward.

- Addressing inequalities in County Durham was highlighted as a gap, yet this is picked up throughout the JHWS.

- The consultation feedback suggests that we are missing how the school curriculum can support the health and wellbeing agenda, however the JHWS clearly references how we will work with schools around the following:
    - Child poverty / cutting the cost of the school day/ holiday activities with food
    - Improved speech, language and communication needs to support school readiness
    - Active 30 programme for physical activity in schools
    - Identified mental health leads in schools / national trailblazer for mental health support teams in identified schools
    - Fewer applications for take-aways near schools

  Sport England is also investing £10.1m of government money to help more schools open their facilities to the public once the coronavirus pandemic is over, and County Durham will receive £138,000 to be managed by the Active Partnership, County Durham Sport.

- Feedback also indicates that we need to include how we will embed climate change impacts in the JHWS and how the Climate Emergency Response Plan outcomes will be built into the JHWS outcomes. The JHWS has been updated to include climate change and the benefits to health and wellbeing and how the Health and Wellbeing Board will work with the Environment and Climate Change Partnership to realise these benefits.

- Reference to Place Based approaches was made in the consultation. This approach is used across County Durham in a variety of different arenas, for example through Children and Young People Early Help Services and through community safety activities.

26 General feedback from the consultation included the following:

- The JHWS demonstrates good partnership working.

- Performance measures are not included in the JHWS.
    - There are six high level objectives on which the strategy will be measured. In addition, the JHWS states that a performance management framework will be developed and used to measure success of the JHWS as we move forward.
    - It is anticipated that the Health and Wellbeing Board will receive an annual update on the six objectives in the JHWS (based on a set of KPIs). In addition, thematic updates coming to the HWB will include relevant performance data.

- Concerns are shared around the support that will be needed post Covid and how communities can achieve this
    - This is a priority in the strategy and is referenced throughout.

- Feedback asks how we are ensuring we do not work in silos
    - The JHWS Strategy Development Group who have overseen the development of the strategy is a multi-agency group, and the Strategic Planning Group is sighted on the JHWS to ensure alignment to other relevant plans and strategies. All partners on the Health and Wellbeing Board are asked to sign up to the JHWS as the strategic, multi-agency, placed based document.

Joint Health and Wellbeing Strategy vision and strategic priorities

27 The vision for the Health and Wellbeing Board is agreed as ***'County Durham is a healthy place, where people live well for longer'.***

28 The Health and Wellbeing Board adopts a life course approach to its priorities, recognising the importance of mental health and wellbeing, physical activity and the social determinants of health cutting across all our priorities. The strategic priorities are as follows:

a) Starting Well
b) Living Well
c) Ageing Well

Strategic Objectives

29 The strategy is developed under the three strategic priorities outlined above, with six strategic objectives chosen across the three priorities, which are of importance given the impact they have on people's health and wellbeing and of where we want to be in 2025.

- **Improve healthy life expectancy and reduce the gap within County Durham and between County Durham and England** 98% of people who took part in the public consultation strongly agreed / agreed that this should be a priority.
- **We will have a smoke free environment with over 95% of our residents not smoking and an ambition that pregnant women and mothers will not smoke** 91% of people who took part in the public consultation strongly agreed / agreed that this should be a priority
- **Decrease overall levels of unemployment and specifically close the employment gap between the general population and those living with a long term physical or mental health condition, or with a learning disability** 95% of people who took part in the public consultation strongly agreed / agreed that this should be a priority
- **Over 90% of our children aged 4-5 years, and 79% of children aged 10-11 years are of a healthy weight** 89% of people who took part in the public consultation strongly agreed / agreed that this should be a priority
- **Improved mental health and wellbeing evidenced by increased self-reported wellbeing scores and reduced suicide rates** 95% of people who took part in the public consultation strongly agreed / agreed that this should be a priority
- **Increase the number of organisations involved in Better Health at Work Award** 75% of people who took part in the public consultation strongly agreed / agreed that this should be a priority

30 In addition, a number of milestones are included in the JHWS for each strategic priority to identify the changes we expect to see each year in a number of performance areas.

Core deliverables

31 The JHWS includes a number of core deliverables that identify the key areas of work which the Health and Wellbeing Board will focus on, linked to the priorities, objectives and milestones.

32 Work is taking place with relevant performance leads to ensure that key performance indicators are identified to ensure realistic, but challenging measures are in place. These will be aligned to the County Durham Vision 2035 performance framework where relevant. The aim is to streamline the previous arrangements so there is focus for the Board on those performance issues that are the hardest to address. Regular updates will be provided to the Health and Wellbeing Board as part of its work programme.

33 An Equality Impact Assessment (EIA) has been undertaken alongside the development of the JHWS (Appendix 3).

Accessibility

34 New legislation dictates how we can present information, to ensure it is accessible to all. This has presented some issues in how we display information in the JHWS, as previously we have used infographics, tables and diagrams to convey key messages.

Conclusion

35 The development of the JHWS has been led by a partnership group, and has been informed by the Joint Strategic Needs Assessment as part of Durham Insight which provides the evidence base on which the priorities have been developed.

36 The JHWS is aligned to the Director of Public Health Annual Report 2020, the Marmot 10 Year Review and the County Durham Place Based Commissioning and Delivery Plan 2020-25.

37 The JHWS is also aligned to the County Durham Vision 2035 and will be the delivery mechanism for some of the objectives which support the overall ambitions.

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Appendix 1: Implications

Legal Implications - The Health and Social Care Act 2012 places clear duties on local authorities and Clinical Commissioning Groups (CCGs) to prepare a JHWS.

Finance - Ongoing pressure on the public services will challenge all agencies to consider how best to ensure effective services are delivered in the most efficient way.

The demographic profile of the County in terms of both an ageing and projected increase in population will present future budget pressures to the County Council and NHS partners for the commissioning of health and social care services.

Consultation - Details of consultation are provided in the report.

Equality and Diversity / Public Sector Equality Duty - An Equality Impact Assessment has been undertaken alongside the JHWS.

Climate Change - There are no climate change implications

Human Rights - There are no adverse implications.

Crime and Disorder - The JHWS is aligned with and contributes to the current priorities within the Safe Durham Partnership Plan which focuses on crime and disorder.

Staffing - There are no staffing implications.

Accommodation - There are no accommodation implications.

Risk - There are no risk implications.

Procurement - The Health and Social Care Act 2012 outlines that commissioners should take regard of the JHWS when exercising their functions in relation to the commissioning of health and social care services.

Appendix 2: Draft Joint Health and Wellbeing Strategy 2021-2025

Attached as a separate document

Appendix 3: Equality Impact Assessment

Attached as a separate document

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Joint Health and Wellbeing Strategy 2021-2025

Contents

Foreword

Welcome to the County Durham Health and Wellbeing Board's sixth Joint Health and Wellbeing Strategy (JHWS).

The Health and Wellbeing Board agreed the JHWS 2020-25 at its meeting in March 2020, to provide a holding position for a year while work was undertaken to ensure the Strategy took account of the County Durham Vision 2035 the Marmot 10 Year Review and the NHS health inequalities paper.

At that time, we could not foresee the scale of the global coronavirus pandemic, Covid-19, and as Chair and Vice Chair we must acknowledge the impact this has had on our services across the County.

A specific County Durham Covid-19 Health Impact Assessment on inequalities was undertaken which took account of the fist lockdown, which was supported by detailed forecasting and modelling work. This has given a helpful, system-wide picture of the potential impact of the pandemic on County Durham residents over the next 4 years and has been considered in the development of the JHWS 2021-25.

Unfortunately, the ongoing pandemic has impacted disproportionately on certain people across the County, particularly our older population, people with existing/underlying health conditions such as diabetes and obesity, our Black, Asian and Minority Ethnic (BAME) populations as well as those living and working in more disadvantaged circumstances. We have also seen how the virus has had a direct impact on our communities in terms of their health and also a wider indirect impact instigated by lockdown on mental wellbeing across the whole life course, exasperating issues and widening health, social and economic inequalities.

Although recovery will take years, our partners will continue to work together to prevent health and wellbeing inequalities widening even further through the promotion of inclusive programmes of work and the actions in the JHWS 2020-25 have supported our approach in how we deliver health and social care services in these unprecedented times.

During these challenging times, the Board and its partners have responded to the pandemic and work has continued to improve people's health and reduce health inequalities across the county, however work in some areas has been impacted as a result of the pandemic.

The following achievements have been delivered against the priorities in the JHWS 2020-25:

- Holiday activities with food delivered to 14,500 children
- Increased number of businesses signing up to the county's Breastfeeding Friendly scheme, this includes all Local Authority Libraries and Leisure Centres, and Durham and Bishop Auckland Town Halls.
- Launch of Healthy Business Strategy to support smaller businesses and voluntary organisations to provide access to good quality mental health training and support for owners and employees
- Continuation of the 'Active 30' programme in schools
- Reduction in substance misuse deaths
- Creation of the Physical Activity Strategy Committee to support an evidence-based approach to local systems and policy
- Currently 28,315 dementia friends and 140 dementia friends' champions
- 30 dementia friendly communities established

- Established the County Durham Together Community Hub to support vulnerable residents
- Recruited Covid-19 Community Champions to supporting the promotion and dissemination of key messages and help us to better understand the needs of our communities

Moving forward, we continue to be supported by partners to deliver our vision to ensure ***County Durham is a healthy place, where people live well for longer***.

We would like to thank everyone for their continued commitment to achieving our vision during these challenging times.

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

What is the Health and Wellbeing Board?

Health and Wellbeing Boards were established under the Health and Social Care Act 2012, and County Durham Health and Wellbeing Board was formally established as a committee of Durham County Council in April 2013.

The legislation gives the County Durham Health and Wellbeing Board specific functions as follows:

- To develop a Joint Strategic Needs Assessment (JSNA), which provides an overview of the current and future health and wellbeing needs of the people of County Durham;
- To develop a Joint Health and Wellbeing Strategy (JHWS), which is based on evidence in the Joint Strategic Needs Assessment;
- A responsibility and duty to encourage integrated working between commissioners of health services, public health and social care services for the purposes of advancing the health and wellbeing of the people in its area;
- Power to encourage those who provide services related to social determinants of health to work closely with the Health and Wellbeing Board;
- To produce a Pharmaceutical Needs Assessment which looks at the current provision of pharmacy services across County Durham, and whether there are any potential gaps to service delivery;
- Act as the Local Outbreak Engagement Board as the public-facing Board led by Elected Members of the Council to communicate openly with the public.

Covid-19, and our response

The Covid-19 pandemic is one of the greatest public health challenges in living memory, with significant repercussions for health and wellbeing. It has affected every part of our society and is likely to lead to lasting changes to how we live, work and play. The virus is highly infectious and can cause severe respiratory illness. The risk of dying from the Covid-19 virus is highest in the elderly or those with underlying health conditions, however the risks are found to be higher in males than females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups.

As well as these direct health consequences of the Covid-19 virus, the subsequent restrictions, have affected other areas of health and wellbeing including mental health, social isolation, and changes in eating, drinking and physical activity behaviours. The wider impacts are still unfolding, with concerns around the health of the economy, employment, education, businesses and socio-economic inequalities.

However, throughout these difficult times our services, communities, and residents have been working together in partnership to address these challenges.

In July we published a Local Outbreak Control Plan for County Durham, which sets out our plan to protect our local communities by preventing and controlling transmission of Covid-19. The plan includes provision of clear prevention messages, rapid detection and management of outbreaks, working with various settings to implement appropriate infection control measures and developing and applying intelligence, including the knowledge and insight provided by our local communities. The latest coronavirus news, support and advice can be found at https://www.durhaminsight.info/covid-19/

It also outlines the support we will continue to offer to our communities, particularly those who are vulnerable or needing to self-isolate.

The role of the Health and Wellbeing Board is this pandemic is key. The Health and Wellbeing Board is our Member led Local Outbreak Engagement Board to support the ongoing response to Covid-19. The Health and Wellbeing Board will:

- Lead, coordinate and manage the work to help prevent the spread of Covid-19
- Utilise the Approach to Wellbeing Principles
- Support local people/communities to:
    - Understand the issues
    - Provide a forum to ask questions relating Covid-19
    - How recovery is planned at a local level

Since the Local Outbreak Control Plan was launched at the Health and Wellbeing Board in July 2020, the Health Protection Board has undertaken a number of actions to support our communities, which includes the following:

- Progressed the implementation of the Local Outbreak Control Plan 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 e.g. Durham University)
- Agreed local process for schools informing the local authority of suspected cases
- Developed a response to the contain framework and local escalation
- Actively responded to cases clusters and outbreaks of Covid-19
- Engaged nationally to ensure accurate up to date data and intelligence is received locally
- Supported 1,500 settings with case management within the setting (self-reported cases)
- Training and capacity building across council departments
- Improved data analysis, analysis data sharing including healthcare
- Worked with partners including the local authority and police to support compliance and undertake enforcement activity where
- Developed a Covid-19 Communication Toolkit and produced a community engagement strategy and action plan.
- Communications has included through Social media; Targeted messages and Common risk factors

As part of the Local Resilience Forum (LRF) gold command, emergency system response to the Coronavirus pandemic, a County Durham Together Community Hub has been established to co-ordinate food provision, social contact, welfare support and as central co-ordination function for the voluntary and community sector. The Hub supports residents that are clinically extremely vulnerable; have multiple social vulnerabilities and are impacted by COVID-19; are self-isolating; need support to access food, essential supplies and online shopping slots; have concerns about money, housing, health or employment linked to coronavirus, self-isolation or lockdown; are isolated or lonely and would like someone to listen and chat via our Chat Together programme or have questions or queries about current Guidance and Legislation

Although recovery will take years, our partners will continue to work together to prevent health and wellbeing inequalities widening even further.

We have also conducted a Health Impact Assessment (HIA) for health inequalities during Covid-19 to provide a 'snapshot' insight into the direct and indirect impact of Covid-19 lockdown on inequalities. The HIA focused on the following areas:

- Socio-economic factors - poverty reduction
- Mental health and emotional wellbeing
- Community assets and community mobilisation
- Inclusion of vulnerable groups

The findings and recommendations from the HIA have been used to develop a system-wide recovery plan for health inequalities which has been 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 and have been incorporated into the Health and Wellbeing Board work programme to ensure action is taken.

County Durham Vision 2035

The County Durham Vision 2035 is a document developed with partners to provide a shared understanding of what everyone wants our county to look like in 15 years' time.

The County Durham Vision 2035 was written together with partner organisations and the public. It provides strategic direction and enables us to work more closely together, removing organisational boundaries and co-delivering services for the benefit of our residents. This vision is structured around three ambitions which are:

- More and Better jobs
- People live long and independent lives
- Connected communities

A new partnership structure framework was agreed by the County Durham Partnership (the overarching partnership in County Durham) in September 2020 which ensures the County Durham partnership structure aids delivery of the County Durham Vision 2035.

The new partnership structure underneath the County Durham Partnership is:

- **Health and Wellbeing Board (Local Outbreak Engagement Board) – Statutory**
- Safe Durham Partnership – Statutory
- Economic Partnership
- Environment and Climate Change Partnership

In addition, the County Durham Together Partnership will be responsible for countywide approaches.

The JHWS will form part of the delivery mechanism for the Vision, with the objectives contained under the vision ambition "People live long and independent lives" which have a health focus being the responsibility of the Health and Wellbeing Board, as well as also working with other partnerships on shared priorities and cross-cutting issues. In doing so, it is important that we encourage activities that support inclusion so that inequalities are not exacerbated and ensuring that no one is left behind.

We will also work with the Economic Partnership to ensure young people have access good quality education, training and employment.

The Health and Wellbeing Board will deliver the following objectives under the vision ambition **'People will have long and independent lives':**

- Children and young people will enjoy the best start in life, good health and emotional wellbeing
- Children and young people with special educational needs and disabilities will achieve the best possible outcomes
- We will promote positive behaviours
- We will tackle the stigma and discrimination of poor mental health and building resilient communities
- Better integration of health and social care services
- People will be supported to live independently for as long as possible by delivering more homes to meet the needs of older and disabled people

As mentioned above, the HWB will not just fulfil the objectives in the Vision but also has a duty to meet our statutory obligations under the Health and Social Care Act 2012.

Climate Change

The Environment and Climate Change Partnership has committed to County Durham being carbon neutral by 2050. The Climate Emergency Response Plan contains milestones and actions that will support achieving this.

The JHWS 2021-25 recognises that climate change is a fundamental threat to health and wellbeing and has the potential to widen inequalities further. Actions to combat climate change, which benefit all, can improve health and aid recovery from the pandemic, in addition to preserving the planet.

It is recognised by the World Health Organisation that climate change affects many of the social and environmental determinants of health. The impact of clean air, reducing emissions of greenhouse gases through better transport, food and energy use can result in improved physical and mental health amongst the population.

The UK Government in the 25 Year Environment Plan (2018) listed 'connecting people to the environment to improve health and wellbeing' as one of six key actions required for success. To achieve this, we will work closely with the Environment and Climate Change Partnership to:

- Improve people's health and wellbeing including using green spaces and through mental health services
- Encourage children to be close to nature, in and out of school
- 'Green' our towns and cities by creating a green infrastructure
- Increase levels of active travel
- Improve access to nature and green spaces
- Tackle fuel poverty and cold home related health problems
- Encourage healthier diets
- Reduce pollution

The good news is that many of the actions we can take to tackle climate change can improve health, tackle health inequality, and aid our recovery from the pandemic in tandem.

Place Based Approach

Place Based approaches are being adopted across County Durham in a variety of different arenas, for example through Children and Young People Early Help Services and through community safety activities. This approach recognises that communities are different and ensures that the residents are at the centre of what partner agencies deliver in order to improve outcomes locally.

County Durham Plan

The County Durham Plan sets out a range of development proposals as well as planning policies for the County until 2035 to ensure it is a successful place to live, work, invest and visit by focussing on supporting and creating vibrant communities. The plan seeks to do this by delivering more and better jobs and sustained economic growth; a wide choice of high quality homes that supports economic growth and meets the needs of all people; a high quality built and enhanced natural environment; and the necessary supporting infrastructure including transport, health and educational needs.

An Open Space Needs Assessment (OSNA) has been developed to support the County Durham Plan, which requires proposals for new residential development to make provision for open space to meet the needs of future residents. Where it is determined that open space provision is not appropriate, the council will require financial contributions, secured through planning obligations, towards the provision of new open space, or the improvement of existing open space elsewhere in the locality. Creating and improving open spaces for recreation, food growing, and exercise will support improved health and wellbeing of our residents.

Approach to Wellbeing (A2W)

The County Durham Approach to Wellbeing has been adopted by the Health and Wellbeing Board as a means of ensuring all organisations and services within the county consider wellbeing as a common currency; it includes everything that is important to people and their lives. It is designed to ensure we involve people in decisions that affect them and devolve power to people, and the act of doing so, then has an impact on people's wellbeing. This will invoke a culture where the wellbeing of the County's residents is considered in every decision that is made whether this be regarding decisions about people or places or the systems designed to support them. It is aligned to the County Durham Vision and it's three ambitions of:

- More and Better Jobs
- People Live Long and Independent Lives
- Connected Communities

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

Our approach has people and places at its heart. Working with communities, building on the assets of those communities, supporting the positive development of the neighbourhoods that people live in and fostering the resilience and empowerment of these communities through the support offered to everyone, and importantly to those who are most vulnerable.

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

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 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	

Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) helps to 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 is used to shape joint commissioning priorities to improve health and wellbeing as well as reduce health inequalities in our communities.

Over the last few years, we have transformed our JSNA to create a tool that is fit for the future and rooted in intelligence and wider evidence about what drives health and wellbeing across the county. The JSNA is part of Durham Insight, our shared intelligence, research and knowledge base for the County www.durhaminsight.info.

As part of that development, we have added information on the following:

- Covid-19 advice and information
- County Durham Covid-19 surveillance dashboard
- Local economy during and post Covid-19 (including furloughed employments; estimates of unemployment; claimant count)
- Covid-19 shielded population
- Office for National Statistics (ONS) population estimates and projections
- Poverty (including children in poverty; free school meals; fuel poverty)
- Reports and story maps - State of the County; County Durham Town Centre Surveys 2019; Enterprise Framework: Business Geography)

Further insight on physical activity patterns and trends is provided by the Active Partnership. This contributes to the shaping of policy, delivery and system change.

Key messages from our Joint Strategic Needs Assessment:

Deprivation and employment

- County Durham is in the top 40% most deprived upper-tier local authorities in England, ranking as the 48th most deprived of 151 upper tier local authorities in England.
- Nearly half of our population live in the 30% most deprived areas nationally. For children this rises to 54% (IMD2019).
- There are almost 14,000 businesses based in County Durham, an increase of almost 20% over the last 10 years.
- 72.1% of people of working age in County Durham are in employment. This is higher than regionally (71.8%), but lower than nationally (76.4%).
- ONS estimate that around one third of people in employment work in key worker occupations (33.1%/76,000 people, Jan 2019 to Dec 2019)

Covid-19

- The Clinically Extremely Vulnerable (CEV) population for County Durham is around 27,200 people; there is a social gradient between the most vulnerable and deprived areas of County Durham. A further cohort of around 72,000 people were identified through a Population Health Management approach as potentially displaying multiple social vulnerabilities due to Covid-19 (as opposed to being clinically extremely vulnerable).
- Through the work of our County Durham Together community hub we have helped to protect our most clinically and socially vulnerable from the wider impacts of Covid-19. Since it was launched the hub has helped coordinate food deliveries and link people to volunteers, welfare advice, and wider support services; supporting over 10,000 people. Over 2,000 shielding residents needed support with food supplies and 1,500 needed support with pharmacy supplies.
- At the peak of the pandemic, over 200 council staff and over 80 NHS and Wellbeing for Life staff were redeployed from their usual roles to support the community hub, which was functioning 7 days per week.
- Local estimates suggest that 69,000 employments in County Durham were furloughed up to June 2019; and that 11,500 claims by eligible self-employed people in County Durham have made claims under the Coronavirus Self-Employment Income Support Scheme (SEISS) Tranche 2 up to 31st August 2020, representing 59% of the eligible population.
- Over the entire pandemic period there have been over 20,500 positive lab confirmed tests. Our peak 7-day rate per 100,000 (so far) was 413.7 on November 13th 2020. In total there have been over 1,000 Covid-19 related deaths of County Durham residents recorded by ONS, at a rate of 920.9 per 100,000. For the North East this rate is 816.7 per 100,000. The latest COVID statistics relating to County Durham can be found on Durham Insight https://www.durhaminsight.info/covid-19/

Starting Well

- Life expectancy and healthy life expectancy for both men and women in County Durham is lower than the England average.
- Life expectancy is 8.8 years lower for men and 6.6 years lower for women in the most deprived areas of County Durham than in the least deprived areas.
- There are 101,500 children aged 0-17 living in County Durham, with a further 49,800 young people aged 18 – 24.

- As at December 2020:
    - 1,648 CYP are known to early help,
    - 1,952 are Children in Need,
    - 963 are Children Looked After,
    - 469 CYP are subject to a current Child Protection Plan, and
    - 3,704 CYP (aged 0-25) have an Education, Health and Care Plan
- Childhood obesity is worse than the England average and is increasing. 1 in 10 (10.7%) reception children and 1 in 5 (22.7%) Year 6 children are obese (2019/20).
- Levels of teenage pregnancy, smoking in pregnancy, breastfeeding, and the rate for alcohol-specific hospital admissions among those under 18 are worse than the average for England.
- Educational attainment, levels of self-harm hospital admissions and childhood immunisations are better than England, as was the percentage of children aged 2-2½ years at or above the expected level of development in all five areas of development (communication, gross motor, fine motor, problem-solving and personal-social skills) in 2018/19.
- Estimates suggest that:
    - 46% of children live in households where an adult has any of the 'toxic trio' (experience of domestic abuse, alcohol/substance misuse problems or mental health problems). That's almost 46,500 children & young people.
    - 1 in 10 children are estimated to have a mental health condition, that's around 10,000.

Living Well

- National (pre Covid) estimates suggest 1 in 4 adults will experience at least one diagnosable mental health problem in their lifetime; that's over 100,000 adults in County Durham. In any one week, 1 in 6 adults will experience symptoms of depression or anxiety.
- Rates of death by suicide and undetermined injury are statistically significantly higher in County Durham than England. During the period 2017-2019 there were an average of 62 deaths by suicide and undetermined injury per year.
- There are 43 Crees across County Durham, engaging with those at risk of suicide by tackling social isolation and self-harm through skill-sharing and informal learning to promote social interaction. Although Crees were originally aimed at men, some have developed for women and young people.
- Estimated smoking prevalence has increased for 2019 from 15% to 17%, or by around 12,000 residents since 2017
- Estimated levels of excess weight in adults (aged 18+) and physically active adults (aged 19+) are worse than the England average.
- Prevalence of hypertension, COPD, cardiovascular disease, diabetes, stroke and coronary heart disease are higher in County Durham than England. But levels of new sexually transmitted infections, people killed and seriously injured on roads, statutory homelessness and new cases of tuberculosis are better than the England average.

Ageing Well

- There are over 110,000 residents aged 65 and over in County Durham. ONS Projections suggest that to 2035 the number aged 65+ will increase by 31% and the number aged 85+ will increase by 82%.
- 35% of the county's over 60 population live in income deprived households (IDAOPI, IMD2019). That's around 47,500 older people.
- Over 30,000 people aged 65+ live alone.

- Over 5,000 County Durham residents have a dementia diagnosis. However, it is estimated that the actual number of people over the age of 65 with dementia is closer to 7,300, this is predicted to increase 52% to over 11,000 by 2040 (POPPI).
- There are now 30 dementia friendly communities across the county, raising awareness and helping those affected to confidently contribute to community life.
- Rates of premature mortality from the major causes of death are statistically significantly higher in County Durham than England, this includes rates for CVD, cancer, liver disease and heart disease.
- There is inequality in the distribution of premature mortality within County Durham. It is higher in the more deprived areas.

Policy drivers
Key factors which impact on health have been drawn out from the JSNA and utilised to inform the priorities for the JHWS. This has been coupled with the major policy drivers for improving health and reducing health inequalities and any COVID-19 implications:

- The Marmot Review (Fair Society Healthy Lives) 10 years on
- NHS Long Term Plan
- Prevention Green Paper - Advancing our health: Prevention in the 2020's
- Future in Mind
- Better Births
- Health Impact Assessment on Inequalities during COVID-19

In 2020, the Health Foundation commissioned the Institute of Health Equity to examine progress in addressing health inequalities in England, 10 years on from the landmark study Fair Society, Healthy Lives (**The Marmot Review)**.

The 2010 review identified six key policy areas for action to reduce health inequalities:
- Giving every child the best start in life
- Enabling all children, young people and adults to maximise their capabilities and have control over their lives
- Creating fair employment and good work for all
- Ensuring a healthy standard of living for all
- Creating and developing healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention.

This '10 years on' report shows that, in England, health is getting worse for people living in more deprived districts and regions, health inequalities are increasing and, for the population as a whole, health is declining. The report brings evidence together showing that for almost all the recommendations made in the original Marmot Review, the country has been moving in the wrong direction. In particular, lives for people towards the bottom of the social hierarchy have been made more difficult.

Both the 2020 and 2010 Marmot Reviews into health inequalities in England labelled climate change a fundamental threat to health. A further 2020 Marmot, Advisory Group Report for the UK Committee on Climate Change highlighted that climate change is already damaging the health of populations in the UK, has the potential to increase health inequalities and lead to more systemic, unpredictable shocks such as the Covid-19 pandemic.

Marmot also recommends that we should:

- Put health equity and wellbeing at the heart of local, regional and national economic planning and strategy.
- Adopt inclusive growth and social value approaches nationally and locally to value health and wellbeing as well as, or more than, economic efficiency.

The impact of COVID-19 has replicated existing health inequalities and, in some cases, has increased them, including a higher impact on older age (70+) due to vulnerabilities and long-term conditions; the virus has higher impact on men, but lockdown has a higher impact on mental health of women, a high impact on child poverty, educational attainment and future employment opportunities for young people and a higher impact on BAME communities. In County Durham, the impact on Gypsy, Roma and Travellers requires further investigation. The mortality risk of Covid 19 is higher for people with learning difficulties.

In addition, the impact of lockdown on people with learning difficulties and autism was particularly challenging. During the first wave of Covid the death rate of people with learning disabilities was around 4 to 6 times higher than general population and the death rate for age 18 to 34 with learning disabilities was 30 times higher than the rate in the same age group without disabilities.

The Covid-19 pandemic has had a devastating impact on physical activity levels. During the first Covid-19 lockdown, the number of adults in England meeting physical activity guidelines decreased by over three million and of particular concern is the decrease in physical activity levels among already vulnerable groups. Physical activity also plays an important role in maintaining mental wellbeing. Those who are more physically active are happier, more satisfied with life, and less anxious. Tackling inequalities in physical activity will play a crucial role in reducing health inequalities in our county. A physical activity framework is in development to support creating a cultural of physical activity across County Durham which makes physical activity accessible, easy and the norm. This framework is informed by our Approach to Wellbeing.

The culture and leisure activities that people can experience can also have a significant impact on their physical and mental wellbeing and those who live in County Durham have access to a range of options including leisure centres and swimming pools, grassroots sports, libraries, the Empire theatre at Consett and the Gala at Durham. There are also Town Halls and museums across the County who offer a range of activities and cultural experiences throughout the seasons, as well as a range of parks, playgrounds and allotments where residents of County Durham can go to enjoy experiences which have a positive impact on their health and wellbeing and offer valuable opportunities to meet people in social settings.

Across County Durham there are major differences in the health that people experience and there remain differences between the health of local people and those across England. The JHWS is seeking to work with people to change these outcomes. The solutions to these differences are not to be found within health and care services alone and many other factors have an influence on people's health and wellbeing. These include the environment in which people live (including accessibility to the natural environment), physical activity, culture and leisure opportunities, access to a good education, and good quality jobs, housing, the food people eat, money and resources, family, friends and communities. These are often called the social determinants of health. These differences are unjust and unfair, and the Health and Wellbeing Board is committed to making a difference. The Board recognises that many of the social determinants of health require close working with key partners across County Durham who have responsibility for housing, schools and of course with our local communities.

Poverty and Inclusive growth

Poverty can cause poor mental health, as well as being an impact of poor mental health. We must also consider those who are in work poverty, and the fact that this is on the rise.

The impact of COVID-19 on the national and local economy has been unprecedented. Despite the extension to the furlough scheme, levels of unemployment are expected to rise in adults of working age and especially in young people. This will lead to increasing financial insecurity, housing insecurity, debt and a new reliance on welfare for those families affected. These factors all elevate stress and anxiety levels resulting in relationship breakdown, substance misuse, domestic abuse and a rise in safeguarding concerns within the family unit.

In 2019 County Durham was ranked the 26th most deprived upper tier Council area in England. Whilst across England weekly gross pay for full-time workers was at £591.40 in 2019 the level of full-time weekly pay has remained below England levels at £528 in County Durham. An estimated 23.2% of employees in County Durham are earning less than the Living Wage Foundation hourly rates. Many people in County Durham today live in different social circumstances and experience avoidable differences in health, well-being and length of life.

In June 2020 the Institute for Fiscal Studies stated about 30% of low-income households pre-crisis said that they could not manage a month if they were to lose their main source of household income. The coronavirus crisis has shone a harsh light on the increasing inequalities residents in County Durham who spend a high fraction of their budgets on necessities that are hard to scale back.

The Poverty Action Steering Group is working to address socio economic factors, and reducing poverty is key to our resident's health and wellbeing enabling them to find employment and reduce their dependence on benefits.

Adults income causes child poverty, and the rise in child poverty is seen in young children and families. An estimated 26.8% of children aged 0 to 4 were living in relative poverty – an increase of 20.2% in the number of children aged 0 to 4 since 2015/16. The 5 to 10 age group increased the most during this period, rising by 39.1% to 20.3% of children aged 5 to 10.

The national Child Poverty Action Group reports that since the outbreak of Covid-19, families already struggling risk sinking deeper into poverty, due to redundancy or furlough, thus increasing the numbers and severity of poverty for children, young people and families. The Poverty Action Steering Group will work with the Health and Wellbeing Board to address socio economic factors, and reducing poverty is key to our resident's health and wellbeing enabling them to find employment and reduce their dependence on benefits.

Factors influencing mental health and emotional wellbeing are directly linked to the social determinants of health which have been significantly impacted by the Covid-19 pandemic. Studies suggest mental health has worsened as a consequence by up to 8.1% (IFS, 2020). It is now well documented that the virus and Covid-19 restrictions will increase inequalities nationally as levels of unemployment, poverty and social isolation affect the long-term outcomes of vulnerable and disadvantaged groups. Local forecasting suggests that we could see a 20-25% increase in mental ill health in the population over the coming 5 years as a result, with higher levels expected for children and young people.

A key factor in helping to address poverty will be to support activities that help people to find employment, or alternatively to adopt new skills through training and further education, that enable them to compete in the labour market. Importantly, the trick will be to ensure that such actions do

not increase inequalities with those closest to the labour market securing new jobs and those facing greater challenges and who are more disadvantaged, being left behind. For that reason, it is important that we ensure our work promotes economic inclusion where those with mental ill health, those with learning disabilities and those with long term conditions have equal chances of securing work and moving out of poverty, as well as us working to reduce the numbers going into poverty. Such an approach would bring to life the concept of proportionate universalism (Marmot), whereby our support is targeted proportionally to those who need it most.

Consultation

We have utilised the extensive consultation which was undertaken as part of the County Durham Vision. This included support for the relationship between the environment and climate change and health and opportunities for 'active travel' and the priority of reducing self-harm and suicide prevention which are included in actions within the Joint Health and Wellbeing Strategy.

The need for integrated commissioning and pooled budgets where possible was highlighted and partners working across County Durham have developed a five-year County Durham Commissioning and Delivery Plan 2020-25 which identifies key programmes of work over the next five years for health and social care services.

There were also comments in the vision consultation of how the evidence base of the Joint Strategic Needs Assessment is crucial in formulating plans and work to achieve our overarching objective to improve life expectancy, healthy life expectancy and the life expectancy/healthy life expectancy gap between the most and least deprived communities is supported and reinforced by communities.

Following consultation in 2020 for the Joint Health and Wellbeing Strategy 2020-25 there was strong support for the priorities within the Strategy. There were 84 responses to the public consultation, and all three of the strategic priorities had high levels of agreement, over 95%, with the strategic priorities. Additional feedback from young people aged between 5-21 also agreed with the strategic priorities.

There was support for the wellbeing approach with members of the public keen to see partners working collaboratively and innovatively with local communities.

The health impacts of poverty were highlighted in the consultation and this was included in the 2020-25 JHWS and strengthened for the JHWS 2021-25 given the impact of financial insecurity and Covid-19.

The draft Joint Health and Wellbeing Strategy 2021-25 was again subject to public consultation via the Durham County Council website and included the Area Action Partnerships, Town & Parish Councils, Patient Reference Groups, Voluntary and Community Sector, Investing in Children, Durham Youth Council, Learning Disabilities Parliament, Disability Partnership, Carers, Young Carers, Age UK and Poverty Action Steering Group.

Our Vision

The Health and Wellbeing Board's vision is underpinned by the JSNA and is:

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

Our Strategic Priorities

The Health and Wellbeing Board adopts a life course approach to its priorities, recognising the importance of mental health and wellbeing, physical activity and the social determinants of health cutting across all our priorities. These priorities are:

- Starting Well
- Living Well
- Ageing Well

Starting Well

The experiences that children have early in their life play a key part in their health as adults. Nationally, it is estimated that 1 in 10 children have a mental health disorder and that a quarter of adults will experience at least one diagnosable mental health problem in their lifetime.

While we have made progress in recent years in providing opportunities for our children including a good level of development by the end of reception, reduction in teenage conceptions and levels of smoking our overall outcomes for children should and can be improved. This is even more important now as a result of the pandemic as some of our children have experienced bereavement and others traumatic experiences during the initial lockdown period causing worry, anxiety and fear of the future. Evidence suggests that vulnerable children and other children and young people with challenging home environments, are more likely than others to have had experiences during the pandemic associated with a risk to mental health and wellbeing such as loneliness, difficult relationships within the home and parental stress or poor mental health.

Children are affected by Domestic Abuse and alcohol and substance misuse in their households. Support victims and protect vulnerable people from harm (including those affected by domestic abuse) and alcohol and substance misuse reduction are priorities within the Safe Durham Partnership Plan. Actions within that plan will meet these priorities by working together with partners to address issues. This will include organisations represented on the Health and Wellbeing Board.

The Health and Wellbeing Board will work closely with children, young people and their families to ensure they start well and reduce health inequalities for children and their families.

Living Well

We know that a good job, access to the natural environment, quality housing, opportunities for active travel, and access to leisure and cultural activities building our resilience to climate change impacts, as well as ensuring our communities have optimum physical health, mental health and wellbeing, have a positive influence on our overall health and wellbeing.

Good work is vital for people's health and wellbeing, impacting both directly and indirectly on the individual, their families and communities. Healthier, active and engaged employees are more productive and have lower levels of sickness absence. We know that almost 19% of sickness absence is due to mental health and over 15 million days are lost to depression every year nationally, and local people who have significant health issues need support to overcome the

barriers they face to accessing and retaining work. The Mental Health Strategic Partnership provides strategic coordination and leadership for the mental health agenda across County Durham.

The gap in the employment rate between those with a long-term physical or mental health condition, or with a learning disability and the overall employment rate is 12.9% which is not significantly different from England and has decreased over the last few years.
The gap in the employment rate between those with a learning disability and the overall employment rate is 73.5% which is significantly higher than England and has seen an increase over time.

Having access to a warm, comfortable and affordable place to live, our work and financial situation, eating well and staying active make a difference to our chances of remaining healthy and well during this time of life and into older adulthood. It is also recognised that many of the measures required to achieve the above will also help to tackle climate change.

The Health and Wellbeing Board is committed to shaping a healthy place which is smoke free, supportive of a healthy weight and gives access to physical activity opportunities with good homes.

Ageing Well
People are now living longer than ever before. Someone aged 65 today can expect to live to 85, nearly ten years longer than their parents' generation. This increase in life span offers many great opportunities for individuals, families, local communities and the economy.

The Centre for Better Ageing frames older age groups in terms of "approaching later life" at 50 plus. Pension schemes define the ages of 60, or 65 for eligibility. The United Nations has not adopted a standard definition for older people, but generally refer to 60 plus as the older population.
The population size of County Durham has been steadily rising. The 2019 ONS estimated population of County Durham was 530,094 people, a rise of 0.6% from 2018 (3,100 people) and a rise of 7.4% (36,400 people) since 2001 (Durham Insights, 2020). ONS Predictions (2016) suggest, twenty years from now it is expected the number of people in County Durham over 50 will be 240,300, equating to 46% of the county's population (ONS, Population Projections by 2041, 2016).

