



Adults, Wellbeing and Health Overview and Scrutiny Committee

Date Thursday 11 May 2023
Time 1.30 pm
Venue Committee Room 1A/1B, County Hall, Durham

Business

Part A

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

1. Apologies
2. Substitute Members
3. Minutes of the meeting held on 20 March 2023 (Pages 3 - 10)
4. Declarations of Interest, if any
5. Any Items from Co-opted Members or Interested Parties
6. Draft ICB County Durham Plan 2023/24 - Report of Sarah Burns, Joint Head of Integrated Strategic Commissioning, North East and North Cumbria ICB and Durham County Council (Pages 11 - 48)
7. NHS Foundation Trust Quality Accounts 2022/23 - Report of Paul Darby, Corporate Director of Resources and presentations by representatives of: (Pages 49 - 126)
 - (i) North East Ambulance Services NHS Foundation Trust
 - (ii) County Durham and Darlington NHS Foundation Trust, and
 - (iii) Tees Esk and Wear Valleys NHS Foundation Trust

8. Adult Learning Disabilities across Durham Tees Valley Update - Presentation by Sheila Halpin, General Manager (Interim), Adult Learning Disabilities, Tees Esk and Wear Valleys NHS Foundation Trust (Pages 127 - 132)
9. Quarter 3 2022/23 Performance Management Report - Report of John Hewitt, Chief Executive Officer (Pages 133 - 150)
10. 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
2 May 2023

To: **The Members of the Adults, Wellbeing and Health Overview and Scrutiny Committee**

Councillor P Jopling (Chair)
Councillor J Howey (Vice-Chair)

Councillors V Andrews, C Bell, R Charlton-Lainé, I Cochrane, R Crute, K Earley, O Gunn, D Haney, J Higgins, L A Holmes, L Hovvels, C Kay, C Lines, C Martin, S Quinn, K Robson, A Savory, M Simmons and T Stubbs

Co-opted Members: Mrs R Gott and Ms A Stobbart

Co-opted Employees/Officers: Healthwatch County Durham

Contact: Joanne McCall Tel: 03000 269701

DURHAM COUNTY COUNCIL

At a meeting of the **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in **Committee Room 2, County Hall, Durham** on **Monday 20 March 2023** at **9.30 am**

Present:

Councillor P Jopling (Chair)

Members of the Committee:

Councillors J Howey (Vice-Chair), R Crute, O Gunn, D Haney, L Holmes, L Hovvels, C Kay, C Martin, S Quinn, A Savory, M Simmons and T Stubbs.

Co-opted Member:

Rosemary Gott

Prior to the formal business of the Committee, attendees observed a minute's silence in respect of the serving Chair of the Council, Councillor Beaty Bainbridge, who died on 27 February 2023.

1 Apologies

Apologies for absence were received from Councillors V Andrews, I Cochrane, K Earley and J Higgins.

Apologies for absence were also received from Co-opted Member, Angela Stobbart.

2 Substitute Members

Councillor B Kellet attended as substitute for Councillor V Andrews.

3 Minutes

The minutes of the meeting held on 16 January 2023 and the special meeting held on 3 February 2023 were confirmed as correct records and signed by the Chair.

4 Declarations of Interest

The following declarations of interest were made:

- Councillor S Quinn, in respect of agenda item 6 as an employee in the care sector.

- Councillor D Haney, in respect of agenda item 7 as a public governor of Tees Esk and Wear Valley Foundation Trust.

5 Any Items from Co-opted Members or Interested Parties

There were no items from co-opted members or interested parties.

6 Winter Planning and service pressures 2022/23

The Committee received a presentation from Michael Laing, Director of Integrated Community Services, County Durham Care Partnership on winter planning and service pressures for 2022/23 (for copy of presentation see file of minutes).

Introducing the presentation, the Director of Integrated Community Services explained the presentation was an update on the health and social care response to winter pressures, since the previous presentation to the Committee in November 2022. The Committee heard that the local winter plans reflected the national plans with the key elements being surge planning and cold weather planning. To date, due to the mild winter weather, the cold weather plan had not been activated. In terms of surge planning, daily operational meetings were being held throughout the winter, to manage pressures with a focus on national priorities which included supporting the health and wellbeing of the workforce, protecting elective surgery and embedding infection prevention principles. There had been a period of sustained demand over the Christmas holiday period which was managed with the help of short term changes to alleviate pressure, such as increasing bed capacity and front of house staff cover. There had also been additional investment in transport and pharmacy provision to support discharges to take place on evenings and during public holidays.

The Committee noted the introduction of an £8 million Discharge Fund for County Durham to increase capacity in post-discharge care. The County Durham Care Partnership had agreed priorities and the projects funded included care home capacity and mental health housing support.

There had been a marked decrease in demand during the days affected by the recent industrial action and the Director of Integrated Community Services commented on the co-operation between trade union representatives and staff, during the period.

In conclusion, the Director remarked that the winter plans were progressing well, with thanks to additional funding and the great effort made by staff and he added that patient and staff wellbeing will continue to be at the forefront of future work.

Comments and questions were invited from the Committee.

Councillor Martin commended the work and he asked how the mild winter had contributed to the smooth running of the winter plan thus far.

The Director of Integrated Community Services replied that the mild winter had led to fewer incidents of slips, trips and falls and minimised the impact of cases of flu and Covid-19, however, other factors such as the impact of the cost of living crisis on mental and physical health were placing pressure on services. Councillor Martin welcomed the Discharge Fund and, noting that the funding will be recurrent, he asked how the funding will be used in the future. The Director of Integrated Community Services replied that he expected the funding to be spent on roles within hospitals and the independent and voluntary sectors, to support safe discharge.

Replying to a question from Councillor Gunn for further information on the increase in bank rates, the Director of Integrated Community Services explained that the increase in rates had been used to encourage bank staff to fill vacant shifts in order to meet the national ratio of qualified staff to beds. Councillor Gunn also welcomed the Discharge Fund, however, she observed that it was a small amount for the scale of the work involved. Referring to the fall in demand during the period of industrial action, Councillor Gunn expressed her opinion that this may be a reflection of the public support for the industrial action and she expressed concern as to how a pay award would be funded. The Director of Integrated Community Services replied that it was unclear as to whether a pay award could be funded from within the existing NHS budget. He commented that there was work to be done to promote careers in social care and he referred to workforce pressures and the government's new national workforce strategy which is expected in the summer. The Director also commented on pressures in GP practices, as a decreasing number of doctors are willing to become partners, deterred by the additional responsibilities. In response to a question from the Chair as to how he expected GP surgeries to adapt in the future, the Director of Integrated Community Services responded that he expected that an increasing number of GP practices will seek support from Trusts or form larger practices, in order to share the burden of non-medical responsibilities related to running a GP practice.

Councillor Quinn referred to the pressure in the domiciliary care sector and to the untapped potential, with an increasing number of people being encouraged to return to the workforce. Councillor Quinn suggested that more work could be done to highlight the benefits of a career in the care profession, including the flexible working hours and job satisfaction. Referring to supporting discharge from hospital, Councillor Quinn spoke of her concern that people are often discharged into a care setting many miles away from their home and family. The Director of Integrated Community Services acknowledged the staffing pressures in respect of domiciliary care and he agreed with Councillor Quinn's comments on the benefits of being discharged into a provision in familiar surroundings. The Director pointed out there is a balance to be achieved as discharges must be carried out in a timely manner.

In addition, he pointed out that the rural nature of the county can lead to community hospitals taking patients from a wide region and, in some cases, the closest provision may be many miles from home.

Councillor Hovvells enquired as to what percentage of the Discharge Fund had been invested in mental health services and what plans were being considered for future investment to improve mental health. The Director of Integrated Community Services replied that approximately £2 million had been spent on mental health housing support and he added that, as the county lacks a dedicated mental health A&E, he suggested this may be an area for future investment together with the crisis service. Councillor Hovvells spoke anecdotally of concerns from residents regarding the impact on their mental health due to cost of living pressures and whilst she welcomed the introduction of Warm Spaces, she questioned how many vulnerable people including those with mental health problems would access the spaces. She asked what mechanisms are in place to ensure those with mental health issues and other vulnerable groups are not neglected. The Director of Integrated Community Services informed the Committee that the winter planning group which is chaired by the Director of Public Health draws on expertise across the Council and voluntary and community partnerships such as County Durham Together, to support mental health and wellbeing. District and Community Nurses receive training to identify vulnerabilities and, in response to rising energy costs, the service had contacted all those who were supplied with electrical medical devices at home, to offer financial assistance.

Councillor Kay asked whether admitting those suffering from a mental health crisis to a general medical bed was the most appropriate treatment for that person and whether it was the best use of a surgical bed. Councillor Kay also asked what checks were done to ensure that when patients who had been treated for mental health issues are discharged from hospital, they are safe. The Director replied that in many cases, those in mental health crisis, upon examination, are also found to have physical issues which require treatment. He clarified that a multi-disciplinary team must agree the discharge and those who are homeless are provided with a package of care including supported accommodation.

In response to a question from Councillor Stubbs as to whether there had been a spike in demand for services in the days following the period of industrial action, the Director replied that information on the impact will be reported to the Health and Wellbeing Board and will also be shared at a future meeting of the Committee.

Resolved

- a) That the presentation be noted.
- b) That winter planning be included in the Committee's work programme for 2023/24.

7 North East Ambulance Service NHS Foundation Trust CQC Inspection Report and Improvement Action plan

The Committee received a presentation from Julia Young, Director of Quality and Patient Safety NEAS, on the findings of the CQC inspection report and the action taken in response to the findings (for copy of presentation see file of minutes).

Introducing the presentation, the Director of Quality caveated that the inspection took place in light of the impact of the Covid-19 pandemic. A summary of the ratings was provided, with safety and effectiveness being downgraded from 'good' to 'requires improvement' and the rating for leadership being downgraded from 'good' to 'inadequate'. Since then, a number of changes had been made to the leadership team and a great deal of work had been done in response to the findings. On a more positive note, the ratings for caring and responsiveness both remained 'good'.

The Director of Quality outlined the four key findings of the inspection which were that medicine management was not operating effectively, improvements were required in respect of the processes for the investigation of incidents and responding to staff feedback and governance systems were not operating effectively. The Committee received details of the actions taken to address the key issues. The actions in respect of medicine management included an audit of internal practice and reinforcement of policies. In response to the finding in respect of improving the investigation of incidents, additional capacity had been put in place to implement a new framework, the Patient Safety Incident Response Framework, by September 2023. A new Head of Culture and Staff Experience had recently been appointed in response to the finding in relation to staff feedback. A governance review had been undertaken and new board members had been appointed to strengthen leadership. The Committee received information on how the North East Commissioning Support Unit is providing independent scrutiny and a CQC steering group was established which will become the Trust Improvement Board from 1 April, which will enhance external scrutiny.

The Director of Quality also provided information on ambulance response times and spoke of the work that had been done to improve the number of crew hours lost since December, which was testament to the good working relationship with health and social care colleagues.

Members of the Committee made comments and questions as follows.

Councillor Stubbs asked why it was necessary to create a new Head of Culture and Staff Experience and how the effectiveness of the post would be measured. The Director of Quality explained that the post was established to respond to reports from staff that they feel reluctant to speak up due to a lack of feedback.

Therefore, a culture survey which includes a culture measure will be disseminated to staff and this will gauge whether the culture is improving, as changes are implemented. The Director added that a full action plan in response to the CQC report will be reported to the Trust Improvement Board and progress on actions would be shared with the Committee at a future meeting.

In response to a question from Rosemary Gott as to how controlled drugs are logged in emergency situations, the Director of Quality clarified that an electronic patient care report is completed at the time of an incident and both crew members must record and sign for controlled drugs, used and discarded.

Councillor Haney referred to the changes to the executive board and commented that it would be in the public interest for the non-executive board to be subject to the same scrutiny. The Director of Quality commented that some changes had been made to the non-executive board and funding had been secured for training for non-executive board members on the Patient Safety Response Framework.

Members acknowledged the pressures on staff in the aftermath of the pandemic and stressed that it was important to ensure staff did not feel demoralised by the report. The Director agreed with the sentiments and acknowledged the need to improve staff morale and recognise their value within the organisation as a whole. To that end, improvements were being put in place to ensure staff are listened to and that when an issue of concern is raised, that they are informed when action is taken.

Councillor Gunn remarked that the risk of the non-recurrent financial settlement will be crucial to success in the future.

The Director of Quality concluded by explaining that the CQC steering group will become the Trust Improvement Board on 1 April and the Trust Improvement Board will review the findings of the independent enquiry, the CQC findings and other system improvements.

Resolved

- a) That the information detailed in the presentation be noted.
- b) That an update report on progress against the Improvement Action Plan be included in the Committee's work programme for 2023/24.

8 Adult Learning Disabilities across Durham Tees Valley Update

Due to unforeseen circumstances, the Committee agreed to defer the item to the next meeting.

Resolved

That the report be deferred.

9 2022/23 Q3 Adults and Health Services Budget Outturn

The Committee received a report of the Corporate Director of Resources which provided details of the forecast outturn budget position for the Adult and Health Services (AHS) service grouping, highlighting major variances in comparison with the budget for the year, based on the position to the end of December 2022 (for copy of report and presentation see file of minutes).

Delivering the presentation, Principal Accountant, Joanne Wilson, highlighted the forecast outturn position of £146,663 million compared to the revised annual budget of £137,989 million. A cash limit underspend of £1.608 million was reported, equating to 1.17% of the net budget and the Committee was provided with key reasons for budget variances. The Committee noted the capital budget for 2022/23 was £100,000 and as at 31 December 2022, capital expenditure of £19,000 had been incurred, with the majority of expenditure due to take place in the final three months of the financial year.

In response to a question from Councillor Stubbs referring to the adult care projected under budget of £2.3 million and the net under budget on employee related costs of £2.1 million, through the level of staff turnover being above budget, the Principal Accountant clarified the main area of overspend related to bad-debt provision and she added that steps were being taken to address the high level of staff turnover.

Resolved

That the content of the report be noted.

10 Such other business

The Principal Overview and Scrutiny Officer reminded the Committee that a Climate Emergency Response Plan workshop was to be held on 27 March 2023 and all non-executive members were encouraged to attend.

