Health and Wellbeing Board

Date **Wednesday 11 May 2022**
Time **9.30 am**
Venue **Committee Room 2, County Hall, Durham**

Business

Part A

Items which are open to the Press and Public

1. Apologies for Absence
2. Substitute Members
3. Declarations of Interest
4. Minutes of the meeting held 29 March 2022 (Pages 5 - 16)
5. Integrated Care System Development Update: (Pages 17 - 34)

   Presentation of the ICB Chief Executive Designate, North East and North Cumbria.
6. Health and Social Care Integration:

   Verbal update from the Director of Integrated Community Services.
7. Health Protection Assurance Annual Report: (Pages 35 - 60)

   Report of the Corporate Director of Adult and Health Services, Durham County Council, and the Director of Public Health, Durham County Council.
8. Updated SEND Strategy for County Durham 2022-2024: (Pages 61 - 102)

   Report of the Corporate Director of Children and Young People's Services, Durham County Council.
9. Child Death Overview Panel: (Pages 103 - 130)

   Report of the Director of Public Health, Durham County Council.

10. Update on Transforming Care: (Pages 131 - 148)

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

11. Health and Wellbeing Board Campaigns: (Pages 149 - 152)

    Presentation of the Director of Public Health, Durham County Council – for information only.

Local Outbreak Engagement Board

12. Local Outbreak Control Plan Update: (Pages 153 - 162)

    Presentation of the Director of Public Health, Durham County Council.

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

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

Part B

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

15. Pharmacy Applications: (Pages 163 - 170)

    Report of the Director of Public Health, Durham County Council.

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
3 May 2022

To: The Members of the Health and Wellbeing Board

Durham County Council

Councillor P Sexton (Chair), Councillors R Bell and T Henderson

J Robinson	**Adult and Health Services, Durham County Council**
J Pearce	**Children and Young People's Services, Durham County Council**
A Harhoff	**Regeneration, Economy and Growth, Durham County Council**
A Healy	**Public Health, County Durham Adult and Health Services, Durham County Council**
Dr S Findlay	**County Durham Clinical Commissioning Group** (Vice-Chair)
Dr J Smith	**County Durham Clinical Commissioning Group**
N Bailey	**County Durham Clinical Commissioning Group**
L Buckley	**North Tees and Hartlepool NHS**
F Jassat	**Foundation Trust**
	County Durham Clinical Commissioning Group
S Jacques	**County Durham and Darlington NHS Foundation Trust**
J Illingworth	**Tees, Esk and Wear Valleys NHS Foundation Trust**
P Sutton	**South Tyneside & Sunderland NHS Foundation Trust**
C Cunnington-Shore	**Healthwatch County Durham**
M Forster	**Harrogate and District NHS Foundation Trust**
M Laing	**Director Integrated Community Services**
S White	**Office of the Police and Crime Commissioner**
S Helps	**County Durham and Darlington Fire and Rescue Service**

Contact: Martin Tindle **Tel: 03000 269 713**

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DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in **Council Chamber, County Hall, Durham** on **Tuesday 29 March 2022** at **9.30 am**

Present:

Councillor P Sexton (Chair)

Members of the Board:
Councillors R Bell and T Henderson and Levi Buckley, Chris Cunnington-Shore, Dr Stewart Findlay, Amanda Healy, Jennifer Illingworth, Michael Laing, Suzanne Lamb, Stephen White, John Pearce and Peter Sutton

1 Apologies for Absence

Apologies for absence were received from N Bailey, M Forster, J Gillon, L Hall, S Helps, S Jacques, F Jassat, J Robinson, and Dr J Smith .

2 Substitute Members

There were the following substitutes: J Foggin for S Jacques; L Buckley for J Gillon and S Lamb for M Forster.

3 Declarations of Interest

There were no declarations of interest.

4 Minutes

The minutes of the meeting held on 10 January 2022 were agreed as a correct record and signed by the Chair

5 Health and Social Care Integration

The Board received a presentation from the Director of Integrated Community Services, Michael Laing on progress with Health and Social Care Integration (for copy see file of minutes).

The update included information relating to the background, including the cessation of CCGs from July 2022 and the developments on the Integrated Care Board (ICB), the Integration White Paper, the Joint Committee Proposal for County Durham, and the Integration Programme, including the principles and the shared vision across the Partnership which was “to bring together health and social care as well as voluntary organisations to achieve improved health and wellbeing for the people of County Durham".

The Chair noted the Board had provided comments on the draft Operating Model and asked as regards the key dates moving forward before 1st July. The Director of Integrated Community Services noted he understood the operational model would be finalised by 31 March, with NHS England consulting in April/May. He added Sam Allen, Chief Executive of the ICB and Professor Sir Liam Donaldson would meet 28 April, with staff to be in place by mid-June. The Chair noted to invite the Chief Executive to a future meeting of the Board. Dr Stewart Findlay noted the importance of place. Councillor R Bell agreed with Dr Stewart Findlay and noted it would be helpful for the Board to be introduced to all the new appointment involved in the ICS. He noted the structures were complicated and that it would be helpful to have clear mapping of the people and responsibilities. The Director of Public Health, Amanda Healy noted that weekly newsletters were circulated to the Members and noted work in terms of health inequalities, responsibilities and noted issues to look at going forward, including how to deal with issues at scale such as tackling tobacco, whilst still delivering at place, locally and therefore feed into integrated Care Partnerships.

Resolved:

That the presentation be noted.

6 Can smoking really end?

The Board received a presentation from the Director of Fresh and Balance, Ailsa Rutter OBE on tackling smoking, asking ‘can smoking really end?’ (for copy see file of minutes).

The Director of Fresh and Balance explained as regards the history of smoking, including information on smoking in particular groups, those in manual occupations, with mental health conditions / mental illness, substance misuse issues and pregnancy. She explained that since 1971, almost 8 million lives have been lost to tobacco, and 50 percent of all deaths in the last 50 years have been due to the tobacco industry. She explained that it was felt that smoking could be addressed, and that there were some real positives for smoking cessation in Durham, however, bold action was needed.

The Board noted ten high impact actions for the Local Authorities and partners were to:

1. Prioritise health inequalities
2. Work in partnership especially regionally
3. Support every smoker to quit
4. Communicate the harms and the hope
5. Promote harm reduction
6. Tackle illicit tobacco
7. Promote smokefree environments
8. Enable young people to live smokefree
9. Set targets to drive progress
10. Protect and promote progressive tobacco control policy

The Director of Fresh and Balance noted some low cost policy intervention suggestions to de-normalise smoking, including:

- Quit messaging on individual cigarettes and in packs
- Regulating e-cigarettes and other nicotine products to protect young people while helping adult smokers to quit
- Consider raising the age of sale for tobacco products from 18 to 21: Almost all smokers (95%) begin smoking before they turn 21
- Raising age of sale to 21 would reduce smoking rates in 18-20 yr olds by ~30%

The Director of Fresh and Balance concluded by noting the Board could help by endorsing the report of the All Party Parliamentary Group Report on smoking and supporting the work of the many partners involved.

Councillor T Henderson noted that smoking in pregnant women was still an issue in County Durham, with 15.5 percent smoking at the time the baby was born. He asked how Fresh were supporting a reduction in rates and if there was anything that could be done differently. The Director of Fresh and Balance noted there were fewer females smoking and the numbers were improving, however, better identification of smokers was an issue and having a holistic approach in terms of stop smoking support with Midwifery and support services. She added that if there were more funding, year round campaigns could be implemented, which had been in the past, though funding may have to be requested from Government. She noted there was not one magic solution in tackling the issue.

Councillor R Bell asked if there was an update on the case for making the “polluter pay” and placing a levy on the tobacco industry to fund work to reduce the number of people who smoke.
The Director of Fresh and Balance noted there had been a vote in the House of Lords last week, with the majority in favour, with an amendment currently with the House of Commons.

She added that there was a need to be bold and not let the companies get away with not paying. The Chair noted the update and the Board agreed to drafting a letter to MPs to support the work.

Resolved:

That the presentation be noted.

M Laing left the meeting at 10.13am

7 Review of the Mental Health Strategic Partnership and the governance of Mental Health and Wellbeing across County Durham

The Board received a report of the Chair of the County Durham Mental Health Strategic Partnership, Mike Brierley, on the review of the Mental Health Strategic Partnership (MHSP) and the governance of Mental Health and Wellbeing across County Durham (for copy see file of minutes).

The Chair of the MHSP updated the Board on the work in delivering on 19 key priorities within the operational plans under the following five workstreams: Children and Young People; Suicide Prevention; Crisis Care Concordat; Dementia; and Resilient Communities Group. The Board noted that a Health Impact Assessment on health inequalities was undertaken during lockdown, which identified that mental health and emotional wellbeing remains a key priority for the system. The Chair of the MHSP noted that newly emerging mental health structures were set out in the report and included:

- The County Durham Prevention Board, which included a number of campaigns and an Employee Assistance Programme.
- The Community MH Framework, and the development of a multi-agency steering group in Durham to move work forward and provide system oversight.
- Mental Health Alliance will go live on 22 April 2022, with the aim of co-producing and coordinating a range of services for those with MH needs.
- County Durham Covid Resilience team
- Work with the community and voluntary sector

The Chair of the MHSP explained that the North East and North Cumbria (NENC) Mental Health programme was one of nine delivery programmes developed by the NENC ICS to ensure mental health was fully integrated and added there were five workstreams under the NENC ICS to promote mental health transformation:

1. Starting Well – Children and Young People
2. Community Transformation
3. Parity of Esteem - for mental health and physical health
4. Health Inequalities
5. Suicide Prevention

The Chair of the MHSP noted four options for the MHSP had been considered, as outlined in paragraph 9 of the report, with Option C being the preferred choice, to refresh the MHSP's role and remit in response to system-wide changes, including membership and terms of reference.

Councillor T Henderson noted that COVID-19 had a big impact and noted children and adolescent mental health services (CAMHS) was often seen as the only place young people can access for mental health needs, however there were lots of other services available in communities. He asked how that information was being shared with young people, schools, parents and residents. The Chair of the MHSP noted CAHMS had been seen historically as the "go-to" as regards children and young people's mental health issues. He noted 95 percent of children were in school and there was positive work in supporting the child, families and carers and noted there needed to be a holistic approach, not just specialist services. He noted an area that would help would be to reduce the waiting times to see specialist services and noted parental support from the Rollercoaster Support Group. The Corporate Director of Children and Young People agreed with the Chair of the MHSP that the work in relation to children and young people's mental health was critical and supported Option C as outlined in the report. He noted the challenges in terms of social model and clinical approach, and a broader approach in terms of mental health and wellbeing. He added he felt the MHSP and Children's Board were key and reiterated the significant challenges.

Councillor R Bell noted that County Durham had a great cultural offer, as could be seen from the City of Culture Bid which had progressed to the next stage. He asked how we could better link the positive impact that cultural experiences can bring for the benefit of people's mental health and wellbeing. The Chair of the MHSP noted it was essential that we try and noted some of the best work he saw came from such experiences, which helped to drive people forward and had positive mental health impacts.

The Director of Public Health noted her support for Option C and the amount of work undertaken by the MHSP. She noted the opportunities linked to the City of Culture bid, especially post-COVID-19, working with culture and health and wellbeing, work with suicide prevention, in a holistic approach. She noted the programmes and whether they were reaching the right young people and families, therefore work with the Children's Partnership was felt to be a step in the right direction.

Resolved:

That the Board:

(i) Note the contents of the report.
(ii) Considered the progress of the current 5 MHSP workstreams.
(iii) Note the development of the new initiatives developed in direct response to Covid.
(iv) Reflected on the interface with Darlington when considering crisis care and other services which cover a wider geography.
(v) Endorse the recommendation for Option C to refresh the role and remit of MHSP to progress a whole-system approach to mental health and wellbeing across County Durham.

8 Inclusive Economic Strategy

The Board received a report and presentation of the Corporate Director of Regeneration, Economy and Growth on the Inclusive Economic Strategy, presented by the Regeneration Policy Team Leader, Glenn Martin and the Public Health Strategic Manager, Mick Shannon (for copy see file of minutes).

The Board were informed the strategy was being completed using a three stage process:

1. Economic Review
2. Economic Statement; document to inform conversations on the strategy This provides details of the 5Ps framework that will be used to structure discussions with stakeholders:
    a) People
    b) Prosperity
    c) Places
    d) Promotion
    e) Partnerships
3. Conversation with stakeholders and partners and strategy development, with the draft strategy out for consultation in Summer 2022, with the final version in place by the end of 2022.

The Board learned that to ensure the views and aspirations of a wide range of stakeholders are understood a consultation exercise was launched in January 2022 called ‘our Big ECON-versation’ which was an online survey running until 22 April 22.

Councillor R Bell noted the Board's performance framework for the Joint Health and Wellbeing Strategy included the indicator to decrease the overall levels of employment and close the gap for employment of people with disabilities and the general population. He asked how that work would be supported by the Inclusive Economic Strategy. The Regeneration Policy Team Leader noted that the co-production was key, working with Public health colleagues, albeit it was traditional to include awareness of long-term health issues that existed in pocket within the county. The Public Health Strategic Manager agreed co-production was important, as was having an action plan, as well as working with partners to be able to hear from the disenfranchised. The Regeneration Policy Team Leader noted that many schemes were EU funded and therefore there was a need to ensure that there were such allocations from the new UK Shared Prosperity Fund (SPF).

Councillor T Henderson noted the pandemic had a big impact on those people who were mature and experienced, with many deciding to leave the workplace, leaving a gap in knowledge and skills. He asked how would we work to engage the workforce for longer through the Strategy. The Regeneration Policy Team Leader noted there was a challenge and Business Durham were speaking to businesses to help support them, as were the local Enterprise Agencies. He noted the business breakfast taking place this morning as an example. The Public Health Strategic Manager noted that from the public health side it was important to understand people were living longer and to try and make County Durham an attractive place for people to come and work, as well as recognising the skills and talents of older workers.

The Director of Public Health noted that there were a large number of employers in the room and asked what role the Council and NHS could play. The Regeneration Policy Team Leader noted there was already a lot of work with both as employers and noted the benefit of strengthening existing partnerships. The Public Health Strategic Manager noted public health pursuing new areas relating to economy and health with a new specialist, noting work with the NHS and University with further details to be brought back to the Board.

Resolved:

That the Health and Wellbeing Board consider the process and provide any comments on key areas to be considered as part of 'Our Big Econ-versation'.

9 Healthwatch County Durham - Annual Report 2020/21 and Workplan 2021/22

The Board received a report of the Chair of Healthwatch County Durham, Chris Cunnington-Shore on the Healthwatch County Durham - Annual Report 2020/21 and Workplan 2021/22 (for copy see file of minutes).

The Board noted that while the work of Healthwatch County Durham was significantly impacted by the Covid pandemic, reports were published about the improvements people would like to see in relation to health and social care on:

- Access to GP services
- Pharmacy services
- Life in a Domestic Abuse refuge during the COVID 19 pandemic
- COVID-19 vaccination programme

The Board noted the ongoing priorities for Healthwatch County Durham which were carried forward from 2021-22:

- Gathering the experiences of children and young people accessing Mental Health support
- Gathering the experiences of people accessing Home Care Services
- Undertaking targeted work with seldom heard groups accessing primary care
- Publishing the results of the survey we conducted into registering with an NHS dentist
- Following up the recommendations made in our reports to see which recommendations have been adopted by service providers
- Undertaking a dedicated piece of work with volunteers and the public creating some video diaries, highlighting their experiences accessing Health and Social Care Services

The Chair of Healthwatch County Durham noted a public survey was underway to prioritise the following five topics for the next 12-18 months:

- Hearing about the experiences of people visiting loved ones in care homes and the impact of Covid restrictions on the Mental Health of people living in care homes
- The experiences of patients being discharged from hospital, including accessing patient transport from hospital to home. HW are currently in discussions with CDDFT about working together and have joined the Hospital Discharge Group.
- COVID-19 has had a significant impact on hospital waiting times and HW want people to share their experiences of what it has meant for them being on hospital waiting lists.
- Are patients getting information in an easy to understand way? Is the accessible information standard being used in Health and Social Care services?

- What are the experiences of patients accessing GP appointments and healthcare services? Are things improving?

Councillor T Henderson asked if there was any best practice around the country where there was a young people's Healthwatch function and was this something County Durham Healthwatch could explore. The Engagement and Signposting Lead, Healthwatch County Durham, Julia Catherall explained that Healthwatch County Durham went into schools in respect of mental health, with a report on Children and Young People's Mental Health available on the Healthwatch website. She noted that some volunteers were young people and some of the work included video diaries. She noted that Darlington Healthwatch had a young people's 'Youthwatch Darlington', however there was none currently for County Durham. The Chair of Healthwatch County Durham noted that a few years ago Healthwatch approached Durham University for volunteers and there had been some good interest, however this was just prior to the COVID-19 pandemic.

Resolved:

(i) That the Healthwatch County Durham Annual Report for 2020/21 be received
(ii) That the ongoing workplan priorities and the engagement topics for inclusion in the new workplan for 2022/23, which is currently out for public vote be noted.
(iii) That comments on the future work areas for Healthwatch County Durham to ensure further alignment to the Joint Health and Wellbeing Strategy be noted.

10 Health and Wellbeing Board Campaigns

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

- Covid 19
    - Key message and next steps
- Health harms and Wellbeing Services:
    - Tobacco / stop smoking / NHS better health quit smoking and breathe campaign
    - Alcohol / alcohol & cancer / NHS better health obesity campaign
    - Adult healthy weight / NHS better health obesity campaign
    - Mental health / simple acts of kindness to reduce loneliness and poor MH / Every Mind Matters lift someone out of loneliness campaign
- Summer campaigns

- Holiday activities with food
- Healthy start / MMR vaccine
- Physical activity / MOVE campaign, including links to the City of Culture bid
- Mental Health / stress awareness month

Resolved:

That the presentation be noted.

11 Local Outbreak Control Plan update, including questions from members of the public and stakeholders

The Board received a presentation from the Director of Public Health which provided an update on the COVID-19 Local Outbreak Management Plan (for copy of see file of minutes).

The Chair advised that the following responses to questions from members of the public and stakeholders would be published on the Council's website following the meeting.

P Sutton left the meeting at 11.12am

The Board was given an update on the mobile pop-up vaccination clinic evaluation report by Dr Stewart Findlay. He noted that it had been a very successful programme and demonstrated the fantastic work of partners from the Local Authority, NHS and Police. He noted the cost-effectiveness going forward, perhaps moving to more local delivery, though perhaps with a need for further pop-up clinic if there were any surge in cases.

The Board received a presentation from the Council's Occupational Health and Safety Manager, Kevin Lough and COVID PPE Manager, Paul Lawrence in relation to the work of the PPE Cell.

J Pearce left the meeting at 11.26am

The Chair noted the work of the PPE Cell had been one of the good news stories, with a very good team and he thanked them for their excellent work.

S White left the meeting at 11.28am

Resolved:

(i) That the report and presentations be noted.
(ii) That the work undertaken across the partnership to deliver vaccinations in areas of low uptake be recognised and the continued work in that regard be supported.

12 Exclusion of the Public

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

13 Pharmacy Applications

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

Resolved:

That the report be noted

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Update on ICS development

Durham Health and Wellbeing Board

NHS
North East &
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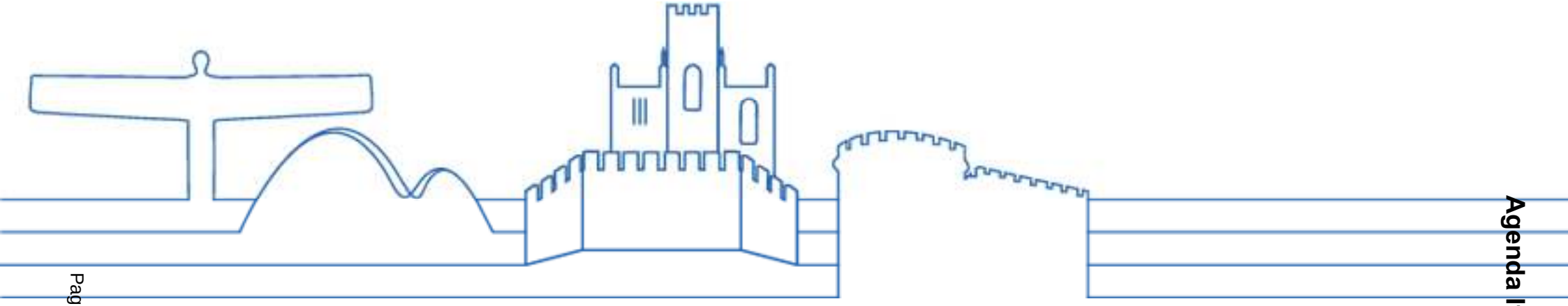
Sam Allen

ICB Chief Executive Designate



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The four main aims of ICBs

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.

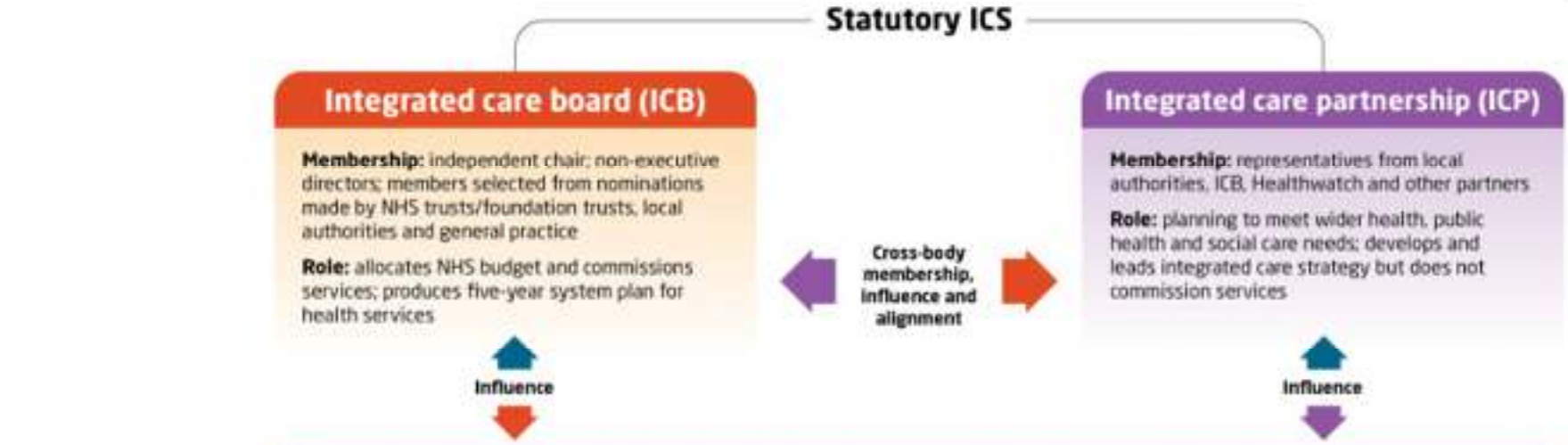
Key terminology

NHS
North East &
North Cumbria

- **Integrated Care System (ICS)** – the geographical area - e.g. the North East and North Cumbria - in which health and care organisations work together through the following bodies:
- **Integrated Care Board (ICB)** – the statutory NHS organisation that replaces our 8 CCGs, taking on their previous responsibilities to plan and deliver healthcare across the 13 upper tier local authorities (our 'places') in the ICS area. The ICB will delegate many of its functions to place level.
- **Integrated Care Partnership (ICP)** – a joint committee of the ICB and the 13 local authorities responsible for developing an **Integrated Care Strategy** built up from the needs assessments from each of our 13 places – that the ICB and the local authorities must 'have regard to' in planning and delivering services
- **Health and Wellbeing Board (HWBBs)** – a statutory sub-committee of each local authority, responsible for developing a Joint Strategic Needs Assessment (JSNA) for their local area, and a Joint Health Wellbeing Strategy. The ICB and its place-based teams will work with HWBBs as our CCGs do now.

