



Health and Wellbeing Board

Date Tuesday 31 January 2023

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 22 November 2022 (Pages 5 - 16)
5. Health and Social Care Integration: (Pages 17 - 28)
Presentation by the Corporate Director of Adult and Health Services and Director of Integrated Community Services, Durham County Council.
6. County Durham and Darlington Local Pharmaceutical Committee: (Pages 29 - 40)
Report of the Chief Officer, Community Pharmacy County Durham, and Member, Community Pharmacy County Durham.
7. Joint Strategic Needs Assessment and Assets (JSNAA) Health Impact Assessments (HIA) - County Durham Plan HIA: (Pages 41 - 68)
Report of the Corporate Director of Adult and Health Services and the Director of Public Health, Durham County Council.
8. Safeguarding Annual Reports:
 - a) Durham Safeguarding Adults Partnership: (Pages 69 - 86)
Report of Durham Safeguarding Adults Partnership Independent Chair.

- b) Durham Safeguarding Children Partnership:
(Pages 87 - 128)
Report of Durham Safeguarding Children Partnership
Independent Chair and Scrutineer.
- 9. Carer Support Services - Contract Review: (Pages 129 - 164)
Report of Senior Portfolio Lead, Integrated Commissioning.
- 10. Mental Health Strategic Partnership Review, and Governance of
Mental Health and Wellbeing Services across County Durham:
(Pages 165 - 188)
Report of the Corporate Director of Adult and Health Services,
and the Director of Public Health, Durham County Council.
 - a) Community Mental Health Transformation Programme:
(Pages 189 - 198)
Presentation of the Associate Director – Mental Health /
Learning Disability Partnerships and Strategy, Tees, Esk and
Wear Valley NHS Foundation Trust.
- 11. Health and Wellbeing Board Campaigns: (Pages 199 - 204)
Presentation of the Director of Public Health, Durham County
Council.
- 12. Such other business as, in the opinion of the Chairman of the
meeting, is of sufficient urgency to warrant consideration
- 13. Any resolution relating to the exclusion of the public during the
discussion of items containing exempt information

Part B

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

- 14. Pharmacy Applications: (Pages 205 - 208)
Report of the Director of Public Health, Durham County Council.
- 15. Such other business as, in the opinion of the Chairman of the
meeting, is of sufficient urgency to warrant consideration

Helen Lynch
Head of Legal and Democratic Services

County Hall
Durham
23 January 2023

To: The Members of the Health and Wellbeing Board

Durham County Council

Councillors R Bell, T Henderson and C Hood (Chair)

J Robinson	Adult and Health Services, Durham County Council
J Pearce	Children and Young People's Services, Durham County Council
L Hall	Regeneration, Economy and Growth, Durham County Council
A Healy	Public Health, County Durham Adult and Health Services, Durham County Council
D Gallagher	North East and North Cumbria Integrated Care Board
S Jacques	County Durham and Darlington NHS Foundation Trust
S Lamb	Harrogate and District NHS Foundation Trust
L Buckley	North Tees and Hartlepool NHS Foundation Trust
P Sutton	South Tyneside & Sunderland NHS Foundation Trust
B Kilmurray	Tees, Esk and Wear Valleys NHS Foundation Trust
P Scott	Tees, Esk and Wear Valleys NHS Foundation Trust
C Cunnington- Shore	Healthwatch County Durham
M Laing (Vice- Chair)	Director Integrated Community Services
<i>Representative to be confirmed</i>	Office of the Police and Crime Commissioner
P Innis	County Durham and Darlington Fire and Rescue Service

Contact: Martin Tindle

Tel: 03000 269 713

This page is intentionally left blank

DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in **Committee Room 2, County Hall, Durham** on **Tuesday 22 November 2022** at **9.30 am**

Present:

Councillor C Hood (Chair)

Members of the Committee:

Councillor T Henderson and S Burns, C Cunnington-Shore, D Gardner, A Healy, S Helps, M Laing, S Lamb, E Mireku, J Murray, C Oakley, J Robinson, M Smith and P Sutton

1 Apologies for Absence

Apologies for absence were received from Councillor R Bell and L Buckley, D Gallagher, L Hall, S Jacques, B Kilmurray and J Pearce.

2 Substitute Members

There were the following substitutes: E Mireku for L Buckley; S Burns for D Gallagher; M Smith for L Hall; C Oakley for the Office of Police and Crime Commissioner; G Curry for S Jacques; D Gardner for B Kilmurray and J Murray for J Pearce.

3 Declarations of Interest

There were no Declarations of Interest.

4 Minutes

The minutes of the meeting held on 28 September 2022 were agreed as a correct record and signed by the Chair.

The Partnerships Team Manager, Julie Bradbrook noted that, in relation to the Inclusive Economic Strategy, the Chair had responded on behalf of the Board to the Corporate Director of Regeneration, Economy and Growth (REG).

She added that the Director of Fresh had wrote to the Secretary of State for Health and Social Care, Chief Medical Officer and County Durham MPs as regards endorsing the recommendations of the Khan Review.

5 Health and Social Care Integration

The Board received an update presentation from the Corporate Director of Adult and Health Services, Jane Robinson and the Director of Integrated Community Services, Michael Laing on progress relating to Health and Social Care Integration (for copy see file of minutes).

The Director of Integrated Community Services explained as regards local progress, including work on the Joint Committee noting 10 workstreams looking at streamlining pathways for the public. He explained as regards the quality workstream, looking at how partners work together to identify improvements and pick up issues. He noted that there was a need for a quality lead across County Durham and an issue would be how to resource that lead.

Winter Planning

The Director of Integrated Community Services explained as regards winter planning, noting the work together between partners in terms of operational arrangements and the 'battle rhythm' He explained as regards the daily Accident and Emergency briefings, and work with partners such as those from housing, looking at which patients could be discharged and noted that demand was not predictable.

He noted there were two types of winter plan, surge planning and the cold weather plan. He explained the cold weather plan involved Public Health and the County Council, with the recent experience in tackling issues as a consequence of Storm Arwen helping in terms of such planning. He noted plans were regularly updated, with submissions to NHS England and the Integrated Care Board (ICB). The Director of Integrated Community Services explained in detail as regards the key aims: to support the health and wellbeing of the workforce; to safely manage surges in demand for health and care; to safely embed infection prevention and control principles; protect elective surgery; safe and effective discharge; and to care for people in the community and avoid admissions.

In respect of key risks, the Director of Integrated Community Services noted they were: demand growth beyond model; workforce availability; industrial action; and public expectation of the NHS.

He noted that partners were working together to prepare for winter and that we were currently in a period of sustained demand, with Public Health projections suggesting future challenges. He concluded by noting additional investment across partners including the NHS, social care and in support for communities, adding it was important that all of the system was working well and working together.

The Chair asked how residents could play their part in supporting the NHS and Social Care this winter. The Director of Integrated Community Services noted residents should continue to self-care to help ensure they are fit and well, remembering the 'hands, face, space' message from COVID campaigns. He noted another way would be to check on neighbours that may be old, frail or live on their own to ensure they too are well or are directed to any help they may need. He noted the information and advice available from the County Durham Together service, local GP surgeries and the NHS 101 contact number that may be able to help before escalating to secondary care. He emphasised that, however, if people needed to attend accident and emergency they should.

Councillor T Henderson noted that the importance of timely hospital discharge to free up NHS beds was widely documented and asked how the County was geared up in this regard for the winter planning period. The Director of Integrated Community Services noted that in terms of Local Authority areas, County Durham was one of the best in terms of discharge. He noted that patients would have an expected date of discharge and set of likely needs, for example a care package or a move to intermediate care, such as a care home. He added that GPs and Social Workers can help plan discharge and gave an example relating to a palliative care pathway where suitable domiciliary care was not available and therefore flexible domestic care had been provided. He noted that more domiciliary care was needed.

Councillor T Henderson noted the closure of the ward at Richardson Hospital a number of years ago and asked if there were any plans to bring those beds back into use to help reduce demand elsewhere. The Director of Integrated Community Services noted the Richardson had been looked at in terms of non-medical beds, for use in a crisis situation.

Integrated Care Board Update

The Joint Head of Integrated Strategic Commissioning, Sarah Burns gave an update presentation relating to the ICB, including setting out its strategic aims to: improve outcomes in population health and healthcare; tackle inequalities in outcomes, experiences and access; enhance productivity and value for money; and help the NHS support broader social and economic development.

She explained that some ICB functions would be discharged regionally whilst some would be discharged 'at place' across Local Authority areas with partners, adding that it was important for the Health and Wellbeing Board to work closely with the ICB to inform local decisions. The Director of Public Health, A Healy explained as regards the role of the ICB in tackling health inequalities and healthcare inequalities, and in terms of prevention work. She noted the Healthier and Fairer Advisory Group that would feed into the ICB and noted funding as regards Fresh and Balance in terms of consistent approaches going forward. The Corporate Director of Adult and Health Services noted the work of the Association of Directors of Adult Social Services (ADASS) with the Integrated Care Partnership (ICP) along with Directors of Public Health and noted that meeting of the Joint Management Executive Group (JMEG) in the new year would look at the interface of ICB and place.

Draft Integrated Care Partnership Strategy

The Board noted that all ICPs were required to publish an Integrated Care Strategy (ICS) by December 2022 and the Joint Head of Integrated Strategic Commissioning gave a presentation on the draft ICS for the North East and North Cumbria. She referred to the structure of the draft strategy; vision, goals and enablers; assets and case for change; draft key commitments in relation to healthy life expectancy, smoking prevalence, inequality in life expectancy and suicide rate; fairer outcomes, delivering 'Core20PLUS5; excellent health and care services; and delivering the ICS, with detailed delivery plans and the NHS Joint Forward Plan by the end of March 2023.

The Corporate Director of Adult and Health Services explained that feedback from the Health and Wellbeing Board, and individuals too, would be important, noting the next strategic meeting being 15 December 2022. D Gardner asked as regards the 'Core20PLUS5 and the Joint Head of Integrated Strategic Commissioning noted that the Joint Strategic Needs Assessment (JSNA) focus on County Durham would be retained, with the ICB focussing on areas of challenge for the North East and Cumbria. The Director of Public Health noted that in terms of 'Core20PLUS5, there would be outreach to other workstreams, such as mental health, noting a 'Core20PLUS5' for Children and Young People. E Mireku explained that the 'Core20 plus5' for Children and Young People had been published last week and noted the priority framework, with a focus on place with the JSNA and Health and Wellbeing Strategy.

The Partnerships Team Manager noted she would pull together a response on behalf of the Health and Wellbeing Board.

Councillor T Henderson asked how local people across the area had been involved in shaping the ICS. The Joint Head of Integrated Strategic Commissioning noted the December deadline for responses and limited opportunities for response. She added that there was some reassurance for Durham in that there were many mechanisms to engage with people. The Chair asked as any areas left behind and if funds were enough, given the large geographic area. The Joint Head of Integrated Strategic Commissioning noted that there were ambitions to go further, however, the very good partnership working in County Durham, where people were put first above organisations, meant County Durham was well placed.

Resolved:

That the presentations be noted.

6 Health Needs Assessment Ageing Well

The Board received a report and presentation of the Corporate Director of Adult and Health Services and the Director of Public Health on Health Needs Assessment – Aging Well, presented by the Specialty Registrar in Public Health, Rebekka Shenfine (for copy see file of minutes).

The Specialty Registrar noted the key findings from the Health Needs Assessment (HNA) that was undertaken to identify health needs of those aged over 50 living in County Durham. It was noted that older age was generally considered to be from age 65, however, by looking from 50 years of age enabled a more preventative approach. It was explained that as people lived into older age, they were more likely to develop long term conditions and become frail. Key findings were:

- Information and Advice - availability of information and alternative information formats.
- Transport - Accessibility of information and services especially those living in rural areas.
- Respect and Social Isolation - importance of viewing ageing in a positive light, and the effects of Covid-19 pandemic.
- Social participation - role of co-production, intergenerational activity, volunteering and health literacy.
- Housing and neighbourhoods - availability of suitable local housing close to family members, specific support for older tenants.
- Outdoor spaces and buildings - importance of making outdoor spaces and buildings 'age-friendly, combatting anti-social behaviour, climate change effects on older people.
- Economic activity and civil engagement - effects of the rising costs of living and fuel poverty, age-friendly employment opportunities.

- Health and wellbeing - helping people with long-term conditions to live their lives in better health and the need for services (e.g. sexual health, stop smoking and domestic violence) to meet the needs of people aged over 50.

It was noted that the recommendations from the HNA enabled system-wide partners to consider a range of approaches to ensure that as people age, they could live healthier lives for longer. The recommendations were:

- a) Implement an Ageing Well Strategic Group representing all system partners alongside an affiliated action plan.
- b) The Ageing Well Action Plan should work to reduce ageism and stigmatisation towards older people.
- c) Recognise areas highlighted, but not specifically targeted, within this HNA that may require further bespoke work.
- d) Increase availability of data at the 50 plus age-group level
- e) Develop Public Health Guidance on key areas identified within the HNA to consider under the Age Section on any equality impact assessments, or comprehensive assessments undertaken across the wider system.

It was noted the list of recommendations would inform an Ageing Well Strategy and subsequent Action Plan to support residents to live happy, healthy and fulfilled lives.

The Chair thanked the Specialty Registrar and asked the Board for any comments or questions.

The Corporate Director of Adult and Health Services noted the findings were very important and that the 50 years old plus age group, who had not been focussed upon previously, would help in terms of prevention. The Speciality Registrar noted it was a key area, however, highlighted the difficulty in finding data for that age group, with most data being for either 60 or 65 years old plus.

The Chair noted not all were able to access information digitally and asked how local people would be involved in developing the Ageing Well Strategy to ensure the experiences and needs were taken into account. The Speciality Registrar noted that in the initial stages remote working had been in effect, however, the County Durham Together was now being used, with the Ageing Well Steering Group.

D Gardner noted a number of the recommendations were in broader 'civic responsibility', for example transport, and asked how the Health and Wellbeing Board and the Steering Group would influence such areas.

The Speciality Registrar noted this was an area to be looked at further and explained that the Ageing Well Steering Group included a number of relevant partners. It was noted that the Ageing Well Steering Group would report the Health and Wellbeing Board.

She added the Group would meet in December to look at membership and representation, and also processes to feed out information and actions.

The Chair asked as regards any help to encourage other partners. The Joint Head of Integrated Strategic Commissioning noted early insight from people on their wants and needs was important.

Resolved:

- (a) That the contents of the Health Needs Assessment for Ageing Well be noted.
- (b) That the Board endorse the recommendations in the Health Needs Assessment.
- (c) That the Board champion the development of an Ageing Well Strategy Group to deliver on the recommendations and affiliated Action Plan across the wider system.

7 Joint Strategic Needs Assessment (JSNA)

The Board received a report and presentation of the Corporate Director of Adult and Health Services and the Director of Public Health on the Joint Strategic Needs Assessment (JSNA) (for copy see file of minutes).

The Director of Public Health reminded the Board that there was a statutory requirement for Health and Wellbeing Boards to develop a JSNA and for Local Authorities to produce it, underpinning the Joint Health and Wellbeing Strategy. She explained that there had been a review and re-establishment of the JSNA group, with the combined consideration of needs and assets allowing for a broader understanding of health and wellbeing. It was added that the JSNA was a fundamental decision support tool and the JSNA process was reinvigorated by aligning it with the emerging Population Health Management and integrated data agenda, ensuring there was a joined up approach to intelligence informing strategic decision making. The Board noted there was a JSNA workshop planned for 12 December 2022, which would inform and shape the Board's Strategy.

Councillor T Henderson asked if there was evidence that Health and Wellbeing Board partners took account of the JSNA and Joint Health and Wellbeing Strategy when making commissioning and service decisions and asked as regard oversight of those decisions.

The Director of Public Health noted that governance and reporting back to the Health and Wellbeing Board were very important. She noted links to the County Durham Care Partnership Executive, and updates were received every six months.

She explained previous updates had included information on strategy, objectives and priorities which helped to inform focus on funding and resources to get the best for County Durham. The Joint Head of Integrated Strategic Commissioning noted a committee of representatives across areas such as Public Health, Social Care, Primary Care, Acute Care and noted criteria relating to priorities, to impact upon inequalities and improve outcomes. The Director of Integrated Community Services noted the JSNA was not a 'dry exercise', rather it looked how and when spend would be made and identified gaps to allow quick action when bidding for funding.

Resolved:

Health and Wellbeing Board agreed to:

- a) Support the re-set of the County Durham JSNA process and the re-establishment of the JSNA and Insight Strategic Group in order to:
 - provide strategic oversight for the continued development and strengthening of the JSNA and Insight process in County Durham;
 - prioritise JSNA topics for production or refresh and;
 - agree an annual JSNA workplan including a rolling programme of Health Needs Assessments and Health Equity Audit;
 - Proposed Terms of Reference for the new JSNA and Insight Strategic Group are attached in Appendix 2 to the report.
- b) Support the establishment of the JSNA Insight and Intelligence Group to deliver the annual workplan, providing intelligence and insight in order to inform strategic decision making;
- c) Support the alignment of JSNA development with PHM, the County Durham Outcomes Framework and explicitly link them to our Approach to Wellbeing and County Durham Together. This would enable a move from a JSNA to a JSNAA, a process that is evidence-based, asset-based and seeks to involve communities in decisions that affect them, in order to achieve better health outcomes;
- d) That the core elements of JSNA remain relevant and fit for purpose;
- e) Advocate for local leadership as the Integrated Care Board develops, ensuring alignment between regional (NENC) and place based (i.e. County Durham) requirements.

8 Director of Public Health Annual Report

The Board received a report and presentation of the Corporate Director of Adult and Health Services and the Director of Public Health on the Director of Public Health Annual Report 2022 (for copy see file of minutes).

The Director of Public Health noted it was her fifth Annual Report while in the role of Director of Public Health for County Durham and noted a change moving from a previous focus on the fictional Taylor family to now look at four local care studies. She reminded the Board it was a statutory requirement for her to produce the report and for the Local Authority to publish it. She noted that the report was titled 'Building Healthier, Fairer and protected Lives', and it focussed on:

- Health and wellbeing across County Durham, and how the approach to wellbeing was being implemented;
- COVID response and the move to living with COVID, including reference to the cost of living impact;
- An in-depth focus on making smoking history, as this was the single largest cause of preventable deaths and one of the largest causes of health inequalities.
- Recommendations from the 2021 Annual Report;
- Priorities for the future which aligned to three themed areas of work: Healthier, Fairer and Protected.

The Chair asked who the Annual Report was for and how Councillors could use it to have an open conversation with our communities. The Director of Public Health noted the Annual Report had been made as accessible as possible and noted training for Councillors, such as Mental Health training, and information for other organisations to help enable signposting as required. The Chair noted the real examples given were very useful. Councillor T Henderson noted the issues relating to mental health as raised by children and young people and was pleased to note such issues were now both seen and heard. The Director of Public Health noted listening to young people was important as was the work in partnership with schools and the Education Department at the County Council.

Resolved:

That the Director of Public Health Annual Report 2022 be received and noted.

9 Better Care Fund Plan 2022-23

The Board received a report of the Director of Community Integrated Services on the Better Care Fund Plan 2022-23 (for copy see file of minutes).

The Director of Community Integrated Services explained that as Vice-Chair of the Board under delegated authority he had signed off the Better Care Fund Plan in order to meet the submission deadline of 23 September 2022, with the Plan now presented to update the Board for ratification.

The Strategic Programme Manager Integration, Paul Copeland explained that the Better Care Fund was important as it was the only mandatory policy which brought together pooled, ringfenced budgets for joint health, housing and social care planning and commissioning. He noted that there were seven main work programmes in the Better Care Fund Plan, those being:

- Short Term Intervention Services
- Equipment and Adaptations for independence
- Supporting Carers
- Supporting Independent Living
- Social Inclusion
- Care Home Support
- Transforming Care

The Strategic Programme Manager Integration noted that it was expected that, if approved by NHS England, the Council would be informed by 30 November 2022.

Resolved:

- a) That the report be noted.
- b) That the Better Care Fund Plan 2022-23 for County Durham be ratified by the Board.

10 Housing and Health

The Board received a report of the Strategic Housing Manager on Housing and Health, and presentation by the Housing Manager - Strategy and Partnerships, Marie Smith (for copy see file of minutes).

The Housing Manager gave an update on housing and health related projects which had been delivered since the previous update to the Board in September 2021.

She noted planned initiatives which aligned to the three priorities in the Joint Health and Wellbeing Strategy: starting well; living well; and ageing well. The Board were reminded that poor housing and environments were a known risk to health and could cause or exacerbate a range of health conditions.

The Chair thanked the Housing Manager and asked the Board for their comments and questions.

S Lamb noted the recent story in the news as regards private housing providers in other areas of the country and issues with mould leading to a tragic fatality and asked as regards how a Charter could help in terms of any discussions on the issue. The Housing Manager noted that in County Durham there were good relationships with social providers, and they had good standards within their properties. She noted that private providers in some cases did not have as high standards and added that selective licensing was a tool that could help in that regard. She noted that a Charter should also help and noted that it was on the agenda of Housing Solutions, the recent tragic incident raising the profile of such issues. The Director of Public Health agreed and noted it was an issue of how to link to all Officers. S Lamb noted the issue of heating specifically in relation to the matter. The Director of Community Integrated Services noted that it was well established that if heating was improved there was a corresponding reduction in hospital admissions relating to respiratory issues. He noted issues in terms of housing provision and not wanting to discharge patients to become rough sleepers, or to bed and breakfast provision.

Councillor T Henderson asked as regards how the selective licensing programme had a positive impact on housing and health. The Housing Manager noted that the Strategic Housing Manager would bring together a report, but results were encouraging. The Strategic Programme Manager Integration asked as regards new housing and sheltered housing need, noting register social landlords lowering age ranges. The Housing Manager noted work with the Joint Head of Integrated Strategic Commissioning in mapping out sheltered housing provision, and work with the Senior Commissioning Delivery Manager, Neil Jarvis in terms of a product that people would want.

Resolved:

That the report and presentation be noted.

11 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). The Board noted that questions could be directed to the Director of Public Health should any members require additional information on the key campaigns.

Resolved:

That the information contained within the presentation be noted.

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.

HEALTH & SOCIAL CARE INTEGRATION

Jane Robinson, Corporate Director Adult and Health Services, DCC

Michael Laing, Director of Integrated Community Services

Andrea Petty, Strategic Manager Partnerships, DCC



Better for everyone



Format

- Feedback from the Better Care Fund Submission
- National NHS planning Guidance
- Progress with the Joint Committee
- Update on the Integration Programme
- Adult Social Care Assurance
- Questions

Better Care Fund

- Better Care Fund (BCF) submission approved for submission by this Board on 22 November 2022
- BCF a mechanism for joint health, housing and social care planning and delivery
- BCF in County Durham £88 million
- For 2022/23 stronger emphasis on integration and joint working especially on hospital discharge
- NHS England approval received on 6 January 2023

NHS Planning Guidance 2023/24

- Published by NHS England on 23 December 2022 with requirements for service planning and delivery from March 2023
- Identifies 3 priority areas
 - reducing A&E waiting times and ambulance response times
 - Reduce waiting lists for elective surgery especially cancers – return of “payment by results”
 - Improving access to primary care
- Work underway to put together a plan with priorities for Durham engaging all partners
- Funding assumptions being analysed

Joint Committee

- Statutory Guidance published late 2022
- Gives us the option to progress with a Joint Committee with delegated authority and joint exercise of health and care related functions
- Permits Joint Committees to include the NHS, Council, Primary Care, voluntary sector partners
- Complicated financial arrangements with NHS funds pooled but Section 75 agreements needed for Council funding
- Position statement agreed and work underway with partners to progress
- Further reports to this Board

Integration Programme

- 10 work-streams covering activities with potential for joint working
- Progressing with some delays caused by service pressures
- Key issues to resolve in the next phase
 - Quality Work-stream – agreement on shared process and approach but requires investment in leadership
 - Hospital Discharge – national requirement to have a Transfer of Care Hub and dedicated co-ordinators on each acute site
- Now looking at the future of the Programme including
 - Caring for frail people at home
 - Supporting care homes
 - Extending Urgent Community Response
 - Adults and Children’s Mental Health and Learning Disabilities

Adult Social Care Assurance

- Led by the Care Quality Commission (CQC) potentially from 2023 but some flexibility about this date
- Feedback from the Annual Conversation facilitated by Association of Directors of Adult Social Services (ADASS) used to prepare a Self Assessment
- Guidance on the Self Assessment from ADASS and the Local Government Association being used
- Corporate Oversight Group in place to reflect the Council wide nature of the CQC framework
- On-going communications with and involvement of Councillors, staff and partners

Summary and Questions

- Strong integration theme in national planning guidance and statutory guidance
- Funding continues to promote joint working especially in hospital discharge
- Joint Committee progressing in line with new statutory guidance
- Integration Programme delivering “on the ground” but discussions about resources critical
- Preparing for Adult Social Care Assurance an on-going priority
- Questions from the Board

Agreed priorities Joint Local Health and Wellbeing Strategy (JLHWS)

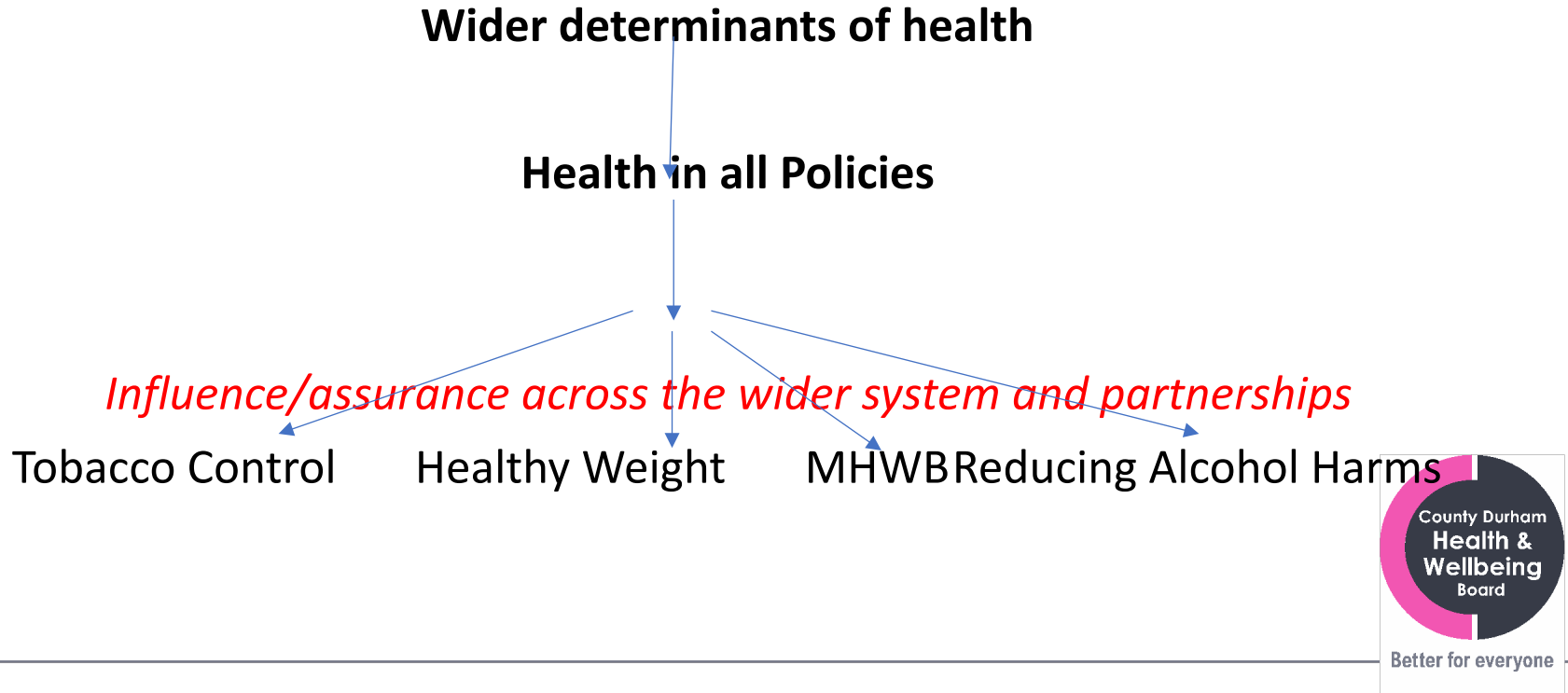
- Tobacco control
- Healthy Weight
- Mental Health Resilience and Wellbeing
- Reducing Alcohol Harms
 - (lead Safe Durham Partnership - HWB focus on population level health impacts)

HWB – Governance

Governance around key pieces of work:

- Better Care Fund
- JSNAA
- JLHWS
- Pharmaceutical Needs Assessment
- Transforming care
- Approach to Wellbeing
- SEND

Wider determinants and influence across the system



This page is intentionally left blank

Health and Wellbeing Board

31 January 2023

Community Pharmacy Services



Report of Greg Burke, Chief Officer, Community Pharmacy County Durham (CPCD), and

Emma Morris, Member, Community Pharmacy County Durham (CPCD).

Electoral division(s) affected:

Countywide

Purpose of the Report

1. The purpose of the report is to inform the Health and Wellbeing Board (HWB) of the forthcoming presentation. Two members of CPCD's Executive team will attend the meeting to provide brief details of community pharmacy service provision in Durham

Executive summary

2. The presentation will describe the role community pharmacies play in improving the health and wellbeing of the residents of County Durham.
3. The Health and Wellbeing Board sponsor is Amanda Healy, Director of Public Health, Durham County Council

Recommendation

4. The Health and Wellbeing Board is recommended to note the content of the presentation at the HWB meeting on 31 January 2023 and provide comment.

Background

5. Following presentation of the pharmaceutical Needs Assessment to the Health and Wellbeing board for agreement in September 2022, it was agreed that the Local Pharmaceutical Committee would be invited to a future meeting to provide an update on the provision in County Durham.
6. Community Pharmacy services contribute to the whole system approach to support people to manage their own health and wellbeing within their own communities, preventing unnecessary attendance at GPs, urgent care and A&E services.
7. There is a network of 124 community pharmacies in County Durham (plus 21 in Darlington) delivering a range of services to their patients in addition to their core role of dispensing medicines.
8. The presentation, will provide a brief overview of those services, a description of how they are delivered and the contribution they make to improving people's health and wellbeing.

Author

Greg Burke, Chief Officer, County Durham and Darlington Local Pharmaceutical Committee. Tel: 0191 378 4831

Appendix 1: Implications

Legal Implications

Pharmacies operate under The Terms of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations.

Finance

Potential financial implications if new pharmacy services are implemented.

Consultation

None

Equality and Diversity / Public Sector Equality Duty

Pharmacies routinely make reasonable adjustments for disabled patients.

Climate Change

None

Human Rights

None

Crime and Disorder

None

Staffing

Potential staff implications if new pharmacy services are introduced, or existing services are discontinued

Accommodation

None

Risk

Potential pharmacy closures / consolidations could affect the overall adequate provision of pharmaceutical services in an area.

Procurement

None

This page is intentionally left blank

COMMUNITY PHARMACY SERVICES



Greg Burke, Chief Officer, CPCD
Emma Morris, Member, CPCD



Better for everyone



What is Community Pharmacy County Durham (CPCD)?