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**Adults Wellbeing and Health Overview
and Scrutiny Committee**

11 May 2023

Draft ICB County Durham Plan 2023/24



**Report of Sarah Burns, Joint Head of Integrated Strategic
Commissioning, North East and North Cumbria Integrated Care
Board and Durham County Council**

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 The following report outlines the draft Integrated Care Board (ICB) County Durham Plan which was submitted on the 17 March 2023. There is an opportunity to review this plan, refresh and seek assurance as part of a local engagement process before final publication of the ICB Joint Forward Plan on 30 June 2023.
- 2 The Adults Wellbeing and Health Overview and Scrutiny Committee are asked to review this and provide comment on the content and the proposed plan for engagement and assurance.

Executive summary

- 3 The following paper is a draft of the ICB County Durham place narrative plan submitted to the ICB on 17 March 2023.
- 4 This will be included as part of the overall ICB Joint Forward Plan which will be published on the 30 June 2023.
- 5 The plan is prioritised against the County Durham Care Partnership Executive and Joint Local Health and Wellbeing Strategy arrangements – starting well, living well and ageing well as well as a section which focuses on any cross-cutting transformation.
- 6 Before the deadline in June 2023 it is proposed that the plan is shared with HWB, AWH OSC, CYP OSC, Public Engagement Forum, Healthwatch and any other relevant partners.

- 7 Adults Wellbeing and Health Overview and Scrutiny Committee are asked to review and comment on the draft plan before a final version is submitted on 26 May 2023.
- 8 The final ICB County Durham plan will be shared for approval with County Durham Care Partnership Executive at its meeting on 23 May, then the HWB will provide final sign off by delegated authority (via approval from the chair and vice chair).

Recommendation(s)

- 9 Adults Wellbeing and Health Overview and Scrutiny Committee is recommended to:
 - (a) Review the draft plan and make any suggested amendments/additions to include in subsequent submissions.
 - (b) Note the timescales for completion and local governance process.
 - (c) Agree to final sign off by delegated authority of the Chair / Vice Chair through the Health and Wellbeing Board.

Background

- 10 County Durham Place are required to submit a Durham Place Plan to contribute to the North East and North Cumbria Integrated Care Board Joint Forward Plan.
- 11 The Joint Forward Plan (JFP) is a national requirement for ICBs and partner Foundation Trusts covering the period 2023/24 – 2028/29. It will be the delivery plan for the Integrated Care Partnership (ICP) integrated care strategy.
- 12 The Plan for County Durham has been developed by key leads working across health and social care. The system delivery plan for County Durham was first introduced in 2019 and has been refreshed on a regular basis. This latest version of the plan captures all the key activities for partners in health and social care in County Durham, sets out the difference the plan will make and how we will measure that difference.
- 13 Health and care providers and commissioners have a long track record of working in partnership for the benefit of the people in County Durham. As a system there is shared understanding and ownership of the challenges that County Durham faces.

Main Implications

Summary Statement

- 14 The draft plan covers the following areas:
 - a) Integration: developing integrated neighbourhood teams in line with the Fuller report recommendations
 - b) Primary care and community services, including mental health
 - c) Social care as relates to the NHS
 - d) Population health including priorities from the HWB, JSNAA and Joint Local Health and Wellbeing Strategy
 - e) Reducing inequalities including Core20Plus5 and Deep End Practices
 - f) Place governance and partnership working.
- 15 The draft plan follows the County Durham Care Partnership and Joint Local health and Wellbeing Strategy approach and is aligned to:
 - Starting Well

- Living Well
 - Ageing Well
 - Cross-Cutting Transformation
- 16 The plan details the key priorities for 2023/24 which will determine the integrated commissioning team's workplan for the year ahead. Each priority area outlines:
- Why change is needed
 - Objectives and goals
 - Key deliverables
 - Key performance metrics

Engagement

- 17 The national guidance on the Joint Forward Plan is comprehensive regarding the requirements for engagement, whilst allowing significant local determination about content and format. The guidance includes three key principles:
- *Principle 1: Fully aligned with the wider systems ambitions*
 - *Principle 2: Supporting subsidiarity, building on existing local strategies and plans and reflecting universal NHS commitments*
 - *Principle 3: Delivery focussed, including specific objectives, trajectories and milestones*

Governance and Partnership Working

- 18 The County Durham Care Partnership brings together NHS organisations, Durham County Council and other health and care providers in a true collaboration, driving our ambition to further develop system-wide integrated models of care. We have a shared vision across the Partnership, and we live by it, delivering everyday by collaborating and driving our ambition to develop even more system wide integrated models of care through all the organisations involved.
- 19 The Care Partnership is about putting the people at the centre of everything we do, moving away from a hospital/residential care-based model of care to a new way of working, based on collaboration and

partnership, to provide more care in people's homes and their community at the same time breaking down barriers between services.

Risk and Issues

- 20 There are a number of risk and issues to note;
- a) Limited/no growth funding
 - b) Limited resource to deliver plan
 - c) Additional in-year directives/policy change
 - d) Workforce limitations within provider organisations to recruit and retain staff e.g. social workers, health visitors, specialist roles
 - e) Commissioning reorganisation and clarity on roles and responsibilities as well as ensuring sufficient clinical leadership and Network involvement

Assurances and Mitigations

- System prioritisation process and governance to ensure statutory provision and where possible invest to save proposals to fund subsequent must do's
- Prioritisation of workplans and integrated approach to delivery
- Ongoing review of must do's and realignment of resource to deliver
- Workforce strategies in place
- Work ongoing to ensure appropriate clinical leadership throughout commissioning at place and region

Conclusion

- 21 Members of the Adults Wellbeing and Health Overview and Scrutiny Committee will have an opportunity to review the draft plan and make any suggested amends/additions to include in subsequent submissions.
- 22 Note the timescales for completion and local governance process.

Background papers

- The draft ICB County Durham Plan 2023/24 is included as appendix 2.

Other useful documents

- None

Author(s)

Rachel Rooney, Senior Portfolio Lead, North East and North Cumbria
Integrated Care Board

Helen Bell, Provider Management Lead, North of England Commissioning
Support

Appendix 1: Implications

Legal Implications

None.

Finance

Where there is a financial impact of implementing the priorities this will be picked up through the governance routes of the County Durham Care Partnership.

Consultation

The plan will be shared with HWBB, AWHOSC, CYP OSC, Public Engagement Forum, Healthwatch and any other relevant partners.

Equality and Diversity / Public Sector Equality Duty

None.

Climate Change

None.

Human Rights

None.

Crime and Disorder

None.

Staffing

The following plan will determine the priorities of the County Durham Care Partnership and relevant resource (staffing and financial) will be aligned to deliver this in 23/24.

Accommodation

None.

Risk

None.

Procurement

None.

Appendix 2: Draft ICB County Durham Plan 23/24

Attached as a separate document

Place plan for County Durham:

Submitted by: Sarah Burns, Director of Place

Date: 15 March 2023

Summary Statement:

The Plan for County Durham has been developed by key leads working across health and social care. The system delivery plan for County Durham was first introduced in 2019 and has been refreshed on a regular basis. This latest version of the plan captures all the key activities for partners in health and social care in County Durham, sets out the difference the plan will make and how we will measure that difference.

Health and care providers and commissioners have a long track record of working in partnership for the benefit of the people in County Durham. As a system there is shared understanding and ownership of the challenges that County Durham faces.

The Joint Strategy Needs and Assets Assessment is updated on an ongoing basis and clearly illustrates areas of good practice, but also areas for improvement (<https://www.durhaminsight.info/#/view-report/5f6e69673588409bae5d58e537a1c5bf/E06000047>). Many of the key deliverables set out in the plan are underpinned by evidence of the need for improvement highlighted by the JSNAA.

This plan sets out the key activities in four key areas which mirror the Partnership Governance of the County Durham Care Partnership which has three Partnership Board responsible for delivery across the life course. They are:

- Starting Well – Children Young People and Families Partnership;
- Living Well Partnership Board and
- Ageing Well Partnership Board

The partnership groups are broad and inclusive. They work together on an ongoing basis to identify priorities and challenges that require collaboration between partners and in most cases integration of services to deliver improvements. Partners work together to identify how resource can be used to best effect in the County best on jointly agreed criteria.

Summary Statement:

The partnership structure mirrors the priorities set out in the Northeast and North Cumbria Integrated Care Strategy as shown below:

NENC ICS Strategy	County Durham System Governance
Giving children and young people the best start in life	Starting well – Children Young People and Families Partnership Board
Better health and care services	Living Well and Ageing Well Partnership Boards
Fairer outcomes for all	
Longer and healthier lives	

The latest Joint Local Health and Wellbeing Strategy for County Durham sets out the four key priorities of the Health and Well Being Board, namely:

- Tobacco
- Obesity
- Drugs and alcohol
- Mental health

The HWBB has chosen this reduced number of key priorities as it is recognised that addressing these four key challenges will have the greatest impact on Health and Wellbeing in County Durham.

This plan sets out deliverables for each of the three partnership boards plus some of the enabling actions that support the whole system but are required to ensure the plan is deliverable.

The County Durham plan focusses on what we can deliver locally, but we are proud to be part of an Integrated Care System across a broader geography and work at scale with our partners where we need to collaborate.

Governance and partnership working –

The County Durham Care Partnership brings together NHS organisations, Durham County Council and other health and care providers in a true collaboration, driving our ambition to further develop system-wide integrated models of care. We have a shared vision across the Partnership, and we live by it, delivering everyday by collaborating and driving our ambition to develop even more system wide integrated models of care through all the organisations involved.

Our health and social care staff work closer to patients in their homes wherever possible, improving access to care and making it available at the right time, while reducing unnecessary hospital admissions, avoiding duplication and promoting independence.

The Care Partnership is about putting the people at the centre of everything we do, moving away from a hospital/residential care-based model of care to a new way of working, based on collaboration and partnership, to provide more care in people's homes and their community at the same time breaking down barriers between services.

This means joining up the work of general practices, community services, care providers, hospitals (both acute and mental health) and community-based support.

The proposed principles to guide the work of the Partnership are to:

- put the patient and service user first,
- ensure that the right person is in the right place at the right time delivering care to reduce handoffs, delays and duplication,
- promote integration between primary, community and social care,
- deliver care closer to home preferring primary and community settings to acute,
- engage, share and develop our workforce together,
- share the benefits and successes,
- encourage leadership at all levels,
- ensure the best value from the resources available,
- innovate, evaluate and make the most of opportunities together,
- acknowledge and respect our differences and promote a culture of integrated working.

The principles complement the overall aims of the County Durham Care Partnership and will be used to guide and assess our work to improve outcomes and agree priorities.

Key stakeholders

Durham County Council	North East and North Cumbria Integrated Care Board	Tees Esk and Wear Valleys NHS Foundation Trust
County Durham and Darlington NHS Foundation Trust	Clinical Leaders	North East Ambulance Service NHS Foundation Trust
HealthWatch	Primary Care Networks	Patient, public and carer engagement groups
Harrogate Foundation Trust	Voluntary Sector	Health and Wellbeing Board
Overview and Scrutiny Committee	Local Councillors	Local MPs
County Durham Area Action Partnerships	County Durham Fire and Rescue Service	Durham Constabulary
Criminal Justice Partners - to include YJS, Probation and Prisons	North Tees and Hartlepool Foundation Trust	Sunderland and South Tyneside Foundation Trust
Police, Crime and Victims Commissioner's office		

Priority Area 1: Starting Well

Why is change needed?

There are 115,000 children and young people (aged 0-19) in County Durham

- 7 out of 10 children achieve a good level of development at the end of reception year in school
 - 10,400 school age children have special educational needs
 - 91% of 16–17-year-olds are in education or training
 - The county's care leavers are more likely to be in education, employment and training than in other areas both regionally and nationally
-
- Poverty: 1 in 4 children live in a household which cannot afford all the basics they need such as their food and fuel bills
 - Impact of Covid-19:
 - A 20% increase in demand for children and young people's mental health services is projected over next 5 years
 - 1 in 6 children, aged 5-16 years, identified as having a probable mental health disorder (an increase from 1 in 9 in 2017)
 - Healthy start to life:
 - There are almost 4,800 live births annually ○ 1 in 6 women smoke at time of baby's delivery
 - 1 in 3 are breastfeeding 6-8 weeks after birth
 - 1 in 4 of reception and more than 1 in 3 year 6 pupils are overweight ○ 1 in 4 5-year-olds have tooth decay
 - The number of babies, toddlers and school age children vaccinated is significantly better than the England average

Objectives and Goals –

Best Start in Life

7 Priorities from Children Young People & Families Partnership Board sub-group

Early help and prevention

- Increase uptake of flu vaccinations for 2-3 year olds
- Support the delivery of the Oral Health Promotion Strategy 2023 - 2028

Family Hubs

- develop a network of 15 family hubs which can support the delivery of a range of local community support and services to children, young people and families.

Special Educational Needs

- Develop a short breaks and respite offer that meets both universal and specialist needs for children with SEND and their families
- Meeting Health needs in schools
- Equipment, Aids and Adaptations in schools
- Roll out of integrated therapies pilot

Children in care

- Delivery of the Sufficiency Strategy for children looked after and care leavers
- Secure long-term approach for Pause
- Ensure continued delivery of CDDFT statutory obligations relating to adoption and children coming into care.

Transition into Adulthood

- Review transition sub-group workplan to inform joint funding of services to ensure improvement of transition from child to adult services across physical and mental health and social care.

Objectives and Goals –

Acute care

- Support acute paediatric and neonatal service development
- Core20Plus5 – Asthma, Diabetes, Epilepsy
- End of life & palliative care – implement statutory guidance for ICBs
- Review dietetics & therapy services delivered to paediatrics wards

Mental Health and Learning Disabilities

- Review of support and services offered around eating disorders
- Increase uptake of flu vaccinations for those with a learning disability
- Development of a needs-led neurodevelopmental offer
- Healthcheck uptake for those aged under 18 with a learning disability
- Development, agreement, and implementation of Peri Natal mental health strategy
- Needs analysis to inform commissioning priorities for complex packages of care
- Continue improving access to mental health support for children and young people in line with the Long Term Plan ambition, across community and through education for earlier evidence-based interventions; building on the MHST offer, while ensuring MHST support is responsive to individual schools' and colleges' needs, not 'one size fits all'.
- Ensure coordination and take up of the Trainee CWP role and education Mental Health Practitioner (EMHP) roles are supported and sustainable funding is agreed through the ICB, so that these roles can support earlier evidence-based support for CYP and Parents as and when difficulties arise.
- Gather support requirements for CYP and families wanting to access support for trauma - ie adverse childhood experiences and the role with co-morbidity across MH Teams

Primary and Community Care

- Implement service for Paediatric diagnostic spirometry

Maternity

- Follow anticipated national maternity plan.