With an increase in an ageing population there will also be an increase in those living with a range of health conditions and social care needs. Long-term conditions can affect people's ability to work, care for their families and contribute to their communities. It also places an increased demand on health and social care services.

Covid-19 has had a significant impact on our elderly population (70+). Many of our older population have been identified as being clinically vulnerable and required shielding during the lockdown restrictions and many older people report a reticence in wanting to leave the house. Increases in social isolation and loneliness for older people have been strongly associated with other common mental health problems including anxiety, depression, self-harm and in lesser numbers death by suicide. Adult and young carers have also been identified as high-risk groups, unable to sustain their own resilience to the impact of Covid-19 on their mental wellbeing.

The Mental Health Community Framework includes reference to specific work regarding those with learning disabilities who are ageing.

However, the response to Covid-19 has also highlighted some excellent examples of the contribution the ageing population can make to supporting our wider community. Many of the volunteers and mutual aid groups mobilised during the response to lockdown were manned by the over 50's. It is therefore vital that we positively embrace more people living longer and bring

increased opportunities for our residents within our local communities to lead a happy and fulfilled life.

We will also target approaches which enable our older people to remain independent and to lead lives with meaning and purpose and will ensure that when the time comes, people receive good quality end of life care and die with dignity.

Alignment with other key strategic plans

The County Durham Health and Wellbeing Board takes a 'whole-system' approach to the health and wellbeing of our communities which requires coordination and collaboration across a wide variety of sectors. It is important that our priorities align to other plans to ensure our actions are delivered to meet the need of our local communities. Partners working across County Durham have developed a five-year County Durham Commissioning and Delivery Plan 2020-25 which identifies key programmes of work over the next five years for health and social care services. The plan reflects the life course approach of this strategy, and details system commissioning and delivery intentions across 22 chapters covering services from maternity to end of life. This provides the delivery plan for the health and care aspects of the JHWS.

County Durham is part of an Integrated Care Partnership which covers County Durham, Sunderland and South Tyneside which in turn is part of an Integrated Care System which covers the whole of the North East and Cumbria.

Collaborative working within the Integrated Care Partnership brings together health commissioners and providers to support the delivery of sustainable, safe and effective services through sharing best practice and the adoption of common pathways where this is in the interests of the communities that it serves. An integrated health and social care system has an important role to play in terms of early intervention by preventing or reducing needs from deteriorating by providing the right care at the right time in the community and putting more people in control of their health; supporting the whole person, across mental and physical health and not just treating symptoms.

County Durham, our 'place', has primacy and will be where the majority of services will continue to be commissioned, planned and delivered, whilst also recognising that we will work together with our neighbours at scale where this genuinely adds value. We must also recognise residents who are close to County Durham borders, who may belong to or have affinity with a neighbouring local authority, for example many residents who live in Easington will access health services in Sunderland, or people who live in Chester-Le-Street may work in Newcastle.

The JHWS is about long-term health improvement and reducing health inequalities including the social determinants.

Please refer to Appendix 1 to see how the Joint Health and Wellbeing Strategy aligns to other plans.

Our objectives

We have chosen these objectives across our three strategic priorities, that are of importance given the impact they have on people's health and of where we want to be in 2025. The programme of integration and our system wide approach supports us to deliver on these objectives. We recognise these are challenging but by working together across our partnerships and local communities we can make a difference.

- Improve healthy life expectancy and reduce the gap within County Durham and between County Durham and England
- We will have a smoke free environment with over 95% of our residents not smoking and an ambition that pregnant women and mothers will not smoke
- Decrease overall levels of unemployment and specifically close the employment gap between the general population and those living with a long term physical or mental health condition, or with a learning disability
- Over 90% of our children aged 4-5 years, and 79% of children aged 10-11 years are of a healthy weight
- Improved mental health and wellbeing evidenced by increased self-reported wellbeing scores and reduced suicide rates
- Increase the number of organisations involved in Better Health at Work Award (to improve health and wellbeing interventions at work)

In order to reduce inequalities and improve wellbeing, we will expect that these are delivered according to the principles of the County Durham Approach to Wellbeing which encourages devolution, empowerment and coproduction, and the Marmot principle of proportionate universalism; ensuring that no-one is left behind.

What changes can you expect to see?
Our ultimate goal is reducing the gap in healthy life expectancy within County Durham and between County Durham and England. This Strategy is focused on the foundations for achieving that goal and considers the impact of the Covid-19 pandemic on the health and wellbeing of our residents in County Durham. We have set out a number of changes you can expect to see throughout the course of this strategy to set the foundations for achieving this.

Please note that further detail and baseline figures can be found in the relevant strategy or performance management framework.

By 2022:
- Increasing the equity of cancer screening programmes
- 10% reduction in suicides
- Increased referrals and adaptations done by the warm and healthy homes programme
- Coming out of Covid-19: 2022 is a transition year depending on the outbreak control and vaccination plans
- Increase in the number of physical health checks for those people with a mental health condition or a learning disability
- Increased take up of leisure and physical activities
- All schools to have an identified mental health lead
- System-wide workforce able to engage local residents on financial issues including poverty reduction, debt, benefits, housing and employment.

By 2023:
- A reduction/downward trend in hospital admissions of children under 2 years of age, due to unintentional injuries
- Fewer approvals for takeaways near schools
- More businesses signing up to the Better Health at Work Award to improve health and wellbeing interventions at work
- More adult carers having carers assessments
- Improvements in the mental health and emotional wellbeing of children and young people, with an appropriate and accessible range of services across universal, targeted and specialist provision available for timely access

By 2024:
- More mental health and wellbeing champions across workplaces
- Children meeting their expected developmental outcomes at age 2 to 2.5 years will be 90%
- More cancers are diagnosed at Stage I and II and a higher proportion of cancers are diagnosed within 28 days
- Full implementation of the Community Mental Health Framework for adults and older people

By 2025:
- Improve healthy life expectancy and reduce the gap within County Durham and between County Durham and England
- We will have a smoke free environment with over 95% of our residents not smoking and an ambition that pregnant women and mothers will not smoke
- Decrease overall levels of unemployment and specifically close the employment gap between the general population and those living with a long term physical or mental health condition, or with a learning disability
- Over 90% of our children aged 4-5 years, and 79% of children aged 10-11 years are of a healthy weight

- Improved mental health and wellbeing evidenced by increased self-reported wellbeing scores and decreased suicide rates
- Increase the number of organisations involved in Better Health at Work Award to improve health and wellbeing interventions at work

Strategic priority 1: Starting Well

Why is this important?
Starting well begins with a baby's mother and family being healthy before, during and after pregnancy. The first 1001 day in a child's life is fundamental to providing the best start in life during which the foundations of a child's development are laid.

Childhood is the springboard to a successful adulthood. It is the foundation on which our lives are built. We will provide the best support to expectant mothers and mothers of new-born babies and their families. For our vulnerable children and families, we will provide a targeted offer of support to reduce inequalities and improve their health and wellbeing, including supporting our children and young people with Special Educational Needs and Disabilities to achieve the best outcomes.

Better outcomes for children cannot be achieved through health and social care service intervention in isolation. How children live, learn and play are all key drivers of healthy development. Other social factors including poverty, poor housing, unstable employment, poor access to green space and community connections act against the ability of parents and families to create a safe, healthy and nurturing environment for their children. Parenting and attachment are critical to a child's development and evidence shows children who are exposed to adverse events such as domestic abuse or alcohol misuse can be affected negatively, both physically and mentally, throughout their adolescence and into adult life. These factors all determine whether a child will be more likely to thrive and achieve their optimum potential in life.

We know that the needs of parents and the family environment have a significant impact on the life chances of the child, therefore our Early Help approach takes account of the whole family's needs. We want to better support families, to help them to cope with the difficulties they face and to support families to be resilient and thrive. We recognise the benefits of offering parents and carers help so they can better keep their children safe and support their health and development, so they in turn have the right environment to flourish into resilient adults. Universal and targeted Health Child Programme contacts, including home environment assessment, provide opportunities to identify where families need additional support to keep children and young people safe from harm.

We will improve health and wellbeing outcomes for all children and young people and help children and their families achieve and maintain their optimum mental and physical health, resilience and wellbeing. An important part of this is a focus on physical literacy, developing the fundamental movement skills that all children need, which gives them confidence to participate in different physical activities, sports, and games.

School holidays can be difficult for some families because of increased costs, such as food and childcare coupled with reduced incomes. For some children this can lead to a holiday experience gap, where children from disadvantaged families are less likely to access organised out of school activities and more likely to experience 'unhealthy holidays' in terms of nutrition and physical health and more likely to experience social isolation. In Durham, we recognise that providing enrichment activities and healthy food over the holidays can help pupils, including those with additional needs, return to school engaged, invigorated and ready to learn.

The Children and Young People's Strategy contains the priorities for improving services and life opportunities for children and young people. The Health and Wellbeing Board will provide strategic oversight to ensure that improved health and wellbeing outcomes of our children is delivered within this strategy, including reducing unacceptable inequalities, which our more vulnerable children encounter.

Strategic Priority 1	Starting Well: This priority covers the early years of life from conception to young adulthood and includes pregnancy, birth, and childhood
Core Deliverables	• Ensure immunisation rates are maintained • Support young adults with Special Educational Needs and Disabilities, and Care Leavers, up to age 25 to reduce inequalities and improve life outcomes through high quality transition work from children to adult services, planning with young people and their families, access to the 0-25 Emotional Resilience Service, and proactive contact from the 0-25 Family Health Service • Ensure our children and young people have a safe childhood through positive parenting work, promotion of resources to support managing common childhood illness and building resilience work with children and young people to promote safe relationships. • Continue to improve how, across the system we identify perinatal mental health issues during the antenatal period and embed appropriate pathways for support • Support the early identification of financial / employment issues for pregnant women and offer support for their financial circumstances • Develop whole system commission for wellbeing and mental health • Implement and embed the national trailblazer for mental health support teams in identified schools • Work within Education, Early Help, Inclusion and Vulnerable Children, Children's Services and universal health services to improve the workforce's ability to understand mental health, and where appropriate undertake a brief intervention and signpost or refer accordingly. • Support women to achieve a smoke free pregnancy through whole system change, tackling tobacco dependency in pregnancy as an addiction not a lifestyle choice • Support spatial policy and regeneration programmes which aim to improve health and reduce health inequalities • Develop and implement the Health and Wellbeing Framework for education settings to improve the health of children • Support women to initiate and continue breastfeeding their babies through the County Durham 'Call to Action'. To change the culture of breastfeeding in our county, whilst promoting and maintaining UNICEF Gold Baby Friendly Accreditation within key services • Continue the countywide offer around physical activity and good nutrition including holiday activities specifically targeting vulnerable communities and health inequalities • Reduce preventable unintentional injuries among children and young people and reduce inequalities, through the implementation of the County Durham Prevention of Unintentional Injuries Framework • Consider a range of population approaches to improving children's oral health across County Durham including community water fluoridation • Increase the roll out in schools of 'cutting the cost of the school day' (e.g. non branded clothing or trainers / affordable school uniforms / uniform swop shops / clothing grants / enriching holiday activities with food / free or subsidised school trips / free breakfasts for all to avoid stigma / provision of resources for learning at home) • Work better across children's and adult services within our system as a whole to support the effective transition of identified vulnerable young people aged 14+ towards adulthood and their transition to adult services where required • Improve speech, language and communication outcomes for children across the County to support school readiness • Improve access to leisure, culture and enriched experiences • Increase the number of children and young people who take part in positive activities • Implement the approach to wellbeing which builds on the positive work in communities and involves communities in decisions about services • Incorporate digital approaches and virtual technologies to maintain full access to services for children, young people and families
Delivery plan mechanism	**1. County Durham Tobacco dependency in Pregnancy steering group action plan** **2. Children and Young People Mental Health, Emotional Wellbeing and Resilience Local Transformation Plan** **3. County Durham Commissioning and Delivery Plan 2020-25** **4. Special Educational Needs and Disabilities Strategic Partnership written statement of action** **5. Best Start in Life Steering Group action plan** **6. Oral Health Framework** **7. Unintentional Injuries Framework** **8. Healthy Weight Alliance Framework** **9. Poverty Action Steering Group Delivery Plan** **10. Durham and Tees Valley Mental Health and Learning Disabilities Partnership plan**

Case Study – Starting Well

Tackling Inequalities Fund (TIF) (managed by the Active Partnership, County Durham Sport).
The Sport England Tackling Inequalities funding programme focusses on the negative impact of Covid-19 and the widening of the inequalities in sport and physical activity, as the result of a survey conducted during the pandemic. The survey highlighted gaps in activity levels across existing disadvantaged groups who are suffering most from the pandemic and suggested that Covid-19 was likely to have a significant impact on their ability to be active.

The funding aims to minimise the impact of Covid-19 on activity levels in these groups ensuring the physical activity participation inequality gap doesn't widen during this period by providing funding to organisations and community groups working with the Sport England target audience to remain connected and keep them active during the pandemic restrictions and recovery stages.

£150,000 was secured and 21 community organisations across the County have been supported through this funding programme which has had a significant impact on people's ability to stay active during the pandemic, providing a positive impact on physical and mental wellbeing along with reducing social isolation.

During the pandemic Seaham Harbour Support Services have been supporting families at crisis point '*The TIF funding has helped to bring people together through physical activity, the equipment was well received and engaged young teenagers who would usually sit on digital devices.'*

Feedback from families and young people:

'what an amazing morning' *'they all had a great time and are asking to do it again'*

'this is the first time I've taken my kids, I was uncertain, but the staff were experienced in working with children with disabilities and were fantastic – they made adaptations for us to ensure we were able to join in'

'thank you for a fun, relaxed session' *'such a fun and different morning'*

I'm so glad we booked a second go as my daughter's confidence has grown so much'

'it was lovely to see my son so relaxed and happy canoeing on the water'

Area Action Partnerships (AAPs)
AAPs have funded projects that positively impact on the health and wellbeing of our communities, for example sports packs were delivered to family homes which included skipping ropes, bats and balls, throwing scarves etc along with a packed lunch. To further encourage families to engage with each other in physical and mental activity, the project included the following large items that were delivered individually on a rotation programme for 4 days a week: Connect 4, Noughts and Crosses, Cricket Set, Volleyball net and bat, Badminton racket and shuttlecock, Chess and Jenga.

Feedback from families and young people:

'The activities provided have been fantastic'

'Thank you for our new hula hoops, fruit and veg also our fun bat and balls. Kids love them'

'Just want to say thank you to u all for everything you have done for the kids during the Pandemic, you have sent packs after packs to keep the kids busy and plenty of fresh fruit and veg'

Strategic priority 2: Living Well

Why is this important?

Good health is important at any age. While the length of life of local people continues to increase, the years that people can expect to live a high quality of life sees significant differences across County Durham. The gap between the most deprived and least deprived areas within County Durham is 8.1 years for men and 6.9 years for women. This coupled with an ageing population, physical inactivity and people living with a range of health conditions can affect people's ability to work and contribute to their communities and has an impact on our health and care services.

We will work with businesses to help create a healthy community by offering quality employment and creating healthy workplaces to help ensure they retain their staff, attract new talent and help to keep the communities they work within, healthier. We will also support businesses to implement effective preventative strategies, not only to promote better physical and mental health but also help avoid the costs of absenteeism and reduced productivity which are associated with poor mental health and / or long-term conditions.

It is important that we focus on improving the mental health and wellbeing of our population, as well as focusing on businesses. Significant work is currently being undertaken to address the mental health and emotional wellbeing needs of individuals, families and local communities including reducing self-harm and suicide prevention. Activity has been accelerated to address the direct and indirect impacts of Covid-19.

The links between an improved environment and improved health and wellbeing are clear. We will work with partners and communities to maximise the quality of our local environment and clean air, with opportunities to be physically active and achieve a healthy weight. We will encourage transport choices that are the most sustainable by improving the attractiveness of these modes of transport for everyday journeys. The Health and Wellbeing Board will provide strategic oversight to ensure that improved health and wellbeing outcomes for our residents are delivered within this strategy, including promoting high quality natural and formally manage open spaces for recreation, food growing and exercise. We will work with partners to put support in place to encourage sustainable 'active travel', modes of transport that use the human body as power, such as cycling and walking, to get from place to place. These actions will also help to address climate change and aid recovery from the pandemic.

Housing condition can influence our physical and mental health, for example, a warm and dry house can improve general health outcomes and specifically reduce respiratory conditions and good housing promotes positive mental health. To address the existing and future needs of older people and people with disabilities, it is important that sufficient homes are delivered of an appropriate type and standard, which is reflected in the County Durham Plan.

We will enable our local communities to increase people's skills, knowledge and confidence to look after their own health and wellbeing. We will encourage people to eat healthily by promoting the five a day message and increase their physical activity.

In County Durham, we recognise that for many people not smoking, having a healthy weight, being physically active, drinking moderate levels of alcohol and having good and supportive relationships is not a choice but shaped by the environment in which they live. We will adopt a 'settings' approach which creates an environment for healthy behaviours, including schools, workplaces, green spaces, community centres and primary care so people can live well.

Alcohol and substance misuse causes harm to people's health including their mental health and can impact on the ability of individuals to access or sustain employment. However, alcohol and substance misuse related incidents have a much wider effect on communities, such as public order, criminal damage and violence offences. Therefore, it has been agreed that alcohol and substance misuse reduction is a priority within the Safe Durham Partnership Plan although partner across the Safe Durham Partnership and Health and Wellbeing Board will work together to address alcohol and substance misuse reduction.

Partners will work together to reduce alcohol and drug misuse, campaigning in partnership for changes in the law around minimum unit pricing and tackling the organised crime groups who supply illegal drugs. Preventing further misuse of drugs and alcohol is also an area of focus for the Health and Well Being Board.

We will strive to shift the culture and influence policy and legislation to support improving people's health, for example, minimum unit pricing for alcohol.

Strategic Priority 2	Living Well: This priority covers adulthood, from leaving school/university to retiring and includes our working life	
Core Deliverables	• Work with a range of partners to deliver Making Every Contact Count to enable every contact to be a healthy contact. • Ensure adult focussed services consider the adult within a parenting role (children and young people under 19) how their additional needs impact on their children • Ensure opportunities for service users and their carers to be involved in the development and co-production of services are maximised • Implement the approach to wellbeing which builds on the positive work in communities and involves communities in decisions about services • Develop a healthy settings approach to support health improvement and reduced health inequalities across a range of settings, including early years schools, workplaces, pharmacies, leisure facilities and voluntary and community sector organisations • Better identify the rate of self-harm and reduce the levels of suicide across County Durham taking proactive action together through the Suicide Prevention Alliance to reduce this • Work together across our system to implement the national Community Mental Health Framework, transforming our offer and improving access to appropriate services based on need • Reduce the prevalence of harm caused by smoking through tobacco control measures and redesigning the stop smoking service to improve the services to tackle tobacco-related ill health • Develop a Sexual Health Strategy for County Durham to ensure equitable access and a strategic focus on reducing sexually transmitted infections and good contraceptive health • Support the drive for a minimum unit price for alcohol to create a County Durham that has reduced harm from alcohol • Increase the use of active travel to encourage physical activity (including cycling and walking) to reduce traffic emissions related respiratory illness and carbon emissions • Increase the uptake of national/local screening programmes and work to address inequalities in access and outcomes • Help people to manage their own long-term conditions including diabetes and respiratory conditions through self-management programmes through a range of methods, including digitally, to access advice, self-help in minor illnesses and health (including mental health) promotion • Attract more businesses and the voluntary and community sector to participate and achieve the Better Health at Work award to improve health and wellbeing interventions at work • Increase the number of organisations using the volunteering kite mark, which is managed by Durham Community Action • Work with communities to develop targeted strategies to provide better support for vulnerable population groups, for example, those with learning disabilities, autism or BAME (including GRT) communities • Consider Census 2021 data to identify BAME communities and the support needed • Ensure procurement processes encourage providers to have a focus on health and wellbeing within the workplace • Work with the Economic Partnership to maximise local opportunities for economic and job development, including apprenticeships, with a focus on closing the gap in employment opportunities for those with a long-term health condition or disability. • Implement initiatives to support individuals to develop healthy eating habits and take part in physical activity • Contribute to the implementation of the Housing Strategy (which includes the strategic approach to addressing homelessness) where this relates to housing and health include accommodation services for people with the most complex needs • Raise awareness of benefits to health from the perspective of an appropriate work life balance, in helping manage stress and anxiety • Work with the Environment and Climate Change Partnership to align health and climate change communications and awareness raising events • Work with the Environment and Climate Change Partnership to deliver measures in the Climate Emergency Response Plan which benefit improved health and health equity	
Delivery plan mechanism	**1. Tobacco Control Alliance Action Plan** **2. Healthy Weight Alliance Action Plan/Physical Activity Strategy Committee Framework** **3. Think Autism in County Durham** **4. Durham and Tees Valley Mental Health and Learning Disabilities Partnership**	**5. Mental Health Strategic Plan** **6. Sexual Health Strategy (when completed)** **7. County Durham Commissioning and Delivery Plan 2020-25** **8. Poverty Action Steering Group Delivery Plan** **9. Climate Emergency Response Plan**

Case Study – Living Well

Active Places

Active Places (Sport England funded, and managed by the Active Partnership, County Durham Sport) is a pilot programme running in Shildon and Deerness Valley to build healthier, more active communities. It supports residents to increase and sustain their activity levels to benefit from improved physical and mental wellbeing and to address social isolation. The priority is tackling inactivity and inequality and focusing on engaging people who do less than 30 minutes a week of sport or physical activity.

This is an exciting opportunity to bring about real change, improving physical health and wellbeing and bringing people together, inspiring people to be active and provide accessible, enjoyable and sustainable opportunities to participate.

Residents who participated in the Active Places programme said:

> *'I've done 20 minutes continuous exercise and I absolutely love it! I'm out in the fresh air, had a bit chatter and exercised! I can't believe I'm still exercising a week later. So much fun!'*
>
> *'My fitness deteriorated in the first lockdown and I struggled with day to day tasks like walking up the stairs and getting dressed. 8 weeks on from starting and I exercise 3/4 times a week, 10 minutes jog to the park, 10 minutes exercise and 10 minutes jog/walk home. I can feel my fitness has improved, I'm stronger, have more stability and everything is easier.'*
>
> *'I feel much better! I'm just enjoying the time to switch off from the world. Things are quite high pressure from me (besides the pandemic) and that's likely to continue so it's really a welcome diversion.'*

Area Action Partnership - Community Pantry

AAPs have developed a number of food related projects to support communities, particularly during the pandemic. One example is a Community Pantry funded with Councillors Neighbourhood Budget monies, which operates on a pay as you feel model using surplus food donated from organisations including FareShare, local businesses, the Co-op and members of the public.

> *“We are incredibly grateful to everyone who is giving their time to support this and their communities, proving that help will always be on hand.”*

Strategic priority 3: Ageing Well

Why is this important?

Ageing well is something that happens throughout our lives, not just in old age: Starting and Living Well contribute as much if not more to ageing well as anything that happens later in life.

Older people in the county play a vital role in contributing to the life of their communities, and increasing numbers are continuing in paid employment well past State Pension age as well as volunteering and playing an active role in their local communities. However, older people can also be at increased risk of poverty (including fuel and food poverty) and more vulnerable to cold and heat extremes because of climate change. We need to work closely with the Poverty Action Steering Group and ensure the best possible take up of benefits and other types of financial support to improve people's daily lives and their health and wellbeing.

However, with age comes the increased likelihood of living with one or more long term conditions and/or sensory impairment. We will integrate commissioning between health and social care for more effective integrated service delivery where it makes sense to do so. We will seek to understand the opportunities at every stage of the development and delivery of joined up health and care services.

Older people have an increased risk of dementia and large numbers of older people live with depression and are also vulnerable to social isolation and rural isolation.

We will work with communities to target approaches which enable our older people to remain independent and to lead physically active lives with meaning and purpose and will ensure that when the time comes, people receive good quality end of life care and have a good death. We will also target support for their carers and families.

Strategic Priority 3	Ageing Well: This priority covers additional actions in later life, noting that ageing begins at birth	
Core Deliverables	• Promote the uptake of the vaccinations including flu, pneumococcal and shingles through marketing campaigns and collaborative, place-based working across County Durham • Review and strengthen the County Durham Dementia Strategy, particularly in regard to prevention • Ensure dementia is identified and diagnosed at an early stage and families, carers and communities are helped to manage their condition • Consider how Dementia Friendly Communities will be sustained/further developed post Covid-19 • Continue to work with partners and providers to reduce the incidence of falls and fractures in older people through age appropriate development in the built environment, training and digital technology • Refresh and implement the Falls Prevention Strategy • Work with providers to increase the offer of fit for purpose sustainable housing stock to enable occupancy of residents into later years • Develop housing and care options specifically to meet the needs of the older and disabled people within our communities • Increase the scale and integration of out of hospital services, based around communities and improve population health outcomes • Ensure the frail elderly are able to live well at home for as long as possible and receive high quality, consistent levels of service • Increase referrals and adaptations done by the warm and healthy homes programme • Support carers in their caring role so they are able to maintain their own health and wellbeing • Support community connectivity and the approach to wellbeing to help address social isolation and loneliness • Consider rural proofing for health in policy, planning and commissioning of services • Implement the approach to wellbeing which builds on the positive work in communities and involves communities in decisions about services • Work with Primary Care Networks to ensure social prescribing provides sufficient opportunities for people to access the local, community-based help they need • Improve the end of life pathway to ensure providers aspire to delivering support to people at the end of their life to deliver personal, bespoke care • Identify opportunities for intergenerational experience, learning and skills sharing in communities • Undertake Health Equity Audit of Care Connect with a view to making the most of opportunities to promote health and wellbeing • Explore opportunities to promote Making Every Contact Count in domiciliary care • Ensure work on economic inclusion takes account of the greater proportion of older people in the population in addition to those with mental ill health, learning disabilities and those with long term conditions • Develop and implement an Active Ageing Strategy	
Delivery plan mechanism	**1. County Durham Commissioning and Delivery Plan 2020-25** **2. Housing Strategy** **3. Falls Prevention Strategy** **4. Mental Health Strategic Plan**	**5. Dementia Strategy** **6. Palliative and End of Life Care Strategy** **7. Poverty Action strategy** **8. Ageing Well Strategy**

Case Study – Ageing Well

Dementia Adviser Service

The Durham Dementia Adviser Service is commissioned by DCC and delivered by Alzheimer's Society. It supports people living with Dementia and their carers by providing advice and support and by connecting them with their communities. This helps to build support networks round the family to increase their future resilience, so they know where to turn to when they need support.

They support people through the diagnosis process and right through their journey where they are required. There is no limit as to how many times people can go back into the service as it's recognised that people's needs change over time.

They aim to take a holistic approach and to improve people's wellbeing through their interventions and to help reduce stigma by awareness raising and increasing understanding. They also strive to reduce social isolation which can be very common when people receive a diagnosis as they are likely to stop doing all the activities they previously enjoyed for fear of stigma. Carers also experience high levels of social isolation with little opportunity for respite and the service aims to connect them with groups and organisations that can help.

Residents who used the Dementia Adviser Service said:

'Thank you so much for your help and advice, especially the telephone calls'

'What a difference one call can make, I could cry with how much relief I feel after talking with you'

'You have been an absolute star; I have been completely lost and you have been able to guide me to where I need to be. I don't like to burden people with my worries, but you have lightened my load and put me in touch with people who can help me. Thank you'

Performance Management Framework

The Health and Wellbeing Board have developed a high level objectives framework to measure the success of achieving the priorities and the vision in this strategy. Delivery of the actions in this strategy is undertaken by the Health and Wellbeing Board working with other partnerships and the Board's subgroups.

Enabling factors

There are a number of enabling factors that are relevant to all actions in this strategy to ensure that it is delivered, which have been developed using our approach to wellbeing (A2W).

- **Leadership and Advocacy (A2W: Working better together)**
  - Make health and wellbeing everyone's business through cross-sector capacity building
  - Promote key health messages through strategic influence, advocacy and PR

- **Whole System Approach (A2W: Working better together)**
  - Multiagency working across County Durham to achieve the best outcomes to address health and wellbeing needs in an efficient and sustainable way
  - Commission and deliver high quality, safe and integrated health and wellbeing services
  - Strong partnership governance arrangements
  - Effective communications and information sharing across partners and communities

- **Strategic focus on prevention and early help (A2W empowering communities and being asset focused)**
  - Encourage a resource shift towards prevention and early intervention for people to remain as independent as possible making the best use of resources
  - Adopt a whole family approach and recognising the roles played by carers and significant others

- **Performance management and intelligence (A2W: using the evidence base - underpins the approach and why we are doing things)**
  - Use Joint Strategic Needs Assessment and Durham Insight to support analytical view of priorities for health
  - Population Health Management
  - Use the best available evidence to address local needs including accessing data to identify areas where targeted intervention is required to inform commissioning decisions

- **Targeted Approach (A2W: Building Resilience and helping the most disadvantaged and vulnerable)**
  - Appropriate, systematic, coordinated and targeted interventions to improve the health and wellbeing of the most and disadvantaged groups fastest

- **Community Engagement (A2W: Doing with - Not to, and empowering communities)**
  - Meaningful engagement with local communities, patients, service users, carers and the public in commissioning and delivery of health and wellbeing services
  - Empowering and enabling communities and individuals to take responsibility for their own health and wellbeing

- **Workforce (A2W: building resilience – applicable to our workforce as well as our communities)**
  - Ensure staff have the right knowledge, skills and competencies including appropriate IT skills in response to the increased use of technology as a result of the Covid-19 pandemic.

- **Co-production (A2W: Doing with - Not to)**
    - Services are co-designed and co-produced with the people who need them, as well as their carers

- **Equitable access (A2W: Working better together)**
    - Everyone has the same opportunities to access health and social care services

The JHWS evidences sharing decision making with communities when designing and developing services for those who need them.

Appendix 1: Joint Health and Wellbeing Strategy priorities and alignment to other Strategic Partnership Plans			
Joint Health and Wellbeing Strategy 2021 – 2025: Starting well	**County Durham 5 Year System plan 2020 - 2025** • Prevention • Children and Young People's Strategy • Children and Young People's mental health • Learning Disabilities	**Children and Young People's Strategy 2019 – 2022** • Young people gain the education, skills and experience to succeed in adulthood • All children and young people have a safe childhood • Children and Young People enjoy the best start in life, good health and emotional wellbeing • Children and young people with SEND achieve the best possible outcomes	**Safe Durham Partnership Plan 2021 – 2025** • Supporting victims and protect vulnerable people from harm
Joint Health and Wellbeing Strategy 2021 – 2025: Living well	**County Durham 5 Year System plan 2020 - 2025** • Primary care • Urgent care treatment centre review • Development of place based 0-25 services • Workforce • Out of hospital care • Urgent & emergency care • Planned care • Mental Health • Learning Disabilities		**Safe Durham Partnership Plan 2021 – 2025** • Promote being safe and feeling safe in your community • Reduction of alcohol and substance misuse
Joint Health and Wellbeing Strategy 2021 – 2025: Ageing well	**County Durham 5 Year System plan 2020 - 2025** • End of Life • Dementia		

العربية (Arabic) (中文 (繁體字)) (Chinese) اردو (Urdu)

polski (Polish) ਪੰਜਾਬੀ (Punjabi) Español (Spanish)

বাংলা (Bengali) हिन्दी (Hindi) Deutsch (German)

Français (French) Türkçe (Turkish) Melayu (Malay)

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Braille 

Audio 

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Durham County Council Equality Impact Assessment

NB: The Public Sector Equality Duty (Equality Act 2010) requires Durham County Council to have 'due regard' to the need to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between people from different groups. Assessing impact on equality and recording this is one of the key ways in which we can show due regard.

Section One: Description and Screening

Service/Team or Section	Neighbourhoods and Climate Change
Lead Officer	Andrea Petty, Strategic Manager
Title	Joint Health and Wellbeing Strategy 2021-2025
MTFP Reference (if relevant)	N/A
Cabinet Date (if relevant)	
Start Date	October 2020
Review Date	To be reviewed in line with the JHWS (2021-2025)

Subject of the Impact Assessment

Please give a brief description of the policy, proposal or practice as appropriate (a copy of the subject can be attached or insert a web-link):
The County Durham's Health & Wellbeing Board (HWB) has a legal responsibility to work in partnership with Clinical Commissioning Groups (CCGs) to prepare and deliver a Joint Health and Wellbeing Strategy (JHWS). This is a statutory duty under the Health and Social Care Act 2012. The JHWS is informed by Joint Strategic Needs Assessment (JSNA)[1], which is part of Durham Insight. This evidence base is an assessment of the current and future health, wellbeing and social care needs of residents in County Durham. The Joint Health and Wellbeing Strategy (JHWS) 2020-25 outlines a vision where we would like to see County Durham to be heading in terms of our physical & mental health and wellbeing, whilst closing the gap in health inequalities across County Durham, and between County Durham and England. The vision for the Board is that: ***"County Durham is a healthy place, where people live well for longer"***

[1] https://www.durhaminsight.info/jsna/

The HWB agreed the JHWS 2020-25 in March 2020, to provide a holding position for a year while work was undertaken on the County Durham Vision 2035, the Marmot 10 year review, and the NHS health inequalities paper.

At that time we could not foresee the impact the global Coronavirus pandemic would have on our services and communities across the County.

Unfortunately, Covid-19 has impacted disproportionately on certain people across the County, particularly our older population, people with existing/underlying health conditions such as diabetes and obesity, our Black, Asian and Minority Ethnic (BAME) populations as well as those living and working in more disadvantaged circumstances. It has had a direct impact on our communities in terms of their health and also a wider indirect impact instigated by lockdown on mental wellbeing across the whole life course, exasperating issues and widening health, social and economic inequalities.

Although recovery will take years, our partners will continue to work together to prevent health and wellbeing inequalities widening even further, and the actions in the JHWS 2020-25 and JHWS 2021-25 support our approach in how we deliver health and social care services in these unprecedented times.

In response to Covid-19, County Durham Together was developed as an overarching approach to support communities.

In March 2020, a Health Impact Assessment (HIA) for health inequalities during Covid 19 was undertaken to provide a 'snapshot' insight into the direct and indirect impact of lockdown on inequalities. It focused on the following areas:

- Socio-economic factors - poverty reduction
- Mental health and emotional wellbeing
- Community assets and community mobilisation
- Inclusion of vulnerable groups

The findings and recommendations from the HIA have been integrated into the JHWS 2021-25, and incorporated into the HWB work programme to ensure action is taken.

The County Durham Vision 2035 was written together with partner organisations and the public. It provides strategic direction and enables us to work more closely together, removing organisational boundaries and co-delivering services for the benefit of our residents. This vision is structured around three ambitions which are:

- More and Better jobs
- People live long and independent lives
- Connected communities

The JHWS will form part of the delivery mechanism for the Vision, with the objectives contained under the vision ambition "People live long and independent lives" which have a health focus being the responsibility of the Health and Wellbeing Board, as well as also working with other partnerships on shared priorities and cross-cutting issues.

The Health and Wellbeing Board will deliver the following objectives under the vision ambition 'People will have long and independent lives':

- Children and young people will enjoy the best start in life, good health and emotional wellbeing
- Children and young people with special educational needs and disabilities will achieve the best possible outcomes
- We will promote positive behaviours
- We will tackle the stigma and discrimination of poor mental health and building resilient communities
- Better integration of health and social care services
- People will be supported to live independently for as long as possible by delivering more homes to meet the needs of older and disabled people

In addition, we will work closely with the Environment and Climate Change Partnership who will deliver on the objective to create a physical environment that will contribute to good health and the Economic Partnership to ensure young people have access good quality education, training and employment.

As mentioned above, the HWB will not just fulfil the objectives in the Vision but also has a duty to meet our statutory obligations under the Health and Social Care Act 2012.

The HWB has three strategic priorities over a life course, which set out what we will focus on to make County Durham a healthy place. These priorities are:

- Starting Well
- Living Well
- Ageing Well

Based on evidence, we have chosen the following objectives across our strategic priorities, that are of importance given the impact they have on people's health and wellbeing, and of where we want to be in 2025:

- Improve healthy life expectancy and reduce the gap within County Durham and between County Durham and England
- We will have a smoke free environment with over 95% of our residents not smoking and an ambition that pregnant women and mothers will not smoke
- Decrease overall levels of unemployment and specifically close the employment gap between the general population and those living with a long term physical or mental health condition, or with a learning disability
- Over 90% of our children aged 4-5 years, and 79% of children aged 10-11 years are of a healthy weight
- Improved mental health and wellbeing evidenced by increased self-reported wellbeing scores and reduced suicide rates
- Increase the number of organisations involved in Better Health at Work Award

Who are the main stakeholders? (e.g. general public, staff, members, specific clients/service users):

Residents of County Durham: All groups within the population of County Durham including service users, carers, patients and people with disabilities.

Screening

Is there any actual or potential negative or positive impact on the following protected characteristics?		
Protected Characteristic	Negative Impact Indicate: Y = Yes, N = No, ? = unsure	Positive Impact Indicate: Y = Yes, N = No, ? = unsure
Age	N	Y
Disability	N	Y
Marriage and civil partnership (workplace only)	N	N
Pregnancy and maternity	N	Y
Race (ethnicity)	N	Y
Religion or Belief	N	Y
Sex (gender)	N	Y
Sexual orientation	N	Y
Transgender	N	Y

Please provide **brief** details of any potential to cause adverse impact. Record full details and analysis in the following section of this assessment.
The Strategy is aimed at improving health outcomes across the county, based on need identified in the JSNA and HIA. We do not anticipate any negative impacts in the implementation of this strategy although our priorities will impact certain groups differently, in order to address identified health gaps. The Covid-19 pandemic has had negative impact on the groups identified in the JHWS as those who have health inequalities. This strategy therefore focuses on the areas that are of the most significant importance given the impact they have on people's health and of where we want to be in 2025. It does not cover 'all' aspects of health and wellbeing, and it is to be noted that some areas are also addressed in other plans and strategies.
How will this policy/proposal/practice promote our commitment to our legal responsibilities under the public sector equality duty to: • eliminate discrimination, harassment and victimisation, • advance equality of opportunity, and

• foster good relations between people from different groups?
The JHWS aims to improve health and wellbeing for all sections of the community which is beneficial to all protected groups and helps us to pay due regard to the public sector equality duty. The strategy is the vehicle which provides commissioners with a focussed number of strategic objectives and actions, helping to advance equality of opportunity where possible. This is especially important as we move into the recovery phase from Covid-19. Although beneficial to all, objectives are likely to have particularly positive impact for vulnerable groups in relation to age (younger and older age groups), pregnancy and maternity, sex (both men and women), mental health and disability. The strategy will help partners to understand, identify and improve services for people from the different protected groups and eliminate discrimination whilst promoting equality for people who live, work and study in County Durham.