Integrated Care System architecture

NHS North East & North Cumbria



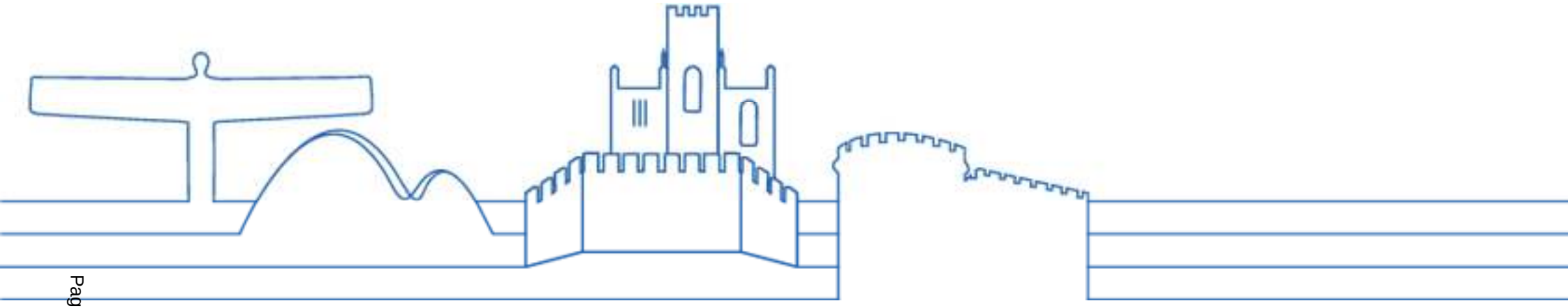
Partnership and delivery structures		
Geographical footprint	**Name**	**Participating organisations**
System Usually covers a population of 1-2 million	**Provider collaboratives**	NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, community and social enterprise (VCSE) organisations and the independent sector; can also operate at place level
Place Usually covers a population of 250-500,000	**Health and wellbeing boards**	ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level
	Place-based partnerships	Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care
Neighbourhood Usually covers a population of 30-50,000	**Primary care networks**	General practice, community pharmacy, dentistry, opticians

The King's Fund

Developing our Integrated Care Board

North East & North Cumbria

Membership, functions, and delegations to place



Guiding principles for ICB development agreed with our partners

NHS North East & North Cumbria

- Secure **effective structures** that ensure accountability, oversight and stewardship of our resources
- Create **high quality planning arrangements** to address population health needs, reduce health inequalities, and improve care
- Ensure the **continuity of effective place-based working** between the NHS, local authorities and our partners
- **Recognise our ICP sub-geographies** as a key feature of our way of working across multiple places
- Design the right mechanisms to drive improvements in **geographical areas larger than place-level**
- Highlight areas of policy, practice and service design where **harmonisation of approach** might benefit service delivery
- Maintain high and positive levels of **staff engagement and communication** at a time of major change

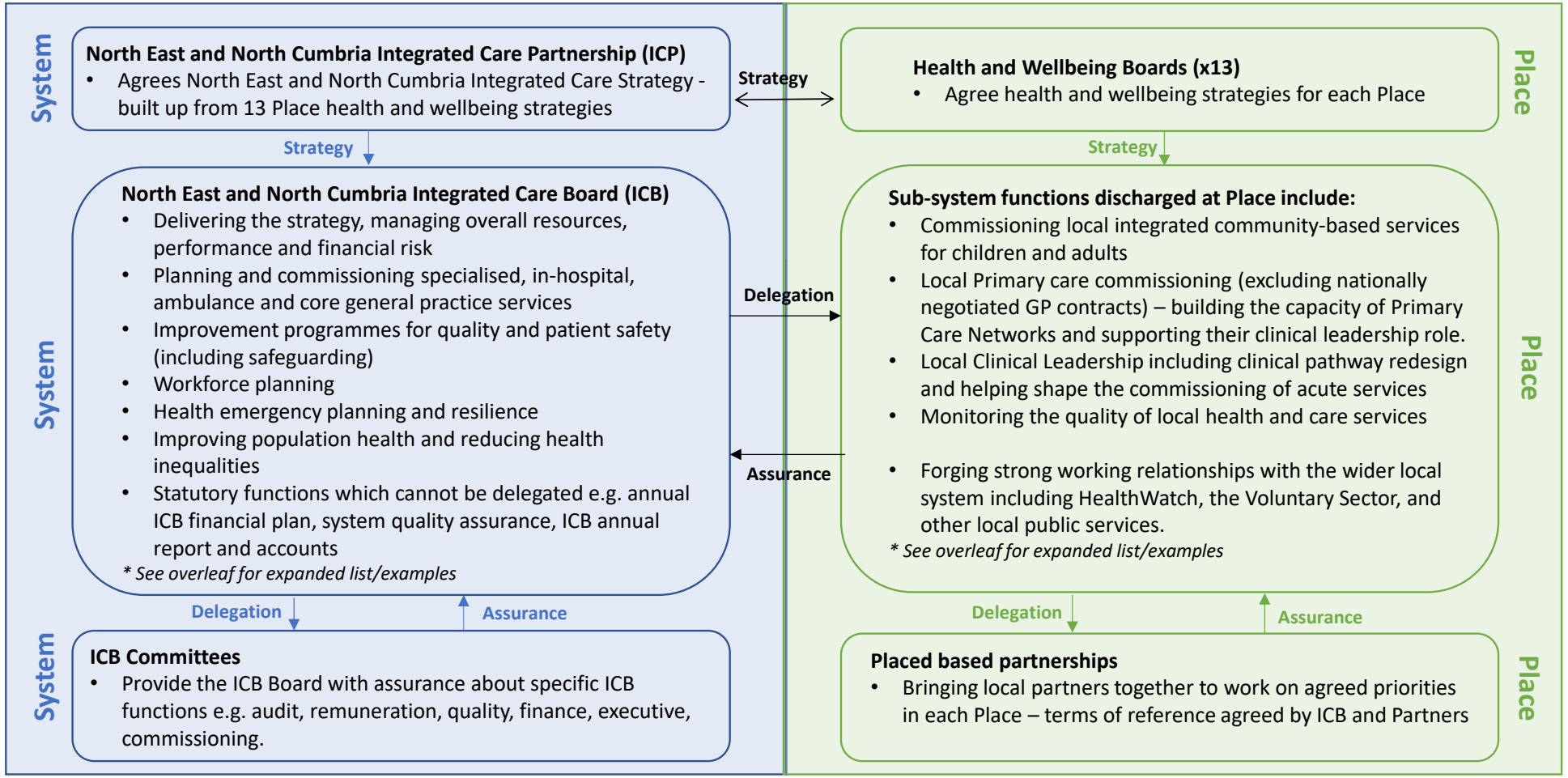
ICB Appointments

Board position	Appointment
Chair	**Professor Sir Liam Donaldson**
Chief Executive	**Sam Allen**
Executive Directors of Place Based Delivery (x2)	**Mark Adams** (North & North Cumbria) **Dave Gallagher** (Central & Tees Valley)
Executive Director of Finance	**Jon Connolly**
Executive Medical Director	**Dr Neil O'Brien**
Executive Chief Nurse	*Vacant – executive search continuing*
Executive Chief Digital & Information Officer	**Professor Graham Evans**
Executive Chief People Officer	**Annie Laverty**
Executive Director Corporate Governance, Communications & Involvement	**Claire Riley**
Executive Director of System & Strategy Oversight	**Jacqueline Myers**
Director of Innovation	**Aejaz Zahid**
Independent Non-executive Members **(2 out of 4 appointed, recruitment ongoing)**	**Professor Eileen Kaner** **Jon Rush**
Non-voting participants: ICS HealthWatch Network ICS Voluntary Sector Partnership	*To be appointed*

**Appointment of our 8 partner members on the ICB (4 from Local Authorities, 2 from Foundation Trusts, 2 from Primary Care) can only commence after the Bill receives Royal Assent in May*

North East and North Cumbria Integrated Care Board – High Level 'Functions and Decisions Map'

NHS North East & North Cumbria



Place-based working: Expectations in the Integration White Paper

NHS North East & North Cumbria

- While strategic planning is carried out at ICS level, **places will be the engine for delivery** and reform
- Introducing a **single person accountable for delivery** of a shared plan at a local level – agreed by the relevant local authority and ICB
- Expectations for **place-level governance and accountability** through 'Place Boards' or similar to be adopted by Spring 2023.
- **Place governance should provide clear decision-making**, agreeing shared outcomes, managing risk and resolving disagreements
- These arrangements should **make use of existing structures** and processes including Health & Wellbeing Boards and the Better Care Fund.
- All places will need to develop ambitious plans for the scope of services and spend to be overseen and section 75 will be reviewed to **encourage greater pooling of budgets**
- ICS will support **joint health and care workforce planning at place level** to meet the needs of local populations, expanding multidisciplinary teams
- **The CQC will consider outcomes agreed at place level** as part of its assessment of ICSs
- **Place Boards will require shared insight** and a holistic understanding of the needs of their local population, listening to the voices of service users

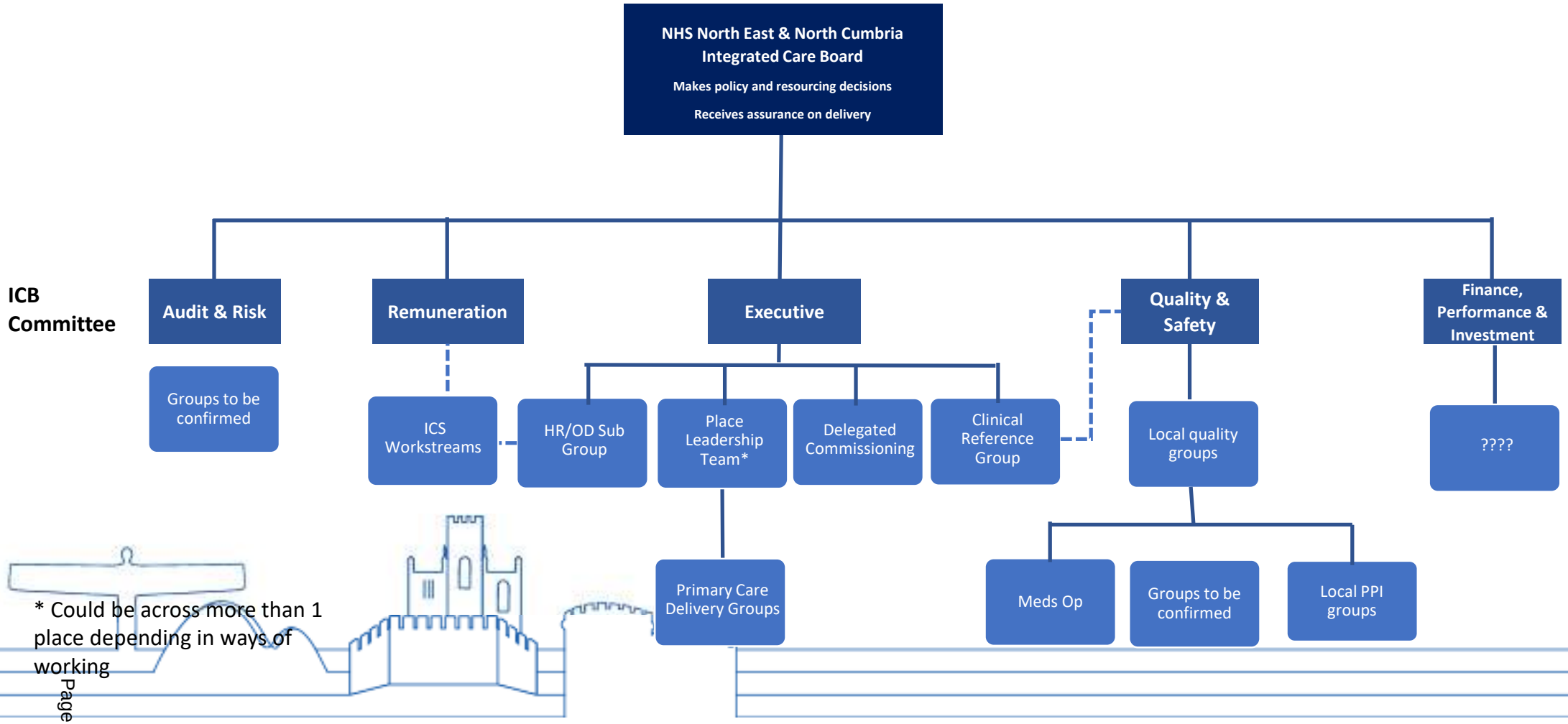
NHS
North East & North Cumbria

Our forward plan for place-based working

- Every upper-tier local authority 'place' will retain a Health and Wellbeing Board, and its existing joint NHS-Local Authority decision-making forum
- Our HWBBs will maintain their key role in setting the priorities for place-based working, and in shaping our strategy through the ICP
- We want to work with each of our places to understand their aspirations for place-based working, and how we will jointly meet the expectations set out in the White Paper by 2023
- The ICB's budget will receive its budget allocation based on our population health needs across our 13 places. We propose to increase the budgets which can be managed jointly at place.
- We are working to develop our place structures to ensure stability and continuity of key place-based functions, building on existing good practice
- The ICB transitional place-based governance arrangements for 2022-3 will, amongst other things, allow us to continue to jointly commission with LAs, focus on primary care development, and ensure that local quality and safeguarding issues are managed effectively.

ICB OPERATING MODEL – GOVERNANCE (TBD)

NHS North East & North Cumbria



* Could be across more than 1 place depending in ways of working

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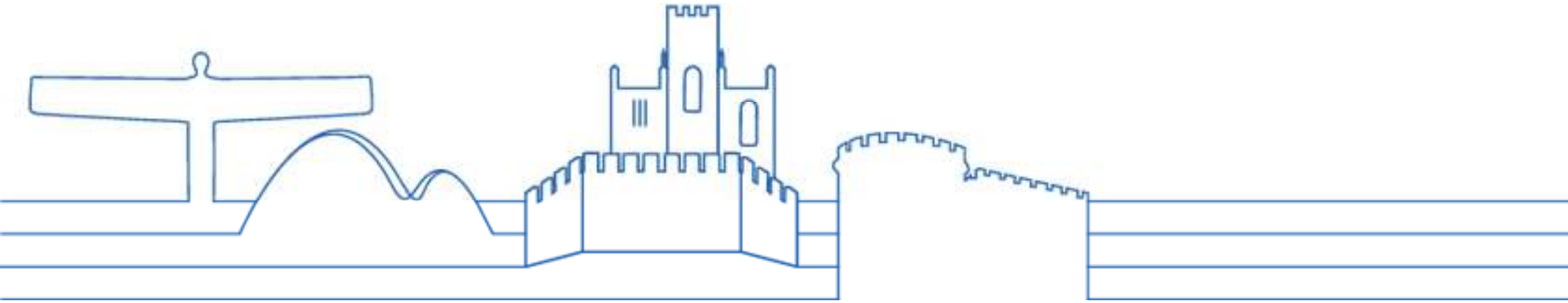
North Cumbria

Developing our Integrated Care Partnership

Role, membership and relationship to our places



ICP Development

NHS
North East &
North Cumbria

'Our health is not defined by the quality of health services but by the strength of the local economy, and the quality and availability of housing, education and employment.'

- The ICP will oversee the development of an Integrated Care Strategy for our ICS
- Huge opportunity to galvanise the joint action and commitment we need to improve population health in our ICS
- Our ICP will build on our existing system-level work, such as our ICS Population Health and Prevention workstream
- The ICP can also complement the joint work of our local authority Adults', Children's and Public Health Networks
- We will also work closely with our Local and Combined Authorities to strengthen the NHS's contribution to regional economic growth

Building up an ICP from each of our places

NHS
North East & North Cumbria

North Cumbria ICP

Population: 324,000
1 CCG: North Cumbria
Primary Care Networks: 8
1 FT: North Cumbria Integrated Care NHS Foundation Trust (NCIC)
1 Council Area: Cumbria County Council (with 6 District Councils)
North West Ambulance Service

North East and North Cumbria
Local Authority / ICP boundaries

North of Tyne and Gateshead ICP

Population: 1,075M
3 CCGs: Northumberland, North Tyneside, Newcastle Gateshead
Primary Care Networks: 22
3 FTs: Northumbria, Newcastle, Gateshead
4 Council Areas: Northumberland, North Tyneside, Newcastle, Gateshead

Durham, South Tyneside and Sunderland ICP

Population: 997,000
3 CCGs: South Tyneside, Sunderland, County Durham
Primary Care Networks: 22
2 FTs: South Tyneside & Sunderland, County Durham and Darlington
3 Council Areas: South Tyneside, Sunderland, County Durham

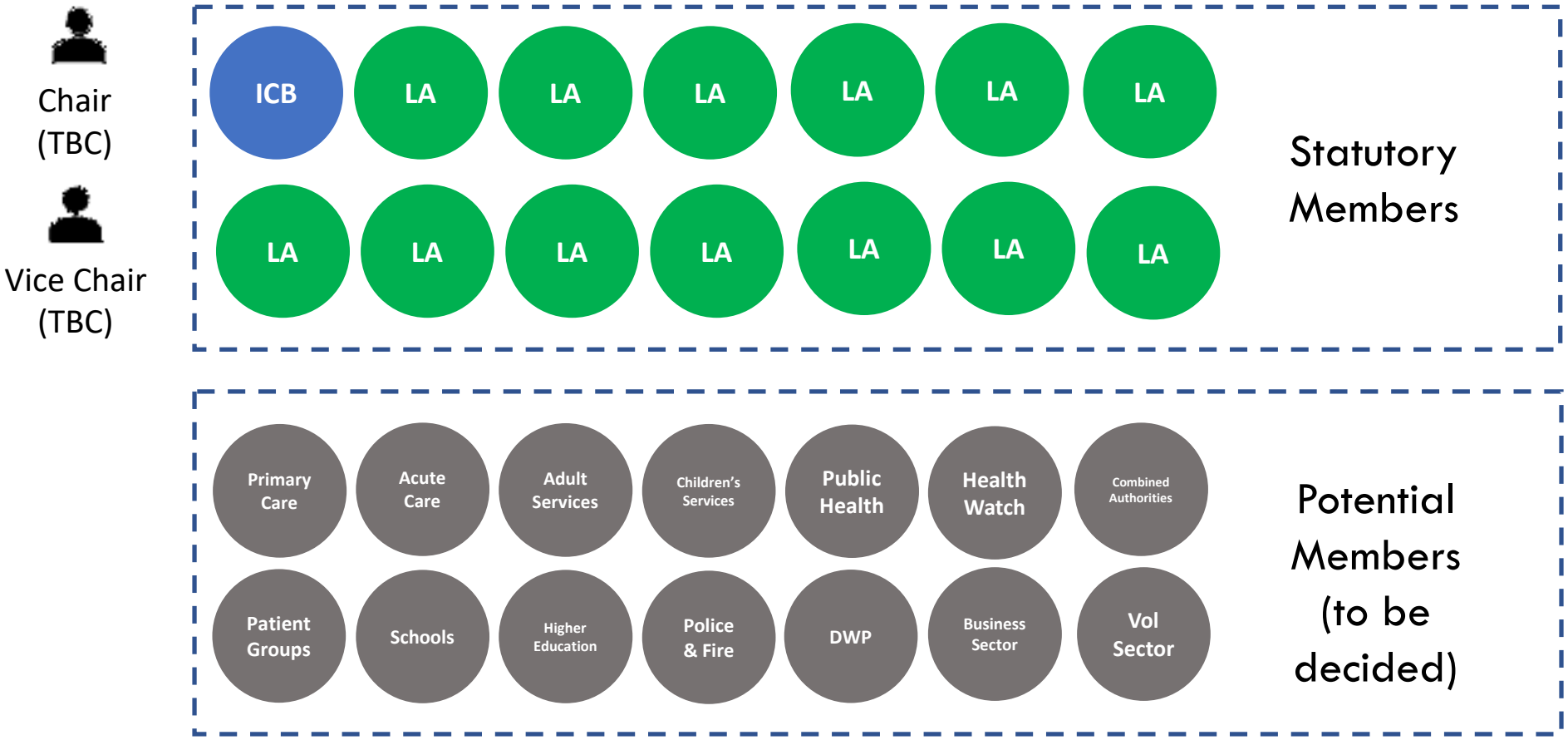
Tees Valley ICP

Population: 701,000
1 CCG: Tees Valley
Primary Care Networks: 14
3 FTs: County Durham and Darlington, North Tees & Hartlepool, South Tees
5 Council Areas: Hartlepool, Stockton on Tees, Darlington, Middlesbrough, Redcar & Cleveland

- Agreed with partners that we will have one Strategic ICP supported by 4 ‘Sub-ICPs’
- This recognises our position as the largest ICS area in the country and our long-established sub-regional partnership working arrangements between CCGs, Foundation Trusts and Local Authorities
- These Sub-ICPs will build a needs assessment from each of their HWBBs, which will then feed into the Integrated Care Strategy setting process overseen by the strategic ICP.
- Planning meetings now taking place, ahead of first formal meetings of the ICP from July

ICP Membership options

NHS
North East & North Cumbria



NHS
North East &
North Cumbria

ICP development

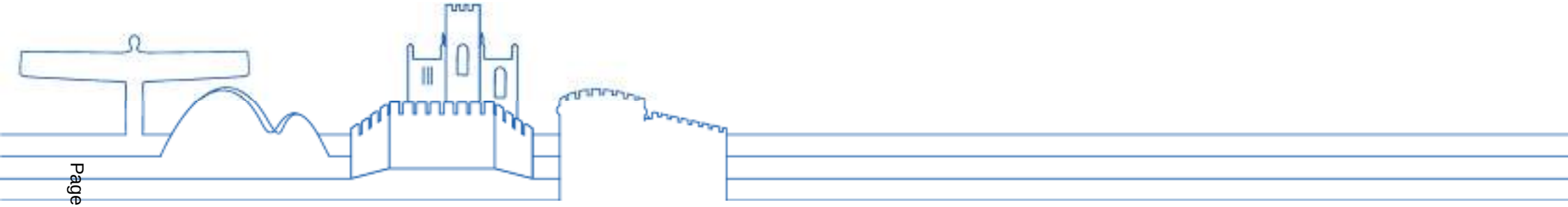
- Strategic planning underway with LAs on the **practicalities of ICP formation** (including chairing, membership, TOR, reporting framework to e.g. HWBs and relationships with key forums)
- We have also convened a working group of senior stakeholders to develop proposals on the **development of our Integrated Care Strategy** for approval by our ICP by December 2022
- This will build up from
  - the JSNAs from each of our **12 Health and Wellbeing Boards**
  - the analytical work of the Office for Health Improvement and Disparities in our region
  - performance management information from NHS England
  - patient and service user feedback from HealthWatch and VCSE sector partners
  - the strategic analysis and shared priorities of our DsPH, ADASS, and ADCS networks
  - the economic development work of our Local and Combined Authorities.

- The outputs of this ICP development work will then be considered alongside feedback on our draft ICB operating model first by our Shadow ICB, and then at a **deliberative event** for all our key stakeholders in June 2022.
- This will provide a holistic picture of how our system works, and how our governance fits together leading into the first formal meetings of our ICP(s) from July onwards.

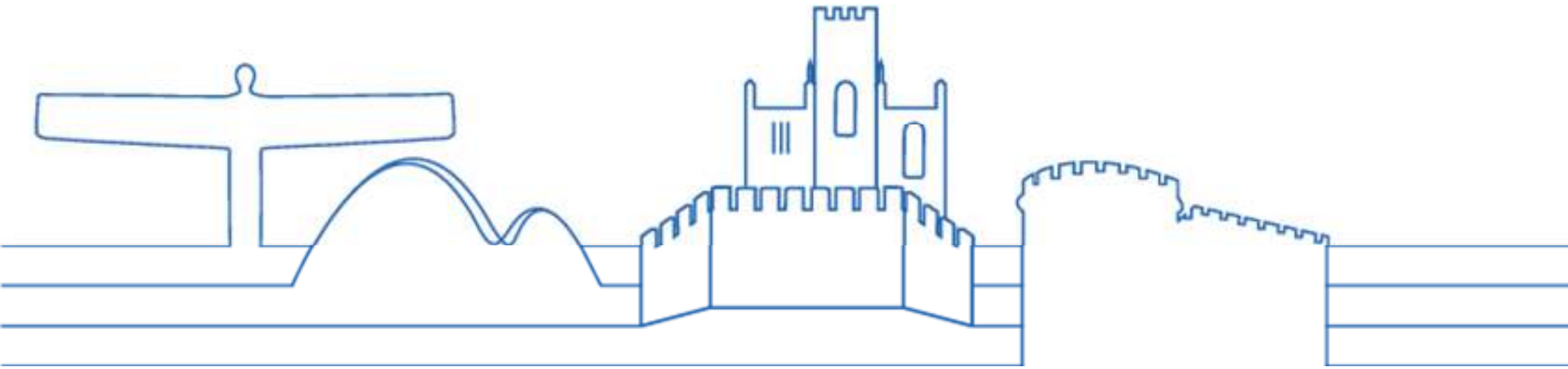
Next steps

NHS
North East &
North Cumbria

- We are gathering views and expertise on our operating model with a further iteration to be developed by May 2022
- This will include proposals on transitional place-based working arrangements, and we will work with our places to develop a route map to more formal place governance by 2023 (as required by the Government's Integration White Paper).
- We need to test our operating model against a range of scenarios
- We will also review our ICB committee roles and structures, and the governance of our ICS workstreams, with our Executive Directors as they are appointed.
- Our final operating model will shape how we deploy our most senior staff, but we envisage that the vast majority of our staff will continue to work in the way they do now
- Ongoing engagement with key partners on the development of the ICS, including with Health and Wellbeing Boards and local and sub-regional scrutiny committees



Feedback and Questions



Health and Wellbeing Board

11 May 2022

Health Protection Assurance Annual Report

Report of Jane Robinson, Corporate Director of Adult & Health Services, Durham County Council

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 provide members of the Health and Wellbeing Board with an update on health protection assurance arrangements in County Durham and health protection activities over the course of the year.