Mental Health and Learning Disabilities

14.	Eating disorders - review current pathway									
15.	Increase uptake of flu vaccinations for those with LD									
16.	Development of a needs-led neurodevelopmental pathway including considering support for autism (pre and post diagnosis)									

Primary and Community Care

17.	Propose a model for Paediatric diagnostic spirometry and implement if approved									
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DRAFT

Key performance metrics to track delivery

Reference	What is being measured?	Where are you now?	What is the target?	When do you aim to get there?
Best Start in Life	Reduction in the proportion of mothers smoking at time of delivery	In 2021-22 there were 4710 live births in County Durham. Of those giving birth 14.6% were documented to be smokers at the time of delivering their baby – around 1 in 6 women	5% or less women smoking in pregnancy at birth by 2025	2025
	Reduction in the number of children who are overweight or obese.	County Durham 21/22 •Around three quarters of reception children were healthy weight (75.5%). In year 6, 58.8% of children were a healthy weight.		
	Increase in the number of children who are ready for school when they start reception.			
Early Help & Prevention	Increase in the number of physically active children, young people and adults			
Acute Care	Reduce numbers of children and young people attending hospital for asthma, diabetes and epilepsy			
Children in Care	Increase the children looked after with health assessments delivered within statutory timescales.			
Mental Health, Autism and Learning Disabilities	Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact 12-month rolling			
	Number of women accessing specialist community PMH and MMHS services in the reporting period YTD cumulative			
	Waiting times for CYP waiting for a neurodevelopmental disorder assessment (including autism and ADHD)			
	Reliance on inpatient care for people with a learning disability and/or autism - Care for children			

Priority Area 2: Living Well

Why is change needed?

With increasing system-wide demand and associated pressures there is a need to ensure ongoing service development to ensure appropriate pathways which meet the needs of our local communities are in place. To ensure high quality, safe and appropriate service provision which promotes prevention and self-care close to home wherever possible. Access to general practice is a key challenge which needs to be addressed as part of the overall aim of improving health and social care for local communities.

Care pathways need to be integrated and cross-sector, with support from the voluntary sector to ensure people stay well and independent for longer. Due to the COVID-19 pandemic health and care inequalities have widened, resulting in poorer outcomes for those more deprived populations within our locality.

The Joint Strategic Needs and Assets Assessment should be used to determine areas of development and allocation of resource, using quantitative and qualitative data as well as the views of those with lived experience to co-produce health and care transformation.

Objectives and Goals

Urgent and Emergency Care

- Support urgent and emergency care services by filtering patients and reducing the number of inappropriate attendees at A&E / Urgent Treatment Centres and managing the treatment of those patients in primary care services.

Planned Care

- Support the County Durham population through the continued development of planned care services.

Primary Care

- Improve access to General Practice in primary care by reducing appointment delays and working with practices to reduce inefficiency.

Community Care

- Develop the range and complexity of community care services on offer so that patients can be better managed outside of hospital and closer to their homes.

Mental Health

- Develop effective approaches to support better early intervention/mental health promotion across the County, including better ways to address the wider determinants of mental ill health and support to develop resilient communities
- Continue and build on existing robust approaches to suicide prevention
- Deliver and embed new transformed models of care for adults with serious mental health issues, achieving a 5% year on year increase in the number of adults and older adults supported by community mental health services
- Ensure those in immediate crisis and most in need of mental health support can access those services in a timely and appropriate way.
- Increase the number of adults accessing Talking Therapies for anxiety and depression, aiming for at least 50% moving to recovery.
- Work towards eliminating inappropriate adult acute out of area placements
- Reduction in the use of inpatient services and length of stay in hospital settings; ensuring that those with more complex needs are able to live and be supported in the community.
- Increase access to perinatal mental health services, offering support and intervention at the earliest opportunity.
- Through personalisation and effective co-production, make effective improvements in reducing health inequalities across our local population

LD and Autism

- Ensure the needs of those with a learning disability and / or autism diagnosis receive the appropriate support and care through the continued development of wrap-around services in the community.

Initiatives – Key deliverables

Item		Deliverable description		23/24				24/25	25/26	27/28	28/29	Measure Reference
				Q1	Q2	Q3	Q4					
Urgent and Emergency Care												
1.	Ongoing development of UEC model of care through system-wide partner (LADB County Durham). This will include people with MH problems and LD, ensuring that all UEC pathways meet the needs of those with SMI and LD.											
2.	Improve organisational data sets for A&E / GP access.											
3.	Development of 24/7 Urgent Treatment Centre at UHND											
4.	Emergency Department patient filter to primary care Same Day Access Hubs / 24/7 UTC at UHND											
5.	Ongoing commissioning of County Durham Same Day Urgent Care Hubs											
Planned Care												
6.	Dermatology service review Review of CDDFTs dermatology/skin service, identifying opportunities to make improvements quickly to the service Consider implementing a SPA for all dermatology and skin services Support 2WW telederm issues Standardise dermatology/skin services across the county ensuring equity of service and VFM											
7.	Diabetes service review Review of previous service evaluation to inform decisions around future service model											
8.	Patient Initiated Follow Up (PIFU) Seeking assurance that PIFU is standardised as normal practice											
9.	Gynaecology service review											
10.	Increased capacity for planned surgery Working with partners and seeking assurance sufficient capacity to meet demand											
11.	Tuberculosis service review Ensure service is meeting NICE Guidance and review service model and current workforce											
Primary Care												
12.	Developing Integrated Neighbourhood Teams models (Fuller Stocktake)											
13.	Improving access to general practice											

34.	Ensure those with the most complex needs, and those who are most vulnerable, get the right support at the right time													
35.	Deliver effective interventions to understand and address the wider determinants of mental ill health across the life course													
36.	Have a skilled workforce across the County who can Make Every Contact Count (MECC) and feel confident in talking to people about, and supporting them to get help for, their mental health problems													
37.	Live Well; Improving Access to Psychological Therapies (IAPT), focus for this period will be Long-Term-Conditions, ensuring those with LTCS can receive support in line with national targets.													
38.	Live Well and Age Well; agree and implement effective housing strategies for people with mental health problems (all ages, including targeted support for young people moving into adulthood).													
Learning Disabilities / Autism														
39.	Refresh the Think Autism Strategy for 2024-26, which incorporates above (and is all age)													
40.	People can lead fulfilling lives and more people with a learning disability will have a greater say and be able to decide for themselves the way they live their lives and choose how they are supported.													
41.	Reduce health inequalities that people with a learning disability and autistic people experience.													
42.	Young people and their families will be supported and prepared effectively to move into adulthood.													
43.	More people with a learning disability and autistic people will have health concerns or unmet health needs identified early and treated effectively.													
44.	Autistic people can access mental health interventions that meet their needs in line with the Autism framework and Autism Act.													
45.	More people will be supported to live independently and safely within their own homes and community for as long as possible, having their own tenancies - or even have the opportunity to own a home.													
46.	We will also see a reduction in the number of people cared for 'out of area' and a reduction in the use of inpatient services and length of stay in hospital settings; ensuring that those with more complex needs are able to live, and be supported, locally.													
47.	A reduction in waiting times and a more holistic approach to the autism assessment.													
48.	To learn from the reviews of deaths for people with a learning disability and/or autism in accordance with Learning from lives and deaths – People with a learning disability and autistic people (LeDeR) policy 2021 and progress service improvement plans accordingly.													

Key performance metrics to track delivery

Reference	What is being measured?	Where are you now?	What is the target?	When do you aim to get there?
UEC	See and treat within four hours of presenting at Accident and Emergency.		< 4 hours	
Planned Care	Reduction in diabetes prevalence rates			
Primary Care	Increase in the number of Additional Roles Reimbursement Scheme.			
Primary Care	<two week wait for GP appointment			
Community Care	Reduction in the rate of non-elective hospital admission			
Mental Health	Reduction in the rate of suicide			
Learning Disabilities	Reduction in number of Learning Disability beds as per trajectory			
Mental Health	Reduction in the rate of suicide			
	Number of inappropriate OAP bed days for adults by quarter that are either 'internal' or 'external' to the sending provider in period activity			
	Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy within the reporting period in period activity			
	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services (in transformed and non-transformed PCNs) for adults and older adults with severe mental illnesses 12-month rolling			
	Percentage of patients who have been seen by the crisis team within 4 hours of referral			
Learning Disabilities	Learning disability registers and annual health checks delivered by GPs			
	Reduction in number of LD beds as per trajectory			

Priority Area 3: Ageing Well

Why is change needed?

People are now living far longer, but extra years of life are not always spent in good health. They are more likely to live with multiple long-term conditions, or live into old age with frailty or dementia, so that on average older men now spend 2.4 years and women spend three years with 'substantial' care needs. To ensure older people are able to live happy, healthy and upright at home for as long as possible and receive high quality, consistent levels of service we need to take a preventative population approach to care, utilising early recognition and intervention with short-term support, and signposting in delivery models to ensure an enabling approach, positive individual outcomes with a focus on wellbeing and sustainable budgets.

Despite significant progress in cancer survivorship over recent decades, detecting cancer earlier remains a top priority in the NHS Long Term Plan. Patients diagnosed early, at stages I and II, have the best chance of curative treatment and long-term survival. In County Durham, existing health inequalities result in poorer outcomes for cancer patients when compared to the England average, and also when comparing communities within the county. Health inequalities also impede access to screening and prevention services. Performance within treatment pathways and in quality measures varies geographically and by tumour group and is impacted by staffing capacity pressures in key clinical areas such as specialist nursing, oncology, and radiology

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

Objectives and Goals –

To work across all parts of the health and social care system to support care of the individual in order to:

- Proactively identify those who are at risk of or who are living with frailty..
- Promote preventative, short-term approaches for example Intermediate Care and reablement to provide a progression approach to care delivery. Achieve an invest to save solution to delivery, promoting reablement and independence and avoiding as far as possible costly long-term care.
- To support people living in Care Homes to receive the same level of support as if living in their own home, as apart of system support
- Changing culture to ensure that all involved in delivering care focus on maximising a personalised approach to wellbeing, independence and quality of life pertinent to the individual.
- Continue and further develop discharge and post discharge support following an in-hospital stay
- Continue to deliver the Community Mental Health Transformation Plan, including development of sustainable support for community infrastructure.
- agree and implement effective housing strategies for people with mental health problems (all ages, including targeted support for young people moving into adulthood)
- Support the delivery of the County's Ageing Well Strategy
- Develop a new, system wide Dementia Strategy for Durham and ensure the dementia diagnosis rate achieves the national ambition of 66.7% as a minimum
- Reduce unnecessary Hospitals Admissions
- Safe and timely discharges, to enhance patient experience and embed personalised care and reduce risk of harm.
- Older People with a learning disability and/or autism are supported to live safe and healthy lives in their community.
- Older People with a learning disability and/or autism are not subject to health inequalities
- Domiciliary care availability, coverage and quality is maintained and able to deliver a supportive approach through appropriate workforce development ensuring consistent staffing with appropriate skills and knowledge, with opportunities for career progression and flexibility. The County
- A Multidisciplinary Discharge Team coordinates the personalised approach for complex discharges reducing errors and improving patient and carer experience. Durham Care Academy to continue to focus on this area of work.
- There is a coordinated approach to the provision of training and support to care home and domiciliary care provider staff from the range of community health and Local Authority services that supports the quality of their care, with the County Durham Care Academy supporting this coordination of partner training.
- Diagnosis cancers sooner at Stage 1& 2
- To meet the six National Ambitions for patients on end of Life, including adapted approaches for people with dementia

Initiatives – Key deliverables

Item		Deliverable description		23/24				24/25	25/26	27/28	28/29	Measure Reference
				Q1	Q2	Q3	Q4					
Community Care												
1.	Fully deliver Enhanced Health In Care Homes national framework											
2.	Community contract review											
3.	Bed bureau											
4.	Additional acute bed capacity											
5.	Recovery unit											
6.	Discharge System Co-ordinator and Transfer of Care Hub											
7.	Frailty hospital at home											
8.	Urgent Community Response											
9.	Health Call - CDDFT Telehealth Team and Health Call Solutions MDM support for Care Providers											
10.	Care Home Connectivity Improvements – for the 11 Care Homes Identified											
Needs-Led Accommodation												
11.	Commissioning and delivery of suitable and sustainable care provision for older people, ensuring a needs-led approach to develop the provider marketing including market and shaping as appropriate											
12.	Diversify extra offer within County Durham working with developers, registered social land lords and care providers to develop additional services by 2028											
13.	Review approach to Dom Care and reablement commissioning to determine optimum service model											
Cancer												
14.	Prehabilitation											
15.	SNSS											
16.	Macmillan Care											
17.	Implement and maintain priority pathway changes for lower GI (at least 80% of FDS lower GI referrals are accompanied by a FIT result), skin (teledermatology) and prostate cancer (best practice timed pathway)											
18.	Continue to develop Joining the Dots, delivering Holistic Needs Assessments, Support Plans and Follow-up support and develop a new Macmillan Programme including Right By You											

Key performance metrics to track delivery

Reference	What is being measured?	Where are you now?	What is the target?	When do you aim to get there?
End of Life	Continued reduction of smoking related deaths			
Planned Care	Improvement in self-reported wellbeing			
UEC	Rate of re-admissions to hospital (within 30 days of index admission discharge)			
	Number of attendances at Care Home by NEAS			
Primary Care	% of health care plan (by primary care) in place			
	% of structured meds reviews completed annually for eligible patients			
	% of eligible residents who have had an annual health check completed (last 12 months)			

Priority Area 4: Cross Cutting Transformation

Why is change needed?

Partners in the County Durham system recognise that we need to work together and share our skills wherever possible. There are a number of joint appointments as well as functions that operate across the County Durham system on behalf of all partners. This includes engagement and involvement, digital, workforce, integration, and strategic estates.

The partnership intends to grow collaboration across these supporting functions and do things once across the system wherever possible. This will allow partners to deliver efficiencies and work together at pace.