Evidence

What evidence do you have to support your findings? Please **outline** your data sets and/or proposed evidence sources, highlight any gaps and say whether or not you propose to carry out consultation. Record greater detail and analysis in the following section of this assessment.
Data Durham Insight website[2] – JSNA data analysis has been used in developing the strategic aims and objectives of the strategy. The info contained within the strategy, using JSNA/Durham Insight data, provide context. The HIA provided valuable data, which has been used to influence the JHWS, and support the priorities and objectives. **Engagement and consultation** Work has taken place with partners throughout 2020/21 to develop the JHWS, and the draft strategy has been shared within individual partner organisations. A full public consultation has also taken place from January 2021 to February 2021. Feedback has been used to amend the draft strategy and as a basis for analysis as contained in this equality impact assessment. We have also utilised the extensive consultation which was undertaken as part of the County Durham Vision. This included support for the relationship between the environment and climate change and health and opportunities for 'active travel' and the priority of reducing self-harm and suicide prevention which are included in actions within the JHWS.

[2] https://www.durhaminsight.info/

The need for integrated commissioning and pooled budgets where possible was highlighted and partners working across County Durham have developed a five-year County Durham Commissioning and Delivery Plan 2020-25 which identifies key programmes of work over the next five years for health and social care services.

There were also comments in the vision consultation of how the evidence base of the JSNA is crucial in formulating plans and work to achieve our overarching objective to improve life expectancy, healthy life expectancy and the life expectancy/healthy life expectancy gap between the most and least deprived communities is supported and reinforced by communities.

Following consultation in 2020 for the JHWS 2020-25 there was strong support for the priorities within the Strategy. There were 84 responses to the public consultation, and all three of the strategic priorities had high levels of agreement, over 95%, with the strategic priorities. Additional feedback from young people aged between 5-21 also agreed with the strategic priorities.

There was support for the wellbeing approach with members of the public keen to see partners working collaboratively and innovatively with local communities.

The health impacts of poverty were highlighted in the consultation and this was included in the 2020-25 JHWS and strengthened for the JHWS 2021-25 given the impact of financial insecurity and Covid-19.

The draft Joint Health and Wellbeing Strategy 2021-25 was again subject to public consultation via the Durham County Council website and included the Area Action Partnerships, Patient Reference Groups, Voluntary and Community Sector, Investing in Children, Learning Disabilities Parliament, and Carers, including young carers.

Consultation Update February 2021
The second round of public consultation closed on 21 February 2021. High level consultation analysis has been used to update this equality impact assessment.

There were 47 responses to the public consultation.

- **Improve healthy life expectancy and reduce the gap within County Durham and between County Durham and England** 98% of people who took part in the public consultation strongly agreed / agreed that this should be a priority.
- **We will have a smoke free environment with over 95% of our residents not smoking and an ambition that pregnant women and mothers will not smoke** 91% of people who took part in the public consultation strongly agreed / agreed that this should be a priority
- **Decrease overall levels of unemployment and specifically close the employment gap between the general population and those living with a long term physical or mental health condition, or with a learning disability** 95% of people who took part in the public consultation strongly agreed / agreed that this should be a priority

- **Over 90% of our children aged 4-5 years, and 79% of children aged 10-11 years are of a healthy weight** 89% of people who took part in the public consultation strongly agreed / agreed that this should be a priority
- **Improved mental health and wellbeing evidenced by increased self-reported wellbeing scores and reduced suicide rates** 95% of people who took part in the public consultation strongly agreed / agreed that this should be a priority
- **Increase the number of organisations involved in Better Health at Work Award** 75% of people who took part in the public consultation strongly agreed / agreed that this should be a priority

79% of respondents were residents in County Durham, 13% represented an organisation, 4% were local councillor/committee members, 2% were CCG governing body members, 2% were local health group members.

In response to consultation feedback the following changes to the strategy were made

- We were asked 'what does increase the number of organisations involved in Better Health at Work Award mean' and have expanded the term in the JHWS to make this clearer.

- We were asked 'what is meant by physical literacy', so the terminology in the JHWS has been expanded to explain this.

- We were asked 'what does cutting the cost of the school day mean' and have included examples of this in the JHWS.

Dialogue has taken place with a number of children and young people aged 16-21 years within County Durham through Investing in Children agenda days. Children and Young People from different groups within Investing in Children, including nine young people from different areas across County Durham, have had the opportunity to have their voice heard and views listened to. This enabled us to evaluate children and young people's perceptions of current issues within education, health, special needs/disabilities and emotional wellbeing.

Screening Summary

On the basis of this screening is there:	Confirm which refers (Y/N)
Evidence of actual or potential impact on some/all of the protected characteristics which will proceed to full assessment?	Y
No evidence of actual or potential impact on some/all of the protected characteristics?	N

Sign Off

Lead officer sign off: Andrea Petty, Strategic Manager Partnerships	February 2021
Service equality representative sign off: Mary Gallagher, Equality and Diversity Team Leader	February 2021

Section Two: Data analysis and assessment of impact

Please provide details on impacts for people with different protected characteristics relevant to your screening findings. You need to decide if there is or likely to be a differential impact for some. Highlight the positives e.g. benefits for certain groups, advancing equality, as well as the negatives e.g. barriers for and/or exclusion of particular groups. Record the evidence you have used to support or explain your conclusions. Devise and record mitigating actions where necessary.

Protected Characteristic: **Age**		
What is the actual or potential impact on stakeholders?	Record of evidence to support or explain your conclusions on impact.	What further action or mitigation is required?
The strategy aims to reduce inequality, where possible, by addressing identified health and wellbeing priorities which is positive across all age groups. The Health and Wellbeing Board will work closely with children and young people to ensure they start well and health inequalities are reduced for children and their families. Approaches towards improved employment opportunities, living in a health promoting environment, quality housing and opportunities for active travel, as well as ensuring communities have optimum mental health and wellbeing, will have a positive influence on overall health and wellbeing in relation to age. Approaches will aim to increase healthy life expectancies. Targeted approaches will enable older people to remain independent and to lead lives with meaning and	The JHWS has been developed through analysis of a variety of data sets. Headline HWB evidence for County Durham in terms of age includes: Life expectancy and healthy life expectancy for both men and women in County Durham is lower than the England average. Life expectancy is 8.8 years lower for men and 6.6 years lower for women in the most deprived areas of County Durham than in the least deprived areas. There are 101,500 children aged 0-17 living in County Durham, with a further 49,800 young people aged 18 – 24. As at December 2020: o 1,648 CYP are known to early help, o 1,952 are Children in Need, o 963 are Children Looked After, o 469 CYP are subject to a current Child Protection Plan, and	

purpose. People will receive good quality end of life care. Social isolation/loneliness in older people will be addressed. Technology will support older people at risk of falls. The Children and Young People's Strategy provides focus and clarity on the priorities for improving services and life opportunities for children and young people. The Health and Wellbeing Board will provide strategic oversight to ensure that improved health and wellbeing outcomes of our children is delivered within this strategy, including reducing unacceptable inequalities, which our more vulnerable children encounter like unintentional injuries in the home or being an unhealthy weight.	○ 3,704 CYP (aged 0-25) have an Education, Health and Care Plan Childhood obesity is worse than the England average and is increasing. 1 in 10 (10.7%) There are over 110,000 residents aged 65 and over in County Durham. ONS Projections suggest that to 2035 the number aged 65+ will increase by 31% and the number aged 85+ will increase by 82%. 35% of the county's over 60 population live in income deprived households (IDAOPI, IMD2019). That's around 47,500 older people. Over 30,000 people aged 65+ live alone. Over 5,000 County Durham residents have a dementia diagnosis. However, it is estimated that the actual number of people over the age of 65 with dementia is closer to 7,300, this is predicted to increase 52% to over 11,000 by 2040 (POPPI). The risk of dying from the Covid-19 virus is highest in the elderly or those with underlying health conditions, however the risks are found to be higher in males than females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups **Consultation respondents**	

	Age range of public consultation respondents: • 3% were aged 25-34 • 15% were aged 35-44 • 26% were aged 45-54 • 26% were aged 55-64 • 26% were aged 65-74 • 5% were aged 75+ Engagement with children and young people through Investing in Children Agenda Days included nine young people aged 16-21 from the eXtreme and Health groups. All young people agreed with the strategic priorities, and provided feedback on how they feel these could be delivered.	

Protected Characteristic: **Disability**		
What is the actual or potential impact on stakeholders?	Explain your conclusion considering relevant evidence and consultation	What further action or mitigation is required?
The strategy aims to reduce inequality where possible, by addressing identified health and wellbeing priorities, which is positive for people with disabilities. Many disabilities can be prevented or delayed by delivering this strategy. For example, through taking action via healthy weight initiatives and supporting people into and retaining meaningful employment.	The JHWS has been developed through analysis of a variety of data sets. Census data shows the County has a high disability rate compared to the rest of England, at around 18% of the working age population. Headline HWB evidence for County Durham in terms of health conditions and disability includes: Prevalence of hypertension, COPD, cardiovascular disease, diabetes, stroke and coronary heart disease are higher in County Durham than England. Estimated levels of excess weight in adults (aged 18+)	Reasonable adjustments where required including publication of easy read version of the strategy. Examples of action and/or delivery mechanisms in terms of disability includes: -We will look to close the employment gap for those living with a long term health condition, learning disability, or in contact with secondary mental health services

	and physically active adults (aged 19+) are worse than the England average. Over 5,000 County Durham residents have a dementia diagnosis. However, it is estimated that the actual number of people over the age of 65 with dementia is closer to 7,300, this is predicted to increase 52% to over 11,000 by 2040 (POPPI). Mental health: • 1 in 4 adults experiences at least one diagnosable mental health problem in their lifetime (approx. 100,000 adults) • In any one week, 1 in 6 adults will experience symptoms of depression or anxiety. • 1 in 10 children have a mental health condition The risk of dying from the Covid-19 virus is highest in the elderly or those with underlying health conditions, however the risks are found to be higher in males than females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups **Consultation respondents** 15% of respondents to the public consultation considered themselves to be a disabled person.	

Protected Characteristic: **Marriage and civil partnership (workplace only)**		
What is the actual or potential impact on stakeholders?	Explain your conclusion considering relevant evidence and consultation	What further action or mitigation is required?
N/A		

Protected Characteristic: **Pregnancy and maternity**		
What is the actual or potential impact on stakeholders?	Explain your conclusion considering relevant evidence and consultation	What further action or mitigation is required?
The strategy aims to reduce inequality, where possible, by addressing identified health and wellbeing priorities which is positive in relation to pregnancy and maternity. Example of potential positive impact includes: Increased breastfeeding friendly venues and organisational workplaces across County Durham that meet UNICEF Baby Friendly Initiative Standards. Reduction in smoking of pregnant women and parents/carers of children and young people.	The JHWS has been developed through analysis of a variety of data sets. Headline HWB evidence for County Durham in terms of pregnancy and maternity includes: Estimated smoking prevalence has increased for 2019 from 15% to 17%, or by around 12,000 residents since 2017 Levels of breastfeeding are worse than the average for England	We will have a smoke free environment with over 95% of our residents not smoking and an ambition that pregnant women and mothers will not smoke A core deliverable in the JHWS is that we will Continue to improve how, across the system we identify perinatal mental health issues during the antenatal period and embed appropriate pathways for support Support women to initiate and continue breastfeeding their babies through the County Durham 'Call to Action'.

Protected Characteristic: **Race (ethnicity)**		
What is the actual or potential impact on stakeholders?	Explain your conclusion considering relevant evidence and consultation	What further action or mitigation is required?
The strategy aims to reduce inequality, where possible, by addressing identified health and wellbeing priorities which is positive and will be beneficial to all. Poor mental health can be linked to ethnicity especially were people experience racism, discrimination and isolation because of their race or ethnicity. One of the priority areas of the strategy is addressing mental health and this is therefore positive.	For those respondents that completed consultation equality monitoring, none identified as BAME. Census data shows that 98% of the County's population is white British. BAME people often face individual and societal challenges (racism, discrimination, economic disadvantages and mental health stigma)[3] that can affect mental health. The risk of dying from the Covid-19 virus is highest in the elderly or those with underlying health conditions, however the risks are found to be higher in males than females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups **Consultation respondents** 95% White British, 3% White Other, 3% Arab or Middle Eastern	A core deliverable in the JHWS is to work with communities to develop targeted strategies to provide better support for vulnerable population groups, for example, those with learning disabilities, autism or BAME (including GRT) communities

Protected Characteristic: **Religion or belief**		
What is the actual or potential impact on stakeholders?	Explain your conclusion considering relevant evidence and consultation	What further action or mitigation is required?
There is no specific impact or consultation feedback in relation to religion or belief.	Census data shows that 73.2% of the County's population have a religion with	

[3] http://www.irr.org.uk/research/statistics/health/

	Christianity being the highest proportion (72%). Around 21% have no religion or belief. **Consultation respondents** 59% of respondents were Christian, 3% Muslim and 38% had no religion.	

Protected Characteristic: **Sex (gender)**		
What is the actual or potential impact on stakeholders?	Explain your conclusion considering relevant evidence and consultation	What further action or mitigation is required?
The strategy aims to reduce inequality, where possible, by addressing identified health and wellbeing priorities which is positive in relation to sex, both male and female. Although impact on sex is similar to that identified for age, it is likely to be disproportionate in terms of sex. For example, ensuring healthy starts in life for children and young families, and improved housing, is positive to both men and women but likely to be more beneficial to women who generally have the main family care responsibilities. As women's life expectancy is longer any improvements in support for older people will also be particularly positive for women. Action on reducing risk taking behaviours (smoking, alcohol and substance misuse) and reduction of suicide rates will be of greater positive impact to men who are disproportionately impacted.	The JHWS has been developed through analysis of a variety of data sets. Headline HWB evidence for County Durham in terms of sex includes: • Life expectancy and healthy life expectancy for both men and women in County Durham is lower than the England average. • Life expectancy is 8.8 years lower for men and 6.6 years lower for women in the most deprived areas of County Durham than in the least deprived areas. The risk of dying from the Covid-19 virus is highest in the elderly or those with underlying health conditions, however the risks are found to be higher in males than females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups	

	Evidence suggests suicide rates are significantly higher for men.[4] **Consultation Respondents** Female 58% Male 42%	

Protected Characteristic: **Sexual orientation**		
What is the actual or potential impact on stakeholders?	Explain your conclusion considering relevant evidence and consultation	What further action or mitigation is required?
The strategy aims to reduce inequality, where possible, by addressing identified health and wellbeing priorities which is positive and will be beneficial to all. Poor mental health can be more prevalent for lesbian, gay and bisexual (LGB) people. One of the priority areas of the Joint Health and Wellbeing Strategy is addressing mental health and this is therefore positive.	National evidence suggests a connection between poor mental health and LGB with 24% of LGBT people having accessed mental health services[5]. **Consultation respondents** • 34% of respondents identified as heterosexual/straight • 3% identified as gay women/lesbian	Examples of action and/or delivery mechanisms in terms of sexual orientation include: More MH and wellbeing checks across work places Improvements in the mental health and emotional wellbeing of children and young people, with an appropriate and accessible range of services across universal, targeted and specialist provision available for timely access Improved mental health and wellbeing evidenced by increased self-reported wellbeing scores and decreased suicide rates

[4] https://www.equalityhumanrights.com/en/britain-fairer/britain-fairer-2018-supporting-data

[5] https://www.gov.uk/government/publications/national-lgbt-survey-summary-report

Protected Characteristic: **Transgender**		
What is the actual or potential impact on stakeholders?	Explain your conclusion considering relevant evidence and consultation	What further action or mitigation is required?
The strategy aims to reduce inequality, where possible, by addressing identified health and wellbeing priorities which is positive and will be beneficial to all. Evidence suggests a connection between poor mental health and transgender status. One of the priority areas of the strategy is addressing mental health and this is positive.	National evidence suggests a connection between poor mental health and LGB with 24% of LGBT people having accessed mental health services[6]. For those respondents that completed consultation equality monitoring, none identified as trans.	

Section Three: Conclusion and Review

Summary

Please provide a brief summary of your findings stating the main impacts, both positive and negative, across the protected characteristics.
The JHWS will aim to work across a life course to reduce the gap in healthy life expectancy across County Durham and between County Durham and England. This has positive impacts across the protected characteristics.

Will this promote positive relationships between different communities? If so how?
Yes, the strategy will build on what is already taking place within the County and the approach to wellbeing will further harness the number of assets communities have available to them that help maintain and build their resilience and which in turn can protect challenges to their health or wellbeing. Covid Community Champions will also support this role in ensuring correct key messages are shared in a timely way.

Action Plan

Action	Responsibility	Timescales for implementation	In which plan will the action appear?
Public Consultation	Partnerships	Feb 21	JHWS 2021-25

[6] https://www.gov.uk/government/publications/national-lgbt-survey-summary-report

Make appropriate amends to strategy based on consultation feedback	Partnerships	Feb-Mar 21	JHWS 2021-25

Review

Are there any additional assessments that need to be undertaken? (Y/N)	N
When will this assessment be reviewed? Please also insert this date at the front of the template	2025

Sign Off

Lead officer sign off: Andrea Petty, Strategic Manager, Transformation & Partnerships	February 2021
Service equality representative sign off: Mary Gallagher, Equality and Diversity Team Leader	February 2021

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Health and Wellbeing Board

18 March 2021

Joint Health and Wellbeing Strategy update

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 is to provide members of the Health and Wellbeing Board with a presentation providing an update on the work taking place within the strategic priorities in the Joint Health and Wellbeing Strategy (JHWS).

Executive summary

2 The JHWS is a legal requirement under the Health and Social Care Act 2012, to ensure health and social care agencies work together to agree services and initiatives which should be prioritised.

3 The Health and Wellbeing Board has the responsibility to deliver the JHWS, which is informed by the Joint Strategic Needs Assessment (JSNA), as part of Durham Insight, which is an assessment of the current and future health, wellbeing and social care needs of residents in County Durham.

4 The JHWS 2020-25 was agreed by the Health and Wellbeing Board in March 2020 and focusses on the following three strategic priorities:

(a) Starting Well

(b) Living Well

(c) Ageing Well

Recommendation(s)

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

(a) Note the content of the report and presentation.

Background

6 The JHWS is aligned to the Director of Public Health Annual Reports, the County Durham Vision 2035, the County Durham Place Based Commissioning and Delivery Plan 2020-2025 and the North East and North Cumbria Integrated Care System Plan.

7 The JHWS follows a life course approach and is focussed not only on extending the length of life, but quality of life and reducing differences in health outcomes for our local residents.

Conclusion

8 This report and presentation provides members of the HWB with an overview of the range of work taking place within the strategic priorities in the Joint Health and Wellbeing Strategy.

9 Regular updates will be providing on the strategic priorities of the Joint Health and Wellbeing Strategy (JHWS).

Authors

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Appendix 1: Implications

Legal Implications

No implications

Finance

No implications

Consultation

No implications

Equality and Diversity / Public Sector Equality Duty

No implications

Climate Change

No implications

Human Rights

No implications

Crime and Disorder

No implications

Staffing

No implications

Accommodation

No implications

Risk

No implications

Procurement

No implications

Appendix 2: Presentation

JOINT HEALTH AND WELLBEING STRATEGY (JHWS) UPDATE

AMANDA HEALY
DIRECTOR OF PUBLIC HEALTH

HEALTH AND WELLBEING BOARD
18 MARCH 2021

County Durham Health & Wellbeing Board

Better for everyone

Starting Well

Breastfeeding

- The table below highlights that there has been an overall increase in both breastfeeding initiation rates and prevalence at 6-8 weeks to date when compared to 2019/20 rates
- A new action plan is in development which has been delayed due to COVID
- The plan will consider learning during COVID to establish how these increased rates can be built upon further
- The plan will further embed the breastfeeding business accreditation scheme
- The 0-25 Family Health Service are currently putting into place breastfeeding peer support to help new mothers and are continuing to provide specialist support when required.

Indicator	2019/20	Q1 20/21	Q2 20/21	Q3 20/21	National	North East	Statistical Neighbours
Initiation	56.1%	59.6%	56.8%	54.1%	74.5%	57.7%	74.9%
Prevalence at 6-8 weeks	27.6%	31.4%	28.7%	30.6%	47.3%	33.8%	34%

Improving Children's Oral Health

Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable. While children's oral health has improved over the last twenty years, almost a third (25.8%) of five year olds still had tooth decay in 2016-17. (PHE profiles, 2016-17).

Background	Outcomes
County Durham's Oral Health Strategy aims to: • Reduce the levels of dental decay in young children and vulnerable groups. • Reduce the inequalities in dental disease. • Ensure that oral health promotion programmes are evidence informed and delivered according to identified need. NICE guidance recommends local authorities provide oral health improvement programmes in early years services and schools in areas where children and young people are at high risk of poor oral health. To drive this agenda forward County Durham developed an action plan focusing on: • Delivering toothbrushing schemes in early years. • Integrating oral health key messages in early years and primary schools through upskilling of staff. • Cascading oral health training to multidisciplinary staff teams. • Working with families to raise awareness of good oral health.	• All Early Years settings in the top 20% most deprived communities have been offered training on oral health promotion. • 53 Early Years settings have rolled out tooth brushing schemes. • Families identified through a home environment assessment tool (HEAT) as not having access to tooth brushes and tooth paste are now provided with a child's tooth brush, timer and tooth paste and taught how to routinely brush the children's teeth. • 50 multi-disciplinary practitioners have undergone oral health 'train the trainer' to become oral health champions and cascade the training. • 5 school nurses were trained as oral health champions with the aim of integrating oral health in school curriculums. • 75% of primary schools have received cascaded training.

Living and Ageing Well

County Durham Health & Wellbeing Board

Better for everyone

Suicide Prevention

- The Suicide Prevention Alliance Plan is being refreshed in Q4 (2021/22) to include and reflect new government guidance including Self-Harm. The Self Harm Working Group is working regionally to improve data quality on self-harm within a primary care setting.
- Funding from South ICP will enable the Time to Change Hub, Stamp It Out to continue to support 21 grassroots projects across County Durham in 2020/21 to fight stigma and discrimination associated with mental health across the County.
- County Durham has also been a partner in a Suicide and Debt research project as part of the regional Sector Lead Improvement scheme. This has involved a wide variety of qualitative data being gathered to illustrate the array of complexities involved in examining the links between debt and suicide
- The Connect 5 Train the Trainer programme is currently being rolled out aimed at non-mental health professionals and is designed to operate alongside, and complement, existing mental health clinical provision.

Working with Vulnerable Groups

Groups to address inequalities in COVID vaccine uptake have been initiated.

These include vulnerabilities in communities including:

- **Gypsy, Roma Traveller Communities** – a partnership including Public Health, CCG, GRT Site Management Service, Wellbeing for Life and 0-25 contract have segmented the community against the first 4 Tiers of the vaccine priority groups and contacted individuals directly. The majority of the population report having had the vaccine and promotional messages have been maintained.
- **Homelessness and Housing** – A partnership of Public Health, CCG, Housing Solutions and the Drug and Alcohol Recovery Service are engaged in the identification of those most at risk and are offering a bespoke package of care at the DARS Recovery centres.
- **Prison Population** – new pathways for unplanned prison releases who test positive for COVID have been developed to ensure COVID positive ex-prisoners are housed in County Durham until they are able to travel safely to their own local authority areas.

Mental Health and Vulnerable Older People

- A new suite of resources have been produced to help individuals gain access to a range of support numbers for adult and children and young people mental health services
- This has now been expanded to include information relevant for the care and protection of older people (dedicated link to be established).

County Durham Health & Wellbeing Board

Better for everyone

Domestic Abuse

- Developing from a system-wide Budget Prioritisation process initiated by Domestic Abuse and Sexual Violence Group (DASVEG) a task and finish group is developing a Joint Commissioning Strategy (JCS) which will reflect needs identified in the pending Domestic Abuse Bill.
- Using this model of approach the Domestic Abuse Awareness contract for managing perpetrators has been sustained into 2021/22 by funding from Public Health, CCG, Durham Constabulary, Children's Social Care and probation
- A workshop highlighting the findings from a Domestic Abuse Health Needs Assessment will provide local intelligence to help further inform the JSC.

County Durham Health & Wellbeing Board

Better for everyone

Workplace and Population Health

Healthy businesses

- We have now been given the go-ahead for a county wide multi-media mental health campaign. This will launch the framework document and address some of the key determinants of poor workforce mental health. It will also provide sources of advice and support to address and promote good workforce mental health and wellbeing.

Healthy settings

- Working in support of the Leisure Transformation programme by through carrying out a Health Impact Assessment with key partners on the site selection of proposed centres to maximise positive health impacts and mitigate negative impacts.
- Ongoing work to support a strategic approach to tackling physical inactivity across County Durham through the development of a strategic framework.
- The Healthy Weight Alliance has an updated partner action plan in place focusing on the core themes to help tackle excess weight. The key themes are Comms and marketing, COVID-19, partnerships food and nutrition and physical activity. A number of Task and Finish Groups have been set up to focus on identified objectives. For example increasing uptake of Healthy Start Vouchers for fruit and vegetable consumption.
- Support the increase in active travel, Public Health have worked with the Sustainable Travel to implement on Cycle and walking design training which took place between November 2020 – January 2021. Over 50 people were trained.

Conclusion

- This presentation provides an overview of some of the work taking place within the strategic priorities in the Joint Health and Wellbeing Strategy.

- Regular updates will be provided to the Health and Wellbeing Board.

County Durham Health & Wellbeing Board

Better for everyone

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Health and Wellbeing Board

18 March 2021

Update on Transforming Care, Learning Disability Commissioning Strategy and Think Autism Strategy

Report of Sarah Burns, Joint Head of Integrated Strategic Commissioning for County Durham Clinical Commissioning Group and Durham County Council, and Mike Brierley Director of Commissioning Strategy and Delivery (Digital, Mental Health and Learning Disabilities) County Durham Clinical Commissioning Group

Electoral division(s) affected:

Countywide

Purpose of the Report

1 To provide the Health and Wellbeing Board with an update in relation to local delivery and progress of the Transforming Care Programme, incorporating an overview of progress on the Joint Health and Social Care Learning Disability Commissioning Strategy and the Think Autism Strategy for County Durham.

Executive summary

Context

2 The impact of the pandemic on the entire system, not least community care and support services, has been considerable. Covid restrictions, including a series of 'lockdowns', have had an inevitable impact on the flow of discharges from both Clinical Commissioning Group (CCG) and Specialised Commissioning inpatient settings into the community. This has also created significant challenges in maintaining those in the community, increasing the risk of admission.

3 Several community support resources, such as day and respite services, have temporarily closed or are functioning at a significantly reduced level due to Covid restrictions, Covid outbreaks, or service users/families choosing not to access the services for fear of the virus. A small number of day service providers have chosen to close their services due to the low demand and sustainability issues despite the Covid financial support given by the council. Associated quality and safeguarding issues are also contributory risk factors.

4 Case managers and community teams continue to support people in the community, although several community social care and nursing services are facing noticeable pressures relating to increased anxiety and associated behaviours that challenge. Whilst there have been a number of successful discharges to the community, the acuity of some patients and the need to ensure that there is a safe and stable community package of care has resulted in the pace of inpatient discharges being impacted.

5 Nevertheless, the momentum to deliver Transforming Care objectives remains strong in County Durham through the local planning mechanisms: Transforming Care Partnerships, Integrated Care Systems (ICS)and Integrated Care Partnerships (ICP) working to deliver the NHS Long Term Plan commitments for learning disability and autism locally and across the North Cumbria and North East region.

6 Quality assurance guidance on in-patient care for people with learning disabilities and/or autism has been published by NHS England (NHSE) and NHS Improvement. This report summarises key aspects of the guidance in relation to information sharing and interfaces between different commissioners as well as contracting, quality and safeguarding teams.

Reducing the reliance on inpatient provision

7 In line with CCG Planning Guidance, CCGs are expected to reduce the inappropriate hospitalisation of people with a learning disability, autism or both to meet a planned trajectory. For 2020/21, each CCG is expected to require adult inpatient capacity for no more than 13 adult inpatients in CCG-commissioned beds per million adult population, and 17 adult inpatients in NHS England-commissioned specialist beds per million adult population. For County Durham this would see a combined total of no more than 12 inpatients as a 2023/24 target rate (CCG and Specialised Commissioning). Currently, there are 16 inpatient beds for County Durham.

Community developments

8 Commissioning activity related to Transforming Care is already underway, as part of the County Durham Joint Health and Social Care Commissioning Strategy for People with Learning Disabilities (2019-2022) and the County Durham Think Autism Strategy (2018-2021). The work is driven by the Transforming Care Local Implementation Group.

9 Despite the impact of the pandemic in 2020/21, several business cases for new community services have progressed. Primarily, these are two types of accommodation-based services in both residential and

supported living settings. Together they form part of a local Transforming Care ‘step-up/step-down pathway as well as providing longer term provision.

10 Although the Council’s Corporate Management Team and CCG Executive have given approval for the two proposed service developments, they are both capital projects and are therefore required to progress through further Council and CCG planning processes.

11 Additional work is being undertaken to identify (through the Dynamic Support Register and other information sources) all service users who will need supported accommodation over the next few years. This includes those currently in long term hospital, out of county provision, young people making the transition from children to adult services, those living with ageing parents/carers and people currently in unsuitable or unsustainable community placements.

12 The information on service user needs will be used to develop commissioning plans for future services and is linked to a review of ‘Specialist’ (Learning Disability/Mental Health) residential and nursing care currently being undertaken. This work is also part of a wider needs-based accommodation review being led by the integrated strategic commissioning partnership.

13 Capacity within the commissioning service to deliver Transforming Care objectives has been enhanced with the addition of a Transforming Care Transitions Officer (since March 2020 follow a vacancy for several months) and a Specialist Residential Care Review Project Manager (since October 2020).

14 Although some other areas of the Learning Disability commissioning strategy and the Autism Strategy have had to be delayed, the strategy groups have been meeting regularly throughout the pandemic and have reprioritised the aims and objectives, while continuing to progress some key pieces of work. A virtual stakeholder event is being planned for Autism Awareness week in April 2021.

Recommendation(s)

15 Members of the Health and Wellbeing Board are recommended to note:

(a) The impact that the Covid 19 pandemic and the change in scope of the Transforming Care criteria has had on the ability to meet the current trajectories set out in the CCG Planning Guidance, and the two further discharges planned within the next few months.

(b) The progress made, despite the pandemic, with plans for new community services for people with the most complex needs, which will support the Transforming Care objectives over the next year and in the longer term.

(c) Members of the Health and Wellbeing Board are recommended to receive further regular updates with accompanying delivery plan, to retain oversight of the Transforming Care agenda.

Background

16 The background to the Transforming Care programme has been included in previous reports to the Health and Wellbeing Board, for example the 'Learning Disabilities and Transforming Care Update' presented on the 17 September 2019. Regular updates have also been shared with the Local Safeguarding Adults Board.

17 The Health and Wellbeing Board has also received annual progress reports on the Joint Health and Social Care Commissioning Strategy for people with Learning Disabilities and the Think Autism Strategy.

18 This report aims to give an overview of the progress made with the strategic priorities, with a clear focus on Transforming Care. This update is from the perspective of the Integrated Strategic Commissioning service within the County Durham Care Partnership and takes into account the impact of the ongoing Covid 19 pandemic on service delivery and strategic objectives.

Current position- Inpatient Trajectory

19 In line with CCG Planning Guidance, CCGs are expected to reduce the inappropriate hospital occupancy of people with a learning disability, autism or both to meet a planned trajectory. For 2020/21, each CCG is expected to commission an adult inpatient capacity for no more than 13 adult inpatients beds per million adult population, and 17 adult inpatients in NHS England-commissioned specialist beds per million adult population. Table 1 sets out the 2020/21 Planning Guidance trajectory requirements.

Table 1, *2020-2021 Planning Guidance Inpatient Trajectory*

				2023/24 Target Rates Adult Inpatients per Million				
				17	**13**		End of Year Trajectory	
	ONS MYE Resident Population			CCG level Adults Unrounded			20-21	
CCG name	All	Over 18	Under 18	Specialised Commissioned	CCG Commissioned	Total	SC	CCG
COUNTY DURHAM	**523,662**	**423,122**	**100,540**	**7.19**	**5.50**	**12.69**	**10**	**6**
NEWCASTLE GATESHEAD	498,261	400,937	97,324	6.82	5.21	12.03	10	7
NORTH CUMBRIA	318,291	258,220	60,071	4.39	3.36	7.75	6	4
NORTH TYNESIDE CCG	204,473	163,596	40,877	2.78	2.13	4.91	7	3
NORTHUMBERLAND	319,030	260,104	58,926	4.42	3.38	7.80	8	3
SOUTH TYNESIDE	149,555	119,946	29,609	2.04	1.56	3.60	4	2
SUNDERLAND	277,249	222,805	54,444	3.79	2.90	6.68	2	4
TEES VALLEY	**672,497**	**526,806**	**145,691**	**8.96**	**6.85**	**15.80**	**21**	**14**
	2,963,018	2,375,536	587,482	31.43	24.03	55.46	68	43
RPM							28.63	18.10

20 For the North Cumbria and North East (NCNE) region, as at 1/2/21, there were 131 adults within inpatient settings. 54 of the 131 are within CCG commissioned inpatient settings and 77 within Specialised Commissioning settings.

21 Table 2 shows the position across NCNE as an actual and against the trajectory.

Table.2

North Cumbria & North East	**Q3 Trajectory**	**Q3 Actual**	**Q4 Trajectory**	**Q4 Actual (to date)**
Population	2,375,536			
NHS England Commissioned Inpatients	74	77	**71**	**75**
NHSE Rate per Million	31.15	32.41	**29.89**	**31.57**
CCG Commissioned Inpatients	49	57	**43**	**57**
CCG Rate per Million	20.63	23.99	**18.10**	**23.99**
Total Inpatients	123	134	**114**	**132**
Combined Rate per Million	51.78	56.41	**48.00**	**55.57**

22 The number of inpatients currently commissioned by County Durham CCG is set out in Table 3; this also shows those patients that are aligned to the CCG but whose inpatient care is currently commissioned by NHS England Specialised Commissioning.

Table 3

CCG Commissioning Inpatients		
CCG	Inpatients as at 12/2/21	Q4 Trajectory
CDCCG	10	6
Total NC&NE	54	43

Specialised Commissioning Inpatients (Adults)		
CCG	Inpatients as at 12/2/21	Q4 Trajectory
CDCCG	12	10
Total NC&NE	77	71

** A further 2 patients within adult mental health settings are within scope but not part of the Assuring Transformation dataset at this stage*

23 Of the 10 CCG commissioned inpatients within trajectory scope, all are within NHS settings, 3 are within NHS Mental Health inpatient settings.

24 In addition to the 10 CCG commissioned inpatients, a further 2 inpatients are currently receiving treatment in mental health settings and awaiting further assessment under the Transforming Care criteria for inclusion. This would see DCCG number increase to 12 against a Q4 trajectory of

6. 1 patient is identified for discharge in Q4 20/21 and 1 patient in Q1 2021/22.

25 The remaining patients have indicative discharge dates applied and remain in active treatment. There is 1 patient, subject to restriction, who has been within inpatient settings for over 10 years.

26 Within NHSE Specialised Commissioning, there are a further 12 patients who are aligned to CDCCG. Of the 12 inpatients, 2 are to progress to community discharge within the next 12 months and 3 patients have been identified as requiring a further transfer to a CCG inpatient bed within the next 6-12 months. The remaining 7 patients are subject to further transfers across secure inpatient levels as part of their treatment pathway.

27 Patients within the scope of the inpatient trajectory criteria that are accessing mental health beds have also resulted in increased numbers attributed against the trajectory performance.

28 Due to the complexities of planning for patients that are also subject to restriction impacting on the current discharge process, further scoping work is being progressed with regional colleagues to explore alternative pathways and estates. This is to maximise patient quality of life and progression toward effective discharge from hospital.

Delivering Transforming Care through community developments

(a) Transforming Care Scheme 1 (Core and Cluster Supported Living Development)

29 A Business case has been developed for supported accommodation to meet the needs of 6 identified adults with learning disabilities and/or autism/mental health issues, who have complex needs and behaviours that may challenge services (Transforming Care cohort).

30 This will be in the form of 6 self-contained bungalows with a separate building for a staff base (core and cluster) and communal areas. The design of the fully accessible buildings and the use of Assistive Technology will aim to optimise staffing levels and outcomes for individuals receiving support.

31 The model consists of supported living for four longer term placements as well as two short term placements for step-up/step-down provision to

facilitate a transition from more intensive forms of support or to prevent hospital admission.

32 Planning permission is being sought to utilise a site owned by Durham County Council in the north of the county.

33 An expression of interest submitted to NHS England & Improvement (NHSE&I) for capital funding has been well received and this proposal is classed as a high priority. It now requires a formal funding bid, involving completion of a robust project plan. This will be submitted by the Council in partnership with a Registered Social Landlord, identified through a procurement exercise.

34 If the bid is successful, subject to planning permission, building work will commence in 2021/22 and the care provider will be commissioned through the joint health and social care community services provider panel for adults with learning disabilities/mental health issues.

(b) Step-up/ Step down residential care at Hawthorn House

35 Hawthorn House is a residential respite facility in Durham for people with learning disabilities, which is provided by the council's County Durham Care and Support (CDCS) service.

36 A business case has been approved by the Council's Corporate Management Team to adapt the building and service model in order to incorporate two step/up step-down emergency flats, separate to but alongside seven respite beds.

37 Funding for the capital and revenue requirements are to be made available from both the council and the Clinical Commissioning Group through a partnership agreement.

38 Both these Transforming Care community developments will complement each other and have the capability to deliver both step-up and step-down services and can support each other when needed. Hawthorn being a community based residential type service will deliver unplanned / short term support, with a focus on step-up arrangements.

39 The supported living facility will have two beds delivering planned short-term support, with the potential to move into a longer-term arrangement.

(c) Specialist Residential Care review

40 A review of specialist residential care commenced in October 2020 with the recruitment of a project manager post. The review will feed into the Transforming Care Local Implementation Group/Learning Disability

Commissioning Strategy Group and the Needs Based Accommodation Review Board.