Executive summary

2 The Health Protection Assurance and Development Group (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.

3 Key achievements overseen by HPADG in the last year include:

Programme delivery:

(a) Improvement in flu vaccination uptake amongst eligible groups and effective delivery of the extended Durham County Council flu vaccination to all staff, with sustained increased uptake;
(b) Progressed work with cervical screening services to ensure that staff shortages and previously restricted access to training has improved;

(c) Sustained delivery of national immunisations programmes.
(d) Sustained delivery of the Antenatal and Newborn Screening programme;
(e) Development of the avian flu and seasonal flu (care home settings) anti-viral prescribing pathways.

Collaborative system working:

(a) Continued excellent working relationships with UK Health Security Agency (UKHSA) during a time of significant change and COVID-19 enabling response to several non-covid outbreaks and incidents;
(b) Development of Health Protection Assurance Board (HPAB) Transition Plan capturing the learning from covid including in relation to engagement of communities (vaccine inequality), use of data, real time dashboards and national and local intelligence;
(c) Establishment of a protecting health team within public health to embed the learning from COVID-19 lead both proactive and reactive health protection responsibilities, working closely with system partners;
(d) Completion of collaborative review, Public Health and NHS England (NHSE), to identify variation in second dose measles, mumps, and rubella (MMR) vaccinations by GP practice and address key issues contributing to this variation and undertake catch-up programme.

4 Areas impacted by COVID-19 and requiring further development:

(a) All screening programmes have been impacted by the pandemic other than Antenatal and Newborn screening (see paragraph 51);
(b) The restoration of affected screening programmes was started prior to the second wave and will have been affected by successive waves;

(c) Development areas include:

Programme delivery

- Understanding reasons for underperformance for the newborn and infant physical examination and ensure remedial measures are put in place;
- Improving uptake of certain vaccinations including shingles and pneumococcal;
- Ensuring equitable coverage and uptake of screening and immunisations programmes, seeking to identify, understand and address within Durham inequalities;

- Ongoing work with schools and providers to ensure improved rates of vaccination amongst adolescents, learning lessons from the COVID-19 vaccination campaign to ensure equity of access and to work with NHSE and local school provider, Harrogate and District Foundation Trust (HDFT), to gain assurance of actions and catch-up programmes in place to address reduced uptake due to disrupted programme delivery.

Collaborative system working

- Development of a sexual health strategy for County Durham;
- Ensuring health protection and public health related; emergency preparedness is assured during organisational change;
- Working with County Durham and Darlington Foundation Trust (CDDFT) and key stakeholders to support high quality infection prevention and control measures.

Recommendation(s)

5 The Health and Wellbeing Board is recommended to:

(a) note the content of the report;
(b) note that the performance in County Durham for all childhood immunisation programmes exceeds both national 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) request a further report be presented to a future meeting of the Health and Wellbeing Board which provides further assurance in respect to flu and COVID-19 vaccination, the ongoing work with CDDFT in relation to Infection Prevention and Control (IPC);
(e) support the development and delivery of the transition plan to 'Living with Covid' capturing the learning from Covid;
(f) support the review of the health protection governance arrangements aligning the robust Covid assurance arrangements with wider health protection governance.

Background

6 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.

7 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.

8 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 Clinical Commissioning Group (CCG) has responsibilities for elements of health protection including, for example, the quality and uptake of immunisations. The CCG also employs an Infection Prevention and Control Team (IPCT) through an agreement with Public Health.

9 UKHSA'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 UKHSA Centre and also provide access to national experts in these fields.

10 NHSE is responsible for commissioning and quality assuring population screening and immunisation programmes. This includes a team covering the Cumbria and the North East.

11 Regular liaison between Directors of Public Health (DsPH) and the Centre Director of UKHSA in the North East occurs via weekly North East DsPH meeting (as well as via the Public Health Oversight Group). The Head of Public Health for NHSEI in Cumbria and the North East also attends as required.

12 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.

13 On 24 March 2021, it was declared that the UK Health Security Agency (UKHSA) would replace the concept of the NIHP and be established from April 2021. The transfer of responsibilities took place in October 2021. Locally and regionally, all parties have worked hard to successfully maintain relationships and working arrangements.

14 UKHSA includes PHE health protection teams, the NHS Test and Trace Programme and the Joint Biosecurity Centre, which were stepped up in response to the COVID-19 pandemic.

15 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 the allocative functions of CCGs should be held by an Integrated Care System (ICS) NHS Body and that the Integrated Care Board (ICB) is a Category One responder.

16 Work is underway at a North East level to agree an assurance process for the ICB in its new role as a Category One responder for Emergency Planning, Preparedness and Response.

Health protection assurance arrangements in County Durham

17 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 Management Plan (LOMP) and Health and Wellbeing Board (HWB) via the HPAB.

18 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 seeking assurance that satisfactory arrangements are in place to protect the health of the local population.

19 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.

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

21 This report is informed by updates from the implementation of the health protection action plan, which is overseen by the HPADG.

22 The direct response to the COVID-19 pandemic is covered in reports from the HPAB, which have been provided to every HWB throughout the duration of the pandemic to date. This report, therefore, addresses indirect effects of COVID-19 and the resulting implications on relevant work programmes.

23 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.

24 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.

25 UKHSA 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.

26 UKHSA North East 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.

27 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.

28 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.

29 County Durham CCG 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 and Children's Residential Homes in outbreak to bolster their Infection Prevention and Control Support in County Durham.

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

31 In 2021 NHS England announced new gram negative blood stream infection (GNBSI) targets for all acute trusts and CCGs the IPCT has undertaken a significant amount of work with local partners previously to try to address this target. This work will continue going forward.

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 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 NHS England and the CCGs are under a duty to obtain appropriate advice in the protection of the public health. NHS bodies are also under a statutory duty to cooperate with other organisations on civil contingency planning matters under the Civil Contingency's Act 2004.

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

37 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.

38 The CCU produce extensive emergency preparedness plans which are shared on 'Resilience Direct' and work with the LRF to co-ordinate training and exercising of these plans. The unit also provides training and exercising to local organisations including schools, housing providers, the university and community groups.

39 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 strategic board

40 Under normal circumstances, UKHSA's Health Protection, NHSE's Screening and Immunisation and the local IPCT produce annual reports, however, these have not been produced due to the unprecedented demands of the COVID-19 pandemic

41 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.

42 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.

43 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

44 The launch of the government's Spring Plan: Living with Covid sets out that the local response should now become more aligned with wider local health protection arrangements, bringing the lessons learnt from the pandemic to further develop the health protection system. It is therefore recommended that a full governance review is a timely development in light of the transition from pandemic to endemic and organisational changes (national, regional, and local).

Updates on key areas

45 Data provided below are collated from numerous sources and compiled in the health protection scorecard attached at Appendix 2.

Screening and immunisations

Screening

46 In 2020 and 2021 cancer screening programmes were affected by the COVID-19 pandemic. Despite this coverage rates in County Durham for cervical and bowel cancer, have consistently exceeded minimum standards and national averages. In 2021:

(a) Cervical screening coverage in County Durham was 75.4% compared to a national average of 68.0%.
(b) Bowel cancer coverage in County Durham was 67.5% compared to a national average of 65.2%.

Breast cancer screening coverage decreased in 2021 and fell below minimum standards (70%) locally, regionally, and nationally. County Durham coverage is statistically similar to the national average. In 2021:

(c) Breast cancer coverage in County Durham was 64.4% compared to a national average of 64.1%.

47 Performance in County Durham against key indicators for the non-cancer screening programme Newborn Hearing, shows sustained achievement above national minimum standards with a coverage for 2020/21 of 98.1%. The new provision of Local Authority level data for minimum standard was met for the Newborn and Physical Examination (within 72 hours of birth) shows that although the minimum standard

was met for this screening at 96.7% for 2020/21. this is statistically significantly below the England coverage of 97.3%. County Durham is an outlier in the region with coverage significantly lower than the North East and England.

48 Screening coverage for infectious diseases in pregnancy, sickle cell and thalassaemia and Newborn blood spot screening show sustained achievement across the North East in 2020/21. Quarterly Screening KPI reports are published on provider performance and as at Q4 2020/21 CDDFT and County Durham CCG met the standard for the aforementioned indicators.

49 Abdominal Aortic Aneurysm screening coverage for County Durham fell by 30 percentage points to 49.9% for County Durham in between 2019/20 and 2020/21. This is 0.1% below the standard of 50%. Decreases were also seen regionally and nationally. Across the North East coverage for 2020/21 was 50.0% and for England, 55.0%.

50 Diabetic Eye Screening coverage has fallen regionally and nationally in 2020/21. For the North East, coverage of 62.9% is below the minimum standard of 75%. The quarterly KPI provider performance reports for the County Durham and Darlington Diabetic Eye Screening Programme show coverage has been below 75% for each of the four quarters.

51 COVID-19 has impacted on delivery of most adult screening programmes, this is due both to service pressures, challenges in securing venues, and the health conditions of those who would be presenting for screening increasing reluctance to attend. The following services currently recovering:

(a) Abdominal Aortic Aneurysm - the current forecast is to complete by June 2022;
(b) Diabetic Eye Retinopathy - the target to have invited the backlog is March 2022. The programme now has an additional Health Inequalities" module on their IT systems which will allow health equity audit and further improved targeting;
(c) Bowel cancer screening - the services have done well to recover and now start Age Extension, which will be implemented in year-bands from now until 2024/5. This means an increase of c.85% on top of the 60-74 yrs. Population;
(d) Breast cancer screening - clinic throughput has necessarily been less than pre-COVID-19 and so there is a long restoration time, which NHSE are working with providers to reduce. The ICS are working to address improvements and NHSE has invested in staff and equipment to improve uptake.

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. Work is ongoing locally and regionally to scope and address the disruption of Covid-19 on school age immunisation services.

54 At the time of writing, the COVID-19 vaccination programme is ongoing, with many system partners now supporting the vaccination delivery programme including Primary Care Networks, community pharmacies, and school delivery programme. Staff from the recently closed Mass Vaccination Centre are now located in County Hall and support the delivery of pop-up clinics to maximise access and uptake across all age groups. High quality data populates a real-time dashboard with a wide range of filters enabling granular knowledge of uptake by age, gender and location informing the targeting of pop-up clinics.

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) for 2020/21. This includes the following coverage:

(a) 97.4% of the combined diphtheria, tetanus, whooping cough, polio and Haemophilus influenzae type b (Dtap / IPV / Hib) vaccine at 1 year (n.b. Data for Pneumococcal conjugate vaccine (PCV) at 12 months is not available in 2020-21. This is due to the change in the national vaccine schedule and how the vaccination is recorded);
(b) 98.2% of the Dtap / IPV / Hib vaccine at 2 years;
(c) 96.9% of the PCV booster at 2 years;
(d) 96.9% for one dose of MMR at 2 years;
(e) 97.2% for the Hib / Men C booster at 5 years;
(f) 98.1% for one dose of MMR at 5 years;
(g) 96.4% for two doses of MMR at 5 years.

56 The human papillomavirus (HPV) vaccination coverage for females was below target for 2019/20 and this has continued for the 2020/21 period (see Appendix 2). From 2019/20, the HPV vaccine was extended to 12 to 13 year old males. For 2020/21 the coverage for males was:

(a) 56.6% for one dose at 12-13 years;
(b) 60.3% for two doses at 13-14 years.

57 At the time of writing, the flu vaccination campaign is ongoing as patients can be inoculated until the end of March 2022. Flu vaccination uptake for 2020/21 shows an improvement compared to the previous years across all eligible groups. 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. Coverage achieved for residents aged 65 years and over, primary school aged children and those classified as at risk was above target.

58 In 2020/21 the DCC staff vaccination programme once again included all staff (including schools, but not academies). To date, 3255 staff vaccinations have been given.

59 An evaluation of the 2020/21 campaign will be produced by the Board in Spring 2022. This will inform the flu programme for 2022/23.

60 Pneumococcal polysaccharide (PPV) vaccination coverage for those aged 65 years and over continues to increase and coverage for 2020/21 was 72.8%.

61 Uptake of shingles vaccine remains stubbornly low. In 2019/20 50% coverage was achieved locally for those aged 71 years. Ful year data for 2020/21 is yet to be published however for Q3 2020/21 coverage for 71 year olds was at 41.6%. Discussions have been held with NHSE on ways to improve uptake locally.

62 In the first half of 21/22 there was a continued shortage of pneumococcal vaccine covering 23 strains of the bacteria that may have impacted on uptake.

Communicable disease control and outbreaks

63 Throughout the past year the Local Authority has worked closely with colleagues at UKHSA, in their lead role, to address a number and range of non-Covid infections including meningitis, tuberculosis, avian flu, flu outbreaks (care homes), and legionella. Collaborative work across with system partners has also facilitated the development of the season flu (care homes) anti-viral prescribing pathway, avian flu framework and anti-viral prescribing pathway and a number of lessons learned exercises to improve practice.

64 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.

65 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 tuberculosis. The Public Health team supported the establishment of the Immigration Removal Centre in County Durham and has worked collaboratively with UKHSA on Outbreak Control Teams in this setting.

66 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.

67 The Public Health team are currently supporting the preparations and response to the Ukraine humanitarian crisis. A briefing has been produced and shared with key stakeholders identifying potential health and wellbeing issues and implications. Public Health continues to work with NHS partners to ensure that pathways are in place to provide access to healthcare as required.

68 Several meetings have been held with stakeholders including CDDFT, UKHSA, IPC and Public Health to support and strengthen the delivery of the IPC action plan to address the clusters of health care acquired infection reported over the last 12 months

69 The Integrated Sexual Health Service (ISHS) is expected to provide and discuss quarterly Genitourinary Medicine Clinic Activity Dataset (GUMCADv3) and Sexual and Reproductive Health Activity Data (SRHAD) data analysis from UKHSA to enable informed commissioning decisions relating to genitourinary medicine (GUM) attendances, activity, and sexually transmitted infection trends.

70 As the ISHS moves into living with COVID-19, a review of the current delivery model which will include remote access and the reintroduction of walk-in appointments is required. This process should help identify any potential unintended inequalities and further explore STI rates and wider service indicators and support service development.

71 In November 2021, DCC were notified that the ISHS was yet to carry out the necessary system upgrade to GUMCAD v3 and was identified as an outlier within the region. This was raised with CDDFT who acknowledged the delay; linked to a reduction in IT system support to the service, which has since been resolved and the outstanding completion of a Data Protection Impact Assessment. The upgrade to the system planned to be fully functional by July 2022 with additional training for staff to be provided by Inform Health.

72 Antimicrobial resistance (AMR) continues to be a growing threat to public health. County Durham CCG is the highest prescribing area in the country for antibiotics. Total antibiotic prescribing is increasing in the CCG to above pre-covid levels and is above the new national ambition.

73 In response to this the CCG have included Antimicrobial Resistance within the risk register and have a robust plan, involving a whole system approach which started in 21/22 but will continue into 22/23. Work that has been carried out within 21/22 includes audits and patient reviews in primary care, audits and discussions with Urgent Care and extended care providers as well as secondary care.

74 In 21/22 the CCG commissioned a public awareness campaign called Seriously Resistant. This campaign aims for wider education and messages to patients and the public through a social media campaign. There is also ongoing work through schools to encourage a cultural change in the public belief of antibiotic being required for viruses and how we need to protect antibiotics for serious illness.

Strategic regulation intervention

75 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 Horden Together Team who signpost into a variety of support services including addictions, mental health, alcohol and drug misuse and crisis services.

76 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.

77 The CPS team has had long term capacity issues which has been further compounded by the COVID-19 response and Brexit transition. This coincides with national shortages of suitably qualified Environmental Health and Trading Standards professionals which has presented difficulties with ongoing recruitment as well as staff retention and succession planning.

78 A Workforce Development and Staff Retention Plan 2021-2025 has been developed and will be implemented as from April 2022. In addressing the growing skills and expertise gap and the plan focusses on three key areas for actions namely RETAIN, RECRUIT and TRAIN and will provide an essential framework to support the development of all CPS employees. The plan will assist in ensuring the council is equipped to provide the best, most cost-effective CP service through a flexible and skilled workforce and will be implemented over the next 5 years to ensure business.

79 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.

80 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.

81 The CPS is leading the Horden Together Initiative which was launched in October 2021 and currently has resources to continue until 2024.

82 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.

83 Supported by the Safe Durham Partnership, the project aims to strengthen our existing partnership arrangements as well as facilitate system change and promote the co-production of future services

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

85 The Horden Together initiative is centred around the Making Every Adult Matter (MEAM) framework and brings 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.

86 Community Navigators have already had an overwhelming response within the first 6 months of operation and are working with the community and individuals in the area to promote conversation and positive engagement as well as deliver the co-production of future services.

87 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.

88 Initial investment in the Horden project has been identified until 2024 and further funding opportunities are currently being explored to extend 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

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

90 Partners have continued to respond to COVID-19 outbreaks in line with the local outbreak management plan.

91 Partners have also been involved in responding to other major incidents including a number of winter storms which affected the county during November/December 2021 and January and February 2022, with particular focus on ensuring the welfare of vulnerable and clinically vulnerable people affected by power outages caused by the storms.

92 Outbreak management and business continuity plans have been reviewed and developed and exercised on a number of occasions. 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.

93 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.

94 Exercises were 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).

95 The civil contingencies unit has provided the local coordination and identification of COVID-19 testing sites across the county and Darlington and has worked with the CCG and NHSEI to identify vaccination centre sites and to organise pop-up vaccination clinics. The unit is now liaising with UKHSA on the decommissioning of sites.

96 The Excess Death Framework for Durham and Darlington was exercised in 2020 and subsequent COVID-19 specific excess death plans and protocols have been developed and exercised. The CCU now represents the county on a new regional excess deaths group which was established in 2021 to share best practice and facilitate collaboration and coordination across the region.

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

98 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 was undertaken in 2021 (Exercise Mussel). A separate exercise for the second site is planned for later this year in 2022 (Exercise Toucan).

99 A multi-agency plan for the LRF was developed for site clearance including the management of hazardous materials and this was exercised with multi-agency partners including public health in 2021 (Exercise Rouville 21)

100 The Director of Public Health, along with other DsPH across the North East continue to be part of a Scientific and Technical Advice Cell (STAC) 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 Strategic Command Group (SCG) level and understands the working arrangements of STAC and the SCG.

101 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, restriction zones and to the public in relation to coming into contact with dead wildfowl. Outbreak management meetings have been held between the Director of Public Health, UKHSA, Community Protection and CCU and a communications strategy developed including the production of a range of communications materials display at affected sites and locations.

Communications

102 The contribution of communications campaigns must be also highlighted. Extensive joint work across regional and system partners has significantly enhanced the health protection programmes both proactive and responsive, detailed throughout this report. This includes the calendar of campaigns, specific and targeted communications campaigns including flu, MMR, meningitis, avian flu, COVID-19. These campaigns have been shaped by behavioural insights work that inform the design, message, and mode of delivery of messages ensuring relevance to the target audience and facilitating community-based asset approaches to be strengthened.

Main implications

103 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.

104 The HPADG has an action plan which is actively updated by key partners providing assurance and identifying priorities and actions. The HPADG group meets quarterly and reports to the HWB.

Conclusion

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

106 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.

107 There has been significant change to health protection structures and processes during the COVID-19 pandemic. The transition arrangements

to living with COVID-19 present opportunities to integrate the lessons learnt from the pandemic to further develop the health protection system whilst remaining flexible and agile to be able to manage and respond to further waves or variants of COVID-19.

108 The dynamic situation presented by the pandemic and other climate related emergencies have brought about beneficial reviews and changes to emergency response arrangements.

109 The timely revision of the health protection governance arrangements will ensure robust, effective, and streamlined procedures are in place for monitoring, reporting and enable system collaboration to determine priorities for action and affect change where required.

110 There remain areas for improvement and increased assurance including:

(a) some screening and immunisation services - joint working with commissioners, providers, and communities to take collaborative action to expedite improvements and amplify local communications including; breast cancer screening, abdominal aortic aneurysm (AAA) screening and diabetic eye screening;

(b) employing the learning from COVID-19 vaccination to increase uptake in school based vaccinations including HPV;

(c) utilising the skills and expertise developed in the COVID-19 granular data analysis to further understand and address variation in access to services by sociodemographic characteristics.

111 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.

Author Joy Evans Tel: 07902 831608

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

This report has no implications for finance.