- Local organisation representing community pharmacy
- Works locally with stakeholders to plan healthcare services
- Negotiates and discusses pharmacy services with commissioners
- Independent and representative group
- Source of information and advice



Background in brief



- 124 community pharmacies in Durham
 - Another 21 in Darlington
- 90% of the population can walk to a pharmacy within 20 minutes
- 84% of adults visit a pharmacy every year
- 1.6 million visits to pharmacy every day
- Private consultation areas
- Comprehensive training in use of medicines

Community Pharmacy Services – in brief



- **Essential services**
 - Provided by all pharmacies
 - Examples - Dispensing, repeat dispensing, Discharge Medicines Service (DMS)
- **Advanced services**
 - Non mandatory
 - Examples – GPCPCS, flu vaccination service, New Medicines Service (NMS), hypertension case finding service
- **National Enhanced Services**
 - Non mandatory
 - Examples – C19 vaccination service
- **Locally commissioned services**
 - Non mandatory
 - Examples – treatment of simple UTI infections, Minor ailment service, Tobacco dependency services, substance misuse service, sexual health services



Community Pharmacy Services - continued



- Spectrum of services provided
- Highly trained and skilled workforce
- CPCD invested in Services Implementation lead
- Community pharmacy able and willing to help ease system pressures
- There are challenges.....

Challenges

Page 38

- Workforce
- Capacity
- Funding
- Stock availability
- Some services reliant upon referrals e.g GP Community Pharmacy Consultation Service (GPCPCS), Discharge Medicine Service (DMS)
- Public expectation of community pharmacy
- Pandemic



Conclusion

- At the Heart of the community
- Easy Access
- Well trained workforce
- Providing a wide range of services
- Enthusiastic to do more
- Challenges must be recognised and addressed
- Evidence that can make a difference
- Work with partners to deliver outcomes





Health and Wellbeing Board

31 January 2023

**County Durham Plan Health Impact
Assessment**



Report of Corporate Management Team

Jane Robinson, Corporate Director of Adult & Health Services

Amanda Healy, Director of Public Health, Adult & Health Services

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 To provide the Health and Wellbeing Board with the annual review of the Health Impact Assessment undertaken December 2018, of the County Durham Plan (Local Plan) adopted October 2020.
- 2 The last review was presented to the Health and Wellbeing Board in January 2022.

Executive summary

- 3 The County Durham Plan (CDP) was adopted in October 2020 and benefitted from a Health Impact Assessment (HIA) to maximise the positive, and minimise the negative impacts of new initiatives. The HIA made recommendations for the plan's process to maximise positive impact upon health outcomes in County Durham.
- 4 Furthermore, several recommendations made within the CDP HIA are specific to mitigating existing (or future) health inequalities:
 - Consider health inequalities when assessing housing development schemes (against Building For Life outcomes) during in house reviews.
 - Undertaking HIA's for new housing developments with over 800 residential units.

- Addressing housing needs for older people and those with specialist needs (i.e. to minimise risk of falls, making homes warm and energy efficient. Suitable housing is a key determinant of health.
- Regulation of over-concentration of Hot Food Takeaways (HFTs).

5 Whilst the CDP itself covers 61 policies in total, the HIA screening processes resulted in 11 policies being the subject of the assessment. This year two review provides a progress update on those policy areas where progress has been made over the past year. This comprises those HIA recommendations pertaining to the following seven policies:

- Policy 3 - Aykley Heads Strategic Employment Site.
- Policy 4 - Sites allocated to meet housing need.
- Policy 5 - Durham City's Sustainable Urban Extensions.
- Policy 15 - Addressing housing need has the potential to impact on health in County Durham.
- Policy 16 - Durham University refurbishment of existing buildings, allocated sites for development and restrictions on HMOs.
- Policy 51 - Meeting the need for primary aggregates.
- Policy 58 - Preferred area for future carboniferous Limestone Extraction.

Whilst the following policy areas were not covered by the CDP HIA, they are included in this review as a result of their importance in (and interdependency with) planning and health:

- Policy 30 – Hot Food Takeaways.
- Restriction of advertising food high in fat, salt and sugar (HFSS) on DCC platforms.

6 Two years have elapsed since the adoption of the CDP, and whilst this is still a limited time frame in which to assess impact of those policies that are subject of this review, progress is being made.

7 Some recommendations continue to see more progress than others – typically as a result of the schedule of policy implementation. For example, progress against Policy 3 (Aykley Heads Strategic Employment Site) has been limited, but will gather pace as this site is developed.

- 8 Conversely, other areas of the HIA (i.e. Policy 4 – sites allocated to meet housing need) continue to see progress in terms of:
- DCC’s commitment to future developments (i.e. Building for Life Supplementary Planning Document) to ensure well-designed and good quality housing – which is a key determinant of good health and wellbeing
 - Production of ‘HIA Developer Guidance’ for eligible development proposals
 - Provision of training to DCC officers on matters relating to planning for health approaches
- 9 Measurable progress has been made in other areas, i.e. Policy 5 (Durham City’s Sustainable Urban Extensions) wherein DCC has formally adopted the Sniperley Masterplan, which outlines plans for public transport penetration, safe pedestrian link into Park and Ride scheme, as well as measures to facilitate active travel.
- 10 A key recommendation within the CDP relates to the provision of new housing that is both affordable and suitable for older aged adults and those with specialist needs (Policy 15). Over the past year, 245 such units have been approved (and 106 units completed) that meet the needs of older people.
- 11 A further recommendation of Policy 15 relates to positive impact of affordable housing on wellbeing and improved quality of life. Between April 2021 – March 2022, 119 units were approved for affordable home ownership and a further 345 for affordable rent. To date, 536 of these units have been completed.
- 12 The evidence supporting the positive correlation of Hot Food Takeaway (HFT) prevalence and rates of overweight, obesity and the obesogenic environment is incontrovertible.
- 13 Policy 30 (Hot Food Takeaways) sets a framework for assessing planning applications for such premises. When levels of hot food takeaway uses within centres are above 5%, or a proposed use would see the levels rise above 5%, such proposals will be subject to further scrutiny.
- 14 This review finds that 9 out of 15 areas across the county have HFT prevalence over 5% (range 5.3% - 10%). It should, however, be noted that 7 of these areas had over 5% prevalence when this policy was introduced.

- 15 Over the past 12 month monitoring period, only 6 out of 15 areas have seen a minor increase in prevalence (often equating to one HFT) and the remaining 9 areas have either reduced or numbers have not changed (2 and 7 respectively). It remains that the 5% target is not being met, and a review of this policy will be included in a forthcoming public health review of approaches to healthy weight in County Durham.
- 16 Advertising and promotion of foods that are high in fat, salt and sugar is known to contribute to a growing obesogenic environment. Close collaboration by DCC public health and communications teams restrict such advertising on DCC platforms in nearing completion. This proposal has been authorised by the Public Health Senior Management Team (SMT) and is about to be considered by the Regeneration, Economy and Growth SMT. DCC would be only the third local authority outside of London to have passed such a progressive policy.

Recommendation(s)

- 17 The Health and Wellbeing Board is asked to:
 - (a) Consider and note the findings of this annual review.
 - (b) Note that the CDP HIA will continue to be reviewed and reported annually.

Background

The County Durham Plan (CDP)

- 18 The CDP sets out a range of development proposals as well as planning policies for the county until 2035. It was adopted in October 2020, and presents a vision for potential housing, jobs and the environment, as well as the transport, schools and healthcare to support it.
- 19 The plan aims to continue economic growth and investment in the county, secure more and better jobs in County Durham, address the causes of climate change and adapt to its effects, create and enhance vibrant communities for County Durham towns and villages, provide a wide choice of quality homes to meet need and reduce the need to travel, secure the infrastructure to support new development and relieve congestion and improve air quality, and protect the natural and historic environment.
- 20 Many of the County Durham Plan objectives will be supported and bolstered by developing County Durham Inclusive and Green Economic Strategy which will be considered by Cabinet in December 2022.
- 21 The social and environmental conditions in which we live have all have an impact upon our chances of living a long and healthy life. For example, the quality of the built and natural environment/green spaces, and access to good education, transport and work can all affect health – whether detrimentally or beneficially.

Health Impact Assessment (HIA)

- 22 An HIA is a structured approach to maximising the positive and minimising the negative impacts of new initiatives. It takes a broad view of health, in that health means more than health care provision or clinical care.
- 23 The CDP HIA made recommendations for the plan's process which may have a positive impact upon health outcomes in County Durham, and it is important that those developing the policies considered by the HIA retain ownership of those recommendations and their progress – working in collaboration with the Public Health team where necessary.

HIA review process

- 24 The review has been undertaken following consultation between the Public Health Team (Strategic Manager) and Regeneration, Economy and Growth (Principal Policy Officer).
- 25 The HIA produced 20 recommendations in total and all have been subject of this two-year review. Where limited or no progress has been reported against any recommendation, this will be recorded together with reasons.
- 26 The HIA (and subsequent reviews) are concerned with the '*people and population*' aspects of the relevant planning and development policies that comprise the County Durham Plan itself. This provides timely and vital opportunities to reinforce the role of planning as a determinant or building block of good health (Appendix 2).

Review of HIA recommendations

Policy 3: Aykley Heads Strategic Employment Site

Summary

- 27 Allocates an employment site known as Aykley Heads within Durham City for B1(a) uses (offices). The policy, supported by the approved masterplan for the Aykley Heads site, aims to provide a high quality employment location to contribute to the delivery of the new and better jobs Durham City and County Durham need. In doing so, it provides an opportunity for the unique landscapes to be used to create an urban park and for bus, pedestrian and cycle routes to be incorporated and to encourage the use of park and ride schemes.

Recommendation 1

- 28 Consider an active environment which promotes physical activity. Consider the guidance within the Building for Life (BfL) SPD so that facilities are linked in a walkable/cyclable environment.
- 29 Consider during the master planning process how green space is enhanced where practical to help facilitate benefits to those employed on site, local residents and visitors.

Recommendation 2

- 30 Consider recommending to all prospective businesses take part in the Better Health at Work Award. The site could consider becoming a healthy business park and each employer recognise the business and social benefits of a healthy environment and workforce.

Recommendation 3

- 31 Linking with current further education establishments to develop a workforce for tomorrow and promote the opportunities that exist within County Durham.

Update

- 32 The Aykley Heads Strategic Employment site is not yet in full development. Durham County Council's 'Plot C' within the site is currently under construction; however it is yet to be completed (scheduled July 2023)

Policy 4: Sites allocated to meet housing need

Summary

- 33 Allocates sites to accommodate the new homes needed to ensure that housing need is met over the Plan period. Having had regard to housing need in the county (set out in the Strategic Housing Market Assessment); availability of land for housing in the county (set out in the Strategic Housing Land Availability Assessment); viability in different areas; and to the government's figures for housing needed for County Durham, the policy sets out housing sites by monitoring area. We are expected to demonstrate a rolling five 5 year supply of deliverable sites calculated against Objectively Assessed Need (OAN) set out in Policy 2 with a buffer of 5% or 20% added depending on past delivery.

Overarching recommendation

- 34 Consider health outcomes and health inequalities as part of the in house review process that assesses housing development schemes against the Building for Life outcomes.

Recommendation 4

- 35 Align to the recommendation in the BFL SPD to ensure that facilities are available and accessible within short walks from people's homes. This could consider the needs of the local population so that the development is easy to navigate from a physical and mental perspective reflective of the local health profile.
- 36 Development management could consider facilities and amenities being built sooner in the development process to allow for the immediate use and adoption of healthy behaviours.

Update

- 37 Durham County Council (DCC) adopted the Building for Life (BfL) Supplementary Planning Document (SPD) in 2019, and this is a material consideration in regarding proposals for new residential developments.
- 38 Over the past plan monitoring year (April 1st 2021 – March 31st 2022, 700 units have been approved on allocated sites, 200 units approved at Ash Drive, Willington (H26) and 500 units approved at Sherburn Road (H6). This is as well as the 152 units approved over the previous monitoring period across 3 sites (Former Gilesgate School (H1); North of Hawthorn Close (H2); and Former Chamberlain Phipps (H28)).
- 39 During this period, 27 units completed on allocated sites, 17 at North of Hawthorn Close (H2) and 10 on the former Gilesgate School H1.

Recommendation 5

- 40 Complete a health impact assessment for sites of over 800 properties and/or significant public interest to explore the health needs and the supporting infrastructure.
- 41 Utilise the education policy when/if need is identified.
- 42 Consider the developments of a healthcare policy to support a practical response to any possible additional health care requirements.
- 43 Ensure that existing or developing community facilities are easy to get to because they are conveniently located near to where people live, are well signposted, and are close to public transport and on walking and cycling networks.

Update

- 44 DCC Public Health and planning teams are collaborating on the completion and publication of 'Health Impact Assessment Developer Guidance'. This applies to all planning applications for the development of 100 or more houses or for employment schemes over 10 hectares
- 45 The guidance provides an assessment matrix that will assist developers in the evaluation of likely health impacts, and covers areas such as accessibility/active travel, access to open space/nature and housing design/affordability.
- 46 In November 2022, officers from both public health and planning teams attended HIA training provided by specialists from the Office for Health Improvement and Disparities (OHID) covering matters such as planning

for health approaches, implementation of HIAs in development management and creating an HIA local plan policy.

Policy 5: Durham City's Sustainable Urban Extensions

Summary

- 47 In order to promote sustainable patterns of development and meet housing need, some land is removed from the Greenbelt and allocated for housing at Sniperley Park and Sherburn Road (1900 houses at Sniperley Park; and 420 houses at Sherburn Road). This will include comprehensive master planning and timely provision of infrastructure.

Recommendation 6

- 48 Ensure there is sufficient access to amenities and facilities as this could improve mental health and increase mobility and participation especially amongst older adults. Make it easy for all people to get around the development in line with the BFL guidance.

Recommendation 7

- 49 Planning applications include a standard condition regarding operational hours for construction.

Recommendation 8

- 50 Recommend promoting and prioritising sustainable modes of transport as a healthier approach. Provide suitable links to existing infrastructure such as Sniperley park and ride and ensure the scheme has good access to public transport to help reduce car dependency as highlighted in BfL. Consider how the development can maximise the number of homes with a short walk from the nearest public transport route.
- 51 Consider how the development can contribute towards encouraging more sustainable travel choices, i.e. bike racks, electric car charging etc.

Recommendation 9:

- 52 Consider buffer zones such as an earth bund around developments to limit the impact of noise from roads that may run the length of a development.

Update:

- 53 Two major applications have been submitted for the Sniperley Park site. The application covering the largest area (DM/21/03574/OUT) seeks demolition of existing buildings adjacent to B6532 and outline planning

permission (all matters reserved except access) for a maximum of 1,550 dwellings (Use Class C3), a local Centre (use classes E and F2), public house (use class sui generis) and primary school (use class F1), associated infrastructure and landscaping.

- 54 The application covering the smaller site area (DM/21/02360/FPA) is a hybrid planning application consisting of outline planning permission (all matters reserved) for an extension to the Sniperley Park and Ride and full planning permission for the development of 370 dwellings associated access and works and demolition of former farm buildings.
- 55 The Council took the decision to lead on the production of a Masterplan for Sniperley as it was not readily apparent that the main parties were working collaboratively as planning submissions were being prepared. The masterplan is a means to guide the future planning, design and development of the site as it moves towards delivery. and set out the design parameters of the site going forward. The masterplan for the Sniperley site identifies a local neighbourhood centre that will provide access to amenities and facilities. Information relating to the Healthy Active Travel Connectivity Plan can be found at appendix four. A public consultation was undertaken in order to seek views from interested parties from 29 November 2021 to 14 January 2022. The Masterplan was adopted by the Council on 22nd June 2022 following consideration of the comments received.
- 56 As part of the masterplan, it identifies that development must allow for maximum public transport penetration. Further to this it seeks to enhance safe and attractive pedestrian links into the Park and Ride. It states that all homes should include an EV charging point as standard. It also highlights a need to provide positive natural surveillance of active travel routes, good lighting and secure sheltered bike storage to encourage year round use. The Sniperley Park masterplan includes a 60m buffer to limit the impact of noise from the road.
- 57 Both proposals are subject to appeals to the Planning Inspectorate against non-determination of the applications. Committee members were asked to consider reports in light of this and make resolutions based upon the decision they would make were the application to be determined in the usual manner. This resolution will be carried forward for consideration at the Public Inquiry. On 6th September 2022 members endorsed recommendations of 'minded to refuse' for both applications:
<https://democracy.durham.gov.uk/ieListDocuments.aspx?CId=318&MIId=14548&Ver=4>. A public inquiry is scheduled for January 2023

- 58 The site at Sherburn Road is particularly well linked to facilities at Sherburn Road district centre and also to Durham Retail Park at Dragonville.
- 59 Banks Property were granted outline planning permission for up to 500 dwellings on the Sherburn Road allocation on 22nd March 2022. A reserved matters application for 470 dwellings has been submitted and validated on 8th July 2022 and is currently pending consideration. The outline permission included the following condition.
- In undertaking the development that is hereby approved: No external construction works, works of demolition, deliveries, external running of plant and equipment shall take place other than between the hours of 0730 to 1800 on Monday to Friday and 0730 to 1400 on Saturday. No internal works audible outside the site boundary shall take place on the site other than between the hours of 0730 to 1800 on Monday to Friday and 0800 to 1700 on Saturday. No construction works or works of demolition whatsoever, including deliveries, external running of plant and equipment, internal works whether audible or not outside the site boundary, shall take place on Sundays, Public or Bank Holidays. For the purposes of this condition, construction works are defined as: The carrying out of any building, civil engineering or engineering construction work involving the use of plant and machinery including hand tools. Reason: To protect the residential amenity of existing and future residents from the development in accordance with Policy 31 of the County Durham Plan and Part 15 of the National Planning Policy Framework.
- 60 It should also be noted that a similar buffer to that included within the Sniperley Park masterplan has been incorporated as part of masterplan for the Sherburn Road site.

Policy 15: Addressing housing need has the potential to impact on health in County Durham

Summary

- 61 The policy sets out the proportions of new housing that should be affordable and suitable for older persons and those with specialist needs. This is dependent on the viability of the area, with the highest value areas having the largest percentage of housing units. The Strategic Housing Market Assessment (SHMA) update undertook an assessment of the shortfall in affordable housing in the county.

Recommendation 10

- 62 Recommend considering health outcomes within the SHMA process to assist with identifying current and future need.
- 63 Consider the design of homes which reduces possible hazards and minimises the likelihood of falls. Create warm and energy efficient homes, which can improve general health and may reduce the impact of respiratory conditions.
- 64 Create walkable and physically active neighbourhoods in line with BfL recommendations to help promote and maintain levels of physical activity. Ensure amenities are accessible.

Update

- 65 DCC adopted the BFL SPD in 2019 and this is a material consideration in considering proposals for new residential development. Over the past plan monitoring year (April 1st 2021 – March 31st 2022), there have been 245 units approved that meet the specific needs of older people and 106 units completed.

Recommendation 11

- 66 Develop mixed use development that are reflective of local need as recommended in BfL, taking into consideration the health profiles of the area.
- 67 Ensure connected streets, accessible amenities and consider community facilities being provided early in a development to help maximise the opportunities for healthy behaviour change.

Update

- 68 No updates since the previous HIA review.

Recommendation 12

- 69 Endorse the policy to allocate affordable housing due to its positive impact upon mental wellbeing and improved quality of life.
- 70 Endorse efforts for mixed use developments which could create a sense of community, improve a sense of cohesion and create a physically active neighbourhood.
- 71 Explore the pooling of affordable housing so that it can be allocated on a countywide as opposed to a development basis.

- 72 Endorse the scheme to bring empty properties back up to ‘better homes standard’.

Update

- 73 Over the past plan monitoring year (April 1st 2021 – March 31st 2022, there have been 520 affordable units approved. Of these, 119 units were approved for affordable home ownership and 345 units were approved for affordable rent. The tenure for 56 of the affordable units approved are unknown. In terms of completions, there were 536 units completed.

Policy 16: Durham University refurbishment of existing buildings, allocated sites for development and restrictions on HMOs.

Summary

- 74 Part one of the policy relates to the Durham University Masterplan. It sets out the criteria by which planning permission for new University facilities and the refurbishment of existing buildings will be permitted. The policy allocates purpose built student accommodation sites too and sets out restrictive criteria towards additional purpose built accommodation. Part 3 of the policy is also restrictive towards houses in multiple occupation (HMOs) in order to maintain mixed and cohesive communities. It uses a threshold of 10% of Class N student exempt council tax properties within 100 metres of the application site.

Recommendation 13

- 75 Endorse approach to Houses of Multiple Occupancy (HMOs) to avoid over concentration. Recommend promoting the landlord accreditation scheme.
- 76 Endorse the references to waste recycling in order to minimise the impact of litter. Endorse the references to the Car Parking and Accessibility Guidelines. Consider all opportunities to promote and provide opportunities for sustainable travel.

Recommendation 14

- 77 Work closely with Durham University to address the health needs of the student population.
- 78 Endorse the references to the Car Parking and Accessibility Guidelines. Consider all opportunities to promote and provide opportunities for sustainable travel. In relation to PBSA consider how build may incorporate cycle racks, cycle storage, and attractive visible signed

stairwells, in order to support an active lifestyle and promote good health.

Update

- 79 Endorsements noted. Whilst falling outside the scope of the CDP, the Council have explored a landlord accreditation scheme and a potential scheme has been submitted to government. With regards to cycle parking this will be set out in the Parking and Accessibility SPD (criteria h) which has yet to be finalised and adopted.

Policy 51: Meeting the need for primary aggregates

Summary

- 80 Supports making sufficient land available for mineral working to enable the maintenance of a steady and adequate supply of primary aggregates. Identifies further need for Carboniferous Limestone and sets out the locational approach to the working of Magnesian Limestone, Carboniferous Limestone, Dolerite and Sand and Gravel. No new or extended working areas for magnesian limestone will be permitted on the East Durham Limestone Plateau for aggregate, high grade purposes, or for agricultural lime production. The policy prioritises basal Permian sand extraction under existing magnesian limestone quarries, followed by the lateral extension of existing magnesian limestone quarries. For dolerite, proposals for new working will only be permitted provided that proposals do not adversely impact upon the North Pennines AONB, Special Areas of Conservation or Special Protection Areas. No minerals allocations are made by this policy. Government policy requires that we ensure that a large landbank bound up in very few sites should not stifle competition.

Recommendation 17

- 81 Transport and environmental assessments will explore whether as part of a major development an HIA is required as part of the mineral extraction policy.
- 82 Continue to lobby for the Leamside line as an alternative mode of transport and explore the feasibility mechanisms to transport minerals i.e. rail, sea.
- 83 Update the Technical Advice Notes for noise, dust, light.

Recommendation 18

- 84 Continue efforts to minimise or remove exposure to air pollutants.

Recommendation 19

- 85 Every new application considers employment or training opportunities through the Targeted Recruitment and Training policy.

Update

- 86 It is understood that the update of Technical Advice Notes for noise, dust and light has been undertaken by colleagues in Environment Health and Development Management. This falls outside the scope of the CDP.
- 87 The Minerals and Waste Draft Policies and Allocations Development Plan Document includes a new Policy MW1 (General criteria for considering minerals and waste development) which amongst other matter states, 'Proposals for minerals and waste development will be permitted where it can be demonstrated that the proposal will not result in individual or cumulative unacceptable adverse impacts on: 1. Human health and the amenity of local communities. Where appropriate, separation distances will be required between minerals and waste developments and occupied residential properties and other sensitive receptors;'. In addition: Paragraph 4.12 states, 'The nature and scale of the proposed minerals and waste development, their distance to sensitive land uses and receptors and their relationship to their surroundings will influence the nature and likelihood of adverse impacts. To be acceptable proposals must always seek to avoid unacceptable adverse impacts and must ensure that any unavoidable adverse impacts are controlled and mitigated to an acceptable level. In order to understand impacts, technical assessments should be undertaken where necessary. The type of technical assessments undertaken will depend upon the nature and scale of the proposed minerals and waste development and in some cases these assessments will form part of an Environmental Impact Assessment. Where there are specific concerns in relation to health a Health Impact Assessment should also be undertaken.'
- 88 Paragraph 4.13 states, 'Minerals and waste development can be a concern for local communities as a result of the potential disturbance or adverse effects that proposals can potentially have on human health and on the amenity of local communities including both their living and working environments. Consideration of adverse impacts should be considered in conjunction with relevant County Durham Plan policies including Policy 31 (Amenity and Pollution) and M&WDPD Policy MW4 (Noise), MW5 (Air Quality and Dust) and MW6 (Blasting). The main sources of potential disturbance can include:' A number of bullet points are then included to address visual impacts; light pollution; air pollution; noise; vibration; odour; vermin and birds; litter.

- 89 The bullet point on air pollution states, 'Air pollution - If not, properly controlled increases in air pollutants can have harmful effects on human health and the natural and historic environment. Impacts from minerals and waste development are most likely to arise as a result of emissions from plant and processing equipment or from the impact of associated transport movements. Some minerals and waste developments can also be a source of dust which can affect air quality and can cause nuisance to people and businesses and cause harm through deposition. In accordance with the Council' planning validation requirements where necessary an air quality and or dust assessment will be required for all applications. Policy MW5 (Air Quality and Dust) has been prepared to address both air quality and dust.'
- 90 The bullet point on noise states, 'Noise - If not, properly controlled noise from minerals and waste development can be a major source of disturbance and can adversely impact on quality of life, affect health and wellbeing¹³. Noise can also impact on the tranquillity of the open countryside and can disturb wildlife in the surrounding area. Policy MW4 (Noise) has been prepared to address noise from both minerals and waste development. In accordance with the Council' planning validation requirements proposals that raise issues of potential noise disturbance or for new noise sensitive development in existing noisy areas will require a noise assessment.
- 91 The bullet point on light pollution states, 'Light pollution - If not, properly controlled the use of artificial lighting during periods of darkness can result in light pollution beyond site boundaries. This can be a source of annoyance to people and can affect the amenity of local communities, it can also undermine the enjoyment of the countryside or the night sky (especially in areas with intrinsically dark landscapes) and adversely affect the natural environment including wildlife in the surrounding area. Site lighting should be designed and located to ensure minimum light spillage beyond the site boundary. Particular attention should be paid to areas where dark skies are valued and may also be sensitive to light pollution such as those locations which are in close proximity to residential areas, within the open countryside and near to and within designated landscapes such as the North Pennines Area of Outstanding Natural Beauty, within the setting of heritage assets or where they may result in an adverse impact on wildlife. In accordance with the Council's planning validation requirements a lighting assessment will be required for developments which would involve the provision of significant external lighting which may have an adverse impact on residential amenity, the character of the open countryside or a heritage asset. Proposals should demonstrate how light pollution will be avoided or managed to an acceptable level.

- 92 The Draft Minerals and Waste Policies and Allocations Documents policy on dust (MW5) has been updated to address both air quality and dust. The policy now states, 'Policy MW5 - Air Quality and Dust Proposals for mineral and waste development will only be permitted where it can be demonstrated that the proposed development will not have an unacceptable adverse impact either individually or cumulatively on the environment, local amenity or human health through the emission of one or more air quality pollutants or which would result in adverse impacts on air quality, on an Air Quality Management Area within the County or as a result of dust emissions.'. Similarly the Draft Minerals and Waste Policies and Allocations Documents policy on noise (MW4) has also been updated. The amendments to both the Air Quality & Dust policy and the Noise have been prepared in consultation with officers from the Council's Environmental Health Team.
- 93 The policy does not set out any Targeted Recruitment and Training requirements; however, Policy MW3 (Benefits of Minerals Extraction) of the Publication Draft document recognises that the applicants/operators set out the economic benefits of extraction which can include job creation and training opportunities. These economic benefits are a material consideration in any planning application for extraction.

Policy 58: Preferred area for future carboniferous Limestone Extraction

Summary

- 94 In order to assist in the steady and adequate supply of carboniferous limestone and the delivery of Policy 51 (Meeting the Need for Primary Aggregates) a Preferred Area for carboniferous limestone working is allocated as an eastern extension to Hulands Quarry in Teesdale. Subject to planning permission being granted, this allocation would enable this quarry to make a significant contribution to the identified need for further carboniferous limestone working from County Durham over the plan period. In addition the carboniferous limestone produced at this quarry will provide a source of aggregate to produce coated roadstone and ready mixed concrete products.

Recommendation 20

- 95 Consider a restoration of mineral sites Supplementary Planning Document. Consider how any impacts Rights of Way can be mitigated by improvements to the current infrastructure which may provide increased connectivity for local communities.

Update

- 96 An SPD is not being produced, however the issue of the restoration of minerals sites is covered in detail within the Publication Draft Minerals

and Waste Policies and Allocations Development Plan Document. Objective NSO5 within the document relates to the 'High Quality Restoration of Minerals and Waste Sites - Ensuring that County Durham's minerals sites and temporary waste management sites are restored at the earliest opportunity and in ways that, wherever possible, enhances the environment and amenity of local communities, achieves high quality restoration and aftercare, contributes to climate change adaptation and mitigation and maximises benefits. . Detail of this are covered in draft Policy MW22 – Mineral Site Restoration, Landfill and Landraise.

- 97 With regards to Public Rights of Way (PROW), Policy 26 of the CDP covers this issue stating that proposals that would result in the loss of, or deterioration in the quality of, existing PROWs will not be permitted unless equivalent alternative provision of a suitable standard is made. Para 4.30 of the Publication Draft Minerals and Waste Policies and Allocations Documents states, '4.30 Due to the nature and location of mineral working and some types of waste development which can be located within the open countryside, such proposals have a potential to adversely impact on the County's Public Rights of Way (PROW) network which will also impact on recreational amenity. Where proposals will adversely affect existing PROW, adequate arrangements will be required for the continued use of PROW both during and after the proposed development, either by means of existing or diverted routes which are safe and convenient and where possible propose opportunities to enhance the existing network. Formal stopping up of PROWs should be avoided, unless it can be demonstrated that there are no alternatives”.

Promoting Healthy Communities

- 98 The planning system can play an important role in facilitating interaction and creating healthy, safe and inclusive communities. The Plan seeks to embed health and wellbeing considerations throughout, to achieve healthy places with safe, accessible and inclusive environments for people to come together.

Policy 30: Hot Food Takeaways (HFT)

- 99 This policy sets a framework for assessing proposal for hot food takeaways. The key driver is to reduce levels of overweight and obesity. Large concentrations of hot food takeaways within our town centres can have the opposite effect by encouraging unhealthy eating habits. An over-concentration of hot food takeaways can also have a detrimental impact on vitality and viability. The policy recognises that where an application is proposed within a centre where the numbers of hot food

takeaways already exceeds 5% (or a new proposal would lead to it exceeding 5%) closer scrutiny is required.

- 100 The information shown in Table 1 follows surveys undertaken in June/July 2021, as well as data from two previous monitoring periods. Percentage of units with Sub Regional, Large Town, Small Town and District centres in use or with planning permission for hot food takeaways.

Table1: Percentage of Hot Food Takeaways

Centre	% of hot food takeaway use 21/22	% of hot food takeaway uses 20/21	% of hot food takeaway uses 19/20	% of hot food takeaway uses 18/19
Arnison Centre	0	0	0	0
Barnard Castle	3.3	3.3	3.3	3.3
Bishop Auckland	5.3	5	4.8	4.5
Chester-le-Street	5.2	4.6	4.3	4.3
Consett	6.7	7.2	6.8	6.8
Crook	8.6	7.9	7.8	7.1
Dragonville/Sherburn Road	2.3	2.3	2.7	2.9
Durham City	2.9	2.4	2.6	2.6
Ferryhill	10	10	10	8.8
Newton Aycliffe	5.8	5.8	5.8	5.8
Peterlee	0	0.8	0.8	0.8
Seaham	6	5.3	5.9	5.9
Sildon	8.4	8.4	8.4	8.4
Spennymoor	7.9	7.9	6.9	6.9
Stanley	5	3.3	3.4	3.4

- 101 Table 1 shows that nine areas in total have a number of hot food takeaways exceeding 5% - noting that 7 of these areas had over 5% prevalence when this policy was introduced.
- 102 In assessing applications for new hot food takeaways in centres which exceed 5%, consideration is given to the existing level of vacancies. Where vacancy rates are above the national average, weight will be given to the contribution the proposal will make to reducing this. Whilst there are instances where some new proposals will be approved, the target is not to see increased in HFTs – particularly in centres where there is a heavy concentration.