41 The aim of the project is to review and plan for the needs of individuals with learning disabilities, autism and or mental health in residential or nursing care provision, as well as a number of Physical Disability placements, approximately 500 people in total. This includes a smaller number of people placed out of county. The majority of the placements are for people with learning disabilities.

42 The information will be used to ensure the people of County Durham receive the most appropriate type of accommodation, care and support in line with Transforming Care/Building the Right Support (2015) and the local commissioning strategy. The care provided and the environment within which it is delivered should be 'needs-led' and based on sound clinical assessments, in the least restrictive environment as close to home as possible.

43 The completion of the review will lead directly into detailed remodelling in order to inform and develop the market, ensure stability, value for money and improve outcomes for those individuals in receipt of services.

(d) Other future developments

44 Local figures indicate that there are currently 16 County Durham residents in in-patient settings that will require a care provision post-discharge within the next 12-36 months, depending on individual requirements. Of the 16 identified, 12 require a robust environment with care provision to support their multiple and complex needs. For this type of provision CQC recommends a maximum of six bungalows per scheme. Developments should be small, ordinary and dispersed where possible.

45 All new services will be developed in line with the principles of the NHSE national plan 'Building the Right Support' (2015) by ensuring people can live in their local area, even if they have complex needs that may present challenges.

46 A Provision Development Working Group, comprising operational and commissioning staff, are in the process of identifying current service users across the health and social care system who need, or are likely to need in the future, new residential / supported living provisions.

47 Alongside the specialist residential care review, this information is being used to develop commissioning plans and business cases based on cohorts of people with similar types of need. These are for people with more complex needs, within the scope of Transforming Care. Experience shows that it is much more cost-effective to commission services for

several people (e.g. in a core and cluster model) rather than sole placements.

Update on local Learning Disability and Autism Strategies

County Durham Joint Health and Social Care Commissioning Strategy for People with Learning Disabilities: Adults and young people aged 14+ (2019 – 2022) and Think Autism in County Durham: Autism Strategy for Children, Young People and Adults (2018/19-2020/21)

48 Accommodation services are part of an overall system of health, social care, educational, vocational, family and community support that are needed for people with learning disabilities and/or autism. If effective, the system of care and support can keep people safe and well, maximise independence, choice and control and help people to fulfil their aspirations. These are some of the aims of the local strategies for people with learning disabilities and/or autism.

49 Implementation of the Joint Health and Social Care Learning Disability Commissioning Strategy and the Think Autism Strategy has been significantly impacted by the Covid 19 pandemic. The partner organisations, service user and family representatives involved recognise that the pace of change has had to slow down in some areas of activity.

50 However, despite the pandemic and associated restrictions, strategy groups and task groups have continued to meet virtually. Influenced by the impact of the pandemic, they have agreed different priorities for the current year e.g. day services have had to be reviewed and the use of technology has gained a higher profile. Work on the more pressing service gaps has had to continue, resulting in the approved business cases for the accommodation-based services and the specialist residential care review mentioned earlier in the report.

51 Planning for Transitions is another key priority for young people with learning disabilities and autism as well as a renewed focus on the needs of older people with learning disabilities.

52 The annual Think Autism event had to be cancelled last year but a virtual Autism stakeholder event is planned for April 2021 during Autism Awareness week. This will feed into the priority setting for 2021/22.

53 Both strategies will need to be reviewed when the effects of the pandemic diminish.

Approach to Wellbeing

54 Commissioning activity is already adopting the Approach to Wellbeing principles, e.g. for the planned Transforming Care services, consideration is being given to social value through service specifications and tender processes. Examples include opportunities for social enterprise or vocational activities. Local residents will be consulted through the planning processes, and the people who will be living in the new services and their families are to be involved as much as possible in the design of the accommodation as well as care plans.

55 The new services are being commissioned to build resilience, maximise independence and improve outcomes for those who are currently in hospital or other restrictive environments. Commissioners are developing these services in partnership with health, social care and housing providers, working across different sectors to reduce duplication and have a greater impact.

NHS Long Term Plan commitments

56 The NHS Long Term Plan sets out key deliverables to improve the lives of people with a learning disability, autistic people, or both, and their families. The plan was developed in the spirit of co-production, involving much engagement with partners, stakeholders and, most importantly, people with a learning disability, autism or both, and their families. Local areas are encouraged to engage with the same groups of people locally in the development of their long-term plans.

Key national ambitions at a glance:

Tackle the causes of morbidity and preventable deaths in people with a learning disability and for autistic people, though work on reducing health inequalities	Make the necessary investment in intensive, crisis and forensic community teams to support people to live in the community and reduce preventable admissions to inpatient services	We will work with CYP services to improve access to and reduce waiting times for Autism diagnosis for children
Introduce a digital flag in summary care records to enable NHS staff to easily make adjustments for autistic people and people with a learning disability	All services funded by the NHS will adopt the NHS improvement Learning Disability standards	By 2023/24 children and young people with the most complex needs will have a designated key worker
The NHS must do more to improve the quality of care provided across the NHS and in particular reduce the use of restrictive practices	We will work with partners to bring hearing, sight and dental checks for children and young people in special schools.	More people with a learning disability will receive an annual health check, and health checks will be piloted for autistic people

57 As part of Phase 4 Planning requirements, Transforming Care Partnerships, Integrated Care Systems and Integrated Care Partnerships will be working on a detailed 3 year plan for delivery of the Long Term Plan commitments for learning disability and autism, which will also include a refresh of each community service baseline

58 The 3-year plan will need to ensure that there are details of where transformational funding will be spent, alongside revised trajectories across adult inpatient, children & young people and annual health checks.

59 To take this important work forward across the North Cumbria and North East Transforming Care Programme, a high-level ICS submission will be produced in early March 2021 followed by local level plans with detailed transformational investment requirements.

60 Stakeholders will be working together to develop local CCG plans against commitments over the coming weeks, with investment anticipated to be allocated in April 2021

Quality Assurance

61 The NHS Long-Term Plan made a commitment to improve the quality of care within an inpatient setting for people with a learning disability, autism or both.

62 Guidance has now been published setting out the requirements relating to 2 key aspects of assurance:
https://www.england.nhs.uk/publication/monitoring-the-quality-of-care-and-safety-for-people-with-a-learning-disability-and-or-people-who-are-autistic-in-inpatient-care/

63 Where inpatient services commissioned by Clinical Commissioning Groups are spot purchased, this often leads to units that care for individuals commissioned by multiple and dispersed CCGs – often from multiple Transforming Care Partnerships (TCPs) and Sustainability and Transformation Partnerships / Integrated Care Systems and even regions. Whilst placing commissioners will have responsibility and oversight for those individuals whose care they commission, there is seldom an opportunity to share intelligence across commissioners about care quality or concerns, or triangulate any issues identified.

64 Each CCG is required to be the point of contact for commissioners and for the Care Quality Commission (CQC) for issues relating to quality and patient safety for units where inpatient care is delivered; the key areas being to:

- Establish a mechanism for sharing intelligence between commissioners placing individuals (or considering placing individuals) with a learning disability, autism or both within the service;

- Ensure there is an interface with the relevant local authority adult social care safeguarding service and also with the Local Safeguarding Adult Board and with local partners so that any identified actual or potential safeguarding concerns are raised with the host local authority and dealt with as appropriate;

- Work with colleagues in contracting and quality teams, be the key point of contact with the provider for issues relating to quality and safety including those that impact multiple commissioners;

- The host CCG must ensure it has an awareness of which individuals with a learning disability, autism or both are placed in any units for which it has host commissioner responsibility, and which CCGs or commissioners are responsible for those individual patients.

- Work with the provider, and with colleagues in contracting and quality teams, to develop actions that will deliver required quality improvements, and seeking assurance that necessary improvements have been made;

- Work in conjunction with local, regional and national Quality Surveillance Group (QSG) arrangements, taking a lead role in co-ordinating the response required if there are serious and / or multiple concerns identified and ensuring the QSG has strong and formal links with the local Safeguarding Adult Board (SAB), so that concerns discussed at QSG can also be discussed with SAB Chairs.

65 In carrying out the responsibilities as Host Commissioner the following are areas of focus identified:

- Use of restrictive practice outside national policy and the use of blanket restrictions

- Concerns about lack of application of Deprivation of Liberty Safeguards (DoLS)

- Concerns relating to staffing ratios

- Concerns relating to treatment of patients by individual or multiple staff and a lack of person-centred care

- Repeated failure to deliver agreed actions as part of the CTR/CPA process

- Poor use of documentation for example: care planning, failure to personalise care or to involve the individual or their family

- Concerns regarding the environment

- Concerns of immediate risk of harm to patients or staff
- Death of an inpatient
- Lack of involvement of families or families excluded from visiting
- Concerns in relation to the individual's human rights being upheld

66 Across the Durham footprint this will include the following inpatient services:

NHS County Durham CCG	CYGNET HEALTH CARE LIMITED	CYGNET APPLETREE
NHS County Durham CCG	TEES, ESK AND WEAR VALLEYS NHS FT	LANCHESTER ROAD HOSPITAL
NHS County Durham CCG	TEES, ESK AND WEAR VALLEYS NHS FT	AUCKLAND PARK HOSPITAL

67 Whilst 2 of these sites are not designated as specialist learning disability inpatient settings, the admission of a person with either a learning disability and/or autism will bring them into the scope of the host commissioner arrangements.

68 For NHS County Durham CCG this is a new responsibility for overseeing and monitoring the quality of care within eligible inpatient facilities located across Durham, even when there may be no locally commissioned patients within those settings.

69 Alongside the introduction of the host commissioner arrangements, quality assurance visits have also included for all children, young people and adults with a learning disability, autism or both who are inpatients in mental health, learning disability and autism services e.g.

70 Where someone with a learning disability or an autistic person is an inpatient out of area they will visit every 6 weeks if they are a child and every 8 weeks if they are an adult, on site. The purpose of each visit will be to meet with patients and hear their experience, any concerns or worries they have and raise any issues through the relevant regularity and safeguarding processes.

71 Oversight visits are in addition to the Care and Treatment Review process (CTR's), which is in place for all inpatients and held within 4 weeks post admission then every 3- 6 months up to discharge. Community Care and Treatment Reviews/Care, Education and Treatment Reviews (CTRS/CETRS) are also in place for adults and children who are identified as being at risk of admission.

72 The delivery of these two areas of patient assurance is being developed across the Durham Partnership to ensure robust and effective co-ordination is in place alongside existing quality assurance and monitoring systems.

Main implications

73 If the Transforming Care programme and NHS Long Term plan is not appropriately delivered in a timely way, the main impact is on the health, wellbeing and safety of individuals with learning disabilities and their families, as well as staff in community and inpatient settings. This would also present financial, political and reputational risks for the council and NHS in relation to hospital admissions, delayed discharges, poor quality of care and increased costs to the local health and social care system.

74 The impact of the pandemic has to be taken into account as this affects the capacity to drive forward key areas of commissioning and strategic activity as well as quality assurance works. It also affects the robustness of the provider market. Despite the pandemic, and even because of it, the work to sustain and commission sufficient levels of high quality, needs-led services in the community must continue, in order to address the service pressures and gaps already identified prior to the pandemic.

Conclusion

75 Progress on meeting the Transforming Care trajectories has been impacted by the Covid pandemic and the change in scope. This is likely to continue into the next financial year, and further progress may also be affected by additional requirements placed on commissioners by the NHS Long Term plan requirements, Quality Assurance guidance and changes to the Integrated Care System.

76 However, the political focus on Transforming care and the current local strategic priorities mean that work to develop appropriate community services has continued over the last year. This has resulted in two business cases being approved for longer term and step-up/step down provision within supported living and residential care planned for 2022-2023. In-depth review work is helping to inform commissioning plans for the short, medium and long-term.

77 When these developments come to fruition, the broadening of appropriate community support and improved pathways will help facilitate hospital discharges and prevent unnecessary hospital admissions in the future.

Authors

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Appendix 1: Implications

Legal Implications

Legal advice continues to be sought on all key aspects of new service developments.

Finance

Capital and revenue requirements are incorporated into detailed business cases for new service developments

Consultation

Consultation and coproduction approaches will be followed as part of new services developments and ongoing involvement in strategy implementation.

Equality and Diversity / Public Sector Equality Duty

The strategic work outlined in this report aims to improve services for all people with learning disabilities and/or autism who may also experience mental health issues.

Climate Change

No implications, climate change will be reference in service specifications for new services

Human Rights

New developments and Quality assurance aims to ensure the human rights of people with learning disabilities/autism/mental health issues are protected.

Crime and Disorder

No implications as a result of this report.

Staffing

No implications as a result of this report.

Accommodation

Referenced within the body of the report. New service developments may involve DDC owned land or buildings, as detailed in relevant business cases.

Risk

Risks of not delivering Transforming Care include poor outcomes for individuals and their families, unnecessary admissions to hospital, poor inpatient care, delayed discharges, increased costs to local health and social care system.

Risks to completion/success of new developments required- impact of pandemic on timescales and commissioner and provider market capacity, workforce issues, political risks and financial risks (significant capital monies required dependent on successful bids).

Procurement

Contract Procedure Rules will be followed for all new services.

Health and Wellbeing Board

18 March 2021

Health Protection Assurance Annual Report

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

Electoral division(s) affected:

All.

Purpose of the Report

1 The purpose of this report is to provide members of the Health and Wellbeing Board (HWB) with an update on health protection assurance arrangements in County Durham.

2 Updates come from the implementation of the health protection action plan, which is overseen by the Health Protection Assurance and Development Group (HPADG).

3 The direct response to the COVID-19 pandemic is covered in reports from the Health Protection Assurance Board (HPAB). This report will pick up on the indirect effects of COVID-19 as to the impact on relevant work programmes.

Executive summary

4 HPADG meets quarterly and seeks assurance on five main strands of health protection activity, in addition to data and communications which are threaded throughout:

(a) Screening programmes
(b) Immunisation programmes
(c) Outbreaks and communicable diseases
(d) Strategic regulation interventions
(e) Preparedness and response to incidents and emergencies

5 Key achievements overseen by HPADG to date include:

(a) Improvement in flu vaccination uptake amongst eligible groups
(b) Extension of Durham County Council flu vaccination to all staff, with much improved uptake on the previous year
(c) Sustained delivery of national immunisations programmes
(d) Sustained delivery of the Antenatal and Newborn Screening programme.

6 Areas impacted by COVID-19 and requiring further development.

(a) All but the Antenatal and Newborn screening programmes have been impacted by the pandemic. The restoration of affected screening programmes was started prior to the second wave and will have been affected by successive waves.

(b) Development areas include:

- Improving uptake of certain vaccinations including shingles and pneumococcal
- Ensuring equitable coverage and uptake of screening and immunisations programmes
- Taking account of forthcoming changes to the NHS England and Public Health as they affect health protection functions
- Development of a sexual health strategy for County Durham
- Ensuring health protection and public health related emergency preparedness is assured during organisational change.

Recommendation(s)

7 Members of the Health and Wellbeing Board are requested to:

(a) Note the content of the report.

(b) Note that performance in County Durham for all childhood immunisation programmes exceeds both standards and national averages

(c) Note that the report provides broad assurance that effective processes are in place for each of the key strands of health protection activity

(d) Support the need for further assurance in relation to flu and COVID-19 vaccination

(e) Support the need for assurance on the transfer of Clinical Commissioning Group (CCG) and Public Health England (PHE) functions including health protection and screening and immunisation programmes and emergency response

(f) Support further identification and response to emerging health protection priorities and be updated accordingly.

Background

8 The protection of the health of the population is one of the five mandated responsibilities given to local authorities as part of the Health and Social Care Act 2012. The Director of Public Health (DPH) for County Durham is responsible under legislation for the discharge of the local authority's public health functions.

9 The health protection element of these statutory responsibilities and the mandatory responsibilities of the DPH are as outlined below:

(a) The Secretary of State's public health protection functions
(b) Exercising the local authority's functions in planning for, and responding to, emergencies that present a risk to public health
(c) Such other public health functions as the Secretary of State specifies in regulations
(d) Responsibility for the local authority's public health response as a responsible authority under the Licensing Act 2003, such as making representations about licensing applications
(e) A duty to ensure plans are in place to protect their population including through screening and immunisation.

10 Within Durham County Council, the remit for health protection is delivered by Public Health in conjunction with the Community Protection Service (CPS) and the Civil Contingencies Unit (CCU). The local CCG employs an Infection Prevention and Control Team (IPCT) through an agreement with Public Health.

11 PHE's core functions include protecting the public from infectious diseases, chemicals, radiation and environmental hazards and supporting emergency preparedness, resilience and response. Teams responsible for delivering these functions in the North East sit within the PHE Centre based in Newcastle upon Tyne.

12 NHS England (NHSE), working jointly with PHE, is responsible for commissioning and quality assuring population screening and immunisation programmes. This includes a team covering the Cumbria and the North East, also based in Newcastle.

13 Regular liaison between Directors of Public Health (DsPH), the Centre Director of PHE in the North East, and the Head of Public Health for NHSE in Cumbria and the North East occurs via monthly North East DsPH meeting and monthly telephone catch ups as well as via the Public Health Oversight Group.

14 In August 2020 the Secretary of State for Health and Social Care announced the abolition of Public Health England, with a new National

Institute for Health Protection (NIHP) to take over its health protection functions. The transfer of responsibilities is expected to take place by September 2021.

15 The NIHP includes the NHS Test and Trace Programme and the Joint Biosecurity Centre, which were stepped up in response to the COVID-19 pandemic.

16 The White Paper 'Integration and Innovation: working together to improve health and social care for all' was published on 11th February 2021. This announced that the government had concluded that that the allocative functions of CCGs should be held by an ICS NHS Body. Amongst other things, this will have implications for the current arrangements for the commissioning and delivery of the local Infection Prevention and Control Team.

17 The White Paper included a proposal to create a power for the Secretary of State for Health and Social Care to require NHS England to discharge public health functions delegated by the Secretary of State alongside the existing section 7A provisions (rather than by agreement with NHS England, as is currently the case). This would include scope to direct as to how those delegated functions are to be exercised.

18 By these means, the government foresaw 'a greater range of delegation options for section 7A public health services, including the ability for onward delegation of the function into collaborative arrangements, such as a section 75 partnership arrangement'.

Health protection assurance arrangements in County Durham

19 The previous annual report laid out in full the local assurance arrangements for health protection.

20 There have been significant changes in governance and assurance for the COVID-19 pandemic and local response, which is covered separately in updates to the local Outbreak Control Plan and HWB via the HPAB.

21 The HPADG, chaired by the DPH, was established in 2018, and aims to enable the Director of Public Health to fulfil the statutory role in assuring the Council and HWB that satisfactory arrangements are in place to protect the health of the local population.

22 The HPADG has developed a detailed action plan built on five pillars of health protection, in addition to data and communications, which are threaded throughout:

(a) Screening programmes

(b) Immunisation programmes
(c) Outbreaks and communicable diseases
(d) Strategic regulation interventions
(e) Preparedness and response to incidents and emergencies

23 The action plan is supported by a scorecard that includes a range of appropriate health protection indicators and outcomes (see Appendix 2).

24 The Health, Safety and Wellbeing Safety Strategic Group (HSWSG) is in place in DCC to ensure that suitable priority is given to the management of Health, Safety and Wellbeing across the Council. This includes representation from Public Health.

25 NHSE established a County Durham and Darlington Screening and Immunisations Oversight Group which provides assurance to the DPH in relation to screening and immunisation programmes. In addition, the management of incidents and the quality assurance for screening programmes are reported separately to the DPH. Programme boards have been established for each of the screening and immunisation programmes.

26 PHE established the County Durham and Darlington Area Health Protection Group and this brings together organisations involved in protecting the health of the population. Prior to the pandemic, the group met quarterly, attended by a Consultant in Public Health. The purpose of the group is to provide a forum to discuss strategic and operational health protection issues; review outbreaks and incidents (local, regional and national) and learn from lessons identified; provide a forum where cross-boundary and cross-organisational issues can be discussed and solutions identified; identify local priorities alongside implementing national policy and guidance, and identify any joint training and development needs. The group does not have a formal accountability or governance structure.

27 PHE NE has a bespoke surveillance system in place for communicable diseases with daily and weekly alerts for exceedances and identification of linked cases. The DPH is informed of outbreaks, incidents and exceedances via email alerts. The DPH is represented at all local outbreak control meetings and outbreak reports are also shared.

28 In addition, the DPH has direct access to national surveillance systems set up for the collection and analysis of COVID-19 related data including vaccinations.

29 The DsPH for County Durham and Darlington established the County Durham and Darlington Healthcare Acquired Infections (HCAI)

Assurance Group in 2004. This group is chaired by a DPH and has wide membership from all provider organisations, enabling the DsPH to have a clear line of sight to all providers in County Durham and Darlington. HCAI information is also reported directly to CCGs where action plans are put in place to address identified issues. These are reported to the CCGs' Governing Bodies as part of the regular quality reports.

30 County Durham has retained an in-house team of Infection Prevention and Control nurses. The Infection Prevention and Control Team (IPCT) provide a service to both County Durham and Darlington to support both Primary Care and Social Care within residential settings, and, since September 2020, the service has been extended to schools providing for children with Special Educational Needs to bolster their Infection Prevention and Control Support in County Durham.

31 The IPCT continue to undertake Root Cause Analysis of Community Onset Clostridium difficile Infection cases and Community Methicillin Resistant Staphylococcus (MRSA) blood stream Infections. Lessons learned are highlighted to the appropriate clinicians in primary care.

32 The team is notified of all alert organisms for residents in care homes and offers the appropriate advice to the staff to help manage the resident safely.

33 The IPCT support and work with colleagues in the local authorities' adult social care commissioning team.

34 All work undertaken by the IPCT is reported back through the County Durham and Darlington Health Care Associated Infections Assurance group chaired by the DsPH.

35 NHS England established the County Durham and Darlington and Tees Local Health Resilience Partnership (LHRP) in 2013. This has now merged with the LHRP in the north of the patch to form a North East group. One of the responsibilities of the LHRP is to provide the DPH with assurance that the health sector has well tested plans to respond to major incidents that contribute to multi-agency emergency planning. The LHRP is co-chaired by NHSE and a DPH and attended by a County Durham Consultant in Public Health.

36 NHSE and CCGs have a duty to cooperate with local authorities on health and well-being under the NHS Act 2006. This includes cooperating on health protection, including the sharing of plans. The 2012 Health and Social Care Act makes clear that both NHE England and the CCGs are under a duty to obtain appropriate advice in the protection of the public health. CCGs are also Category 2 responders

under the Act giving them a duty to provide information and cooperate with civil contingency planning as needed.

37 The Civil Contingencies Unit (CCU) is essentially the local authority's point of contact for business continuity and emergency planning both internally and externally in response to incidents and emergencies. The CCU are also a conduit for information for multiple agencies through the Local Resilience Forum (LRF) and have a duty officer on call at all times.

38 CCU holds a community risk register which provides assurance to the DPH about key risks to the community including: pandemic influenza; flooding; adverse weather; emerging infectious disease; fuel shortage; widespread long duration electricity network failure; animal disease and building collapse.

39 The CCU produce extensive emergency preparedness plans on 'Resilience Direct' and work with the LRF to co-ordinate the training exercise calendar. This also includes running exercises for the local university.

40 All internal plans are reviewed on a regular basis. The DPH is involved in the initial development of relevant plans and is sent updates once plans are reviewed. Access to LRF plans is through 'Resilience Direct' from the LRF or the CCU. The DPH is a member of the LRF.

41 Durham County Council leads the recovery co-ordination group, responsible for community engagement and recovery assurance in the event of an incident (for example an extensive fire that may have led to land contamination).

42 Under normal circumstances, PHE's Health Protection, NHSE's Screening and Immunisation and the local IPCT produce annual reports.

43 PHE's annual report covers the NE geography and includes details of the prevention and surveillance of communicable diseases, their response to communicable disease outbreaks and incidents; emergency preparedness, resilience and response, environmental issues and quality and health inequality issues in health protection. The annual report is supplemented by quarterly reports to the DPH that detail outbreaks and issues in County Durham.

44 NHSE's annual flu programme report describes uptake amongst eligible groups and highlights areas for improvement. This is preceded by a local evaluation of the flu programme delivered locally.

45 The IPCT annual report details the range of support and interventions initiated to reduce HCAI and reports in year activity details. This report also includes the work plan for the IPCT for the upcoming year.

46 The DCC Community Protection Service (CPS) provides assurance to national regulators including Department for Environment, Food and Rural Affairs (DEFRA), Food Standards Agency (FSA) and Health and Safety Executive (HSE) through the implementation and regular reporting on their air quality strategy; contaminated land strategy; food safety plan; food hygiene plan; annual enforcement programme; various licensing and enforcement polices and disease contingency plans. Services provided by CPS are regulated nationally by the FSA, HSE and DEFRA to provide further assurance on the quality of service provision.

47 A Local Air Quality Management Area currently exists within Durham City. Action and implementation plans are in place to reduce Nitrogen Dioxide emissions and improve air quality standards within that area.

Updates on key areas

48 Data provided below are collated from numerous sources and compiled in the scorecard attached at Appendix 2. At the meeting, the data will be presented using a live link to the interactive dashboard.

Screening and immunisations

Screening

49 Up to and including 2019, cancer screening coverage rates in County Durham have consistently exceeded national averages and minimum standards. In 2019:

(a) Breast screening coverage in County Durham was 78.4% compared to a national average of 74.5%.
(b) Cervical screening coverage in County Durham was 76.9% compared to a national average of 71.9%.
(c) Bowel cancer coverage in County Durham was 62.3% compared to a national average of 60.1%.

50 Performance against key indicators for non-cancer screening programmes (including Antenatal and Newborn Screening, Diabetic Eye Retinopathy and Abdominal Aortic Aneurysm) in County Durham shows sustained achievements above national minimum standards up to Quarter 4 2019/20. The only exception was coverage of Newborn Hearing, which at 94.1% fell below the standard of 98%.

51 COVID-19 has impacted on delivery of most adult screening programmes, with the following services currently recovering: Abdominal Aortic Aneurysm, Diabetic Eye Retinopathy, Bowel and Breast cancer screening

52 Cervical cancer screening services have been restored, and Antenatal and Newborn Screening services have been unaffected by the pandemic.

Immunisations

53 Vaccinations delivered through primary care (including the childhood programme) have been unaffected by the COVID-19 pandemic. School age immunisation services have recovered.

54 At the time of writing, the COVID-19 vaccination programme is ongoing, with hospitals mainly responsible for vaccinating health and social care workers, and Primary Care Networks vaccinating eligible patients. Access to appropriate high quality data is currently in development.

55 Overall, the universal childhood immunisation programmes demonstrate high uptake rates across County Durham, with rates generally above national targets and averages (see Appendix 2). This includes the following coverage:

(a) 97.8% of the combined diphtheria, tetanus, whooping cough, polio and Haemophilus influenzae type b (Dtap / IPV / Hib) vaccine at 1 year
(b) 97.8% of pneumococcal vaccine (PCV) at 1 year
(c) 98.0% of the Dtap / IPV / Hib vaccine at 2 years
(d) 97.1% of the PCV booster at 2 years
(e) 96.8% for one dose of Measles, Mumps and Rubella at 2 years
(f) 98.1% for one dose of MMR at 5 years
(g) 96.1% for two doses of MMR at 5 years

56 At the time of writing, the flu vaccination campaign is ongoing as patients can be inoculated until the end of March 2021. Provisional data show that, despite challenges to delivery in a COVID-19 safe environment, uptake of flu vaccinations has improved across eligible groups since the previous year.

57 In 2020/21 the DCC staff vaccination programme was extended to all staff (including schools, but not academies). To date, 3981 staff vaccinations have been given.

58 An evaluation of the 2020/21 campaign will be produced by the Board in Spring 2021. This will inform the flu programme for 2021/22.

59 Uptake of Shingles vaccine remains stubbornly low. Discussions have been held with NHSE on ways to improve uptake locally.

60 There continues to be national shortage of pneumococcal vaccine covering 23 strains of the bacteria that may be impacting on uptake.

Communicable disease control and outbreaks

61 In response to the pandemic, DCC has established an Outbreak Control Team and a 7-day week rota for the public health team to monitor and respond to clusters and outbreaks of COVID-19. A wider on-call rota was put in place to manage outbreak responses, with outbreak control teams convened on a number of occasions, pulling together colleagues across the spectrum of public health, community protection, communications, civil contingencies, and community support, to respond to individual outbreaks.

62 The presence of several prison establishments in Durham presents challenges in the management of infectious diseases, particularly respiratory viruses (including COVID-19), blood borne viruses and TB.

63 At the time of writing, there have been outbreaks of COVID-19 within prison establishments across the North East at different stages of the pandemic.

64 The sexual and reproductive health activity dataset (SRHAD) and HARS, together with GUMCADv2 form the basis for a standardised sexual health dataset collected from sexual health clinic settings (plus CTAD from laboratories). The Integrated Sexual Health Service (ISHS) is expected to provide and discuss quarterly GUMCADv2 and SRHAD data analysis from PHE to enable informed commissioning decisions relating to GUM attendances, activity and sexually transmitted infection trends.

65 PHE Sexual and Reproductive Health profiles continue to show County Durham as having a lower than average diagnosis rate for STI's.

66 Antimicrobial resistance (AMR) continues to be a growing threat to public health. County Durham CCG has seen significant reductions in antibiotic prescribing, reducing the number of prescription items for antibiotics per patient population measure (STAR-PU) by 8% from Nov 19 to Nov 20. This is partly due to the COVID-19 pandemic leading to reduced prescribing for acute coughs as well as telephone triage measures in GP practices leading to more appropriate prescribing. Despite this reduction County Durham CCG remains the 5th highest prescribing CCG out of 137 CCGs in England at 1.053 items per STAR-PU. The CCG employs a Medicines Optimisations (MO) Team who take the lead on encouraging appropriate prescribing practices,

however in view of the COVID-19 pandemic and the pressures on primary care this work has been mainly supportive over the last year (20-21). This work will continue to be a focus for the MO team in 21-22.

Strategic regulation intervention

67 The Community Protection Service (CPS) delivers key frontline services which are mainly regulatory in nature and encompass environmental health, trading standards and licensing functions. The service is adopting a more strategic and risk-based approach to regulation and works closely with a range of key partners to achieve better regulatory outcomes which protect and promote the health and wellbeing of local communities. The Service is now responsible for community safety, including Anti-Social behaviour and the Vulnerability Interventions Pathway Team who signpost into a variety of support services including addictions, mental health, alcohol and drug misuse and crisis services.

68 In relation to service priorities, as well as maintaining the Council's statutory functions around food safety and wellbeing, occupational safety and health, pollution control, housing standards and other health protection interventions, the CPS is an integral part of the Council's COVID-19 Pandemic response in relation to outbreak management and regulation of relevant health protection legislation and implementation of local COVID-19 restrictions.

69 The CPS team has had long term capacity issues which has been further compounded by the COVID-19 response and Brexit transition. Additional funding has been secured to increase capacity within operational teams, however there are national shortages of suitably qualified Environmental Health and Trading Standards professionals which present difficulties with ongoing recruitment as well as staff retention and succession planning.

70 In addition, the CPS has a number of specialist teams which will provide an enhanced COVID-19 response in relation to local COVID-19 outbreaks, workplace health and safety, nuisance and anti-social behaviour. As part of our graduated approach to compliance and enforcement, some enforcement actions will need to be escalated to the specialist CP teams as and when necessary. The Community Protection Service Teams have a range of enforcement powers and tools to deal with non-compliance issues associated with current restrictions and other matters which may be related to local restrictions including:-

- Fixed Penalty Notices
- Prohibition Notices
- Improvement notices

- Abatement Notices
- Community Protection Notices
- Directions to close premises, events or public places
- Criminal Proceedings

71 The CPS continues to provide business support through the Business Regulatory Advice Department (BRAD). The service team will provide advice and guidance to businesses to promote better compliance with current legislation as well as facilitates business diversification.

72 Following a successful bid by the Safe Durham Partnership for 'Making Every Adult Matter' (MEAM) support during 2020 work is progressing to develop a place based approach to tackling local community issues and improve the futures of the most disadvantaged individuals.

73 The overarching vision of the partnership is to promote new ways of working which could be replicated in other areas where there are significant health, social and economic problems.

74 The MEAM approach provides a framework on which to strengthen our existing partnership arrangements as well as facilitate system change and promote the co-production of future services.

75 This work supports the principles of the County Durham Together initiative which will provide a new way of working with our communities towards achieving the County Durham Vision 2035.

76 Horden has been identified as the Phase 1 pilot area given the levels of multiple deprivation and ongoing community issues in the area. The Horden project team will develop the MEAM initiative and bring together a variety of different partners who will work as one team within a neighbourhood hub. Their work will focus on addressing the needs of individuals as well as local community priorities and build upon best practice and shared learning identified from our ongoing response to the COVID-19 pandemic.

77 Working collaboratively to restore, redeem and transform local communities and address a variety of community issues and social needs, the Horden project team will focus on the social determinants of health including improvements in the local environment, housing, education, income, crime and social capital.

78 Initial investment in the Horden project has been identified for the next 3 years and will enable further opportunities to be explored including match funding. An Expression of Interest (EOI) has been submitted to the Government's 'Changing Futures' programme. If successful, this may attract additional funding of between £1.5-£4.5M to continue the

project and potentially increase the establishment of more place based teams in other areas of high multiple deprivation across the County.

Preparedness and response to incidents and emergencies

79 Partner organisations involved in public health have played a major role in preparing for and responding to public health incidents this year.

80 As the COVID-19 pandemic emerged, partners reviewed and re-appraised themselves of the North East Influenza Pandemic Framework which was used as the initial governance and response framework for the pandemic. Outbreak management and business continuity plans were reviewed and developed and exercised on a number of occasions through the year. As part of the development of the COVID-19 Local Outbreak Management Plan, scenario planning workshops were used to develop standard operating procedures for each of the outbreak control teams.

81 The council's emergency response procedures, and in particular those relating to evacuation and emergency rest centres have been reviewed and revised in response to the evolving COVID-19 guidance and rest centre managers and responders briefed and trained on COVID-19 safe management and practice.

82 A first wave de-brief was undertaken in the summer and further exercises developed and undertaken in response to the government's local response strategy and the development of the County Durham Local Health Protection Assurance Board's own case and outbreak exceedance modelling (the spike predictor tool).

83 The civil contingencies unit has also worked with the CCG and NHSEI to identify vaccination centre sites across the county.

84 The Excess Death Framework for Durham and Darlington was exercised in February 2020 and subsequent COVID-19 specific excess death plans and protocols have been developed and exercised during the course of 2020/21.

85 Public health partners took part in an exercise on wider winter pressures which included other impacts in addition to COVID-19 and EU transition.

86 Plans are in place for the two Control of Major Accident Hazards (COMAH) sites in Durham and a statutory exercise for one of the two sites will be undertaken later this year.

87 The Director of Public Health, along with other DsPH across the North East are part of a Scientific and Technical Advice Cell rota in a major

incident when a STAC is called by the Strategic Co-ordinating Group the DPH will chair the STAC. The DPH has undergone Major Incident Gold Command Training to ensure the DPH can operate at SCG level and understands the working arrangements of STAC and the SCG.

88 The DPH is a member of the County Durham and Darlington LRF SCG established in February 2020 to manage COVID-19. The DPH is also a member of the Regional Officers Group and has advised the LA7 group of local authorities as chair of the North East group of Directors of Public Health.

89 Agencies were involved in precautionary planning in relation to fire risk at a commercial waste processing site which subsequently led to a major fire incident in the Old Eldon area. Public health risks were assessed, and appropriate advice given to local residents concerned by smoke.

90 Agencies have also monitored the spread of avian flu across the country and provided advice to the farming and poultry industries on human health risks in commercial farming and to the public in relation to coming into contact with dead wildfowl.

Main implications

91 It is critical that the DPH receives assurance in relation to the health protection functions of screening; immunisation; outbreaks and communicable disease management; strategic regulation interventions and; preparedness and response to incidents and emergencies.

92 Following engagement with representatives from Public Health England, NHS England, County Durham CCG and DCC Civil Contingencies Unit, Department for Environment, Health and Consumer Protection and community infection control assurance mechanisms are now in place through the formulation of a health protection action plan. This action plan has identified priority areas for action, achievement of which will be monitored through the HPADG and health protection scorecard. The HPADG group meets quarterly and reports to the HWB.

Conclusion

93 The health protection functions delivered by a range of organisations in County Durham continue to demonstrate good overall performance.

94 On the whole, good communication exists between the commissioners of the various programmes and the DPH and remedial and corrective interventions are instigated when necessary. Escalation procedures are in place in the event the DPH needs to raise concerns. Despite challenges with delivery in the context of COVID-19, preliminary data

show that uptake of flu vaccination has improved amongst all eligible groups since the previous year.

95 There has been significant change to health protection structures and processes during the COVID-19 pandemic. 2020/21 is likely to bring further structural change and may require the continuing need for a heightened response to COVID-19 whilst seeking to manage change and maintain focus on other health protection functions.

96 There remain areas for potential improvement across screening and immunisation services, communicable disease control and outbreaks, strategic regulation intervention, and preparedness and response to incidents and emergencies. This includes understanding and addressing variation in access to services by sociodemographic characteristics. Monitoring towards achievement of the identified actions will be undertaken by the HPADG and using the health protection scorecard. The HPADG meets quarterly and reports to the HWB.

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Appendix 1: Implications

Legal Implications
Section 2B NHS Act 2006 places a duty on each local authority to take such steps as it considers appropriate for improving the health of the people in its area.
The steps that may be taken include:
providing information and advice; providing services or facilities designed to promote healthy living; providing services or facilities for the prevention, diagnosis or treatment of illness; providing financial incentives to encourage individuals to adopt healthier lifestyles; providing assistance (including financial assistance) to help individuals to minimise any risks to health arising from their accommodation or environment; providing or participating in the provision of training for persons working or seeking to work in the field of health improvement; making available the services of any person or any facilities; providing grants or loans (on such terms as the local authority considers appropriate).

Finance
Funding for the staff flu vaccination programme comes from the Public Health (health protection) budget.

Consultation
There is no requirement for consultation in relation to this report.

Equality and Diversity / Public Sector Equality Duty
There are no implications in relation to the Public Sector Equality Duty in relation to this report.

Climate Change
Exposure to potential harms arising from the effects of climate change would fall within the umbrella of health protection, for example severe weather patterns.

Human Rights
This report has no implications for human rights.

Crime and Disorder
This report has no implications for crime and disorder.

Staffing
This report has no implications for staffing.