Objectives and Goals

- Develop a well led skilled and valued health and social care workforce
- Supporting the provider market to facilitate stability and sustainability to deliver quality services
- Support unpaid carers in their role to have a life outside of their caring role
- Identify opportunities to transform the way services are delivered to facilitate efficient and effective digital provision
- To ensure County Durham has fit for purpose buildings to support the delivery of modern services
- To facilitate client/patient needs for the present and future
- To provide an accessible and effective transport facility for people to enhance flow and access
- To improve access to personalised care services for local people to facilitate choice and control

Initiatives – Key deliverables

Item		Deliverable description		23/24				24/25	25/26	27/28	28/29	Measure Reference
				Q1	Q2	Q3	Q4					
Workforce												
1.	Supporting the further rollout of ARRS roles											
2.	Development of neighbourhood teams as per Fuller Report											
3.	Development of a joint clinical training programme for care homes											
4.	Development of commissioning workforce strategy for social care for all ages											
5.	Pilot NHS overnight workforce provision for care homes (OP and specialist)											
6.	Continuation of Care Academy and recruiting social care workforce and exploring expansion into NHS recruitment											
7.	Developing joint NHS/Social care home care roles											
8.	Upskilling care staff to undertake delegated duties on behalf of the NHS											
9.	Continue to develop the commissioning workforce in line with the Integrated Commissioning Workforce Strategy											
10.	Pilot digital solutions and telecare to support care workforce pressures											
Carers												
11.	Develop support for younger adults in a caring role											
12.	Evaluate effectiveness of Mobilise platform which supports carers											
13.	Refresh carers strategy for County Durham											
14.	Review of advocacy services											
15.	Re-procure carers services for County Durham											
16.	Review arrangements with Employers for Carers who support carers that are in employment											
Digital Transformation												
17.	Review of Healthcall digital care homes service and identify new opportunities for Healthcall developments											
18.	Continued roll out of the Care Academy job site to support digital methods of recruitment for social care staff											

41.	Expand provision at Hawthorn House for step up and step-down care																			
42.	Development of specialist step up/step down provision for complex young people																			
Transport																				
43.	Review of hospital discharge transport services																			
44.	Ongoing development of PTS services to ensure all community delivery sites are accessible																			
45.	Ensuring robust emergency transport in place including inter-hospital transfers and taxi frameworks																			
46.	Consider expansion of the volunteer driver scheme and ensure ongoing promotion of the service																			
Personalisation																				
47.	Development of process and governance structures to support PHB/DP across health and social care																			
48.	Understand the barriers to uptake of PHB/DP																			
49.	Grow and develop the personal Assistant market, particularly in areas where there are gaps e.g. rural areas																			
50.	Develop a Person Centred Care Training offer via the Care Academy																			
Communications, Engagement and Co-production																				
51.	Recruit a lay member for involvement and engagement for the County Durham Care Partnership																			
52.	Ensure the County Durham Approach to Wellbeing is adopted wherever possible and integrated in the approach to commissioning services																			
53.	Undertake engagement with the populations to understand preferences for care in later life																			
54.	Continue the County Durham Care Provider Panel to engage providers in service developments and changes																			
55.	Undertake engagement with people with Learning Disabilities and Autism in partnership with Inclusion North																			
56.	Undertake review of engagement and involvement with Children and young people																			
57.	Publishing commissioning plans including Market Position Statement and Accommodation Plans																			

Key performance metrics to track delivery

Reference	What is being measured?	Where are you now?	What is the target?	When do you aim to get there?
Recruitment and retention	Number of ARRS roles recruited			
	ASC workforce numbers			
	Health staff numbers			
	Care staff recruited via Care Academy			
	NHS staff recruited by Care Academy			
	Joint NHS/Social Care staff recruited			
	Care home supported by NHS nursing staff			
	Number of care homes de-registering			
	Home care pending list			
Training	Number of learning opportunities delivered via Care Academy			
Workforce	Strategy developed and implemented			
Carers	Number of carers supported by CDCS and Mobilise			
Digital	Number of providers using HealthCall			
	Admissions to hospital from care homes			
	Reduction in number of falls per population			
	Number of users supported by Kraydel/RITA/Happiness Programme and outcomes achieved			

Reference	What is being measured?	Where are you now?	What is the target?	When do you aim to get there?
Estates	Increasing capacity in the LDA residential market			
	Increasing capacity in the CYP residential market			
Transport	Increase access to most appropriate services			
	Reduce delayed discharge relating to transport			
	Increase volunteers working for the Volunteer Driver Service			
	Increase uptake of the Volunteer Driver Service			
Personalisation	Development of governance processes for PHB/DP			
	Increase uptake for PHB/DP/PA			
Engagement	Increase occasions when a full co-production methodology is used			
	Number of people involved in engagement involvement exercises			
	Increase the number of people that volunteer in County Durham			

Enablers –

1. Process – operational models that will require change as a result of this plan being delivered.

Continue to develop and deliver in an integrated way to ensure joined up care pathways which meet need in the most appropriate way, reducing duplication and adding value to improve outcomes for the local population.

2. Workforce

See priority area 4

3. Research and Innovation

4. Digital technology and Data.

See priority area 4

5. Estates.

See priority area 4

Enablers –

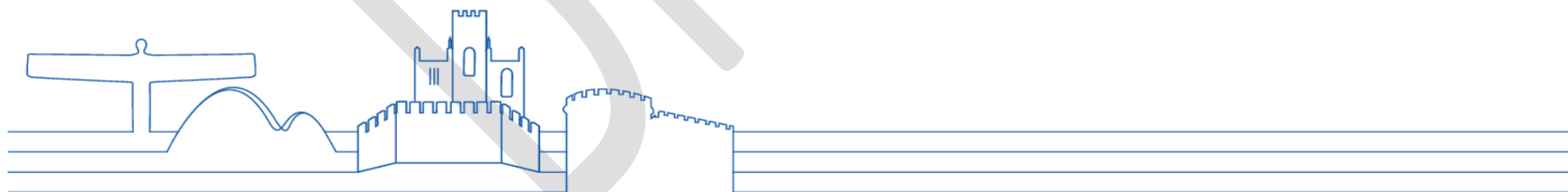
6. Finance

Financial plans for 2023/24 are being developed in the context of continuing constrained financial conditions for all organisations operating across County Durham. There is also uncertainty about longer term funding and the impact of cost pressures, but the aim to work together will be important to our ability to deliver improved outcomes for the people of County Durham.

Further information to add

Risks

Risks	Mitigations
Limited/no growth funding	System prioritisation process and governance to ensure statutory provision and where possible invest to save proposals to fund subsequent must do's
Limited resource to deliver plan	Prioritisation of workplans and integrated approach to delivery
Additional in-year directives/policy change	Ongoing review of must do's and realignment of resource to deliver
Workforce limitations within provider organisations to recruit and retain staff e.g. social workers, health visitors, specialist roles	Workforce strategies in place
Commissioning reorganisation and clarity on roles and responsibilities as well as ensuring sufficient clinical leadership and Network involvement.	Work ongoing to ensure appropriate clinical leadership throughout commissioning at place and region



**Adults Wellbeing and Health Overview
and Scrutiny Committee**

11 May 2023

**NHS Foundation Trust Quality Accounts
2022-23**



Paul Darby, Corporate Director of Resources

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 The purpose of this report is to provide the Adults Wellbeing and Health Overview and Scrutiny Committee the opportunity to consider and comment on the draft 2022/23 Quality Accounts for:-
 - (a) North East Ambulance Services NHS Foundation Trust
 - (b) County Durham and Darlington NHS Foundation Trust;
 - (c) Tees, Esk and Wear Valleys NHS Foundation Trust, and

Executive summary

- 2 The Health Act 2009 requires NHS Foundation Trusts to publish an annual Quality Account report. The purpose of the report is for each trust to assess quality across all of the healthcare services they offer by reporting information on that performance and identifying priorities for improvement during the forthcoming year together with how they will be achieved and measured.
- 3 Overview and scrutiny plays an important role in providing assurance against Quality Account reports and gives local authority councillors an opportunity to comment on associated healthcare issues that they are involved in locally and have engaged with Trusts during the course of their activities over the year. Local authority health scrutiny guidance also suggests that OSCs may also wish to comment on how well

providers have engaged with patients and the public and also how well they have promoted the Quality Account.

- 4 Representatives of North East Ambulance Services NHS Foundation Trust, County Durham and Darlington NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust will be in attendance to present their respective draft Quality Account, which will include information on performance against the 2022/23 priorities and also the proposed priorities for 2023/24.
- 5 In accordance with legislative requirements, upon receipt of the draft Quality Account documents, the Council has 30 days within which to submit a response to the documents to the respective NHS Foundation Trusts.

Recommendation(s)

- 6 The Adults Wellbeing and Health Overview and Scrutiny Committee is:-
 - i) invited to consider and comment on each draft quality account, the 2022/23 performance and proposed priorities for 2023/24.
 - ii) recommended to delegate authority to the Democratic Services Manager as the Council's Statutory Scrutiny Officer in consultation with the Chair and Vice Chair of the Adults Wellbeing and Health OSC to finalise the responses to be submitted within 30 days of their publication.

Background

- 7 The Health Act 2009 requires NHS Foundation Trusts to publish an annual Quality Account report. The purpose of the Quality Account report is for each of the Trusts to assess quality across all of the healthcare services they offer by reporting information on 2022/23 performance and identifying priorities for improvement during the forthcoming year and how they will be achieved and measured.
- 8 Overview and Scrutiny plays an important role in the development and providing assurance of Quality Account reports. Regulation 10 of the Health Act 2009 requires the NHS Trusts to send a copy of their report to be considered by the appropriate Overview and Scrutiny Committee within 30 days beginning with 1 April at the end of the reporting period.
- 9 Department of Health Guidance states that OSCs are ideally placed to ensure that a provider's Quality Account reflects the local priorities and concerns voiced by their constituents.
- 10 Quality Accounts aim to encourage local quality improvements, and OSCs can add to the process and provide further assurance by providing comments on the issues they are involved in locally and have engaged with providers during the course of their activities during the year.

NHS Foundation Trust Quality Accounts 2022/23

- 11 The timing of today's Adults Wellbeing and Health Overview and Scrutiny Committee means that not all of the draft NHS Quality Account were received for inclusion within the agenda pack.
- 12 Upon receipt of the draft Quality Account documents, the Council has 30 days within which to submit a response to the documents to the respective NHS Foundation Trusts.
- 13 Representatives of the three Foundation Trusts have been invited to the meeting to present to members information on their draft Quality Account for 2022/23 and respond to any member questions
- 14 Presentations will be given by representatives of North East Ambulance Service NHS Foundation Trust, County Durham and Darlington NHS FT and Tees Esk and Wear Valleys NHS Foundation Trust detailing information on performance against the 2022/23 priorities and also the proposed priorities for 2023/24. The presentations are attached at Appendices 2, 3 and 4.

- 15 Thereafter, proposed responses to the respective draft NHS Foundation Trust Quality Accounts will be drafted and submitted for approval by the Democratic Services Manager as the Council's Statutory Scrutiny Officer in consultation with the Chair and Vice Chair of the Adults Wellbeing and Health OSC.

Background papers

- None

Other useful documents

- None

Author(s)

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Tel: 03000 268140

Appendix 1: Implications

Legal Implications

This report has been produced to reflect the requirements of the Health Act 2009.

Finance

None.

Consultation

The Adults Wellbeing and Health Overview and Scrutiny Committee are invited to comment on the NHS Foundation Trust Draft Quality Accounts documents 2022/23 as outlined in this report.

Equality and Diversity / Public Sector Equality Duty

None.

Climate Change

None.

Human Rights

None.

Crime and Disorder

None.

Staffing

None.

Accommodation

None.

Risk

None.

Procurement

None.

**Appendix 2: North East Ambulance Service NHS Foundation
Trust Draft Quality Account 2022/23 Presentation**

Attached as a separate document

**Appendix 3: County Durham and Darlington NHS Foundation
Trust Draft Quality Account 2022/23 presentation**

Attached as a separate document

**Appendix 4: Tees, Esk and Wear Valleys NHS Foundation Trust
Draft Quality Account 2022/23 presentation**

Attached as a separate document



North East
Ambulance Service
NHS Foundation Trust



2022/23 Quality Report

Tracy Gilchrist
Deputy Director of Quality & Patient Safety
(Lead Nurse)

Mission: Safe, effective, responsive care for all

Vision: Unmatched quality of care

Introduction

- Overview of Quality Report requirements
- Current position and performance
- Update on 2022/23 quality priorities
- Proposed 2023/24 quality priorities

NHS

**North East
Ambulance Service**

NHS Foundation Trust



2022/23 performance



2022/23 demand on services April 2022- January 2023*

(*please note this data is subject to change at the end of the financial year)



387,105

999 calls answered



681,631

111 calls answered



215,727

Patients taken to hospital



314,913

Incidents attended



99,204

Patients treated at home



215,727

Patients treated over the phone



311,732

Patients taken to hospital appointments












07:47

Average Category 1 response time

2022/23 performance April 2022- January 2023*

(*please note this data is subject to change at the end of the financial year)

Safety		Clinical Effectiveness		Patient Experience	
		Ambulance Clinical Quality Indicators		Patient Satisfaction Survey	
			 		
2,825	31		30.7%		Very good / good
patient safety incidents	serious incidents	of patients achieved a return of spontaneous circulation (ROSC)		Patient Transport Service	Very poor / poor
		98.6%			94.4%
		stroke care bundles delivered			4%
		84.2%			81.2%
		sepsis care bundles delivered			13.1%
		86.4%			89.1%
		STEMI care bundles delivered		see & convey	7.4%
				see & treat	96.8%
					1.4%



Quality priorities

2022/23 quality priority update

2023/24 proposed quality priorities

Update 2022/23 quality priorities

Patient safety

- Working with system partners to reduce handover delays
- Learn from incidents and prepare for the Patient Safety Incident Response Framework (PSIRF)

Clinical effectiveness

- Use our resources as efficiently as possible by making better use of our clinical model

Patient experience

- Involve our patients & communities to improve care



Working with system partners to reduce handover delays

What we achieved

- We have completed a thematic review of handover delays and developed a comprehensive handover report to share with Acute Trusts
- Worked with the system to develop a handover Standard Operating Procedure and agree a regional commitment to a zero-tolerance approach to handovers over 60 minutes
- Updated clinical safety plan- safe allocation of resources in time of demand

What we need to do

- Continue working with our system partners to consider ways to improve effectiveness across all parts of our system to reduce handover delays

Learn from incidents and prepare for the Patient Safety Incident Response Framework (PSIRF)

What we achieved

- We employed a PSIRF Implementation Programme Lead to provide expert programme leadership and to ensure we meet the transition deadline
- We have completed a gap analysis against the framework to inform our implementation action plan

What we need to do

- We need to develop our Patient Safety Incident Response Plan and Policy based on our incident profile

Use our resources as efficiently as possible by making better use of our clinical model

What we achieved

- Developed our First Contact Practitioner (FCP) workforce improving their skills for the management of low acuity patients
- Completed a benchmarking exercise to identify gaps in out of hospital provision which has enabled us to work with providers to treat patients away from hospital
- Improved access to clinical advice for our staff by introducing a Clinical Team Leader (CTL) role

What we need to do

- We need to increase mental health expertise in our Emergency Operation Centres
- We need to continue working with providers and commissioners to develop mental health and urgent care 2-hour community pathways

Involve our patients & communities to improve care

What we achieved

- We have increased our in-person engagements
- Working with regional partners to improve services
- We involve patients through the Stakeholder Equality group and have worked with this group to inform the development of the Equality Plan 2023-27

What we need to do

- We need to increase our public involvement in service change, service delivery, design and redesign and include our patient representatives on assurance committees.