Table 2: Centres where hot food numbers are increasing or decreasing

Centre	% change in number of hot food takeaway uses
Arnison Centre	No change
Barnard Castle	No change
Bishop Auckland	+0.3
Chester-le-Street	+0.6
Consett	-0.5
Crook	+0.7
Dragonville/Sherburn Road	No change
Durham City	+0.5
Ferryhill	No change
Newton Aycliffe	No change
Peterlee	-0.8
Seaham	+0.7
Sildon	No change
Spennymoor	No change
Stanley	+1.7%

- 103 Table 2 shows that there are 6 centres where the numbers of hot food takeaways have increased over the monitoring period. Durham City has seen a 0.5% increase in the numbers of hot food takeaways which represents an increase in 2 hot food takeaways. Durham does however still retain low levels of hot food takeaways with the overall percentage at 2.9%, well below the 5% threshold where new proposals require closer scrutiny. The increases in the other 5 centres (Bishop Auckland, Chester-le-Street, Crook, Seaham and Stanley) represent just one more unit in hot food takeaway use. The majority of centres have seen no change, with the numbers of hot food takeaways falling in Consett and Peterlee.
- 104 As there are centres which have seen an increase in the number of hot food takeaways and centres which exceed 5% in terms of hot food takeaways, the target within the CDP is not met. It is however encouraging that the overall levels have either not changed or reduced in the majority of centres.

Restriction of advertising of food that are high in fat, salt and sugar (HFSS)

- 105 DCC Public Health and Communications teams have been collaborating on a policy to restrict advertising and promotion of HFSS foods on DCC platforms.
- 106 This has been agreed by the Public Health Senior Management Team and will now be considered by the Regeneration, Economy and Growth Senior Management Team.
- 107 The policy is based upon three principles:
- Advertisements of food and/or non-alcoholic drink products rated HFSS will not be permitted.
 - All food and non-alcoholic drink brands, services or companies or ordering services can advertise providing it is their healthier options, consisting of non-HFSS products.
 - Advertisements cannot show or feature HFSS products (in line with rule 1) 'incidentally' if the HFSS product being promoted is prominent within the advertisement, even if they are not the subject of the advertisement. This includes being referenced through text or graphic. (note: such products can otherwise be shown incidentally).
- 108 Whilst this policy not a recommendation of the CDP HIA, it represents an important strategy to address the impact/contribution of food consumed outside of the home to rates of overweight and obesity, and

is one that has been adopted with positive effect by Transport for London, several London local authorities and two local authorities outside of London (Bristol and Barnsley).

- 109 This will be a significant development in County Durham's ongoing whole system's approach to tackling overweight and obesity, particularly in our younger populations.
- 110 Progress on this matter will be reported to a future Health and Wellbeing Board.

Main Implications

- 111 As outlined above, the County Durham Plan (CDP) HIA (and subsequent reviews) are concerned with the people and population aspects of the relevant planning and development policies that comprise the County Durham Plan.
- 112 The CDP was adopted in October 2020 (two years prior to this review), which still represents a limited time frame in which to assess the wider impact of recommendations made in the associated HIA. It should be noted that much of this time was heavily disrupted by (and focussed on response to) the COVID-19 pandemic.

Policy 3: Aykley Heads as a strategic employment site

- 113 There are matters covered in the HIA that continue to make limited progress due to the fact that the policies to which the recommendations relate have yet to be implemented, or indeed are in the early stages of implementation. For example, recommendations 1 to 3 relating to the Aykley Heads Strategic Employment Site, are dependent upon businesses occupying this site. Progress is however noted in the development of Plot C and planning for the development of Plot D (DCC Civic Suite).

Policy 4: Sites allocated to meet housing need

- 114 Recommendations regarding policy 5 (sites allocated to meet housing need) have been met with progress relating to DCC having adopted the Building For Life Supplementary Planning Document in 2019, which sets down guidance on standards required to ensure well-designed development proposals and good quality housing.
- 115 Furthermore, DCC's adoption of the BfL SPD in 2019 demonstrates a commitment to engaging in discussions between local communities, the local planning authority, developers, and other stakeholders to ensure a consistent approach to BfL in order to enhance design quality across

the County. This directly contributes to making places better for those who live in County Durham.

- 116 During the monitoring period April 2021 to March 2022, 700 units have been approved on allocated sites (over and above the 152 units approved during the preceding monitoring period).
- 117 Recommendations relating to the requirement for an HIA for certain sites are included in developer guidance which is nearing completion. Once adopted, this will formalise the HIA requirement for sites over 100 houses or for employment schemes over 10 hectares. This guidance is bolstered by training and development provided by the Office for Health Improvement and Disparities to DCC officers on matters relating to planning for health approaches.

Policy 5: Durham City's urban extensions

- 118 Progress is being made in this area with applications submitted for the Sniperley Park site. This area will comprise 1920 dwellings, as well as an extension to the Sniperley Park and Ride.
- 119 DCC now leads on the Sniperley Masterplan which (amongst other detail) ensures access to amenities and facilities for those living on this site. This was formally adopted by DCC in June 2022.
- 120 The Masterplan and its associated Healthy Active Travel Connectivity Plan were subject to a public consultation, ensuring that we have worked with our communities. These plans address recommendations relating to sufficient access to public transport, whilst also facilitating more sustainable travel choices, such as cycling, walking and provision of charging points for electric vehicles.
- 121 In addition to the above, public health continues to input into DCC's design review process for the assessment of proposed residential developments. This is to ensure that the design of all new developments is a catalyst to supporting good health and wellbeing, including healthy weight. Meetings are every fortnight – chaired by DCC Head of Planning. The Public Health team provides general public health input into this process.

Policy 15: Addressing housing need has the potential to impact on health in County Durham

- 122 In the monitoring year 2021/22, approval has been given for 245 units, that will meet the specific needs of older people, and 106 have been completed.

123 Furthermore, 345 units were approved for affordable rent and 119 for affordable home ownership, with 546 units completed.

Policy 51: Meeting the need for primary aggregates

124 Several new policies have been developed during this monitoring period that seek to minimise the adverse impact of proposals for minerals and waste development on human health and local communities. These policies seek to avoid any unacceptable adverse impact, whilst ensuring that unavoidable adverse impacts are mitigated to an acceptable level. Furthermore, they state that technical assessments must be completed to understand impacts, with Environmental Impact Assessments where necessary.

125 Should there be specific issues in respect of impacts to health, an HIA will be required.

126 Regarding the environment, policies relating to air quality and dust emanating from mineral and waste development have been updated to state that proposals will only be permitted where it can be shown that the development will not have an unacceptable adverse impact on the environment, local amenity or human health through the emission of one or more air quality pollutants.

127 Finally, the policy requires that the economic benefits of extraction are set out, and this may include employment and training opportunities for local residents.

Policy 58/ Preferred area for future carboniferous limestone extraction

128 The HIA recommendations are focussed upon restoration of mineral sites and protecting Public Rights of Way (PROW).

129 Whilst a Supplementary Planning Document relating to restoration of sites is recommended, this will not be produced in favour of there being sufficient detail/guidance in the *Draft Minerals and Waste Policies and Allocations Development Plan (Objective NS05)*. This ensures that all such sites are restored quickly and in a style that will enhance the environment/amenity of local communities.

130 Regarding PROW, applications that would result in the loss of such rights will not be permitted unless equivalent alternative provision can be made.

Policy 30: Hot Food Takeaways

131 Matters falling out with the remit of this HIA are hot food takeaways, restrictions in advertising HFSS food and the whole systems approach

to overweight and obesity. It is, however, relevant that these matters are considered in the context of this HIA review, as they are a significant interdependency to the CDP, and relevant to the promotion of healthy communities.

- 132 When the levels of hot food takeaway uses within centres are above 5%, or a proposed use would see the levels rise above 5%, proposals for new such uses will be subject to further scrutiny.
- 133 If the application is within a centre that already has more than 5% of units within hot food takeaway use or the application would increase these levels above 5%, regard should be had to the existing levels of vacant units within the centre
- 134 During this monitoring period, 6 of the 15 areas have seen small increases HFT's, whilst 2 have seen reductions, 7 have had no change in numbers. As a result of the increases, the target has not been met.
- 135 Whilst the excess often represents only one additional unit, we must ensure that a permissive stance is not taken in respect of this extremely important policy, i.e. increase risks to health, overweight and obesity to fill empty retail units.
- 136 Furthermore, an over concentration of hot food takeaways can have a detrimental impact on the vitality and viability of a centre. Whilst potentially impacting on the retail and wider functioning of a centre, many hot food takeaway uses will only open for certain hours of the day, usually in the evening and therefore will often present a blank shuttered frontage during the daytime. In addition, they can also give rise to concerns over noise, disturbance, odours, parking and litter.
- 137 Public Health will review *Policy 30* as part of its wider review of Healthy Weight Approaches in County Durham. The findings of this will be presented to a future Health and Wellbeing Board, as well as being channelled through appropriate Senior Management Teams.

Restrictions of advertising and promoting foods that are high in fat, salt and sugar

- 138 Although this is not a specific policy of the CDP, again it is interdependent with Policy 30.
- 139 As outlined above, the local communications policy to restrict HFSS advertising/promotion on DCC media/platforms is progressing well. When implemented, this will represent a significant shift towards reducing the obesogenic environment and minimising its impact.

140 This policy development demonstrates the continued progress that we are making in County Durham towards creating a whole systems approach to obesity and overweight; wherein those who live and work in County Durham will be better enabled to make healthier choices.

Conclusion

141 Assessing the health impacts of different policies and collaborations between health and planning colleagues ensures that health considerations are integrated into planning across all departments. It is crucial that health benefits are realised across the broad spectrum of local authority functions, rather than remaining as individual strands of good practice. This is evident in DCC's existing *Health in all Policies* approach.

142 The findings of this review shows that steady progress is being made against the raft of recommendations made in the County Durham Plan HIA. It remains that actions to address some of these recommendations will be realised in the longer-term.

143 An annual review will be undertaken and presented to the Health and Wellbeing Board.

Other useful documents

- [The County Durham Plan \(Adopted 2020\)](#)

Authors:

Michael Shannon michael.shannon@durham.gov.uk

James Cook james.cook@durham.gov.uk

Appendix 1: Implications

Legal Implications

None

Finance

None

Consultation

No external consultation. Internal consultation/collaboration between Public Health and Regeneration Economy and Growth.

Equality and Diversity / Public Sector Equality Duty

An HIA seeks to improve inequality where possible.

Climate Change

There are several aspects of the County Durham Plan that are directly relevant to environmental issues. The HIA seeks to minimise/mitigate any negative impact.

Human Rights

None

Crime and Disorder

None

Staffing

None

Accommodation

None

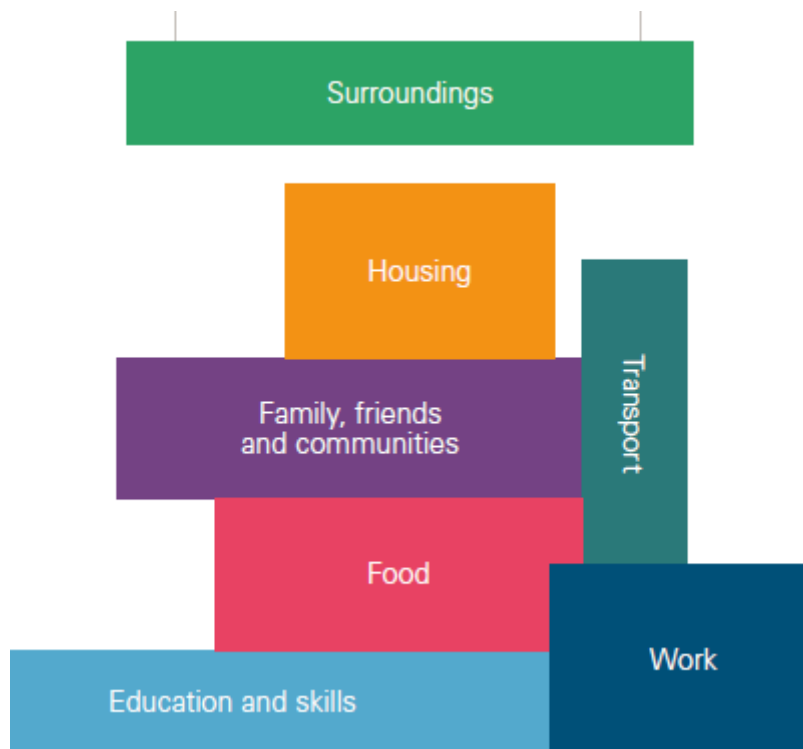
Risk

This review has been produced two years after adoption of the County Durham Plan. Whilst progress is being made, this remains a relatively limited time period for what is a cross cutting set of recommendations

Procurement

None

Appendix 2: Building blocks for good health



The Health Foundation, July 2022

Health and Wellbeing Board**31 January 2023****Durham Safeguarding Adults
Partnership****Annual update****Report of Lesley Jeavons, DSAP Independent Chair****Electoral division(s) affected:**

Countywide

Purpose of the Report

- 1 To present to Health and Wellbeing Board (HWB) the Annual Report for 2021/2022 of the Durham Safeguarding Adults Partnership (DSAP), which provides assurance of safeguarding adults activity across County Durham.
- 2 To present the accompanying suite of documents including the Annual Report on a Page (Appendix 2) and Easy Read version (Appendix 3). The full suite of reports can be accessed via the [Durham Safeguarding Adults Partnership website](#). The reports being supported by a presentation to HWB outlining the salient points.

Executive summary

- 3 The Care Act 2014 outlines the requirement upon Safeguarding Adults Boards (SABs) to publish an annual report.
- 4 This is the seventh Annual Report which provides information about the achievements and challenges during the year 2021/2022.
- 5 Key data relating to safeguarding activity is included and based upon 1st April 2021 to 31st March 2022. Safeguarding adults data is also published within [NHS Digital Statutory Safeguarding Adults Collection](#).
- 6 The Annual Report outlines the DSAP progress in line with its vision and strategic priorities.
- 7 In July 2021, the DSAP agreed to produce the Annual Report conveyed as a You Tube video accessible via its [website](#). The aim was to increase the attractiveness and accessibility with to improving the uptake of key safeguarding messages for County Durham.

- 8 The Annual Report includes headline messages of the learning from Safeguarding Adult Reviews as well as partners' contributions to the work of the partnership.
- 9 Content of the Annual Report encompasses:
- Key points
 - Chair's foreword and introduction
 - The local picture
 - Our vision and partners
 - Safeguarding Adult Reviews
 - Strategic plan and priorities
 - Safeguarding issues relating to Covid-19 recovery
 - Professional and community engagement
 - Quality assurance and the Safeguarding Adults Collection data
 - Looking ahead
 - Partner assurance

Recommendation(s)

- 10 The Health and Wellbeing Board is recommended to:
- (a) Receive the Durham Safeguarding Adults Partnership Annual Report suite for 2021/2022 and note the progress made by the partnership.
 - (b) Note the future work of the Durham Safeguarding Adults Partnership.

Background

- 11 The DSAP regularly reviews its strategic plans. Its current plan was agreed in September 2020 and reviewed in 2021 with partners taking a renewed focus upon the Coronavirus (Covid-19) recovery. The plan has three agreed priorities:
 - (a) Reflect upon the learning from Covid-19 and inform new ways of working;
 - (b) Seek assurance from agencies and use that information to strengthen safeguarding;
 - (c) Share key messages with our community, our networks and work co-productively with adults.
- 12 The DSAP Annual Report is minded to its vision to support adults at risk of harm to prevent abuse happening and when it does occur, to act swiftly to achieve good outcomes, consulting with the Local Healthwatch as a source of support to inform DSAP activity. The Local Healthwatch were consulted in relation to its revised strategic plan.

Safeguarding Adults Assurance

- 13 The proceeding section outlines highlight messages that offer a level of assurance to HWB and of safeguarding activity during 2021/2022.
- 14 Under the Care Act 2014, the Partnership should undertake Safeguarding Adult Reviews (SARs) when certain criteria are met, for example, when an adult with care and support needs has died or been seriously harmed, and there are concerns about how partners worked together to protect the adult. SARs give a focus upon what can be learnt about improving practice, what worked well, and about cooperation between organisations. SARs are not about blaming any individual or organisation.
- 15 During the year four completed SARs were reported to the partnership. A further three SARs were completed during the period for onward reporting into 2022/2023.
- 16 Examples of emerging themes from the SARs include working with adults reluctant to engage and who self-neglect; application of the Mental Capacity Act; and effective Risk Assessment.
- 17 As a consequence, the DSAP held key events for practitioners in safeguarding week 2021/2022, dedicated sessions for partners, and a range of practitioner briefings, newsflashes and ebulletins. The DSAP is committed to and keen to hear the 'voice of practitioners' and we therefore issued a survey of practitioners to help inform our future offer.

- 18 Further activity related to the emerging themes from SARs has included a multi-agency training and workshop offer, partnership development days, and a range of published briefings such as professional curiosity, and 'The Mental Capacity Act: what good looks like' suite of resources. Dedicated and commissioned training was secured for Safeguarding Adults Week 2021 to take forward the learning from some of those reviews.
- 19 The DSAP has addressed other nationally emerging themes with briefings and awareness raising activity, covering a range of topics, including Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), Carers Week, Deaf Awareness Week and Closed/Toxic Cultures training to be delivered by the Independent Chair of the partnership. The Domestic Abuse briefing was revisited to include key messages for supporting adults with dementia who may be a victim of such abuse.
- 20 A key focus was given to the use and application of the Mental Capacity Act (2005), Covid-19 vaccination considerations, and embedding human rights into safeguarding adults training offers.
- 21 The DSAP held its second virtual safeguarding week in conjunction with the Safe Durham Partnership, with 259 attendances across 23 online sessions on a range of topics. The week-long event served as platform to launch a new animation '[Tricky Friends](#)'. The resource is a three-minute film to help people to understand what good friendships are, when they might be harmful, and what they can do. It raises awareness of issues such as exploitation, county lines, and home invasion (often known as cuckooing). The film aims to support and empower adults to speak to someone they trust when 'something is not right'.
- 22 During 2021/2022 there were 39,487 visits to the DSAP website and 1,227 visits to the 'report abuse' page.
- 23 The DSAP placed a focus upon identifying hidden victims during the pandemic. In March 2021, and with the support of the Association of Directors for Adult Social Services North East (ADASS NE) a regional (covering 12 local authorities) radio campaign with focus on financial abuse, psychological abuse, and physical abuse, took place designed to reach people who may not use or have access to social media.
- 24 There were 26 core training courses delivered through 2021-2022, with 289 delegates attending. The DSAP Level 1 Workbook (Raising a Concern) was completed by 818 delegates for the same period. With a revised version issued in March 2022.
- 25 Reported safeguarding concerns returned to levels pre-pandemic during 2021/2022 with an average of 181 reports a week. As a partnership this

offers assurance that reports have continued to be submitted. Not all reports require a safeguarding response.

- 26 When adults are at risk of or experiencing abuse Durham County Council Adult and Health Services may need to trigger the duty to undertake a safeguarding enquiry (Section 42 of the Care Act 2014). A key element of that safeguarding practice is to place emphasis upon the 'voice of adults'. People in receipt of safeguarding services are asked 'what they would like to happen'. The DSAP is assured that the voice of adults is central to its safeguarding practice. From the year end data of adults or their representatives who were asked and expressed desired outcomes, 93 per cent (1,420/1,525 concluded enquiries) had their outcomes fully (75 per cent) or partially (18 per cent) met.
- 27 The DSAP were further assured about practice where risk was identified, in that risk was reduced or removed for 85 per cent (1,700/2,010) of concluded enquiries. There will always be a percentage of enquiries where the 'risk remains' following a safeguarding intervention, and this can be linked to the autonomous decision making of adults who may choose to live with a level of risk.

Looking Ahead

- 28 The DSAP will continue its focus into 2022/23 on priorities of raising awareness and improving practice particularly in relation to self-neglect, professional curiosity, closed/toxic organisational cultures and proper use of the Mental Capacity Act.
- 29 The DSAP published the Executive Summary of the Whorlton Hall Safeguarding Adults Review in line with legal considerations on 6th December 2022. The review findings place a lens upon national learning. The DSAP will collectively explore the findings from that review early in 2023 and take forward any local activity.
- 30 The partnership will maintain its focus upon key learning opportunities and strengthening its safeguarding offer, inclusive of closed cultures training.
- 31 Furthermore, it will strengthen its wider community related activities inclusive of empowerment activity and will engage a community reference group for co-production work as well as delivering community-based engagement events in 2023.

Conclusion

- 32 The Annual Report provides a comprehensive overview of the work of the DSAP during 2021/22 and the priorities for 2022/23.

Author

Heidi Gibson

Tel: 03000 267965

Appendix 1: Implications

Legal Implications

The Care 2014 states that Safeguarding Adults Boards must publish an annual report and strategic plan, and that the report should outline its progress against that that plan as well as learning from Safeguarding Adult Reviews.

Finance

Continuing financial pressures on public services remain a challenge for member agencies and contributory partners of the DSAP. The DSAP monitors and risk and challenges through its governance arrangements, including business continuity. Durham County Council ensure it includes any such areas in those arrangements.

Consultation

The annual report is consulted upon with all partner agencies. It consults with the local Healthwatch on its strategic plan. The DSAP offers opportunity to partner agencies to submit an annual overview of their own contributions to the work of the DSAP for inclusion within the annual report.

Equality and Diversity / Public Sector Equality Duty

Adult safeguarding is linked to and covered in DSAP policies and procedures with equalities impact assessments undertaken when and where appropriate.

Climate Change

The DSAP Business Unit is minded to the impact of climate change and aims to reduce its carbon footprint where possible. Emissions due to DSAP activity are in line with other County Council activity. For this report they include power use due to online processing and storage; and heating, lighting, and other emissions by use of staff both homeworking and office working in line with the Council hybrid working model.

Human Rights

Human rights is a fundamental element of the DSAP core activity. The DSAP and relevant partners within the context of safeguarding adults should continue to ensure that they are embedded in policy and practice.

Crime and Disorder

Adult safeguarding is linked to and covered within the DSAP policies and procedures. There is a close working relationship with the Safe Durham Partnership and working arrangements across agencies and broader

partnership including but not limited to the County Durham Anti-Slavery Network. Durham Constabulary is a statutory partner of the DSAP.

Staffing

The sustaining of adult safeguarding activities requires continued priority to staffing to ensure adequate resource is maintained. The continued contribution to staffing from partner agencies is supportive of a dedicated support function to the DSAP, there can be continued pressure for capacity within the staffing function when unforeseen situations arise.

Accommodation

Not applicable

Risk

The risks associated with not appropriately managing responses to safeguarding are extremely high and include risks of ongoing abuse and neglect and the risk of serious organisational and/or reputational damage to statutory and non-statutory organisations in County Durham.

The DSAP puts considerable effort into training and awareness raising to ensure that abuse and neglect is recognised and reported. Screening of all reported concerns takes place, and they are directed appropriately to ensure the most appropriate response is taken.

Any risks identified under the umbrella of the DSAP is updated within a risk and challenge log which is reviewed quarterly. The impact of training is regularly explored and is reported annually. Partner agencies of the DSAP are committed to improvement activity. In 2021-2022 Durham County Council and North East and North Cumbria Integrated Care Board (NENCICB and formerly Clinical Commissioning Group, CCG) and wider partners participated and contributed to 'three reflective learning events' with a view to strengthening multi-agency working and prevention of risk to adults.

Procurement

The adoption of safeguarding principles in the procurement of health and social care services is essential. An example is the DSAP support for Durham County Council checking supply chains for modern slavery and a focus upon safeguarding within regionally agreed procurement frameworks for Safeguarding Adults Reviews.

Appendix 2: DSAP Annual Report on a Page 2021-2022

See attached (or [website link](#) to document).

Appendix 3: DSAP Easy Read Annual Report 2021-2022

See attached (or [website link](#) to document)

DSAP Annual Report on a Page 2021/22



Durham Safeguarding Adults Partnership

Our Vision: We will support adults at risk of harm to prevent abuse happening; when it does occur, we will act swiftly to achieve good outcomes and we will consult with the Local Healthwatch as a source of support to inform DSAP activity

<p>420,800* adults live in County Durham</p>	<p>111,300** are adults over 65</p>	<p>3,855 people had home care</p>	<p>Paid for or arranged by DCC @ 31.03.2022</p>	<p>3,151 people were living in a care home</p>
--	-------------------------------------	-----------------------------------	---	--

* Source – ONS Census March 2021 extrapolated estimates ** Source – ONS Census March 2021

Safeguarding Adults in County Durham

<p>9,430 concerns reported</p>	<p>2,955 enquiries made</p>	<p>233 enquiries required the specialist adult protection team</p>	<p>85%</p> <p>Risk removed or reduced</p>	<p>Types or patterns of abuse</p> <ul style="list-style-type: none"> Physical Abuse 17% Neglect and Acts of Omission 30% Self-Neglect 8% Financial abuse 13% Psychological 14% Others 22% 	<p>Places of abuse</p> <p>48% Own home</p> <p>41% Care home</p>
--------------------------------	-----------------------------	--	--	---	---

When adult lacked capacity, supported by advocate, family or friends in **48%** of enquiries

When given, wished for outcomes met in **93%** of enquiries

Audits and Assurance

<p>Statutory Partners</p>	<p>Durham County Council</p>	<p>Durham Clinical Commissioning Group</p>	<p>Durham Constabulary</p>	<p>Regular assurance meetings</p>
---------------------------	------------------------------	--	----------------------------	-----------------------------------

Strategic Plan on a Page supported response to Covid-19
Three dynamic strands of work

- Reflections and Innovations
- Safeguarding Assurance
- Communications and Engagement

2 Online Development Sessions for DSAP partners

Rewritten Safeguarding Adult Review (SAR) Protocol, SAR panel met remotely, online learning

Reviewed at end of year to focus on resilience and recovery

Support for good practice Joint Safeguarding week 2021

<p>259 Places taken up</p>	<p>23 online sessions</p>	<p>12 speakers</p>	<p>11 resources and films signposted</p>
----------------------------	---------------------------	--------------------	--

DSAP SDP DCA

Online Training (November onwards)

<p>289 attended DSAP multi-agency online training</p>	<p>818 completed Raising a Concern Workbook</p>	<p>69 attended Disclosure and Barring Service events</p>
---	---	--

We asked our attendees

<p>Event participants rated 4.5 out of 5</p>	<p>Training participants rated 4.7 out of 5</p>
--	---

We published

<p>66 DSAP e-bulletins</p>	<p>26 Trainer's e-bulletins</p>	<p>7 awareness day bulletins</p>	<p>4 Newsletters</p>	<p>3 In our new series of MCA guides</p>	<p>2 Single topic briefings for practitioners</p>
----------------------------	---------------------------------	----------------------------------	----------------------	--	---

This page is intentionally left blank



Durham Safeguarding Adults Partnership Annual Report 2021 to 2022

Message from Lesley Jeavons



My name is Lesley Jeavons and I am the Independent Chair of the Durham Safeguarding Adults Partnership.



The Partnership is made up of people from social care, health services, the police, and others.



They work together to help keep people safe from harm, abuse and neglect.



This is our Annual Report. It is about the work of the Partnership in 2021 to 2022. It shows what we have done to keep people safe from harm, abuse and neglect.

What did we do in 2021 to 2022?



We carried on working in a new way because of the Covid-19 pandemic and social distancing.



We held an online Safeguarding Week to tell people about safeguarding and about abuse and neglect.

We launched Tricky Friends, a film to support and empower people tell someone if 'something's not right'.



We trained staff and volunteers using online Microsoft Teams and workbooks.



We listened to the views of people who use services.



We shared information about the Mental Capacity Act, Autism Acceptance Week, Carers Week, and lots more.



We have worked with others to help protect people from scams and financial abuse during Coronavirus.



We have been working on our website to make it better.

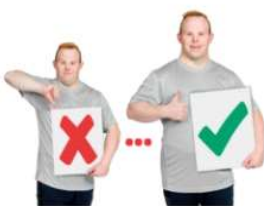
www.safeguardingdurhamadults.info



Durham County Council Adult and Health Services have carried on the project to help providers to improve services.



We have updated some of our guidance and policies.



We will continue to learn from Safeguarding Adult Reviews to help us improve our work.



In 2019 there was a BBC programme about Whorlton Hall. We worked on the Safeguarding Adult Review about it during this year and shared learning from it.

What will we do in 2022 to 2023?



In the next year we will carry on looking at the impact of Coronavirus.



We will carry on our Safeguarding Adult Reviews. This includes more of the learning from Whorlton Hall.



We will train staff and volunteers and share updates on our website.



We will continue to share messages about safeguarding.



We will improve our guidance and documents.



We will look at different ways to hear the voice of adults who use services, to help us to better understand abuse and neglect.



We will plan an empowerment campaign in co-production with adults about what stopping abuse means to them.

What to do if you are worried that someone is being abused or neglected?



If abuse or neglect is happening to you, or you are frightened of someone, or if someone tells you they have been abused call Social Care Direct on **03000 26 79 79**.



Social Care Direct will listen to you and you will be taken seriously. Please do not worry your details will be kept private.



If you are in danger call the police on **999** first before calling Social Care Direct.

You might like to watch Tricky Friends, a film to support and empower people to tell someone if 'something's not right'. Click on [Tricky Friends Video on YouTube](#)

This page is intentionally left blank

Health and Wellbeing Board

31 January 2023

Durham Safeguarding Children Partnership Annual Report 2020/21



Report of David Pickard Independent Chair & Scrutineer - Durham Safeguarding Children Partnership (DSCP)

Electoral division(s) affected:

None.

Purpose of the Report

1. The purpose of this report is to present the Health and Wellbeing Board (HWB) with the Durham Safeguarding Children Partnership Annual Report 2021/22. The full annual report is also available via the DSCP website at [DSCP Annual Report 2021-22 \(durham-scp.org.uk\)](https://www.durham-scp.org.uk)

Executive summary

2. The Durham Safeguarding Children Partnership is required in law to produce a report at least every 12 months into the effectiveness of its arrangements to safeguard children in the area.
3. This report details our Vision and Values and the work undertaken against set priorities for 2021-22 and outlines our focus for the following year.

Recommendations

4. Members of the Health and Wellbeing Board are recommended to:
 - a) Note the content of this report.
 - b) Accept the DSCP Annual Report for information as an overview of the work undertaken in 2021/22 and our priorities for action in 2022/23.
 - c) Send any questions on the DSCP Annual Report to chris.ring@durham.gov.uk

Background

5. The Durham Safeguarding Children Partnership is a statutory body established under the Children Act 2004. It has an independent chair and scrutineer and consists of three statutory partners, namely Durham Constabulary, Durham County Council and the Integrated Care Board. Other relevant agencies form part of the broader partnership across Education, Health, Criminal Justice and the Voluntary & Community Sector.
6. The DSCP's primary responsibility is to provide a way for local organisations that have a responsibility in respect of child welfare, to agree how they will work together to safeguard and promote the welfare of children in County Durham and to ensure that they do so effectively.
7. Statutory Guidance from Working Together to Safeguard Children (2018) requires each local Safeguarding Children Partnership to produce and publish an Annual Report every 12 months, evaluating the effectiveness of safeguarding in the local area.
8. The DSCP Annual Report 2021/22 sets out the work of multi-agency partners to ensure effective arrangements are in place to safeguard and protect vulnerable children and young people from abuse and neglect. It describes the work undertaken against the 2020/21 priorities and sets out the future priorities for 2021/22.