Accommodation
Not applicable.

Risk
No risks are identified for the Council.

Procurement
Not applicable.

Appendix 2: Health protection scorecard

Attached as separate document.

Health Protection scorecard - February 2021

	Significantly worse than England
	Not significantly different to England
	Significantly better than England
	Significance not tested
-	No sub-regional data available
	Above national goal
	Close to national goal
	Below national goal

	Data updated since previous scorecard?	Indicator	Measure	Period	County Durham		North East	England	Recent trend
					No.	Measure			
Screening	N	2.19 - Cancer diagnosed at early stage (experimental statistics)	%	2017	1,171	49.3%	52.4%	52.2%	
	Y	C24a - Cancer screening coverage - breast cancer	%	2020	50,271	**77.9%**	76.3%	74.1%	
	Y	C24b - Cancer screening coverage - cervical cancer (25 - 49 years)	%	2020	62,719	**76.9%**	77.2%	70.2%	
	Y	C24c - Cancer screening coverage - cervical cancer (50 - 64 years)	%	2020	39,407	**77.4%**	76.5%	76.1%	
	Y	C24d - Cancer screening coverage - bowel cancer	%	2020	58,376	**66.0%**	65.1%	63.8%	
	Y	C24e - Abdominal Aortic Aneurysm Screening - Coverage	%	2019/20	2,616	**80.4%**	78.3%	76.1%	
	N	C25b – Diabetic eye screening - uptake (%)	%	2018/19	-	-	83.2%	82.6%	
	N	C24h - Infectious Diseases in Pregnancy Screening – HIV Coverage (%)	%	2018/19	-	-	99.7%	99.7%	
	N	C24i - Infectious Diseases in Pregnancy Screening – Syphillis Coverage (%)	%	2018/19	-	-	99.7%	99.7%	
	N	C24j - Infectious Diseases in Pregnancy Screening – Hepatitis B Coverage (%)	%	2018/19	-	-	99.7%	99.7%	
	N	C24k - Sickle Cell and Thalassaemia Screening – Coverage (%)	%	2018/19	-	-	99.7%	99.7%	
	N	C24l - Newborn Blood Spot Screening – Coverage (%)	%	2018/19	-	-	99.0%	97.8%	
	Y	C24m - Newborn Hearing Screening – Coverage (%)	%	2019/20	4,523	**98.1%**	98.4%	98.2%	
	N	C24n - Newborn and Infant Physical Examination Screening – Coverage (%)	%	2018/19	-	-	95.1%	96.4%	

	Data updated since previous scorecard?	Indicator	Measure	Period	County Durham		North East	England	Recent trend
					No.	Measure			
Imms and Vaccs		**12 months**							
	N	D03b - Population vaccination coverage - Hepatitis B (1 year old)	%	2019/20	-	100%	-	-	
	N	D03c - Population vaccination coverage - Dtap / IPV / Hib (1 year old) <90% 90% to 95% ≥95%	%	2019/20	4,922	**97.8%**	96.0%	92.6%	
	N	3.03iv - Population vaccination coverage - MenC ***From 1st July 2016 the dose of MenC offered at 3 months is to be discontinued and so the 1 year evaluation 3.03iv indicator will become obsolete within the next two years (data for 2016/17 will be the last collection)*** <90% 90% to 95% ≥95%	%	2015/16	5,399	**98.7%**	97.8%	*	
	N	D03f - Population vaccination coverage - PCV (1 year old) <90% 90% to 95% ≥95%	%	2019/20	4,923	**97.8%**	96.4%	93.2%	
		24 months							
	N	D03g - Population vaccination coverage - Hepatitis B (2 years old)	%	2019/20	-	100%	-	-	
	N	D03h - Population vaccination coverage - Dtap / IPV / Hib (2 years old) <90% 90% to 95% ≥95%	%	2019/20	5,047	**98.0%**	96.6%	93.8%	
	N	D03m - Population vaccination coverage - Hib / MenC booster (2 years old) <90% 90% to 95% ≥95%	%	2018/19	4,993	**96.9%**	95.1%	90.5%	
	N	D03k - Population vaccination coverage - PCV booster (2 years old) <90% 90% to 95% ≥95%	%	2019/20	5,001	**97.1%**	95.2%	90.4%	
	N	D03j - Population vaccination coverage - MMR for one dose (2 years old) <90% 90% to 95% ≥95%	%	2019/20	4,987	**96.8%**	95.1%	90.6%	
		2-3 years							
	N	D03l - Population vaccination coverage - Flu (2-3 years old) <40% 40% to 65% >65%	%	2019/20	5,250	**49.2%**	48.4	43.8%	
		5 years							
	N	D04b - Population vaccination coverage - MMR for one dose (5 years old) <90% 90% to 95% ≥95%	%	2019/20	5,438	**98.1%**	96.8%	94.5%	
	N	3.03vi - Population vaccination coverage - Hib / Men C booster (5 years old) <90% 90% to 95% ≥95%	%	2017/18	5,768	**97.2%**	95.1%	92.4%	
	N	D04c - Population vaccination coverage - MMR for two doses (5 years old) <90% 90% to 95% ≥95%	%	2019/20	5,329	**96.1%**	92.0%	86.8%	
		Other Children and young people							
	N	D04e - Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old) <80% 80% to 90% ≥90%	%	2018/19	2,368	**88.0%**	86.3%	88.0%	
	N	D04f - Population vaccination coverage - HPV vaccination coverage for two doses (females 13-14 years old) <80% 80% to 90% >90%	%	2018/19	2,383	**87.8%**	84.8%	83.9%	
		Other							
	N	Persons entering substance misuse treatment - Percentage of eligible persons completing a course of hepatitis B vacc		2016/17	32	3.6%	6.0%	8.1%	
	N	D05 - Population vaccination coverage - Flu (at risk individuals) <55% ≥55%	%	2019/20	33,673	**47.4%**	46.9%	44.9%	
	N	D06a - Population vaccination coverage - Flu (aged 65+) <75% %≥75%	%	2019/20	79,686	**72.1%**	83.8%	72.4%	
	N	D06b - Population vaccination coverage - PPV (aged 65+) <65% 65% to 75% ≥75%	%	2019/20	80,132	**71.6%**	70.9%	69.0%	
	N	D06c - Population vaccination coverage - Shingles vaccination coverage (70 years old) <50% 50% to 60% ≥60%	%	2017/18	3,513	**47.6%**	45.0%	44.4%	No trend

	Data updated since previous scorecard?	Indicator	Measure	Period	County Durham		North East	England	Recent trend
					No.	Measure			
Sexual health	N	D02a - Chlamydia detection rate / 100,000 aged 15-24 <1,900 1,900 to 2,300 ≥2,300	R/100,000	2019	985	1505	1869	2043	
	N	D02b - All new STI diagnoses (exc Chlamydia aged <25) / 100,000	R/100,000	2019	1915	574	648	900	
	N	Gonorrhoea diagnosis rate per 100,000 population	R/100,000	2019	294	55	73	123	
	N	Syphilis diagnoses rate per 100,000 population	R/100,000	2019	36	6.8	10.4	13.8	
	N	D07 - HIV late diagnosis (%) ≥50% 25% to 50% <25%	R/100,000	2016-18	20	33.3%	42.9	42.5	
Infectious diseases	N	Legionnaire's disease confirmed incidence rate / 100,000	R/100,000	2016	3	0.57	0.53	0.61	
	N	Typhoid and paratyphoid confirmed incidence rate / 100,000	R/100,000	2018	2	38.0%	0.15	0.61	
	Y	D08b - TB incidence (three year average)	R/100,000	2017-19	32	2	3.9	8.6	
	N	3.05i - Treatment completion for TB (%)*	%	2017	4	50	74.7	84.7	
	N	Measles (reported cases confirmed, Year to date)	R/100,000	Q2 2019	0	0	0.15	-	
	N	Measles new diagnosis rate	R/100,000	2018	1	0.2	0.5	1.7	
	N	*Mumps (confirmed cases,quarterly number and annualised rates)*	R/100,000	Q2 2019	14	10.4	1.3	-	
	N	*Whooping cough (confirmed cases,quarterly number and annualised rates)*	R/100,000	Q2 2019	6	4.55	3.31	-	
	N	*Rubella (confirmed cases, year to date)*	R/100,000	Q2 2019	0	0	0	-	No trend
	N	*Meningococcal Infection (confirmed cases,quarterly number and annualised rates)*	R/100,000	Q2 2019	1	0.76	1.2	-	
	N	*Scarlet Fever (all notifications)*	R/100,000	Q2 2019	20	15.2	27.2	-	
	N	*Haemophilus Influenzae Type B (HiB)*	R/100,000	Q2 2019	0	0	0	-	
	N	Non-typhoidal Salmonella (incidence)	R/100,000	2017	92	17.6	16.6	15.7	
	N	*Quarterly Salmonella Enteritidis (incidence)*	R/100,000	Q2 2019	5	3.8	3.2	-	
	N	*Quarlerly Salmonella Typhimurium (incidence)*	R/100,000	Q2 2019	5	3.8	1.8	-	
	N	*Quarterly Salmonella other (incidence)*	R/100,000	Q2 2019	9	6.8	5.7	-	
	N	Campylobacter (incidence)	R/100,000	2017	689	132	123	97	
	N	*Quarterly Campylobacter (incidence)*	R/100,000	Q2 2019	168	127.5	126.7	-	
	N	Cryptosporidium (incidence)	R/100,000	2017	75	14.4	10.4	7.3	
	N	*Quarterly Cryptosporidium (incidence)*	R/100,000	Q2 2019	11	8.3	4.7	-	
	N	Giardia (incidence)	R/100,000	2017	35	6.7	11.9	8.5	
	N	*Quartlerly Giardia (incidence)*	R/100,000	Q2 2019	10	7.6	8.6	-	
	N	STEC serogroup O157 (incidence)	R/100,000	2018	13	2.5	2	1	

	Data updated since previous scorecard?	Indicator	Measure	Period	North Durham CCG		North Durham recent trend	Durham Dales, Easington And Sedgefield CCG		STP	England	DDES recent trend
					Count	Value		Count	Value	Value	Value	
Health Care Acquired Infection	Y	All C. difficile rates by CCG and financial year	R/100,000	2018/19	48	19.3		60	21.9	28.8	22	
	Y	All MRSA bacteraemia rates by CCG and financial year	R/100,000	2018/19	3	1.2		2	0.7	1	1.4	
	N	CCG-assigned MRSA rates by CCG and financial year	R/100,000	2016/17	1	0.4		3	1.1	0.57	0.4	
	Y	All MSSA bacteraemia rates by CCG and financial year	R/100,000	2018/19	50	20.1		59	21.5	27.7	21.8	
	N	Trust-assigned MRSA counts by CCG and financial year	R/100,000	2016/17	3	3		4	4	-	315	
	N	Third party-assigned MRSA counts by CCG and financial year	R/100,000	2016/17	0	0		0	0	-	276	
	Y	All E. coli bacteraemia rates by CCG and financial year	R/100,000	2018/19	180	72.3		301	109.6	104.7	77.7	
	N	Counts and 12-month rolling rates of C. difficile infection, by CCG and month	R/100,000	Sep-18	8	20.2		8	22.2	28.7	23.8	
	N	Counts and 12-month rolling rates of all MRSA bacteraemia cases, by CCG and month	R/100,000	Sep-18	0	2		0	0.7	1.2	1.5	
	N	Counts and 12-month rolling rates of MSSA bacteraemia cases, by CCG and month	R/100,000	Sep-18	4	17.4		6	20.4	27.9	21.7	
	N	Counts and 12-month rolling rates of E. coli bacteraemia by CCG and month	R/100,000	Sep-18	17	71.1		22	91	101	76.2	
	N	Counts and 12-month rolling rates of hospital-onset E. coli bacteraemia, by CCG and month	R/100,000	Sep-18	8	17.1		3	10.1	20.1	13.8	
	N	Counts and 12-month rolling rates of community-onset E. coli bacteraemia, by CCG and month	R/100,000	Sep-18	14	61		17	73.9	81	62.4	

Health and Wellbeing Board

18 March 2021

County Durham Primary Care Commissioning and Investment Strategy 2020/21-2021/22

Report of Joseph Chandy, Director of Commissioning Strategy and Delivery - Primary Care, NHS County Durham Clinical Commissioning Group

Electoral division(s) affected:

None / Countywide / Name, Name, Name, Name.

Purpose of the Report

1 To present the County Durham Primary Care Commissioning and Investment Strategy 2020/21-2021/22 to the County Durham Health and Wellbeing Board. The final draft takes into consideration recent feedback received from the Board and Healthwatch County Durham.

Executive summary

2 The County Durham Primary Care Commissioning and Investment Strategy 2020/21-2021/22, has been developed over many months and the priorities it sets out are based on input from member practices and wider stakeholders.

3 The strategy builds on the integrated partnership arrangements in County Durham, supporting the ongoing development of Primary Care Networks. The strategy aspires to deliver of more joined-up person-centred care closer to people's homes and improved health outcomes.

Recommendations

4 The County Durham Health and Wellbeing Board is asked to:

(a) receive this report and note contents;
(b) review changes made to the document in light of feedback received from the Board and Healthwatch County Durham; and
(c) endorse the County Durham Primary Care Commissioning and Investment Strategy 2020/21-2021/22.

Background

5 The County Durham CCG Primary Care Commissioning and Investment Strategy 2020/21-2021/22 sets out how the CCG will deliver sustainable primary care services and better health outcomes for the people of County Durham.

6 Whilst we have made excellent progress against the out-going primary care strategies, in light of the NHS Long Term Plan and new GP contract framework, we must now refresh our strategy to ensure our ambitions are reframed and refocused.

7 We know primary care continues to face a number of challenges including workforce issues, changing health needs of the population and the shift in patient expectation. We now have the added challenge of operating in a world with COVID-19.

8 Since work on the strategy began, there have been a significant amount of changes in primary care, in large due to the response to the COVID-19 pandemic and changes to the national GP contract.

9 In November 2020, NHS England/Improvement published the consultation document Integrating Care: Next steps to building strong and effective integrated care systems across England, building on the route map set out in the NHS Long Term Plan for health and care to be joined up locally around people's needs. It advocates stronger partnerships in local places between the NHS, Local Government and others with a more central role for primary care in providing joined up care.

10 NHS England has now decided that all areas of England will be covered by an Integrated Care System (ICS). In our area this ICS will cover the North East and North Cumbria and will take over the functions of existing CCGs. The ICS will form an ICS NHS body and an ICS Partnership Board. CCGs will no longer exist as statutory bodies after March 2022. NHS Partnership Boards and the ICS NHS Body have the power to delegate some of their functions and a budget to 'place'. As a health and social care system in Durham we need to ensure that the footprint of place based services makes sense for the population of Durham and the General Practices that make up our Primary Care Networks (PCNs).

11 The strategy offers background detail to the primary care chapter in the County Durham Commissioning and Delivery Plan 2020-2025.

Strategy development

12 The strategy has been developed with input from key stakeholders over an extended period due to the significant impact of COVID-19 on original timescale.

13 Pre-COVID engagement activity included early engagement with the CCG Patient, Public and Carer Engagement Committee and Patient Reference Groups. We also carried out a practice survey in November 2019, which had a 70% response rate. Emerging themes from patients and practices are summarised in appendix 3 of the strategy document.

14 In May 2020, general practice staff were asked to complete an online survey regarding changes to working practices catalysed by COVID-19 and the changes needed in the light of recent experiences. In total, 152 primary care workers responded to the survey. Key findings were incorporated into the strategy.

15 We also took on board the findings from the public engagement on the use of digital consultations in GP practice, which was took place in June and July 2020. In total there were 1,157 respondents from County Durham.

16 The recommendations from the Overview and Scrutiny Review of GP Services in County Durham, reported in October 2020, have been taken in consideration along with observations detailed in the HealthWatch report on COVID-19 Lockdown Experience, also dated October 2020.

17 In November 2020 we produced a draft strategy document incorporating feedback from previous engagement both pre and during COVID-19; with an accompanying video presentation. A short survey was developed which included the following questions:

- Do you agree with our vision outlined in the strategy?
- Are our priorities right?
- Are there any other areas that need to be included in the strategy?

18 The draft strategy, video presentation and survey were publicised via Headlines and the CCG website. The CCG engagement team emailed key stakeholders and promoted the strategy survey at Patient Reference Group meetings throughout November 2020.

19 Comments on the draft strategy were sought during a Governing Body development session; also the CCG Quality Committee and the County Durham and Darlington Local Medical Council.

20 Feedback from the engagement was incorporated into a revised draft of strategy, which was presented to the County Durham Adult Wellbeing and Health Overview and Scrutiny Committee on 5 February 2021.

21 The strategy document has been further updated in light of recent feedback received from Healthwatch County Durham and members of the County Durham Health and Wellbeing Board in advance of the formal Board meeting.

22 A GP practice focus group has provided input into the strategy and also editorial oversight.

Strategy overview

23 The strategy aspires to deliver better care, closer to people's home, whilst improving the sustainability of primary care through the ongoing development of Primary Care Networks. It is recognised that primary care has a key role to play in 'place-based' working across a whole system approach.

24 The strategy builds on previous success and its vision for 'investing in general practice' aligns to the County Durham Vision 2035 for integrated care *'to bring together health, social care and voluntary sector organisations to improve the health and wellbeing for the people of County Durham'* and the Health and Wellbeing Board's vision that '*County Durham is a healthy place where people live well for longer'*.

25 The strategy identifies four strategic themes, which align with the County Durham Joint Health and Wellbeing Strategy.

(a) **Working together better**: Building on integrated partnership arrangements in County Durham; with the CCG primary care team working with acute hospital, community and local authority partners through a joint work plan, so that primary care is more involved in the 'placed based' business, with the majority of services commissioned, planned and delivered at a local geography.

(b) **Making primary care sustainable to manage current and future demand**: Continuing sustainability of primary care by building on the current investment to support the out of hospital agenda and encourage closer working with secondary care. This aligns with the County Durham Joint Health and Wellbeing Strategy aim to increase the scale and integration of out of hospital services, based around communities and improve population health outcomes.

(c) **Right scale working**: Supporting at scale working with Primary Care Networks and Federations and ensuring they have a provider voice at 'place' and the Integrated Care Partnership/System level.

The Joint Health and Wellbeing Strategy recognises the need to work together with our neighbours at scale where this genuinely adds value.

(d) **New model of primary care**: Developing Primary Care Networks as the collaborative model for local integration of health and care and greater use of additional roles to broaden the workforce. An example includes the social prescribing link worker role to help people to access the local, community-based help they need.

26 The strategy is centred on four delivery priorities.

(a) **Priority 1 - Supporting self-care:** Enabling people to self-manage their health through a range of approaches including access to non-clinical support that helps build knowledge, skills and confidence.

(b) **Priority 2 - Improving access to care, through technology:** Enabling people to have more flexibility in how they access primary care services; and using technology to enhance patient care.

(c) **Priority 3 - Broadening the team:** Widening the range of health and care professionals working in primary care to meet the needs of the population.

(d) **Priority 4 - Joined up care, closer to home:** Widening the range of health and care professionals working in primary care to meet the needs of the population. As well working with our main acute trust on new models for delivering patient care closer to home, there is the commitment to work with Tees Esk and Wear Valleys NHS Trust around the Community Mental Health Framework and improve access to mental health support as well as ongoing learning disability initiatives e.g. annual health checks.

27 The strategy aligns with the guiding principles outlined in the County Durham 'Approach to Wellbeing' model, adopted by the Health and Wellbeing Board.

(a) **People and Places:** The strategy places Primary Care Networks at the heart of local communities, with a remit to enable people to take greater control of their own health and wellbeing; making it easier for people to find out what help and support is available and how to access it through active sign-posting. With an increased focus on prevention people will be able to take charge of their own health, enabling them to stay well for longer. Social Prescribing Link Workers and new roles such as Health and Wellbeing Coaches and Care Coordinators are featured within the strategy.

(b) **Supporting systems:** The strategy is supportive of the integration agenda, working better together, with an emphasis on more joined-up, personalised care and shared decision making, underpinned by the Network Direct Enhanced Service (DES) contract. Primary care will play key role in the development of the 'place based' approach.

(c) **Using what works:** The strategy has been informed by local conversations and recognises the need for ongoing engagement with stakeholders.

28 The strategy does not lose sight of the importance of quality and safety, tackling health inequalities and the prevention agenda.

29 The CCG will use the revised Local Incentive Scheme re-branded as the Local Improvement and Integration Scheme (LIIS) as the vehicle to bring together all elements of the Primary Care Strategy. The scheme seeks to reduce inequality, reduce any opportunity for a post code delivery of services and encourages prevention, integration and the future development of Primary Care Networks as the building blocks of 'place based' services across County Durham. It is intended that the LIIS becomes a three year scheme from April 2021.

30 The strategy offers a breakdown of the Primary Care annual budget in 2020/21 and projected funding for Primary Care Networks, which represents the position set at the start of the financial year. In response to the COVID-19 pandemic, temporary financial arrangements have been implemented across the NHS during 2020/21. There is currently uncertainty over financial arrangements for the NHS in 2021/22. The strategy will be refreshed once the 2021/22 financial arrangements are confirmed.

31 To understand whether the strategy is making a difference, a number of measures will be developed/agreed and used as indicators of success – including indicators based on the NHS 'Triple Aim' approach. These will be incorporated into the County Durham Outcomes Framework for monitoring purposes.

Next steps

32 The final version of strategy will made available to CCG members, partner organisations and the public via the CCG website.

33 The next challenge will be to further develop the detailed, timed implementation plan for the strategy. This process will be led by the CCG Director of Commissioning Strategy and Delivery responsible for Primary Care Director and will be overseen by the Primary Care Commissioning Committee.

34 Local patient groups will be a central part of the development and monitoring of the implementation plan. Patient involvement should help to maintain momentum, drive agreed change and therefore increase the likelihood of successful delivery the strategy.

35 The CCG will also need to ensure that it has the ability to adjust plans to meet any ‘must do’ requests from NHS England.

Author Joseph Chandy joseph@nhs.net

Appendix 1: Implications

Legal Implications
Not applicable

Finance
The strategy provides a breakdown of the 2020/21 annual budget for primary care and the projected funding into Primary Care Networks.

Consultation
Engagement with key stakeholders has informed strategy development.

Equality and Diversity / Public Sector Equality Duty
The County Durham CCG Primary Care Commissioning and Investment Strategy 2020-2022 aims to ensure high quality, primary care services which are accessible to all.

Human Rights
None

Crime and Disorder
Not applicable

Staffing
A priority within the strategy is broadening the primary care team. There is a commitment to within the strategy to develop a Primary Care Workforce Plan in 2021, which describes in detail investment and actions to address workforce challenges and develop a workforce that are key to enabling primary care transformation, through engagement with Primary Care Networks, wider professions and stakeholders.

Accommodation
Reference to estates is made within the strategy.

Risk
Impact of the COVID-19 pandemic on strategy development and delivery

Procurement
Not applicable

Appendix 2: Final Draft County Durham Primary Care Commissioning and Investment Strategy 2020/21-2021/22

Attached as a separate document

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County Durham Care Partnership

NHS County Durham Clinical Commissioning Group

County Durham Primary Care Commissioning and Investment Strategy 2020/21 – 2021/22

March 2021

In memory of Dr Poornima Nair, GP at Station View Medical Practice in Bishop Auckland and all the other NHS staff who lost their lives during the COVID-19 pandemic.

Contents

Foreword

Welcome to our Primary Care Commissioning and Investment Strategy.

Primary care is the cornerstone of the Clinical Commissioning Group's vision to deliver better care, closer to people's homes, which is central to improving people's health and wellbeing. This document describes our vision and priorities for primary care, mostly focusing on general practice.

The NHS Long Term Plan was released on 7 January 2019. Its goal is to support integration of care and to dissolve the divide between primary care and community based health services. An important building block for the future health and care system is therefore at 'place'. In County Durham we have strong existing partnership arrangements between the CCG, local authority and NHS secondary care bodies for acute and mental health services called the County Durham Integrated Care Partnership. These arrangements are co-terminus with our local authority boundary.

NHS England/Improvement have proposed in the consultation document published on 26 November 2020 'Integrating Care', a direction that builds on the route map set out in the NHS Long Term Plan for health and care to be joined up locally around people's needs. It advocates stronger partnerships in local places between the NHS, Local Government and others with a more central role for primary care in providing joined up care. NHS County Durham Clinical Commissioning Group (CCG) will build on its current 'place based' arrangements during the timeframe of this strategy.

NHS England has now decided that all areas of England will be covered by an Integrated Care System (ICS). In our area this ICS will cover the North East and North Cumbria and will take over the functions of existing CCGs. The ICS will form an ICS NHS Body and an ICS Partnership Board. CCGs will no longer exist as statutory bodies after March 2022. NHS Partnership Boards and the ICS NHS Body have the power to delegate some of their functions and a budget to 'place'. As a health and social care system in Durham we need to ensure that the footprint of place based services makes sense for the population of Durham and the General Practices that make up our Primary Care Networks (PCNs).

Through the ongoing development of Primary Care Networks our aspiration is not only to improve the quality of primary care delivery and improve health outcomes, we also want to ensure the future sustainability of primary care.

We will use our Local Improvement and Integration Scheme (LIIS) as a vehicle to bring together all elements of the Primary Care Strategy and the various strands of the GP contracts. The scheme seeks to reduce inequality, reduce any opportunity for a post code delivery of services and encourage prevention, integration and the future development of Primary Care Networks as the building blocks of 'place based' services across County Durham. From April 2021 it is intended the LIIS will become a three year scheme.

SARS-CoV-2, better known as Coronavirus or COVID-19, is arguably one of the greatest public health challenges of our time – not least for general practice. Due to the pandemic, general practice had to change how it operates overnight. Over recent

months primary care has shown an extraordinary resilience, capacity for innovation and ability to move quickly for our patients. We now face the double challenge of continuing to operate in a world with COVID-19 while also responding to the urgent non-COVID needs of our patients and their local communities.

The publication of this strategy was delayed due the COVID-19 pandemic. We are grateful for the input and constructive feedback we have received from stakeholders during the development of our strategy and look forward to working with our partners as we implement our strategy.

[Insert signature]

Dr Neil O'Brien
Accountable Officer/Clinical Chief Officer

[Insert signature]

Dr Stewart Findlay
Chief Officer

[Insert signature]

Joseph Chandy
Director of Commissioning Strategy and Delivery for Primary Care

[Insert signature]

Dr David Robertson
GP and Hon. Secretary County Durham and Darlington Local Medical Committee

Our Vision

'Investing in General Practice'

Our commissioning and investment strategy aims to increase the scale and integration of 'out of hospital' services, based around local communities and improve population health outcomes, through the ongoing development of Primary Care Networks (PCNs). Our ambition is to deliver more personalised, proactive and co-ordinated care to improve health outcomes; we also want to ensure the future sustainability of primary care.

New national investment in general practice will support the transformation of local services to enable them to deliver better care, closer to people's homes; improving people's health and wellbeing.

Our vision for general practice aligns with the County Durham vision for integrated care, which is '*To bring together health, social care and voluntary sector organisations to improve the health and wellbeing for the people of County Durham*'; and aligns with the Health and Wellbeing Board's vision '*County Durham is a healthy place, where people live well for longer*'.

From engagement feedback we recognise the need to develop a new single shared vision – so all parties involved in health and wellbeing in County Durham are aspiring to achieve a common vision. This will be taken forward in 2021.

Based on what our stakeholders told us, the national and local policy context and taking into consideration the impact of COVID-19, we have identified a number of strategic themes and interdependent delivery priorities, shown in the figure below.

Strategic Themes

Working together better	• Building on integrated partnership arrangements in County Durham; with the CCG primary care team working with acute hospital, community and local authority partners through a joint work plan, so that primary care is more involved in the 'placed based' business.
Making primary care sustainable to manage current and future demand	• Continuing sustainability of primary care by building on the current investment to support the out of hospital agenda and encourage closer working with secondary care.
Right scale working	• Supporting at scale working with Primary Care Networks and Federations and ensuring they have a provider voice at 'place' and the Integrated Care Partnership/System level.
New model of primary care	• Developing Primary Care Networks as the collaborative model for local integration of health and care and greater use of additional roles to broaden the workforce.

Priorities

Supporting self-care	• Enabling people to self-manage their health through a range of approaches including access to non-clinical support that helps build knowledge, skills and confidence.
Improving access to care, through technology	• Enabling people to have more flexibility in how they access primary care services; and using technology to enhance patient care.
Broadening the team	• Widening the range of health and care professionals working in primary care to meet the needs of the population.
Joined up care, closer to home	• Ongoing development of Primary Care Networks to deliver more joined-up care closer to home; with general practice coordinating patient care between all agencies in the pathway via Teams Around Patients.

Our strategy outlines our plans for commissioning activity and where we will target increased investment over the next two years to support the delivery of our vision and priorities for primary care, in keeping with the implementation of the NHS Long Term Plan.

Successful implementation of our strategy will also support the North East and North Cumbria Integrated Care System to deliver its ambitions for primary care and to improve health outcomes for the people of the North East and North Cumbria, whilst better managing the 'here and now' operational challenges and achieve sustainability.

What are the benefits of our strategy?

The benefits of our strategy can be are summarised, as below.

For patients	For general practices and other providers	For the whole system
• Patients feel supported and have confidence to self-manage their own health • Different ways of accessing appointments helped by technology • Access to a wide range of services and professionals • Coordinated and safe services where patients only have to tell their story once • Patients feel in control and have responsibility through shared decision-making opportunities about how their health and care is planned and managed	• Greater resilience across general practice by making the best use of shared staff, buildings and other resources • Better work satisfaction with each professional able to focus on what they do best, spending time with patients where most needed • Improved care and treatment for patients by expanding access to specialist and local support services including social care and the voluntary sector • Greater influence in the wider health system, leading to more informed decisions about where resources are spent • A workforce which feels supported in safeguarding processes • More attractive to new people to come and work in general practice, with greater retention of workforce	• Coordinated care through collaboration and cooperation across organisational boundaries and teams with shared accountability • Ensuring a collaborative approach to safeguarding children and adults and looked after children across the system • A range of services in a community setting, so patients do not have to default to hospital services • Resilience across the health and care system • Providing services that are affordable

Primary Care Landscape in County Durham

NHS County Durham CCG is a clinically-led organisation made up of member practices. As at 1 January 2020, there were 64 general practices in County Durham; with a total registered population of 558,283. The average practice list size was 8,723; the largest practice having 34,886 registered patients and the smallest having only 1,647 registered patients.

Primary Care Networks (PCNs) were introduced as part of the NHS Long Term Plan. Networks are based on GP-registered lists, typically serving communities of around 30-50,000. They are small enough to maintain the traditional strengths of general practice but at the same time large enough to provide resilience and to support the development of integrated teams.

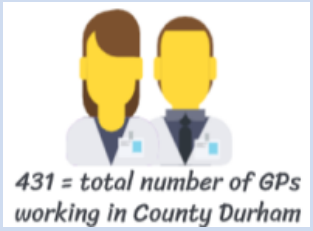
Primary Care Networks support groups of general practices to come together locally, in partnership with community services, social care and other providers of health and care services. They are intended to create more integrated services for the local population, improve quality of care and support the sustainability of general practice. In total, there are 13 Primary Care Networks across County Durham. A map showing Primary Care Networks in County Durham is included in **Appendix 2**.

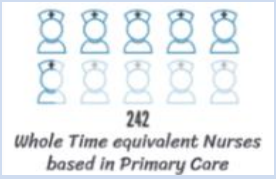
We also have six GP Federations across County Durham. GP Federations are when groups of general practices come together to form an organisational entity to work together within the local health economy. The remit of a GP Federation is generally to share responsibility for delivering high quality, patient-focussed services for its communities. GP Federations are different to Primary Care Networks, they are generally a group of practices that come together to deliver services whereas a Primary Care Network is a broader collaboration of practices and other health and care partners.

The commissioning responsibility for general practice services sits with the CCG which has taken on delegated responsibility from NHS England. This provides an opportunity to integrate general practice into the wider health and social care system, enabling greater flexibility and influence at a local level over the way in which services are delivered to patients.

In November 2020, NHS England launched the consultation on Integrating Care: Next steps to building strong and effective integrated care systems across England. The document sets out options for giving Integrated Care Systems a firmer footing in legislation, likely to take affect from April 2022. This signals a change to CCGs, subject to a Parliamentary decision. The document describes the ambition for 'place-based' partnership arrangements between primary, community, local acute and social care. It is anticipated the Primary Care Networks as part of the County Durham Integrated Care Partnership, will help shape this agenda. All providers of primary, community, local acute and social care will need to strengthen their integrated arrangements in the 'new world' and be prepared to manage an integrated devolved budget to support local people and communities. This will be facilitated through the County Durham Commissioning and Delivery Plan 2020-2025, which our Primary Care Commissioning and Investment Strategy, feeds into.

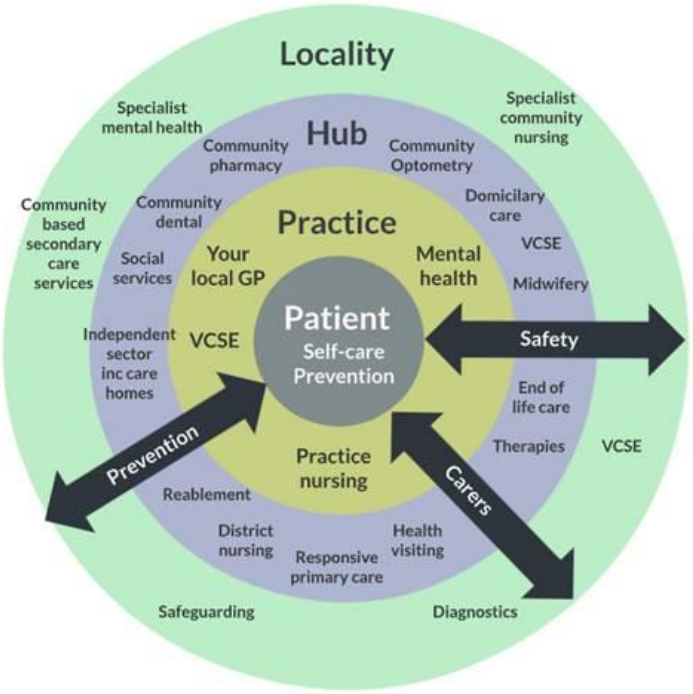
Primary Care Headlines





Our Integrated Community Care Model

Across County Durham health, social care and voluntary organisations have already come together to agree a model of integrated care, as represented in the figure below.



In support of this, a new community contract came into effect in 2018, to enable the provider (County Durham and Darlington NHS Foundation Trust) to organise its community services offer around GP registered patient lists and establish multidisciplinary teams working in collaboration with general practice, known as Teams Around Patients (TAPs). TAPs play a key role in coordinating care 'wrapped around' the patient, providing a seamless transition between services.

More recently Primary Care Networks have been established across County Durham. TAPs are an integral part of the Networks.

Community based mental health has also been aligned to Primary Care Networks, with specialist services for the most complex patients being provided at a locality level.

The County Durham Integrated Care Board brings together partners across health and social care, including Primary Care Network/GP representation. These are called our 'place based' arrangements for greater integration of organisations for the benefit of person-centred pathways.

Whilst the Board does not replace existing governance arrangements within individual organisations, it allows for a common view of issues and priorities; and ensures a joined up approach as we work together to deliver improvements. In 2021 these 'place based' arrangements will be progressed further.

What has our current Primary Care Strategy delivered so far?

We want to build on the success of our previous primary care commissioning strategy. Examples of our achievements are as shown below.

Improving access

- People can now access general practice any day of the week; extended access services offered 64,674 appointments above normal practice hours in 2019/20.
- All practices across County Durham offered online consultations. This was ahead of the national target (April 2021).
- Over 600 practice staff have been trained in care navigation to enable them to actively signpost people to the right health and care professional; the scheme has been independently evaluated by Healthwatch County Durham; the report was published in March 2019.

Community Integrated Care Model

- Established the Teams around Patients or TAPs model i.e. teams of doctors, community nurses, specialist nurses, therapists and voluntary service representatives, serving communities of between 30,000 and 50,000; this was enabled by a change in the community contract in 2018. This approach puts people and patients at the centre of care services with multi-disciplinary teams being 'wrapped around' groups of general practices.
- Investment through the Mental Health and Learning Disability Partnership Board has enabled the introduction of the practice-based mental health worker service, which delivers practice based capacity to support people with mental health needs.

Workforce

- Over 40 GPs accessing the CCG's GP Career Start scheme; of those GPs who have completed the programme 90% are still employed within County Durham.
- 49 registered nurses have completed the CCG's Career Start Practice Nurse programme; 86% of these nurses remain employed in the area.
- A Clinical Pharmacist Network has also been developed across County Durham; delivering a range of education sessions to health care professionals and administration staff within primary care.
- Strengthened the safer recruitment procedures and provided development opportunities to the emerging Safeguarding Practice Leads in the wider safeguarding landscape.
- Primary Care Networks have progressed with the recruitment of additional roles such as clinical pharmacists, Social Prescribing Link Workers and first contact physiotherapists. They have plans to recruit more roles over the next five years.

Investment

- Through the Local Incentive Scheme (LIS) the CCG has invested an additional £6.3m in primary care in 2019/20 - the LIS is a CCG led process to engage GPs in priority areas, for example health checks for people with a learning disability.
- The budgeted investment for the scheme is £7.6m in 2020/21.

We recognise that there were some workforce areas of the strategy that we did fully deliver on, specific to GP recruitment. These included participation in the International GP Recruitment Programme and Federated employed GPs.

The International Recruitment Programme, aimed at recruiting GPs from oversees, recruited 53 GPs nationally, nine in the North of England and two in North East. The CCG only managed to secure two GPs to work in County Durham. This programme was paused due to COVID-19.

What our stakeholders are telling us

Common themes identified through engagement with our patients and practices, both before and during COVID-19, are as follows. See **Appendix 3** for more detail.

Supporting people with self-care

- More focus should be given to prevention and helping patients to self-care.

Access

- More information and education is needed to enable people to make the best choice when accessing services.
- Greater use of digital technology – with a plea to consider those who do not have access to/are unable to use smart devices/computers.

Improving integration

- Strengthening existing relationships with Teams Around Patients (TAPs) and social care.
- Reducing the need for people to repeat their story.
- Care homes alignment with practices - including robust medical management of residents and improved working relationships.
- More joined up approaches and new models of care between primary, community and secondary care.
- More mental health support is needed, especially at a local level, to meet the growing need and the impact of the COVID-19 pandemic.
- Shared decision making – supporting individuals to make decisions that are right for them.