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 - March 2022

	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

	Indicator	Measure	Period	County Durham		North East	England
				No.	Measure		
Screening	C23 - Percentage of cancers diagnosed at stages 1 and 2	%	2019	1,211	**51.4%**	52.6%	55.1%
	C24a - Cancer screening coverage - breast cancer	%	2021	41,948	**64.4%**	64.7%	64.1%
	C24b - Cancer screening coverage - cervical cancer (25 - 49 years)	%	2021	61,159	**75.4%**	73.1%	68.0%
	C24c - Cancer screening coverage - cervical cancer (50 - 64 years)	%	2021	39,520	**76.4%**	75.6%	74.7%
	C24d - Cancer screening coverage - bowel cancer	%	2021	65,971	**67.5%**	67.9%	65.2%
	C24e - Abdominal Aortic Aneurysm Screening - Coverage	%	2020/21	1,624	**49.9%**	50.0%	55.0%
	C25b – Diabetic eye screening - uptake (%)	%	2020/21	-	~	**62.9%**	67.9%
	C24h - Infectious Diseases in Pregnancy Screening – HIV Coverage (%)	%	2020/21	-	~	**99.8%**	99.8%
	C24i - Infectious Diseases in Pregnancy Screening – Syphillis Coverage (%)	%	2020/21	-	~	**99.8%**	99.8%
	C24j - Infectious Diseases in Pregnancy Screening – Hepatitis B Coverage (%)	%	2020/21	-	~	**99.8%**	99.8%
	C24k - Sickle Cell and Thalassaemia Screening – Coverage (%)	%	2020/21	-	~	**99.8%**	99.7%
	C24l - Newborn Blood Spot Screening – Coverage (%)	%	2020/21	-	~	**98.0%**	97.2%
	C24m - Newborn Hearing Screening – Coverage (%)	%	2020/21	4,476	**98.1%**	97.6%	97.5%
	C24n - Newborn and Infant Physical Examination Screening – Coverage (%)	%	2020/21	4,424	**96.7%**	97.2%	97.3%

	Indicator	Measure	Period	County Durham		North East	England
				No.	Measure		
Imms and Vaccs	**12 months**						
	D03b - Population vaccination coverage - Hepatitis B (1 year old)	%	2020/21	4	100%	-	-
	D03c - Population vaccination coverage - Dtap / IPV / Hib (1 year old) <90% 90% to 95% ≥95%	%	2020/21	4,725	**97.4%**	95.5%	92.0%
	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						
	D03g - Population vaccination coverage - Hepatitis B (2 years old)	%	2020/21	-	*	*	*
	D03h - Population vaccination coverage - Dtap / IPV / Hib (2 years old) <90% 90% to 95% ≥95%	%	2020/21	5,003	**98.2%**	96.9%	93.8%
	D03m - Population vaccination coverage - Hib / MenC booster (2 years old) <90% 90% to 95% ≥95%	%	2020/21	4,942	**97.0%**	95.3%	89.8%
	D03k - Population vaccination coverage - PCV booster (2 years old) <90% 90% to 95% ≥95%	%	2020/21	4,938	**96.9%**	95.3%	90.1%
	D03j - Population vaccination coverage - MMR for one dose (2 years old) <90% 90% to 95% ≥95%	%	2020/21	4,934	**96.9%**	95.3%	90.3%
	2-3 years						
	D03l - Population vaccination coverage - Flu (2-3 years old) <40% 40% to 65% >65%	%	2020/21	6,566	**64.5%**	60.1	56.7%
	5 years						
	D04b - Population vaccination coverage - MMR for one dose (5 years old) <90% 90% to 95% ≥95%	%	2020/21	5,543	**98.1%**	97.0%	94.3%
	3.03vi - Population vaccination coverage - Hib / Men C booster (5 years old) <90% 90% to 95% ≥95%	%	2020/21	TBC	**97.2%**	95.1%	92.3%
	D04c - Population vaccination coverage - MMR for two doses (5 years old) <90% 90% to 95% ≥95%	%	2020/21	5,444	**96.4%**	92.5%	86.6%
	Other Children and young people						
	D04e - Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old) <80% 80% to 90% ≥90%	%	2020/21	2,034	**66.1%**	80.9%^	76.7%
	D04f - Population vaccination coverage - HPV vaccination coverage for two doses (females 13-14 years old) <80% 80% to 90% >90%	%	2020/21	2,073	**69.3%**	53.4%^	60.6%
	Other						
	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%
	D05 - Population vaccination coverage - Flu (at risk individuals) <55% ≥55%	%	2020/21	47,889	**59.0%**	56.6%	53.0%
	D06a - Population vaccination coverage - Flu (aged 65+) <75% %≥75%	%	2020/21	92,992	**84.2%**	83.7%	80.9%
	D06b - Population vaccination coverage - PPV (aged 65+) <65% 65% to 75% ≥75%	%	2020/21	82,981	**72.8%**	73.7%	70.6%
	D06c - Population vaccination coverage - Shingles vaccination coverage (71 years old) <50% 50% to 60% ≥60%	%	2019/20	3,079	**50.0%**	50.8%	48.2%

	Indicator	Measure	Period	County Durham		North East	England
				No.	Measure		
Sexual health	D02a - Chlamydia detection rate / 100,000 aged 15-24 <1,900 1,900 to 2,300 ≥2,300	R/100,000	2020	814	1,226	1,515	1,408
	D02b - All new STI diagnoses (exc Chlamydia aged <25) / 100,000	R/100,000	2020	1,423	424	449	619
	Gonorrhoea diagnosis rate per 100,000 population	R/100,000	2020	318	60	59	101
	Syphilis diagnoses rate per 100,000 population	R/100,000	2020	19	3.6	8.5	12.2
	D07 - HIV late diagnosis (%) ≥50% 25% to 50% <25%	R/100,000	2018-20	17	37.8%	39.8%	42.4%
Infectious diseases	Legionnaire's disease confirmed incidence rate / 100,000	R/100,000	2016	3	0.57	0.53	0.61
	Typhoid and paratyphoid confirmed incidence rate / 100,000	R/100,000	2018	2	38.0%	0.15	0.61
	D08b - TB incidence (three year average)	R/100,000	2018-20	30	1.9	3.5	8
	3.05i - Proportion of drug sensitive TB cases who had completed a full course of treatment by 12months (%)	%	2019	6	75.0%	81.4%	82.0%
	Measles new diagnosis rate	R/100,000	2018	1	0.2	0.5	1.7
	Non-typhoidal Salmonella (incidence)	R/100,000	2017	92	17.6	16.6	15.7
	Campylobacter (incidence)	R/100,000	2017	689	132	123	97
	Cryptosporidium (incidence)	R/100,000	2017	75	14.4	10.4	7.3
	Giardia (incidence)	R/100,000	2017	35	6.7	11.9	8.5
	STEC serogroup O157 (incidence)	R/100,000	2018	13	2.5	2	1

	Indicator	Measure	Period	County Durham CCG		STP	England
				Count	Value	Value	Value
Health Care Acquired Infection	All C. difficile rates by CCG and financial year	R/100,000	2020/21	116	21.9	27.6	22.2
	All MRSA bacteraemia rates by CCG and financial year	R/100,000	2020/21	8	1.5	0.7	1.2
	CCG-assigned MRSA rates by CCG and financial year	R/100,000	2016/17	1	0.4	0.57	0.4
	All MSSA bacteraemia rates by CCG and financial year	R/100,000	2020/21	127	24	27.2	20.8
	Trust-assigned MRSA counts by CCG and financial year	R/100,000	2016/17	3	3	-	315
	Third party-assigned MRSA counts by CCG and financial year	R/100,000	2016/17	0	0	-	276
	All E. coli bacteraemia rates by CCG and financial year	R/100,000	2020/21	371	70	83.5	65.3
	Counts and 12-month rolling rates of C. difficile infection, by CCG and month	R/100,000	Dec-21	117	22.1	29.5	24.8
	Counts and 12-month rolling rates of all MRSA bacteraemia cases, by CCG and month	R/100,000	Dec-21	10	1.9	1	1.2
	Counts and 12-month rolling rates of MSSA bacteraemia cases, by CCG and month	R/100,000	Dec-21	135	25.5	28.2	21.8
	Counts and 12-month rolling rates of E. coli bacteraemia by CCG and month	R/100,000	Dec-21	387	73	86.7	67.2
	Counts and 12-month rolling rates of hospital-onset E. coli bacteraemia, by CCG and month	R/100,000	Dec-21	88	16.6	18.7	12.5
	Counts and 12-month rolling rates of community-onset E. coli bacteraemia, by CCG and month	R/100,000	Dec-21	299	56.4	68	54.7

Health and Wellbeing Board

11 May 2022

Updated SEND Strategy for County Durham 2022-24

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

Electoral division(s) affected:

Countywide

Purpose of the Report

1 This report introduces a new Special Educational Needs and Disability (SEND) strategy for the county (Appendix 2) and recommends that the Health and Wellbeing Board adopts it for the period 2022-24.

Executive summary

2 The current SEND Strategy for County Durham required review and a new strategy has been developed through extensive stakeholder engagement as well as reference to required legislative frameworks, other related county strategies and the public consultation undertaken on the High Needs Block funding.

3 At the heart of our approach to the SEND strategy is a vision for children and young people with special educational needs and disabilities that is the same as for all children and young people in County Durham: that they are safe and part of their community, have the best start in life, have good physical and mental health, and gain the education, skills, and experiences to prepare them for adulthood.

4 The strategy vision, aims and indicators were consistently supported by all stakeholders. The implementation and further development of the strategy will be supported by the SEND strategic partnership and agreement to this partnership strategy is also being sought through the Health and Wellbeing Board.

Recommendation

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

(a) Provide comment and adopt the SEND Strategy 2022-24.

Background

6 County Durham currently has a strategy for children, young people, and young adults with SEND, with the aim of providing focus and clarity on the priorities for improving services and opportunities. This strategy is aligned with our wider children and young people's strategy.

7 The existing strategy whilst still relevant was due to end in 2020 during which time it was planned to rewrite the strategy. This was postponed allowing each of the services the opportunity to focus on their responses to COVID.

8 During 2021 we embarked on developing the new strategy with key stakeholders including children and young people with SEND and their families, council, education, and health services.

9 This strategy aligns with the 'starting well' priority of the Health and Well Being Strategy including the stakeholder engagement in its development, and then in building confidence and resilience in children, young people with additional needs and their families, and the services they access. The Strategy relates to the whole of the Local Area partnership with all sectors working together to achieve the best possible outcomes for children and young people with additional needs as they progress into adulthood.

10 In addition to presenting the strategy to HWB the strategy has also been presented to Cabinet and to the executive body of the County Durham Care Partnership and has been agreed.

SEND in Durham

11 SEND practice is guided by the current SEND Code of Practice, underpinned by legislation in the Children and Families Act 2014. A child or young person (CYP) is deemed to have SEND if they have a learning difficulty or disability which calls for special educational provision to be made for them which is additional to, or different from, the usual provision available to other children and young people of their age.

12 SEND needs can be met in a number of ways including:

(a) support from a setting, school, or colleges own resources.

(b) support from other agencies.

(c) additional top up funding.

(d) and, for a number of children and young people through an Education Health and Care Plan.

13 The majority of children and young people with SEND will have their needs identified and met in a mainstream nursery, school, or college. All schools must have a SENCo (SEN Co-ordinator), the SENCo has day to day responsibility for co-ordinating the identification of needs and the SEND provision in schools.

14 All education providers/settings (including academies and free schools) must make every effort to meet the needs of children and young people with SEND. Their SEND provision must be illustrated in the SEND Information Report. This report details what additional and different provision the school can make to meet its student SEND.

15 The Local Authority supports its education providers and settings to identify and meet SEND through a wide range of specialist advice, training, and practical tools. In addition to this the Local Authority provides additional funding from the High Needs Block to ensure young people can have their needs met in their local mainstream setting where possible or other settings where not possible.

16 Young people with SEND are grouped as, those receiving SEN Support and those with an Education, Health and Care Plan (EHCP). Those with SEND Support have their needs recognised by school and provision planned and implemented by the school. Those with Education Health Care Plans have their needs recognised and provision planned through a statutory multi agency process led by the Local Authority.

17 SEND Support in County Durham – it is expected that every child who requires SEN support to have an individual SEN Support plan. This must work towards a clear set of expected outcomes and detail the 'additional to' or 'different from' provision they are receiving.

18 Education, Health and Care Plans (EHCP) – in some cases despite the school having taken relevant and purposeful action through SEN support, a pupil may not have made the expected progress. To understand the complexities around these cases an Education, Health Needs Assessment (EHNA) will take place. Through the EHNA it may be determined that needs would be best met through an EHCP, An EHCP is a legal document which describes a child or young person's special educational needs, the support they need, and the outcomes they would like to achieve. This covers children and young people up to the age of 25 since the SEN reforms. It would be typical that the needs of young people with an EHCP are higher than the needs of young people with SEN Support.

19 Information from a number of sources shows a continuing increase in the number of children and young people with SEND, when compared with 2016. According to the DCC School Census (January 2021) there were 76,000 children and young people of school age within County Durham. Of those:

(a) 1 in 6 of school age children and young people in County Durham are described as having SEN. That is a total of 11,643

(b) 13.2% of the school age population have their needs met through SEN Support

(c) 3,628 children and young people (0-25 years) have their needs met through Education Health and Care Plans (EHCP), a 41% increase since 2016. 2,283 of these pupils are school age, a 10% increase since 2016

(d) Of those children with an EHCP in the primary phase, 51% are in mainstream school, this reduces to 25% of those with an EHCP in the secondary phase

(e) 10,175 (87%) of school age children and young people identified with SEND have their needs met within a mainstream school context

20 These numbers have increased each year since the introduction of the SEND Reforms[1].

21 Whilst the data above gives a snapshot for school age children from the school census, there are wider demands when the 0-5 and 16-25 population is also considered. We have also continued to see increased demand in 2021/22, some linked to COVID and children and young people's disruption from formal education and in recent months have seen a particular increase in requests for support for pre -school children.

The Send Strategy for County Durham

22 The SEND Strategic Partnership have committed to developing a strategy that makes sense for children and young people with SEND and their families, schools and settings, services, teams, and individual practitioners. The strategic intention is:

(a) to inform and support our activity, and in turn is informed and supported by what we do.

[1] The Children and Families Act 2014

(b) to enable an understanding of when progress is being made.

(c) to help identify what else needs to be done.

23 An ‘easy read’ version of the Strategy is being developed with young people, supported by ‘Investing in Children’, and will be widely promoted through a range of channels.

24 The strategy must have regard to the legal requirements for SEND and Equality, as well as recent National and Local reviews and explorations with partners. The strategy vision and aims have been developed through referencing a range of sources including:

(a) The Children and Families Act 2014 (and associated SEND Code of Practice).

(b) The Equality Act 2010.

(c) The Autism Act 2009.

(d) The Marmot Review of Health inequalities 2010 and its review in 2020.

(e) DfE SEND review (now anticipated in Spring 2022).

(f) Durham County Council strategies and plans including the County Vision and Children and Young People’s strategy

(g) Durham Health and Wellbeing strategy

(h) Durham Partnership reviews and strategies including:

i. Local Transformation plan for Mental Health.

ii. Think Autism Strategy (2019-22).

iii. High Needs Consultation (2019) and high needs review (2018).

iv. Health Needs Assessment for SEND (2019).

v. SEND Ofsted inspection (2017) and revisit (2020).

25 Both the Children and Young Peoples Act (2014) and the Equality Act (2010) are based on important international laws that are clear about the rights of all people, including children and young people, to be included in their community and places duties and responsibilities on all of us to make adjustments that enable this to happen. This strategy is built on a foundation of promoting inclusive communities where:

(a) All work together to achieve this.

(b) All communicate positively with each other.

(c) All commit to work together to overcome challenges when they present.

The Vision

26 The Vision for children and young people with special educational needs and disabilities is the same as it is for all children and young people in County Durham: that they are safe and part of their community, have the best start in life, have good physical and mental health, and gain the education, skills, and experiences to prepare them for adulthood.

27 It was clearly expressed by all stakeholders that this strategy should be built on a foundation of understanding and positive communication.

The Aims

28 The aims of the strategy are:

(a) To listen to what children and young people are telling us when supporting them and to develop their resilience and independence.

(b) To work closely with families to develop their resilience and feel confident that needs are understood and met and will continue to be met through transition.

(c) To identify needs in a timely way and have the right support available to meet needs at the right time.

(d) To have a joined-up offer of support available proportionate to assessed needs.

(e) Where possible, for all children and young people to attend their local school which understands them and is able to meet their needs.

(f) For all education settings and their workforce to be confident in identifying and meeting needs and to promote good health, well-being, and inclusion.

29 ‘Inclusion’ is a powerful statement of rights but can sometimes be difficult to describe in ways that make sense to what we do and see on a daily basis. Working together we have defined some of the key things

that we would notice if children and young people were successfully included in their community. These are:

(a) Being ***present*** in their education setting.

(b) ***Participatin*****g** fully in their educational community.

(c) ***Achieving*** and making progress at a pace that is right for them.

(d) Feel that they ***belong*** in their community.

(e) Working towards being as ***independent*** as possible.

30 Our commitment to the vision, aims and indicators will be measured by the positive impact on children and young people, and what we each do to promote this. The starting point is recognising that if children and young people with SEND are to thrive then the foundation is our commitment to create cultures that enable us to communicate positively and work together.

31 Across the partnership in Durham, we recognise that every child and young person, their family, their community, and education setting have a role to play in supporting every child to thrive. The SEND strategy is built on an understanding that all parts of this system must work together with a shared focus to achieve the best outcomes for every child/young person.

32 In developing this new strategy, leaders from across the SEND partnership explored the vision and aims with children, young people, their families, and other key stakeholders across County Durham. A range of questions were asked including:

(a) Are the statements understandable?

(b) Do you agree on the vision and aims?

(c) What outcomes would we notice for children and young people if these aims, and priorities are being achieved?

(d) What would I, my family, or my team do to support this?

(e) How do we promote confidence in children and young people, their families, and professionals that these will happen?

(f) How do we hold ourselves* to account? (* this includes accountability of schools)

33 A summary of responses include:

(a) Universal support or strong support for the Vision and Aims.

(b) A desire for more inclusion/less exclusion, settled schooling, a positive view of neurodiversity, confidence in families and professionals, improved transitions and better mental health and understanding of health needs.

(c) A breadth of far-reaching actions with much of the parent and Special Educational Needs Co-ordinators (SENCOs) responses centred on positive relationships and communication and joint working/reviewing of progress, sharing good practice.

(d) A desire to improve professional awareness of SEND, develop a greater consistency of offer between settings, promote positive communication, shared planning, and solutions for transitions.

(e) An opportunity to engage school governance, making clear the expectations of the SEND offer to families in each provision.

34 Key points from specific groups of service users and stakeholders included:

(a) **Children and Young People** want more opportunity to be heard when choices are made for them and want more opportunity to be included in their community.

(b) **Parents and Carers** are particularly focused on wellbeing and mental health, provision at SEND support and improving transitions, and a positive value for neurodiversity.

(c) **SENCOs and Parents and Carers** consider improved communication as the key to raising confidence in provision.

(d) **Health stakeholder** feedback was positive with an acknowledgement that the action sets which underpin the strategy ought to be a blend of health specific and joint / pooled solutions.

(e) **Engagement with Overview and Scrutiny Committee** recognised the importance of understanding the neurodiversity of children and young people, the value of working in coproduction with service users was highlighted as was the investment in positive communication. Members of the committee identified what they considered to be a necessary culture shift for schools and their governing bodies to be inclusive of young people with SEND.

Partnership Working

35 In continuing to ensure that our Local Area SEND systems are working for children and young people with SEND and their families it is essential that the partnership works effectively together. The SEND Strategic Partnership has oversite of working arrangements and partnership performance across education, health, and care services. As part of taking this new strategy forward and monitoring its impact this oversight will include:

(a) A quality assurance framework which sets out aims, measures of success and actions.

(b) A data framework to measure these.

(c) Compiling a narrative about how stakeholders contribute to strategic aims including a programme of multi-agency and single agency audits.

(d) Regular political oversight through the council's cabinet, discussions with portfolio holder and scrutiny committee.

(e) Continuing monitoring and learning from external inspections of the overall system and individual parts such as schools, as well as from compliments and complaints.

Embedding the Strategy

36 The strategy will be developed across the SEND Partnership through workshops. Whilst each area of the partnership has legal duties under the Equalities Act 2010 and the Children and Families Act 2014, they will also be invited to participate in detailed action planning and data gathering directly relating to the aims and indicators of the Strategy. Gathering data from across the Partnership, along with case studies and high-level data will enable a clearer picture to emerge of how the complex system is progressing towards its agreed Vision and Aims as part of the quality assurance process.

37 Higher level actions, data and quality assurance will be supported thought new subgroups reporting to the SEND Leadership and Partnership Groups relating to the Aims and Indicators of the Strategy. Workshops are taking place to develop this further in coming months.

Resourcing the Strategy through council led services and High Needs Block

38 A range of council services support work for children with SEND and their education, health and care needs up to age 25 and are resourced to do this through a range of funding including council resources, High Needs Block, and other funding streams. This includes services across Children and Young People's Services and Adults and Health Services.

39 All schools and education settings are expected to make reasonable adjustments to meet the SEND needs of their students as outlined withing the SEND Code of Practice. This is funded through their general funding; the Local Authority will provide guidance to schools as to how much of their budget they should reasonably set aside as a notional amount for SEND provision. The reasonable adjustments expected of all schools are costed as the Age Weighted Pupil Unit (AWPU) funding and the first £6k of provision that would be considered as additional to and different from what would typically be available to all learners. Any costs for SEND provision that go beyond this can be met through the High Needs Block (HNB) of the Dedicated Schools Grant (DSG). Whilst there are enduring pressures on the HNB it is recognised that the provision of additional funding to schools is imperative to increasing confidence of both schools and families that recognised needs can be met.

40 As indicated in reports to cabinet, there have been insufficient resources to support children and young people with SEND and inclusion needs in recent years. This position is continuing and is replicated in other local authorities. It is linked to a combination of factors to include rising demand for service provision that meets the increasingly complex needs of children and young people, and the SEND Reforms (2014) that increased support to include individuals from birth up to 25 years of age.

41 Through successful delivery of the HNB Sustainability Plan we aim to ensure that services are delivered within budget in accordance with the HNB five-year financial plan, and this is supported through the SEND transformation work that is underway. Key elements of this work relate to the following areas which were subject to consultation and are reported to cabinet:

(a) Centrally Managed Services.

(b) Special Schools.

(c) Top-up Funding (TuF).

(d) Targeted Support Funding (TSF).

(e) Post 16 Funding.

(f) Funding support to Partnerships of Schools.

(g) Joint commissioning of therapies.

(h) Joint commissioning of equipment, aids, and adaptations.

(i) Alternative Provision (AP) and the Pupil Referral Unit (PRU).

42 The SEND and Inclusion Resources Board continue to oversee the implementation of the HNB work programme to deliver the proposed changes, the five-year plan, and any impact from the coronavirus outbreak. The Board are planning a review of their work during the year which will take account of the new SEND strategy and the expected national review of SEND due to be published in the spring 2022.

Links to the Joint Health and Wellbeing Strategy

43 The SEND Strategy is linked to the Joint Health and Wellbeing Strategy throughout, and notably through the 'Starting Well' priority. The SEND Strategy is also aligned with the Approach to Wellbeing and the Wellbeing Principles have been adhered to throughout.

44 People and Places – the strengths and assets of communities have been recognised and communities have been worked with and consulted widely in the formulation of this Strategy. Children and young people with SEND will be supported to be as independent as possible in the future, in line with the SEND Strategy's aims.

45 Supporting Systems – the SEND Strategy has been created across the Partnership and will be implemented in the same way. Children, young people and their families have been involved in the process and will continue to be vital to the implementation of the Strategy. Empowerment and independence for children and young people with SEND in County Durham are central themes throughout the Strategy.

46 Using What Works – partners and children and families have been involved in this process from the beginning and will continue to be involved and heard throughout implementation.

Conclusion

47 The purpose of the SEND Strategy is to set out the strategic approach, key priorities, and actions to work towards positively supporting and including children and young people with SEND as they progress towards adulthood. The SEND Strategy provides a vision and aims to guide all services working with children and young people with SEND

and their families as individual services and also collectively as a partnership. This strategy has been coproduced and promotes and facilitates the development, review, and transformation of services.

Author:
Martyn Stenton, Head of Early Help, Inclusion and Vulnerable Children

Martyn.stenton@durham.gov.uk 03000 268 067

Appendix 1: Implications

Legal Implications

The Children and Families Act 2014 covers the SEND reforms and is accompanied by statutory guidance for organisations to follow through the SEND code of practice: 0 to 25 years (2015).

The overarching legal implication within the report is the Equality Act 2010 with respect to the Public Sector Equality Duty (PSED). Section 149 of the Act details the requirement when taking decisions to have due regard to the need to advance equality of opportunity for people with protected characteristics, foster good relations between such groups and eliminate unlawful discrimination. It is necessary the impact on those groups is analysed as part of each area of work linked to HNB sustainability.

Finance

A range of funding from various sources supports the education, health and care needs of children and young people with SEND.

The financial position relating to the High Needs Block (HNB) is monitored through the Special Educational Needs and Inclusion Resources Board and reported regularly to Cabinet. There is a current HNB sustainability plan which seeks to support children and young people with SEND within the resources available.

Consultation

Developing the SEND Strategy has been informed by:

- Public consultation on the Nigh Needs Block reported to Cabinet in January 2020.
- Stakeholder engagement between April 2021 and June 2021 including Children and Young People, Parents and Carers, SENCOs, Headteachers, Health Professionals, Overview and Scrutiny.
- Local Area SEND OFSTED inspection 2017 and revisit 2020.
- Discussions with a number of management teams and partnership groups and discussion with parents at Making Changes Together conference in autumn 2021

Equality and Diversity / Public Sector Equality Duty

As the SEND Strategy affects 0-25 years old with SEND and their families, parents, and carers there is potential impact for the protected characteristics of age, disability, sex, and ethnicity. There is disproportionate impact in relation to sex (both male and female) and ethnicity. Significantly more males have an ECHP (74%). In terms of impact on women, evidence suggests they are more likely to have caring responsibilities for children and young people. Ethnicity data shows there is potential disproportionately in terms of ethnic minorities with special education needs (SEN).

The Strategy aims to reduce any inequalities faced by children and young people with SEND negative impact is therefore not anticipated, as proposals aim to create a more inclusive SEND education offer. This should impact positively in terms of disability, age (children, young people with SEND and their parents or carers), sex and ethnicity.

Climate Change

An intended outcome of this programme of work, is to increase support for young people to attend local schools, rather than travel to schools that are further away, both within and outside of the county. The successful delivery of the programme will result in reduced miles travelled by pupils, thereby reducing carbon dioxide emissions and potentially a reduced contribution to local traffic congestion.

Crime and Disorder

None.

Staffing

None.

Accommodation

None.

Risk

None.

Procurement

None.

Appendix 2: SEND Strategy 2022-2024

Attached as a separate document

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SEND Strategy for County Durham Local Area Partnership

2022 - 2024

Durham County Council

Contents

Purpose and Introduction

This is our local strategy for children, young people with Special Educational Needs and Disabilities (SEND) It will enable us to understand what we need to do together to make sure that children and young people with SEND are fully included in our communities, that we work together to achieve this vision, and what we can each contribute.

This Strategy will:

- Inform and support what we do
- Enable us to understand when we are making progress
- Help to identify what else we need to do
- Promote inclusion in supportive communities at every step.

It is also important that this new SEND Strategy makes sense for all stakeholders and has their support which is why it has been developed in collaboration with all those who are involved including:

- Children and young people
- Families
- Schools and education settings
- The SEND Strategic Partnership
- Services and teams who support children and young people across County Durham
- Individual Practitioners.