Proposed 2023/24 quality priorities

Patient safety

- To continue working with system partners to reduce handover delays
- Respond to patient safety incidents in a way that leads to service improvements and safer care for all our patients

Clinical effectiveness

- To be confirmed however it is anticipated it focus on improving see and treat rates or reducing C2 delays or improving mental health care access

Patient experience

- To increase service user involvement in our patient safety and patient satisfaction activities



To continue working with system partners to reduce handover delays

Executive Director Lead: Stephen Segasby

Why?

- To handover over patients to Emergency Departments safely within national target timeframe to effectively reduce the risk to our patients, improve patient outcomes and patient and staff experience

How?

- Collaborative working with our partners and a system wide approach to finding a solution, improve data sharing, standardise reporting to drive improvements
- Review the procedures in place between NEAS and each acute hospital Emergency Department (ED)
- Understand the impact on the overall patient experience of patients waiting in ambulances
- Understand the moral injury impact of handover delays on our staff
- Review and refine our risk management and escalation arrangements during times of demand
- Review the impact and effectiveness of our clinical procedures to reduce the impact on ED

Respond to patient safety incidents in a way that leads to service improvements and safer care for all our patients

Executive Director Lead: Julia Young

Why?

- To develop the cultures, systems and behaviours necessary to respond to patient safety incidents (PSIs) in a way that ensures we learn from mistakes to improve patient safety for all

How?

- Develop robust governance and oversight procedures
- Understanding of our incident profile and local safety priorities
- Ensure investigators have received appropriate training in communication of patient safety incidents including 'being open' and Duty of Candour
- Improve system wide learning to improve the quality of care we provide to our patients.
- Work closely with partners to identify and mitigate risks across the system and implement the Patient Safety Incident Response Framework
- Include staff health and wellbeing as a critical component of patient safety

Clinical effectiveness to be confirmed

Executive Director Lead: Dr Kat Noble

Why?

- To create a culture of continuous improvement and learning so our patients receive the best care

Potential areas of focus

- Safely reducing avoidable conveyance/ improvement of see and treat rates
- Initiatives to improve Category 2 response rates
- Work with providers and commissioners to develop mental health and urgent care 2-hour community pathways
- Clinical supervision of operational workforce

To increase service user involvement in our patient safety and patient satisfaction activities

Executive Director Lead: Julia Young

Why?

- To reinforce the patient voice at all levels in an organisation by strengthening service user/family/ staff involvement in the shaping and delivery of our patient safety priorities

How?

- We will seek patient and staff feedback and involvement in service change, service delivery, design and redesign
- We will adopt the procedures produced by NHS England and NHS Improvement for regular review of Patient Safety Partner (PSP) involvement
- We will identify a lead on the board for PSPs
- We will encourage patient membership of safety and quality committees whose responsibilities include the review and analysis of safety data
- We will encourage patient participation in patient safety improvement projects
- Understanding of the moral injury impact of patient safety incidents on our workforce



**North East
Ambulance Service**
NHS Foundation Trust



North East Ambulance Service

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Durham County Council Adults Wellbeing and Health Scrutiny Committee – 11th May 2023

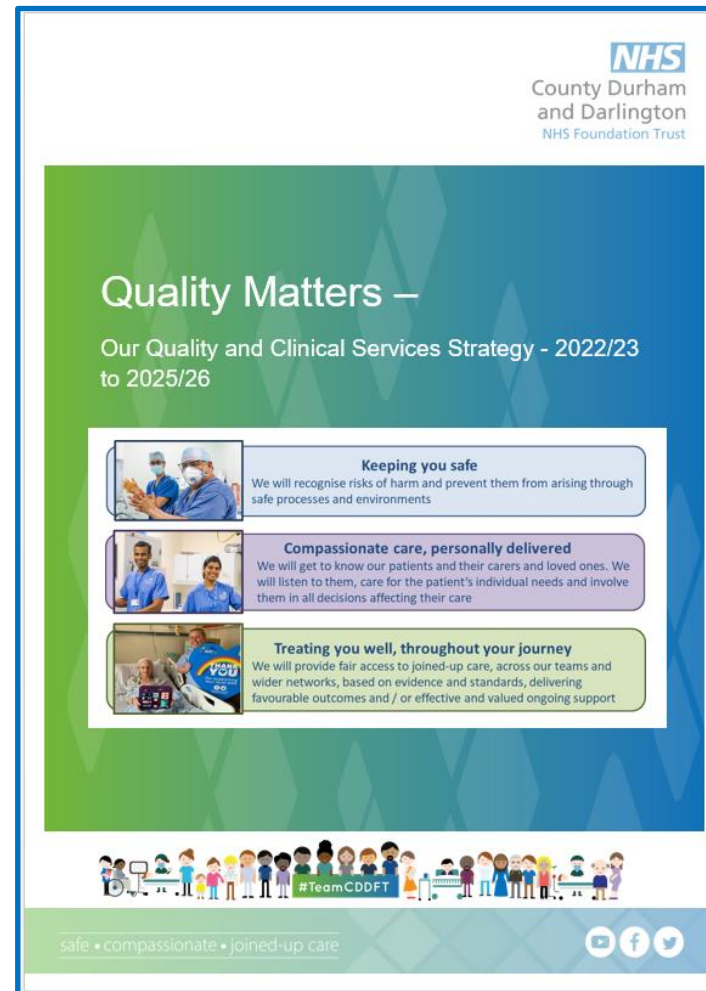
Quality Accounts Update

Warren Edge and Lisa Ward



Introduction

- Quality Matters – is our strategy to 2025/26 to support the achievement of our vision, **Right First Time, Every Time**, and is underpinned by our core values.
- Our priorities for 2022/23 reflected the priorities in the refreshed strategy and priorities brought forward from 2021/22 where there was further work required
- We have recruited and appointed a Quality Improvement Senior Sister to lead on sharing quality improvement work across teams and specific projects and aim to build on this approach



Summary - Safe

Domain	Quality Priority	2022/23 rating	Headlines	Retain for 2023/24?
Safety	Falls	Amber	Falls in our acute hospitals reduced slightly on the prior year and are slightly below the benchmark from the last national audit five years ago, set against increasing patient acuity and comorbidities. The Falls Team have been reinvigorated and are providing updated education and training and supporting a range of quality improvement projects. Falls in community hospitals have, however, increased, linked to demand and acuity pressures.	✓
	Pressure ulcers (PU)	Amber	There has been one Grade 3 PU with a lapse in care in the year compared to our zero tolerance (subject to validation).	✓
	Healthcare Acquired Infections	Amber	We have reported one MRSA bacteraemia (exceeding our zero tolerance) and 61 C-Diff cases against our full-year threshold of 59. All cases are reviewed and learning implemented. All providers in the North East, except Gateshead have reported MRSA cases and the C-Diff trend is replicated in the region and nationally. Thresholds for other reportable infections have been met.	✓
	Maternity Services	Amber	The Trust implemented a Maternity Quality Improvement Framework, through which we have implemented many of the improvement actions contained in our action plan to respond to the Ockenden report. In line with the national direction we suspended the roll out of Continuity of Carer and have implemented a model to sustain acute and community services, with some continuity teams, following extensive consultation with staff. In line with regional and national picture, we continue to have vacancies and are actively recruiting to them and monitoring our staffing in the meantime.	✓
	Invasive procedures	Amber	All of the actions set out for 2022-23 have been taken. Compliance with all Local Safety Standards for Invasive Procedures has been audited, and improvement actions are being worked on.	✓
	Sepsis	Amber	New screening tools have been introduced for maternity, community and urgent care. However, provision of antibiotics in one hour in A&E remains a challenge.	✓

Summary – Experience/ Effectiveness

Domain	Quality Priority	2022/23 rating	Headlines	Retain for 2023/24?
Experience	Care of patients with additional needs	Amber	Good progress has been made with respect to specific training and specialist nursing support for patients with dementia, learning disabilities (LD) and – working with partners – for those with mental as well as physical health needs. A specific FFT has been introduced for patients with LD. We aim to recruit more dementia champions, increase the coverage of our training and embed practice developments.	✓
	Discharge	Amber	We have positive (above average) results from national inpatient surveys but continue to learn from Section 42 referrals and to work on optimising our discharge pathways to avoid delay.	✓
	End of life care	Amber	Our draft strategy is being consulted upon. Access to side rooms for privacy and dignity remains a challenge, especially given estates constraints at UHND. We are increasing capacity incrementally and educating teams to make best use of alternative accommodation (community hospitals) and to maintain privacy and dignity in bays.	✓
	Nutrition and Hydration	Amber	Audit results remain positive and we have introduced specific campaigns to monitor and maintain hydration. MUST assessments improved towards target but the new processes in our Electronic Patient Record system (Cerner) require further time to embed.	✓
Effectiveness	Mortality / Medical Examiners	Green	All national mortality indicators are in line with statistical parameters. Learning from death reviews continue to find less than 1% of cases which were potentially avoidable. Additional reviews covering deaths in low risk categories have found no issues and we are now starting to undertake reviews of deaths where patients have waited for long periods in A&E and increasing our reviews of deaths involving patient with Learning Disabilities.	No
	Paediatrics	Amber	We have strengthened paediatric specialist nursing in the Children's A&E area at DMH and sustained 24/7 Paediatrics Assessment co-located with A&E at UHND. We are increasing our ward-based staffing to sustain 1:4 nursing to patient ratios and working closely with mental health and local authority partners to provide effective, evidence-based care to children and young adults needing mental health care as well as care for their physical health.	✓
	Excellence Reporting	Green	We continue to see increasing levels of excellence reporting year on year and have forums to share learning from excellence.	No

Summary – other points

- The continuation of the priorities into 2023/23 is to be expected as these are priorities in our quality strategy and were agreed in consultation with stakeholders, patients and staff.
- We now have a companion Patient Safety Strategy (presently in draft), focusing on Insight, Involvement and Improvement.
- We would propose to add one further quality priority for 2023/24, to the continuation of those overleaf being the year one implementation of the patient safety strategy
- Although not a local priority, A&E performance is required to be reported on in our Quality Account as a national target. The Trust has, for the last quarter, seen and treated / admitted around 70 to 73% of patients attending A&E within four hours. This is, generally, slightly above the national average and broadly in line with the region, albeit one or two per cent below on occasion. We have achieved significant reductions in patients waiting over 12 hours in the department and in patients waiting 12 hours or more for a bed, from a decision to admit, as well as in ambulance handover delays. The changes reflect some reduction in demand but also a range of process improvements. The next priority is to maintain and improve performance around the time to assessment and time to treatment indicators.

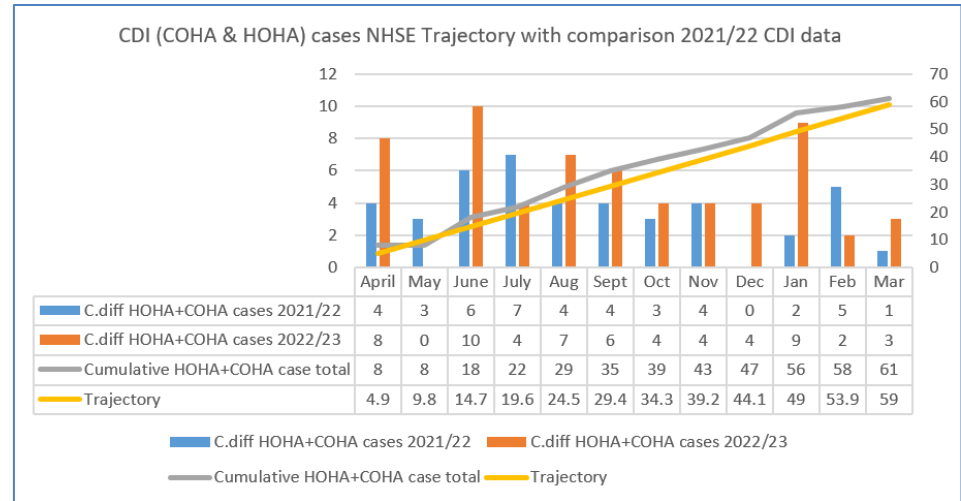
- Page 80 The Falls Strategy has been revised.
- Falls per 1,000 bed days for 2022/23, compared to 2021/22 were:

	2021/22	2022/23
Acute/ General	6.4	6.3
Community	5.9	6.8

- The national benchmark for General Hospitals from the last falls audit (five years ago) was 6.6 to 6.8 with a lower rate for community hospitals.
- Patient acuity and comorbidities are increasing. This is a factor in the trend in community hospitals along with demand pressures.
- The Falls Team completes Rapid Reviews of falls within five days
- Questionnaires have been built into the Incident Reporting system to allow all falls to be assessed for lapses in care and improvement targets set based on falls with lapses in care. Most falls reviewed could not be predicted /prevented
- Documentation on wards has been updated to the latest falls care bundle
- There is ongoing education from the Falls team to all wards and teams, face to face.
- The recently appointed Quality Improvement Senior Sister and Patient Safety Matron are focusing on falls as a first priority and supporting improvement projects on wards in acute and community settings.
- We would be happy to share examples of the QI projects with the Committee during questions.