Workforce

- General practice is facing an ever growing workload.
- Recruitment and retention of the GP workforce is a real concern.
- Other health professionals could be used to support GPs.
- Training and mentorship is required to develop of the primary care team.

Our Priorities

We have set out our four priorities for this strategy:

Priority 1: Supporting self-care

Our goal is to support people to self-manage their health through a range of approaches including access to non-clinical support to help build knowledge, skills and confidence; and through our existing care navigation scheme.

We want to encourage and enable everyone in County Durham to take greater control of their own health and wellbeing; making it easier for people to find out what help and support is available and how to access it through active sign-posting. With an increased focus on prevention people will be able to take charge of their own health, enabling them to stay well for longer.

Social prescribing has more recently been introduced to provide support for all aspects of people's emotional, social and physical wellbeing by connecting people with non-clinical community-based support and activities such as befriending schemes, social groups, physical activities and housing and debt support. The actions of the Social Prescribing Link Workers during COVID-19 have been invaluable in helping to support shielded/isolated patients and their families.

Our priority of supporting people to self-care aligns with the County Durham 'Approach to Wellbeing' model; with social prescribing offering opportunities for people to access local, community-based help as they need it.

Whilst our initial focus is from a GP practice and Primary Care Network perspective, we recognise the valuable contribution of community pharmacies, opticians and dentists in the ambition to support self-care and prevention.

We will

- Recruit additional roles into primary care, as part of the NHS Long Term Plan, and build them into local care navigation to ensure the appropriateness of appointments. Examples include physiotherapists, mental health practitioners/ support workers who are integrated into the primary care team. Also health and wellbeing coaches and care coordinators, who will work with people to help them be active participants in their own health care and to identify their care and support needs in a holistic way.

- Communicate effectively with people of County Durham so that they understand the purpose of care navigation (active sign-posting) and its benefits.

- Increase and reduce variation in referral rates to social prescribing services, by promoting the role of Social Prescribing Link Workers and embedding

referral pathways within care navigation (which aligns with the new Investment and Impact Fund). Social Prescribing Link Workers provide a further opportunity to promote access to prevention and self-care programmes and services across County Durham.

- Strengthen relationships with the voluntary, community and social enterprise (VCSE) sector – making them partners in improving the health and wellbeing of our communities. For example, Chester-le-Street Primary Care Network, through community investment funding, is helping local groups and organisations to deliver a range of projects aimed at supporting their patients including 'If U Care Share', Live Well North East, Refuse and Handcrafted.

- Hold a development session early in 2021, to understand how Primary Care Networks can work more closely with social services and VCSE organisations; expand the role of volunteers in support of the pandemic effort and also the contribution VCSE organisations can make to support the wider determinants of health to help us decide where best to target investment.

- We also recognise the importance of the work undertaken by the 14 Area Action Partnerships (AAPs) across County Durham. We will provide an opportunity for Primary Care Networks to link with their AAPs.

- Ensure a collaborative approach with partner agencies for the safety and wellbeing of our patients.

- Support patients to self-manage their health and live healthier lives for longer through education. It has long been an aspiration of General Practice to develop expert patient groups, to support people with long term conditions (LTCs) and promote mental wellbeing. We will consider how technology can used to support patient education.

- Explore with Tees Esk and Wear Valley NHS Foundation Trust, further opportunities to support people's mental health and emotional wellbeing.

Planned investment

Scheme	Funding Source	Planned investment 2020/21
Care navigation	GP Five Year Forward View* (Legacy funding maintained in the system to support a rolling planned investment strategy)	£74k
Social Prescribing Link Workers	Additional Roles Reimbursement Scheme as part of the Network Direct Enhanced Service Contract	Included under workforce
Health and Wellbeing Coaches and Care Coordinators	Additional Roles Reimbursement Scheme as part of the Network Direct Enhanced Service Contract	Included under workforce
Engaging the voluntary community and social enterprise sector	Better Care Fund	£100k per annum over 3 years

Note: 2021/22 investment is dependent on confirmation of the CCG allocation by NHS England/NHS Improvement.

Priority 2: Improving access to care through technology

Our goal is to continue to improve access to care through the greater use of digital technology, enabling people to have more flexibility in how they engage with primary care services; and to use technology to enhance patient care.

We will improve access to care through innovative technology.

Digital technology is a part of our everyday lives, improving the way we socialise, shop and work. It also has the potential to transform the way we deliver health and care services. Through our strategy we will deliver consistent digital and online services to the population of County Durham. People will be able to choose how they access services. Online services will help people to manage their health and wellbeing needs, backed up by face-to-face care when needed. We will also use digital technology to promote healthy living and self-management.

We acknowledge that while the use of technology should increase and enhance patient care, we will ensure those who do not have access to digital devices are not excluded or receive a lesser service. We also recognise that the increased use of digital technology poses a potential risk and we will support professionals to practice safely in virtual settings.

Embedding digital technology will require an ongoing culture change for patients and the workforce. Ultimately we want to maximise the potential of new technology to improve care pathways and wider integration.

We will

- Continue to promote the 'triage first' model in primary care - as part of a blended approach with face-to-face appointments/consultations. Face-to-face consultations will remain an important element of service provision.

- Engage Social Prescribing Link Workers and the voluntary, community and social enterprise (VCSE) sector to support and encourage patients in the use of digital technology enabling them to book appointments, order repeat prescriptions, view their own care record, choose how their data is used and provide an alternative to face to face appointments/consultations to access GP advice and support.

- Enable the remote monitoring of patient symptoms and clinical observations including blood pressure and blood oxygen levels, through the provision of appropriate equipment and software.

- Through our training offer, support the primary care workforce to embrace and utilise new technologies; including the use of video software to support multi-disciplinary team (MDT) meetings as appropriate.

- Offer support to care providers in the use of digital solutions that interface with health and social care; promoting better use of technology in care homes through the accelerated roll out of telehealth solutions including Healthcall.

- Facilitate seamless care across primary, community and secondary care, enabled by the continued development of a digital shared care record through the implementation of a Health Information Exchange and Patient Engagement Platform.

In addition to developments around digital technology, the current GP Extended Access scheme and Extended Hours Direct Enhanced Service for primary care are under review by NHS England. A new joint specification is due to be published later in the year with a new service go live date of 1 April 2021. There is an indication this may now be 1 October 2021 due to COVID-19. We will work with our Primary Care Networks and GP Federations to ensure the newly designed service is delivered in primary care in accordance with any new specification.

Planned investment

Scheme	Funding Source	Planned investment 2020/21
Online consultations	NHS England	£138k
Video consultations software	NHS England	To be determined after procurement
Large monitors and cameras to support video consultations	NHS England	£202k
Two way text messaging	NHS England	£10k
Practice/PCN website support and redesign	NHS England	£13k

Note: 2021/22 investment is dependent on confirmation of the CCG allocation by NHS England/NHS Improvement.

Priority 3: Broadening the team

Our goal is to broaden the range of health and care professionals working in primary care to meet the needs of the population; and to support the development of new roles.

To maximise the potential of Primary Care Networks we need a sustainable workforce and reduce the reliance on locum cover. The primary care workforce will become much broader in terms of skills and roles to meet the needs of our population; so it is likely that primary care will look different in the future. **Appendix 6** offers information on the new roles being introduced into primary care under the national Additional Roles Reimbursement Scheme (ARRS).

As well as broadening our workforce we value the importance of attracting and retaining GPs, nurses and other clinical staff to work in County Durham; building on the positive work to date.

Working closely with Health Education England (HEE), the training hubs will provide an opportunity to meet the educational and training needs of the multidisciplinary primary care workforce, as well as aligning with national guidance.

We will

- Develop a Primary Care Workforce Plan by April 2021; this will describe in detail the investment and actions to address workforce challenges and develop a workforce that are key to enabling primary care transformation through engagement with Primary Care Networks, wider professionals and stakeholders. The workforce plan will detail the staff baseline and trajectories for the different new roles. Indicative plans submitted by Primary Care Networks suggest that there will be 142 whole time equivalent additional roles by the end of March 2021, and this will increase to 289 whole time equivalent additional roles by the end of March 2024.

- Provide a tailored offer of support to Primary Care Networks to implement their workforce plans, for example brokering arrangements with community partners; assisting with recruitment and a financial contribution towards non-reimbursable costs; working with Networks to understand their workforce requirements linked to the national Additional Roles Reimbursement Scheme (ARRS).

- Promote County Durham as a great place to work, and support the retention of doctors and 'return to practice' through national programmes. We will continue to be part of the international recruitment programme.

- Continue to financially support our GP Career Start scheme. This scheme is aimed at attracting doctors to take up a post in general practice. The Career Start GP scheme supports and mentors newly qualified GPs to help them develop their medical knowledge and undertake additional qualifications. Funding is available for 20 places per annum.

- Develop the primary care nursing workforce through a number of ways including the continued roll-out of our Practice Nurse Career Start Programme, access to the recently established training hubs, and support for continuous professional development (CPD) through our Practice Nurse Link Workers.

- Support the development of pharmacists, including training for pre-registration pharmacists; we will also help to develop the pharmacy technician role, which is one of the new roles that Primary Care Networks can recruit to. Pharmacy technicians work under supervision to ensure effective and efficient use of medicines.

- Source and support education and training and engage with Health Education England (HEE) to develop the primary care workforce at the Integrated Care System (ICS) level with the training hub. At a County Durham level we also have a training fund for supporting professional groups.

- Financially support the Intending Trainers Course which will increase the number of GP trainers across the CCG. This initiative has created a foundation and culture of clinical training and development across the CCG and has maximised the opportunity to retain increasing numbers of GP trainees in the GP workforce.

- Promote the new NHS England funded Partnership Payment Scheme. This scheme aims to increase the number of clinical partners in general practice. The scheme gives eligible participants a sum of up to £20k plus a contribution towards on-costs of up to £4k (for a full time participant) to support establishment as a partner, as well as up to £3k training fund to develop non-clinical partnership skills.

- Support the training and development of administrative and clerical staff across all general practices. A training package has been developed for staff to increase their skill set, including the ability to manage difficult conversations. Training modules will be rolled out from the end of March 2021.

- Support the development of Practice Managers through established programmes, for example those organised by the NHS North East and Yorkshire Leadership Academy (NELA).

- Ensure all practice staff meet the safeguarding children and adult and looked after children training requirements as identified in national guidance.

Planned investment

Scheme	Funding Source	Planned investment 2020/21
Additional Roles Reimbursement Scheme (ARRS)	Additional Roles Reimbursement Scheme as part of Network Direct Enhanced Service Contract	£4,179k (based on workforce plans submitted by PCNs)
CCG contribution to non-reimbursable costs (ARRS)	CCG baseline allocation	£476k
Career Start GPs	CCG baseline allocation	£300k
Career Start Nurses and development	CCG baseline allocation	£267k
Intending Trainers Course	CCG resilience funding	£36k
Reception and administrative training	GP Five Year Forward View* (Legacy funding maintained in the system to support a rolling planned investment strategy)	£189k
Practice nurse and nursing associate personal development	Health Education England	£104k

Note: 2021/22 investment is dependent on confirmation of the CCG allocation by NHS England/NHS Improvement.

Priority 4: Joined-up care, closer to home

Our goal is to support the ongoing development of Primary Care Networks, as part of our integrated system approach, to deliver more joined-up and coordinated care closer to home; with general practice co-ordinating patient care between all agencies in the pathway.

We want to enable strong Primary Care Networks to be the foundational element of service delivery at community and neighbourhood level, where true integration will take place. Primary Care Networks are core to our strategy to deliver integrated services locally and to support the workforce in primary care. Networks will be supported to provide fully integrated community-based health and care working seamlessly with community and social care partners.

We will

- Work with Primary Care Networks on the delivery of the service requirements specified in the Network Contract Directed Enhanced Service Contract Specification 2020/21 (more information is included in **Appendix 7**)
  - Extended hours access
  - Structured medication reviews for priority groups
  - Enhanced health in care homes
  - Early cancer diagnosis
  - Social prescribing service

- Work with Primary Care Networks to deliver additional services requirements included in the Network Contract Directed Enhanced Service Contract Specification 2021/22 which will likely include:
  - Anticipatory care
  - Personalised care
  - Cardiovascular disease (CVD) prevention and diagnosis
  - Tackling neighbourhood inequalities

- Continue to support initiatives that enable better integration of primary care with urgent care and the ability to reduce potentially avoidable attendances at A&E and support people to stay well at home - urgent and emergency care will remain a key area of focus. Initiatives include:
  - Actively promoting the 'Talk Before You Walk'
  - Direct booking into GP practices from NHS 111
  - Home visiting services, by qualified advanced nurse practitioners
  - Care navigation pathways

- Continue to work in partnership with Primary Care Networks, the mental health trust and other organisations to implement the new integrated model of primary and community mental health care (in line with national framework for community mental health services), which will support adults and older people who have severe mental illness; increasing choice and control over care and support them to live well within communities.

- Work hard to improve our learning disability registers to ensure all people with a learning disability are identified and receive the right level of support and access to services. Through our Local Improvement and Integration Scheme (LIIS), we will increase the number of people with a learning disability and a severe mental illness receiving an annual physical health check. We will also

promote the 'STOMP' initiative, aimed at stopping the over medication of people with a learning disability, autism or both.

- In support of the national plan to bring together the funding for the Network contract Direct Enhanced Service (DES) extended hours with the wider CCG commissioned extended access service, we will review all of our urgent and emergency care services, with a view to transfer the funding to Primary Care Networks, to enable a single combined access offer.

- Work with providers to review the role of Community Specialist Practitioners and Vulnerable Adult Wrap Around Service (VAWAS) nurses, in the context of Primary Care Network development and strengthened integration; recognising the valuable contribution these nurses have to make in supporting our vulnerable care home population.

- Work with system partners to foster relationships and enable the development of new models of delivering patient care closer to home. These models may be delivered at a practice, Primary Care Network, or locality level – dependent on available resources including community hospitals. Examples include, but are not limited to, community outpatient phlebotomy services and electrocardiogram (ECG) tests.

- Work towards better integration with secondary care; moving away from the previous commissioner/provider relationship which was a consequence of previous NHS reform and driven by the Payment by Results system. We will work together, supporting the health needs of local people, whilst balancing the books across the system. In support of this a Director of Integrated Community Services was appointed in 2020. This is a joint post between the CCG, County Durham and Darlington NHS Foundation Trust and Durham County Council.

Planned Investment

Scheme	Funding Source	Planned investment 2020/21
Extended Hours Access	Network Direct Enhanced Service Contract	£800k
Enhanced Health in Care Homes	Network Direct Enhanced Service Contract/Care Home Premium	£315k (part year effect)
Annual health checks for learning disability	Local Incentive Scheme	£254k
Community outpatient phlebotomy services	Local Incentive Scheme	£315k
Pathology and ECG tests for mental health service users	Local Incentive Scheme	£70k

Note: 2021/22 investment is dependent on confirmation of the CCG allocation by NHS England/NHS Improvement.

Health Inequalities and Prevention

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. Health inequalities can involve differences in:

- Health status, for example, life expectancy and prevalence of health conditions.
- Access to care, for example, availability of treatments.
- Quality and experience of care, for example, levels of patient satisfaction.
- Behavioural risks to health, for example, smoking rates.
- Wider determinants of health, for example quality of housing.

Identifying health inequalities is a key priority for the NHS and its partners. Whilst the best way to narrow health inequalities is through actively tackling the social determinants of care such as access to good early years education, better employment opportunities and improvements in housing, we recognise that general practice is well positioned to have a positive impact on health inequalities through clinical care, wider patient advocacy, community engagement and influencing the wider political agenda.

Unfortunately, the Primary Care Network service requirement aimed at tackling inequalities in health and healthcare was postponed due to COVID-19. It is expected this will be re-introduced as a future Network Direct Enhanced Service and will feature in the Local Improvement and Integration Scheme during the time period of this strategy.

Supporting the system to address inequalities in health is of vital importance given that the ongoing pandemic has impacted disproportionately on certain people across the County, particularly our older population, people with existing/underlying health conditions such as diabetes and obesity, our BAME populations as well as those living and working in more disadvantaged circumstances. We have also seen how the virus has had a direct impact on our communities in terms of their health and also a wider indirect impact through lockdown on mental wellbeing.

We also recognise that a continued focus on continuous quality improvement and achieving equitable access is the foundation for addressing health inequalities.

The County Durham health and care system has had prevention at the heart of its priorities for several years. This is further enhanced with the continued development of Primary Care Networks which includes a strong focus on prevention. We will continue to work in partnership, in line with the principles of the County Durham Placed Based Commissioning and Delivery Plan 2020-2025, building on the principles of early intervention and prevention and take a more proactive approach that supports people to become healthier, resilient and empowered, and able to achieve their full potential.

We recognise that primary care providers play a very important role in prevention and early detection. GP practices and community pharmacy already deliver many

prevention services like flu immunisation and cancer screening programmes. Regular eye or dental checks can identify the initial indications of some health conditions such as diabetes, high blood pressure and cancer. The advice and support of pharmacists can help people at higher risk to self-care or better manage medicines to protect themselves. With an increased focus on prevention people will be able to take charge of their own health, enabling them to stay well for longer.

GP practices play an important role in prevention and early detection; supporting the shift from reactively providing appointments to patients to proactively caring for people and communities. This means doing much more to prevent ill health, diagnose it early and treat it quickly.

Examples of local schemes supporting the prevention agenda include:

- *Making Every Contact Count* - an approach to behaviour change that utilises day-to-day interactions to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations.
- Improving the uptake of physical health checks for the seriously mentally ill and increasing in the number of annual health checks offered to people learning disabilities.
- Supporting type 2 diabetes prevention and management through initiatives such as the National Diabetes Prevention Programme and an enhanced diabetes model of care.
- Supporting the delivery of prevention programmes e.g. smoking cessation, flu vaccinations and immunisations; and more recently the COVID-19 vaccination programme.
- Roll out of the Primary Care Network cardiovascular disease diagnosis and prevention service requirements.
- Roll out of the Primary Care Network supporting early cancer diagnosis service requirements, aimed at increasing the proportion of people who are diagnosed at stage 1 and 2; this takes into consideration improving local uptake to cancer screening programmes.

Working collaboratively in Primary Care Networks, GP practices together with community pharmacy, dentists, community care providers, Public Health and the voluntary sector, will lead a re-invigorated approach to prevention – with innovation and shared responsibility at its centre. Prevention of ill health will be embedded as a common thread across all areas of health and social care in County Durham.

Initiatives included within our strategy will be subject to an Equality Impact Assessment, to ensure that any proposed changes in pathways/services do not discriminate against anyone and that, where possible, we promote equality.

Our CCG Offer

In addition to our priorities the CCG will continue to support the development of general practice as part of the CCG offer below.

Quality and Safety

Whilst practices are accountable for the quality of the services they provide, CCGs and NHS England have a shared responsibility for quality assurance. Our Primary Care Quality Assurance Sub-committee provides oversight, monitoring and improvement support in relation to quality within general practice services and forms part of the CCG's overall approach to quality.

We will work with practices to support continued improvements in quality and to address variation through a range of methods. This will include but is not limited to the following:

- Benchmarking with peer organisations and promoting best practice to reduce variation in health outcomes.
- Ongoing use of the Clinical Support Information (CSI) system, which holds a library of evidence based guidelines and information compiled by clinicians offering advice on best practice and support with referral management.
- Immunisation and flu preparedness.
- Supporting the development of the learning disabilities register on practice. clinical systems, to assist with planning of health and care services for people with learning disabilities and support the ability to anticipate an individual's needs before they attend health or care settings.
- Medication safety audits, guidelines/resources and sharing lessons learnt from medication related incidents.
- Ongoing monitoring of prescribing data to ensure safe prescribing practice including Controlled Drug monitoring.
- Sharing of prescribing information and reducing variation in prescribing patterns; linking in Primary Care Networks to the medicines decision making process and implementation of prescribing guidelines.
- Supporting practices with a Care Quality Commission (CQC) rating of 'requires improvement' or 'inadequate'.
- Ensuring arrangements are in place to safeguard and promote the welfare of adults and children in line with national policy and guidance.
- Child and adult protection audits, guidelines/resources and sharing and embedding lessons learnt from Child Safeguarding Practice Reviews, DHR's and related incidents.
- Facilitating the sharing of best practice and key learning in response to the National GP Patient Survey results, to improve / reduce variation in overall patient experience across County Durham.
- Providing advice and guidance on infection prevention and control via the Infection Prevention and Control Nurses, including guidance on practice and premises in accordance with the Health and Social Care Act, and any specific additional guidance during the COVID-19 pandemic.

- Responding to professional performance concerns.
- Training and education delivered through the protected time for learning (PLT) events.

The CCG will continue to meet the requirements stipulated in the NHS Safeguarding Accountability and Assurance Framework, provide support and advice to primary care professionals to ensure the effective safeguarding of children and adults in the local population. The Safeguarding team includes the statutory roles of Designated Professionals and Named GPs and recognises the importance of development and support of locally based excellence in the form of practice safeguarding leads. The CCG will continue to work with the wider partnership to ensure that there is a joined up approach to safeguarding across the life course. We will ensure that the voice of our vulnerable patients is captured and informs service development.

We plan to increase the primary care section of the Quality Strategy 2017-2020 when the document is refreshed. Through our Quality Strategy we will also continue to develop appropriate high quality provision of primary care services; secure rapid improvements to the quality of care in vulnerable practices and drive up quality and foster a culture of safety across primary care.

Local Improvement and Integration Scheme

The Local Improvement and Integration Scheme (LIIS) is commissioned by the CCG to engage GPs in priority areas such as integration and moving care from secondary care closer to the population. It is also used to focus practices on achieving targets that are not included in other parts of the GP contract.

The LIIS is a vehicle to bring together all elements of the Primary Care Strategy and the various strands of the GP contracts. It seeks to reduce inequality and reduce any opportunity for a post code delivery of services. It encourages prevention, integration and the future development of Primary Care Networks as they will be the building blocks of future 'place based' services across County Durham.

Over recent years the LIIS has supported the development of care coordination for those who are frail, health checks for people with a learning disability, veteran health, effective prescribing and consistency in clinical reporting.

In terms of investment, 8% of the primary care annual budget is allocated to the Local Improvement and Integration Scheme in 2020/21. By investing in primary care through this scheme, County Durham CCG will continue to strengthen the GP practice being at the heart of patient care. It will also encourage the integration of primary care services, community teams, local acute services, mental health and social care. The scheme includes element of all the above services and includes both acute and planned care.

The scheme supports many elements central to the CCG primary care strategy including:

- Improved patient experience.

- A higher proportion of patients feeling supported to self-manage their own conditions.
- Better integration with GP out of hours and community teams, supported by improved IT solutions.
- Improved quality in levels of care.
- Improving the ability to manage patients out of hospital nearer to or within their own homes.
- Improved pathways of care between primary, community and secondary care services.

The scheme allows practices to fund the additional staff they will need to manage this shift of work from secondary care to primary care.

Practices that take on this additional work will enhance their role as the coordinators of care for their registered population in all areas outside of an acute admission to a hospital.

The refreshed scheme will take the form of a three-year contract arrangement (2021/22-2023/24) and practices that choose to sign up to it, will have the option to deliver the enhanced services themselves or to deliver those services through their Primary Care Network or Federation.

Owing to the length of the contract, the scheme will be dynamic to enable alterations to be made by agreement throughout the period of the contract. We appreciate that during future waves of COVID-19 or exceptional winter pressures, some elements of the scheme will need to be stood down, to divert resource to focus on a surge in COVID-19 or to support the vaccination programme.

A summary of the proposed mandatory components within the scheme is provided in **Appendix 8**. These have been through the CCG engagement process and are subject to formal sign-off in February 2021.

Medicines Optimisation

Medicines play a crucial role in maintaining health, preventing illness, managing chronic conditions and curing disease. Medicines optimisation looks at the value which medicines deliver, making sure they are clinically-effective and cost-effective. It is about ensuring people get the right choice of medicines, at the right time, and are engaged in the process by their clinical team.

The Medicines Optimisation Team in County Durham CCG contributes to the delivery of our Primary Care Commissioning Strategy by:

Safety

- Supporting medicines safety initiatives, promoting incident reporting and investigation and assisting with local and national medication safety alerts
- Ongoing monitoring of prescribing data to ensure safe prescribing practice including Controlled Drug monitoring

Increasing the workforce in primary care

- Providing support to all Primary Care Networks and general practices in employing and increasing the number of clinical pharmacists working across County Durham
- Supporting nine cross-sector pre-registration pharmacist posts across County Durham for 2020/21

Helping to provide financial balance

- Supporting practices and pharmacists in monitoring prescribing budgets
- Ensuring cost-effective prescribing across County Durham
- Monitoring financial delivery in line with the CCG plan (to improve patient care whilst ensuring the cost effective use of the primary care prescribing budget)

Education and training

- Providing education, training and peer support to the GPs, nurses, pharmacists and other members of the practice team
- Hosting regular network meetings for pharmacists working in general practices within County Durham

Communication

- Providing communication of medicines-related issues via locality prescribing groups, patient reference groups and monthly via the Durham Medicines Bulletin

Communication and Engagement

To ensure our vision and strategy delivers the maximum benefits for patients, communities, practice staff and system partners, we will actively engage with stakeholders to inform the ongoing development and delivery of the strategy.

Engagement will include (but will not be limited to):

- Public, patients and carer representatives.
- General practices.
- Primary Care Networks.
- GP Federations.
- Other stakeholders including the local authority, acute and community services, mental health services, Safeguarding partnerships, voluntary community and social enterprise services and Healthwatch.

The CCG will continue to engage with the public, patients and patient representatives through established mechanisms (subject to the planned review aimed to strengthen and enhance those mechanisms) for example and including, Practice Participation Groups, Patient Reference Groups and the Patient, Public and Carers Engagement Committee.

Due to COVID-19 and the need for social distancing we have needed to be creative about how we engage with people. We are committed to working with all our stakeholders to overcome any barriers.

Through the development of the new strategy we have had to work to overcome barriers regarding how people have been able to contribute their views. This has also presented us with new opportunities in terms of how we approach such conversations in the future.

Looking to the future, it will be possible to blend digital opportunities (for example recordings or presentations, video meetings and online discussions) with more traditional face to face approaches.

Communication and engagement plans will underpin key areas of work and specific projects within our strategy.

We want to strengthen the public and patient voice in service delivery and service transformation. We will encourage Primary Care Networks to establish closer links with public and patients so that they shape and inform service provision and service development. Patient engagement will be included as part of the Local Improvement and Integration Scheme.

We value the role Healthwatch has to play in engaging with local people about NHS services. Independent evaluations undertaken by Healthwatch County Durham will further help us understand how we can ensure the views of our patients and communities are known and addressed in future plans.

Where appropriate to do so, we will adopt a 'co-production' approach to designing services. Co-production involves members of staff, patients, carers and the public working together, sharing ownership and responsibility across the entirety of a project.

Commissioning and Delivery Team Support – Primary Care

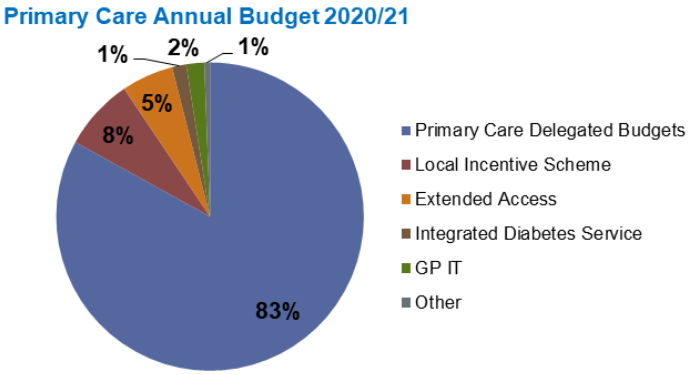
This team support both primary care development and primary care commissioning. The CCG will continue to support practices which are considering mergers, branch and practice closures. Typical areas of support include communication and engagement with relevant stakeholders and patients, the production of relevant documents, for example dispersal plans, and ensuring NHS policy is followed.

Financial Investment

Investment into General Practice

Our plan will ensure that additional investment stabilises and transforms general practice, enabling it to play its role as a core system partner and support the delivery of the aspirations set out in the NHS Long Term Plan.

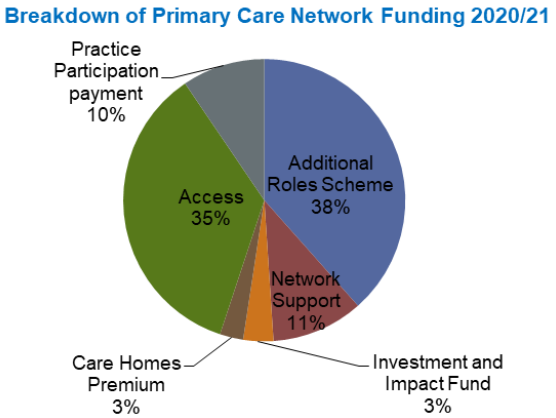
In 2020/21 the annual budget for primary care is approximately **£100m**; which is 10% of the CCG's overall funding allocation. A breakdown of the primary care annual budget for 2020/21 is shown in the chart below. Further information can be found in **Appendix 9**. Throughout the lifespan of our strategy, this budget will be refreshed on an annual basis.



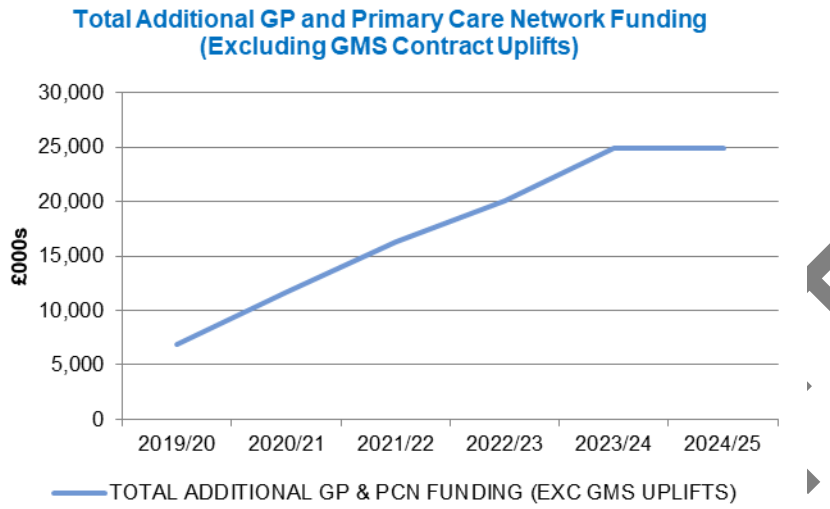
The 2020/21 budget above represents the position set at the start of the financial year. In response to the COVID-19 pandemic, temporary financial arrangements have been implemented across the NHS during 2020/21. There is currently uncertainty over financial arrangements for the NHS in 2021/22.

Projected Funding of Primary Care Networks

The chart below provides a breakdown of how Primary Care Network funding will be spent in 2020/21 (pre-COVID-19 position). As shown in the chart, the greatest proportion of funding is going towards expanding the workforce and improving access for patients. More detail is provided in **Appendix 8**. This will also be refreshed on an annual basis.



The chart below shows the investment relating to Primary Care Networks over the next five years.



GP Practice Resilience

In the previous strategy the CCG introduced many initiatives to support general practice resilience. In 2019, NHS England set out national strategies to support GP resilience which builds upon our local initiatives. These include:

- A GP Fellowship Scheme for newly qualified GPs. This builds upon our local successful GP Career Start Scheme.
- GP international recruitment and County Durham is already the beneficiary of two recruits.
- GP retainer and retention scheme to enable GPs more flexible working options that accommodate deferring immediate retirement or family / carer responsibilities.
- New partnership to payment scheme to provide a bursary for those clinicians that are considering partnership and have financial constraints to overcome.
- GP practice crown indemnity so that practice staff and Primary Care Network staff can work across practices flexibly without the constraints of the previous GP practice individual indemnity schemes which were restrictive.
- Primary Care Networks and additional roles across a number of general practices to allow greater skill mixing in general practice and utilising the GP resource at the right time for the right conditions.

Mergers and Dispersals

General practice can vary in terms of size and the population it serves. On occasion it is necessary for practices to merge and the CCG supports them, through an initiative fund, to work together to enable this to happen as smoothly as possible. Practice mergers have provided an increased resilience of service for the local population. Merged practices have usually resulted in an increase in workforce.

In some cases practice dispersals are inevitable. Often this is where a single handed GP has been unable to secure a replacement. In these cases the CCG will engage with the population affected by this change, listen to their concerns; and work with NHS England and local practices to identify alternative GP provision for patients.

GP Federations and Confederations

The last primary care strategy focused on the development of GP Federations to support general practices at scale to compete for services that benefit their population.

As CCGs scale up in size nationally and Integrated Care Systems look at population health there will be a need for GP Federations across County Durham to have a confederate approach to some services or conversations.

There are a number of ways how a confederate approach would exist - from being a Council of Members gaining consensus on key issues to a full merger as we have noted in Leeds.

We would support GP Federations to decide for themselves how they should group together, with the CCG as an enabler for the following two aims:

1. One voice for GP Federations representing the six GP Federations at both ‘at place’ and Integrated Care System level.
2. To explore at scale viable alternative provision to work with community services, local authority and Primary Care Networks to provide workforce for the fast expanding general practice.

Integration of Primary Care, Secondary Care and Social Care

As we develop ‘place based’ arrangements it is vital that the staff within the various organisations work closely so that care and pathways for patients are seamless without the need for different organisation approvals getting in the way of patient care. We will therefore develop plans that explore how the CCG primary care team can integrate with our community and local authority teams, and also secondary care, so that every organisation works to a joint work plan for patient benefit. These plans fit into the wider policy of developing our ‘place based’ integration plans.

Estates

We are currently linked into estates forums across County Durham and Darlington and feed into Integrated Care System (ICS) wide estates discussions for Cumbria and the North East. This ensures that sufficient priority is given to schemes in primary care and community services, particularly when accommodating the expansion of the primary care workforce and new model of workings.

An estates strategy will be produced following a baseline review of the current estate. Any new strategy has to consider:

- What is the current standard of our primary care estate and does it meet all the statutory and regulatory compliance?
- Does the accommodation have sufficient room to accommodate the expanding Primary Care Network workforce?
- Is there sufficient funding set aside for premises improvements, expansion or new build premises?
- Are opportunities for lease re-negotiations optimised?
- What is the impact of technology and new ways of working?
- How can co-location opportunities be maximised?
- Is the process for general practice simple and devoid of bureaucracy?
- Will any future national premises directions address the barriers that face GPs as property owners or leases and succession planning?

We will further develop/maintain close links with the local authority planning department, to maximise investment to improve GP facilities where appropriate. For instance, if new housing is built, the subsequent rise in the local population necessitates increased capacity and new healthcare facilities within the local area.

Delivering our Strategy

Our strategy will be implemented through the Primary Care Delivery Plan, which details initiatives, key tasks and project milestones. The primary care team will continue to work with stakeholders to deliver the ambition to transform primary care; providing quarterly progress updates against the delivery plan to the CCG Executive Committee and the Primary Care Commissioning Committee.

The County Durham Primary Care Commissioning Committee makes decisions relating to the commissioning of primary care services, for example applications for practice mergers, practice dispersal etc. The Committee reports to the CCG Governing Body and NHS England/Improvement. Members of the public are invited to attend the meetings to observe the Committee at work in order to listen to the business being discussed and to have the opportunity to ask questions relating to the items on the agenda.

To understand whether our strategy is making a difference, a number of measures will be developed and used as indicators of success – including indicators based on the NHS 'Triple Aim' approach (see **Appendix 10**). As part of the Local Improvement and Integration Scheme and through our existing contracting arrangements, we will also monitor a range of other indicators. We will use data for continuous improvement and will develop a mechanism for communicating and celebrating success.

Concluding Remarks

Our Primary Care Commissioning and Investment Strategy has been informed by the aspirations for primary care set out in the NHS Long Term Plan and insights generated through our engagement process. Further engagement will be needed to check that our vision and the strategy set out above remains focused on what matters most to our local population, workforce and providers.

Acknowledgements

We would like to thank everyone who has made a contribution to the development of our strategy, including all those who have taken the time to respond to surveys and feedback comments.

We would like to thank members of the GP Practice Focus Group who have input into the strategy and also provided editorial oversight. Members of the group included Dr D Robertson, Dr F Whalley, Dr D Samuel, Dr J Levick and Practice Managers, Paul Dodds, Martin Bell, Caren Purvis.

During 2019, the local authority Adult Wellbeing and Health Overview and Scrutiny Committee (OSC) formed a primary care task group to look at resilience issues that had been a feature of primary care in County Durham. A report was written up by the OSC officer Stephen Gwillym. Recommendations within this report have been fed into this strategy.

The Primary Care Network Clinical Directors undertook a workshop to input into how Networks will develop, as the landscape changes.

The Patient Reference Groups feedback has also influenced both the content and style of this strategy; with thanks to Linda Allison and Jill Matthewson for proof reading the document.

Appendices

Appendix 1: National and Local Context

National Context

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 (LTCs) 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; and
- demands on secondary care with expectations of more specialist care delivered closer to home.

The NHS Long Term Plan places primary care at the centre by, developing Primary Care Networks (PCNs) as the foundation for Integrated Care Systems (ICSs), focusing on preventing ill health and tackling health inequalities, supporting the workforce, as well as maximising the opportunities presented by data and technology with a continued focus on efficiency and introduces a key role for community pharmacy in helping to deliver this ambition.