Our vision for children and young people with special educational needs and disabilities is the same as it is for all children and young people in County Durham: That they are safe and part of their community, have the best start in life, have good physical and mental health, and gain the education, skills and experiences to prepare them for adulthood

This strategy should be built on a foundation of strong relationships and clear and positive communication between children and young people with SEND and those who support them.

Our Aims

- Where possible, for all children and young people to attend their local school and education setting which understands them and is able to meet their needs
- To work closely with families to develop resilience and feel confident that needs are understood and met, and will continue to be met through all transitions
- To listen to what children and young people are telling us when supporting them and to support positive inclusion and develop their resilience and independence
- To identify needs in a timely way and have the right support available to meet needs at the right time
- For all education settings and their workforce to be confident in identifying and meeting needs, and to promote good health and wellbeing and inclusion
- To have a joined up offer of support available, which is appropriate to assessed needs.

Indicators of Inclusion

'Inclusion' is a powerful statement of rights but can sometimes be difficult to describe in ways that make sense to what we do and see on a daily basis. Working together we have defined some of the key things that we would notice if children and young people were successfully included in their community. These are:

- Being **present** in their education setting
- **Participating** fully in their educational community
- **Achieving a**nd making progress at a pace that is right for them
- Feeling that they **belong i**n their community
- Working towards being as **independent** as possible.

Background

In Durham we are ambitious for all children and young people including those with SEND. This strategy builds on the work and achievements of the County Durham SEND Strategy 2019/20.

Being described as having Special Educational Needs means that a child or young person finds it harder to learn than most children and young people of the same age. This means they may need extra or different help from that given to others to reduce the impact of these difficulties and enable them to be settled in their school or education setting, and to make progress.

Many children and young people will have SEN of some kind at some time during their education. Learning providers can help most children and young people succeed with some changes to their practice or additional support. Some children and young people will need extra help for some or all of their time in learning and beyond. Many children and young people who have SEN may also have a disability. A disability is described in law (the Equality Act 2010) as ‘a physical or mental impairment which has a long-term (a year or more) and substantial adverse effect on their ability to carry out normal day-to-day activities.’ This includes, for example, sensory impairments such as those that affect sight and hearing, and long-term health conditions such as asthma, diabetes or epilepsy.

Life with SEND can be difficult if needs go unidentified or unmet, with the right support children and young people can and should participate fully and make progress in many or all aspects of their life. The (2014) Children and Families Act has created a framework in the SEND Code of Practice that improves support by extending access to provision from birth to 25 years of age and providing a legal context that gives children and young people, and their families, greater choice in decisions and ensuring needs are properly met.

Both the Children and Young Peoples Act (2014) and the Equality Act (2010) are based on important international laws that are clear about the rights of all people, including children and young people, to be included in their community and place duties and responsibilities on all of us to make adjustments that enable this to happen. This strategy is built on a foundation of promoting inclusive communities. Where we:

- All work together to achieve this
- All communicate positively with each other
- Commit to work together to overcome challenges when they present.

This SEND strategy must have regard to the legal requirements for SEND and Equality, as well as recent National and Local reviews and explorations with partners. Some of the key documents and reviews that have helped shape this strategy are:

- The Children and Families Act 2014 (and associated SEND Code of Practice)
- The Equality Act 2010
- The Autism Act 2009
- The Marmot Review of Health inequalities 2010 and its review in 2020
- SEND reforms (anticipated later 2021)
- Durham County Council strategies and plans including the county plan and Children and Young People's plan
- Durham Partnership reviews and strategies including:
  - County Durham Vision 2035
  - Local Transformation plan for Mental Health
  - Think Autism Strategy (2019-22)
  - High Needs Consultation (2019)
  - High needs review (2018)
  - Health Needs Assessment for SEND (2019)
  - SEND Ofsted inspection (2017) and revisit (2020).

See Appendix 4 for additional information relating to SEND Data for County Durham, and commitments from the High Needs Block review and commitments to system transformation.

What do we need to do?

Our commitment to the vision, aims and indicators will be measured by the positive impact on children and young people, and what we each do to promote this. The starting point is recognising that if children and young people with SEND are to thrive then the foundation is our commitment to create cultures that enable us to communicate positively and work together.

Across the partnership in Durham, we recognise that every child and young person, their family, their community and education setting has a role to play in supporting every child to thrive. The SEND strategy is built an understanding that all parts of this system must work together with a shared focus to achieve the best outcomes for every child/young person.

As we have built this strategy we have agreed:

- What is important
- Some of the key steps on the way
- What we would notice for the whole of the County if we were getting it right.

We will use this information to check the progress that is being made, and to understand what else we need to do.

Below are the higher-level actions and indicators for the County Durham SEND Partnership. A detailed action plan will be produced for the SEND Strategic Partnership. Individual Organisations will develop their own action plan and report through to the Strategic Partnership.

Our Aims	What needs to be in place for children and young people in their setting?
Where possible, for all children and young people to attend their local school or education setting which understands them and is able to meet their needs	The School/setting has good understanding of how to meet identified needs and is meeting them All elements of the Send Partnership are committed to inclusive practices All SEND resources and systems support efficient and effective practices There is clarity and consistency as to what constitutes quality first teaching and access to additional provision when needed
To work closely with families to develop resilience and feel confident that needs are understood and met, and will continue to be met through all transitions	Families should be meaningfully involved in the assess plan do review cycle Families are able to engage positively with the identified school or setting Families, schools and agencies are committed to positive processes of collaboration Families feel confident and are able to support their child to be resilient, develop, and be as independent as possible Family support that supports independence and resilience
To listen to what children and young people are telling us when supporting them and to support positive inclusion and develop their resilience and independence	Young people are meaningfully involved in the assess plan do review cycle Young people are able to engage positively with key staff in their identified school or setting in a way that is appropriate to their developmental stage Young people are supported from an early age to participate in decisions about their future in a way that is appropriate to their developmental stage
To identify any needs in a timely way and have the right support available to meet needs at the right time	There should be appropriate information available relating to strengths and needs There is a clear understanding of strengths and needs that informs practice This information should be accessible and shared at all transition points, including between classes and education settings
For all education settings and their workforce to be confident in identifying and meeting needs,	Each school and education setting has an appropriately supported workforce delivering a curriculum that meets the needs of its community Each school, education setting and agencies are committed to positive collaborative processes

Our Aims	What needs to be in place for children and young people in their setting?
and to promote good health and wellbeing and inclusion	Each school and education setting committed to practice which supports the inclusive principles of the Salamanca Statement Health and social care partner agencies working in collaboration with families, young people and schools to promote good health
To have a joined up offer of support available, which is appropriate to assessed needs	Timely access to external advice, help and support across the education, health and care partnership A full range of information relating to needs is available

Our Indicators of Success? What might we see across the Partnership for Children and Young People with SEND?		Our data for children and young people with SEND will include:
Presence	More children and young people receiving a good quality education in a school or setting close to their home Families feeling confident that their child is safe happy and making progress in their school/setting School and education staff feeling confident that they are able to meet needs	Increased school/setting attendance figures Reduction in elective home education requests Reduction in part time timetables Reduction in fixed term and permanent exclusions of pupils with SEND Increased proportion of children and young people (cyp) having needs met in mainstream schools Reduction in home to school transport journeys
Participation	Children going to school contentedly and participating in the whole school and community offer	Children and young people reporting they feel settled Children reporting they have friends and feel safe Increased participation in after school activities Reduced numbers of children and young people travelling out of their community to school
Achievement	Children and young people making progress in all areas of their development and having the best possible physical and mental health	Access to an appropriate curriculum that meets needs enabling measurable and academic progress Progress against SEN and EHCP outcomes Access to timely additional assessment and support from all partners across the partnership
Belonging	All children and young people being valued for who they are and the unique qualities they bring Children and young people making connections with people and activities in their broader community	Fewer changes in school outside of usual transition times Children and young people reporting they are accessing safe and positive leisure activities Greater parental satisfaction relating to school and provision Fewer parental expressions of concern relating to provision Increased numbers of children and young people receiving their education close to their home

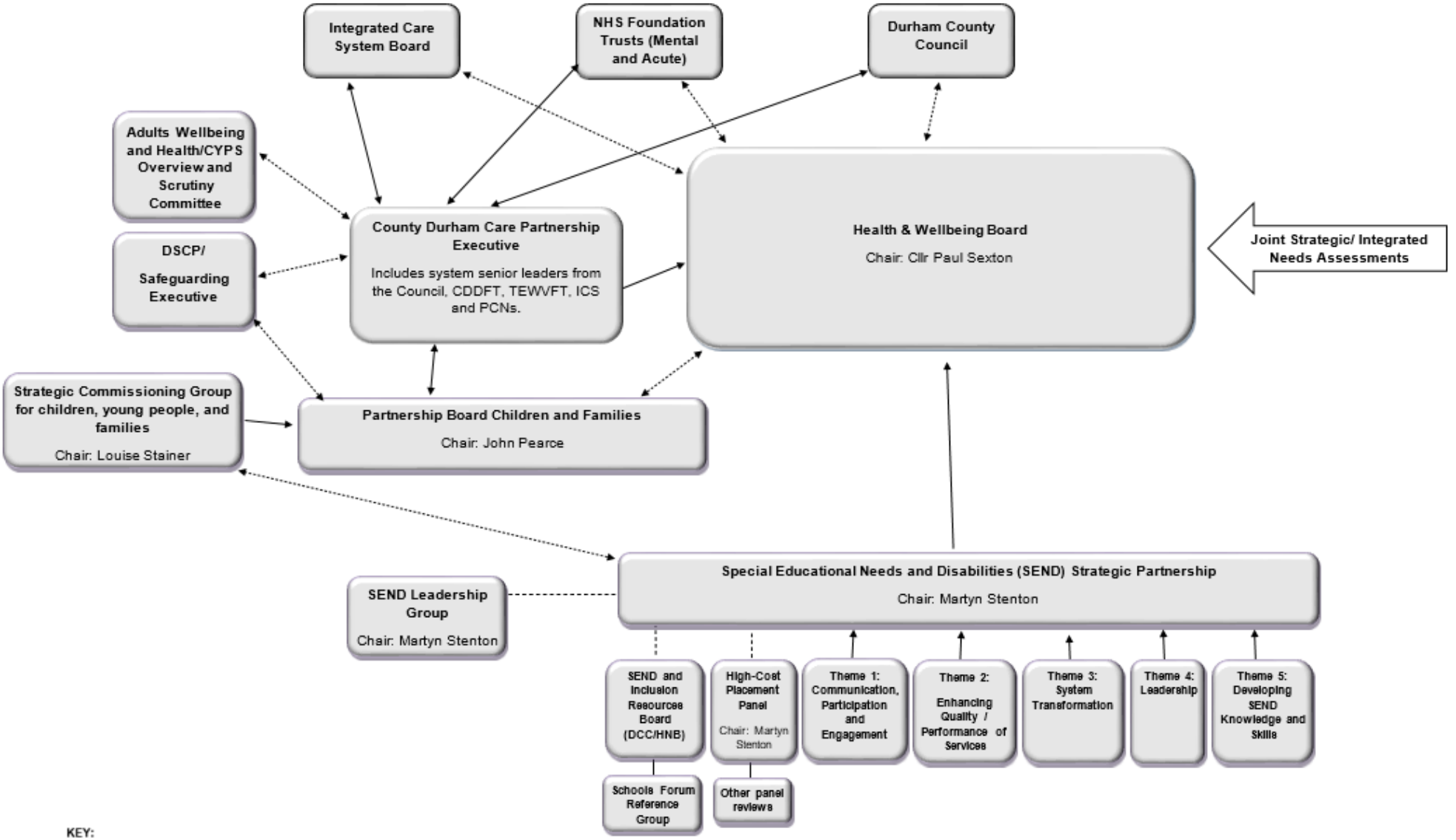
Our Indicators of Success? What might we see across the Partnership for Children and Young People with SEND?		Our data for children and young people with SEND will include:
Independence	Young people having strong and supportive social networks Young people having good physical and mental health Young people making a positive contribution to their community as they transition into adulthood	Reduced number of requests for individual support The voice of children and young people is evident in body of SEN and EHC plans More children and young people travelling to school independently as they mature An increase in access to pathways into employment More young people with SEND living independently where they choose to do so

Partnership Oversight of Performance and Quality Assurance

In continuing to ensure that our Local Area SEND systems are working for children and young people with SEND and their families it is essential that as a partnership we work effectively together. The SEND Strategic Partnership has oversite of working arrangements and partnership performance across education, health and care services (see Appendix 1). This oversight includes:

- A quality assurance framework which sets out aims, measures of success and actions
- A data framework to measure these
- Compiling broader information about how stakeholders contribute to strategic aims includes a programme of multi-agency and single agency audits
- Regular political oversight through the council's cabinet and scrutiny committee, and the Health and Well Being Board
- Continuing monitoring and learning from external inspection, compliments and complaints.

Appendix 1: SEND Governance Arrangements



Appendix 2

Templates for actions and commitments that will support each part of the system to contribute to this vision

Call for Action: It will be for each family, young person, education setting, team and service to action plan some of the detailed steps on the way ensuring that every action contributes to achieving the overarching aims of the Strategy.

Here you will find individual templates for each service, team or education setting to use to support their action planning and the evidence that they will collect to understand their contribution.

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Agreed Aims	What needs to be in place
Where possible, for all children and young people to attend their local school which understands them and is able to meet their needs	
To work closely with families to develop resilience and feel confident that needs are understood and met, and will continue to be met through transition	
To listen to what children and young people are telling us when supporting them and to develop their resilience and independence	
For all education settings and their workforce to be confident in identifying and meeting needs, and to promote good health and wellbeing and inclusion	
To identify needs in a timely way and have the right support available to meet needs at the right time	
To have a joined up offer of support available, which is appropriate to assessed needs	

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Inclusion Indicator	Our indicators of success	Our evidence
Presence		
Participation		
Achievement		
Belonging		
Independence		

Appendix 3

Partners involved in the development of this strategy

With thanks to the contributions from many parts of the Local Area SEND partnership including:

- Children and young people including the ‘eXtreme’ Group
- Families of children with SEND including ‘Rollercoaster’ and ‘Making Changes Together’
- Schools and other education providers including Headteachers/Leaders, SENCOs and Pastoral staff
- DCC teams from CYPS including SEND and Inclusion, Early Help, Social Care, Education, Youth Justice, Aycliffe Secure
- Health service providers and commissioners.

Appendix 4

SEND Information for County Durham April 2021

SEND in County Durham

76,000
School age population 1

12,165 with SEN 1
9,782 with SEN Support
2,383 with an EHCP

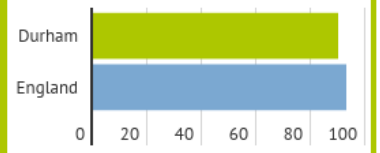
3,975
County Durham residents aged 0-25 years with an EHCP 1a

One in 6 schoolchildren in County Durham has SEN (16%)

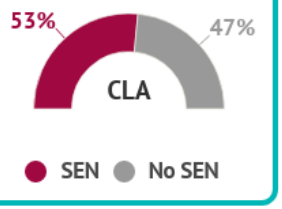
41% of all children & young people with an EHCP are educated in special schools 2

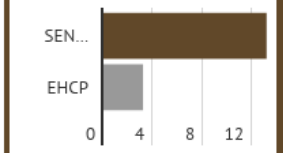
Young people with SEND are more likely to be excluded than their peers

90% of 16-17 year olds with an EHCP are in education, employment or training 4



53% of Children Looked After have a recognised SEN 3





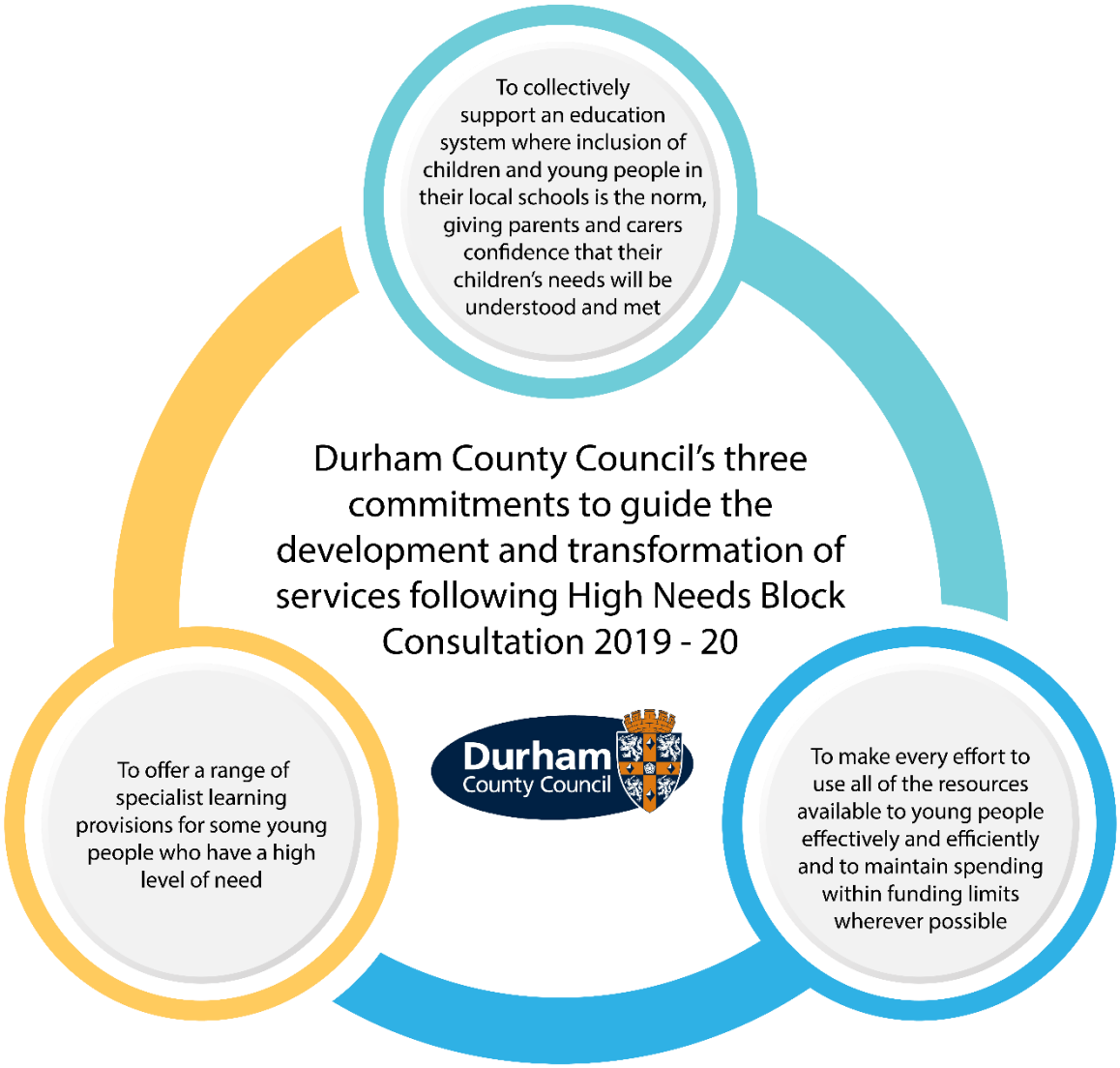
Of the school population 13.2% have their needs met through SEN Support and 3.2% have complex needs met through an EHCP 1

169 young people with SEND are in non-maintained provision 2

56% of those with an EHCP in special schools have a primary need of either SEMH or social communication including ASC 2

Notes and Sources:

1. Children in County Durham schools, January 2021 School Census, Durham County Council. 1a. Durham County Council, January 2022 (SEN2 return). 2.Durham County Council, as at October 2021.


To collectively support an education system where inclusion of children and young people in their local schools is the norm, giving parents and carers confidence that their children's needs will be understood and met
Durham County Council's three commitments to guide the development and transformation of services following High Needs Block Consultation 2019 - 20
Durham County Council
To offer a range of specialist learning provisions for some young people who have a high level of need
To make every effort to use all of the resources available to young people effectively and efficiently and to maintain spending within funding limits wherever possible

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SEND STRATEGY FOR COUNTY DURHAM LOCAL AREA PARTNERSHIP 2022-24

County Durham Health & Wellbeing Board

Better for everyone

Purpose and Introduction

This is our local strategy for children, young people with Special Educational Needs and Disabilities (SEND) It will enable us to understand what we need to do together to make sure that children and young people with SEND are fully included in our communities, that we work together to achieve this vision, and what we can each contribute.

This Strategy will:

- Inform and support what we do
- Enable us to understand when we are making progress
- Help to identify what else we need to do
- Promote inclusion in supportive communities at every step

It is also important that this new SEND Strategy makes sense for all stakeholders and has their support which is why it has been developed in collaboration with all those who are involved.

Vision

- Our Vision for children and young people with special educational needs and disabilities is the same as it is for all children and young people in County Durham: That they are safe and part of their community, have the best start in life, have good physical and mental health, and gain the education, skills and experiences to prepare them for adulthood
- This strategy should be built on a foundation of strong relationships and clear and positive communication between children and young people with SEND and those who support them.

Background

- Both the Children and Young Peoples Act (2014) and the Equality Act (2010) are based on important international laws that are clear about the rights of all people, including children and young people, to be included in their community and place duties and responsibilities on all of us to make adjustments that enable this to happen. This strategy is built on a foundation of promoting inclusive communities. Where we:
- All work together to achieve this
- All communicate positively with each other
- Commit to work together to overcome challenges when they present

County Durham Health & Wellbeing Board

Better for everyone

Aims

Where possible, for all children and young people to attend their local school which understands them and is able to meet their needs	To work closely with families to develop resilience and feel confident that needs are understood and met, and will continue to be met through transition	To listen to what children and young people are telling us when supporting them and to develop their resilience and independence	To identify needs in a timely way and have the right support available to meet needs at the right time	For all education settings and their workforce to be confident in identifying and meeting needs, and to promote good health and wellbeing and inclusion	To have a joined up offer of support available proportionate to assessed needs

Inclusion Indicators

County Durham Health & Wellbeing Board

Better for everyone

Next Steps

Call for Action: It will be for each family, young person, education setting, team and service to action plan some of the detailed steps on the way ensuring that every action contributes to achieving the overarching aims of the Strategy.

The Appendices in the strategy have some individual templates for each service, team or education setting to use to support their action planning and the evidence that they will collect to understand their contribution

Health and Wellbeing Board

11 May 2022

County Durham and Darlington Child Death Overview Panel Annual Report 2020/21

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

Electoral division(s) affected:

Countywide

Purpose of the Report

1 The purpose of the report is to present to the Health and Wellbeing Board the 2020/21 County Durham and Darlington Child Death Overview Panel (CDOP) Annual Report attached at Appendix 2 and to give a brief summary of the main report.

Executive Summary

2 This year's Annual report contains the summary of activity carried out by the County Durham and Darlington Child Death Overview Panel (CDOP) which seeks to drive improvements improve the health, safety and wellbeing of children and young people in County Durham and Darlington The child death review process covers children under 18 years of age. A child death review must be carried out for all children regardless of the cause of death.

Recommendations

3 The Health and Wellbeing Board is recommended to:

a. Note the content of this report and the associated CDOP Annual Report as assurance it is fulfilling its responsibilities as a sub-group of the DSCP.

Background

4 The Child Death Overview Panel (CDOP) is a joint sub-group of Durham Safeguarding Children Partnership and Darlington Safeguarding Partnership. The Child Death Overview Panel meetings are held on a bi-monthly basis and there has been consistent organisational commitment since the Panel was established in 2008.

5 Since April 2008 all deaths of children up to the age of 18 years, excluding still births and planned terminations are to be reviewed by a Child Death Overview Panel (CDOP) to accommodate the national guidance and statutory requirement set out in Working Together to Safeguard Children 2018.

Child Death Review Process

6 There are 3 interrelated processes for reviewing child deaths (detail in main report):

i. Joint Agency Response.
ii. Child Death Review Meeting.
iii. Child Death Overview Panel.

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

8 The Panel has two distinct elements:

i. ***Case Reviews***
The Panel categorise a likely/cause of death, identify any environmental, extrinsic, medical or personal modifiable factors that may have contributed to the death and consider any agency, strategic, regional and/or national recommendations to prevent future deaths.

ii. ***Business***
The Panel considers the business arising from case reviews and the other responsibilities and statutory functions of CDOP.

9 There were 18 children in Durham and 11 in Darlington died between 1 April 2020 and 31 March 2021, which was a decrease in 3 from the previous reporting period. Neonatal deaths still account for the highest

proportion (30%), although this is a drop from the previous year of 43%. Significant areas of increase are shown as external event and suicide or self harm.