Vision and Values

9. Our Vision is simple, it's about 'Keeping Children Safe' on the premise that safeguarding is everyone's responsibility. It acts as an umbrella covering all that we do and underpinned through our three Core Values – Tenacity; Curiosity; Openness.
 - **Prevention through early intervention** – work together to prevent harm at the earliest opportunity
 - **Joined-up response** - We will respond promptly drawing on appropriate expertise of others
 - **Listening** - We will listen to and observe children to ensure their voice is heard even when they don't or can't speak out.
 - **Identifying** - We will identify those most likely to be harmed by sharing information and data effectively.

DSCP Priorities for 2020/21

10. The priorities for the year 2020/21 were determined through multi-agency discussions including at DSCP development sessions:

- The Lived Experience and Voice of Children
- Management Understanding and Decision Making
- Harmful Sexual Behaviour
- Cumulative Harm and Risk Assessment

Achievements Against Priorities

11. The Lived Experience and Voice of Children

Activity

- Standards of Expectation designed and introduced across all partner agencies.
- Professional Pledge updated and relaunched commitment that children are central to all we do and that we hold each other to account
- DSCP training offer designed so that lived experience of children is consistent in all courses
- Impact Forums introduced to assess real difference on practice multi-agency training has had
- Audit programme developed so voice and lived experience is considered across all DSCP and single agency audits.

Impact

- Agencies understand the expected standards when considering lived experience/ voice of children.
- Robust processes are in place in each agency to monitor and report on compliance and impact.

12. Management Understanding and Decision Making

Activity

- Standards for Reflective Discussion developed and embedded into practice across partner agencies.
- Professional Pledge updated and relaunched commitment children are central to all we do and we hold each other to account around decisions made.
- Risk Assessment/Cumulative Harm embedded into Safeguarding Managers training.
- Audit activity and Third-Party Assurance to examine decision making in child protection processes.

Impact

- Through audit and key scrutiny there is clear evidence of reflective supervision taking place across agencies.
- Regular evidence appears of strong supervision and management oversight in a high percentage of cases.

13. Harmful Sexual Behaviour

Activity

- Enhanced multi-agency training provision introduced
- Extensive 12 week phased multi-agency Communications Plan developed and implemented
- Good Practice guidance developed Focus of DSCP Development Day, October 2021 (Professor Simon Hackett)
- The DSCP revised and relaunched its harmful sexual behaviour procedures in February 2020. A series of briefing was offered across Children's Services to highlight the procedures
- A briefing was also provided to the Crown Prosecution Service (CPS) and the Central Referral Unit (CRU) that sits within First Contact
- A referral pathway was agreed with CDYJS and First Contact to ensure that appropriate referrals were shared with CDYJS
- A tool has been developed for practitioners across the partners to use to identify the stages of sexual development for children and young people including behaviours that are healthy through to problematic, inappropriate or concerning and abusive.

Impact

- Referrals under the Harmful Sexual Behaviour (HSB) pathway have increased since the relaunch and County Durham Youth Justice Service (CDYJS) who manage the HSB pathway on behalf of the partnership, have observed referral numbers increasing (to CDYJS) from 24 referral between 1/4/19 to 31/3/20 to 152 for the same period 2021 to 2022.
- The increase in referrals has seen a much better response from partners in information sharing via the professionals only meetings that take place that include police, health, CDYJS, schools and children's services. This has improved how we can support young people and their parents/primary carers when their child is under police investigation and how we can ensure that their safety and that of others is not compromised through safety planning and when indicated, risk management plans.
- The increase in referrals has seen an increase in AIM3 assessments including AIM: Under 12s assessments. These assessments have been undertaken with a social worker and a case manager from CDYJS (one worker has to be trained in the respective AIM assessment framework).

- CDYJS has been able to provide support, consultation and quality assurance oversight for the practitioners undertaking the assessments from a manager who is now trained in the supervision of AIM3.
- A range of resources for working with HSB have been collated and are available to practitioners in Children's Services.
- CDYJS has been able to provide support for practitioners with interventions when requested.
- The tool gives guidance on how to respond to such behaviours. The tool has been promoted through briefing that have taken place in July 2022.

14. **Cumulative Harm and Risk Assessment**

Activity

- Cumulative Harm guidance developed and cascaded across communication channels looking at key areas like Harm Matrix and Chronologies.
- Practice Expectations 12 month Rollout Plan introduced.
- Access into Signs of Safety briefings enhanced and woven into all DSCP training provision.

Impact

- Through appropriate levels of scrutiny and health check, multiagency meetings are well facilitated to enable the continued assessment of risk and progress for children and families.
- There is a robust analysis of family history, capacity to change and the impact on the child.
- There has been improvement as to how professionals use plain language that children and families understand.

What's Next for 2022/23

15. Since the publication of the Annual Report the new meeting structure described within the report has gone live, all posts within the Business Unit have been recruited to and the Performance and Learning Group are identifying key priorities for 2022-23.
16. The report highlights additional key areas of activity that are:
 - Continue to embed the Signs of Safety Practice Framework across partner agencies.
 - Improve effectiveness of Partnership scrutiny and the assessment of impact
 - Launch the DSCP website (this has now gone live).
 - Maintain the Child Protection procedure updates.
 - Progress the work of the Child Death Overview panel.

Conclusion

17. The Durham Safeguarding Children Partnership Annual Report 2021/22 provides assurance that the Partnership is fulfilling its statutory duties and has made significant progress over throughout the year, particularly in relation to learning and improving practice across the partnership. This ambition will continue, supported by the new meetings structures and appointments within the DSCP Business Unit throughout 2022-23.

Author: Chris Ring, Strategic Manager Safeguarding and Professional Practice, Tel 03000 260 159

Appendix 1: Implications

Finance

Yearly financial contributions to Durham SCP are received from partner agencies and are detailed in the DSCP Annual Report.

Staffing

The priorities identified in the DSCP Annual Report will be delivered using existing resources. Durham County Council will contribute to the delivery of the priorities in partnership with other statutory authorities.

Risk

No adverse implications.

Equality and Diversity/ Public Sector Equality Duty

The DSCP Annual Report identifies the actions to safeguard the needs of vulnerable children and young people.

Accommodation

No adverse implications.

Crime and disorder

The DSCP Annual Report reflects priorities and action that impact positively on crime and disorder in County Durham.

Human rights

No adverse implications.

Consultation

Consultation with partner agencies and stakeholders has been undertaken as part of the development of the DSCP Annual Report.

Procurement

No adverse implications.

Disability Issues

No adverse implications.

Legal Implications

Durham Safeguarding Children Partnership (DSCP) is a statutory body established under the Children Act 2004. Working Together to Safeguard Children 2018 requires each area Safeguarding Children Partnership to produce and publish an Annual Report evaluating the effectiveness of safeguarding in the local area.

This page is intentionally left blank

Durham Safeguarding Children Partnership Annual Report 2021/2022





Contents

Page

Introduction	4
Children And Young People in County Durham	5
Schools In County Durham	6
About Durham Safeguarding Children Partnership	7
Our Vision and Values	7
Our Partners	7
DSCP Budget 2021-22	8
Safeguarding Partnership Sub-Groups	8
Performance, Challenge and Impact Group	8
Embedding Learning Group	8
Child Exploitation Group	9
Child Death Overview Panel (CDOP)	9
The Ongoing Effect Of COVID-19	10
Partnership Development Sessions	10
April 2021	10
Signs of Safety	11
October 2021	11
Learning Through partnership	11
Child Safeguarding Practice Reviews	11
Learning from National Panel.....	11
Practitioner Led Multi-Agency Audits	12
2021-2022 – Summary Learning Points.....	12
Recurring Themes and Observations from Multi-Agency Audits	13
‘System’	13
Think ‘Others’	13
Working Together	14
Child Centred	14
Training and the Delivery of Local and National Learning	15
Management Understanding and Decision Making	15
Voice and Lived Experience of the Child.....	15
Risk Assessment/Cumulative Harm.....	16
Child Sexual Abuse	16
Key Safeguarding Partnership Considerations	17
Looked After Children and Care Leavers	17
Use Of Restraint	18
Early Help Transformation Programme	19
Activity.....	19
ICON.....	21

Achievements Against Priorities	22
Improvement Theme: The Lived Experience and Voice of Children.....	22
Improvement Theme: Management Understanding and Decision Making	22
Improvement Theme: Harmful Sexual Behaviour.....	23
Improvement Theme: Cumulative Harm and Risk Assessment	24
Overview by the Independent Chair/Scrutineer of the progress made by the DSCP 2021/22	25
What's Next for 2022/23	27
Other Priorities across the partnership	27
New DSCP Website	28
Key Features	28
Appendix One	29
Letter to the Partnership	29
Safeguarding Executive	30
Performance and Learning Group	31
Improvement Delivery Group	32
Performance	32
Assurance	33
Multi-Agency Audits	33
Next Steps	33
Background Papers	34



Introduction

As the three statutory partners of the Durham Safeguarding Children Partnership, we present our report covering the period 2021/22. In it we aim to demonstrate how we function and provide assurance that our safeguarding arrangements are effective in keeping children safe.

The current partnership arrangements have now been in place for 3 years and although at times challenging, there is clear evidence that this way of working enables leaders at service delivery and quality assurance levels to maintain ownership of the safeguarding agenda. At the time of penning this introduction we are in the process of reviewing and modifying how we operate as a partnership. We intend to adopt a 'learning hub' type model which will allow us to focus more clearly on the things that matter in order to strengthen partnership working in service delivery. It is envisaged that this will help monitor the impact we have so that we make a real and tangible difference for children and families in County Durham.

We have all endured another year living and working through the COVID-19 Coronavirus and the significant impact it has had both personally and professionally in terms of how we all deliver our services. All partner agencies continued with a positive 'can do' attitude to the challenges faced and have been determined to keep vulnerable children at the forefront of their thinking. This working has been a real strength of the partnership. New ways of working we introduced have been embedded where appropriate into normal practice.

We detail in this report some key areas of success where we have made a real difference for children and families, but also highlight areas where we need added focus to continually improve services across the DSCP and our individual agencies. The latter part of the report looks at how we intend to develop over the coming year.

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

David Ashton
*Detective Chief
Superintendent, Head of
Crime and Safeguarding,
Durham Constabulary*

Ann Fox/Jeanette Scott
*Directors of Nursing,
North East and North
Cumbria ICB (Central
locality)*



Children and Young People in County Durham

19% total population are children and young people

6.7% of pupils in the January 2022 school census are Black and Minority Ethnic

21,658 (29.1%) of pupils are eligible for free school meals

There are 101,979 children and young people under 18 living in County Durham

Age 0-4	25,658	Age 10-14	30,024
Age 5-9	29,949	Age 15-19	29,348

3763 Children in Need

985 children were looked after

76 children are missing from education

501 children and young people are electively home educated

1590 pupils attend state funded special schools

3% of pupils in the 2022 school census have a first language other than English

10,462 with Special Educational Needs (SEN) support in Durham schools

389 children were subject to a child protection plan

74,472 pupils attend state funded schools (Jan 2022)

2,624 children and young people have Education, Health and Care Plan (EHCP) including those maintained by other Local Authorities



Schools in County Durham



196 primary schools
including

8 infant only
schools

8 junior only
schools



31 secondary
schools



1 pupil
referral
unit



10 special
schools
(1 academy)



11 nursery
schools

About Durham Safeguarding Children Partnership

The Durham Safeguarding Children Partnership (DSCP) has a statutory duty to prepare and publish an Annual Report every 12 months which describes how our partners safeguard vulnerable children and young people. Our primary responsibility is to provide a way for the local agencies that have a responsibility for child welfare, to agree how they will work together to safeguard and promote the welfare of children and to ensure that they do so effectively. We changed from the old Board structure into a Partnership in April 2019 and are governed by our Partnership Arrangements.

The Annual Report 2021/22 aims to demonstrate the extent to which the functions of the Durham Safeguarding Children Partnership, as set out in the national statutory guidance, 'Working Together to Safeguard Children (2018)', have been fulfilled and to provide assurance that the multi-agency safeguarding system is effective.

The work of the partners throughout the entire reporting period continued to be affected by the COVID-19 pandemic with changes in working practices and activity necessary, but this seems if anything to have strengthened connectivity across the Partnership.

The Vision and Values of the DSCP have remained the consistent driver over the last year with continued emphasis on Child Exploitation and Neglect as well as our focus on the following four Practice Improvement themes:

- Voice and Lived Experience of the Child
- Management Understanding and Decision Making
- Harmful Sexual Behaviour
- Cumulative Harm and Risk Assessment.

The Partnership has been supported by seven strategic sub-groups; Embedding Learning; Performance, Challenge and Impact; the Child Exploitation Group, the Workforce Learning and Development group, Neglect Group and the Child Death Overview Panel.

Our Vision and Values

Our Vision is simple, it's about 'Keeping Children Safe' on the premise that safeguarding is everyone's responsibility. It acts as an umbrella covering all that we do and underpinned through our three Core Values – Tenacity; Curiosity; Openness.

Our Partners

Each local area is required by law to have a Safeguarding Children Partnership. The DSCP is a statutory body established in legislation (Children Act 2017) and works according to national guidance, 'Working Together to Safeguard Children 2018', and in accordance with the local Partnership Arrangements. The statutory guidance provides children's safeguarding with a legal framework, setting out the responsibilities of local authorities and their partners.

The statutory bodies are supported by a number of other Relevant Agencies coming from the areas of Criminal Justice; Health; Education and the Voluntary sector.



DSCP Budget 2021-22

The financial contributions from the strategic partners are as follows, with monies from the 4 NHS Trusts being part of the CCG overall total:

Partner	Contribution 2020/21 (£)
Durham County Council	191,604
Clinical Commissioning Groups (ICB)	105,135
Durham Constabulary	39,285
CDDFT – Admin costs for CDOP	6,036
Training fees	5,000
Total	347,060

Safeguarding Children Sub-Groups

The DSCP has seven principal sub-groups – Performance, Challenge and Impact; Embedding Learning; Child Exploitation Group; and the Child Death Overview Panel (CDOP).

● Performance, Challenge and Impact Group

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

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

● Embedding Learning Group

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

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



● **Child Exploitation Group**

Over the last 2-3 years the DSCP had an unusually high caseload of Serious Case Reviews (SCR) and through the transition across to Child Safeguarding Practice Reviews (CSPR) had these to finalise. During the reporting period six serious case reviews were concluded and published. (link to website). Cases have been referred under the CSPR process, but none have progressed to full review. There have been 3 Local Rapid Reviews and one case which was progressed to a Learning Review. With one other case it was agreed that the criteria for a local CSPR had been met, however all the learning had already been identified at the Rapid Review stage meaning there was no added value in undertaking this.

● **Child Death Overview Panel (CDOP)**

Working Together to Safeguard Children 2018 specifies, 'When a child dies, in any circumstances, it is important for parents and families to understand what has happened and whether there are any lessons to be learned'.

The CDOP oversees all deaths of children under 18 regardless of cause, of which there have been 28 in the reporting period. All of these are subject to a Child Death Review (CDR) (link to report). The CDOP works closely with the Safeguarding Executive Group to highlight any emerging themes and issues and learning from child death reviews that require further consideration. The CDOP also completes its own Annual Report.

Significant work has taken place to harness the recommendations and learning from all reviews and other areas of both internal and external scrutiny. The Partnership, in an evolving way now determines Practice Improvement Themes which require sustained multi-agency focus going forward, with the governance for progression sitting both with the Embedding Learning Group and CDOP which has its own Thematic Review process. It is within these themed areas that the learning from both Child Death Reviews (CDR) and CSPR's sit.

The purpose of the Workforce Learning and Development is to ensure that safeguarding children training needs are identified, training is delivered to a consistently high standard and that there is a process in place for the partnership to monitor and evaluate the effectiveness of training. The Workforce Learning and Development has the responsibility to integrate the learning from local and national child safeguarding practice reviews and significant events into training. The group will deliver a communications strategy to raise the profile of the DSCP.



The Ongoing Effect Of COVID-19

Covid continued to have an impact on the working arrangements of the DSCP during this reporting period, most notably around our meeting structure which in the main continued to be across Microsoft Teams.

This has ensured extremely strong attendance across partner agencies and will continue to be the model going forward, but with a mix of hybrid style meetings when the need arises. The other key area having effect is across our multi-agency training provision.

There has been significant development on what this offer looks like and forms part of our current Training Strategy, which is heavily focused on remote and digital learning (see Training section).

Safeguarding assurance still formed part of the monthly Embedding Learning Group with an ongoing responsibility to assess and address potential gaps in service delivery in terms of both restriction and capacity, in order to maintain an effective Partnership service as the pandemic evolved.

The group was able to coordinate and maximise the capacity of frontline practitioners across the Partnership to ensure that the most vulnerable children were consistently seen.



Partnership Development Sessions

There have been 2, 6 monthly development sessions in the partnership which included representatives from the relevant agencies.

April 2021 Topic – Signs of Safety Practice Framework

- How do the values underpinning the vision align with the values/ambition of the DSCP?
- Where are the opportunities for the DSCP to embed this framework?

Signs of Safety

We have continued to embed the Signs of Safety framework across the partnership placing a real focus on the strengths within families and the importance of building good quality relationships with children, their families and naturally connected networks.

Our child protection strategy meetings, child protection conferences and child protection plans are all aligned to the signs of safety framework.

We use key Signs of Safety tools such as the Harm Matrix and Scaling questions to help practitioners, families and managers think about how worried we are about a child or young person.

Families and their network are central to the child protection process and there is an expectation that child protection plans are now developed collaboratively with families in child protection conferences. We know through our audit work and the recent Children's Services Ofsted Inspection that practice is improving as a result.

Outcomes

A multi-agency signs of safety group has been established, which considers the progress the delivery of signs of safety, the impact and learning for the partnership. This group will continue with its work through the next year.

October 2021 Topic - Harmful Sexual Behaviour

(Guest speaker – Professor Simon Hackett)

- What gaps are there in our Partnership arrangements re HSB?
- Are we confident staff are skilled in having those difficult conversations?
- Gathering and sharing good practice.

Outcomes

Development of multi-agency thematic plan around awareness, good practice, and communications. Area included in the Child sexual abuse Improvement.

Learning through the Partnership

Child Safeguarding Practice Reviews

Over the past year we have undertaken two rapid reviews. None of these reviews identified the need for a Local Safeguarding Practice Review. One review resulted in a local learning event with practitioners and the other, learning was identified in the rapid review. The actions from these reviews were included within our improvement areas above and have been progressed.

Learning from National Panel

Local learning as well as national reviews such as “Myth of Invisible Men – NAI in under 1’s” have helped inform and been informed by the multiagency and improvement plans locally. Key themes from the learning relating to teenage neglect and transition and how this has informed the development of the Asset team and priorities around contextual safeguarding.



Practitioner Led Multi-Agency Audits

The Partnership seeks to challenge partners to continuously improve safeguarding for children and young people in County Durham. Multi-agency, collaborative and practitioner led auditing is scheduled throughout the year and the Partnership aims to complete between 4 and 6 multi-agency audits within the annual reporting period. Along with the Section 11 and Practitioner Survey, our multi agency audit programme informs our direction and understanding of local practice. The focus of audits is determined through discussion between the DSCP Business Manager and the chairs of the two main subgroups, utilizing learning from both groups.

A flexible approach is taken to scheduling the audits and the areas for review to ensure the process remains responsive to the understanding of issues within the partnership and the level of complexity or investigation required. The Embedding Learning sub-group has been responsible for coordinating responses to findings, ensuring all areas for improvement are addressed effectively and that any learning gained from audits is embedded in practice across the partnership.

2021-2022 - Summary Learning Points

- Collaborating effectively, reviewing knowledge and facilitating partner involvement are consistently identified as a key practice to successful safeguarding interventions.
- Leadership characterised by pro-actively engaging partners in the ongoing development of responses, effectively communicating and seeking information in the decision-making process, is probably the single most important area of practice that would benefit from development
- Improved outcomes are observed in situations where practitioners gain confidence from accessing clear procedures, tools and management support
- Measures to ensure a holistic approach to safeguarding issues is the first consideration, to ensure all individuals are considered and the best available support is made available throughout and beyond responses to the initial reason for referral.
- Understanding the lived experience of the child does not fulfil its potential contribution to effective decision making and responses if it does not reflect the lived experience across a range of environments and contexts. The partnership's response is reflected in the adoption of the Improvement Theme "The Lived Experience and Voice of the Child" and the development of Standards of Expectation for consideration of the voice of the child across all partner agencies.

Recurring Themes and Observations from Multi-Agency Audits

The following are the key findings from the multi-agency auditing programme:

System

- Practice benefits when there is consistent supervisory support and case oversight. The most frequently identified benefits are
 - opportunities for reflection on achieving best outcomes
 - exploring approaches to decision making
 - reassurance to practitioners
 - supporting challenge and professional discussion.

This has resulted in the development of training and support planning regarding management understanding and decision making within the partnership training offer.

- Practitioners benefit when there are clearly understood pathways and tools. The most frequently identified benefits are
 - engaging partners in “partnership working”
 - timeliness of action
 - consistency throughout case record.

Think ‘Others’

- Consideration of potential effect of risks on the child’s family, e.g. siblings and extended family members, is frequently missing or not robust in the development of plans and multi-agency responses. Practitioners could be broader in their focus of concern, and this is more frequently identified when seeking to resolve issues within complex family arrangements. This has resulted in the development and promotion of group supervision within partner practice
- Better outcomes are observed when practitioners use tools such as chronology, genogram, harm matrix; and/or apply specific methods such as family network conferencing. As a result, the partnership adopted of the Improvement Theme “Cumulative Harm and Risk Assessment” which has led to development and promotion across communication channels of tools such as the Harm Matrix and multi-agency Chronologies
- Outcomes may improve by formal consideration of options for available support beyond the response to the immediate concern. A lack of engagement with Early Help and specialist agencies in the decision to close a case is often highlighted as a missed opportunity for improving risk assessment and decision effectiveness.

This has led to Early Help working with key partners, children, young people and parents and carers to develop a new Early Help Assessment based on our Signs of Safety practice model.





Working Together

- Effective partnership working, maintained throughout the safeguarding response, is the most frequently highlighted area for development.
 - Pro-active engagement of partners and communication by lead professional
 - Encouraging professional curiosity
 - Maintaining engagement with all partners
 - Seeing the safeguarding need as multi-dimensional
 - Engaging beyond the formal processes, such as strategy meetings
 - Communicating and information sharing as a continuous process
 - Enabling professional discussions by valuing and recording dissenting opinions This has led to the adoption of management understanding and decision making as an Improvement Theme within the partnership, developing standards for Reflective Discussion embedding good practice across partner agencies.

Child Centred

- Overall, the most consistent factor is practitioners maintaining a child-centred approach
- There is often a clear difference between good and bad in the quality of practice with very good examples of practitioners recording the voice or making clear effort to consider factors affecting the lived experience of the child, contrasted with none or little effort in other cases. This area of practice would benefit from consistent standards
- Tools for engagement are often agency centric with a resulting strong but narrow understanding of the child's lived experience. A multi-agency tool would be useful to practitioners in providing a shared expectation of holistic information in risk assessment and decision making. As a result, work on promoting use of the Harm Matrix across the partnership is planned.
- Knowledge of the Voice of the Child is often not shared effectively with partners and so does not always create a full picture of understanding throughout the process of implementing a safeguarding response. This can reduce the effectiveness of decision making. As a result of the adoption of the Improvement Theme "The Lived Experience and Voice of the Child" the partnership has updated the partners 'Professional Pledge' and relaunched the commitment that children are central to all we do and we hold each other to account.

Training and the Delivery of Local and National Learning

The learning from the audits above, local Reviews and national Reviews are analysed to establish common themes and recommendations. This informs the basis of our 6 monthly safeguarding week content but also areas of training and development for training programme where trainers are commissioned who are 'experts' within the topic subject.

In relation to our improvement areas, the Training Programme has been revised to include the learning from these areas

Management Understanding and Decision Making

- Emphasis has been placed on reflective supervision, professional curiosity and challenge in safeguarding week and safeguarding managers/Designated Safeguarding Leads training
- Safeguarding Week was developed by Senior Members of Partner Organisations to come up with a focus topics and facilitators from each agency
- There was a gap identified in training programme which was safeguarding training specifically for Managers and DSL. SOS, Harm Matrix, Multi-Agency Chronologies, Reflective Supervision, Professional Curiosity which have all been highlighted in recent reviews as areas of improvement have been implemented
- Impact forum – giving professionals the opportunity to share how training has impacted on practice and their managers the opportunity to monitor this
- CP Conference training developed with IRO and eLearning package is available on Me Learning. Mock Conference training is also being developed with roll out in September.

Voice and Lived Experience of the Child

- This is a common theme in all training on the DSCP training programme and great emphasis and information is shared on this
- Safeguarding week topic, consistent slide on 20 topics in safeguarding week on this and further plan to carry out a practical session on tools to use
- Development of Safeguarding Managers training which focusses on VOC and lived experiences, how they can evidence and utilise the tools in the workplace, ensure that the practitioners they supervise are using this effectively and that children and young people's voices are being recorded consistently.



Risk Assessment/Cumulative Harm

- Cumulative Harm action plan has been completed
- Embedded into Safeguarding Managers training
- Topic at safeguarding week.

Child Sexual Abuse

- CSA training commissioned by Barnardo's and evaluations are excellent
- CSA delivered by CSA Centre in safeguarding week to bring a national perspective to complement our local knowledge.

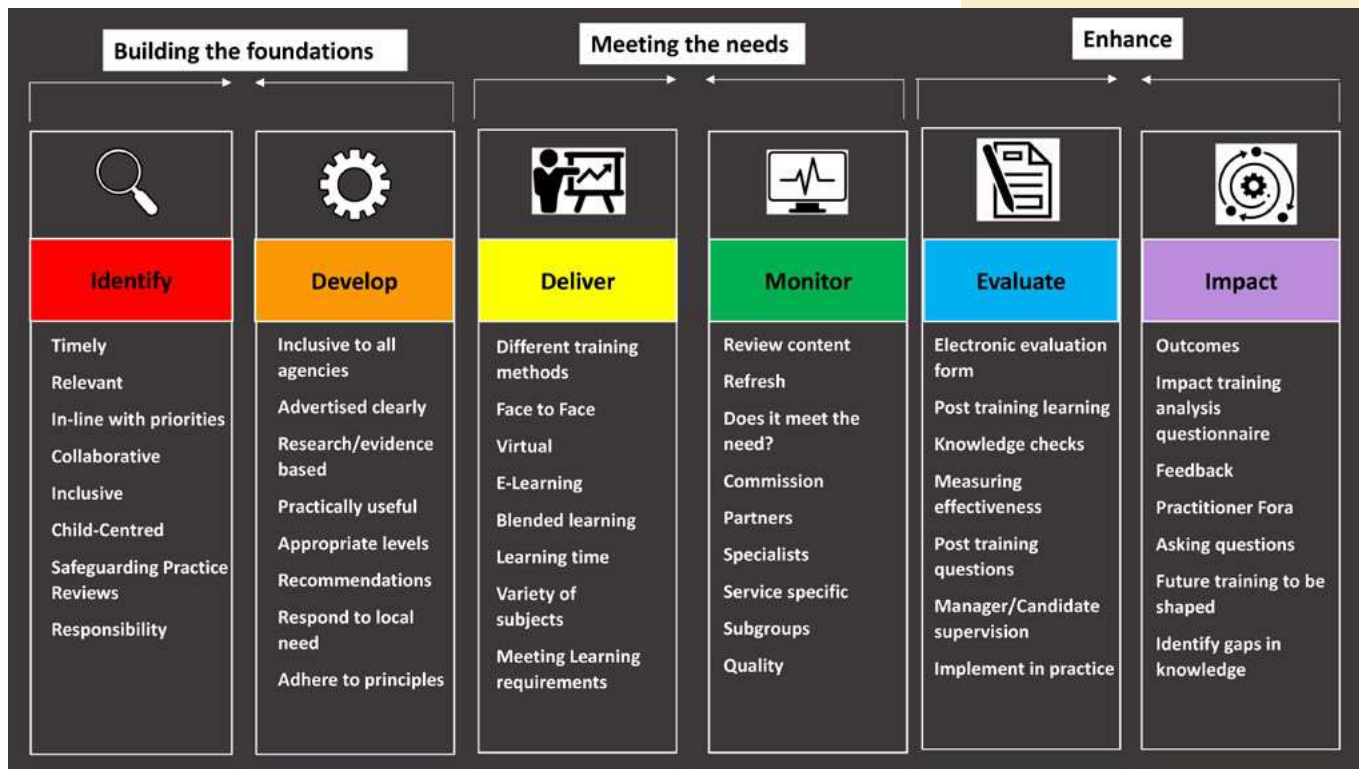
Impact of training on practice is monitored firstly by training evaluations and secondly by Impact Forum which is a new group where all those that have accessed training come together to share how effective the training was, how this has impacted in their work and the difference it has made to children and young people. Safeguarding Managers training then talks about Managers monitor this with the practitioners they supervise.

Evaluation of safeguarding week and the increase in bookings on the same topics on the training programme indicates practitioners were given a taster and wanted to know more about this subject by attending a more in-depth training programme.

Although our safeguarding weeks have been a success, there are lessons to learn with regards to key representatives from partnership to take responsibility in dissemination of information to practitioners and to ensure attendance.

- Advertising on social media requires improvement for next time.





Key Safeguarding Partnership Considerations Looked After Children and Care Leavers

In January 2022 the Looked After Children Service underwent a restructure and is now made up of five teams consisting of a team manager, social workers and a social work consultant. We have embedded a relationship-based practise approach, valuing relationships with children and their families, each other and the partners we work with. This has resulted in positive feedback about the support we give our children and their families.

Partners work with children and their families to proactively support the child to return home when it's safe and in their best interests to so. We have seen an increase in children returning home and are offering support to ensure this is maintained. We are developing strong working relationships with our commissioning services which allows homes to be found for children which can well meet their needs.

In the second half of the reporting period there has been a significant amount of work undertaken aligned to our practice framework, Signs of Safety, to support our multi-agency practitioners proactively identifying naturally connected networks and ensuring they are central to our care planning practice.

Developing Pathway Plans for young people at an earlier stage is a focus of our development work and we are now evidencing more direct work with young people informing their own plans. There has been additional training in areas such as working with parents in a trauma informed way to help parents increase their knowledge of the impact of trauma on their children.

The Care Leaver service is now more streamlined since the restructure in Jan 2022. This has included better partnership working with health, voluntary sector and housing and as a result we are starting to see better

outcomes for our care experienced young people. The Care Leaver Hub opened in February 2022 this has created many opportunities for our care leavers.

Further developments for children looked after include:

- A Pathway is now in place to ensure all children placed out of area are offered a health passport
- Ongoing improvements with the provision of Requests for Health Passports from the Local Authority will need to be maintained for the children placed in Durham
- Due to increase in under1's in Durham becoming looked after, a review of the pre-birth service was undertaken including birth response plans and Early Help. As a result the 'Pause' Board, which works with women who have experienced, or are at risk of, repeated pregnancies that result in children needing to be removed from their care, was established and there is now a Strategic Delivery Group for Vulnerable Pre-Birth and under 1-year olds in County Durham.

Outstanding



Use of Restraint

In conjunction with Durham County Council, the DSCP monitors the use of restraint at Aycliffe Secure Services Centre. The Centre houses a changing population of young people (aged 11-17) with complex needs. The home regularly reports information regarding the use of restraint to the Youth Justice Board and Ofsted, who has judged it as being **outstanding** in all areas (April 2021).