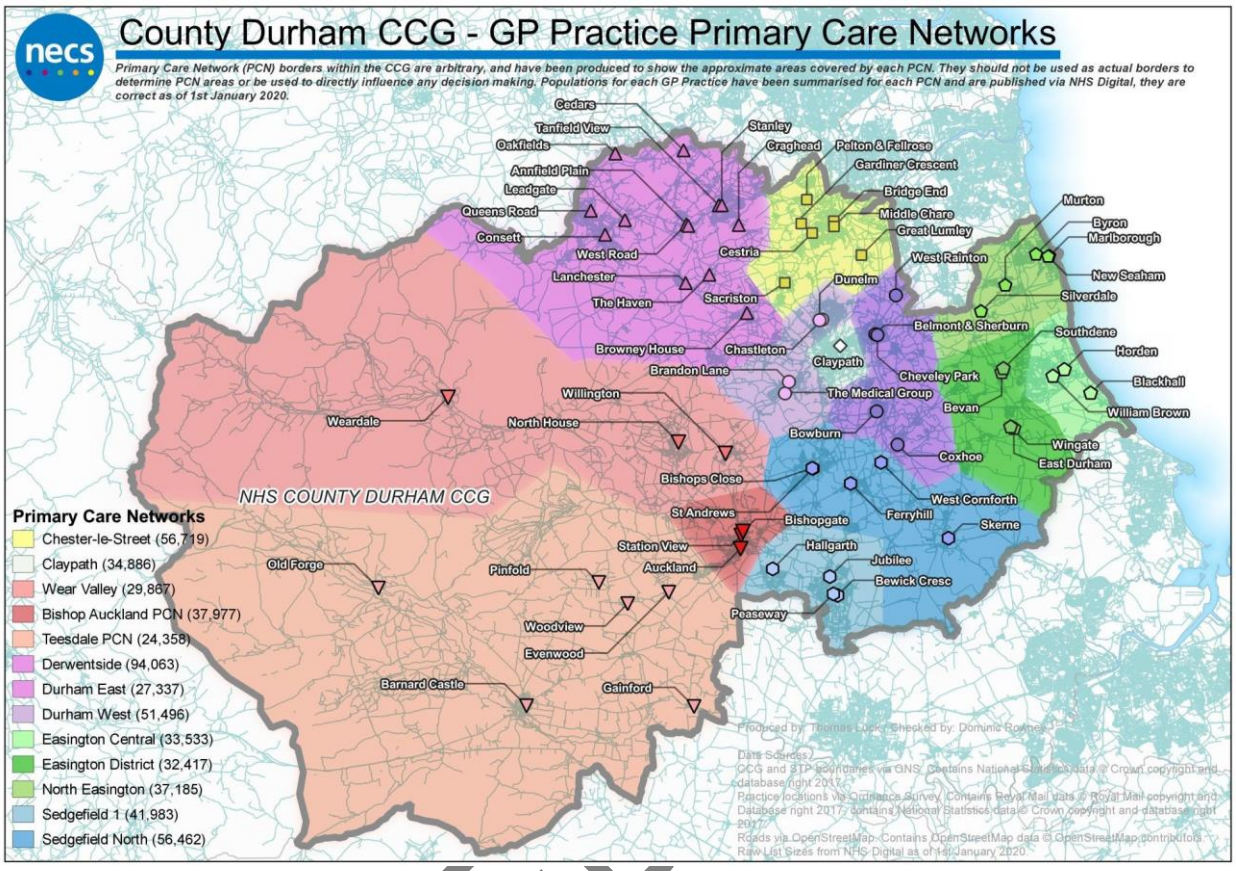
The five-year GP and community pharmacy contract reforms further support the delivery of the plan, all of which provides a strong platform to set the ambition of going further and faster at a local level across the next five years to integrate care.

County Durham Context

Whilst health and wellbeing has improved significantly in County Durham over recent years, it remains worse than the England average. County Durham has an ageing population with higher than average numbers of people living with long term conditions many with complex health needs. Access to effective, high quality primary care to help achieve improved health outcomes and reduced health inequalities, is essential.

An increasing population coupled with high deprivation levels in some parts of County Durham means that demand for GP services is likely to increase and in order to meet this anticipated demand we need to ensure that the County has an adequate numbers of GPs and other healthcare professionals and that practices have effective appointment systems and a wide ranging skills mix within their practice teams.

Appendix 2: Map of Primary Care Networks in County Durham



Appendix 3: What are our stakeholders telling us?

Our Patients

The key issues raised by patients in regard to primary care through pre-COVID engagement activity included:

Access: People are having to call practices many times before getting through; difficulty accessing same day appointments and not being able to book appointments in advance.

Continuity of care: People want to see the same GP who knows them, as they find it exhausting having to repeat their story; they also want to see the use of locum GPs minimised.

Use of digital technology: Older people are worrying about online bookings - they just want to be able to phone or call into the practice; concerns were raised about ordering repeat prescriptions electronically.

Integration and care closer to home: Teams Around Patients (TAPs) and Primary Care Networks (PCNs) are working well, but social care input needs to be strengthened; better access to mental health support is needed to meet demand; we also need to enable shared decision making with patients.

Prevention and self-care: More focus should be given to prevention and helping patients to self-care.

Workforce: This is an area of real concern - we need to recruit more GPs and use other health professionals to support GPs.

The COVID-19 pandemic has meant that NHS healthcare staff have needed to use different ways of providing clinical consultations to ensure that patients still get the healthcare they need. As well as the traditional methods such as face-to-face; GPs, nurses and hospital staff have been using other, safer ways to consult such as telephone, online or video consultations.

Throughout June and July 2020, County Durham CCG, Sunderland CCG and South Tyneside CCG together undertook a collaborative piece of research to understand the thoughts of the general public on the different ways people can consult with a healthcare professional at their general practice.

Key findings are follows:

- 1,157 of the 1,710 respondents were from County Durham.
- Of those who were offered an appointment since the COVID-19 lockdown, 67% were offered a telephone consultation, 37% were offered a face to face consultation and 7% were offered a video consultation (respondents were able to select more than one response, hence percentages do not add up to 100%).

- Benefits outlined by patients/carers included the reduced spread of infection, quicker access and convenience.
- Concerns were raised about some cohorts of the population being less able to access such technology including older people and those with a learning disability; also that a condition may be missed where virtual consultations are carried out.

Our Practices

In November 2019, practices completed an online survey to help us develop our strategy. Emerging themes from responses included:

Access: Whilst extended seven day access and telephone consultations have had a positive impact and helped to manage demand, more awareness and education is needed to enable patients make the best choice when accessing services.

Integration: We need to maintain a focus on developing joined-up, out of hospital care. The need to integrate health and social care was highlighted along with greater emphasis on prevention.

Workforce: Retention and recruitment of GPs and Practice Nurses remains a serious issue. Training for all staff, including administrative staff and managers was deemed important.

Sustainability and resilience: Resilience in primary care is being tested to the limit and help to manage the ever growing workload is needed. Support with practice mergers was welcomed.

Digital technology: Greater use of digital technology and a mechanism to enable data sharing between practices and community services was needed.

Communication and engagement: More engagement is needed with practices at grass roots level and with patients. We need to become better at publicising our successes.

Less bureaucracy: Practices want to free up GP time spent on non-clinical work for direct patient care and to see a less bureaucratic system.

Funding: Practices highlighted the need for sustainable/recurrent budgets.

In May 2020, 152 practice staff responded to an online survey regarding changes to working practices catalysed by COVID-19 and the changes needed in the light of recent experiences. Areas for development highlighted by practice staff are as summarised below.

Consultations and remote working: Improved quality of patient access; opportunity for ‘at scale’ working to manage telephone calls; potential to work differently across primary and secondary care; improved working practices for staff.

Relationships with Teams Around Patients (TAPs) and Social Care: Ongoing development of Primary Care Networks (PCNs); working together to ensure integration with the wider health and care system.

Future changes in Primary Care: Use of digital solutions; upskilling staff; collaborative working across practices.

Care Homes: Care home alignment with practices; robust medical management of patients, improved working relationships and ownership.

Secondary Care: Joined up approach to care; improved relationships across sectors; more effective communication and improved usage and effectiveness of technology.

Primary Care Network Clinical Directors

A development session was held on 23 October 2020 with County Durham Primary Care Network Clinical Directors. The following questions were posed:

- What is the role of Primary Care Network Clinical Directors in a place based organisation?
- What is the role of Primary Care Network directors in the North East and North Cumbria Integrated Care System?

The themes that came out of the discussion included:

- Is there enough PCN representation on the Integrated Care System (ICS) and Integrated Care Partnership (ICP) boards? Time and funding to provide representation was an issue.
- Scope to form a confederation model (a collective or merger of GP Federations) across County Durham
- Concern over losing current level of CCG support in times of change.

Appendix 4: Impact of COVID-19

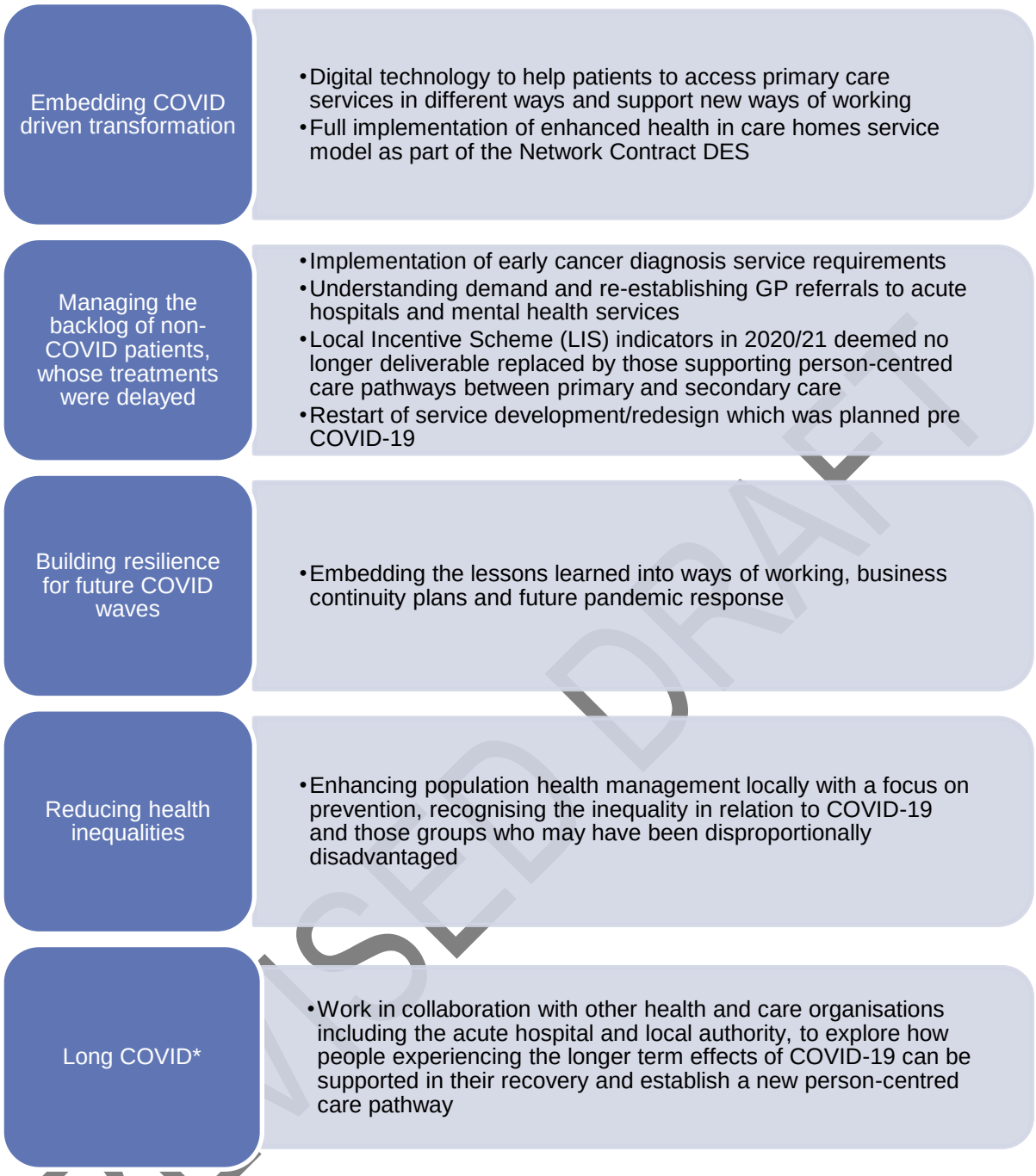
The COVID-19 pandemic has impacted disproportionately on certain segments of our population, namely our older population; those with existing underlying health conditions such as diabetes and obesity; our BAME (black and minority ethnic) population and those living/working in more disadvantaged circumstances.

COVID-19 has also had a significant impact on the way that health and care services are delivered to people in County Durham and it is likely that the impact will be ongoing for some time as long as COVID-19 remains a risk to health.

As part of our response to COVID-19, we were required to mobilise some urgent system changes, based on advice from NHS England, to release clinical staff from primary care to work in other health settings and to support patients where needed.

One of the first things to happen was a move to a 'triage first' model and greater use of online and video consultations, so that patients did not have to attend a practice in person and enabling clinical staff to work remotely if needed. Primary Care Networks (PCNs) were also required to deliver a package of support to care homes ahead of the Network Contract Direct Enhanced Service (DES) requirements.

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 COVID-19 recovery planning we will take into consideration the following dimensions.



*Long COVID is a non-medical term given to the longer term effects of COVID-19. Some estimates suggest that 10% of COVID patients may experience symptoms more than three weeks after infection, with a proportion of people suffering from long COVID symptoms for more than three months. Symptoms can include breathlessness, chronic fatigue, neurological symptoms, anxiety and stress and 'brain fog'.

Appendix 5: North East and North Cumbria Integrated Care System (ICS)

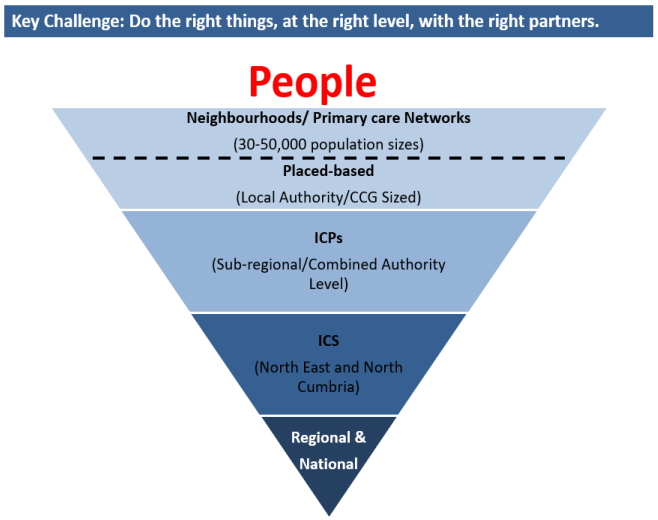
In June 2019, North East and North Cumbria, was confirmed by NHS England as one of a small number of 'Integrated Care Systems' across the country. The North East and North Cumbria Integrated Care System (ICS) is a regional partnership between the NHS, local authorities, and others, taking collective responsibility for resources, setting strategic objectives and care standards, and improving the health of the 3.1 million people it serves. The NHS Long Term Plan set out clear expectations for all Integrated Care Systems.

Our ICS is a collaboration of NHS commissioners and providers, and our partners, and not a new organisation with statutory powers. The majority of our work is focused in 'places' and 'neighbourhoods'; but, alongside this, our ICS provides a mechanism to build consensus on those issues that need to be tackled 'at scale'.

Our ICS builds upon existing local place-based leadership and responsibilities of Clinical Commissioning Groups to plan and arrange services for local populations. This involves local Primary Care Networks (GPs and other health and care professionals) and NHS foundation trusts, working with local authority and voluntary sector partners, in improving health and wellbeing through extending the reach and effectiveness of our services.

The North East and North Cumbria ICS is focussed on 'at scale' priorities that multiplies our collective impact around overarching clinical strategy and clinical networks, strategic commissioning (e.g. for ambulance services) and shared policy development. It is supported by four Integrated Care Partnerships (ICPs). In County Durham, South Tyneside and Sunderland NHS organisations came together, working with local authorities, to lead and plan care for their population in a coordinated way as the Durham, South Tyneside and Sunderland Integrated Care Partnership (ICP).

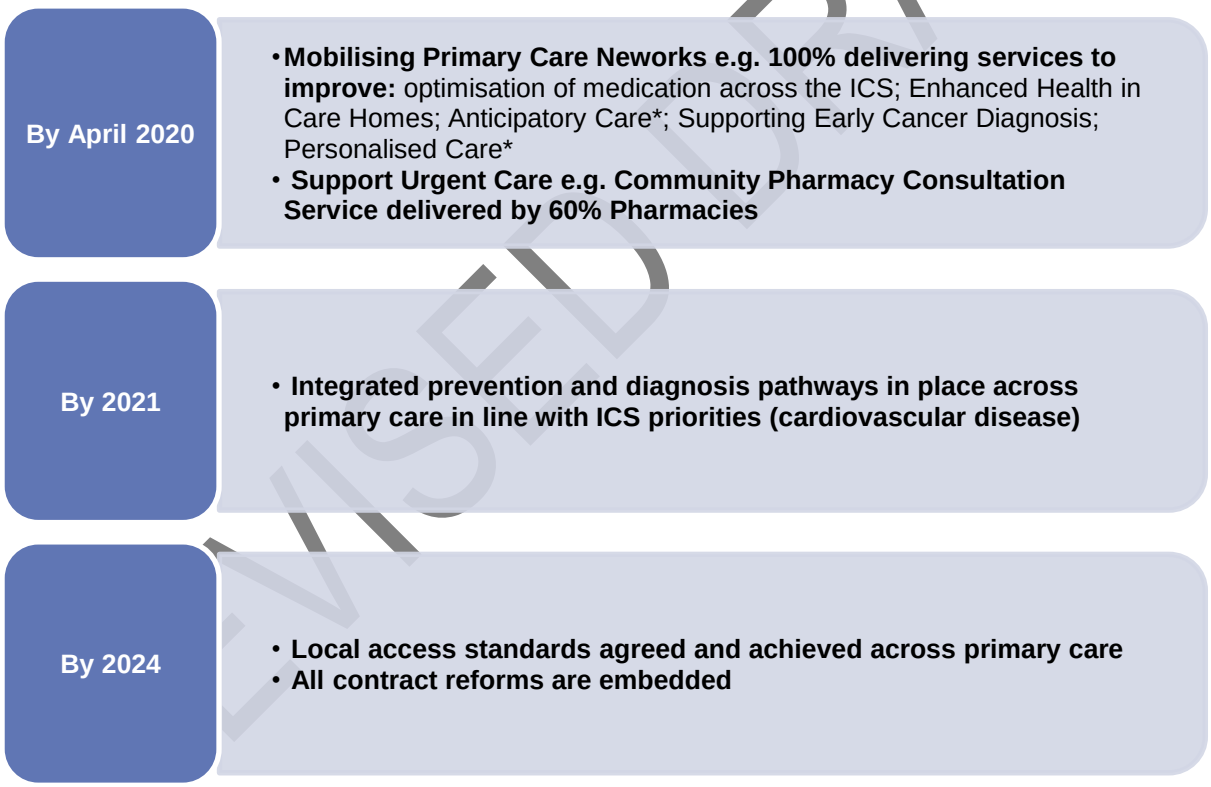
The figure below shows the different scale of working across our ICS.



Our ICS Five Year Strategic Plan, published in November 2019, outlines how we will:

- bring together local organisations in a pragmatic and practical way;
- ensure patients get more options, better support, and properly joined-up care at the right time and place;
- relieve pressure on accident and emergency departments (A&Es) through more effective population health management and service coordination;
- strengthen our contribution to prevention and tackling health inequalities to help people stay healthy and moderate demand on the NHS; and
- develop a new 'system architecture' that delivers strategic action on workforce transformation, digitally-enabled care, and the collaborative approaches to innovation and efficiency that will restore our whole ICS to financial balance.

Our ICS strategic plan also sets out its ambitions for primary care. Our primary care commissioning and investment strategy, given its focus on Primary Care Network development, will help the ICS achieve its ambitions for primary care.



* Since deferred until 2021

Appendix 6: Additional Roles in Primary Care

Expanding the workforce is top priority for primary care and is fundamental to boosting capacity to:

- alleviate workload pressures on existing staff;
- improve patient experience of access; and
- improve the quality of care and implementation of the NHS Long Term Plan goals, including the integration of care.

The Additional Roles Reimbursement Scheme will enable Primary Care Networks to recruit additional staff roles to help meet the needs of the population and deliver the new service requirements. Primary Care Networks will have flexibility to select from the roles tabled below in 2020/21; with the addition of a mental health practitioner role from April 2021.

Social Prescribing Link Worker	Promotes and provides connection to community groups and statutory services
Health and Wellbeing Coach	Promotes and supports positive behaviour change
Care Coordinator	Holistically brings together all of a person's identified care and support needs, and explores options to meet these within a single personalised care and support plan based on what matters to the person
Clinical Pharmacist	Patient facing member of practice multi-disciplinary team (MDT), supports patients with complex polypharmacy/medication regimes
Pharmacy Technician	Patient facing and patient supporting role for medicines optimisation
First Contact Physiotherapist	Provides assessment, diagnosis, triage and management of patients, including first line treatment options (e.g. self-management, referral to rehab etc.)
Physician Associate	First point of contact for patients, provides health/disease promotion and prevention advice and supports management of patients' conditions
Occupational Therapist	Provides support and care to patients to manage their physical and mental health long term conditions
Dietitian	Provides specialist nutrition and diet advice via a nutrition support service
Podiatrist	Educates, assesses, treats and manages patients with lower limb conditions and foot pathologies.
Nursing Associate	Supports registered nurses to focus on the more complex clinical care, by performing and recording clinical observations, and with training - providing flu vaccinations, ECGs and venepuncture.
Nursing Associate Trainee	Works under the direction and supervision of registered nurse with a focus on promoting good health and independence, whilst completing 2 year nursing associate training programme.

Appendix 7: Network Directed Enhanced Service Requirements 2020/21

Extended Hours Access	• Emergency, same day or pre-booked appointments available outside of the core practice opening hours • Appointments may be provided face to face, by telephone, by video or by online consultation
Structured Medication Review and Medicines Optimisation	• Focus on priority groups including the care home residents; frail elderly; those on 10 medications or more • Directly tackling over-use of medication, including inappropriate use of antibiotics
Enhanced Health in Care Homes	• Named lead GP with responsibility for the service • Weekly 'home round' for people living in the care homes • Multidisciplinary team arrangements in place • Personalised care and support plans
Early Cancer Diagnosis	• Ensuring high and prompt uptake of cancer screening programmes • Review the quality of Practice referrals for suspected cancer against NICE guideline recommendations
Social Prescribing Service	• Social Prescribing Link Workers assessing how far a patient's health and wellbeing needs can be met by services and other opportunities available in the community • Co-production of a simple personalised care and support plan for patients and their carers

Appendix 8: Local Improvement and Integration Scheme 2021/22-2023/24 (Draft)

Component	Brief description	Alignment to strategy
CORE SECTION		
Engagement	Regular practice attendance at relevant CCG meetings to allow representatives time to come together for collective decision making, allow the CCG to engage with practices to promote and improve the safety, quality and cost effectiveness of prescribing and support practices to work collaboratively with patient groups at a practice and Primary Care Network level.	• Supports all priorities
Care Navigation	Formal signposting role to support general practice access and ensure patients receive the right care by the right person in a timely manner.	• Priority 1: Supporting self-care
Improving Access	Building on current systems, ensuring patients have better access to care with the use of technology and Primary Care Network support roles.	• Priority 2: Improving access to care, through technology
Urgent and Emergency Care	Supports the national standards, ensuring patients get access to same day urgent care where needed and seen at the most appropriate place. Allows for health and social care partners to work together.	• Priority 2: Improving access to care • Priority 4: Joined up care, closer to home
Data Sharing Agreements	Supports safe and effective delivery of patient care and share non-clinical data to support Network analysis.	• Priority 2: Improving access to care, through technology • Priority 4: Joined up care, closer to home
Practice Clinical Systems (Ardens, Qmaster or DCS)	Supports consistency in management of patients and recording of patient information.	• Priority 2: Improving access to care, through technology • Priority 4: Joined up care, closer to home
National Workforce Reporting System	Captures practice level data on workforce, including absences and vacancies.	• Priority 3: Broadening the team
Supporting Integration	Supports the development and sustainability of Primary Care Networks and promotes a more coordinated approach to patient care.	• Priority 4: Joined up care, closer to home
Mental Health	Supports improvement in access to and the quality of physical health checks for people with severe mental illness. Practices are required to submit an action plan, if they fall below the target of 50%.	• Priority 4: Joined up care, closer to home
Enhanced Treatments	Providing more equitable care across the area and providing options for patients to access services closer to home for example community outpatient phlebotomy services.	• Priority 4: Joined up care, closer to home
COVID-19	Ongoing support to pandemic in line with national guidance and work to support patients suffering from Long COVID.	• Impact of COVID
Patient Services	Delivery of ongoing services and access to specialist community nurses.	• Priority 4: Joined up care, closer to home

Component	Brief description	Alignment to strategy
Direct Access Services	Services available to practices where the hospital provider allows, for example diagnostic imaging and scans.	• Priority 4: Joined up care, closer to home
Demand Management	Practices to look at data reports to understand and identify areas that require work/support. Carry out audits on cases to see what can be learnt from them and improve pathways using individual patients' scenarios.	• Priority 4: Joined up care, closer to home
QUALITY & PRESCRIBING SECTION		
Flu Vaccinations	Practice staff (clinical and non-clinical) to have an annual flu vaccination; target 80%. Delivering patient flu vaccinations; target minimum of 75% of adults 65 and over.	• Priority 1: Supporting self-care (and prevention)
Learning Disability	Practices are required to carry out annual health checks on 75% of registered learning disability patients by 2023 (aged 14 and over). Targets: 2021/22 – 70%; 2022/23 – 73%; 2023/24 – 75%.	• Priority 4: Joined up care, closer to home
Stopping over medication of people with a learning disability, autism or both (STOMP)	Ongoing management and review of adult patients on the learning disability register that are on anti-psychotic medication with no diagnosis of psychosis.	• Priority 4: Joined up care, closer to home
Cancer	Patients referred within the two week wait for suspected cancer will receive the appropriate patient information leaflet; target 90%. Cancer care review to be completed on patients within six months of diagnosis.	• Priority 4: Joined up care, closer to home

Appendix 9: Investment

Investment in Primary Care

The General Practice Forward View indicated that there would be increases in CCG funding to general practice at least equal to and ideally more than the increases in CCG allocations.

There is commitment from the CCG to support primary care and deliver the expectations of the General Practice Forward View. The table below provides a breakdown of the 2019/20 annual budget by our predecessor CCGs (this was the budget before Primary Care Networks) and the annual budget for County Durham CCG in 2020/21, which also excludes Primary Care Network funding.

	2019/20	2020/21
	DDES CCG and North Durham CCG Combined £m	County Durham CCG £m
Primary Care Delegated Budgets General Medical Services (GMS) is a national contract and payments are in line with the Statement of Financial Entitlement; Primary Medical Services (PMS) is a local contract and payments are in line with the Statement of Financial Entitlement; Quality Outcomes Framework (QOF) covers clinical and public health, practices can chose to provide this service; Enhanced services covers payments made to practices which provide extended hours, minor surgery, learning disability, dementia, extended patient choice and unplanned admissions; Premises costs relate to rent, rates and water and are paid in line with the GMS/PMS directions; and Other GP services relate to payments for seniority, needles and syringes, interpretation, locums and suspended GP's.	**£80.6**	**£83.6**
Primary Care Scheme - Local Incentive Scheme* Relates to the Practice Based Budget schemes within the CCGs - the purpose of the schemes is to increase investment in primary care/community services and reduce variation in spend between practices.	**£6.3**	**£7.6**
Extended Access Relates to home visiting services provided via GP Federations, agreed by the Local A&E Delivery Board (LADB), funded from CCG resilience monies; plus additional extended access services on evenings and weekends, over and above those contracted via the Delegated Budget enhanced service above, funded from Improving Access to General Practice £6 per head.	**£5.4**	**£5.5**
Integrated Diabetes Service Provided via GP Federations.	**£1.5**	**£1.5**
GP IT Covers information technology services and support provided to general practices.	**£2**	**£1.9**
Other Minor Ailments are payments to Pharmacies for other commissioned services including the minor ailment service; Career Start Nurses relates to the Practice Nurse Career Start Scheme funded by the CCGs; and Protected Learning Time (PLT) supported by the CCG.	**£0.7**	**£0.6**

*In 2021/22 the Local Incentive Scheme will be change to the Local Improvement and Integration Scheme.

The table above incorporates all of the investment in respective priorities highlighted earlier in the document.

The 2020/21 budget figures included above represent the budgets set at the start of the financial year. In response to the COVID-19 pandemic, temporary financial arrangements have been implemented across the NHS during 2020/21. There is currently uncertainty over financial arrangements for the NHS in 2021/22.

Projected Additional Investment into General Practice and Primary Care Networks

At a national level, funding for the core practice contract (i.e. excluding the Network DES) has been agreed and fixed for each of the next five years, and increases by £978 million in 2023/24[1]. The Network DES contract will further increase investment over the five years to be worth up to £1,799 billion in 2023/24[2]; comprising of four components:

1. Additional roles
2. Network support
3. Access
4. Investment and Impact Fund (IIF)

In addition to the above components, a care home premium has been introduced as part of the updated GP contract agreement 2020/21-2023/24.

Assuming a raw registered population of **558,283** (as at 1 January 2020, NHS Digital) and weighted population of 635,733 across County Durham, it is possible to project practice contract funding and Network funding over the next five years. The notional figures in the tables below are based on the assumption the population remains static over the course of this strategy. The table below only shows the increase on the General Medical Services (GMS) baseline contract.

Projected Practice Contract Funding

		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Cumulative increase	£000's		781	1,301	1,621	1,488	1,647	TBC
Annual increase	%		1.4	2.3	2.8	2.5	2.7	TBC
Further increase*	£000's			199	199	199	199	TBC

*Share of £20m announced in March 2020 re QOF and Post Natal checks.

Projected Recurrent Network Funding

	£ 000's					
	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
1. Additional Roles Scheme (starts Jul-19)*	701	4,504	7,810	10,751	14,782	14,782
2. Network Support						
£1.50 per head from CCG general allocation	832	832	837	837	846	846
GP PCN leadership (0.25 wte/PCN, starts Jul-19)	285	400	395	405	414	414
4. Investment and Impact Fund	0	404	1,379	2,069	2,758	2,758
5. Care Home Premium	0	315	630	630	630	630
TOTAL PCN FUNDING	**1,818**	**6,455**	**11,051**	**14,692**	**19,430**	**19,430**

*Maximum funding available, dependent upon pay grade and numbers of additional staff employed.
2024/25 figure to be confirmed.

[1] https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf Page 51
[2] https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf Page 52 & 53

	£ 000's					
	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
3. Access						
Extended Hours Access DES*	609	800	800	800	800	800
Improving Access to General Practice at £6/head**	3,350	3,350	3,374	3,457	3,540	3,540
TOTAL PCN ACCESS FUNDING	**3,959**	**4,150**	**4,174**	**4,257**	**4,340**	**4,340**

* Includes Extended Hours paid to practices until 30 June 2019, excludes GMS contract element.
** Includes Improving Access to General Practice paid to General Practice until 31 March 2021.

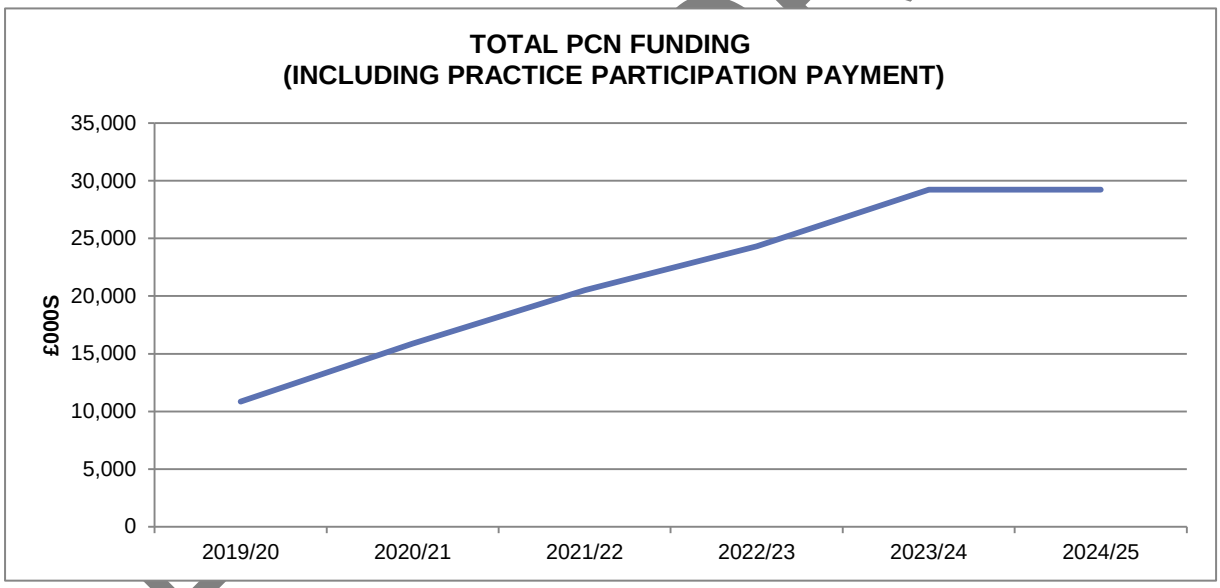
General Practice funding linked to Network

	£ 000's					
	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Practice Participation payment**	1,112	1,112	1,112	1,112	1,112	1,112
TOTAL ADDITIONAL GP & PCN FUNDING	**7,670**	**13,217**	**18,157**	**21,748**	**26,728**	**26,728**

*Paid directly to General Practice for participation in Primary Care Network scheme.

Funding direct to GP practices
Funding to Primary Care Networks

The chart below shows the projected growth in investment into Primary Care Networks and general practice over the span of this strategy. Figures exclude the General Medical Service (GMS) practice contract budget.



Appendix 10: Measuring Outcomes

We will adopt the NHS 'Triple Aim' approach to performance, which focuses on better health for everyone, better care for all patients, and sustainability, both for their local NHS system and for the wider NHS. Triple Aim outcome measures put patients at the centre of care. At its core, the focus of the Triple Aim is to improve the lives of our patients.

We will continue to use the National GP Survey results as a measure of overall experience of general practice as well as the Long Term Plan 'headline' metrics relevant to primary care. We recognise that primary care is not wholly responsible for any area of care, but equally, is intimately involved in everything. Examples of outcome measures are shown below.

Health Outcomes	Patient Experience Outcomes	Workforce Outcomes
• Rates of polypharmacy • Rates of late cancer diagnosis • Rates of cardiovascular disease (CVD) • Rates of diabetes diagnosis • Mental health and wellbeing patient reported outcomes measures (TBC) • Rates of healthy life expectancy in people with learning disability (TBC) • Percentage of patients dying in preferred place of care	• National GP Survey – overall experience of general practice • GP contract/PCN patient reported access measure (TBC) • Rates of electronic consultations	• Number of GPs employed in NHS (CCG level data) • Number of full time equivalents, above baseline, in the PCN additional role reimbursement scheme • Proportion of providers with an 'outstanding' or 'good' rating from the Care Quality Commission for the 'well led' domain

Key points to note:

1. Baseline measurements will be undertaken on the agreed 'Triple Aim' indicators and improvements will be included in the annual primary care report.
2. The workforce plan will set out a baseline and trajectory for workforce expansion.
3. The Primary Care Network Direct Enhanced Service (DES) provides a suite of indicators that will allow us to measure improvements for aging well, integration and workforce expansion.

Appendix 11: Timeline

	Initiative	2020/21	2021/22
Self-Care	Ongoing development of Care Navigation – linked to new roles / services	■	■
	Embedding the Social Prescribing Link Worker role into PCNs	■	■
	Support PCNs with recruitment of Health and Wellbeing Coached and Care Coordinators	■	■
	Voluntary community and social enterprise sector – detail TBC	■	■
Access to care through technology	Triage First - embedding COVID driven transformation and learning	■	■
	Implementation of digital solutions including booking appointments; online/video consultations; ordering repeat prescriptions; enabling patients to view their own care record – in line with the regional strategy	■	■
	Telehealth in care homes	■	■
Broadening the team	Development of our Workforce Plan	■	
	Implementation of the Additional Roles Reimbursement Scheme	■	■
	GP Career Start Scheme	■	■
	Ongoing Practices Nurses Career Start Scheme and nurse development	■	■
	Education and training – engagement with HEE	■	■
	Intending Trainers Course	■	■
	Reception and administrative training	■	■
Joined-up care, closer to home	Implementation of Network DES service requirements - Extended Hours Access	■	■
	Implementation of Network DES service requirements - Structured Medication Review and Medicines Optimisation	■	■
	Implementation of Network DES service requirements - Enhanced Health in Care Homes	■	■
	Implementation of Network DES service requirements - Early Cancer Diagnosis	■	■
	Implementation of Network DES service requirements - Social Prescribing Service	■	■
	Implementation of Network DES service requirements - Anticipatory care		■
	Implementation of Network DES service requirements - Personalised care		■
	Implementation of Network DES service requirements - Cardiovascular disease (CVD) prevention and diagnosis		■
	Implementation of Network DES service requirements - Tackling neighbourhood inequalities		■
	Review of Community Specialist Practitioners and Vulnerable Adult Wrap Around Service (VAWAS) nurses role in the context of PCN development and integration	■	
	Community outpatient phlebotomy services and ECG tests	■	
	Community Mental Health – practice based mental health workers (interdependency with Mental Health Chapter in the County Durham Commissioning and Delivery Plan 2019-25)	■	■
	Promote annual health checks with people living with learning disabilities and health checks for patients with autism to be piloted	■	■

NB: Each initiative will have its own project plan, communication and engagement strategy and equality impact assessment.

Glossary

Acute Trust: NHS body that provides medical and surgical services from one or more hospitals.

Additional Roles Reimbursement Scheme: Funding to enable new roles to be introduced into Primary Care Networks; to help solve the workforce shortage in general practice.

Area Action Partnerships (AAPs): Partnerships that consist of members of the public, representatives for Durham County Council, town and parish councils, police, fire, health, housing, business, university and voluntary organisations. Together they work with communities and organisations to meet the needs of the community, through identifying local priorities and actions required to tackle them; allocate funding to local organisations and support their development; monitor the difference that funding and support is making to communities; ensure that people can get involved with consultation activities, and are aware of what's going on in their community.

BAME: Stands for Black, Asian and Minority Ethnic and is defined as all ethnic groups except White ethnic groups.

Cardiovascular disease (CVD): Also known as heart disease refers to diseases that affect the heart or blood vessels. Hypertension (high blood pressure) is the most common form.

Care Home Premium: A Primary Care Network is entitled to a payment to facilitate delivery of services to patients in care homes. The payment is calculated on the basis of £60 per bed for the period 1 August 2020 to 31 March 2021.

Care Pathway: the care and treatment a patient receives from start to finish for a particular illness or condition, irrespective of which part of the health services or social care services deliver the care or treatment, and include care received at home, in community and hospital settings.

Care Quality Commission (CQC): Independent regulator of all health and social care services in England. Its role is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

Clinical Commissioning Group (CCG): An organisation which plans and organises (commissions) health services which replaced primary care trusts (PCTs) in April 2013. CCGs are led by GPs that are responsible for how NHS funding in their community will be spent.