10 Between April 2020 and March 2021 there were four Child Death Overview Panels in which 43 cases were reviewed. The Panel does not review cases until all information is gathered and other processes have been completed such as Serious Incident Reviews, Root Cause Analysis, criminal proceedings and Serious Case Reviews. At each Child Death Overview Panel, the Designated Doctor for Child Deaths presents the circumstances of each death to the multi-agency panel. The case is reviewed in detail and recommendations/actions logged for monitoring purposes.

11 34 child death reviews are ongoing; 18 of which cannot be completed until other proceedings have been concluded.

12 The Child Death Review Statutory & Operational Guidance states that CDOPs should aim to review all children's deaths within six weeks of receiving all information including the results of the Coroner's Inquest. Out of 43 completed reviews, 21% were completed in less than six weeks. This has been compounded following the COVID-19 pandemic throughout 2020-21. A decision was reached that all face to face meetings would be suspended and future Child Death Overview Panel meetings would be held virtually. The Panel considers that this transition has been successful and has not impacted on the quality and discussion at the Panel meetings.

13 Reasons for those taking longer than six months to complete include 18 cases subject to other proceedings. The Child Death Overview Panel has agreed to not complete a Child Death Review until all relevant information has been received. A monitoring system has been built into the Child Death Database to specifically identify the reasons for this as well as an escalation process to address agency report forms not submitted within a timely manner.

Analysis of Key Learning

14 The aggregated findings from all child deaths informs local strategic planning including the joint strategic needs assessment, on how to best safeguard and promote the welfare of children in the area. This annual report will assist in ensuring that learning from CDOP is shared with partners and informs the wider Durham Safeguarding Children Partnership and Darlington Safeguarding Partnership annual reports.

15 The following modifiable factors and key learning points identified from the Child Death Reviews completed during 2020/21 have been condensed into the following concise bullet points to maintain the anonymity of the cases discussed:

- Smoking in the household.
- Smoking during pregnancy.
- Management of high risk pregnancies.
- Co-sleeping and parental alcohol and/or substance misuse.

Areas of Good Practice

16 There were a number of cases where it was acknowledged the support and actions taken by professionals involved with a child/young person and their parents/carers was highly commendable and was considered to be over and beyond their roles and responsibilities.

17 The role of the Rapid Response Service continues to be identified as being a highly invaluable resource, evidenced through joint investigations with the Police together with the Joint Agency Response process.

Developments During 2020/21

18 There have been a number of significant developments made during this period, all of which are detailed in the main Annual Report. A few of note are:

- A review of Sudden Unexpected Death in Infancy in families where the children are considered at risk of significant harm;
- ICON – Parental/Carer advisory programme to reduce potential traumatic head injury in infants;
- Vicarious Trauma – awareness raising for practitioners;
- Changes have been made to the CAMHS Front End Service to ensure both young people and their parents/carers' voices are heard during the assessment process.

Developments for 2021/22

19 Some of the ongoing or proposed developments for 2021/22 were as follows:

- Improved coordination of Child Death Thematic Reviews;
- Improve timescales for completion and receipt of Post Mortem Reports;

- Better oversight and control over Child Death Reviews vs Child Safeguarding Practice Reviews (formerly Serious Case Reviews);
- Awareness raising and learning - Co-Sleeping, Parental Smoking and Parental;
- Child Death Overview Panel Development Session considering themes.

Conclusion

The CDOP annual report is a statutory requirement and provides a strategic summary of the child deaths during the year and the outcomes of the child death reviews that have been considered by CDOP.

Author Emma Maynard Tel: 03000 266761

Appendix 1: Implications

Legal Implications

Durham County Council meets its statutory requirement as a child death review partner by working in line with HM Government Child Death Review Statutory and Operational Guidance, October 2018 and Working Together to Safeguard Children 2018. In addition, working in line with Section 16Q of the Children Act 2004, as amended by the Children and Social Work Act 2017.

Finance

Statutory partners continue to work within financially challenging times. The CDOP requirement is a statutory obligation placed upon the Council to continue to meet. Staffing support is met by the Durham County Council and Durham Safeguarding Children Partnership arrangements.

Consultation

No implications.

Equality and Diversity / Public Sector Equality Duty

No implications.

Climate Change

No implications.

Human Rights

No implications.

Crime and Disorder

Close partnership working exists under the requirements of CDOP. The relevant statutory partners working together to address any requirements in relation to reporting and in the prevention and detection of crime.

Staffing

No implications.

Accommodation

No implications.

Risk

The risk to child death review partners, (the Council) is minimal due to the statute requirement.

Procurement

No implications.

Appendix 2: The Child Death Review Process For County Durham and Darlington Annual Report 2020/21

Attached as a separate document.

The Child Death Review Process for County Durham and Darlington Annual Report

2020/21

Introduction

This year's report contains the summary of activity carried out by the County Durham and Darlington Child Death Overview Panel (CDOP) which seeks to drive improvements improve the health, safety and wellbeing of children and young people in County Durham and Darlington.

Child Death Review Process

The child death review process covers children under 18 years of age. A child death review must be carried out for all children regardless of the cause of death.

This includes the death of any live-born baby where a death certificate has been issued. In the event that the birth is not attended by a healthcare professional, child death review partners will carry out initial enquiries to determine whether or not the baby was born alive. If these enquiries determine that the baby was born alive the death must be reviewed.

For the avoidance of doubt, it does not include stillbirths, late foetal loss, or terminations of pregnancy (of any gestation) carried out within the law.

Cases where there is a live birth after a planned termination of pregnancy carried out within the law are not subject to a child death review.

Background to the Child Death Review Process

Since April 2008 all deaths of children up to the age of 18 years, excluding still births and planned terminations are to be reviewed by a Child Death Overview Panel (CDOP) to accommodate the national guidance and statutory requirement set out in Working Together to Safeguard Children 2018.

Child Death Review partners, the Local Authorities and Clinical Commissioning Groups for County Durham and Darlington now hold responsibility for the delivery of the Child Death Review Process as set out in the Children Act 2004, as amended by the Children and Social Work Act 2017. The CDOP is multiagency with differing areas of professional expertise. This process is undertaken locally for all children who are normally resident in County Durham and Darlington.

Child Death Review Process

There are three interrelated processes for reviewing child deaths:

1. Joint Agency Response

A co-ordinated multi-agency response (on-call health professional, police investigator, duty social worker), should be triggered if a child's death:

- is or could be due to external causes;
- is sudden and there is no immediately apparent cause (including SUDI/C);
- occurs in custody, or where the child was detained under the Mental Health Act;
- where the initial circumstances raise any suspicions that the death may not have been natural; *or*
- in the case of a stillbirth where no healthcare professional was in attendance.

2. Child Death Review Meeting

This is the multi-professional meeting chaired by the Designated Paediatrician for Child Deaths and attended by professionals directly involved in the care of that child during life and those involved in the investigation after death. The nature of this meeting will vary according to the circumstances of the child's death and the practitioners involved.

3. Child Death Overview Panel

A multi-agency panel set up by CDR partners to review the deaths of all children normally resident in County Durham and Darlington in order to learn lessons and share any findings for the prevention of future deaths.

The collation and sharing of all learning from Child Death Reviews and the CDOP is now managed by the National Child Mortality Database (NCMD) which became operational on 1 April 2019.

National Child Mortality Database

Every child death is heart-breaking. Families, friends and others who knew the child by these events and their lives are changed immeasurably. As a society it is incumbent upon us to learn from these tragedies and to identify ways in which we can change things to reduce the number of children who die in the future. The National Child Mortality Database (NCMD) was set up with this very aim in mind and this report gives a valuable source of information for providers of services, commissioners and policymakers to support evidence-based decision making to improve the health and well-being of children.

Purpose of Child Death Review

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

In addition, the Child Death Review Partners:

- Must prepare and publish reports on:
  - what they have done as a result of the child death review arrangements in their area, *and*
  - how effective the arrangements have been in practice;
- may request information from a person or organisation for the purposes of enabling or assisting the review and/or analysis process - the person or organisation must comply with the request, and if they do not, the child death review partners may take legal action to seek enforcement
- may make payments directly towards expenditure incurred in connection with arrangements made for child death reviews or analysis of information about deaths reviewed, or by contributing to a fund out of which payments may be made; and may provide staff, goods, services, accommodation or other resources to any person for purposes connected with the child death review or analysis process.

The Child Death Overview Panel

The Child Death Overview Panel (CDOP) is a joint sub-group of Durham Safeguarding Children Partnership and Darlington Safeguarding Partnership. The Child Death Overview Panel meetings are held on a bi-monthly basis and there has been consistent organisational commitment since the Panel was established in 2008 (membership can be found at Appendix 1.

The Panel has two distinct elements:

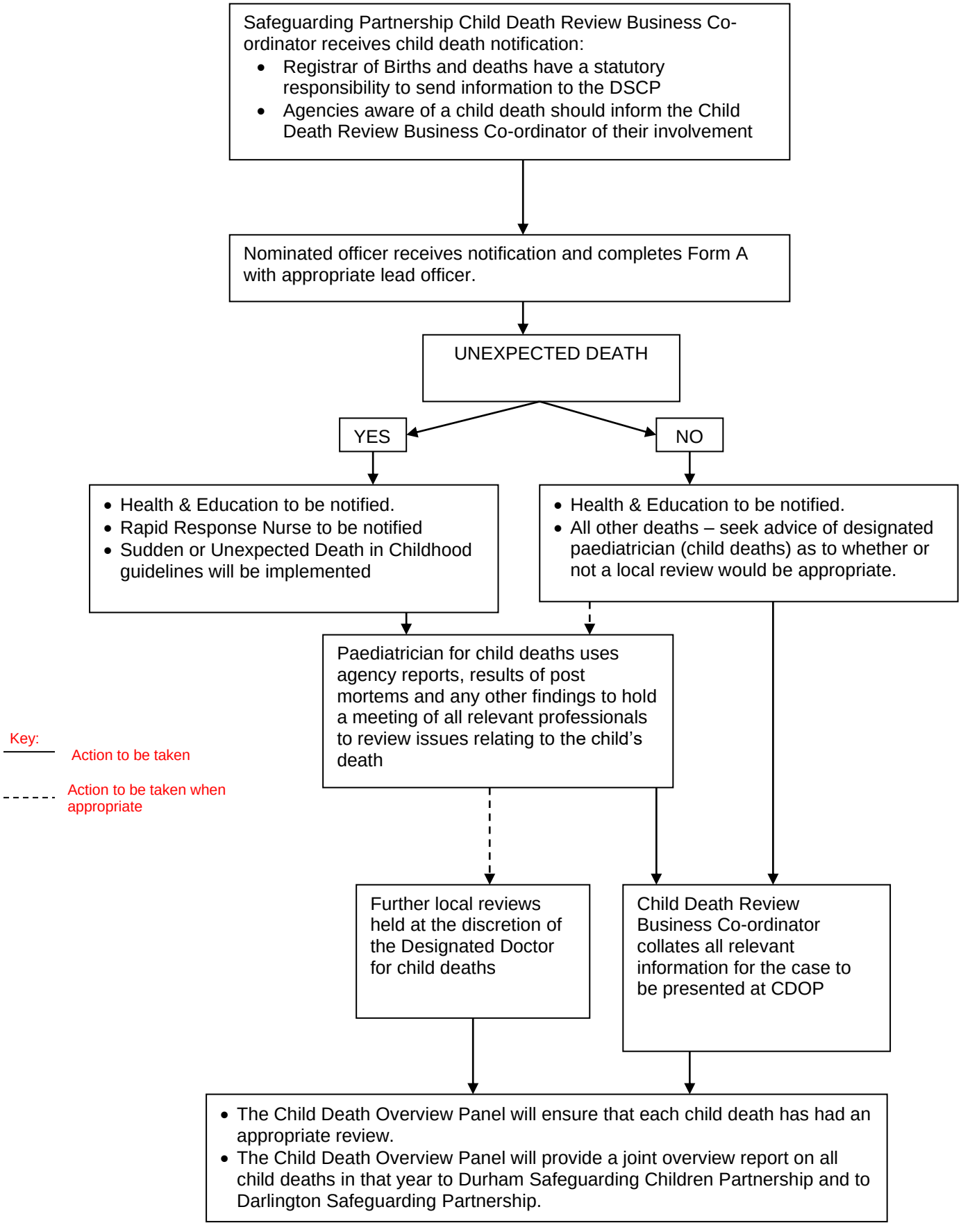
1. **Case reviews**
   The Panel categorise a likely/cause of death, identify any environmental, extrinsic, medical or personal modifiable factors that may have contributed to the death and consider any agency, strategic, regional and/or national recommendations to prevent future deaths.

2. **Business**
   The Panel considers the business arising from case reviews and the other responsibilities and statutory functions of CDOP.

The role of the Designated Doctor (child deaths) is carried out by a Consultant Paediatrician and the Joint Agency Response process is carried out by a team of senior nurses to manage and deliver the process for sudden and unexpected deaths. This ensures their active involvement at the onset of the review process in line with Government guidance. The Joint Agency Response process augments the local review of all unexpected deaths and ensures that parents are engaged and received appropriate support during the process.

The Child Death Overview Panel is the Director of Public Health to support the identification of key themes that can be raised and progressed by relevant strategic forums such as the Health & Wellbeing Board.

Child Death Review Process Flowchart



Child Death Review Notifications

18 children living in Durham and 11 children in Darlington died between 1 April 2020 and 31 March 2021.

Figure 1: The number of child deaths by Local Authority by year

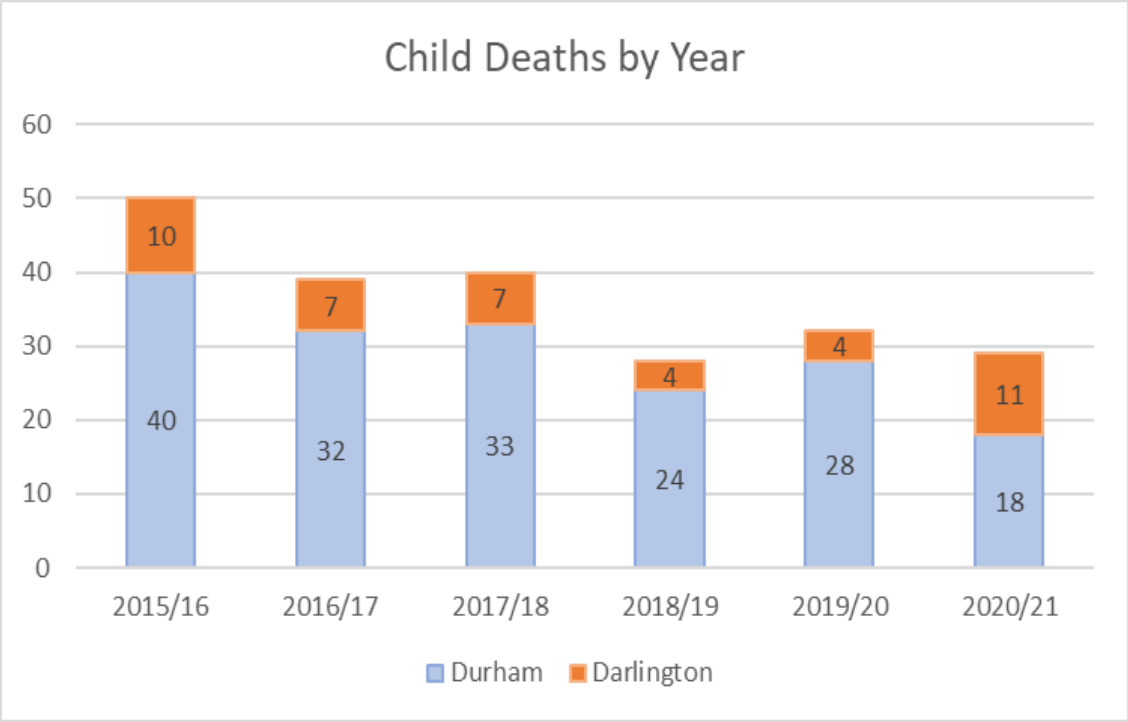
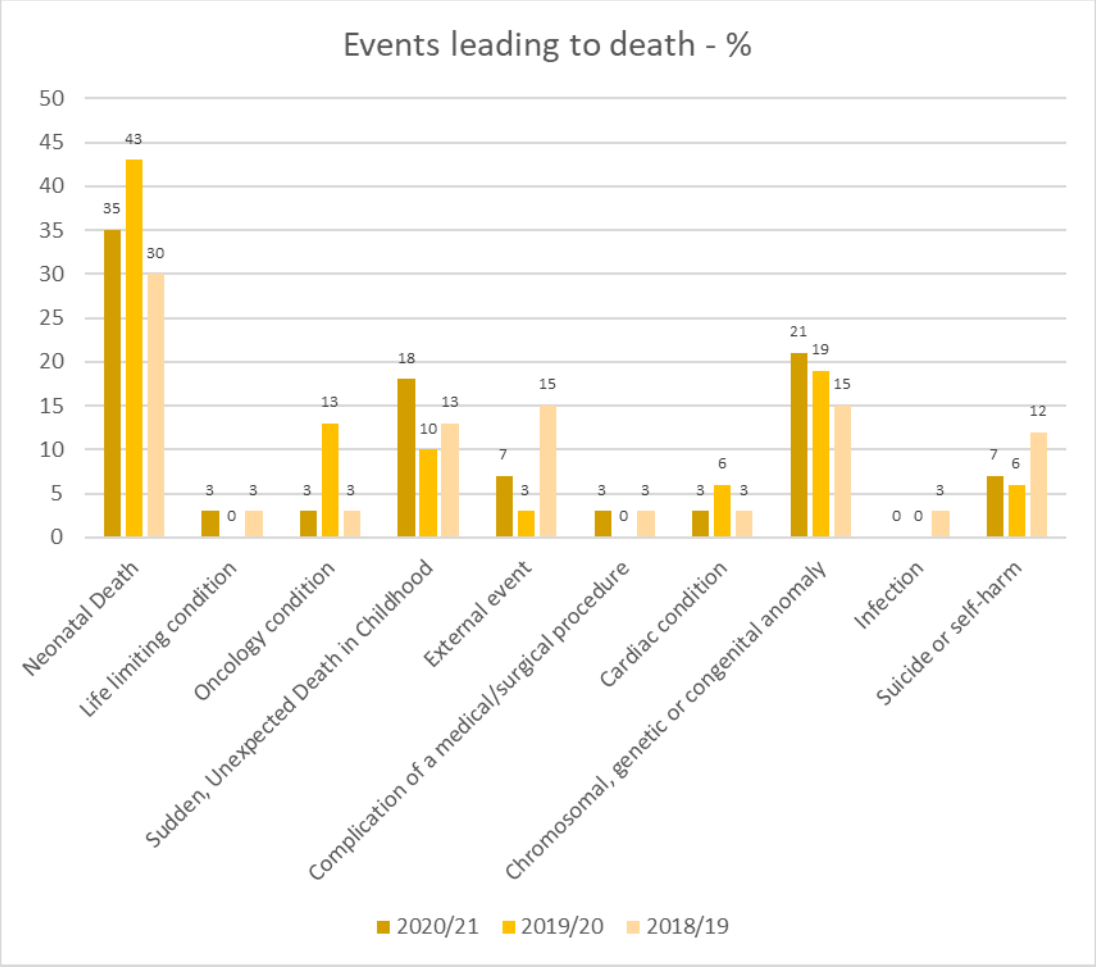


Figure 2: Events leading to death % by year



Child Death Overview Panel Performance

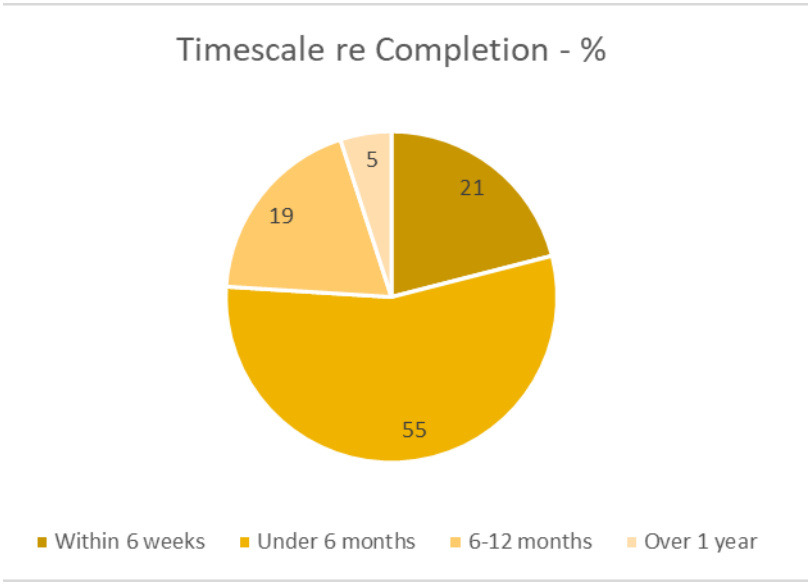
Between April 2020 and March 2021 there were four Child Death Overview Panels in which 43 cases were reviewed.

The Panel does not review cases until all information is gathered and other processes have been completed such as Serious Incident Reviews, Root Cause Analysis, criminal proceedings and Serious Case Reviews. At each Child Death Overview Panel, the Designated Doctor for Child Deaths presents the circumstances of each death to the multi-agency panel. The case is reviewed in detail and recommendations/actions logged for monitoring purposes.

34 child death reviews are ongoing; 18 of which cannot be completed until other proceedings have been concluded.

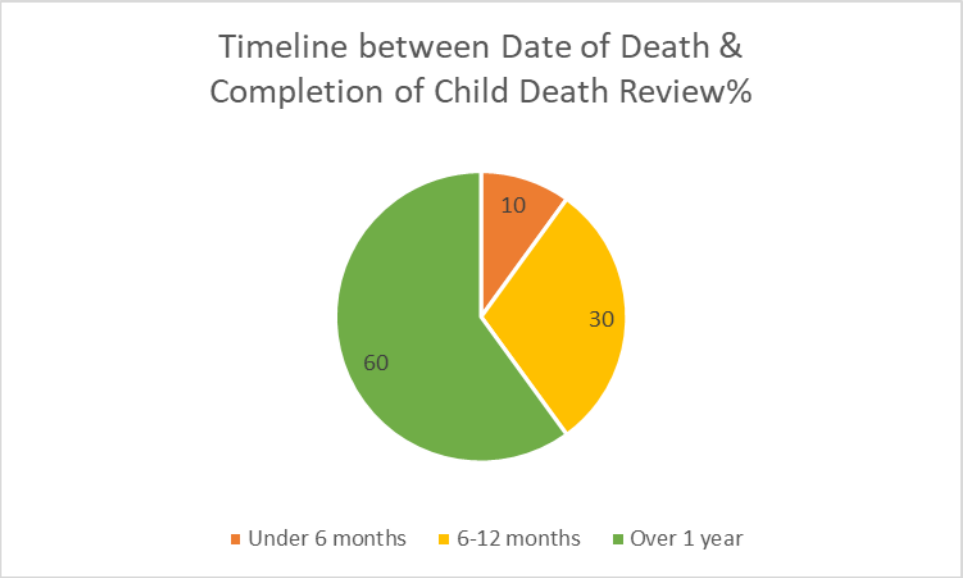
Timescale for Child Death Review Completion

Figure 3: % of CDOP completed cases by time taken between all information being received and completed at the Child Death Overview Panel.



The Child Death Review Statutory & Operational Guidance states that CDOPs should aim to review all children's deaths within six weeks of receiving all information including the results of the Coroner's Inquest. Out of 43 completed reviews, 21% were completed in less than six weeks. This has been compounded following the COVID-19 pandemic throughout 2020-21. A decision was reached that all face to face meetings would be suspended and future Child Death Overview Panel meetings would be held virtually. The Panel considers that this transition has been successful and has not impacted on the quality and discussion at the Panel meetings.

Figure 4: Timeline between Child Death Notification and Completion



Reasons for those taking longer than six months to complete include 18 cases subject to other proceedings. The Child Death Overview Panel has agreed to not complete a Child Death Review until all relevant information has been received. A monitoring system has been built into the Child Death Database to specifically identify the reasons for this as well as an escalation process to address agency report forms not submitted within a timely manner.