Injuries due to restraint are graded 1-3, with 3 being the most serious involving serious cuts, fractures or loss of consciousness. Of the 408 incidents of restraint recorded for the year, 71% caused no injury at all, and whilst 117 resulted in injury, it is notable that 96% were at level 1, with only 1 being recorded in the highest level 3 category.

Scrutiny involves a regular review of the home's CCTV where randomly selected incidents are reviewed with a manager from the home about the use of restraint, the circumstances leading up to the incident and what happened afterwards. This scrutiny provides assurance to the Partnership that the use of restraint is being monitored in terms of legality and proportionality in cooperation with the centre. The Aycliffe Centre has been judged as outstanding across all areas in its most recent Ofsted inspection.

Early Help Transformation Programme

The Department for Levelling Up, Housing and Communities (DLUHC) announced in the November 2021 Spending Review a £200m uplift in funding to support a 3-year extension and refresh of the national Supporting Families programme, known in Durham as Stronger Families. The new programme will focus on building the resilience of vulnerable families and require all areas to have joined up, efficient local early help services, able to identify families in need and provide the right support at the right time.

As of 22 March 2022, Durham achieved significant and sustained outcomes for 995 families in 2021/22 which exceeded the target of 761 set by DLUHC. Since 2015, 6085 families have 'turned around', 5331 families have achieved significant and sustained outcomes and 754 achieving continuous employment.

Activity

Working with key partners, children, young people and parents and carers to develop a new Early Help Assessment based on our Signs of Safety practice model. This will be launched in August 2022. This development will also capture Early Help Assessments and Team Around the Family (TAF) arrangements undertaken across the wider early help system, providing a richer picture of early help offered and the impact on children, young people and families across County Durham.

Locality Early Help Conversations, which continue to be held fortnightly providing an environment to ensure children, young people and families requiring additional help and support have access to the broad range of help across the early help system, resulting in approximately 86% being offered VCS support as part of their offer of support.





Case Study

A young girl was brought to her GP regarding concerns about her emotional wellbeing and bullying at school. The child had recently been discharged from CAMHS and Gran (Child's Carer) was not sure where to turn to for support. The GP discussed Early Help and obtained consent to make an Early Help Request. The GP telephoned the Early Help Triage Team and discussed the worries for the family as well as what was going well.

The GP and Early Help Triage Worker agreed it would be appropriate to discuss the family's needs at a Locality Early Help Conversation. Partners in attendance at the Conversation, including CAMHS, were able to gather and share additional and appropriate information as Gran had consented.

Due to appropriate information sharing the family were referred to the One Point Intensive Family Support Team where a Key Worker was allocated and a Team Around the Family arranged. The partners in attendance committed to providing multi-agency support which was co-ordinated through the One Point Key Worker and the Child and Family Plan which included:

For the Child

Further therapeutic support from CAMHS. Support from One Point in using the Mental Health First Aid Kit (sleep diary, mindfulness/relaxation strategies and a "My Life Journal"). One to one support regarding risk taking behaviours. Collaborate working with school and development of an incentive scheme to encourage school attendance and attend Homework Club.

For Gran

Support for Gran to better manage her own mental health. Parenting support for Gran to assist in managing her Granddaughter's behaviour and mental health. A referral to Adult Social Care for Gran to request an assessment for home adaptations to improve the home environment. A Think Family Employment Advisor to support Gran to look into volunteering opportunities (at Gran's request) to help with Gran's mental health and confidence.

For Both

A Family Support Network identified by child and Gran with the support from Key Worker has enabled those people who are important to the family to support them when things are tricky without the dependency or need for a formal "service" which is far more sustainable. The family continue to work positively with One Point and partners and are making good progress.

ICON

ICON is a parenting programme aimed at giving parents the skills to deal with a crying infant.

Infant crying is normal

Comforting Methods can help

Ok to walk away (for a short period as long as baby is safe)

Never, ever shake a baby

This has been designed to improve parental reaction to crying and specifically to reduce incidents of abusive head trauma. It is an evidenced based programme which is being rolled out nationally, commissioned regionally by NHS England. It is endorsed by The Royal College of General Practitioners and The Royal College of Paediatrics and Child Health.

It is delivered across 5 key touchpoints which are mandated as below;

- At the hospital before discharge
- By the community midwife in the baby's first 10 days
- By the health visitor in the first 14 days
- By the health visiting again at three weeks
- By the GP at the six-to-eight-week postnatal check.

ICON roll out In Durham was led by the Designated Nurse and included Early Help and Pre-birth teams. Anyone who is a parent, a prospective parent or has caring responsibilities should be informed of this message and part of ICON's success in Durham is the reinforcement of that message at every 'touchpoint' as well as at opportunistic contact with new or potential parents and carers. Phase 2 of ICON will include increasing the reach of the programme across the DSCP partnership.





Achievements Against Priorities

'When everything is a priority, nothing is!'. Considering this maxim, the partnership continued to recognise there was a need to focus in the right areas in order to make a difference and have impact on our service delivery. Four Practice Improvement themes were identified (see below), with each managed by the Safeguarding Executive and the wider partnership across the period.

Improvement Theme

- The Lived Experience and Voice of Children

Activity

- Standards of Expectation designed and introduced across all partner agencies
- Professional Pledge updated and relaunched commitment children are central to all we do and we hold each other to account
- DSCP training offer designed so that lived experience of children is consistent in all courses
- Impact Forums introduced to assess real difference on practice multi-agency training has
- Audit programme developed so voice and lived experience is considered across all DSCP and single agency audits.

Impact/Difference

- Agencies understand the expected standards when considering lived experience/ voice of children
- Robust processes are in place in each agency to monitor and report on compliance and impact.

Improvement Theme

- Management Understanding and Decision Making

Activity

- Standards for Reflective Discussion developed and embedded into practice across partner agencies
- Professional Pledge updated and relaunched commitment children are central to all we do and we hold each other to account around decisions made
- Risk Assessment/Cumulative Harm embedded into Safeguarding Managers training
- Audit activity and Third-Party Assurance to examine decision making in child protection processes.

Impact/Difference

- Through audit and key scrutiny there is clear evidence of reflective supervision taking place across agencies
- Regular evidence appears of strong supervision and management oversight in a high percentage of cases.

Improvement Theme

- Harmful Sexual Behaviour

Activity

- Enhanced multi-agency training provision introduced
- Extensive 12 week phased multi-agency Communications Plan developed and implemented
- Good Practice guidance developed
- Focus of DSCP Development Day, October 2021 (Professor Simon Hackett)
- The DSCP revised and relaunched its harmful sexual behaviour procedures in February 2020. A series of briefing was offered across Children's Services to highlight the procedures
- A briefing was also provided to the Crown Prosecution Service (CPS) and the Central Referral Unit (CRU) that sits within First Contact
- A referral pathway was agreed with CDYJS and First Contact to ensure that appropriate referrals were shared with CDYJS
- A tool has been developed for practitioners across the partners to use to identify the stages of sexual development for children and young people including behaviours that are healthy through to problematic, inappropriate or concerning and abusive.

Impact/Difference

- Referrals under the Harmful Sexual Behaviour (HSB) pathway have increased since the relaunch and County Durham Youth Justice Service (CDYJS) who manage the HSB pathway on behalf of the partnership, have observed referral numbers increasing (to CDYJS) from 24 referral between 1/4/19 to 31/3/20 to 152 for the same period 2021 to 2022
- The increase in referrals has seen a much better response from partners in information sharing via the professionals only meetings that take place that include police, health, CDYJS, schools and children's services. This has improved how we can support young people and their parents/primary carers when their child is under police investigation and how we can ensure that their safety and that of others is not compromised through safety planning and when indicated, risk management plans
- The increase in referrals has seen an increase in AIM3 assessments including AIM: Under 12s assessments. These assessments have been undertaken with a social worker and a case manager from CDYJS (one worker has to be trained in the respective AIM assessment framework)
- CDYJS has been able to provide support, consultation and quality assurance oversight for the practitioners undertaking the assessments from a manager who is now trained in the supervision of AIM3
- A range of resources for working with HSB have been collated and are available to practitioners in Children's Services
- CDYJS has been able to provide support for practitioners with interventions when requested
- The tool gives guidance on how to respond to such behaviours. The tool has been promoted through briefing that have taken place in July 2022.



Improvement Theme

- Cumulative Harm and Risk Assessment

Activity

- Cumulative Harm guidance developed and cascaded across communication channels looking at key areas like Harm Matrix and Chronologies
- Practice Expectations 12 month Rollout Plan introduced
- Access into Signs of Safety briefings enhanced and woven into all DSCP training provision.

Impact/Difference

- Through appropriate levels of scrutiny and health check, multi-agency meetings are well facilitated to enable the continued assessment of risk and progress for children and families
- There is a robust analysis of family history, capacity to change and the impact on the child
- There has been improvement as to how professionals use plain language that children and families understand.



Overview by the Independent Chair/Scrutineer of the progress made by the DSCP 2021/22

I was appointed by the DSCP Executive in September 2020 with the remit to not only chair certain meetings, but to act as a critical friend to the DSCP in scrutinising their effectiveness.

The annual report indicates what has been achieved by the partnership in 2021/22 against the continuing significant impact of the COVID-19 Pandemic. The partnership, agencies and particularly staff have continued to respond well to the pandemic by working together to maintain effective safeguarding arrangements for children and young people throughout the year, despite these challenges.

My first task on appointment was to undertake an independent review of how the partnership was operating and the outcomes and associated impact that it was achieving. This review was published in full and progress against the recommendations were detailed in the DSCP Annual Report for 2020/21.

As a result of this review during 2021/22 the DSCP Executive undertook to restructure the way the partnership functioned focusing on both a stronger assurance model and a learning model detailing how the partnership can understand practice and make improvements in a timely manner. Whilst this remodelling did take some time it is due to be launched in September 2022. The new way of working can be found at appendix one contained in a letter to partners explaining the change, associated rationale, and intended outcomes.

I had previously identified that the DSCP needed to focus more on the positive impact on children, young people, families, and carers from their actions. It is of note that this annual report is structured to include impact and difference across the improvement themes delivered throughout the year. This also included two Professional Development Days covering the subjects of Signs of Safety and Harmful Sexual Behaviour. It is also positive to see the DSCP developing excellent working relationships with Durham University to assist in practitioner development.



The scrutiny panel consisting of three independent voluntary members and the Independent Chair/Scrutineer commenced a review into the effectiveness of Designated Safeguarding Leads in Education towards the end of this reporting year following the review of the Voice of the child the previous year. Their findings will be presented to the DSCP Executive in September 2022. The purpose is to seek assurance, or otherwise, over effective single and multi-agency practice in this area. I would like to thank these independent and voluntary members for their continuing commitment to improving outcomes for children and young people and the practitioners charged with doing so.

Durham Constabulary was the subject of a PEEL (police effectiveness, efficiency, and legitimacy) inspection in 2021/22 undertaken by His Majesty Inspector of Constabulary and Fire Rescue Service (HMICFRS). They were awarded a good for protecting vulnerable people. In May 2022 Ofsted conducted an inspection of Durham Local Authority Children's Services where an overall grade of good was given with an outstanding for the impact of leaders on social work practice with children and families. Whilst these were single agency inspections, both did cover aspects of multi-agency working to safeguard children and young people, and therefore can give some assurance as to practice in this area.

In conclusion, I believe the DSCP is meeting its statutory obligations and will continue to improve how it achieves this, on delivery of the new operating model during 2022/23.



What's Next for 2022/23

The Partners requested a review to consider the options for a future learning model for the partnership.

A number of frameworks used by other partnerships were considered and it was agreed that the DSCP move towards a new meeting structure.

Changes towards this new model will be progressed into 2022/2023. We will hope to provide our analysis of the impact of this new direction in next year's annual report.

The development of the improvement areas will be progressed and up until the new arrangements are in place, the partnership will continue with the improvement areas below:

- Management Understanding and Decision Making
- Voice and Lived Experience of the Child
- Risk Assessment and Cumulative Harm
- Child Sexual Abuse.

Other priorities across the partnership

- Continue to embed the Signs of Safety Practice Framework across partner agencies
- Improve effectiveness of Partnership scrutiny and the assessment of impact
- Progress the DSCP website
- Maintain the Child Protection procedure updates
- Progress the work of the Child Death Overview panel
- Launch the new DSCP Website.



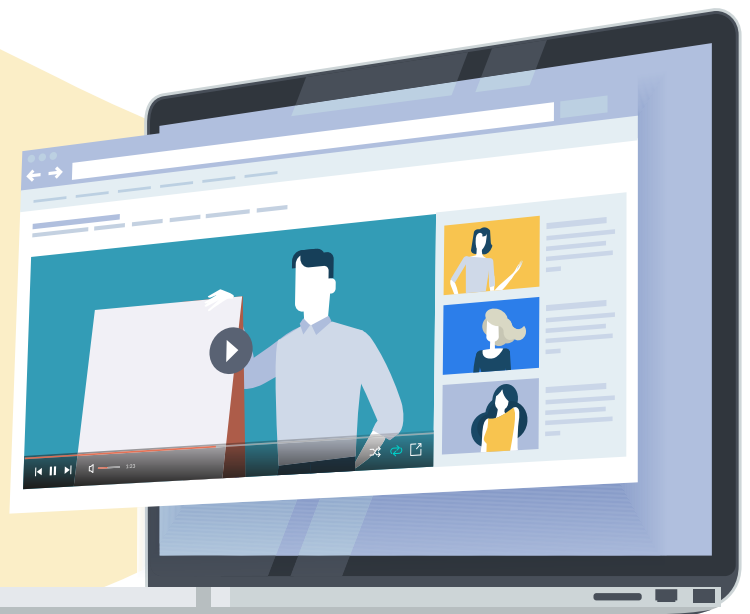
New DSCP Website

The redesign of the website has come from the learning from our audits, reviews and practitioner survey with the intention of focussing on realising the following benefits:

- Creating an effective communication channel within the Partnership
- Improving the accessibility of safeguarding tools and resources to practitioners
- Improve efficiency to partnership administration of training
- Present an effective public facing representation of the Partnership and its work.

Key Features

- Redesigned user experience – users should be able to find what they're looking for in three mouse clicks or less
- A new Training Section, making it easier to examine the whole programme of training
- Individual pages outlining information about each training event
- An integrated booking system to allow users to request a place on training directly from the course information page
- A new 'Resource Library' containing a wide range of practitioner and public resources
- Direct access from the Home Page to most popular downloaded resources
- Easy access to multi-agency child protection procedures
- An archive of the DSCP E-Bulletin and form to subscribe for future editions direct to your inbox
- Thematic sections for practitioners to quickly find and easily access general information and resources relating practice themes such as Domestic Abuse, Signs of Safety and Early Help
- A 'What's New' section on the homepage to highlight news, new resources and events as they become available.



Letter to the Partnership

22nd July 2022

Appendix 1

Dear DSCP Partner,

We wish to inform you of exciting changes to the operating arrangements and meeting structures in the partnership.

Since the launch of the DSCP partnership arrangements in April 2019 the partnerships' structure has been:

- The DSCP executive
- Embedded Learning Group (ELG)
- Challenge and Performance group
- Child Exploitation Group
- Neglect
- Several task and finish groups.

These groups have been very well attended and partner agencies have shown commitment to the work and made significant progress. However, there are several groups with similar attendance and the partnership wanted to look at ways to streamline these groups and focus their emphasis on learning and impact.

We explored how the 2 main groups, the Performance, Impact and Challenge group and the Embedded Learning Group (ELG) can be more responsive to local and national issues and determine areas for improvement by engaging with children and young people and practitioners.

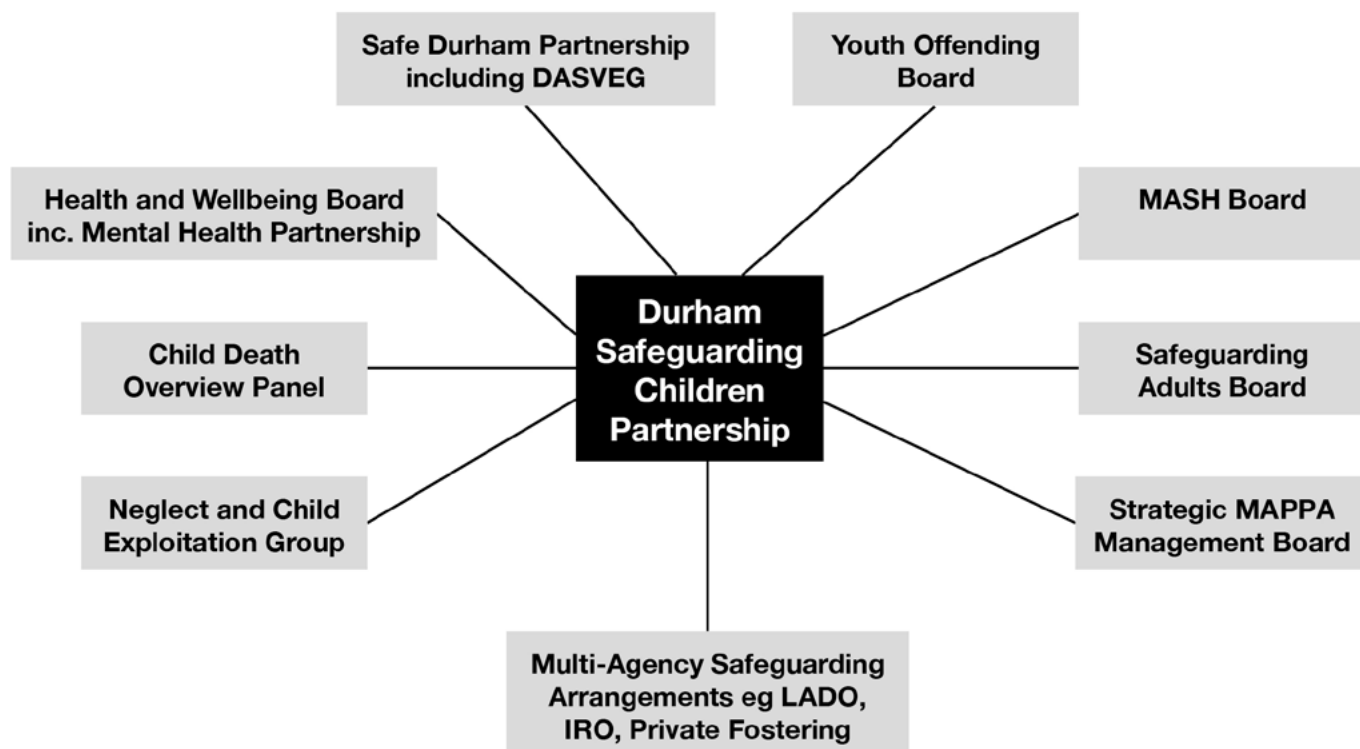
The biggest motivation for this change has been to consider a how the partnership can understand practice and make improvements in a timely manner.

Durham Safeguarding Children Partnership Structure

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



Durham Safeguarding Children Partnership Structure Reporting and Assurance Structure



Safeguarding Executive

The Safeguarding Executive will consist of the 3 safeguarding partners, the independent scrutineer and the Business Manager and will meet quarterly as a business meeting and will consider assurance reports.

Going forward it is proposed that the Safeguarding Executive will have the following functions:

- Provide Strategic direction
- Promote active learning
- Decision makers for Rapid Reviews etc.
- Receive assurance from Partners agencies and consider impact.

The Safeguarding Executive will meet with the two groups (Performance and Learning Group and the Improvement Delivery Group) three times a year to explore the new area for improvement and review the impact of the work completed from the previous theme. The groups together will explore learning both locally and nationally which includes the views of children and young people and the voice of practitioners to determine 3 improvement areas to be explored in the Improving Practice Delivery group (IDG). There will be more of a focus on practice.

It is envisaged that this will feel different for agencies and practitioners from the current meeting set up, and their engagement in the process of determining practice issues, it is hoped that by obtaining information quickly that this will move improvements in practice more reactively.

The Embedded Learning Group and Practice and Performance group have been concluded and the new Performance and Learning group will commence from the 1st September 2022.



Performance and Learning Group

The purpose of the Performance and Learning Group (PLG) will be to:

- Take forward learning priorities for 3 key areas of priority work. The key areas will be identified annually in conjunction with the executive
- Identify key pieces of work for the Improvement Delivery Group (IDG) to take forward and embed into front line practice in the context of the agreed priorities and receive regular progress updates
- Receive exception reports from analysis and then identify of potential Key Lines of Enquiry (KLOE) for deep dive analysis
- Identifying and ensuring dissemination of good practice, to celebrate and learn
- Analysis of local information and single agency intelligence to identify, scrutinise and determine action required to address any emerging themes
- Identification of partnership training needs, linking in with the Workforce Learning and Development (WLD) to take forward any required commissioning and delivery
- Coordinate and oversee an annual programme of multiagency auditing to provide assurance about improvement and impact, receive findings and ensure that learning is disseminated to front line staff
- Receive and disseminate the learning from rapid reviews and LCSP reviews and near misses
- Work with the Safeguarding Executive and Improvement Delivery Group (IDG) to determine the area of focus for the IDG 3 times a year and review and monitor the impact of the previous improvement area.

It is anticipated that the membership will be representatives from the following agencies:

- Durham Children's Services
- Durham Early Help Services
- Durham Police
- Northeast and Cumbria Integrated Care Board
- County Durham and Darlington NHS Foundation Trust
- Tees, Esk and Wear Valley NHS Foundation Trust
- Harrogate and District NHS Foundation Trust
- Durham County Council Education
- Voluntary Sector
- Durham and Darlington Probation Service
- Durham Public Health.

Representatives should have the delegated responsibility to take actions for their own agency.



Improvement Delivery Group

The Improvement Delivery Group's purpose will be:

- The Improvement Delivery Group's role is to consider and reflect a range of information from a variety of sources relating to a multi-agency practice issue and to one of the safeguarding partnership's priorities
- The Improvement Delivery Group will consider these frontline challenges and successes and makes suggestions and recommendations to improve multi-agency working which are presented into the Executive Group by the Partnership Improving Practice Group
- The Improvement Delivery Group has been established by Durham Safeguarding Children Partnership to improve the effectiveness of Durham's Safeguarding and child protection practice across partnership agencies
- The aim of the Improvement Delivery Group is to ensure a clear line of sight into practice across the landscape of provision for County Durham's most vulnerable children including those in receipt of Early Help services
- The Improvement Delivery Group will bring together the views of children, their families, and professionals to inform the continuous development of services and approaches aimed at protecting children from harm and making positive differences to their lives. The Improvement Delivery Group will receive direction from the Safeguarding Executive and the Performance and Learning Group to direct the focused areas
- The Improvement Delivery group will have a standing membership of a few key individuals. Depending upon the area of practice in focus, individuals working in that area will be invited into the group to explore the issues and develop an improvement plan 3 times a year. These plans will be endorsed by the Safeguarding Executive and the Performance and Learning Group (PLG).

The Improvement Delivery group will also commence from 1st September 2022, and it is envisaged that the representation will be similar to members within the existing Embedded Learning group.

The other groups have been maintained and there will be no change.

Performance

Exception performance reporting will be addressed within the Performance and Learning Group. The request is that agency SPOCs continue to complete the performance score card and input their agencies information as requested by the Programmes Manager.

This information will then be analysed and presented within an exception report to be presented to the Performance and Learning Group.

Performance will be reviewed and may be revised over coming months.



Assurance

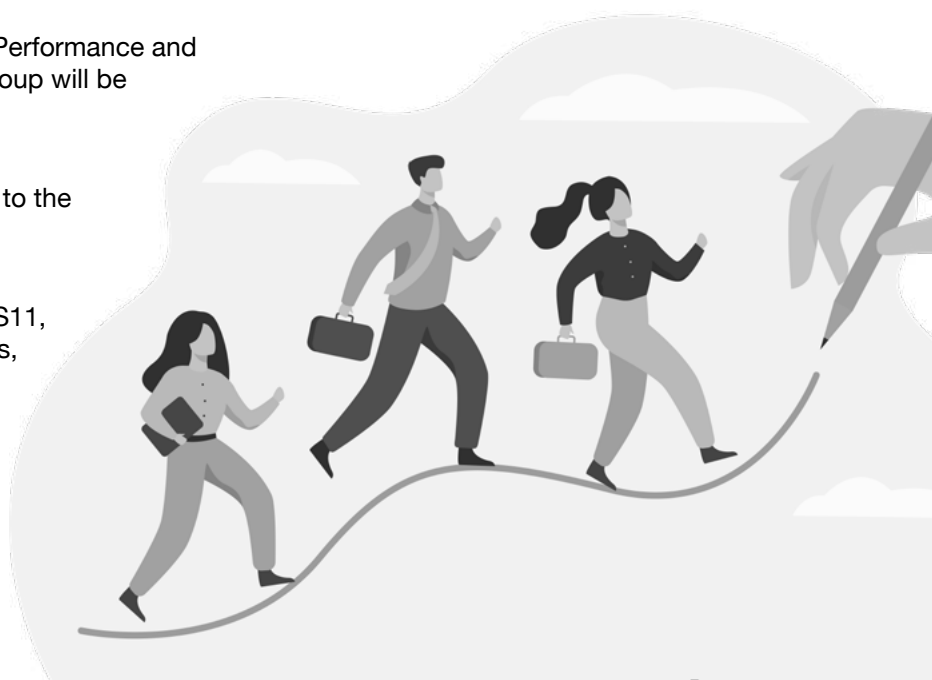
We will be seeking assurance reporting annually and have a proposed forward plan for this and information requested in an assurance and impact report within the Background Papers section of this letter.

Multi-Agency Audits

Multi-Agency Audits will continue and the programme for 2022/23 is attached for information. These audits will be discussed in the Performance and Learning Group. Audit themes may change depending on the work undertaken by the Performance and Learning Group and the Improvement Delivery Group.

Next Steps

- We ask for your assistance in identifying representation from the agencies noted in the Performance and Learning Group and the Improvement Delivery Group sections
- We ask that your Specific Points of Contact for performance continue to provide the requested performance information
- You share these changes across your agencies
- Please see the terms of reference for the groups to assist in identifying a representative
- Please see the new assurance report template which will be used to assure the partnership
- We will continue with our twice a year development session and will share the notes of the Executive and outcome of the work from the Improvement Delivery Group quarterly
- New Teams virtual meeting invites for the Performance and Learning Group and Improving Delivery Group will be sent by mid- August
- Please note the proposed forward plan for assurance reporting and send any queries to the email below
- We ask for continued commitment to the other DSCP processes, e.g., procedures, S11, practitioner surveys, development sessions, safeguarding weeks etc.



Could you please provide the names of your representative and any specific queries or comments to Jacqui.doherty@durham.gov.uk by 5th August 2022.

We thank you for your continued commitment and engagement with the Partnership.

Yours Sincerely

John Pearce, Dave Ashton, Anne Fox and Jeanette Scott
Safeguarding Partners



pp

Jacqui Doherty
DSCP Business Manager

Background Papers

1. WLD Terms of Reference
2. Performance and Learning Terms of Reference
3. Improvement Delivery Group Terms of Reference
4. DSCP Terms of Reference
5. New Operating Structure (PowerPoint)
6. 2022/23 Audit Schedule (PowerPoint)

Health and Wellbeing Board**31 January 2023****Carer Support Services – Contract Review****Report of Neil Jarvis, Senior Portfolio Lead, Integrated Commissioning****Electoral division(s) affected:**

Countywide

Purpose of the Report

1. To provide the Health and Wellbeing Board with an update on the recent review of Carer Support Services in County Durham for both adult, parent and young carers.
2. To advise on the support delivered to carers over the term of the last 5 year contract and plans relating to the re-procurement of the Carer Support Services in 2023.

Executive summary

3. According to the 2011 census, 6.5 million people in the UK are providing unpaid care and of this, 60,055 people in County Durham were identified as adult carers. The 2021 census data relating to unpaid carers is expected to be released in January 2023 and it is widely anticipated that the number of carers nationwide will increase due to an estimated 4.5 million people becoming carers during the COVID-19 pandemic. The COVID-19 vaccination programme was also influential in helping to identify hidden carers. As of December 2022, 23,259 parent and adult carers are registered with Durham County Carers Support (DCCS), our commissioned carer support service for adults.
4. Regarding 'young carers', figures from the 2011 census advise 1659 children aged between 5-17 years of age with caring responsibilities were living in County Durham and 38% of these young people were under the age of 10 years old. Without support, young carers educational achievement and development can be significantly affected and impact on a young person's mental health and wellbeing.
5. A comprehensive review of the current carer services has been completed. There is strong support for the adult and young carers services to continue due to the positive impact they have within the wider health and social care

system and in meeting our statutory obligations under the Care Act 2014 and the Children and Families Act 2014.

6. Publications such as the NHS England's Commitments to Carers and the Five Year Forward View commits the NHS to building on the rights for carers and to providing support for young and adult carers. Caring responsibilities can have an adverse impact on the physical and mental health of the carer, resulting in significantly poorer health and quality of life outcomes (NHS England).
7. The existing carer support services provide preventative support and a reduction in this provision would result in more costly services being required in the future, should carer breakdown occur. Carers UK estimates the value of unpaid care at £530 million per day and £193 billion per year during the pandemic.
8. The current carer contracts are due to end 31 March 23. The intention is to re-procure services for a 4 year period with 2 options to extend for a further 12 months, therefore the maximum contract period will be 6 years. Funding contributions towards the existing contracts come from Durham County Council's Adult and Health Services (DCC AHS), Durham County Council's Children and Young People's Service (DCC CYPS) and NHS North East and North Cumbria Integrated Commissioning Board (NENC ICB). We have identified recurrent funding is available from all of these funding partners.
9. The Integrated Commissioning team has engaged with many stakeholders including partners in AHS, CYPS the NENC ICB, Service Users, and other health and social care professionals. This valuable and important input has been considered and is referenced throughout the report.
10. All stakeholders showed strong support for our existing commissioned carer services, Durham County Carers Support (DCCS) and Family Action's 'The Bridge' Young Carers Service, citing the effective and positive support they deliver. In addition to carer assessments, this report considers and details the wide range of support delivered by DCCS and Family Action.
11. Adult and parent carers particularly value help with welfare rights, access to free counselling and an opportunity to take a break from their caring role as well as training and help to remain in employment. Young Carers told us that having support in school and a person they could go to during the school day was important to them. Young Carers also value the carer break scheme where they can access a break from their caring responsibilities or develop an interest, hobby, or training opportunity.
12. The Integrated Commissioning team has determined both contracts are cost effective and good value for money.

13. Humankind also operates a non DCC commissioned young adult carer project in Durham call Horizon that has historically been funded by The National Lottery. This funding ended March 2022 and it was agreed that 'young adult carer provision' would be included within the scope of the review.
14. The Governments 'Carers Action Plan 2018-2020' stresses the need to recognise the crucial role and enormous contribution that carers make as an integral part of the health and social care system, which often comes at a great cost to their own health, wellbeing, finances, and ability to remain in employment (Department of Health and Social Care, 2018). Therefore, providing carer support services is critical to ensuring the needs of carers are responded to quickly to reduce the negative impact caring has on their lives
15. Unpaid carers often suffer financial hardship as a direct result of caring. Households where someone receives or provides unpaid care are 'less likely to be in employment and more likely to fall below the poverty line compared to the rest of the country' therefore the cost of living crisis places further financial pressures on unpaid carers (Watts, 2022).
16. Carers in County Durham are supported with welfare rights and during the last 5 years has helped to secure £13.5 million in benefits for carers. Durham carers regarded this support as one of the most valuable sources of assistance.
17. Findings and results from the 4th edition of the Survey of Adult Carers in England (SACE) has shown that Durham has performed significantly better than the national results in all 5 key measures from the Adult Social Care Outcomes Framework including Quality of Life.