Healthcare Acquired Infections / Pressure Ulcers

- There has been one MRSA bacteraemia infections reported in the year breaching our zero tolerance, albeit an ongoing year on year improvement. Investigation has found it to be potentially avoidable and learning is being promulgated.
- The Trust was had 61 C-Diff cases against our full year threshold of 59. This is a trend being seen nationally. All cases have been investigated and learning has been promulgated.
- All providers in the region, except Gateshead have reported MRSA cases and many have seen similar or greater increases in C-Diff cases in year.
- The Trust is above its internally set trajectory for MSSA infections but below national trajectories for Klebsiella, Pseudomonas and e-coli
- Monthly back to basics audits have been taking place to reinforce compliance with good infection control practice in all areas. These are being adapted to allow the IPC team to focus on supporting areas with challenges with most areas now covered every quarter.
- There has been only one Grade 3 pressure ulcer in the year to date (zero Grade 4 ulcers) where a lapse in care was identified.



Maternity Services

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Aims	Progress
Birth Rate + staffing review	This independent review is underway and expected to conclude by 30 th June 2023.
To progress in rolling out Continuity of Carer	This objective has been superseded by the last Ockenden report and national ‘pause’ to ensure that developments recognise the overriding need for safe staffing. We have engaged extensively with our teams and evaluated safe staffing and agreed a ‘hybrid’ model under which well-established “Infinity” teams have been retained in some locations but traditional acute and community teams have been maintained in most others. Due to staffing constraints, we continue to monitor these arrangements.
Ockenden Action Plans	The Trust has evaluated the safety of its maternity staffing in line with the national requirement (see below) and has continued to implement the required actions, taking account of feedback from a review by the Local Maternity and Neonatal System. All aspects of the maternity service are reviewed at bi-monthly safety champions meetings and the Integrated Quality and Assurance Committee. There has been an Executive-supported Maternity Quality Improvement Framework in place which has seen real improvements in quality, safety, screening and use of IT systems.
Staffing – recruitment and retention	<p>There is a branded recruitment programme underway, which is seeing some success (“Work with a Team that Delivers More”) and we have also been successful in trialling international recruitment. In keeping with maternity services regionally and nationally, there remain staffing pressures, with some impact on morale and retention. These are kept under review with the Executive. Our Workforce Experience Team is supporting the service with wide and meaningful staff engagement and in providing wellbeing support.</p> <p>Daily action planning meetings are held to agree actions to maintain safe staffing for our maternity services taking account of demand and acuity.</p>

Preventing harm from invasive procedures

- No never events have occurred in the year.
- All Local Safety Standards for Invasive Procedures (LocSSIPs) have been reviewed and a single library of approved versions is in place on our intranet
- There is an overall policy in place for LocSSIPs and a monitoring process through our Clinical Standards and Therapeutics Committee and Integrated Quality and Assurance Committee.
- Audits of compliance have been undertaken, covering all LocSSIPs by 31st March 2023. Issues identified have been shared with the Medical Director and Care Group Directors to oversee improvement actions in the relevant clinical service teams. Most relate to ensuring full completion of certain fields and version control.
- One of our Digital Matrons is working with Clinical Leads to prioritise LocSSIPs to be built in our EPR system, with compliance to be driven by workflow functionality and mandatory fields.

Patient Deterioration

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- We have increased class sizes for face to face training with respect to recognition and treatment of deterioration and gradually catching up after the pandemic.
- Our AKI and renal in-reach services have been subject to an interim evaluation, with clear benefits identified in terms of length of stay, improved specialist support to nursing staff and junior doctors, the patient experience, and adherence to NICE guidance and evidence-based standards. Further evidence is needed but the service is also expected to have contributed to improvements in mortality ratios and preventing unnecessary admissions to critical care.
- We have introduced an acute competency development pathway for registered nurses on our AMUs with further training in managing the deteriorating patient and to impart essential skills such as arterial blood gas interpretation, taking blood cultures and basic rhythm recognition.
- “Call for Concern” (see the poster) has also evaluated well, based on an initial review and we are committed to publicising the service more widely. There are examples where contact from relatives or friends has made a difference to the care of a patient and / or improved communication with the family
- Treatment Escalation Plans have been captured in our EPR system, as have pain scoring, risk assessment, care planning and staff alerts for patient deterioration. We are embedding the completion of patient risk assessments and response to alerts.

The poster features a green and blue background with a grid pattern. At the top left, there is an illustration of five diverse people and the text '#TeamCDDFT'. At the top right, the NHS logo and 'County Durham and Darlington NHS Foundation Trust' are displayed. The main title 'Call 4 Concern' is in large white font. Below it, the text asks 'Are you concerned about a patient's condition?' and states the trust's commitment to safe, compassionate, and joined-up care. It lists three contact numbers: Bishop Auckland Hospital (01388 455640), Darlington Memorial Hospital (01325 743743), and University Hospital of North Durham (0191 3332700). At the bottom, there is another illustration of a diverse group of people, the NHS motto 'safe • compassionate • joined-up care', and social media icons for YouTube, Facebook, and Twitter with the website 'www.cdft.nhs.uk'.

Care of Patients with Sepsis

Area	Progress
Accident and Emergency Services	<p>Patient Group Directions (PGD) have been rolled out alongside a Nurse-led Pathway. These cover the ‘Sepsis Six’ and enable a senior nurse to give a first dose of antibiotics (IV Tazocin) whilst the patient is awaiting clinical review.</p> <p>Use of the PGD has, however, been limited because in most cases there appears to be an underlying origin known, which discounts using the PGD. Work is on-going with the Sepsis Lead Nurse/Clinical Teams to consider the options available to optimise antibiotic delivery in the Emergency Departments.</p>
Maternity Services	<p>The Early Detection Lead Nurse has been working closely with Maternity Services to review the current Sepsis tool which is now in line with NICE and UK Sepsis Trust recommendations.</p>
Urgent Care and Community Services	<p>The Sepsis Tool for Community Patients and Urgent Care Centres has been implemented across Urgent Care and Community teams at CDDFT. The tool is now live in Systmone, with an overall aim to prompt early identification and response to Sepsis. In addition to this the tool prompts the team to consider whether hospital admission could be avoided for those patients where escalation of care may not be appropriate.</p>

Additional needs

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Aims	Progress
Dementia	<ul style="list-style-type: none"> Over 90% of staff have completed the required training in dementia awareness (over 95% for Tier 1) Sensory training has been reintroduced since September 2022 and completed by 142 staff. Enhanced care training has been completed by 112 staff. We are reinvigorating recruitment of Dementia Champions on each ward, post pandemic and have signed up the Dementia Friendly Hospital Charter Dementia assessments have been built into EPR.
Learning Disabilities (LD)	<ul style="list-style-type: none"> There is a well-embedded pathway involving flagging of any patient (who consents to flagging) with a learning disability to the specialist LD nurses who then support risk assessment and agreement of reasonable adjustments. Staff are encouraged to use the Hospital Passport and 'Coming Into Hospital' packs and contact details for the LD team are shared with carers. Each patient staying more than five days is reassessed at Day 5 by an MDT team including the LD nurses Patients are followed up after discharge, by telephone and in person if considered appropriate through our LD outreach service. Further training in LD and Autism is being introduced for all our staff. Packages have been developed and are ready to deploy. We have a specific friends and family test for LD patients and their families / carers in an easy read format
Patients with mental health needs as well as physical ill-health	<ul style="list-style-type: none"> A Partnership Alliance and Operational Group are in place with TEWV and local authorities to plan services and agree joint are plans where appropriate On site Psychiatric Liaison Teams are in place, in close proximity to our A&E Departments. Joint work on good practice guides is taking place, with TEWV, to ensure relevant elements relating to an acute environment area are enacted.

- We are updating our approach to include learning from all previous Work As One and 'Perfect Week' exercises, building on our Next Step Home approach.
- We work closely with local authority partners to support early discharge using trusted assessment and time to think beds
- We have seen positive feedback (4 of the Top 5 questions for the Trust in the 2021 CQC national inpatient survey, where we were above average concerned discharge)
- We have seen fewer Section 42 safeguarding concerns in recent months raised and there is thematic work undertaken between the Safeguarding teams and Discharge Facilitators / Coordinators to embed any learning arising
- We continue to work on facilitating discharge earlier in the day for patients

Top five scores for CDDFT:

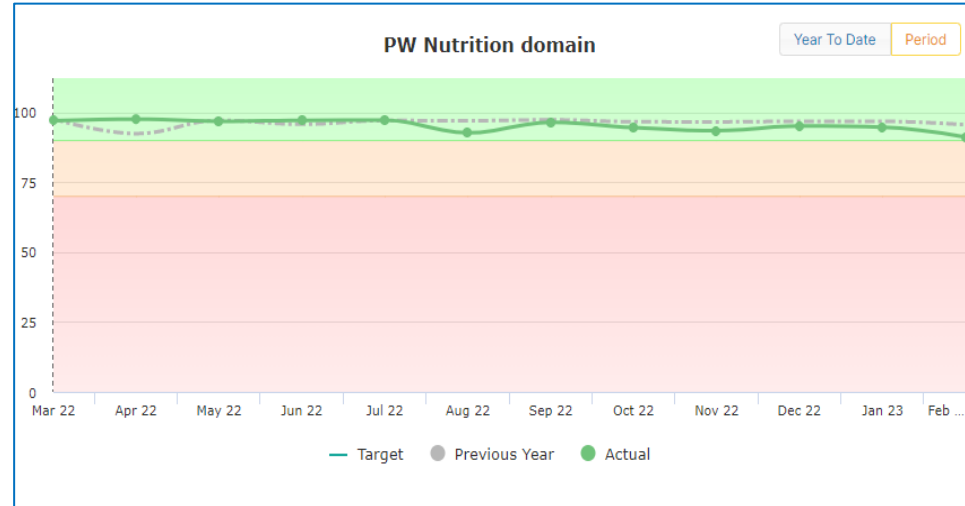
Survey Section	Question	CDDFT Result (0-10)	Trust Average (0-10)
Leaving hospital	Q46: After leaving hospital, did you get enough support from health or social care services to you recover or manage your condition?	7.0	6.5
Leaving hospital	Q42: Before you left hospital, did you know what would happen next with your care?	7.2	6.8
Leaving hospital	Q37: Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?	8.9	8.7
Leaving hospital	Q44: Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	8.6	8.5

End of Life / Palliative Care

Aims	Progress
Development of an end of life care strategy	<p>There is a Draft End of Life Care Strategy in circulation for comment from a wide range of stakeholders. It sets out ambitions to:</p> <ul style="list-style-type: none"> • Treat all patients as individuals • Provide each patient with fair access to care • Ensure maximum wellbeing and comfort • Ensure that care is coordinated • Ensure that all our staff are prepared and equipped to provide care those in their last stages of life
Access to side rooms	<p>The constraints of the estate at UHND continue to result – at a time of high demand from respiratory and other infections – in some patients not being able to have the privacy and dignity of a side room at the end of their life. We make use of community hospitals where appropriate and are reviewing opportunities to increase side rooms across the Trust’s estate, including incremental increases as we extend, or develop new, wards. Audits have shown that access to side rooms is more of a challenge at UHND.</p> <p>Education is provided to staff on ways to maintain the privacy and dignity of end of life care patients within the wider hospital footprint where side rooms are not available.</p>

Nutrition and Hydration

- Compliance with nutrition measures covered by wards audits (the “PW Nutrition Domain”) remains high at over 90% and rated green
- Dietetics have supported the wards in maintaining and improving compliance with completion of MUST assessments within four hours of admission. The graph to the right covers all care groups. On our medical wards, compliance ranged from 88% to 96% between April and September, with most wards regularly scoring over 90%. There has been a dip since the implementation of Cerner as for all risk assessments with intensive education and training now being provided on wards to embed their use.



Quality Improvement project November 2020

#TeamCDDFT

Red Amber Green Water Jug lids

Patients in hospital are at risk of dehydration. By using interchangeable water jug lids is a simple visual way of monitoring how much patients are drinking.

At CDDFT we can work together to prevent dehydration, improve cognition, reduce falls and Acute Kidney Injury (AKI).

Using traffic light lid colours will show how much patients are drinking

- All staff should flag those patients who still have a red lid on their jug after 5pm to the named nurse
- Clinical staff should start fluid balance via nurse centre if they have a clinical need or at risk of dehydration
- Using a BLUE lid will identify patients who are on a FLUID RESTRICTION or have a CLINICAL CONCERN

Daily routine

07:00am All water jugs collected

07:30am Ward Nurses to give every patient a 750ml jug of water with a **RED** lid

07:35am The named nurse to review patients who require a **BLUE** Lid and change accordingly

12:00pm Check every patients water jug
If jug is **EMPTY**, refill and change the lid to **AMBER** (update fluid balance if applicable, document in care plan)

17:00pm Check every patients water jug
If jug is **EMPTY** and the lid is **AMBER**, refill and change the lid to **GREEN**.

If jug is empty and lid is **RED**, change to **AMBER**
If lid still **RED**, inform named nurse update fluid balance if applicable, document in care plan)

A range of quality improvement projects have been undertaken to support awareness of, and compliance with good hydration. Examples are noted to the left.

Mortality / Learning from Deaths

Measure / source of assurance	RAG
Summary Hospital Mortality Indicator (SHMI)	Green
Hospital Standardised Mortality Ratio (HSMR)	Green
Copeland's Risk Adjusted Barometer (CRAB)	Green
Completed mortality reviews	Green

HSMR measures, effectively in-hospital deaths

SHMI also includes deaths out of hospital within 30 days. The Trust is a national outlier for this indicator.

Comments

- All indicators are in line with expectations with less than one per cent of reviews completed for 2021/22 and 2022/23 pointing to any evidence that a death may have been preventable.
- SHMI remains within statistical parameters helped by our AKI service and Cerner includes functionality to increase the depth of coding resulting in more accurate data going forwards
- The Medical Examiner service is now fully staffed and fully embedded at DMH with UHND close to that stage. There is a good relationship with the Coroner already in place. Pilots are underway with respect to the community based medical examiner service and a business case will be brought forward to request further investment. The community element is dependent on the sign up of GPs to ME roles.