Commissioning: A means of getting best value for the local population through translating aspirations and need by documenting service requirements and then buying those services.

Co-production: Services are co-designed and co-produced with the people who need them, as well as their carers.

Crown Indemnity: Government-funded scheme provides GPs and others providing NHS services for general practice with comprehensive, automatic cover for clinical negligence claims.

Directly Enhanced Service (DES): Additional services that GPs can choose to provide to their patients that are financially incentivised by NHS England; a contract to provide extra services.

Electrocardiogram (ECG): A test of the electrical activity of the heart.

Engagement: Developing and sustaining a working relationship with the local community in order to help understand and act on the needs or issues that arise.

Enhanced Services: These are elements of essential or additional services delivered to a higher specification, or medical services outside the normal scope of primary medical services, which are designed around the needs of the local population.

GP Federation: Group of general practices or surgeries forming an organisational entity and working together within the local health economy. The remit of a *GP Federation* is generally to share responsibility for delivering high quality, patient-focussed services for its communities.

General Medication Services (GMS): A type of GP contract between general practices and NHS England for delivering primary care services to local communities.

Health and Wellbeing Board: Forum for local representatives from the NHS, public health and social care, councillors, and Healthwatch to discuss how to work together to improve the health and wellbeing outcomes of the people in their area.

Health Outcomes: Changes in health that result from measures or specific health care investments or interventions.

Healthwatch: The independent consumer champion for the public - locally and nationally - to promote better outcomes in health and social care.

Integrated Care System (ICS): These have evolved from Sustainability and Transformation Plans and take the lead in planning and commissioning care for their populations and providing system leadership. They bring together NHS providers and commissioners and local authorities to work in partnership in improving health and care in their area.

Integrated Care Partnerships (ICP): Integrated Care Partnerships (ICPs) are alliances of NHS

providers that work together to deliver care by agreeing to collaborate rather than compete. These providers include hospitals, community services, mental health services and GPs. Social care and independent and third sector providers may also be involved.

Investment and Impact Fund (IIF): This has been introduced as part of the amended 2020/21 Network Contract Directed Enhanced Service (DES). It is an incentive scheme that will support PCNs to deliver high quality care to their population, and the delivery of the priority objectives outlined in the NHS Long Term Plan.

Local Incentive Scheme (LIS): A scheme commissioned by the CCG to engage GPs in priority areas such as integration and moving care from secondary care closer to the population. It is also used to focus practices on achieving targets that are not included in other parts of the GP contract. The LIS will be replaced by the Local Improvement and Integration Scheme (LIIS) from April 2021.

Medicines Optimisation: This looks at the value which medicines deliver, making sure they are clinically-effective and cost-effective. It is about ensuring people get the right choice of medicines, at the right time, and are engaged in the process by their clinical team.

Patient: Someone who uses health services. Some people use the terms service user or client instead.

Patient Participation Groups (PPG) Group organised within a GP practice to ensure that patients are involved in decisions about the range and quality of services provided by the practice.

Patient Reference Group (PRG): The PRG is where a representative of each PPG from a geographical area come together to discuss a range of common issues raised by their PPGs.

Practice Participation Payment: A payment made to practices for participating in a network; supporting GP practice engagement.

Practice Protected Learning Time (PLT): This provides an opportunity for practice staff to address their own learning and professional development needs. Put simply, practices close for an afternoon to allow for Continuing Professional Development (CPD) learning activities.

Primary Care Network (PCN): A Primary Care Network consists of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations. Networks would normally be based around natural local communities typically serving populations of at least 30,000 and not tending to exceed 50,000. They should be small enough to maintain the traditional strengths of general practice but at the same time large enough to provide resilience and support the development of integrated teams.

Quality Outcomes Framework (QOF): A voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. It is not about performance management but resourcing and then rewarding good practice.

Safeguarding: This is about protecting a person's rights to live in safety and free from abuse and neglect.

Secondary Care: More complicated or specialist healthcare, either outpatient or inpatient, that is usually provided by hospitals, and is normally received following a referral by another health professional rather than being universal or open access for all patients. Secondary care also included mental health, which is not always hospital based.

Service Specification: This is a document describing the requirements of a particular service.

Shared Decision Making: An approach where clinicians and patients share the best available evidence when faced with the task of making decisions, and where patients are supported to consider options, to achieve informed preferences.

Social Care: A range of non-medical home-based community or residential services arranged by local councils to help people who are in need of support due to illness, disability, old age or poverty. Social care services are available to everyone, regardless of background however, rules about eligibility apply.

Stakeholder: A person, group, or organisation who affects or can be affected by an organisation's actions.

Teams Around Patients (TAPs): Teams of doctors, community nurses, specialist nurses, therapists and voluntary service representatives, serving communities of between 30,000 and 50,000 – providing 'wrap around' and coordinated care to patients.

Triage First model: In response to the COVID-19 pandemic, NHS England and NHS Improvement have supported all GP practices in England with the rapid implementation of a 'total triage' model using telephone and online consultation tools. It involves a clinician contacting the patient and assessing whether the patient's medical problem can be managed without the patient having to come into the practice for a face to face appointment.

Voluntary Community Social Enterprise (VCSE) sector: Not-for-profit organisations set up to offer services to specific groups in society. These can be run by paid professionals as well as volunteers and may be eligible to provide commissioned services through the CCG.

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Health and Wellbeing Board

18 March 2021

COVID-19 Community Champion Programme update December 2020 – February 2021

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

Electoral division(s) affected:

Countywide

Purpose of the Report

1 To provide County Durham Health and Wellbeing Board with an update on the COVID-19 Community Champions programme since the programme launch at the its meeting on 24 November 2020

Executive summary

2 Establishing trusted relationships, information and feedback flows with local communities is key to supporting delivery of County Durham COVID-19 Local Outbreak Control Plan (LOCP) objectives. Without this trust, our communities will not believe, or act on information and will be less inclined to work with us to develop locally appropriate response measures.

3 Underpinned by our Wellbeing Principles, the COVID-19 Community Champion programme is ***one element*** within our wider engagement and communication strategies. The programme reports into LRF Community and Compliance Cells and via the Community Cell Report to Health Protection Assurance Board.

Recommendation(s)

4 Members of the Health and Wellbeing Board are requested to receive the report and presentation at the meeting on 18 March 2021.

Background

COVID-19 Community Champion Programme

5 People share information in different ways and with different people COVID-19 Community Champions are trusted voices in local communities. As well as us sharing relevant and timely information with communities, Champions share feedback from communities - what's working well, what questions people have, what people think can be done better enabling responses to be shaped by local intelligence.

6 The programme was launched November 2020. There are 2 roles people can pledge to take on:

(a) Champions are supported to share information in ways that best suit their own availability, circumstances, networks and community needs.
(b) The Champions Plus role enables those already active in communities or those who would like to do more - to become more actively involved, again in whatever ways best suit each individual/community circumstances.

7 To date 95 people have expressed an interest in the programme; 84 of whom are actively engaged - 38 Champions Plus and 46 Champions. There are 3 geographically defined locality-based teams, North, South and East.

8 The programme hosts Champion and Champion plus volunteers with a mixture of experience, skills, personal and professional backgrounds. Some examples of people currently engaged in the programme are housing association officers, elected members, parish councillors, Neighbourhood Watch members, AAP public representatives, East Durham College student representative, people who work in the voluntary and community sector, COVID Awareness Coordinators, Social Prescribing Link Workers, Mutual Aid volunteers, Domestic Violence support, Wellbeing for Life Officers, NHS Family Support Officers, Bus Drivers, home schooling parents as well as those who are retired.

9 The COVID-19 Community Champions Programme Lead is responsible for programme development, supporting Champions/Plus to establish links in their localities with e.g. COVID Awareness Officers, Community Protection COVID-19 Outbreak and Compliance, Neighbourhood Wardens, Police, AAPs, VCS, faith groups and statutory partners.

COVID-19 Community Champions Webpage

10 The programme is hosted on a dedicated webpage within the DCC Coronavirus suite of pages (Sign up to be a covid community champion - Durham County Council).

Induction, training and ongoing support

11 Champions Plus undertake the fully supported DCC Volunteer induction provided by Volunteer Durham. Champions take part in [one of] fortnightly rolling programme of online group induction sessions covering role expectations and responsibilities, handbook, communications charter.

12 There is a fortnightly rolling programme of online *Making Every Contact Count – COVID-19 Outbreak Control* training (mandatory Champions Plus/optional Champions) delivered by the Programme Lead. Training consists of 6 micro-modules, currently covering:

(a) What is Coronavirus / COVID-19
(b) Prevention and contain - Everybody play their part
(c) Face coverings
(d) Wider wellbeing and COVID-19
(e) Making Every Contact Count
(f) Champion / Champion Plus roles

13 Sessions also provide trainees with skills to have conversations about COVID-19 and outlines the links between the impact of the pandemic, wider health, wellbeing and health inequalities. COVID Awareness Officers, Community Protection COVID-19 Outbreak & Compliance team and Neighbourhood Wardens have attended COVID-19 Champion training sessions with Champions.

14 Testing, contact tracing and vaccinations have been introduced into training discussions and the Programme Lead is working with colleagues across County Durham and other Community Champions Programmes (Gateshead) to develop bespoke micro-modules to cover these issues. The programme has good links with Durham Community Action and Champions/Plus can keep up to date with wider volunteering opportunities, training and development if interested.

15 Following induction and training Champions/Plus self-select to join a locality team – North, South, East. Each team has a rolling programme of fortnightly ‘coffee evening’ meetings with guest speakers and guests from wider locality organisations. Discussion focus is relevant to specific locality need/issues. Some localities have developed their own informal communication networks in addition to programme meetings.

16 The Programme lead provides updates between meetings and maintains contact with Champions/Plus via a specific programme email. Two newsletters have also been shared.

Champion programme - Activities to date

17 The Champions programme launched during higher levels of pandemic restrictions and to date activities have been primarily online/networks information sharing and feedback.

18 To date 29 different messages have been shared by Champions – some e.g. Hands Face Space / stay home messages have been shared multiple times. Champions report that some of their messages are being reshared across social media over 1000 times per message.

19 Champions have sought clarification on 39 enquiries they have received from their communities /networks including queries around vaccination opportunities, PPE and care home visiting.

20 The Champions programme is represented at the Community Spike Outbreak Management Group and Champions have carried out reactive information sharing to/from communities where areas of exceedance have been identified. This local insight has helped to shape targeted responses and communication messages and Champions have supported collaborative community engagement in these areas.

Next Steps

21 As the pandemic progresses the Champions programme continues to evolve and respond to issues identified within communities. Key next steps for the programme include:

(a) Review and refresh of the current training programme and development of new modules around vaccination and testing
(b) Continued Champion recruitment across the county with targeted recruitment in areas where uptake is currently lower
(c) Continued collaboration within communities and engagement with DCC COVID specific teams and wider locality partners
(d) Review and refresh of the Champions programme website to include Champions stories and examples of good practice
(e) Development of proactive Champions locality action plans as measures set out within the Spring 2021 Road Map ease and communities and activities within communities resume e.g. schools, workplaces. community venues and leisure activities.
(f) Continued promotion of key generic and targeted messages and promotion of vaccination and asymptomatic testing programmes with a focus on reducing inequalities.

Author(s)

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Appendix 1: Implications

Legal Implications

No implication

Finance

No implications as costings are within service delivery

Consultation

Not applicable

Equality and Diversity / Public Sector Equality Duty

The Champion programme is an inclusive programme and we will support all people to develop in ways that best suit their person and/or professional circumstances

Climate Change

No implications

Human Rights

No implications

Crime and Disorder

Community Champions will flag Covid compliance issues to Environmental Health and Consumer Protection / Outbreak Control teams

Staffing

Covid Champions are volunteers and are managed by a Coordinator who withs within the Public health Team

Accommodation

No implications

Risk

Without trust, our communities and businesses will not believe, or act on information and will be less inclined to work with us to develop locally appropriate prevention, control and response measures. Risks include lack of co-operation, loss of trust with local and national government and, as more

time passes, pandemic fatigue and a reduction in compliance with measures in place to limit virus transmission.

Procurement

No implications

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County Durham Together

Better for everyone

County Durham Health & Wellbeing Board

Better for everyone

County Durham Together
COVID-19 Community Champions

Background

- Recognise the importance of trusted information and feedback flows between local communities, LA and key partners
- Key element supporting delivery of County Durham COVID-19 Local Outbreak Control Plan
- Underpinned by our Wellbeing Principles
- COVID-19 Community Champion programme is ***one element*** within our wider engagement and communication strategies.
- Programme acknowledges different people will share and take on information from different sources / networks – ‘trusted voices’

Recruitment & launch

- Soft launch / recruitment Autumn 2020

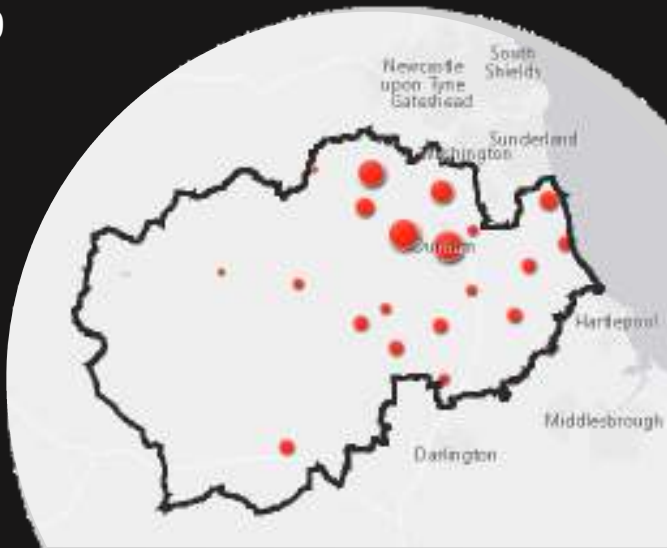
- Full Launch Health & Wellbeing Board November 2020
  - 29 people ‘pre-pledged’
  - Mass social media post
  - Radio interview

- Interdependencies
  - Strong links to Community Hub, Outbreak Control team, DCC COVID-19 Awareness Co-ordinators, COVID Compliance Officers, AAPs, VCS, Neighbourhood Wardens, elected members

- Programme Lead within Public Health team
  - Currently 84 actively engaged (incl. elected members)
  - 46 Champions
  - 38 Champion Plus
  - 4 temporarily paused

Champion shares to/from 20 people

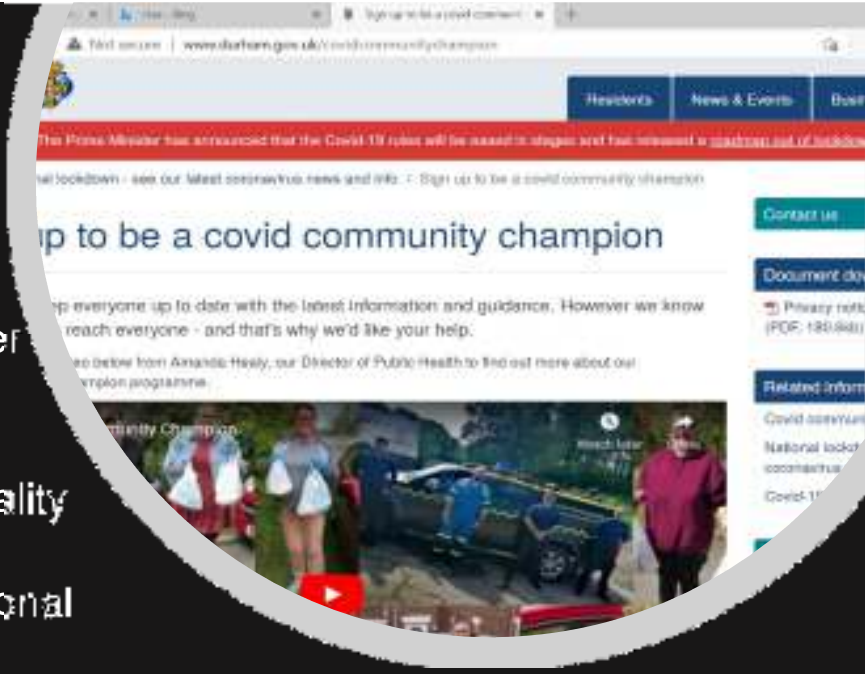
50 Champions share to/from 1000 people



Induction & support

COVID-19 Community Champions Plus

- Fully supported DCC Volunteer offer and induction process (Volunteer Durham Programme Culture Sport & Tourism
- Rolling programme (fortnightly/evening) training session
- Chose a locality to be assigned to and rolling programme regular locality coffee evenings with guest speakers
- Access to additional volunteering opportunities, training and professional development if interested
- Regular emails and newsletters



COVID-19 Community Champions

- Rolling programme (fortnightly) online group induction session / outline handbook/ comms charter – roles and responsibilities
- Chose locality to be assigned to and option to attend – regularly / ad hoc:
  - rolling programme (fortnightly/evening) training session
  - rolling programme regular locality based coffee evening

Training

- Developed in partnership with CDDFT NHS FT Wellbeing For Life team
- Delivered online to group by Programme Lead - slide set shared post training
- 6 micro-modules:
  - What is COVID-19
  - Everybody play their part
  - Face coverings
  - Wider wellbeing and COVID-19
  - Making Every Contact Count
  - Champion / Champion Plus roles

- Training attended by COVID-19 Awareness Co-ordinators; EHCP Compliance Officers, Neighbourhood Wardens

Champions Activity

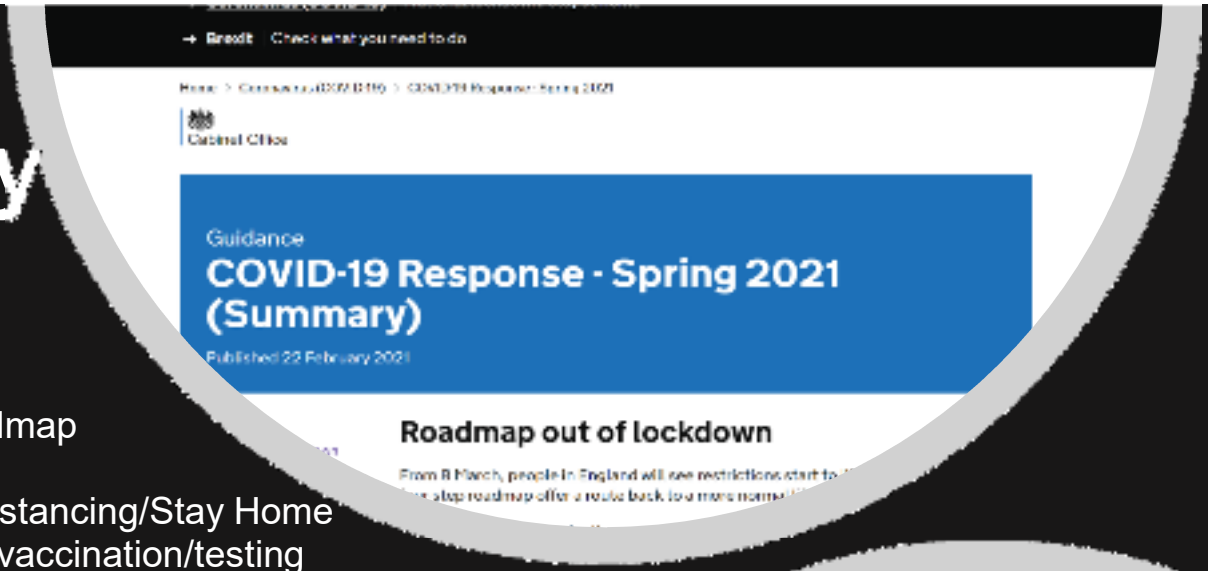
Sharing to and from communities

- Generic information
  - Xmas bubbles / support bubbles
  - Tier movement / lockdown / spring 2021 roadmap
  - Community mood / pandemic fatigue
  - Key messages: Hands Face Space/Social Distancing/Stay Home
  - Opportunities for community engagement – vaccination/testing

- Targeted - Spike / Outbreak support
  - Feedback around community behaviour
  - Local information sharing when spike identified – community transmission/ setting only transmission
  - Specific questions raised: PPE/Care Home visiting/vaccination eligibility

Specific Tasks / wider opportunities

- Champion website review group
- Vaccination information/communication task group
- Vaccination and community test centre volunteers
- Preparedness for potential need – e.g. ‘surge testing’



One Size Does Not Fit All

It is important that we engage with all communities across the county as we recognise the importance of reaching all residents.

Each Champion will share information in their own way, some will share with their friends and family, some will share via community groups, some will use social media, some will attend events etc.

Lessons learned & future plans

- Nothing stands still – review, refine, evaluate
  - Training updates – SI dates
  - Additional training modules
    - Testing / Vaccinations
  - Website review
  - Proactive calendar of guest speakers

- Further develop Champion identity
  - Social media template / email banner

- Continued recruitment and wider engagement
  - Localities – countywide coverage
  - Specific target populations / young people
  - Businesses - Tesco, CDDFT, HDFT
  - Further develop partnerships and engagement opportunities

- Further develop locality connections
- AAPs/ VCS/ mutual aid / Police PCSOs
- Support for community/surge testing

Thank You

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Health and Wellbeing Board

18 March 2021

County Durham's Approach to Wellbeing – Update on Progress of the Academic Evaluation

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 division(s) affected:

Countywide.

Purpose of the Report

1 The purpose of this report is to notify members of the Health and Wellbeing Board that they will receive a presentation which will give an update around the progress to date of the academic evaluation of the County Durham Approach to Wellbeing in conjunction with Teesside University.

Executive summary

2 The presentation outlines the findings and recommendations from Phase 1 of the Approach to Wellbeing evaluation.

3 The presentation outlines the plans and timescales for Phase 2, Phase 3 and Phase 4 of the evaluation and the reasons for doing it this way given the current limitations created by the pandemic.

Recommendation

4 The Health and Wellbeing Board is recommended to:

(a) Receive the presentation and make comment, where necessary at the meeting on 18 March 2021.

Background

5 The County Durham Approach to Wellbeing has been adopted by the Health and Wellbeing Board as a means of ensuring all organisations and services within the county consider wellbeing as a common currency; it includes everything that is important to people and their lives. It is designed to ensure we involve people in decisions that affect them and devolve power to people, and the act of doing so, then has an impact on people's wellbeing. This will invoke a culture where the wellbeing of the County's residents is considered in every decision that is made whether this be regarding decisions about people or places or the systems designed to support them.

6 The Approach to Wellbeing is aligned to the County Durham Vision and it's three ambitions of:

- More and Better Jobs
- People Live Long and Independent Lives
- Connected Communities

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

8 Our approach has people and places at its heart. Working with communities, building on the assets of those communities, supporting the positive development of the neighbourhoods that people live in and fostering the resilience and empowerment of these communities through the support offered to everyone, and importantly to those who are most vulnerable.

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

10 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.

11

12 The presentation to the Health and Wellbeing Board outlines the findings and recommendations from Phase 1 of the Approach to Wellbeing evaluation and also outlines the plans and timescales for future phase of the evaluation.

Conclusion

13 Members of the Board will be aware of the findings and recommendations from Phase 1 of the evaluation, and will have an understanding of plans and timescales for the roll out of Phases 2, 3 and 4.

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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

[1] Health and Social Care Act 2012

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.

Approach to Wellbeing Evaluation

Presentation of Interim Report March 2021

Cat Miller
Approach to Wellbeing Programme Manager

County Durham Health & Wellbeing Board

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THE PRIMARY AIM OF THE EVALUATION IS TO EVALUATE THE IMPLEMENTATION OF THE COUNTY DURHAM APPROACH TO WELLBEING.

THE EVALUATION WILL TAKE PLACE IN FOUR PHASES.

Phase 1:

- A retrospective review of early adopters

Phase 2:

- Using the A2WB within the COVID-19 Community Hubs: A Case Study

Phase 3:

- A contemporaneous chronicle of activities pertaining to community engagement, including testing, further development and refinement of the wellbeing principles, alongside the co-production of the evaluation objectives themselves

Phase 4:

- Collation of both qualitative and quantitative information and data to determine the longer term impact of the introduction of the A2WB on health and wellbeing of local communities. This will also include exploration of how A2WB is implemented 'post COVID-19

Phase One Methods

- Interviewees were recruited from the staff that have been involved in developing and using the wellbeing approach and its self-assessment framework
- 12 members of DCC staff and external partners were invited to attend a focus group or interview, with seven taking part
- Two focus groups and two interviews took place remotely via Microsoft Teams
- The interviews were audio recorded and analysed for the identification of themes

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Findings – Five Key Themes

1) Understanding the wellbeing approach

2) Challenges to engaging with and using the wellbeing approach

3) The impact of the wellbeing approach so far

4) Developing the wellbeing approach

5) Suggestions for implementation

Recommendations

- **Recommendation 1:** The soundbites model needs to be developed so that it can be understood at a community level. The first development was theoretical, and the second stage of revisions was to help with practical implementation. Further work is now needed to be able to communicate at the community level.

- **Recommendation 2:** There is fatigue in the community after the first phase of lockdown. It is perhaps not the right time to approach and involve the community in the next stage of model development. Therefore, it is suggested that the team start with a community of interest to develop the soundbites model. Asking '*What do these six principles mean to you? How will your community respond?'*

- **Recommendation 3:** Make sure there is a good geographical spread when working with the selected community of interest (and beyond). Go to the north, central and south of County Durham, to cover rural, semi-rural and urban areas.

- **Recommendation 4:** The framework and model needs to be driven from the top, to ensure buy-in to trickle down, and that staff have the necessary directive within their workload.

Recommendations

- **Recommendation 5:** Both the framework and model need to be presented for various perspectives, not just a public health angle. The framework/model introduced needs to cut across departments and sectors. How can it translate to other services, such as the NHS?

- **Recommendation 6:** When refining the soundbites, thought needs to be given to how communities will understand the language. For example, Principle 5 uses the phrase ‘co-designed’- what does that mean? There potentially needs to be an explanation of terminology.

- **Recommendation 7:** Consideration also needs to be given to the language used in the model, as it needs to be appropriate across multiple sectors and organisations (e.g. using the word communities v patients). Principle 6 says ‘health and social care’, but the A2WB is for use across more than just this sector.

- **Recommendation 8:** There is the potential to add a section at the end of the self-assessment framework, which measures outcomes. An example given was about ‘accountability’, with a question on ‘*Possible next steps and agreed timescales’.*

- **Recommendation 9:** Worked, practical examples are needed, which shows how other sectors and organisations have applied principles and framework to their service area.

Next Steps with Data Collection/Analysis and Report Writing

- *Phase 2- case studies*
- This is currently an ongoing, concurrent piece of work, with a view to the case studies being completed by April 2021

- *Phase 3 – Working with a community of interest; COVID-19 champions*
- *This consists of three elements; observations of the COVID-19 champions during their A2WB training (March 2021); two focus groups with COVID-19 champions (June 2021); and finally the completion of a questionnaire by COVID-19 champions, (September 2021).*

- *Phase 4* – this is currently being developed, with a view to submitting an ethics application in April 2021

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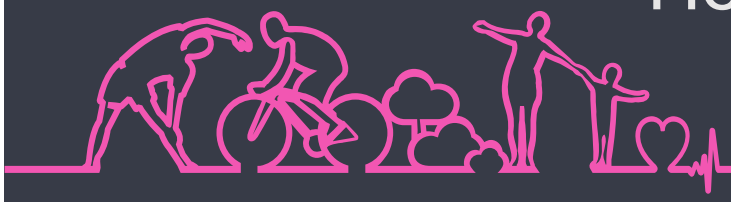
Key Campaigns Winter 2020/21

Covid-19
Alcohol
Mental Health
Healthy Start



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COVID -19

Proactive / Prevention work

- Regular social media, outdoor ads, updated web pages, linking to the latest government information / announcements.
- Including LA7 Campaign and targeting communications from Covid educator and Covid champions using data from Spike Tool.

Covid Vaccine

- Communications and stakeholder briefings in progress for County Durham large vaccine centre.
- Next phase of vaccine roll out aimed at hard to reach groups and younger members of community to engage in vaccine programme using visual messages.

CYP/Schools

- LFD Testing video for schools to support staff testing in schools,
- Visual guide for parents developed self-isolation for children

Alcohol – Not The Answer

Supporting key health message “Alcohol - Not the Answer” which launched again on February 1 for three weeks in response to concerns about rising levels of alcohol consumption considered likely to be as a result of pressure and anxiety during COVID.

Acknowledging provisional figures released by the Office for National Statistics showing that alcohol specific deaths in the North East increased by 15% in the first nine months of 2020.

Key Messages

- Underlines that alcohol is linked to cancer, stroke, heart disease, anxiety and stress.
- Alcohol can weaken the immune system and reduces the ability to cope with infectious diseases such as Covid.
- Practical advice to cut down, encourage people to try our Alcohol Units Quiz and to download the PHE Drink Free Days app.

The campaign runs for three weeks across the LA7 area.

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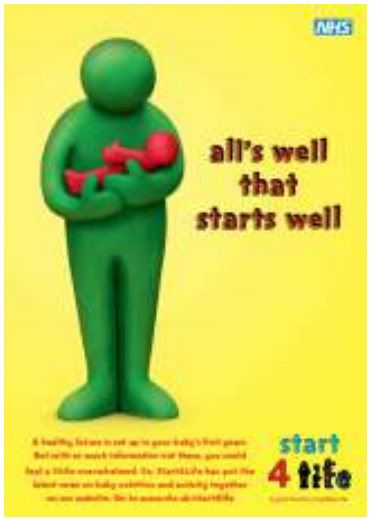
Mental Health

Research shows that since the start of the pandemic there has been an increase in a range of mental health conditions for adults, from low wellbeing, sleep problems and anxiety to depression.

Campaigns:

- Every Mind Matters campaign supported the nation's mental wellbeing with the encouragement that "When things aren't so good out there, make inside feel better"
- Time To Talk day 4 February promoted via BHAWA partnership, internal comms promoting staff wellbeing
- Children's Mental Health week 1 – 7 February. Supported Place2Be's campaign raising awareness of the importance of children and young people's mental health

March 2021 - Healthy Start to Life approach



Staying healthy in pregnancy:

- Proactive pre and during pregnancy advice
- “Healthy Start” vouchers scheme - help you give your children a great start in life.
- Screening/vaccination
- Emotional changes during pregnancy
- Breastfeeding

Key messaging

- Quit smoking
- No alcohol
- Awareness of domestic abuse

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HEALTH AND WELLBEING BOARD

COUNTY DURHAM COVID-19
18 MARCH 2021

AMANDA HEALY
DIRECTOR OF PUBLIC HEALTH

County Durham
Health &
Wellbeing
Board

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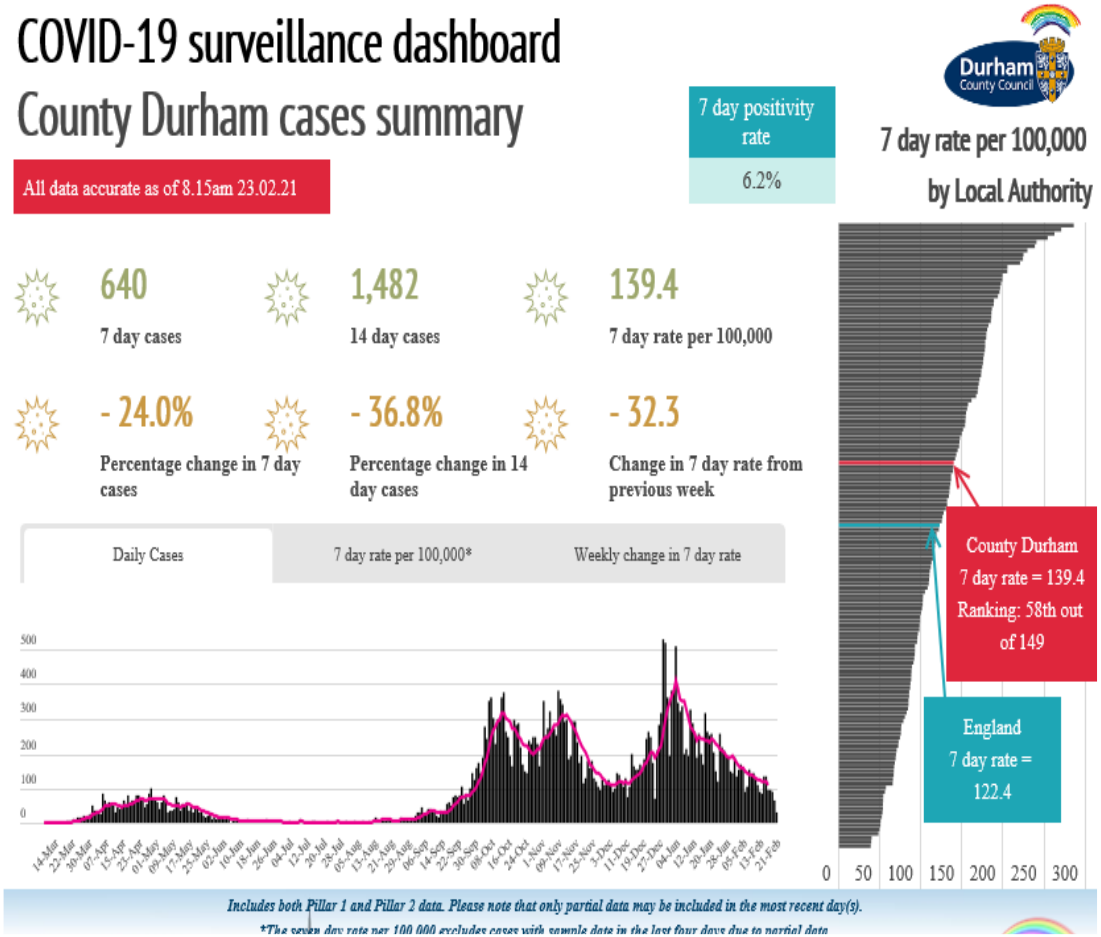

COVID 19 DATA

The latest figures are available by using the local County Durham Covid-19 dashboard. Find information on:

- Summary of cases
- Cases by age band
- Hospital bed/ICU occupancy
- Covid-19 deaths
- Local rates (MSOA)

As of 23 February 2021 County Durham's 7 day rate has decreased to 139.4 per 100,000

LOCAL COVID UPDATE

Third National Lockdown
In response to a steep rise in cases and transmission, new variants and growing admissions to hospital.

New UK Variant
first detected in the South East - first 'Variant of Concern'. 30-50% more transmissible. No evidence of increased risk of illness, control measures remain the same.

Local Developments and Innovation
Local Tracing Partnership aligned to Community Hub taking local control of Test and Trace who have been lost to contact from the national team.
Spike Detector Tool – identifying very local areas (MSOAs) where rates are exceeding expected numbers.

Vaccination Programme

Progressing well through the NHS priority list. By 15 Feb, offered/vaccinated all over 70s and the clinically extremely vulnerable group. Next priority group - the over 65s progressing

County Hall Vaccination centre offering 500 vaccines a day. Over 5000 people vaccinated so far. Vaccines currently paused.

PCR and LFD Testing

Good coverage of PCR testing for those with Covid symptoms. Launched asymptomatic LFD testing 22 February

Settings
- Education – Public Health support to case manage positive cases and introduce LFD testing.
- University – close working relationship/multi-agency response to issues.
- Care homes – wrap around DDC support with outbreak control for complex setting.
- Prisons – managed by HMP and supported by local Public Health.
- Workplaces – complacency issues, nightshift and car sharing

Funding
Support our response to Covid, internally for staffing, outbreaks, compliance and testing, Externally for financial grants, loans for businesses, furlough, self-isolation payments, welfare grants etc.

Outbreaks
Managing outbreaks with OCT teams covering all settings. Preventing outbreaks through early detection and intervention (local spike detector tool).Building resilience, providing support from Covid awareness teams, Covid Champions – based on wellbeing principles

Regional oversight
LA7 providing a stronger North East regional voice.

Evidence led work
Data and intelligence analysis, including local data, PHE/CCDFT/CCG data.

NEXT STEPS – ROUTE OUT OF LOCKDOWN

Government announcement 22 February 2021:
- 4 step roadmap to ease restrictions
- minimum 5 weeks between each step
- Each step assessed against 4 tests

Step 1: from 8 March
- Return to face to face education including students on practical courses
- Wraparound childcare/supervised children's activities resuming
- Care home residents allowed; 1 regular visitor
- Stay at Home remains; allowed recreation outdoors

From 29 March
- Rule of 6 or 2 households for outdoor gatherings
- Outdoor sports facilities allowed to reopen
- Formally organised outdoor sports allowed
- Stay at Home order will end, some lockdown restrictions will remain

Step 2: from 12 April
- Non essential retail, personal care premises and public buildings will re-open
- Outdoor attractions and settings to reopen
- Indoor leisure facilities reopen for people on their own or within households
- Hospitality services can serve outdoors only
- Self-contained accommodation to reopen
- Funerals continue with up to 30 people with 15 allowed to attend weddings, receptions and wakes.

Step 3: from 17 May
- Outdoors, social contact rules lifted; over 30 people remains illegal.
- Outdoor performances will reopen
- Indoors, the rule of 6 or 2 households will apply but to review
- Indoor hospitality, entertainment venues, remainder of accommodation sector, and indoor adult group sports and exercise classes will reopen
- Larger performances and sporting events in indoor venues with a capacity of 1,000 people/half-full allowed.
- Outdoor venues with a capacity of 4000 people/or half-full will be allowed.
- Larger outdoor seated venues, up to 10,000/quarter-full
- Up to 30 people can attend weddings, receptions wakes and funerals, including bar mitzvahs and christenings.

Step 4: from 21 June
- Anticipated all legal limits on social contact can be removed.
- Reopen nightclubs, and lift restrictions on large events and performances that apply in Step 3.
- Guided decisions on whether all limits can be removed on weddings and other life events.

Quality Assurance of the Local Outbreak Control Plan
- Further £400 million funding for the Contain Outbreak Management Fund (COMF) from 1 April, total COMF support across 2020-21 and 2021-22 to £2 billion.
- Funding covering further public health activities in 2021-22, further details to follow
- In March, updated COVID-19 contain outbreak management framework for local areas to be published to continue to prevent, contain and manage outbreaks.
- Framework to include details of enhanced toolkit of measures to address Variants of Concern.

Questions from members of the public

- What is the Test and Trace payment progress?
- What is the eligibility for vaccines for “frontline” voluntary services?
- When can people can go further afield for travel?
- How can we access community Lateral Flow Device Testing?

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