Recommendation

18. Health & Wellbeing Board is recommended to accept this report for information.

Background

19. In 2018, Durham County Council re-procured carer support services, The current contract arrangement for both adult carer support and young carer support provision, ends 31 March 23. All available contract extension periods have been utilised.
20. Durham County Carers Support hold the contract to provide adult and parent carers services and currently have 23,259 carers registered with the service. Family Action have the contract to provide core services to young carers and have almost 1113 carers registered with service, known as The Bridge.
21. The Care Act 2014 gives adult carers the right to information, advice and support which may prevent or delay carer needs from increasing: and a carers assessment (no longer a requirement for carers to request an assessment). Carers may be eligible for support in their own right if they meet the national eligibility criteria.
22. Similarly, the Children and Families Act 2014 recognises children with caring responsibilities and their right to an assessment of need. This legislation also recognises parent carers (someone who is over 18 and provides care to a disabled child whom they have parental responsibility) and requires local authorities to assess parent carers on the appearance of need or where an assessment is requested by the parent.
23. With an increasingly ageing population the number of adults living in England with a disability and receiving informal care from a family member or friend is expected to increase to around 3.5 million people by 2030, representing an increase of 63% (Wittenberg & Hu, 2015).

Scope of the Review

24. The review has considered the following key elements, with specific issues being addressed within each category.
 - a. What information, advice and guidance is available to carers in County Durham
 - b. Carer assessment process, including adult, parent and young carers assessments and how the carer is involved in this process
 - c. The range of support available to carers to help them maintain their caring role including any ongoing project work: this has included but not been limited to, welfare rights, training, mental health and wellbeing support, digital skills, maintaining employment, 1-1 and peer support.

- d. The role of Health and Social care services in identifying carers and addressing the number of hidden carers. This will be extended to the role of schools in identifying young carers.
- e. The support and information available to carers in relation to welfare rights and financial support.
- f. Carer break scheme, carer discount card and the availability of opportunities for carers to receive respite or emergency support.
- g. The role and effectiveness of digital services available to carers
- h. The need and effectiveness for a bespoke Young Adult Carer service
- i. Outcomes of carers including analysis of the national and regional surveys conducted with carers.
- j. Carer performance information and indicators.

25. As part of the review, a comprehensive list of stakeholders has been approached for feedback by the Integrated Commissioning Team, with different methods used according to the stakeholder group. Details of engagement can be found in Appendix 2.

26. As well as service user and stakeholder feedback, the monitoring of key performance data, financial information, and key findings from regular contract reviews has been considered.

Review Findings

27. The services provide an accessible, high quality and countywide support service for unpaid carers. This includes the registration and / or assessment of carers, the provision of information and advice, emotional and practical peer support, 1:1 support and informal advocacy. The services are carer led and have been proactive in developing the services in response to the changing needs of carers, particularly throughout the COVID-19 pandemic

28. The services currently collaborate effectively with a wide range of health and social care professionals and the voluntary and community sector.

29. Referrals into DCCS and Family Action and the subsequent number of carers assessments over the last 5 years is shown below. It is clear that COVID impacted on the number of adult carer referrals, however, 22/23 is experiencing a return to pre covid referral rates. As can be seen, the number of referrals at the end of Q2 2022 is already nearing the annual figures for the last 2 years. In contrast the number of referrals for young carers increased during the pandemic. Census data for 2021 is expected to

show a considerable increase in the number of carers as a result of the COVID-19 pandemic.

No of Referrals	18/19	19/20	20/21	21/22	22/23 Q1 Q2 only	Total
Parent Carer Referrals	721	720	677	695	516	3329
Adult Carer Referrals	2099	2027	1666	1805	1238	8835
Young Carer Referrals	183	144	150	173	78	728
TOTAL	3003	2891	2493	2673	1832	12892

Demographic Data for Durham Carers

30. Age demographic of carers in County Durham varies depending on the source of data collection, however, the 2011 census data indicates that 1 in 4 carers are aged 65+ and this number is set to increase by 29% in County Durham by 2030 from 14,911 to 19,279 (Durham Insight, 2022). An increasingly older population, a rising prevalence of mental health conditions, dementia and more people living with long term conditions will all influence the number of people providing unpaid care in the future. DCCS report that 22% of carers registered with their service are aged 65+.

31. The number of hours support provided by adult carers varies with over half of carers providing up to 19 hours of unpaid per week and almost a third having a significant caring role providing over 50 hours per week. The general health of carers deteriorates incrementally with the increasing hours of care provided (Office for National Statistics, 2013).

Number of hours Care Provided	No of Carers	%
Provides 1 to 19 hours unpaid care a week	34,336	57%
Provides 20 to 49 hours unpaid care a week	8,826	15%

Provides 50 or more hours unpaid care a week	16,893	28%
--	--------	-----

32. A breakdown of geographical coverage across the county is shown below. Geographical split has remained stable overall but focus on the rural parts of the county is needed after a reduction in referrals from carers living in these areas was seen during 21/22.

Area	19/20	%	20/21	%	21/22	%
Derwentside	434	16%	371	16%	456	18%
Durham and CLS	678	25%	512	22%	676	27%
Durham Dales	555	20%	516	22%	389	16%
Easington	568	21%	493	21%	472	19%
Sedgefield	512	18%	451	19%	507	20%
TOTAL	2747		2343		2500	

33. Analysis of census data, survey results and our own database of registered carers, confirms that females are notably more likely to provide unpaid care than males and this gender gap increases in Co Durham. In the 2011 census, nationally 57.7% of unpaid carers were females and 42.3% were men. In County Durham it is evident male carers are under-represented. In an ADASS regional survey of carers, 22% of all responses were from males and only 28% of carers registered with DCCS are male. In the 2021 SACE survey, 30% of responders were male (NHS Digital, 2022). This is consistent with other North-East Local Authority findings and more work locally and nationally is needed to reach male carers who often don't identify themselves as such.

34. Regarding the Council's responsibility for providing carers with up to date and accurate information regarding support available to carers, there are several access points for a carer to obtain guidance. Durham has always performed well in the ASCOF measure '*The proportion of carers who find it easy to find information about support*' and over the last 4 surveys, and consistently been significantly better than the national result. However, 18% of adult carers in Durham told us via the ADASS regional survey that they had received no information associated with their caring role, indicating more work to raise awareness around informal care is still needed.

35. In terms of health services only 34% of carers heard about carer support via a GP, community based health services or hospital, however

satisfaction scores regarding the level of support and quality of information they received from health services was high, therefore confirming health services are well placed to identify informal carers and signpost to commissioned carer support services.

36. Findings and results from the 4th edition of the SACE has shown that Durham has performed significantly better than the national results in all 5 key measures from the Adult Social Care Outcomes Framework. Result as follows:

- Carer Reported Quality of Life
- Proportion of carers who reported that they had as much social contact as they would like
- Overall Satisfaction of carers with Social Services
- Proportion of carers who report they have been included or consulted in discussion about the person they care for
- The proportion of carers who find it easy to find information about support.

Welfare Rights Support and Financial Impact of Caring

37. A significant part of the support offered by DCCS is the assistance given to carers in maximising their income. Carers are given advice, guidance and practical help with filling out lengthy and complicated benefit forms. DCCS are accredited intermediaries for the national charity Turn2Us and have helped Durham carers secure almost £13.5 million in benefits between 2018-2022.

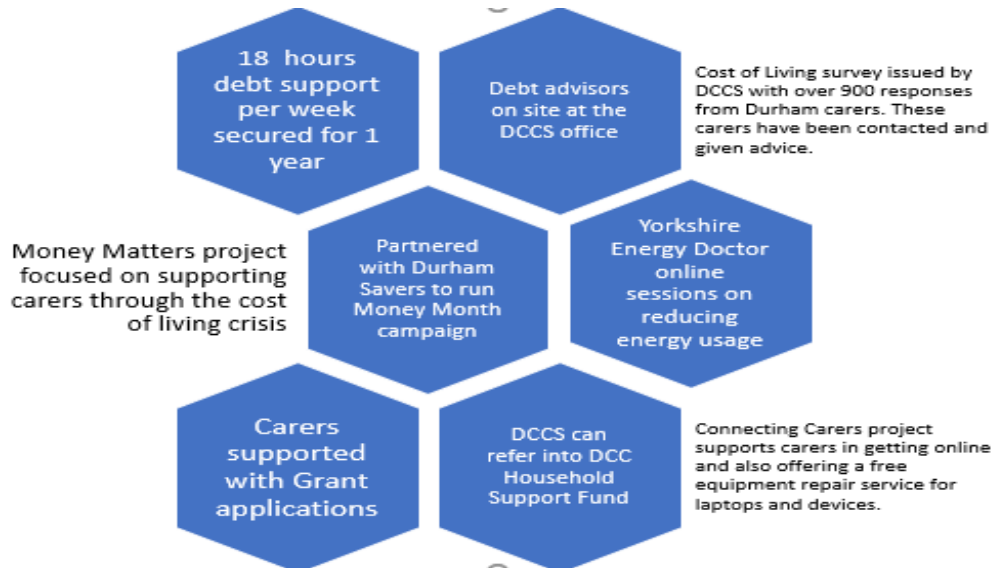
	18-19	19-20	20-21	21-22	22-23 to date	Total
£ Benefits Claimed & Backdated	£3,132,220	£3,948,529	£3,089,851	£2,800,000	£526,529	£13,497,130

Unpaid carers often suffer financial hardship as a direct result of caring. Households where someone receives or provides unpaid care are 'less likely to be in employment and more likely to fall below the poverty line compared to the rest of the country' therefore the cost of living crisis places further financial pressures on unpaid carers (Watts, 2022).

38. In October 2022, Carers UK published their report '*Heading for Crisis: caught between caring and rising costs*' which found that 1 in 6 unpaid carers are in debt as a result of their caring role, increasing to 2 in 6 for

carers in receipt of Carer’s Allowance. The proportion of carers reporting as unable to afford their utility bills has more than doubled since last year – from 6% to 14% in 2022.

39. DCCS have proactively responded to the financial pressures facing carers and a number of initiatives and support offers have commenced as seen below.



Carers and Employment

40. It is estimated that 1 in 7 employees in England provide care for someone and 1 in 6 carers have to give up work or reduce their hours in order to juggle all of their responsibilities (Employers for Carers, 2022). The Equality Act 2010 protects carers against direct discrimination or harassment because of their caring role as they are considered as being associated with someone who is protected by this legislation because of their age or disability (SCIE, 2020). Durham Carers echoed these challenges, with many telling us they had to leave employment due to the amount of time they spent caring and the unpredictability of their caring role and impact this has on their employment.

41. County Durham has subscribed and is a member of Employers for Carers which gives the Council access to a wide range of resources. These free resources can be shared with organisations and businesses across County Durham and DCCS were also provided with funding to actively work with local employers to help them achieve their Carer Friendly Awards. Carers living in Co Durham can also access a host of free digital resources and an app called Jointly that has been developed to support ‘working carers’ by enabling them to coordinate care effectively.

42. Durham County Council has a number of staff networks, one of which is for unpaid carers. The network currently has its own MS Teams Channel and provides peer support and information with around 65 members.

Young Carers

43. The overall aim of the service, as detailed in the service specification, is to ensure that children and young people are guarded from excessive or inappropriate caring responsibilities and have the support they need to learn, develop, and thrive. Young carers should not be disadvantaged by their caring role and should have the best possible chance of achieving their full potential both now and in the future. Family Action has delivered this service since June 2011.

44. Family Action work collaboratively with services across County Durham, taking referrals from a broad range of statutory services, children's services, schools, health and self-referrals. Assessments of young carers take place at school or in the family home.

45. The young carer service follows the Government's 'Think Family' approach to ensure that negative caregiving and the associated impact is reduced long term.

46. Families with complex needs often face a combination of issues such as parental substance misuse, physical disability, mental health, learning difficulties or disabilities and domestic abuse, any of which could lead to a child or young person taking on caring responsibilities for either a parent or their siblings or both.

47. Young people undertake inappropriate levels of care due to a variety of reasons and complex circumstances. Resolving some of these issues require a multi-faceted approach. As a result, Family Action has worked in partnership with a range of agencies to resolve these circumstances, working closely with CYPS and contributing towards TAF meetings.

48. The service is underpinned by the 'High 5! Principles' and has been developed over the last 5 years in collaboration with children and young people, aiming to keep young people safe and healthy.



49. The service is time limited with interventions targeted and solution focused. The average time a young person receives support from Family Action is 6-7 months but there is flexibility if a young carer and/or their family need extended support.
50. Demand is currently high for the service with some young carers waiting up to 12 weeks for a full assessment. However, a screening tool is used on receipt of every referral and subsequently triaged ensuring any young carer needing immediate or urgent support is seen quickly.
51. In addition to assessment and case work, the service manages a Young Carers Neighbourhood Charter funded by three Durham AAP's. The aims of the Charter is to work extensively in primary and secondary schools and other organisations such as GP surgeries, community groups and youth projects to raise awareness of the needs of young carers and to help them achieve Charter Accreditation. To date, 82 schools have been awarded Charter status.
52. Young carers told us the high level of support and understanding they received in primary school was not always a reality in secondary schools. Young Carers reported that a single point of contact was not always available, they had to repeat details of their caring role multiple times due to having different teachers for each subject and then having to go through the same process at the start of the following academic year with a new cohort of teachers.
53. Young Carers said having a 'carer flag' on class registers would potentially improve this and this feedback has already been raised with Durham's Virtual Head.
54. Young Carers shared that peer support and meeting other young carers was important to them, knowing there are other people who understand how it feels to be a young carer and the impact caring responsibilities can have.

Young Ambassadors

55. Young carers are encouraged to become Young Ambassadors, a role that provides the young people with opportunities to act as advocates for other young carers and to share their views in discussions with a range of professionals and organisations. The Ambassadors meet regularly and are consulted in any changes to service and asked for ideas to improve the support available to them. Investors in Children have recently recognised this work in awarding them Investing in Children Membership.

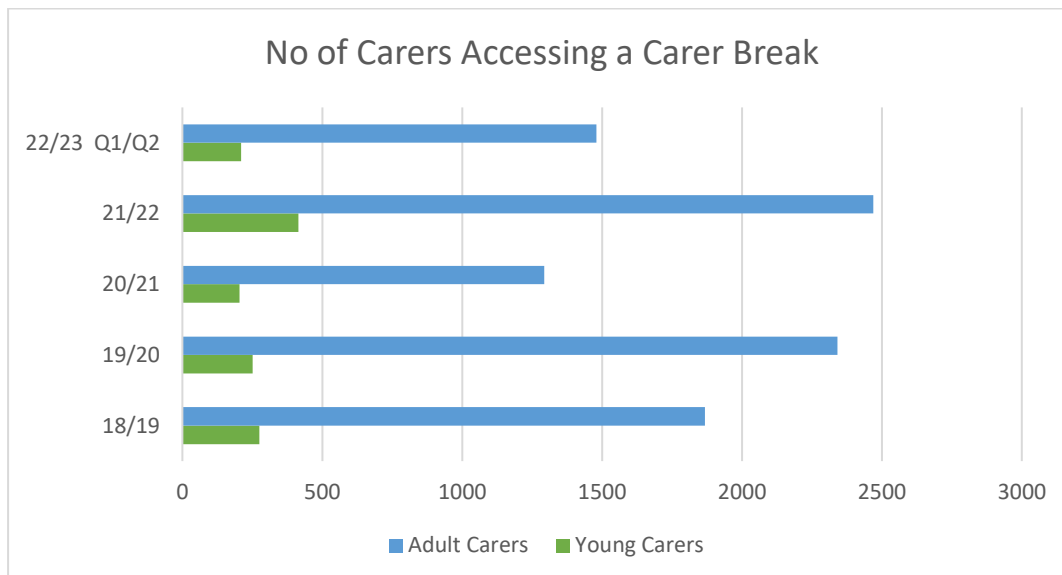
Young 'Adult' Carers.

56. Currently young adult carers are supported through DCCS or Family Action, depending on the age of the carer. However, Humankind have also been providing a young adult carer service for young people aged 14-24 within County Durham through a project called Horizon, historically funded by the National Lottery. This funding ended in March 2022, therefore DCC secured non-recurrent funding to ensure continuity of services until March 2023
57. One to One support is provided and limited to 6 sessions, but the current provider will respond to the needs of the young adult carer and extend this if required. Horizon also organise and facilitate a range of social activities during the school holidays as well as whole family events in order for Young Adult Carers to meet peers and build friendships
58. Whilst the service is referred to as a young adult carer service, 72% of the referrals received are for a young carer aged 16-18 years. Very few carers aged 20-24 years access the service and only 9% of referrals are for young carers aged between 14-16.
59. Through our engagement with young carers, it is clear that some older teenagers with caring responsibilities feel the young carer service is 'too young' for them, whilst the adult carer service is considered 'too old' and their needs are not always understood
60. Statutory responsibilities are met without a bespoke service for this cohort of carer's, but some further targeted support and project work would allow for some customised help for carers who are navigating their GCSE's, transitioning to college or universities and the workplace, whilst also juggling caring responsibilities. These are all times that young carers told us they feel most anxious and said practical help with research and applications to further education options would be beneficial as well as advice on how to handle and cope with the emotions associated with potentially leaving the family home and choosing to end their caring role.
61. Commissioning is reviewing possibilities around delivery models and funding options regarding a bespoke young carer service or increased targeted support from statutory provider(s).

NHS Personalised Carer Support Fund (Known as Carer Breaks for Adult and Young Carers)

62. The Carer Break scheme is funded by the NHS and managed by Durham County Council's Integrated Commissioning Team, DCCS and Family Action. NHS Personalised Carer Support is an element of the Better Care Fund, funded by the ICB. This fund is designed to provide carers in County Durham with the opportunity to take 'time out' from the caring role; improve their health and wellbeing and enable them to continue in their caring role. The scheme gives adult and young carers the ability to take a

short residential break or an opportunity to access hobbies, activities, or training both inside and outside of the home. The scheme is subject to a robust approval process to ensure applications are appropriate and good value for money. During the last contract period, to date over 10,000 carer breaks have been approved and arranged.



63. Most adult carers (92%) using the scheme request a non-residential break such as gym memberships, gardening and cleaning services, bikes, walking equipment, craft items, therapies spa days and IT equipment. Analysis of the non-residential carer breaks funded during 2021-2022, achieved the following outcomes, proving the scheme makes a significant difference to carers with 93% stating it helps reduce stress levels. This was strongly echoed during our engagement with carers.

Did the Carer Break Funding...	Not help at all	Helped a little	Helped a lot
Help with carers health needs?	2%	14%	85%
Help carers in their caring role?	1%	11%	87%
Help the carers spend time for themselves?	1%	6%	93%
Alleviate carer stress?	1%	12%	87%
Help the carer do something that without funding they	2%	12%	86%

would not have been able to do?			
---------------------------------	--	--	--

64. Carers also have the opportunity to apply for a residential break or more costly opportunities such as driving lessons and certified courses. Satisfaction and outcome data is below and whilst outcomes are still very positive it would appear non-residential breaks are more effective in reducing stress and providing a meaningful break.

Outcome	No	Yes
Has this fund given an opportunity to try something new?	43%	57%
Did the fund help you to relax?	14%	86%
Did the fund provide enjoyment?	14%	86%
Did you get an opportunity to spend time with others?	17%	83%
Has this fund helped to relieve stress?	11%	89%
Has the fund helped you feel better?	14%	86%
Has the funding provided a break from your caring role?	14%	86%

65. Analysis also highlighted women are more likely to access a break than men. The data also identified that people caring for an older person or individual with a learning disability rarely ever access a residential/opportunity break. Commissioners explored this with carers during focus groups and the main reason given was the cared for person was not well enough to accompany the carer on the break or would not be able to cope with the change in routine. They subsequently felt 'guilty' over potentially leaving the person they care for at home in the care of others. Work to identify barriers and overcome some of the challenges preventing carers to access a break is ongoing and we are partnering with dementia services to help inform future initiatives in this area.

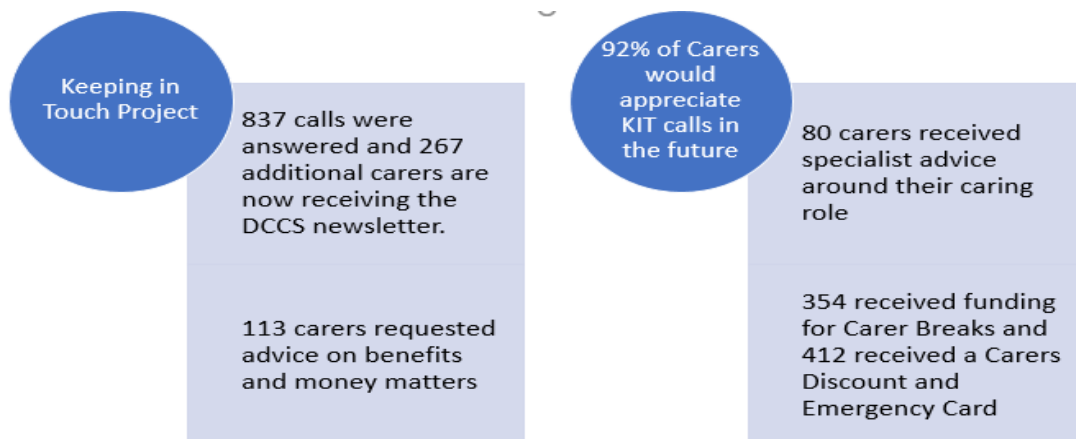
66. Young carers told us these breaks have had a positive impact on their physical and mental health with the most popular requests being gym memberships, sport lessons and equipment, drama groups, swimming, and cinema breaks. Feedback forms are completed following every carer break to monitor the effectiveness of the breaks and outcomes for carers. Young carers tell us the break helps them feel more included in the community and provides opportunities to spend time with friends and other young people whilst participating in activities they may not otherwise be able to afford.

Carer Discount Cards

67. The carer discount scheme has been successful and was cited in every focus group held as part of the engagement with carers. Whilst carers appreciated the financial benefits, many also felt it was a form of validation of their caring roles and recognition of the contribution carers make. There are currently 2 carer cards, one for adult carers and one for young carers. Over 20,000 carer cards have been issued which gives carers' discounts and concessions at a wide range of goods, services, shops, restaurants, and entertainment venues. Whilst feedback on the scheme was overwhelmingly positive from adults, young carers felt more services aimed at young people should be included and this is now being reviewed through the Young Carers Strategic Group chaired by DCC CYPS.

COVID-19 Response

68. The State of Caring Report (2021) advises 4.5 million people took on a caring role overnight as a result of the COVID-19 pandemic and associated lock downs and shielding guidance (Carers UK, 2021). DCCS responded quickly by ensuring the service continued to offer support in every way possible including by phone, digitally through WhatsApp and Facebook and reintroduced face to face support gradually for those who most needed it. Monthly bulletins and updates were sent to carers as well as texts containing important information. Durham County Council provided funding for the Carer Wellbeing Fund to assist carers facing financial difficulties, as well as additional funding for a 'Keeping in Touch' project during the first year of the COVID-19 pandemic. DCCS focused on contacting older carers who had not been in contact with the service for at least a year. Due to the success of the project, this support has continued, with a team of skilled volunteers making 1903 calls during 21-22.



69. The COVID-19 pandemic highlighted a digital skills gap for some carers with key services moving to online platforms. Keeping in touch with family and friends also relied heavily on access to digital platforms such as Zoom and Facetime. Many Durham carers had to quickly learn how to shop, bank and order repeat prescriptions online as well as how to access GP and professional appointments virtually. The Connecting Carers project helped carers with 1-1 and virtual digital support, workshops/drop in sessions, training, and computer repairs.

70. The Bridge Young Carers Service also adapted the way they worked and were flexible in service delivery during the pandemic. School visits still happened when they were open to pupils and an increase in referrals was seen as a result of the impact of lockdown on young people's mental health. Family Action report that families referred to them during 2020-21 were struggling with finances, loss of employment and the emotional effects of COVID-19 when someone in the home had complex health conditions or severe illness. Durham County Council provided funding to increase staff hours to deliver higher than usual levels of support to young carers and the service worked hard to overcome these challenges. When permitted, Family Action met young people outdoors or contacted the young carers via WhatsApp video, Zoom meetings and telephone calls. Emotional support was provided as well as emergency funding to families in need.

Conclusion

71. A comprehensive review of the Carer Support services has been undertaken with a considerable amount of input from key stakeholders and service users. Feedback was overwhelmingly positive regarding how effective the existing services are in delivering a wide range of support to adult, parent and young carers.

72. It is acknowledged that unpaid carers continue to play a crucial role in the health and social care system and to ensure continuity of support, re-procurement of services from the independent sector should be progressed in early 2023/24.

73. Further options around a bespoke Young Adult Carer service and /or amendments to the specifications to provide targeted support to this cohort of carers will be explored ahead of the procurement process.

74. Reaching more hidden carers which a focus on identifying more male, working age carers and those living in rural parts of the county should be a focus.

Authors

Neil Jarvis Tel: 03000 265683

Rachael Mawston Tel: 03000 262542

Appendix 1: Implications

Legal Implications

The Care Act 2014 reinforces the need for Council's to assess and meet needs of unpaid carers.

Finance

Budget has been identified for the re-procurement of carer services from the 2023-24 financial year.

Consultation

Engagement document included as appendix 2 detailing stakeholders. Feedback considered as part of the review.

Equality and Diversity / Public Sector Equality Duty

None identified.

Climate Change

None identified.

Human Rights

None identified

Crime and Disorder

None identified

Staffing

None identified for DCC staff, externally commissioned services only.

Accommodation

None identified

Risk

Captured in the body of the report.

Procurement

A tender exercise is required to identify providers from April 2023. Integrated commissioning will work with corporate procurement to manage the process.

Appendix 2: Engagement

Target Group	Method				Who is organising this?	Timeframe
	Survey	Workshop/ Focus Group	Meeting	Other e.g. briefing/ email		Insert date range or specific dates if you know them
Adult Service Users		X			Integrated Commissioning and DCCS	<p>8th November 2022 - Masonic Hall, Consett – 18 Carers</p> <p>11th November 22 – Horden Youth and Community Centre – 20 Carers</p> <p>24th November 22 – Woodlea Council Offices, Barnard Castle – 22 Carers</p> <p>25th November 22 - NHS Melissa Bus – to gather views of carers living in rural parts of the County. 45 carers.</p>
Young Service Users				X	Family Action, YC Steering Group, Integrated Commissioning	26th October 22 – full day event at Brookwood Outdoor Centre. 22 young carers aged 7-15 years.
Young Adult Carers				X	Interviews	Various dates in November/December 2022
Adult Carer - Commissioned Service DCCS – Staff			X		Integrated Commissioning – structured interviews took place.	<p>2nd November 22 – Meeting with DCCS Leadership team including;</p> <ul style="list-style-type: none"> • CEO • Operations Manager

						<ul style="list-style-type: none"> • Finance Business Manager <p>8th November 22 – meeting with key DCCS operational staff including</p> <ul style="list-style-type: none"> • Volunteer Project Lead • Carer Support and Liaison Lead • Health Development Worker • Parent Carer Lead
Young Carers – Commissioned Service, Family Action				X	Integrated Commissioning – structured interviews took place.	<p>31st October 22 - Meeting held with Family Action Leadership team including:</p> <ul style="list-style-type: none"> • Regional Operations Manager. • Project Manager • Schools and Engagement Lead <p>3rd November 22 -Interviews held with every member of staff including:</p> <ul style="list-style-type: none"> • 5 x Case Workers • 1 Senior Practitioner • 1 x Admin Support • 1 x Therapy Counsellor
Horizon, Humankind		X	X			7th November 22 – 3 staff from the Young Adult Carers Services including:

						<ul style="list-style-type: none"> • YC practitioner • Service Manager • Service Regional Manager
Adult Strategic Carers Group		2 x Focus Groups				<p>9th November 22 including representation from:</p> <ul style="list-style-type: none"> • Cllr Alan Shields • Comms and Marketing • Alzheimer's Society • Healthwatch Co Durham • Social Care Direct • Integrated Commissioning <p>14th November 22 including:</p> <ul style="list-style-type: none"> • Adult Care Operations Manager • Adult Care Project Manager • Comms and Marketing • DWP <p>23rd November 22 – NENC ICB</p> <ul style="list-style-type: none"> • Head of Primary Care
Young Carers Strategic Group		2 x Focus Groups			<p>1 in person meeting with Chair of the YC Steering Group and One Point Operations Manager.</p> <p>1 Focus Group with other members of the Steering Group.</p>	<p>19th October 22 including:</p> <ul style="list-style-type: none"> • Chair of the YC Steering Group/Strategic Manager of Locality One Point and Think Family Service. • Operations Manager, One Point and Think Family Service <p>28th November 22 including:</p>

						<ul style="list-style-type: none"> • Cllr Ted Henderson • Durham Virtual Head – Education • CYPS Progression & Planning Lead • CYPS Commissioning • Wellbeing Programme & Partnership Manager • TEWV • Emotional Health and Resilience Team (Growing Healthy County Durham)
Survey of Adult Carers England (SACE)	X					Completed December 21. Results published by DCC Resources Team in July 22.
ADASS Regional Survey	X					Completed April 21. Results published Sept 21.
DCCS arranged for an external Consultancy company to meet with Carers to talk about what is important to them. Goodlabs Consultancy was commissioned to undertake this work.					<p>4 in person focus groups took place in:</p> <ul style="list-style-type: none"> • Peterlee • Middleton in Teesdale • Consett • Newton Aycliffe <p>Included as part of the review as Secondary evidence as some useful feedback gathered as part of this exercise around Carers Priorities,</p>	45 Carers took part in these groups across the county, including town and rural locations throughout October/November 22.

					System Priorities, and Organisation Priorities.	
Investors in Children and Rebias research findings					Secondary evidence – relevant to young carer service.	
GP's						Scheduled to attend the LMC Practice Q&A Session on 7 th December but this has been deferred until January. Date TBC.

CARER SUPPORT SERVICES

Health and Wellbeing Board
31 January 2023

Neil Jarvis – Senior Portfolio Lead, Integrated Commissioning Team
Jenni Wood – CEO of Durham County Carers Support



Better for everyone



Format

- Background, key aims and current position regarding the Core Contract for the provision of Carers Support Services.
- Review of the carer contracts including key data and achievements during the last 5 year contract period.
- Outcomes for Carers
- Care Review, key findings and re-procurement plan for Carer Services
- Key risks
- Summary

Background, Key Aims, Current Position

Background

- The Care Act 2014 and Children and Families Act 2014 places responsibilities on LAs to ensure all unpaid carers are given access to support and information as well as affording carers the same legal right to assessment of needs as the 'cared for' person.
- 2011 census data - 6.5 million people were providing unpaid care in the UK. Of this 60,055 adult carers and 1659 young carers were living in Co Durham and these figures are expected to be higher in the 2021 census data release.
- Co Durham commissions Durham County Carers Support (DCCS) and Family Action to undertake carer assessments for young, adult and parent carers and to provide wider support services.

Background, Key Aims, Current Position

Key aims of Carer Support Services

- Recognise the contribution and the vital role they play as partners in the health and social care system.
- Support the health and wellbeing of carers and protect them from inappropriate caring roles to ensure they attain the same educational, employment and aspirational goals as their peers.
- Ensure all carers are provided with accurate, accessible and timely information, guidance and support.
- Provide carers with opportunities to take a break from their caring role.

Background, Key Aims, Current Position

Current position

➤ Commissioning are coming to the end of full contract review which has included engagement with carers and key stakeholders. A re-procurement exercise early 2023 will be completed to ensure continuity of services.

Review of Carer Contracts 2018-2022 – Key Achievements

Parent
18
➤ **Adult Referrals** - 3329 parent carer referrals. 7597 adult carers referrals managed by DCCS.