Figure 5: Timeline between Child Death Notification and Completion

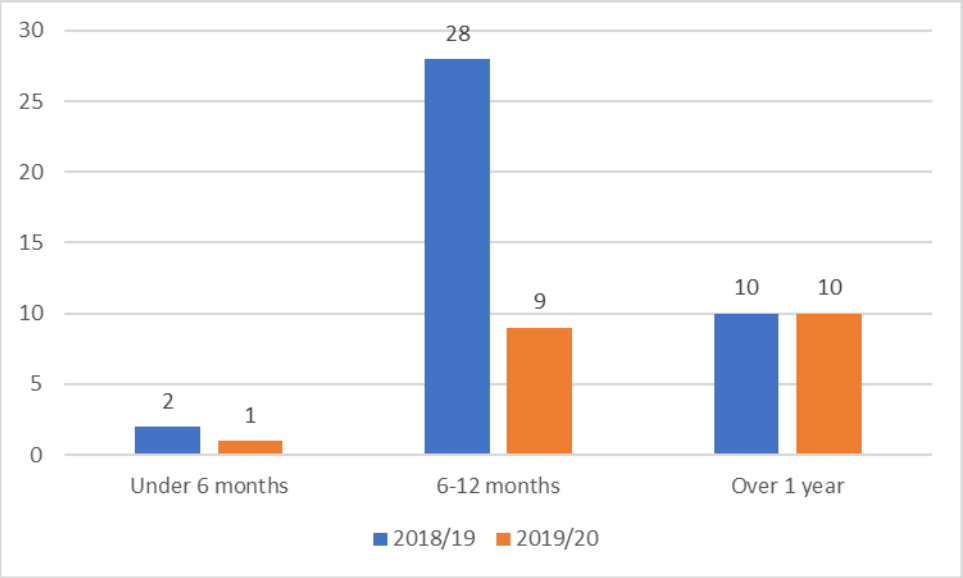
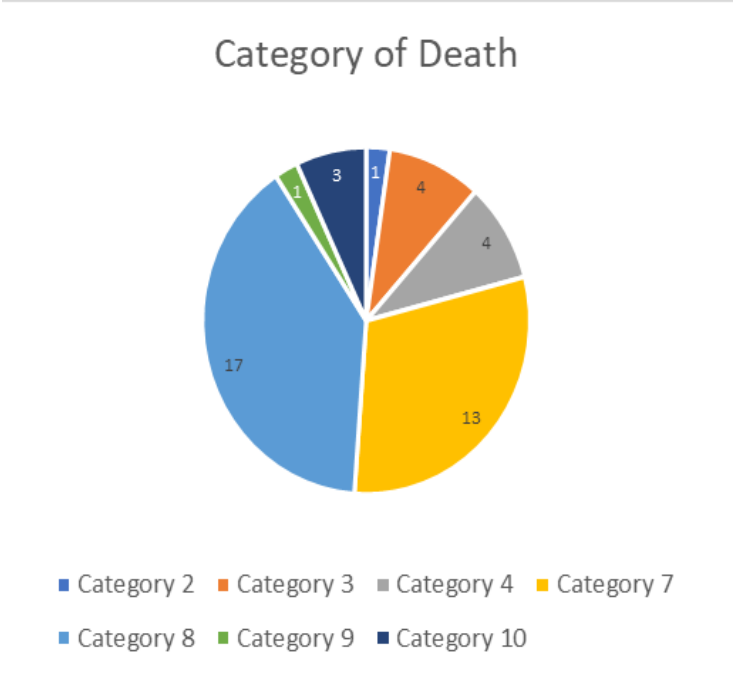


Figure 6: Category of Deaths
Categorisation is nationally determined.

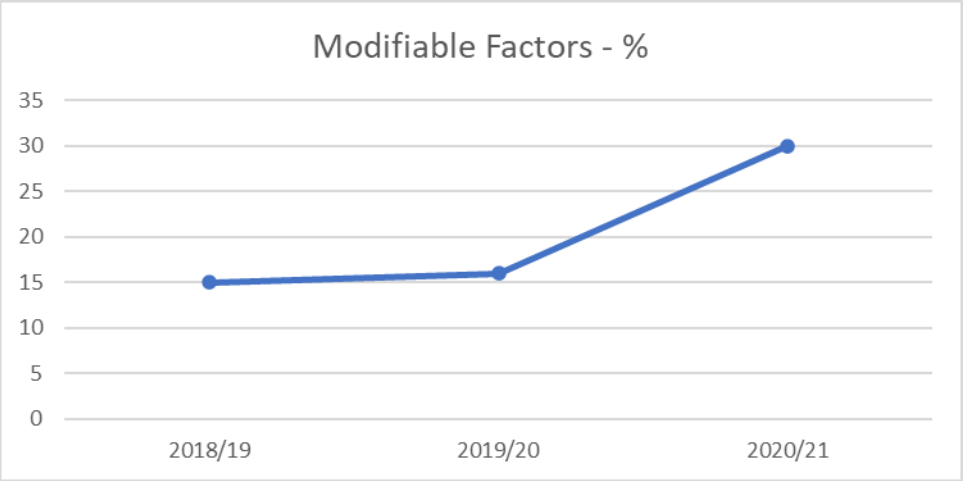
The majority of deaths relate perinatal/neonatal deaths which has consistently been the highest categories since the data has been collected.



Category 1	Deliberate inflicted injury, abuse or neglect	**Category 7**	Chromosomal, genetic and congenital anomalies
Category 2	Suicide or deliberate self-inflicted harm	**Category 8**	Perinatal/neonatal event
Category 3	Trauma and other external factors	**Category 9**	Infection
Category 4	Malignancy	**Category 10**	Sudden unexpected, unexplained death
Category 5	Acute medical or surgical condition		
Category 6	Chronic medical condition		

Chart 7: Modifiable Factors

Modifiable factors are factors that may have contributed to the death of the child and which, by means of locally or nationally achievable interventions could be modified to reduce the risk of future deaths.

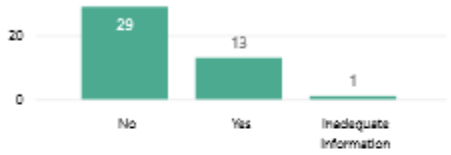


Modifiable factors were identified in 12 deaths (30%) reviewed in 2020-21. Locally this is a significant increase compared to 2019-20. Common modifiable factors identified include maternal BMI; smoking during pregnancy and co-sleeping. **It is therefore, recommended that a Thematic Review of modifiable factors is undertaken during 2021/22**.

Chart 8: Completed Reviews – Modifiable Factors compared with England

Number of cases reviewed 20/21:	% cases with modifiable factors (CDOP):	% cases with modifiable factors (England):
43	30%	34%

Were any modifiable factors identified?



% of cases where modifiable factors were identified by age group

Age group	Completed Reviews	Cases where modifiable factors identified	Modifiable Factors Identified (%)
0 - 27 days	18	6	33%
28 - 364 days	12	6	50%
1 - 4 years	6	1	17%
5 - 9 years	3	0	0%
10 - 14 years	1	0	0%
15 - 17 years	3	0	0%
Total	43	13	30%

% of cases where modifiable factors were identified by category of death

Primary category of death (CDOP)	Completed Reviews	Cases where modifiable factors identified	Modifiable Factors Identified (%)
Acute medical or surgical condition	0	0	0%
Chromosomal, genetic and congenital anomalies	13	1	8%
Chronic medical condition	0	0	0%
Deliberately inflicted injury, abuse or neglect	0	0	0%
Infection	1	0	0%
Malignancy	4	0	0%
Perinatal/neonatal event	17	8	47%
Sudden unexpected, unexplained death	3	3	100%
Suicide or deliberate self-inflicted harm	1	0	0%
Trauma and other external factors, including medical/surgical complications/error	4	1	25%
Total	43	13	30%

% of cases where modifiable factors were identified by ethnic group

Ethnic Group	Completed Reviews	Cases where modifiable factors identified	Modifiable Factors Identified (%)
Asian or Asian British	1	0	0%
Black or Black British	1	0	0%
Mixed	1	1	100%
Other	3	2	67%
Unknown	0	0	0%
White	37	10	27%
Total	43	13	30%

Chart 8: Where the child was at the time of the event which led to death

The majority of deaths considered by the Child Death Overview Panel during the reporting period occurred at a Neonatal Unit (33%). This is in line with the number of neonatal deaths completed.

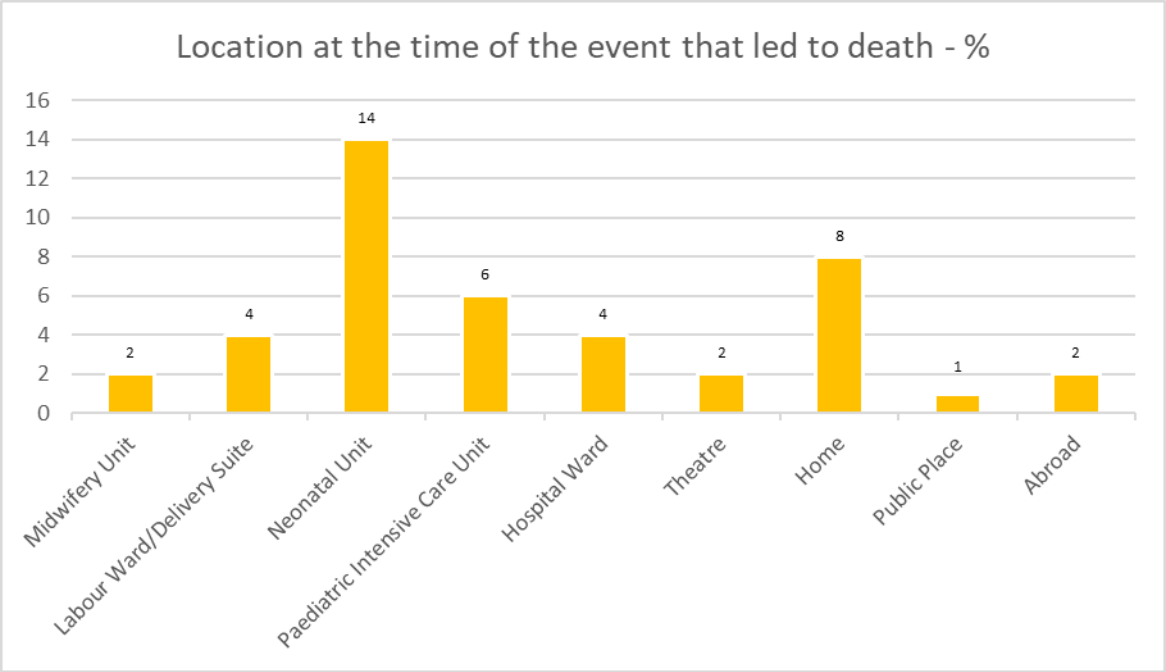


Chart 9: Ages of Children

The deaths of children under one year old (neonatal and post-neonatal) account for around 67% of all child deaths.

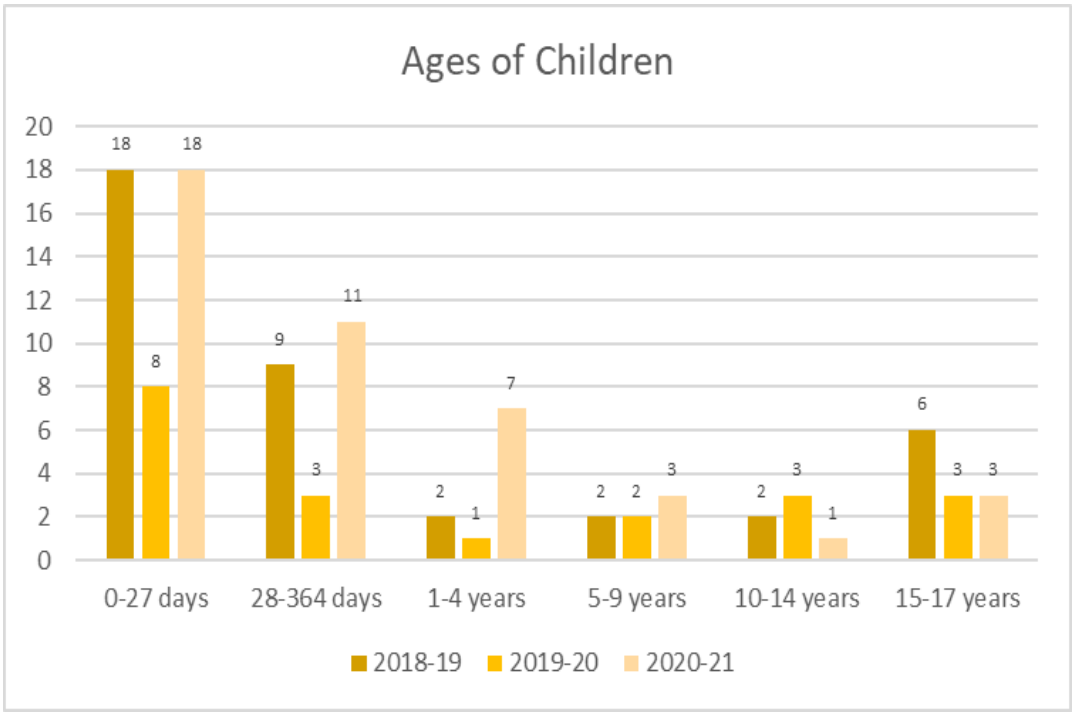
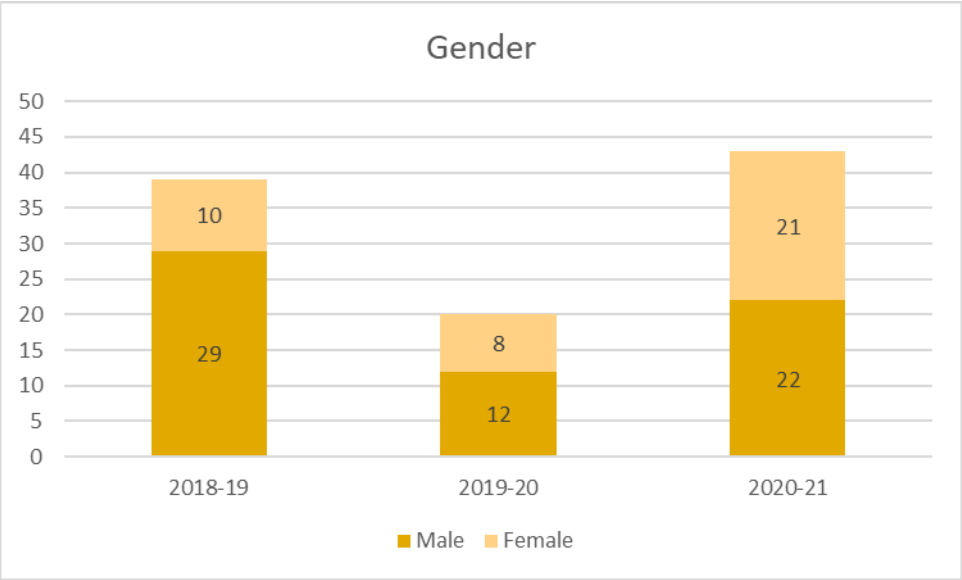


Table 8: Gender

The reporting period demonstrates 51% of completed cases being in relation to male deaths which is slightly higher than last year.



National and Regional Information

The Child Death Overview Panel continues to be fully compliant with Child Death Review Statutory and Operational Guidance launched in October 2018. The revised national Child Death Review reporting templates launched by the DfE in March 2021 have been fully implemented in the Child Death Review process.

County Durham & Darlington Child Death Overview Panel continues to be fully compliant with the data sharing processes launched via the National Child Mortality Database.

County Durham & Darlington Child Death Overview Panel continues to engage with the LeDeR Project and arrangements are in place to share information following a child death where the child has a learning disability.

Analysis of Key Learning

Learning from Child Death Reviews

The aggregated findings from all child deaths informs local strategic planning including the joint strategic needs assessment, on how to best safeguard and promote the welfare of children in the area. This annual report will assist in ensuring that learning from CDOP is shared with partners and informs the wider Durham Safeguarding Children Partnership and Darlington Safeguarding Partnership annual reports

Key Issues & Learning Points from Child Death Reviews completed during 2020/21

The following modifiable factors and key learning points identified from the Child Death Reviews completed during 2020/21 have been condensed into the following concise bullet points to maintain the anonymity of the cases discussed:

- Smoking in the household
- Smoking during pregnancy
- Management of high risk pregnancies
- Co-sleeping and parental alcohol and/or substance misuse

The learning from some of these cases are outlined in the section Developments During 2020/21 and Developments for 2021/22.

Areas of Good Practice

There were a number of cases where it was acknowledged the support and actions taken by professionals involved with a child/young person and their parents/carers was highly commendable and was considered to be over and beyond their roles and responsibilities.

The role of the Rapid Response Service continues to be identified as being a highly invaluable resource, examples included:

- Working together with the Police in the joint investigation of a sudden or unexpected death of a child;
- The Joint Agency Response process in terms of convening a joint Information Sharing and Strategy Meeting which assisted the role of the Team Manager in exploring and clarifying the medical information shared in order to inform the next steps to be taken by Children's Social Care;
- The role of the Joint Agency Response in terms of the sharing of information; co-opting other key agencies to the JAR process; and putting in place mechanisms to identify young people who may/have been affected by the death and to escalate those young people who were considered to have additional vulnerabilities and were a heightened risk in terms of their own safety and wellbeing.

Developments during 2020/21

A review of Sudden Unexpected Death in Infancy in families where the children are considered at risk of significant harm

The 2nd National Panel Review regarding Sudden Infant Deaths published in July 2020 has been considered by CDOP agency representatives and as a result a local workstream has been set up to develop a raising awareness campaign that provides consistent messages regarding safer sleeping. Other developments include the wider engagement by services such as domestic abuse, drug and alcohol and housing services in other key areas of work.

ICON – Parental/Carer advisory programme to reduce potential traumatic head injury in infants

In County Durham we have had an unprecedented number of case reviews where children have been seriously harmed and either died as a result or suffered life changing injuries. Four of the cases in County Durham involved young babies. Children in infancy are especially vulnerable to abuse and neglect, due to their dependency on adults.

ICON as a preventative and evidence based programme, aims to provide advice consisting of a series of brief 'touchpoint' interventions that reinforce the simple message making up the ICON acronym;

"**I**nfant crying is normal, **C**omforting methods can help, **O**kay to walk away,
Never ever shake your baby."

It is hoped that roll out can begin in February 2021 – this may be impacted by the COVID response required by health agencies. However, the members of the task and finish group have committed to identifying their internal SPOCs to train in preparation for roll out. A media campaign will be the responsibility of each organisation.

Born in the Right Place

The regional Clinical Leads for the Neonatal and Maternity Networks had commenced a review of the policy and procedures regarding the advice given to Ambulance Service as to which hospital a mother with threatened pre-term labour is transported to.

Joint Agency Response in respect of Child Death Reviews involving suspected suicide

Formal arrangements have been implemented to co-opt the Public Health Suicide Prevention Co-ordinator to all Joint Agency Response Information Sharing meetings involving a child death where suicide is suspected to be a factor in the death.

Bereavement Support for Children & Young People

The implementation by Harrogate & District NHS FT in the delivery of bereavement training for children and young people has been extended to all staff, as a result of COVID-19, and an external provider has been commissioned to deliver this training.

Understanding Roles & Responsibilities and sharing of Medical Findings to non-medical professionals

Joint training has been delivered by the Police and Designated Doctor for Safeguarding to Paediatric Registrars across the region to raise awareness of communication with other agencies regarding medical findings and the impact that this could have in terms of the information they

share. Further work is ongoing to extend this to other services such as Children's Social Care to raise awareness and have a shared understanding of each other's roles and responsibilities.

Vicarious Trauma
The Durham Safeguarding Children Partnership recognise that working with traumatised children and young people and their families, and the impact of a serious childcare incident, e.g. death of a child open to services, can be emotionally and psychologically difficult for practitioners. As a result a briefing was launched in September 2020 for multi-agency frontline workers to have an understanding of vicarious trauma and how it can impact on their own wellbeing and affect their practice.

Interpretation of Cardiotocography (CTG)
Training has been increased for medical staff regarding the interpretations of CTGs. Further developments are also ongoing to implement a central electronic record for CTGs which is to be launched in early 2021. This will result in the co-ordinator to review CTGs from a central base as part of the "fresh eyes" system which will mean that CTG findings are not reliant on one individual judgement.

Transfer of Babies to Tertiary Centres
Hospital guidelines for the care of babies under 1.5g have been revised which means that babies meeting this criteria will be transferred to a tertiary centre.

North East Ambulance Service Policies & Procedures
More robust mechanisms have been put in place by the Ambulance Service and policies and procedures have been revised to set out clearly the roles and responsibilities and governance arrangements. This process has also been moved to an appropriate directorate and there are more joined up processes and information sharing between the Safeguarding Team and the Patient Experience Team.

Tees, Esk & Wear Valleys NHS FT
Changes have been made to the CAMHS Front End Service to ensure both young people and their parents/carers' voices are heard during the assessment process. The process of triangulation of information has also been strengthened along with the documentation regarding the rationale for decision making.

The Trust has been awarded funding to work together with other agencies across the system to provide support and guidance to aid them when working with young people including those that do not engage with the service.

Public Health Raising Awareness Campaigns – messages given to children and young people
The CDOP considered that Public Health should review the methodology in terms of the information and key messages targeted for children and young people, e.g. mental health, suicide and self-harm, online safety and use of social media; and how these are made available to them to ensure that it has sufficient reach.

Developments for 2021/22

Child Death Thematic Reviews
Greater links to be made with the Public Health Intelligence Team to provide input regarding any themes from the broader child mortality data.

Timescales for completion and receipt of Post Mortem Reports
It has been recognised that the length of time between a child death and receipt of the final post mortem report can have a profound impact on parents and it has been agreed that the timescales for the receipt of post mortem reports would be monitored and where relevant escalated for resolution.

Child Death Reviews vs Child Safeguarding Practice Reviews (formerly Serious Case Reviews)
It has been recognised that the length of time taken to complete a Child Safeguarding Practice Review (formerly Serious Case Review) can have a profound impact on the family and also impacts on the timescale in completing a Child Death Review and as a result, it has been agreed that the Child Death Overview Panel would have more robust oversight and challenge in respect of those Child Death Reviews where a Child Safeguarding Practice Review has been initiated.

Co-Sleeping, Parental Smoking and Parental Alcohol and/or Substance Misuse
The Child Death Overview Panel to consider a review of the information provided to parents regarding the dangers of co-sleeping whilst under the influence of alcohol and/or substance misuse. As a similar review is ongoing in a different CDOP area, it has been agreed that further enquiries are made in respect of this work to identify opportunities for learning from the work undertaken by that area that could be implemented in County Durham & Darlington.

Child Death Overview Panel Development Session
The Child Death Overview Panel to consider using one scheduled Panel meeting to consider any themes, learning and developments over the last five years to identify and demonstrate the impact of the work of the Child Death Overview Panel.

Appendix 1

CDOP Membership as at 31 March 2019	
Amanda Healy (Chairperson)	Director of Public Health Durham County Council
Jacqui Doherty	Business Manager, Durham Safeguarding Children Partnership
Amanda Hugill	Business Manager, Darlington Safeguarding Partnership
Emma Maynard (Co-ordinator for CDOP)	Durham Safeguarding Children Partnership Officer
Julie Potts	Named Nurse Child Protection Harrogate & District NHS Foundation Trust
Dr Nnenna Cookey	Designated Paediatrician for Child Deaths County Durham CCG
Dr Nicola Cleghorn	Designated Paediatrician for Safeguarding County Durham CCG
Catherine Hodgkiss	Rapid Response Manager County Durham & Darlington NHS Foundation Trust
Anne Holt	Associate Director of Nursing – Family Health County Durham & Darlington NHS Foundation Trust
Detective Superintendent Dave Ashton	Force Lead for Safeguarding Durham Constabulary
Chris Ring	Strategic Manager – Safeguarding & Professional Practice Durham Children & Young People's Service
Chris Bell	Head of Service – Early Intervention & First Contact Darlington Children's Services
Nichola Howard	Named Lead Professional for Safeguarding North East Ambulance Service NHS Foundation Trust
Heather McFarlane	Designated Nurse Safeguarding & Looked After Children County Durham CCG
Karen Agar	Associate Director of Nursing & Governance (Safeguarding) Tees, Esk & Wear Valleys NHS Foundation Trust
	Named GP for Safeguarding Children County Durham CCG

Appendix 2 – Glossary re Child Death Categorisation

Name & description of category
Deliberately inflicted injury, abuse or neglect This includes suffocation, shaking injury, knifing, shooting, poisoning & other means of probable or definite homicide; also deaths from war, terrorism or other mass violence; includes severe neglect leading to death.
Suicide or deliberate self-inflicted harm This includes hanging, shooting, self-poisoning with paracetamol, death by self-asphyxia, from solvent inhalation, alcohol or drug abuse, or other form of self-harm. It will usually apply to adolescents rather than younger children.
Trauma and other external factors This includes isolated head injury, other or multiple trauma, burn injury, drowning, unintentional self-poisoning in pre-school children, anaphylaxis & other extrinsic factors. **Excludes** Deliberately inflected injury, abuse or neglect. (category 1).
Malignancy Solid tumours, leukaemias & lymphomas, and malignant proliferative conditions such as histiocytosis, even if the final event leading to death was infection, haemorrhage etc.
Acute medical or surgical condition For example, Kawasaki disease, acute nephritis, intestinal volvulus, diabetic ketoacidosis, acute asthma, intussusception, appendicitis; sudden unexpected deaths with epilepsy.
Chronic medical condition For example, Crohn's disease, liver disease, immune deficiencies, even if the final event leading to death was infection, haemorrhage etc. **Includes** cerebral palsy with clear post-perinatal cause.
Chromosomal, genetic and congenital anomalies Trisomies, other chromosomal disorders, single gene defects, neurodegenerative disease,cystic fibrosis, and other congenital anomalies including cardiac.
Perinatal/neonatal event Death ultimately related to perinatal events, eg sequelae of prematurity, antepartum and intrapartum anoxia, bronchopulmonary dysplasia, post-haemorrhagic hydrocephalus, irrespective of age at death. It **includes** cerebral palsy without evidence of cause, and **includes** congenital or early-onset bacterial infection (onset in the first postnatal week).
Infection Any primary infection (ie, not a complication of one of the above categories), arising after the first postnatal week, or after discharge of a preterm baby. This would include septicaemia, pneumonia, meningitis, HIV infection etc.
Sudden unexpected, unexplained death Where the pathological diagnosis is either 'SIDS' or 'unascertained', at any age. **Excludes** Sudden Unexpected Death in Epilepsy (category 5).