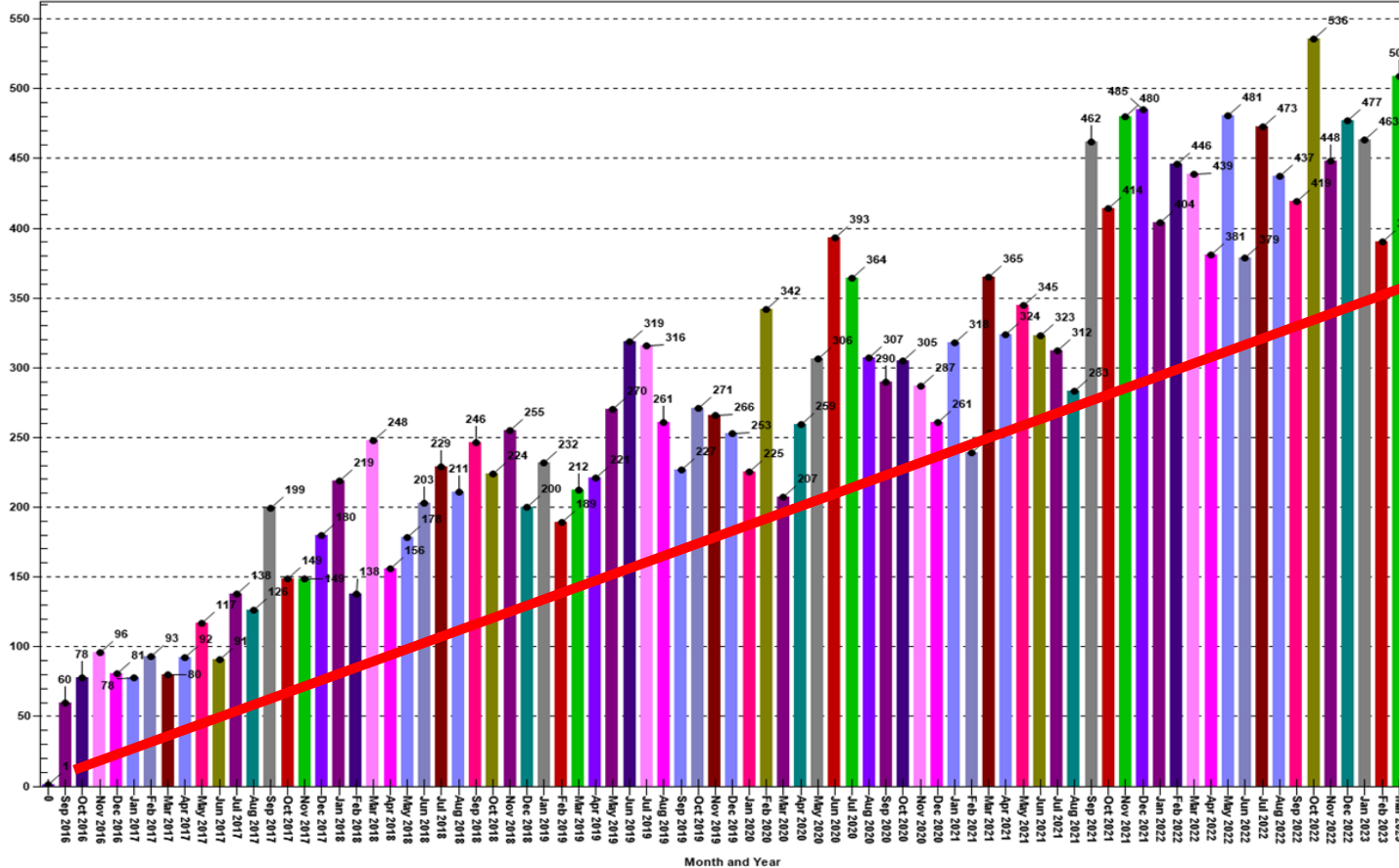
Paediatrics

- We have sustained 24/7 opening for the front of house Paediatric Assessment Area at Durham
- We have recruited additional specialist nursing staff in line with our aim to meet the RCPCH standards for the Paediatric A&E area at DMH.
- Further investments in specialist paediatric and neonatal staff have been agreed and are being recruited to
- We are also increasing our ward based staff to ensure a 1:4 nursing ratio given the acuity and needs of our patients e.g. respiratory viruses and mental health needs
- We have established a Partnership Alliance Group, and an operational group with TEWV and local authority partners to jointly plan and coordinate care for children and young people with mental health needs. The operational group looks after care planning and mitigation of risks
- We have reviewed our ligature risk assessments for paediatric wards with support from TEWV and are implementing actions arising.
- We are working with the support of the regional Paediatrics Network with respect to the changes we are making to our services

Excellence Reporting

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Total number of ExcellenceReports by month



The red line shows the positive year on year trend

The increasing numbers of reports are shared with staff through a bulletin and a number of “walls of awesomeness” in key locations around the Trust.

A&E performance is required to be reported on in our Quality Account as a national target. The Trust has, for the last quarter, seen and treated around 70 to 73% of patients attending A&E within four hours. This is, generally, slightly above the national average and broadly in line with the region, albeit one or two per cent below on occasion.

It is worth noting that the 2023/24 planning target is for Trusts to see and treat / admit at least 76% of patients in four hours by March 2024. We are assured that, given our starting position and with the developments planned for the coming year, such as expansion of Same Day Emergency Care at UHND, we can meet this expectation.

We have also achieved significant reductions in patients waiting over 12 hours in the department and in patients waiting 12 hours or more for a bed, from a decision to admit, as well as in ambulance handover delays. The changes reflect some reduction in demand but also a range of process improvements. The next priority is to maintain and improve performance around the time to assessment and time to treatment indicators.

The Trust was asked to present, regionally, on the improvements made in respect of ambulance handover times and 12 hour waits for beds.

Around 62% of patients were assessed within 15 minutes of arrival in the department, in February and March 2023.

A&E waiting times – actions and developments

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- We have doubled the size of the ambulance handover bay at DMH, which now takes 8 patients compared to 4.
- We have fully established Ward 33 as an operational ward, increasing the resilience of our bed base, with further increases in capacity planned for early in 2023/24
- We have recruited paediatric specialist nurses to meet the Royal College of Paediatrics and Child Health recommendations for our A&E at DMH and staff will commence in post over this quarter
- We have fully embedded our Same Day Emergency Care service (as an alternative to A&E for suitable patients) at DMH and increased the number of patients using it.
- We have put additional staff (one Registered Nurse and one HCA) into the waiting rooms to monitor patients and have safety checklists and checklists to ensure patients get food and drink whilst waiting
- We have extended in-reach into the department from acute care physicians given patients can be waiting longer
- We continue to work proactively with, and are supported by, our local authorities to address challenges with access to beds in the community or domiciliary care.
- We have agreed, and are rolling out, additional investments in middle grade and junior doctors in our A&E Departments.
- We are working on investing in seven day services to ensure all patients receive a medical review every day. Implementation is expected to be incremental, however, given dependence on funding and the recruitment market this will take some time.

Any questions?



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TEWV Quality Account 2022/23

Look back at 2022/23 quality achievements and look forward to 2023/24 quality improvement priorities

Avril Lowery

Director of Quality Governance

May 2023

- To look back at progress made on the Quality Account improvement priorities and quality indicators in the past year.
- To outline proposed quality improvement priorities for 2023/24 (which will be included within the 2022/23 Quality Account).
- To set out the probable dates for formal consultation and discuss how you can best respond.

Looking Back – Quality Priorities 2022/23

Personalising Care planning

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NHS

Tees, Esk and Wear Valleys
NHS Foundation Trust

- Improving care planning is now part of the Advancing Our Clinical , Quality and Safety Journey programme which is prioritising and escalating the areas of highest risk
- DIALOG is a care planning system and is based on and facilitates a co-creation approach to care planning
- Significant work has already been undertaken introducing the principles of DIALOG in preparation for the electronic version which launches 01 July 2023
- Work targeting AMH and MHSOP inpatient care planning, via the introduction of a paper-based version of DIALOG and DIALOG+ continues to progress well.
- There continues to be a key focus on improving carer involvement through the introduction of a designated carers tab on CITO, a new Carers Hub and launch of the Trust Carers Charter
- There has been a big focus on developing high quality actions plans with regard to improving the patient experience across clinical services.
- Following a scoping meeting there are plans to hold a multi-agency engagement event in relation to moving away from the Care Planning Approach

Measuring Progress



Question	May 2022	March 2023
Inpatient		
Were you involved as much as you wanted in the planning of your care?	78%	74%
Were your family/carers involved in your care as much as you wanted?	81%	72%
Community		
Were you involved as much as you wanted in the planning of your care?	91%	92%
Were your family/carers involved in your care as much as you wanted?	84%	80%
Carer Survey		
Have you been asked to provide your experiences and history of the person you care for?	83%	84%
Do you feel that you are actively involved in decisions about the person you care for?	90%	88%

Feeling Safe

- Our data is telling us that on average 59% (September) of patients feel safe within our inpatient areas against a target of 88% which is frequently not met.
- Feeling unsafe may manifest in patients behaviours such as being uncooperative or hostile. We aim to create a positive relationship in which patients feel safe.
- There is a need to create an open and rehabilitative environment that promotes patient recovery, patient safety and a good working environment for staff. Therefore, it is important to create a safe environment through preventative interventions so that both staff and patients can feel safe.
- Focus Groups undertaken October 2022 across Adult Mental Health Services in DTVF

Improving Safety on our Wards

Feeling Safe

These are some of the key things patients said to us when we asked them what feeling safe meant to them:



Feeling secure



Being able to trust staff



**Feeling both
Psychologically
and physically safe**



Being in a safe environment

What did we ask patients and staff?

Patients

- What does feeling safe mean to you?
- During your stay on the ward have you felt safe?
- When you don't feel safe, what has caused this?
- What things help you when you don't feel safe?
- What does a safe day on the ward look like to you?
- When was the last time you felt safe? what was happening to make you feel like that?

Staff

- What does feeling safe mean to patients?
- During their stay on the ward have patients felt safe?
- When they don't feel safe what has caused this?
- What things help them when they don't feel safe?
- What does a safe day on the ward look like to you?

Some of our findings

- **78%** of patients said that they felt safe on the ward they were currently staying on, patients said that sometimes other patients can cause them to feel unsafe.
- In comparison, **75%** of staff said that they thought patients felt safe on the ward. However, they identified the following reasons why some patients may not always feel safe: when there are new patients admitted to a ward, not enough staff and lack of skills for some staff to effectively manage patient risk and engage with patients to keep them safe.
- Some of the reasons patients gave for not feeling safe included: other patients being violent, drugs and drink on the ward, their own illness, lack of engagement from some agency staff, staff not being visible in communal areas, noise and doors banging.
- This was reiterated by staff that told us that patient presentation, violence and the ward environment can make patients feel unsafe. Staff told us that they didn't always feel safe on shift due to low staffing numbers and presentation of complex patients.
- Reassurance from staff and staff support is a key protective factor in ensuring that patients feel safe on the ward, patients value their relationships with staff.

What helps patients to feel safe:



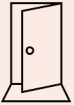
Peer support – talking to other patients on the ward



Staff support – getting reassurance from staff who listen to them and are adequately trained with the right skills and experience.



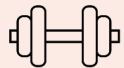
Being able to easily identify staff members from patients



Being able to go to my bedroom when there are incidents on the ward.



Accessing a place on the ward that is quiet.



Listening to music, arts and crafts and access to the gym.



Doing something productive, planting things looking after an allotment.



PAT therapy animals on the ward.



Doing activities, keeping myself occupied during the day.

Being able to access leave, if I can't get out on my own having enough staff to escort me.

This is now informing the development and delivery of our Patient Experience Improvement plans.

Improving Safety on our wards

Oxehealth

- Evaluation of the Oxevision pilot (which uses sensors to monitor patient's vital signs) shows reductions in bedroom falls and self-harm incidents however, data on ward assaults (the focus of this improvement action) was mixed.
- Interviews with clinicians revealed a range of ways in which adopting the system led to changes in clinical practice and to positive impacts on the safety of patients and staff.
- Qualitative data from patients showed improvements in their experience, including better sleep and a greater sense of safety, wellbeing and privacy/dignity.
- Qualitative data from staff showed that the vast majority of respondents viewed the system as an assistive tool that helped them to deliver safer and higher quality care.
- The Trust has supported a national review of the use of vision-based patient monitoring systems (VBPMS) in mental health wards and is disseminating the resulting guidance to relevant wards.
- Oxevision is also being rolled out to further wards across the Trust following the success observed to date.

oxevision®

Body worn cameras

- The other technological innovation being trialled are staff bodycams. 10 wards are piloting this initiative. As the pilot has progressed there has been a range of emerging challenges. These include TEWV and supplier IT issues and additional training required to further progress the pilot. Wards and teams can then explore ways in which they can develop sustained local processes focused upon maintenance and reviewing footage. Although the prime expected benefit of this technology is a reduction in restraint, national studies have also suggested that incidents (which include patient-patient violence) should be reduced.



Environmental work to reduce potential ligature points

- Programme for the installation of sensor doors
- Continued to embed the Safe Wards initiative (an evidence-based tool to reduce violence and support a safe ward environment)

Implementing the Patient Safety Incident Response Framework (PSIRF)

- We have continued to review and improve our Serious Incident Review processes and reports to utilise evidence-based tools, with a focus on learning and identification of emerging themes.
- Staff have undertaken national training from Healthcare Safety Investigation Branch (HSIB).
- Involving families and carers throughout the process.
- Introduced a triage process for incidents that have been categorised as moderate and serious harm to determine quickly the appropriate route for review and to identify early learning.
- Introduced daily patient safety huddles to include clinical staff and subject matter experts.
- Reviewed and refreshed Directors Serious Incident Assurance Panels.