➤ **Young Carer referrals** - 728 referrals have been managed by Family Action's The Bridge Project.

➤ **Wellbeing Support** – Both DCCS and Family Action have secured external funding to provide free counselling for both young and adult carers. DCCS have built a large team of 35 counsellors; during 21-22 over 2890 hours of 1-1 counselling support was delivered. Holistic therapies are also available to carers.

➤ **Carer Breaks** – 1355 approved and arranged for young carers; 9450 for adult and parent carers.

➤ **Carer Cards** – over 10,000 carer cards have been issued during the last 5 years.

➤ **Welfare Right and Financial Assistance** – DCCS have helped carers living in County Durham claim and secure almost £13.5 million in benefits.



Review of Carer Contracts 2018-2022 – Key Achievements

- **Employment support** for carers and businesses and Neighbourhood Charter work for Young Carers has been successful.
- **Free training Courses** provided to Carers in partnership with the County Durham Care Academy and DCCS, including Making Sense of Caring, First Aid, Infection Control, Moving & Assisting, Anticipatory Grief.
- **ICB funded Mental Health & Hospital Discharge** support for carers in MH Hospitals.
- **COVID response** – Carers were supported throughout as both commissioned services adapted quickly, supported by DCC / ICB.
- **Keeping in Touch Project** – 1,900 calls made to older carers during 21-22.
- **Connecting Carer Projects** – carers helped with 1-1 and virtual digital support, workshops/drop in sessions and computer repairs. Promoting confidence to shop and bank online and keep in touch with family and friends virtually.
- **NE ADASS Carers Leads Network** – Durham is an active member of the network, attending regional meetings, sharing best practice and engaged in task groups and the development and delivery of programmes of work relating to Carers, such as the Regional Survey and action plan.

Outcomes and Satisfaction of Carers

- **Survey of Adult Carers in England 21/22 (SACE)**

Page 160
Durham have performed significantly better than the national result for all 5 key measures from the Adult Social Care Outcomes Framework:



- **Survey Findings ADASS Regional Carer Survey 2021**

All 12 North East Councils agreed to carry out a region wide local carers survey between April-May 21 with over 50% of responses coming from Durham. Broad themes on what carers want emerged as follows:



Carer Contract Review

Engagement Complete

- Service Users – views gathered via Surveys, Focus Groups, Young Carers event, Melissa Bus and interviews.
- Key Stakeholders across the Health, Social and VCS sector shared their views on current and future provision.

Key Findings

- Carers and key Stakeholders are very confident and satisfied the current support model for carers is meeting the needs of Adult, Parent and Young Carers effectively.
- Carer Support Services in Health settings such as Acute and Community Hospitals and hospital discharge processes would help identify carers earlier in their caring role.
- Digital Exclusion – further support is needed to ensure carers can access services that are increasingly being provided digitally and online.
- Focused interventions on ensuring carers are provided with information on support at the earliest opportunity to continue.
- Young Carers support in secondary schools needs to have an increased focus as well as targeted support during key times of transition for young carers including going to college, university or into the workplace

Procurement Plan

- Re-procurement of Carer Services to be progressed early 2023



Key Risks linked to Carer Support Services

Increase in demand for carer support services

- As we continue to recover from COVID-19 and also meet the needs of an ageing population, we anticipate an increase in demand for this support. County Durham are projected to have almost 20,000 carers aged 65+ by 2030.
- We do recognise that support for unpaid carers is a key preventative offer in terms of avoiding more costly interventions later in an individuals caring journey, and want to maximise efficiency in the model

Increased carer breakdowns due to a lack of support could result in:

- More costly services being accessed such as 24 hour care settings.
- Demand for additional home care support packages.
- Some additional hospital admissions required, or delayed discharges, placing additional pressures on the health service.

Reduced funding for carers

- Due to national pressures being seen in Local Authority budgets across the country.



Summary

- During the last 5 years, commissioned carer services have been very effective at supporting unpaid adult, parent and young carers in County Durham and the strategic model ensures good outcomes.
- Outcomes for Carers in County Durham are significantly higher in all 5 key measures of the SACE surveys in comparison to the national results.
- Unpaid carers play a crucial role in supporting wider health and social care systems. Investing efficiently in preventative carer support services will ensure the impact and cost of caring will be reduced and enable carers to continue in their caring role for longer.
- Integrated Commissioning will be progressing with a re-procurement exercise in 2023 to ensure continuation of support services is available to carers.
- Important that all of the health and social care system is working together to identify unpaid carers quickly and to provide carers with timely and accurate information around support available to them.

This page is intentionally left blank

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

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

Amanda Healy, Director of Public Health, Adult & Health Services, Durham County Council

Electoral division(s) affected:

Countywide

Purpose of the Report

1. The Health and Wellbeing Board approved a refresh of the County Durham Mental Health Strategic Partnership's (MHSP) role and remit in response to system-wide changes, including membership and Terms of Reference
2. The purpose of this report is to give an update on the five current workstreams and provide a new model for the strategic overview of the MHSP, reflecting on system-wide mental health and wellbeing approaches across the local population.

Executive summary

3. Good mental health and resilience is the foundation for wellbeing and the effective functioning of individuals and communities. It impacts on how individuals think, feel, communicate and understand, and is fundamental to physical health, relationships, education, work, and to achieving potential.
4. Within County Durham there is a strong history of good partnership working around mental health led by the Mental Health Strategic Partnership (MHSP), which provides the strategic co-ordination and leadership for our Mental Health Strategic Plans. It is also responsible for ensuring the system works effectively to initiate prevention and early intervention approaches and engage, consult and involve mental health service users and carers to support the work of the Health and Wellbeing Board.

5. In order to embrace the structural changes at ICS level and changes in mental health and emotional need of populations during the pandemic, an options paper for the future of the MHSP was taken to the Health and Wellbeing Board and agreement was reached to refresh the MHSP as part of a stakeholder event which was held in September 2022.
6. The refresh event provided an opportunity to look back on the work of the five MHSP workstreams and celebrate all that is being achieved to effectively responds to identified needs. This included:
 - Children and Young People’s Mental Health Partnership
 - Suicide Prevention Alliance
 - Crisis Care, now referred to as Urgent Care
 - Dementia – which requires review for governance
 - Resilient communities which could become integrated into County Durham Together.
7. In response to increases in mental ill health during the pandemic and as we now learn to live with Covid, other key areas of activity have been developed to promote mental health and wellbeing in the general population. This has included:
 - A county-wide communications campaign called ‘Now You’re Talking’ (NYT), encouraging people to talk about their mental health challenges with others.
 - Mental Health and Wellbeing Alliance which has been initiated to help co-ordinate a range of support services for people with low level mental health needs with a focus on promoting financial resilience, bereavement support, access to help reduce social isolation.
 - Community Mental Health Transformation which helps to deliver on the NHS Long Term Plan to enable adults with Serious Mental Illness (SMI’s) of all ages to access to evidence based treatment and support using a collaborative approach to build on strengths and support choice
8. Over the last two years, the Outcome, Goals, Innovation Measure plan (OGIM) has provided the structure to help developing a new shared vision for mental health and wellbeing across County Durham. As the Integrated Care Partnership (ICB) develops, the MHSP will link with wider ICB partnership arrangements and embrace new system-wide plans to ensure population health management approaches are integrated into work relating to all aspects of mental health delivery.

9. A consensus was also reached to refresh the membership of the MHSP Board to reflect the lifecourse (Starting Well, Living Well and Ageing Well, (Marmot 2012)) and to include the strategic leads for new initiatives including the Mental Health Alliance and the Mental Health Transformation work. It was acknowledged this action will help to streamline the complexity of the mental health systems, encourage collaborative approaches improve outcomes for prevention and help build resilience in local residents. New Terms of Reference for the MHSP will be developed to ensure all objectives for the partnership are met.
10. The stakeholders also supported the establishment of a formal Lived Experience Advisory Group to support, shape and co-produce Durham's mental health strategy moving forwards.

Recommendations

11. HWB members are recommended to:
 - (a) Note the contents of the report
 - (b) Consider the progress of the current five MHSP workstreams
 - (c) Endorse the restructure of the MHSP to reflect the lifecourse (Starting Well, Living Well and Ageing Well) with a refreshed membership to ensure new organisational delivery structures and programmes of work are appropriately reflected
 - (d) Support the establishment of a formal Lived Experience Advisory Group to support, share and co-produce County Durham's mental health strategy moving forwards

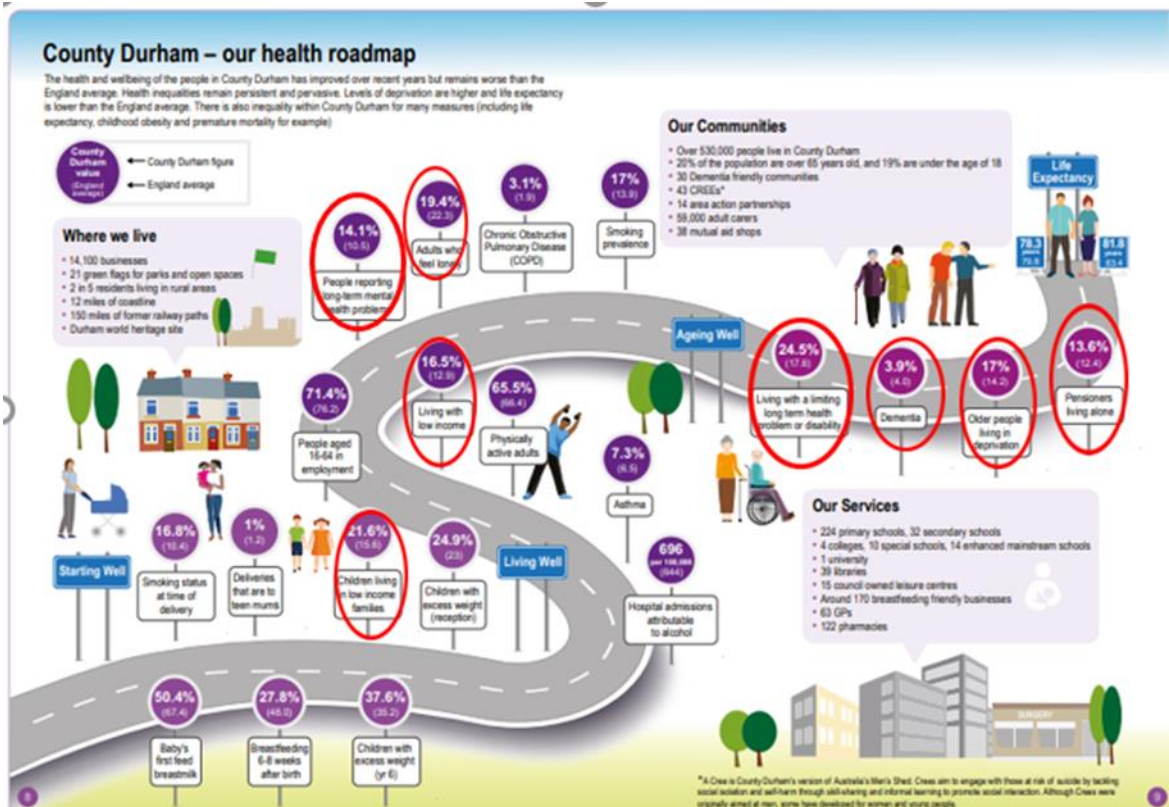
Background

12. Poor mental health affects a high proportion of the population, of all ages and from all stages of life. Its impacts are felt across society on family life, friends and relationships, education, finding work, working, caring for others, leisure pursuits and retirement. Good mental health and resilience is the foundation for wellbeing and the effective functioning of individuals and communities. It impacts on how individuals think, feel, communicate and understand, and is fundamental to physical health, relationships, education, work, and to achieving potential. It enables us to manage our lives successfully and live to our full potential
13. Within County Durham there is a strong history of good partnership working around mental health, however there is still more work to do as is shown from the data (the red dots indicate areas of concern)

Table 1. Mental Health Indicators (OHID Fingertips 2021)

Indicator	Period	Recent Trend	Co Durham		Region England			England	
			Count	Value	Value	Value	Worst/Lowest	Range	Best/Highest
Common Mental Disorders									
Estimated prevalence of common mental disorders: % of population aged 16 & over	2017	-	79,279	18.3%*	18.2%*	16.9%*	24.4%		11.6%
Estimated prevalence of common mental disorders: % of population aged 65 & over	2017	-	12,428	11.6%*	11.3%*	10.2%*	14.6%		7.3%
Depression: Recorded prevalence (aged 18+)	2020/21	↑	64,494	14.2%	13.7%*	12.3%	6.2%		19.8%
Depression: QOF incidence (18+) - new diagnosis	2020/21	→	7,224	1.6%	1.5%*	1.4%	0.3%		2.5%
Depression and anxiety prevalence (GP Patient Survey): % of respondents aged 18+ ⚠️	2016/17	-	1,243	16.6%*	-	13.7%	21.5%		8.8%
90535 - Depression and anxiety among social care users: % of social care users ⚠️	2018/19	-	-	49.5%	-	50.5%	63.6%		41.9%
Severe Mental Illness									
New cases of psychosis: estimated incidence rate per 100,000 population aged 16-64 ⚠️	2011	-	59	17.9*	19.6*	24.2*	71.9		15.6
Mental Health: QOF prevalence (all ages)	2020/21	→	5,482	0.98%	0.96%*	0.95%	0.58%		1.55%
Long-term mental health problems (GP Patient Survey): % of respondents	2017/18	-	-	-	-	-	-		-
Mental Health									
ESA claimants for mental and behavioural disorders: rate per 1,000 working age population	2018	-	11,770	36.5*	36.4*	27.3*	64.0		10.7

14. The County Durham health road map (Durham Insight) also highlights that within the wider determinants impacting on health across the county, mental ill health can contribute to reduced life expectancy within our population with links to income, deprivation, social isolation, loneliness and living with long term conditions.



15. Whilst long standing health inequalities remain, Covid 19 has exacerbated mental health inequalities in some groups (Health Impact Assessment on Inequalities during Covid, PH 2020). Groups who have been more likely to experience poor or deteriorating mental health during this period include:

- Children and Young People
- Women
- Young adults (aged between 18 and 34, depending on the study)
- People living without a partner
- Adults with pre-existing mental or physical health conditions
- Adults experiencing loss of income or employment
- Adults in deprived neighbourhoods, some ethnic minority populations and those who experienced local lockdowns.
- Other contributing factors included feeling lonely, feeling a lack of control over their lives who then found uncertainty difficult, or those who were anxious about death were also more likely to experience worse or deteriorating mental health.

16. However, it must be noted that women and young people, people with lower levels of education and people living with children, following initial deterioration, also reported greater improvements and recoveries in mental health when Covid lockdowns were eased.

17. Reporting to the Health and Wellbeing Board, the remit of the MHSP is to provide strategic co-ordination and leadership for the mental health outcomes across County Durham and be accountable for the delivery of our Mental Health Strategic Plans. It is also responsible for supporting the system to effectively engage, consult and involve mental health service users and carers to support the work of the Health and Wellbeing Board.
18. The membership of the MH Strategic Partnership Board for Durham County is currently drawn from statutory and non-statutory partners with backgrounds in health, social care, criminal justice, Voice of Lived Experience, and carers, VCSE providers and housing.
19. The evidence base taken from the Prevention Concordat for Better Mental Health and other key policy documents, recommended the MHSP adopt five strategic workstreams to progress mental health need into deliverables. These workstreams were:
 - Children and Young People
 - Suicide Prevention
 - Crisis Care Concordat
 - Dementia
 - Resilient Communities Group
20. Whilst the Durham, Darlington, Tees, Mental Health and Learning Disabilities Partnership (DDTVMHLDP) footprint covers Darlington, strategic partners including TEWV, Police, Fire and community services have tended to be split into Tees and Durham/Darlington to better fit operational service configuration. Tees Valley has a strategic Mental Health Alliance (their equivalent of the Durham Partnership Board) which covers all aspects of mental health based around population health management principles and on which Darlington has a place, however Durham/Darlington does not have such a joint multiagency strategic group. This will need to be considered by the MHSP to look for opportunities to integrate approaches across County Durham and Darlington, where appropriate.
21. 'No health without mental health' (2013), the national mental health strategy highlighted significant economic savings can be made from public mental health interventions and their contribution to efficiency savings in NHS and social care quality and productivity.
22. Whilst the MHSP has met infrequently during the COVID-19 response due to ongoing demands, the five workstreams continue to deliver on agreed operational plans and in response to an increase in demand for mental health support across the county. Many of the themes from the Strategic Plan, plus the indicators and outcomes highlighted will

remain as priorities as new plans for the MHSP workstreams are developed.

Mental Health and Wellbeing Strategic Plan 2018-21

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



23. The NHS Long Term Plan (2019) commits the Integrated Care System (ICS) to deliver improved services for mental health, bringing together local organisations from North Cumbria and the North East to redesign care and improve population health by creating shared leadership and joint action.
24. The workstreams dedicated to promoting transformation within the NENC ICS Mental Health programme are:
 - Best Start in Life – Children and Young People
 - Integrated Models of Care – including Community Transformation
 - Physical Health
 - Crisis Pathways
 - “Zero Suicide” (inpatient specific)
25. Additional, cross cutting workstreams including workforce, evidence and evaluation, data and digital and health inequalities.
26. In order to embrace the structural changes at ICS level and changes in mental health and emotional need of our populations during the pandemic, an options paper for the future of the MHSP was taken to

the Health and Wellbeing Board for consideration. The four options presented included:

- Option A – to stand down the MHSP
- Option B – to retain it within its current format
- Option C – to refresh the Partnership’s role and remit in response to system-wide changes, including membership and Terms of Reference.
- Option D – to reaffiliate or merge the five workstreams into other structural arrangements based within the ICS, or local initiatives.

27. Option C was agreed and as part of the agreed refresh of the MHSP a workshop was held with a range of key stakeholders in September 2022 to look-back on the work of the current five workstreams and agree a future model of working for the MHSP, with links to the ICS mental health programmes. During the MHSP Refresh Workshop held on 9 September 2022, the activity of the five current workstreams of the MHSP were reviewed to enable participants to consider deliverables and outcomes, helping inform future thinking on the configuration of the new partnership arrangement. Current activity of the five workstreams presented at the workshop highlighted the significant work that has been achieved over time.

Update on the Progress of the MHSP Workstreams

Children and Young Peoples Mental Health

28. County Durham Children and Young People’s Mental Health (CYPM MH) Partnership has a vision to support Children and Young People across County Durham to achieve their optimum mental health and emotional wellbeing.
29. The partnership has done this by working together to develop whole communities (including all sectors, settings and communities) to be skilled, competent and confident to talk about mental health, understand mental health and emotional wellbeing issues and the support options available.
30. It has provided a coordinated and comprehensive mental health and emotional wellbeing offer to support children, young people and families that is easy to access, and based on the THRIVE model. The partnership has championed the promotion of universal and targeted resilience, prevention and early intervention programmes across County Durham, starting from early years, through childhood and the transition into adulthood.
31. Achievements overseen by the partnership have included:

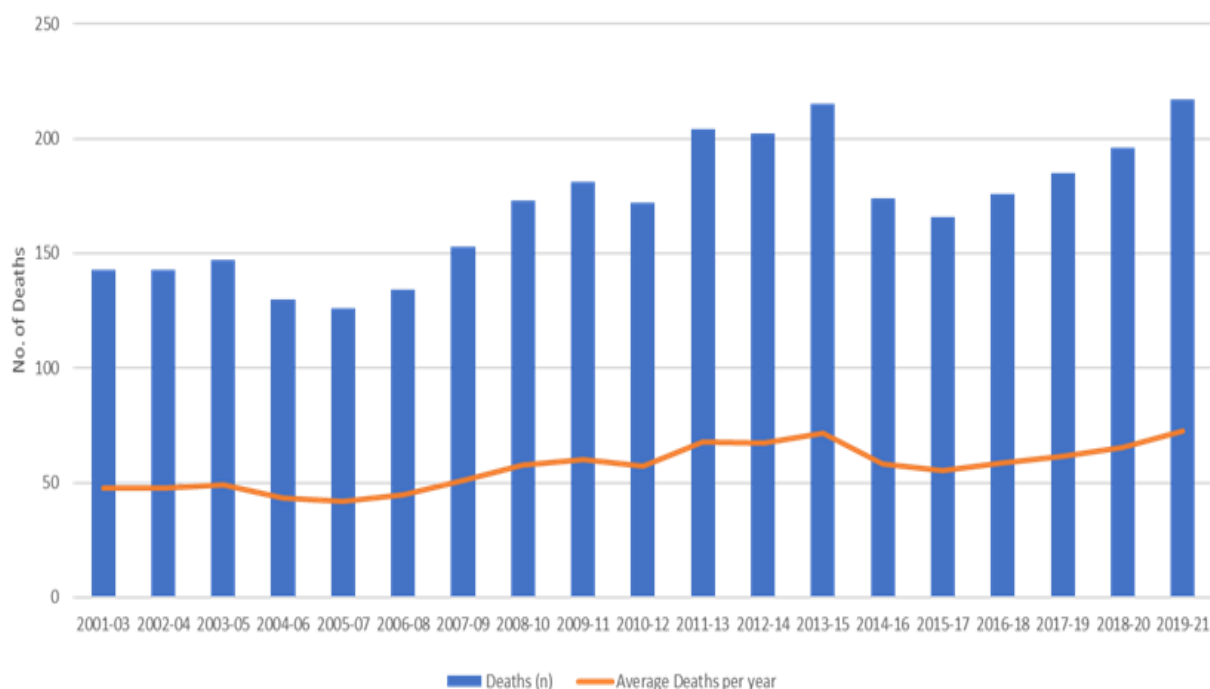
- Access a YMHFA (Youth Mental Health First Aid) course for people working with young people aged 8 to 18 years;
 - 700 staff trained across children’s social care, VCS and schools;
 - Train the trainer model developed to sustain the offer;
 - Community based emotional wellbeing programmes delivered – targeted via One Point Team;
 - Resilience Nurse Service implemented providing a universal offer via schools;
 - Piece of Mind covering 30% of schools with plans for a further team in 23/24 covering 40% of schools;
 - CAMHS single point of access.
32. The work of the CYP MH Partnership Group has many mental health system-wide interdependencies with children social care services, early help and prevention services, suicide prevention, crisis care, education, VCSE and work within local communities. The partnership arrangement remains an integral part of drawing stakeholders together to address the ongoing mental health needs of CYP.

Suicide Prevention

33. The County Durham Suicide Alliance delivers a multi-agency approach to implement the actions recommended by the national Suicide Prevention Strategy (DH, 2012), subsequent annual reports updated in 2017 (DH, 2017) and the Local Suicide Prevention Planning 2020.
34. It is important to note national evidence suggests two thirds of all people who die by suicide are not in contact with mental health services 12-months prior to their death, therefore key areas for action relating to suicide prevention include a wider population level approach designed to reduce the escalation of mental health and social care crisis. These approaches include:
- Reducing the risk of suicide in key high-risk groups;
 - Tailoring approaches to improve mental health in specific groups;
 - Reducing access to the means of suicide;
 - Improving responses and provide better information and support to those bereaved or affected by suicide;
 - Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour;
 - Supporting research, data collection and monitoring.
 - Addressing the impact of COVID-19 on the wider determinants of mental health
 - Reducing self-harm.

- 35. Action initiated by the Suicide Prevention Alliance has included the development of a Real Time Data Surveillance (RTDS) system, community prevention initiatives including those at high-profile locations, development of postvention referrals for families and communities at risk and a small grants scheme promoting anti stigma and discrimination initiatives.
- 36. The latest publication of Office of National Statistics indicate on average there were 48 annual deaths by suicide in 2001-03 in County Durham, compared to an average of 72 annual deaths by suicide in 2019-21, this is the highest average number of deaths since 2001-03.

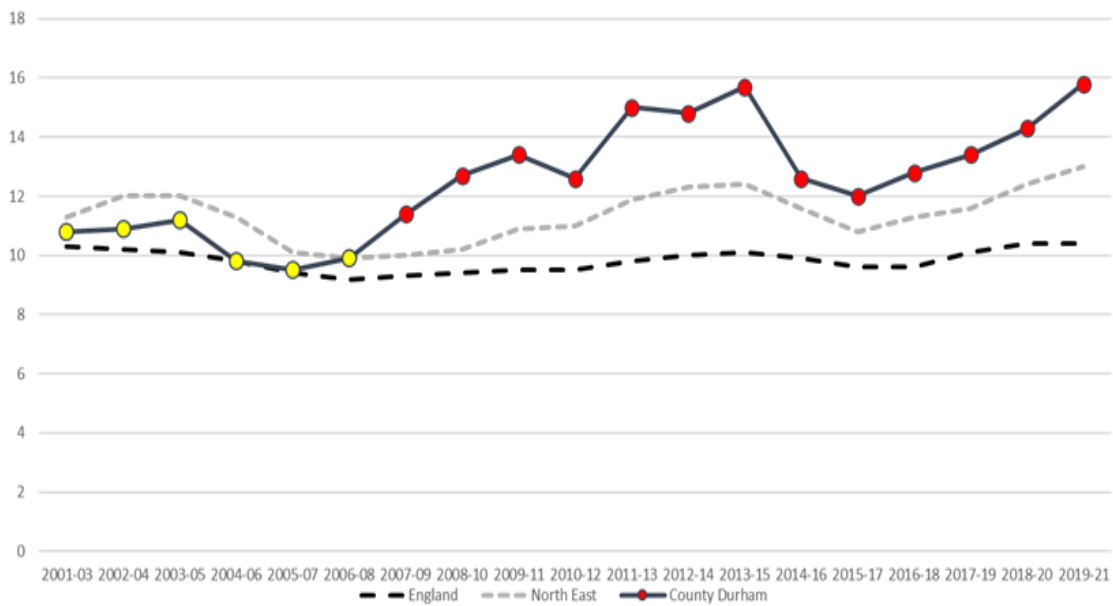
Table 2: No of deaths by suicide per 3 year pooled period in County Durham per year



Source data: Suicides in England and Wales by local authority, ONS (06/09/2022)

- 37. When calculated to a standardised rate, County Durham has seen a rate increase of 1.5 (10.5%) between 2018-20 and 2019-21 and continues to be statistically significantly worse than the England rate.

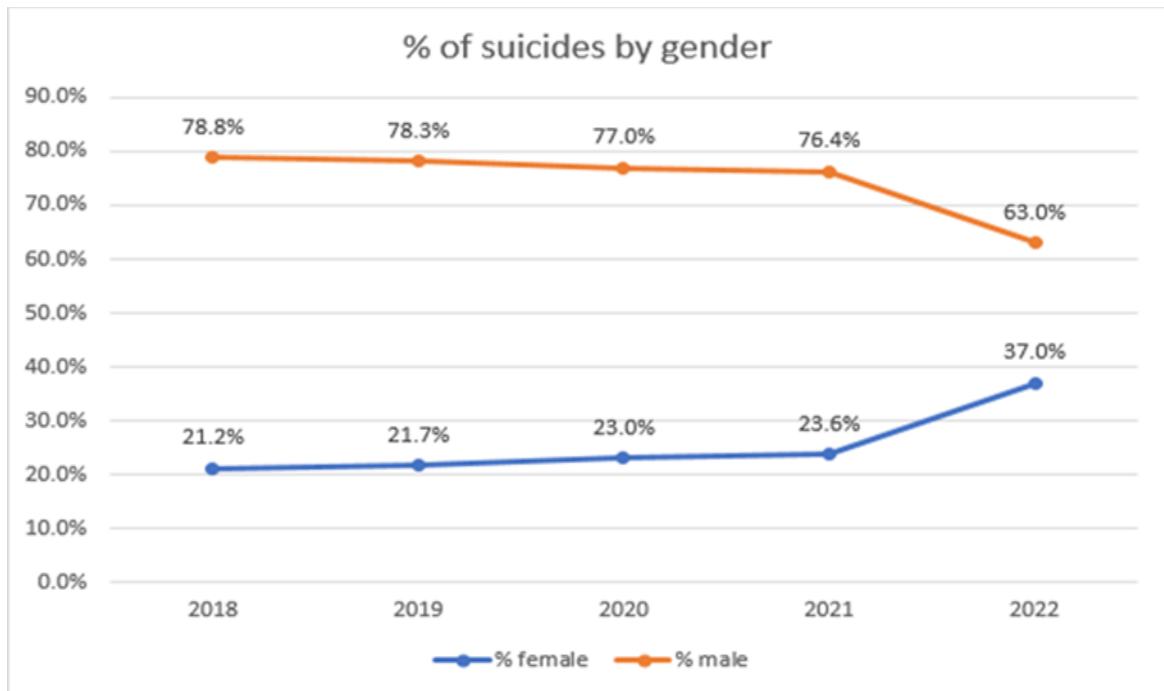
Table 3: Suicide rates in County Durham



Source data: Suicides in England and Wales by local authority, ONS (September 2022)

- 38. The local RTDS data shows a shift in pattern between the male/female split of suicides in 2022 compared to previous years (Note: this is based on early alerts not registrations and only runs Year to Date 2022).

Table 4: RTDS Male/female split (2022)



39. The latest data indicates there is an ongoing requirement for the whole mental health system to continue to work together to work up-stream to contribute the reduction of deaths from suicide, with a focus on prevention and early intervention. This can be achieved by focusing on mental health and wellbeing at a population level to help address inequalities in our local communities. The maintenance of support to improve financial resilience and reduce poverty, promote positive relationships, reduce substance misuse and homelessness, and increase opportunities for bereavement support are all key to preventing the escalation of people’s low level mental ill health.

Crisis Care Concordat

40. The Mental Health Crisis Care Concordat in County Durham and Darlington was part of a national agreement between services and agencies involved in the care and support of people in mental health crisis across the life course. The Crisis Care Concordat Local Action Plan mirrored the objectives of the national concordat and focused on implementation of the policy arrangements for patients detained under section 136 of the Mental Health Act. The work programme concluded in 2021 with all strategic objectives to better integrate services completed.
41. Operational crisis management continues to be addressed through the bi-monthly Multiagency Urgent Care Group meetings for Durham and Darlington. Significant investment over the past 5-6 years has been

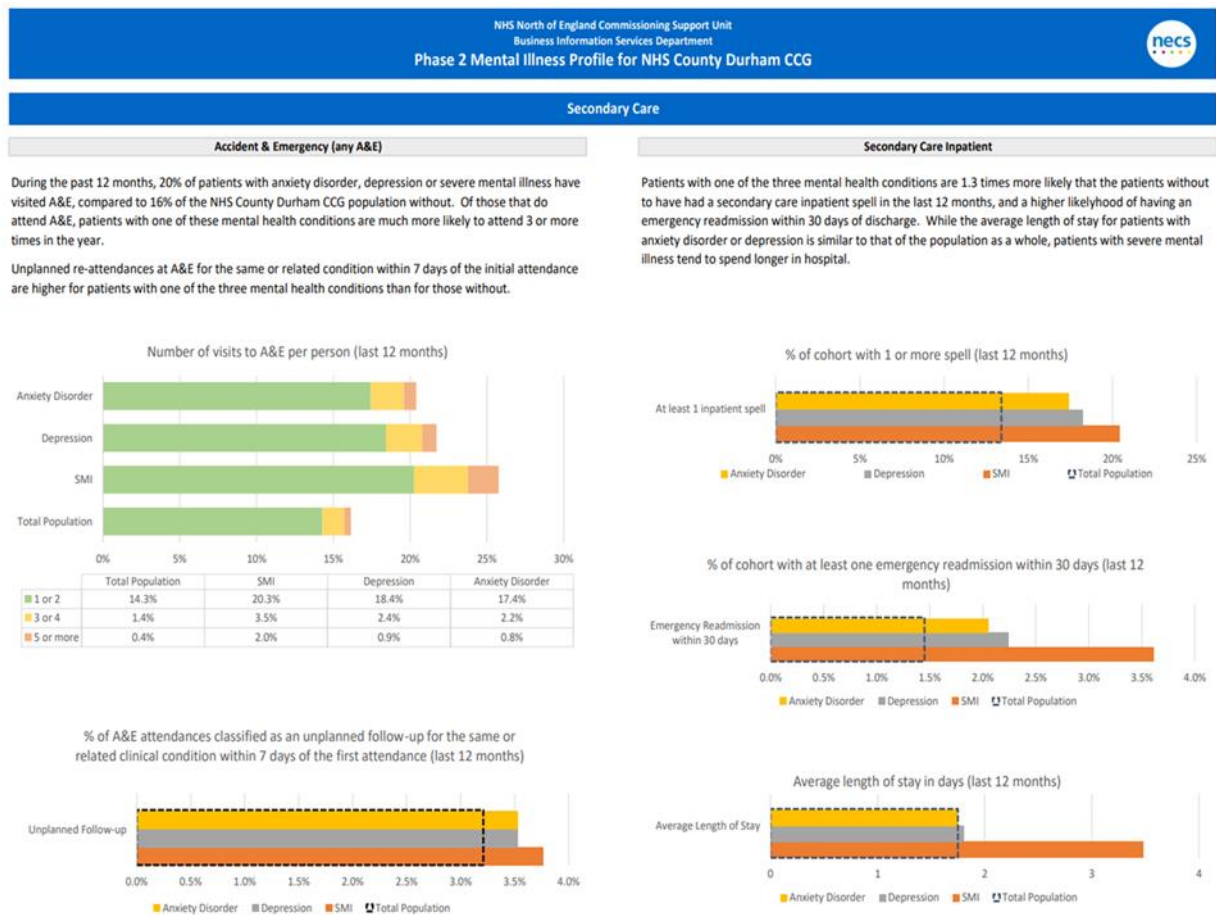
made with almost £1m invested (over half recurrently) in 2019/20 and 2020/21 alone.