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Health and Wellbeing Board

11 May 2022

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, continued in 2021/22. Covid restrictions 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, temporarily closed or functioned 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 chose to close their services in 2020/21 due to the low demand and sustainability issues despite the Covid financial support given by the council. Associated quality and safeguarding issues were 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 Two key accommodation-based developments are underway which will form part of the joint health and social care response to increase our housing and support provision in Durham alongside supporting people to develop their life skills to promote independence.

9 The strategic needs assessment of people with a learning disability and people with autism is constantly under review to enable services to be shaped around current and future demand.

Recommendation(s)

10 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 including the use of the Community Discharge Grant, 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

11 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 and the update report on 18 March 2021. Regular updates have also been shared with the Local Safeguarding Adults Board.

12 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.

13 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

14 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 current inpatient position alongside Q4 Planning Guidance trajectory requirements.

Table 1

	Target end of Q4	**Actuals end of February 2021**
County Durham CCG	10	16
County Durham Provider Collaborative	11	12
Totals	21	28

15 Of the 16 CCG commissioned inpatients within trajectory scope, all are within NHS settings, 14 are within NHS Mental Health inpatient settings.

There are no patients within the scope of Transforming Care commissioned by NHS County Durham CCG in an independent Mental Health hospital setting within the NE&NC that have a diagnosis of autism or a learning disability.

16 Table 2 shows the position across North Cumbria and the North East as at 18 February 2022 as an actual and against the trajectory.

Table 2

Trajectory 2021-2022	SC	CCG
Q4 Planned	75	55
Actual as at 18th Feb 2022	78	84
Variance	+3	+29

17 Of significance is the shift in patient profile for County Durham which has evidenced a higher proportion of people with a diagnosis of autism admitted to mental health inpatient settings (accounting for 87.% of current in scope inpatients). Reasons for admission and any associated barriers to discharge are being reviewed to help shape both local and regional strategies.

Community Developments

Harelaw

18 The specialist supported housing development at Harelaw, Annfield Plain, has received formal planning approval and capital grant funding from NHS England. The £3.35m eco-friendly scheme will offer sustainable, flexible housing to support adults (18+) with learning disabilities and autism with complex needs.

19 The new supported living service at Harelaw will help people to maximise their potential and remain as independent as possible through the use of assistive technology, skilled support staff and focused rehabilitation. There will be six properties, four longer-term homes, and two step up/step down properties, allowing people to progress at their own pace and in response to their own needs. It is envisaged there will be an option for the step-down/step-up homes within the development to become permanent if successful.

20 Durham County Council, NHS County Durham Clinical Commissioning Group (CCG), North of England Commissioning Support, NHS England and housing provider Choice Support are working in partnership on the next stages of the project to commission a care provider and commence the building. The aim is for the new service to be operational

21 Durham Council and NHS County Durham CCG have determined through their commissioning planning that there is currently a need to increase provision within County Durham for people with learning disabilities, and or autism, and other associated mental health conditions; at least three new accommodation developments will be required within the next three to five years.

Hawthorn House

22 Durham County Council are progressing plans to develop 2 self-contained, single occupancy units for use as a short term “step-up/step down” service in Hawthorn House in Durham, which is an in-house residential respite service and forms part of County Durham Care and Support within Adult and Health Services. The service will help people with learning disabilities including those with autism or mental health issues transition out of hospital or prevent hospital admission, enabling those in a crisis to receive the right care at the right time from appropriately trained and skilled staff in a safe environment.

23 Durham County Council and County Durham CCG have agreed to share the capital costs to adapt the current building and the ongoing revenue costs required for the project.

Specialist Health Team

24 Additional investment has been through Transforming Care into the Specialist Health Team Community functions in County Durham. This is in recognition of the learning from Whorlton Hall, Newbus Grange and a number of larger residential settings where significant resource was being deployed often at crisis stage. Early intervention and support by a flexible team that can develop relationships with providers, provide increased community surveillance, and can implement strategies at an early preventative stage has been pivotal to further reducing the reliance on inpatient settings being utilised as places of safety and for avoidable admission.

Local strategies

25 The ‘Think Autism in County Durham Strategy’ Autism Strategy for children, young people and adults (2018/19 to 2021/21) will be reviewed by Q3 2022/23 in line with the new National Strategy for Autistic Children, Young People and Adults: 2021-2026. The County Durham Joint Health and Social Care Commissioning Strategy for People with Learning Disabilities Adults and Young People aged 14+ (2019 – 2022) will be reviewed later in 2022/23. These already incorporate Transforming Care objectives and will continue to do so, supported by commissioning plans for needs-led accommodation and support.

Regional Plans

26 In order to support some of the more complex pieces of work at a larger scale, a Regional Learning Disability and Autism Plan is being developed. This will seek to make a step change, to increase safe, high quality community provision to enable hospital discharges and reduce inpatient numbers.

27 The plan will bring a wide range of partners together to:

- Agree what works well and what needs to change
- Make best use of regional and local opportunities
- Deliver a focussed action plan to influence market shaping and regional developments
- Make best use of current governance arrangements to deliver at pace change to the timeframe of hospital discharges
- Implement agreed actions over the next two years.

28 **The Community Discharge Grant** is given to local authorities to accelerate the discharge of patients with a learning disability, autism or both from learning disability and mental health hospitals into the community. The funding can be spent on costs associated with discharge, including establishing community teams, funding accommodation and staff training.

29 The Community Discharge Grant provides £62 million nationally over 3 years. The allocation to the North East and North Cumbria (NENC) was £1,292,915 for 2020-21 and £1,555,281 for 2021-22, based on the number of actual and planned discharges for those periods.

30 Funding is allocated to Durham County Council who is the nominated local authority for NENC Transforming Care Partnership, and a Memorandum of Understanding is in place naming Durham as the lead Local Authority. Durham County Council allocates the funding to individual local authorities and coordinates the completion of a reporting tool to the Department of Health and Social Care (DHSC) for all of the 13 Local Authorities involved.

31 In 2021/22 Durham County Council received c.£350,000 based on a figure of 23 actual and planned discharges from inpatient beds, which were commissioned by the CCG or Specialised Commissioning. The figures will be updated at the end of the financial year ahead of the 2022/23 allocations.

32 For 2021/22, Durham County Council reported to the DHSC that the Community Discharge Grant was used to speed up and facilitate discharges by paying for staff to aid the transition from hospital to community placements; providing furnishings and paying for rent or necessary works to be undertaken to secure housing and enable timely discharge.

Approach to Wellbeing

33 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, which include collaborative commissioning and coproduction approaches. Local residents have been consulted through the planning processes, and the people who will be living in the new services and their families are being involved as much as possible in the design of the accommodation as well as care plans.

34 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

35 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

Main implications

36 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.

37 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

38 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.

39 However, the political focus on Transforming care and the current local strategic priorities means 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.

40 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

Donna Owens, Strategic Partnership Manager, Learning Disabilities and Transforming Care Commissioning Lead, Durham and Tees Valley.
Tel: 01913744168

Tricia Reed, Strategic Commissioning Manager (Learning Disabilities/Mental Health), Durham County Council
Tel: 03000 269095

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

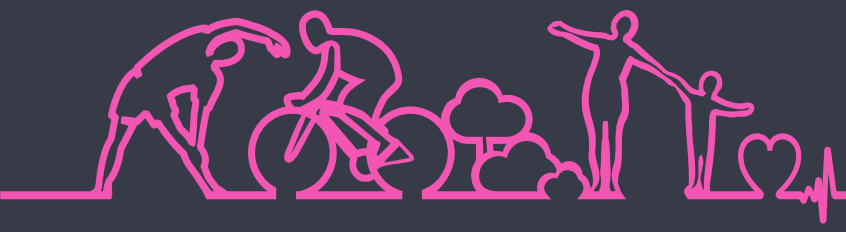
Risks of not delivering Transforming Care include poor outcomes for individuals and their families, unnecessary admissions to hospital, poor inpatient care, delayed discharges, increased costs to local health and social

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.

UPDATE ON TRANSFORMING CARE



County Durham Health & Wellbeing Board

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Transforming Care aims

- Local delivery and progress of the Transforming Care Programme, in line with Joint Health and Social Care Learning Disability Commissioning Strategy and the Think Autism Strategy for County Durham.
- Reducing the reliance on inpatient provision and inappropriate hospitalisation of people with a learning disability, autism or both to meet a planned trajectory
  - Position across Co Durham and North East and North Cumbria

- Table 1
- +7 variance

	Target end of Q4	Actuals end of February 2021
County Durham CCG	10	16
County Durham Provider Collaborative	11	12
Totals	21	28

Trajectory 2021-2022 (NENC)	SC	CCG
Q4 Planned	75	55
Actual as at 18th Feb 2022	78	84
Variance	+3	+29

Community developments

1. Ongoing needs assessment to develop supported accommodation commissioning plans

2. Two key accommodation-based developments in progress.

   - Harelaw
   - Hawthorn House

3. At least three more new accommodation developments will be required within the next three to five years

4. Specialist Health Team – additional investment

County Durham Health & Wellbeing Board

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Strategies and plans

(incorporating Transforming Care objectives)

- **NHS Long Term Plan**
- **Regional Learning Disability and Autism Plan**
- **Local strategies**
  - Think Autism in County Durham Strategy
  - Commissioning Strategy for People with Learning Disabilities
  - Needs-led accommodation and support plans are being prioritised currently, using Community Discharge Grant allocations where applicable

Conclusions

1. Progress despite Covid pandemic impact on discharges; 16 people were discharged in 2021/22 with more planned for early 202/23

2. Ability to meet 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 NHS Long Term plan requirements, Quality Assurance guidance and changes to the Integrated Care System.

3. Work to develop appropriate community services has continued over the last year, resulting 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.

4. These developments will help to broaden appropriate community support and improved pathways will help facilitate hospital discharges and prevent unnecessary hospital admissions in the future.

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Key Campaigns
Spring 22 / Summer 22

County Durham
Health &
Wellbeing
Board

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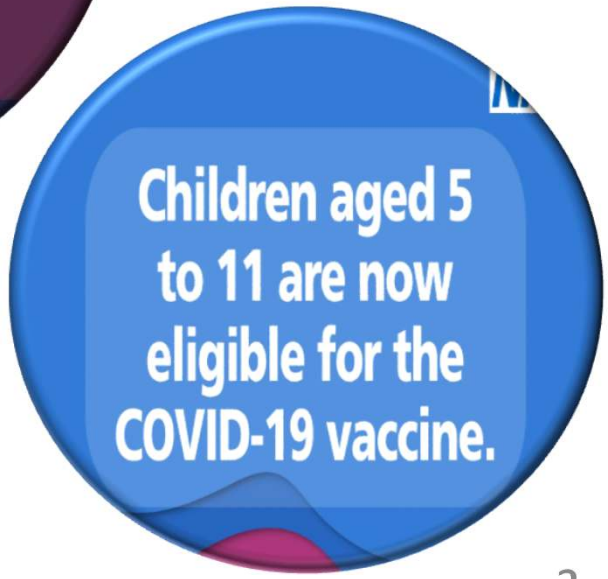
COVID -19

Key messages in April

- Living with Covid
- Testing for those at risk
- Stay safe, hygiene, ventilation etc.

Vaccination

- Evergreen pop up clinics
- Spring booster
- 5-11 years vaccine programme
- 12-15 year olds 1st and 2nd dose
- Support the NHS ‘I’ve had a change of Heart’ campaign
- Support the regional ‘Step up to beat Covid-19’ campaign



Behavioural Insights Work

- Stage One Quantitative
- Stage two Qualitative

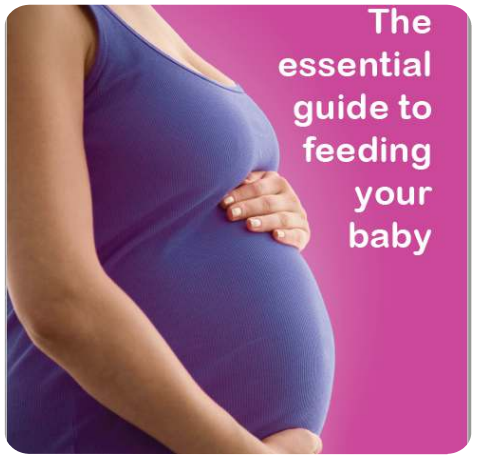
Overview of Spring Campaigns

- **Holiday Activities with Food:** promotion of activities during the Easter holidays.
- **Best Start in Life:** Introduction to weaning, updated Breastfeeding Guide, digitisation of Healthy Start vouchers.
- **Mental Health:** Supporting Stress Awareness Month (April) and Mental Health Awareness Week (May) and launch of the 'Now You're Talking' campaign.
- **Help us to Help You:** NHS Better Health Cancer Awareness, Diabetes Awareness.

- **Physical activity:**
- Delivery of MOVE campaign signposting to a range of community activities and promotion of physical activities.
- National Walking Month campaign to support local activities.
- Free swimming and activity camps for under 19s.
- Swimming lessons for 8-12 year old non swimmers.
- We are Undefeatable campaign launch in East Durham.

Coming Up – Summer Campaigns

- Holiday activities with food: Promotion of the activities during the summer holidays.
- National Breastfeeding Celebration Week: Campaign for August
- Fresh Don't Wait: Amplification of the regional campaign.
- Oral Health: Amplification of NHS resources.
- Healthy Eating Week (June): Awareness campaign



COUNTY DURHAM COVID-19 HEALTH AND WELLBEING BOARD

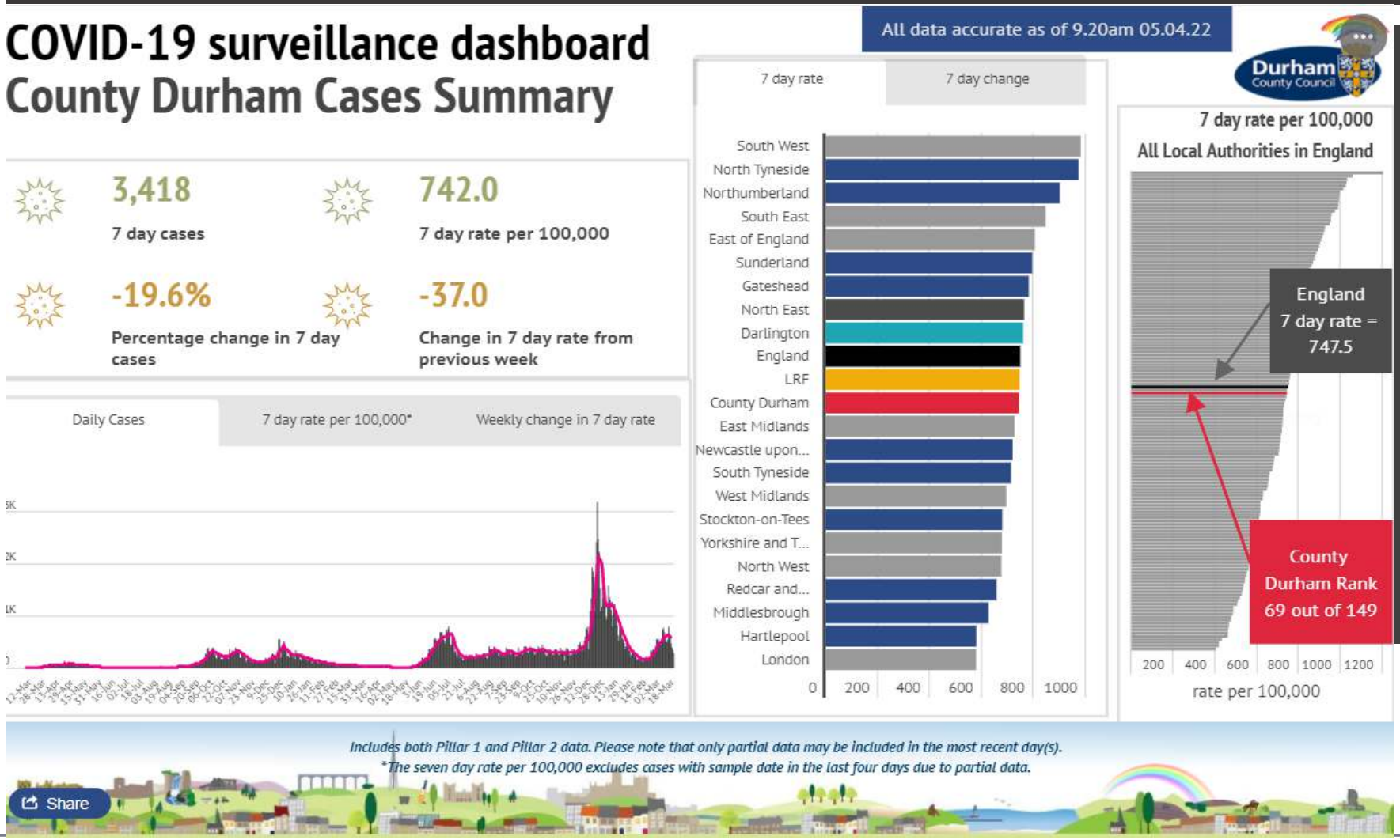
LOCAL OUTBREAK MANAGEMENT PLAN (LOMP) UPDATE 11 MAY 2022

AMANDA HEALY
DIRECTOR OF PUBLIC HEALTH

County Durham Health & Wellbeing Board

Better for everyone

Covid-19 Data



Key Points

- High case rates across all age groups
- Difficult to quantify Covid prevalence as testing is removed
- 119 COVID inpatients and 4 in ICU.

County Durham Health & Wellbeing Board

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Covid-19 Dashboard www.durhaminsight.info/covid-19

Covid-19 vaccinations

Key areas of work

- 8 times more likely to be hospitalised if unvaccinated
- Evergreen offer to unvaccinated
- Mass Vaccination Centre (MVC) has closed
- MVC staff now supporting programme of pop-up clinics -'Leaving no one behind' approach
- Spring booster
- 5-11yrs non-urgent low dose offer

Government guidance – Living with covid

Moving to a position of managing Covid like other respiratory illnesses:

- Adults and children with the symptoms of a respiratory infection, and who have a high temperature or feel unwell, should try to stay at home and avoid contact with other people until they feel well enough to resume normal activities and they no longer have a high temperature

- Adults with a positive COVID-19 test result should try to stay at home and avoid contact with other people for 5 days, which is when they are most infectious. For children and young people aged 18 and under, the advice will be 3 days.

- Ongoing advice on simple public health actions and behaviours to reduce the spread of COVID-19 and other respiratory infections, including getting vaccinated, ventilation, wearing face coverings or face masks, and basic respiratory hygiene and infection prevention and control.

More detailed guidance for high risk setting such as health and social care, secure estates …

Transition Plan

Key objectives

- Provide strategic level co-ordination of the transitional arrangements for our response as it de-escalates into a 'Living Safely with Covid' approach.
- Embed the Covid response into the wider Health Protection System and governance arrangements.
- Inform wider system planning and response.
- Take with us the principles and goals in the Local Outbreak Management Plan (LOMP).
- Identify lessons learned and retain local expertise, good practice and stronger collaborative relationships.
- Build on the strengthened relationship with regional colleagues UKHSA Health Protection Team and effective regional processes.
- Align to regional LA7 programme of work to live safely with Covid-19.

Delivered through 5 workstreams;

- Settings
- Governance, oversight and policy
- Interdependencies for service response
- Funding
- Escalation and surge response

County Durham Health & Wellbeing Board

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Living with Covid – taking the learning forward

Public health has been at the forefront of everyone's business

Concerted effort and deeper collaborations, capture learning and take forward opportunities:

Learning	Opportunities
Mutual benefits of increased collaboration across all settings	Galvanise and maximise the strengthened relationship between PH and schools (HT and Ed colleagues), care homes (commissioning, providers, CQC), university, EHCP networks?
Covid-19 control measures have improved personal and organisational infection , prevention and control (IPC) and reduced the number of other infectious diseases in circulation	Embed (or establish) health protection best practice within wider programmes of work to continually embed this improved practice. IPC investment proposed at regional and/or local level
One system response to the pandemic • Case, cluster and outbreak management • Contact tracing (Local Tracing Partnership) • Testing • Vaccination • Community engagement and resilience • Surge	Capture and embed the key elements of the one system response to Covid-19 into future governance arrangements Translate bespoke aspects of C-19 work e.g. Leaving no-one behind, targeted community testing, community engagement to inform wider planning and service delivery.

LA7/NE Living with Covid – goals and priorities

Goals

- Protect and enable people and communities at greatest risk from COVID-19 and its consequences and enable them to live a healthy and fulfilled life.
- Protect all critical infrastructure including the NHS and social care and our community and voluntary sector, so that they in turn can protect and support our population.
- Minimise the impact of Covid-19 on the wellbeing and development of children, young people and adults.
- Enable the recovery and further progress of education, economic activity and social connectivity.
- Strengthen system-wide prevention and preparedness for future waves and other epidemics, learning the lessons of the COVID-19 pandemic.

Priorities

- Take our communities with us in all that we do.
- Continue to support sustainable, equitable and rapid deployment of vaccination.
- Transform our approach to good infection, control and hygiene measures.
- Ensure a consistent approach to the prioritisation of threats to health.
- Support educational settings to understand, prevent and manage COVID-19 infections to minimise education disruption.
- Plans to maximise use of available workforce capacity to respond quickly in a surge
- Work with the health and social care system to ensure equity of access to treatments and support.
- Maintain and improve surveillance systems and oversight.
- Promote the use of research to improve our knowledge of COVID-19
- Ensure that data flows and information governance support us to do our best for our population

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LTP – Performance and impact

CDT Community Hub 27 March 2020 - Total of 28,478 people supported.

Self-isolation pathway, contact tracing return calls, SPOC for guidance/legislation enquiries:

- 4,188 proactive calls CEV population Wellbeing 4 Life
- 20,081 reactive incoming Hub calls
- 4,209 Hub email enquiries (from 18/09/20).

LTP 4 January 2021 - Total of 23,033 people supported

- 16, 377 positive COVID cases contacted via LTP
- 6,656 positive COVID cases identified nationally/self-completion who identify support needs (from 4 April 21)

Residents experience:

Speaking with people in County Durham with excellent knowledge of local support

Supporting my whole family reducing the number of multiple with our wellness at the forefront.

Contact tracers experience:

Identifying connections between cases, settings and localities

Maintaining contact with people especially those living alone who are frightened or anxious about their or a loved one's illness / wellbeing

Working collaboratively with VCS and statutory services to provide specific wrap around, holistic support to 10,284 of the 51,511 County Durham residents

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Next steps

- Finalise HPAB Transition Plan: Living with Covid including lessons learned and final recommendations
- Review health protection governance arrangements to transition Covid-19 oversight into Health Protection and Development Group
- County Durham Together Hub / Local Tracing Partnership legacy document in development

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By virtue of paragraph(s) 1, 2 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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