42. Targeted work has included:

- Single, freephone crisis line introduced, including signposting to low level support (was MH Support Team, now 'Listening Service' across Durham and Tees Valley);
- Further improvements to places of safety for Section 136 patients and improved response times;
- "Safe havens" schemes developed in collaboration with VCSE;
- Support for people with dual diagnosis in crisis with protocols for more joined up support in place;
- A variety of mental health training including Making Every Contact Count, Mental Health First Aid and Connect 5 rolled out across system-wide partners ;
- Multi agency information sharing protocol developed and data sharing agreements between health and police have been developed;
- Street Triage has been implemented;
- Significant work with NEAS to support warm transfers from 111 and to support paramedic/999 crews. Tested NEAS/MH car through COVID – reduced A&E attendance by 80%;
- Increased input to MASH from specialist mental health services to help triage notifications of concern;
- Investment in CYP Crisis Team and, more recently, a Crisis Team.

43. More recently through Population Health Management work commissioned from NECS to support broader transformation schemes, we have also been able to highlight how people with serious mental illness, depression or anxiety are using urgent care services within CDDFT. The diagram below shows greater use of CDDFT emergency services, greater likelihood of reattendance within 7 days and greater likelihood of admission – which is likely to be longer than the population without a mental health condition and more likely to result in a readmission.

Table 4. Mental Illness Profiles for County Durham CCG (NECS)



44. Working with the Local A&E Delivery Board, work has begun to try to understand the drivers and reasons for this difference, and to test possible solutions. Although this work is in its early stages, the opportunities to take this forward through the effective partnerships at the LADB is significant and will be progressed through 2022/23.

Dementia

45. County Durham has an ageing population with over 105,000 people aged 65+ and over 12,000 aged 85 and over. The number of people aged 65 and over has increased by nearly 30% over recent decades, and now represents one fifth of the county's resident population This increase is predicted to continue.
46. Dementia prevalence for those aged 65+ in County Durham (3.9%) is not statistically significantly different to England and has actually been reducing (very slowly) most recently. Over 5,000 County Durham residents have a dementia diagnosis. However, it is estimated that the actual number of people over the age of 65 with dementia is closer to 7,300, this is predicted to increase 52% to over 11,000 by 2040 (POPPI database).

47. In a Mental Health and Ageing Well workshop, dementia was highlighted as being an area of delivery which does not always sit comfortably within a mental health arena, due to its organic nature.
48. The Dementia OGIM is linked to the County Durham Commissioning & Delivery Plan 2020-2025 and reports are taken to the Primary, Community, and Social Care Partnership Board. Work to progress this agenda under new plans to refresh the OGIMs continues and includes:
- Development of a Dementia Advisor Service across Co. Durham in 2016 (this service has recently secured permanent funding);
 - Development of referral pathways to the Dementia Advisor Service across health, social care and voluntary organisations;
 - Development of a Dementia Leaflet for service users and carers;
 - Support in the development of Dementia Friendly Communities;
 - Over 30,000 Dementia Friends across Co. Durham;
 - Digital technology - pilots in care homes and day centres
 - Support for carers in accessing carer breaks.
49. As part of the options proposed for the future of the MHSP, consideration needs to be made about where the governance of dementia is best aligned to ensure partners with a vested interest in ensuring sufferers and their families are given full support within both the health and social care system. From a commissioning perspective, dementia falls out with the Mental Health Investment Standard scope. Therefore, effective and robust planning at place will be essential to ensure that there is a strategic approach across the pathway, from operational provision to commissioning. It will therefore be critically important to ensure there is a clear partnership approach within the HWBB and Care Partnership governance structures to make sure the needs of people with dementia and their families are comprehensively addressed.
50. A recent Health Needs Assessment for Ageing Well has also identified the need to consider a review process for the governance of Dementia to ensure needs are being met and the management of the condition from both a health and social care perspective is being met. The mechanism for this work could be considered as part of a proposed Ageing Well Strategy Group in liaison with the Dementia Strategy Group and wider partners.

Resilient Communities

51. The role of the MHSP Resilient Communities Group (RCG) is to work together to develop and improve mental wellbeing and resilience in local communities. The Resilient Communities Group has a fully inclusive membership by being open to organisations who deliver services and those who represent specific communities or groups such as service users or carers.
52. The RCG continues to focus on the promotion of mental wellbeing in adults but with reference to those from vulnerable groups and remains a driver for developing prevention messages within local communities. The group also work with other partners to help addressing the wider determinants of mental health such as housing, employment, and poverty; and a focus on reducing social exclusion by addressing stigma and discrimination.
53. In addition to task groups the RCG has:
 - Overseen the development of County Durham COVID-19 Resilience Team, bringing RCG partners together to deliver specific ongoing support for mental health;
 - Submitted a County-wide application to the Lottery Healthy Communities Together fund. Now 'Health Equality Development Grant' considering feasibility of a Poverty and Health Alliance;
 - Received updates: Wellbeing Model, MH Contracting for Outcomes, COVID-19, Primrose Lodge Rehab Unit consultation, Self Sustaining Communities for Adult Social Care, County Durham Inclusive Economic Strategy, Community Mental Health Transformation;
 - Promoted the Public Health Recognition Awards, World MH Day, Time to Talk, Durham City of Culture;
 - Developed a Newsletter/update shared with the wider membership.
54. The RCG is currently being refreshed and key objectives for the RCG 2022/23 onwards include:
 - Review of Mental Health training provided by County Durham organisations;
 - Launch of 'Mental Health at Work' commitment (replacing Time to Change Employer Pledge);
 - Develop Mental Health First Aid Network (cross-sector membership);
 - Carers, their responsibilities and workforce mental health and wellbeing;

- Men and workforce mental health and wellbeing.

55. In maintaining the work of the Resilient Communities group, the cross-over of the County Durham Together work also needs to be explored to ensure all workstreams operate as a system, avoiding duplication and maximising effectiveness and outcomes. This will be considered through the work of the County Durham Together Partnership Board and the chair of the Resilient Communities Group.

Key Activity in Other Areas of the Mental Health System

Now You're Talking Campaign

56. A County Durham wide campaign to support mental health in the population has been developed as a population health management tool to encourage people to talk about mental wellness. The Now You're Talking (NYT) campaign features some locally used phrases to promote self-help for those suffering from low-level anxiety.
57. The campaign was initially meant to target Mental Health at Scale identified needs, most pressingly the mental health of the workforce, and of males. The campaign budget was subsequently extended through COVID related 'Community Outbreak Measures Funding.
58. The NYT campaign collateral consisted of a local TV advertisement, two local radio ads, bus signage (bus back and interiors) and adshels (bus stop posters). The campaign went live in April 2022 and ran predominantly between April to July 2022. Some collateral (eg bus adshels) are still live across the County as of September 2022. The campaign has been evaluated and next steps are being explored by a steering group.



Mental Health Alliance

59. Durham County Council have progressed its innovative approach to providing a range of support services for mental health wellbeing for people across Durham County, including prevention, early identification and recovery support.
60. The aim of the Alliance model is to co-produce and co-ordinate a range of support services for people with mental health needs. This is being undertaken by improving access to information and support, removing the barriers between services and departments and improving and strengthening partnership working to further integrate care and health services.
61. The new Alliance went live on 1st April 2022 and is managed by a consortia of primary support services, with affiliated sub-contract arrangements to help implement pathways for people to address the wider determinants influencing mental health. This model helps people to be triaged into wider services to address needs rather than automatically entering into the statutory health and social care systems, promoting preventative interventions at an earlier stage.

Mental Health Alliance	
Consortia of providers	Sub-Contractors
<ul style="list-style-type: none"> • Home group • Mental Health Matters • Creative Support • St Margaret's Centre • Richmond Fellowship • If U Care Share • Waddington Street Centre 	<ul style="list-style-type: none"> • Aspire • Stanley PACT • Cruse Bereavement Care • Relate • Welfare Rights • Hub of Wishes • Durham County Council

62. The Mental Health Alliance is not yet represented on the MHSP. This will be addressed within the refreshed membership and Terms of Reference.

Community Mental Health Transformation

63. Supported with transformation funding through NHS England and Improvement (NHSE/I), the NHS Long Term Plan includes a high-level ambition to deliver a Community Mental Health Transformation to enable adults with SMI of all ages to access to evidence based treatment and support using a collaborative approach, building on strengths and supporting choice

64. Within County Durham, a multi-agency Steering Group has been established to move work forward and provide a level of system oversight with new models will be rolled out across the County over the next 12-18 months
65. Although formal ICS reporting routes for this work are through the Durham Tees Valley Mental Health, Learning Disabilities and Autism Partnership, there needs to be a clear connection at place. In the hiatus of the MH Strategic Partnership meeting, this direct connection has been lacking and therefore the re-establishment of the MHSP gives an opportunity to redress this balance linked to wider changes in the ICB.

Mental Health Strategic Partnership Refresh

66. As part of the MHSP Refresh Workshop (September 22), partners considered the future of the MHSP arrangement its current format and effectiveness of promoting a system-wide approach to addressing mental health and wellbeing across County Durham.

Attendance at the workshop event included partners from:

- | | |
|---|---|
| <ul style="list-style-type: none"> • VCSE • Tees Esk and Wear Valley NHS Trust – Adults planned care and Adults Urgent Care • Primary Care Commissioning • DCC Commissioning • MH Alliance | <ul style="list-style-type: none"> • Social Care • Public Health • Area Action Partnerships • CDDFT – Wellbeing for Life • Police • Housing |
|---|---|

67. The previous Mental Health Strategic Partnership (MHSP) Board's Mental Health Strategy and Concordat covered the period 2018-21.
68. Over the last two years, the Outcome, Goals, Innovation Measure plan (OGIM's) has provided the structure to help developing a new shared vision for mental health and wellbeing across County Durham. The OGIM provided a structure from which to:
- Create a system of support across the County which maximises opportunities for early intervention and prevention;
 - Develop population and place-based approaches to provision which enable support to be tailored to community needs, and available as close to home as possible;

- Ensure those with the most complex needs, and those who are most vulnerable, get the right support at the right time;
 - Deliver effective interventions to understand and address the wider determinants of mental ill health across the lifecourse;
 - Have a skilled workforce across the County who are able to Make Every Contact Count and feel confident in talking to people about, and supporting them to get help for, their mental health problems.
69. Partners at the MHSP Workshop were supportive of maintaining the principles of the OGIM to help provide any new governance framework to support delivery of mental health approaches across the county. As the Integrated Care Partnership (ICB) develops, the MHSP will link with wider ICB partnership arrangements and embrace links with new system-wide plans to ensure population health management approaches are integrated into work relating to all aspects of mental health delivery.
70. There was a consensus reached for MHSP Board structure to represent the lifecourse; Starting Well, Living Well and Ageing Well (Marmot, 2012). This, the group felt, would help to maintain parity across all age groups for priority action.
71. A newly developed operational plan for the MHSP will embrace priority workstreams for population health management and each one of the highlighted areas and be formally monitored over time using SMART objectives.
72. The new Starting Well, Living Well and Ageing Well arrangement would provide strategic governance for approaches representing prevention initiatives, early intervention within a wider community network, and specialist service delivery. The coordination of system-wide communications, partnership working, the integration of the voice of lived experience and workforce development could also be integrated into the Board's oversight.

Newly Proposed Structure of the MHSP Working Across the Lifecourse

73. The stakeholders recognised the importance of the Voice of Lived Experience feeding into the working of the MHSP. This was given some consideration resulting in the proposal to develop a separate Lived Experienced Group to provide a coproduced oversight on the work of the MHSP and an opportunity to engage in a wider conversation with people experiencing low-level mental health issues as well as those engaged with mental health services. The Mental Health Alliance and Lived Experience Leads within TEWV will be

asked to help explore the membership of this group and governance arrangements as the work of the Board progresses.

74. There was a recognition that there was a need to explore current arrangements for the Dementia workstream, as part of the Ageing Well agenda development, and further discussion required to understand the interface between the Resilient Communities Group and County Durham Together. This will be progressed by partners in Quarter 3, October-December 2022.

Conclusion

75. Good mental health is fundamental to improving positive physical, social and economic outcomes for individuals and society. Factors influencing mental health and emotional wellbeing are directly linked to the wider determinants of health which have been significantly impacted by the COVID-19 pandemic and concerns over the cost of living.
76. The MHSP met minimally during Covid due to capacity and demand issues during the pandemic. However, the five MHSP sub-groups for Children and Young People, Suicide Prevention Alliance, Crisis Care, Dementia and the Resilient Communities Group continued to progress their plans and deliver on agreed outcomes.
77. Funding from central government has meant many new programmes of support have been developed at speed to respond to the increase in mental health issues within local communities, many of these taken forward by members of the previous MHSP sub-groups.
78. New programmes of work also been started more strategically, such as the Mental Health Transformation and development of a Mental Health Alliance, which will need to be included within the future MHSP approach.
79. The Health and Wellbeing Board approved a refresh of the MHSP take place to consider the structure of the current arrangement. A workshop was held on 9th September 2022 with opportunity to look-back of the five workstreams
80. A consensus was also reached to refresh the membership of the Board to reflect the lifecourse and to include strategic leads for new initiatives such as the Mental Health Alliance and the Mental Health Transformation work. This action will help to streamline the complexity of the systems pathways, encourage networking and maximise outcomes relating to mental health and wellbeing for local residents.

Authors

Jane Sunter

Tel: 03000 266897

Jo Murray

jo.murray1@nhs.net

Appendix 1: Implications

Legal Implications

None. Governance arrangement for the MHSP are managed through the Health and Wellbeing board. The re configuration of the MHSP will be undertaken within current legal obligations and funding allocations.

Finance

Funding to address the mental health and wellbeing needs of County Durham has been allocated via the ICS. Government allocated £5 million during COVID-19 to help increase capacity and maximise impact of mental health on local communities.

Consultation

The consultation and engagement with local individuals, families and communities is a core principle for supporting any new system-wide developments, recommended by the County Durham Approach to Wellbeing. The use of co-production is a fundamental to developing any new pathways, or services for mental health support and has been used to develop the NYT campaign and development of the mental health Alliance and the Mental Health Transformation.

Equality and Diversity / Public Sector Equality Duty

The County Durham Health Impact Assessment on Inequalities during COVID-19 highlights the requirement for inclusion to be factored into all aspects of addressing the pandemic in relation to mental health and wellbeing.

Climate Change

No direct impact.

Human Rights

Any person who has a mental health problem has the right to be treated with equity, dignity, fairness and respect by staff and service providers as stipulated within the Human Rights Act (1998).

Crime and Disorder

Crime and disorder levels have now resumed to pre-COVID levels. There is potential for these levels to rise when the full financial impact of the cost of living crisis is realised and may have implications for more people with mental ill health and low income, or compromise circumstances turning to crime.

Staffing

Staffing levels in primary care, mental health services and VCSE are reported to have been reduced in the aftermath of COVID-19 due to sickness levels and people exiting the workforce. Recruitment also remains an issue across the system, however creating plans are being implemented to attract more people into the workforce.

Accommodation

N/a

Risk

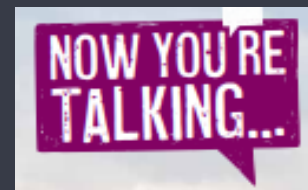
The negative impacts on mental health and wellbeing are expected to rise during the prolonged COVID-19 response, during periods of Covid restrictions and the impact of the cost of living crisis.

Procurement

N/a

Delivering the Community Mental Health Transformation in County Durham

Jo Murray, Associate
Director MH/LD
Partnerships and Strategy,
Co Durham



Better for everyone



The Community Mental Health Framework

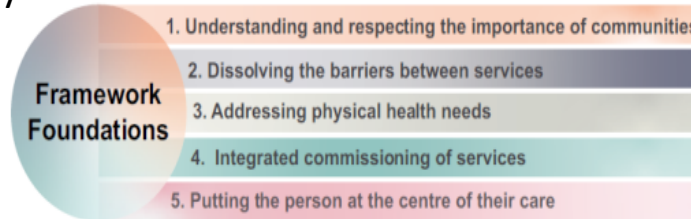
Page 190

New approach to place-based, integrated care that dissolves existing barriers and addresses inequalities in access

- ✓ All adults and older people with SMI
- ✓ Covers core model and 3 dedicated focus areas – AED, PD and Community Rehab – with additional focus on physical health
- ✓ No wrong door” philosophy
- ✓ Supported with Transformation money

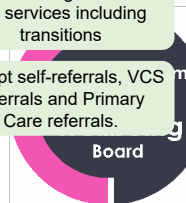


County Durham Allocation	
Year 1 (21/22)	£1.2m
Year 2 (22/23)	£1.8m
Year 3 (23/34)	£715k
Total over 3 years	£3.7m



Better for everyone

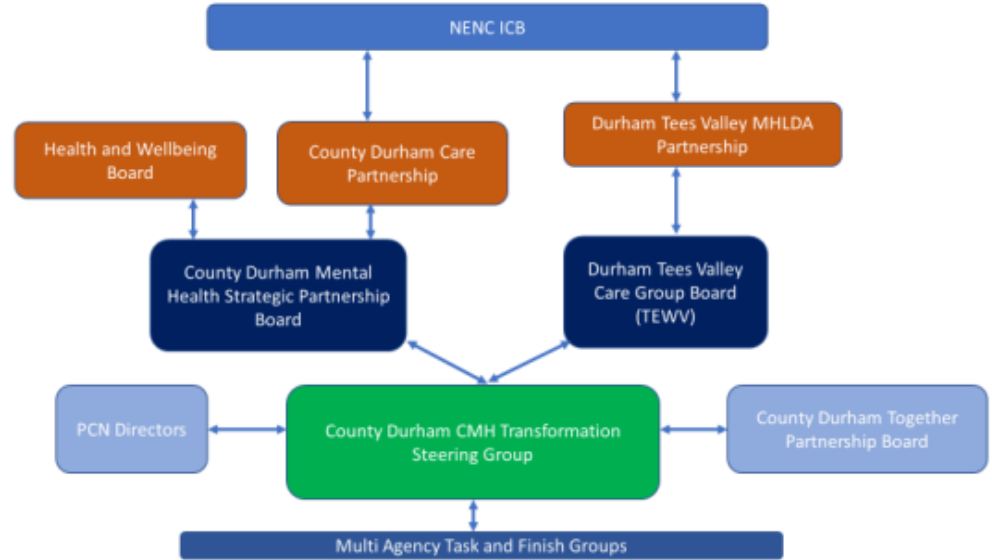
Model development	Care provision	Workforce	Data & outcomes	CEN / 'personality disorder'	Community rehab	Eating disorders
Joint governance with ICB oversight ¹	"Must have" services ³ commissioned at PCN level tailored for SMI ⁷	Recruitment in line with indicative 21/22 MH workforce profile	Record access data from new model (inc. primary, secondary and VCS orgs)	Dedicated function linked to core model: increased access to dedicated function and consultation, support, supervision and training to core model		
Model design coproduced with service users, carers & communities	"Additional" services ⁴ commissioned at PCN level tailored for SMI ⁷	Expand MHP ARRS roles in primary care	Interoperable standards for personalised and co-produced care planning	Embed experts by experience in service development and delivery		
Integration with primary care with access to the model at PCN level ²	Improved access to evidence-based psychological therapies	Staff accessing national training to deliver psychological therapies	Routine collection of PROMs using nationally recommended tools	Development of trauma-specific support, drawing on VCSE provision	Ensure a strong MDT approach ⁵	No barriers to access e.g. BMI or weight thresholds
Commissioning and partnership working with range of VCSE services	No wrong door approach means no rejected referrals recorded	Multi-disciplinary place-based model ⁵ in place	Waiting time measured for CMH services (core & dedicated focus areas)	Co-produced model of care in place support for a diverse group of users	Clear milestones are in place to reduce reliance on inpatient provision	Early intervention model (e.g. FREED) embedded
Integration with Local Authority services	Tailored offer for young adults and older adults	Staff retention and well-being initiatives	Interoperability for activity from primary, secondary and VCSE services		Co-produced care and support planning is undertaken	Clear arrangements in place with primary care for medical monitoring
~33% PCN coverage for transformed model	Principles for advancing equalities embedded in care provision	Dedicated resource to support full range of lived experience input	Impact on advancing equalities monitored in routine data collection		Supported housing strategy delivered in partnership with LAs	Support across spectrum of severity and type of ED diagnoses
Shift away from CPA towards personalised care	Support for co-occurring physical needs & substance use	Staff-caseload ratios to deliver high quality care				Joint working with CYP ED services including transitions
Alignment of model with IAP for CYP & perinatal	Trauma-informed & personalised care approaches	Place-based co-location approaches				Accept self-referrals, VCS referrals and Primary Care referrals.



Our Approach

- Agreeing the right approach for Durham:
 - County vs local 'place'
 - Aligning work, eg County Durham Together
- Place Based System Steering Group
 - Co-chaired by VCSE leader and TEWV
 - Strong multi-agency representation
 - Lived Experience representation
- System focus from the start:
 - Co-producing our system/ "place" model; data/needs driven
 - Accelerate developments in dedicated focus area
- Community engagement
 - Work with Healthwatch
 - Role of partners, espec VCSE
 - Use of existing partnerships
 - Focus through place based roll out
- Population health management – data and needs led

Page 192



County Durham Model


Page 19/24

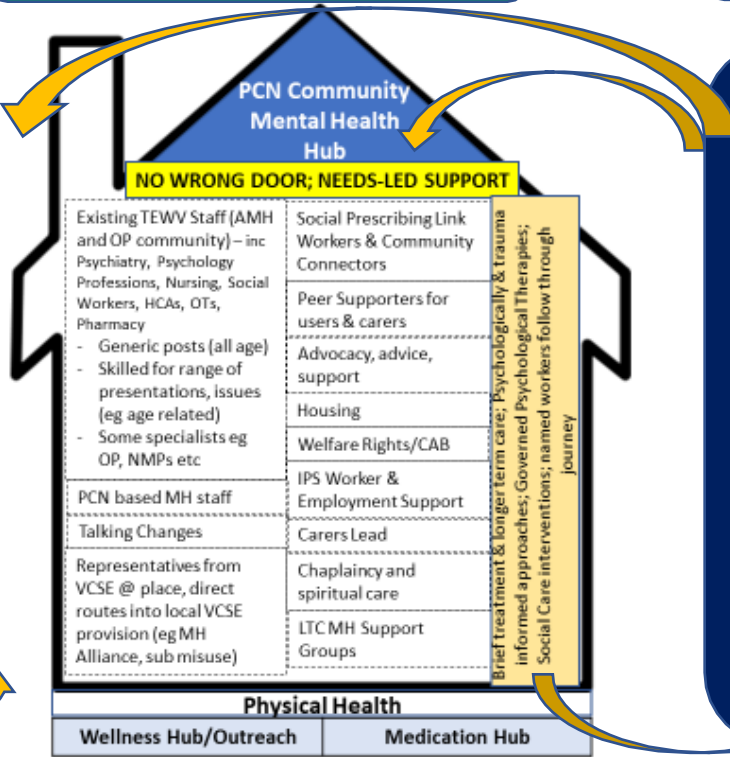
Getting Early Help

Getting Help

Including assessment, advice, triage, short term intervention, medication reviews

Getting More Help

- | | |
|-----------------------------|---|
| Local community support | Primary Care networks |
| County Durham Together Hubs | Online support/ self help |
| Libraries/ leisure centres | Social Prescribing |
| Parks/ recreation | Local Early Help Services (eg VCSE) |
| Education |  |
| Places of worship | |
| Work/Colleagues | |
| Social Media | |
| Family/Friends | |



Integrated Treatment and Intervention Services

Complex Trauma Offer

For episodes of care with focused interventions

Pathways to other specific services, eg EIP, ADHD/ASD, Eating Disorders, Dementia and Frailty, Perinatal, Rehabilitation and others

Pathways to crisis support and urgent care

SUPPORTED BY ROBUST CASE MANAGEMENT AND CARE NAVIGATORS



Implementation and Investment

County Durham Allocation	
Year 1 (21/22)	£1.2m
Year 2 (22/23)	£1.8m

Support for people with complex emotional needs (several schemes)
Community Rehabilitation (multi agency offer)
Adult Eating Disorders (FREED)
Pharmacist pilot
MH Housing/Accommodation Strategy
Project Support
Transitions – supporting young people
Population Health Management

Paid lived experience roles – strategic and operational
Development of a volunteer framework
Investment in community assets at place via VCSE
Psychological Therapies
Older people's support (joint TEWV/Age UK scheme)
Care navigator/referral co-ordinator capacity
Pump priming community resilience roles, carer support

Site 1 – Chester Street

Getting Early Help


- Local community support
- County Durham Together Hubs
- Libraries/ leisure centres
- Parks/ recreation
- Education
- Places of worship
- Work/Colleagues
- Social Media
- Family/Friends
- Primary Care networks
- Online support/ self help
- Social Prescribing
- Local Early Help Services (eg VCSE)



Getting Help

PCN Community Mental Health Hub

NO WRONG DOOR; NEEDS-LED SUPPORT



- 4 week max wait
- No referrals – transfer between members of the hub based on need

Brief treatment & longer term care; Psychologically & trauma informed approaches; Governed Psychological Therapies; Social Care interventions; named workers follow through journey

Review and step up/down as required inc:

- Regular touchpoints and reviews
- Staying well plans
- Reconnection/follow up process

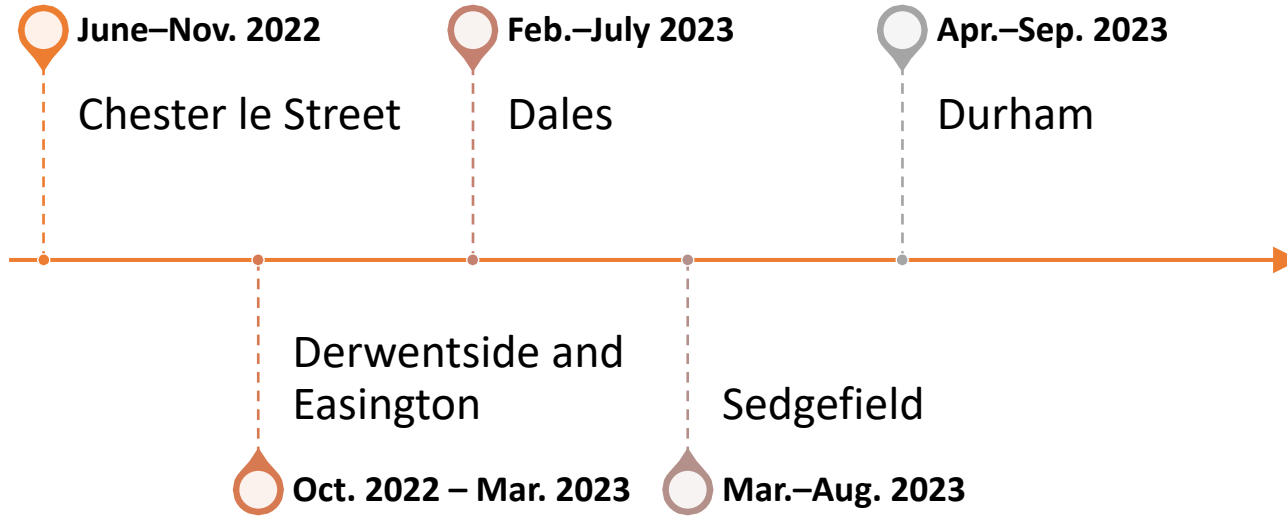
Getting More Help

Integrated (over 18) Treatment and Intervention Services



Better for everyone

Roll Out Plans



This page is intentionally left blank

Key Campaigns Winter 22 / Spring 23



Better for everyone



Coming Up – Late Winter / Spring Campaigns

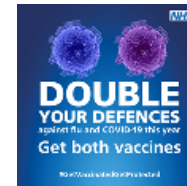
Page 200

• Late Winter:

- Flu vaccination
- Covid-19 booster

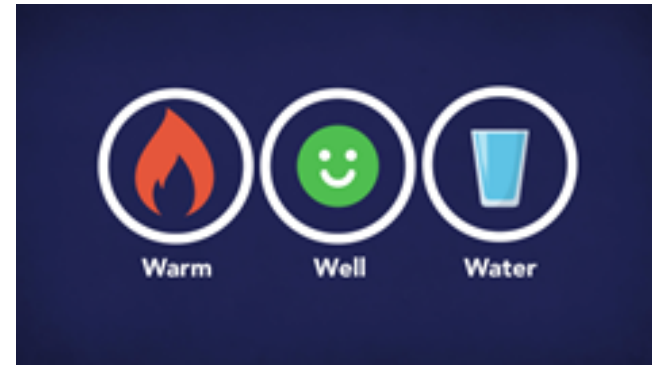
• Spring 2023:

- NHS Healthy Start voucher scheme
- Breastfeeding provision
- Domestic abuse/coercive control campaign
- Now You're Talking – targeted campaign
- Abdominal cancer campaign
- Time to Talk Day & Every Mind Matters
- Adult weight loss & physical activity campaign
- Better Health a Work campaigns



HWB Strategy – priority areas

- Covid-19 booster
- Flu vaccination
- Winter wellness



HWB Strategy – priority areas

Page 202

- Best Start in Life web pages in review.
- New local businesses signed up and added to the Breastfeeding Friendly Scheme list
- Healthy Start Card scheme poster and messages



HWB Strategy – Priority Areas

- Tobacco & alcohol campaigns
- Domestic abuse campaigns
- Physical activities strategy consultation
- Cancer awareness campaigns
- World Antimicrobial Awareness
- World Aids Day
- Now You're Talking

Page 203



This page is intentionally left blank

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

Document is Restricted

This page is intentionally left blank

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

Document is Restricted

This page is intentionally left blank