Implementing the Patient Safety Incident Response Framework (PSIRF)

- Procured a new risk management/ incident reporting system
- Undertaken some listening exercises to ensure our staff have a full understanding of the Duty of Candour, undertaken an audit against Trust standards and identified some areas for improvement
- Work continues to improve the quality and oversight of patient safety action plans
- Introduction of Patient Safety Partners



Indicators of Quality

Quality Metrics	Target	Whole Trust 22/23	Whole Trust 21/22	Whole Trust 20/21	National Benchmark
Patient Safety Indicators					
Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'	75.00%	55.57%	65.30%	64.66%	Not a universal measure
Please refer to previous slides on 'Feeling Safe'. We are unable to benchmark with other Mental Health Trusts as this is not universally collected. Further focus groups are being held across the Trust, and these are informing the improvement plans across services. We will continue to focus on this important area of Patient Safety in 2023/24.					
Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) – for inpatients	0.35	0.28	0.17	0.13	TBC
Detail of substantial improvement work to be provided in this section.					
The number of Medication Errors with a severity of moderate harm and above	2.5	13	12	7	TBC
Number of serious incidents reported on STEIS	-	144	141	142	TBC
Clinical Effectiveness Indicators					
Percentage of adults discharged from CCG-commissioned mental health inpatient services receive a follow-up within 72 hours	85%	88%	<i>Previously reported indicator: (Existing percentage of patients on Care Programme Approach who were followed up within 72 hours after discharge from psychiatric inpatient care)</i>		
Patient Experience Indicators					
Percentage of patients who reported their overall experience as very good or good	92.00%	92.16%	94.34%	93.21% <i>Previous target was 94% changed Dec 2023 to 92%</i>	January 2023 MH Trusts 87 %
Percentage of patients that report that staff treated them with dignity and respect	94.00%	86.69%	84.72%	86.77%	TBC
Number of Complaints raised	-	338	257	533	

Indicators of Quality

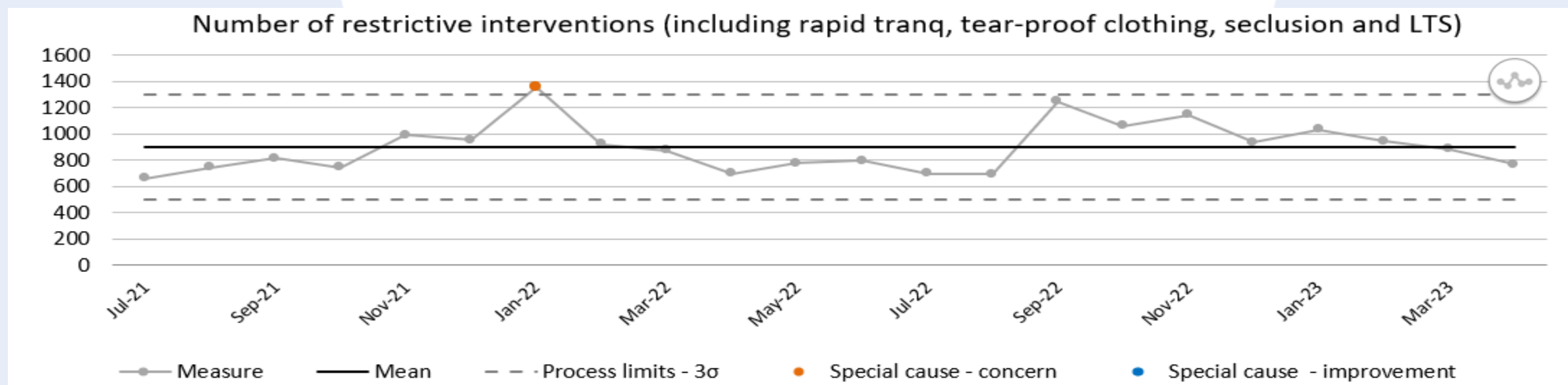
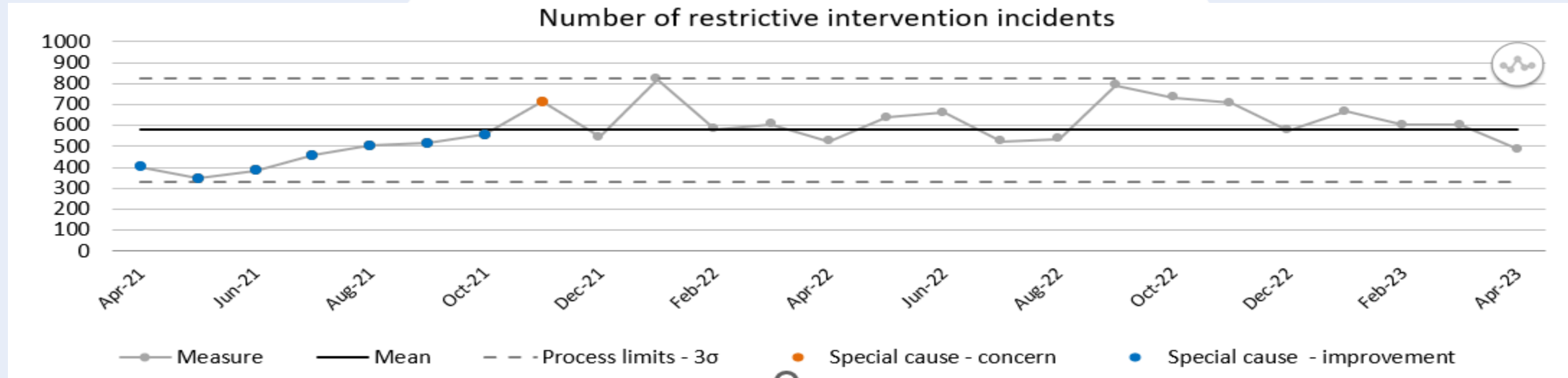
Reducing Restrictive Interventions

- The Trust continues to focus on this important area of patient care and has achieved significant reductions in key areas.
- Developed positive and safe dashboard at patient level detail.
- Being used by MDTs to plan care and monitor progress.
- Long Term Segregation and Restrictive Intervention Panels introduced as a national innovation.
- At the time of reporting the Trust are supporting 9 patients in LTS or prolonged seclusion (6 patients in accommodation in LD).
- The Trust now has a dedicated HOPE(S) Practitioner, to work in partnership with the national team and Mersey Care NHS Foundation Trust.

Indicators of Quality

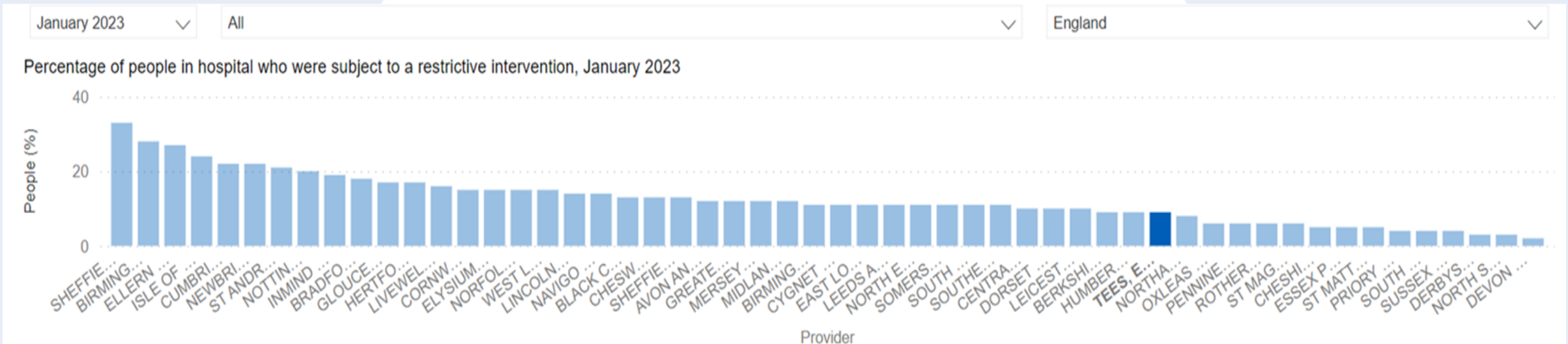
Reducing Restrictive Interventions

Trust wide Positive & Safe Data 2022 - 2023



Indicators of Quality

Reducing Restrictive Interventions



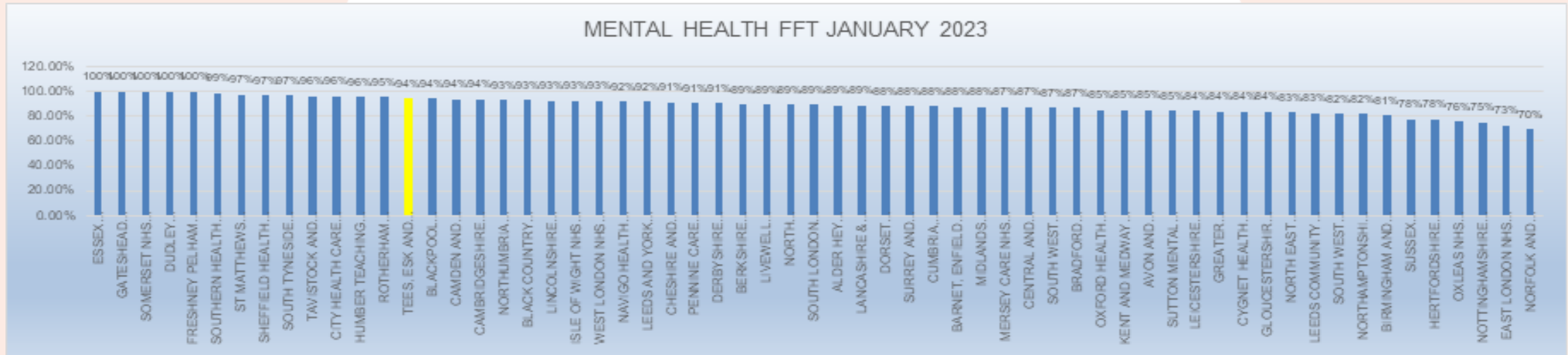
[Mental health services monthly statistics - Restrictive Interventions - NHS Digital](#)

Indicators of Quality

Reducing Restrictive Interventions

	Average usage per month (for 22/23)	Average usage per month (excluding ALD inpatient services) for 22/23
Incidents involving restrictive interventions	578.56	321.20 (<i>difference of 44.4%</i>)
Total Number of restrictive interventions used	897.73	504.82
Use of Prone restraint	10.08	8.04
Use of Supine restraint	208.68	88.64
Use of Rapid Tranquilisation	107.32	91.12
Use of Seclusion	82.82	14.64
Use of Tearproof Clothing	7.64	7.64
Use of Mechanical Restraint	2.48	2.48

Patient Experience – Friends & Family Test



- TEWV the highest MH Trust for the number of responses received **1,419** (national average **285**).
- TEWV ranked **14 out of 61 MH Trusts** regarding positive FFT responses
- During January 2023 **1,419** patients responded to the overall experience question: "Thinking about your recent appointment or stay overall how was your experience of our service?". **94%** scored "very good" or "good" against **national average 87%**.

Learnings about patient safety from West Lane Hospital

Our Trust stopped delivering inpatient children and adolescent mental health services (CAMHS) in September 2019 following a series of incidents at West Lane Hospital. Following this, NHS England commissioned an independent review looking at the care and treatment of three young woman who sadly died in our care in 2019 and 2020.

The review was clear that we needed to improve some of the ways that we work:

Improving the ward environment:

To reduce ligature risks we have made changes to some ward environments. We have:



Removed shower curtains



Replaced old taps with anti-ligature ones



Installed anti-ligature doors in some areas



Ligature risk is assessed monthly by your matron during walk-arounds



We are also piloting a system called Oxehealth in some areas. Oxehealth is an alert system designed to improve safety for the people we care for.

Improving patient safety

We have changed the way we talk about risk; we now use safety summaries and safety plans. Patients, families and carers are much more involved in this.



We used to record information about risk in multiple places. This led to mistakes. The primary place of recording risk is in the safety summary and safety plan.



The quality of our records and content are regularly checked. We use a quality assurance schedule and peer visits to do this.



Learning from these audits and visits is shared in team meetings and huddles so everybody knows how to keep patients safe.



As part of our daily ward safety review, we now share important information which helps keep our patients safe.



We have improved our response to incidents and how we learn from these.

Improving Our governance

Good governance is about having the right people in the right place with the right skills. This supports services to continuously improve and helps us to provide safe and effective care. We know we weren't getting this right and needed to make some changes:



We have changed the way we share information from ward to board.



New meeting structures have been developed.



We are improving the way we are using data and information to better understand how to improve our services.



We have introduced several new roles, so you may have noticed new faces. We have increased the clinical leadership and focus to help us inform our care.



To enhance the patient voice, we have recruited lived experience directors and increased the number of peer support workers.

A large, white, stylized heart shape is centered on the page, set against a light orange background. The heart is the primary visual element and contains the main title text.

Quality Priorities for 2023/24

Our Quality Journey (our Quality Strategy)

- Developed during 2022, with service user and carer input
- Links back to Our Journey to Change which was developed in 2020. This was based on over 2,000 inputs from service users, carers, stakeholders and staff and sets out our vision, mission, goals and values.
- Is supported by our clinical, cocreation, people and infrastructure journeys.
- Is being implemented through TEWV's OJTC Delivery Plan which was agreed at our April 2023 Board of Directors' meeting

Our Journey to Safer Care

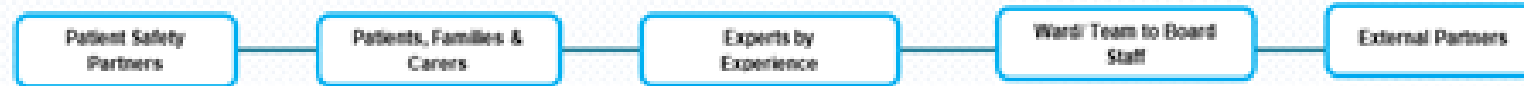


Insight

Our Patient Safety Priorities



Involve



A Patient Safety Culture – Just and Fair

Improve and Inspire How we will achieve our goals



National Patient Safety Strategy

Reporting incidents directly via the new Learning From Patient Safety Events (LFPSE)

Improving Patient Safety through the transformation of the Patient Safety Incident Reporting Framework (PSIRF)

- ✓ Patient Safety Syllabus
- ✓ Patient Safety Specialists
- ✓ Patient Safety Partners



Our Journey to Effective Care

Insight



Involve



Improve and Inspire How we will achieve our goals



Academy of Caring

Provide education and training opportunities which enable all health professionals to deliver effective and compassionate care. Develop new and innovative roles across system
Empathy Training



Patient Safety Faculty

Improve our understanding of safety
Build capability for safety improvement through a Patient Safety Syllabus:

- Human Factors & Safety Management
- Creating Safe Systems

Patient Safety Specialists
Patient Safety Partners



Continuously Improving Patient Safety

Measuring what matters
Team Safety Plans – local ownership
Improvement programmes enable effective and sustainable change
Intelligence for Action:

- Stop the Line
- Flash Safety Briefings
- SBARDS & Webinars
- National Safety Alerts



Maximising Technology

Digital systems and solutions

- CITO
- SafeCare
- Dialogue

New National Reporting & Learning System
Maximising Datix System
New National Patient Safety Incident Response Framework



A Learning Organisation

Opportunities for learning

- When things go well
- From incidents, complaints, litigation
- In our shoes –patient, carer and staff experiences

National Improvement Programmes
Research and Innovation
Innovative and effective ways to share and embed learning
Learning Library

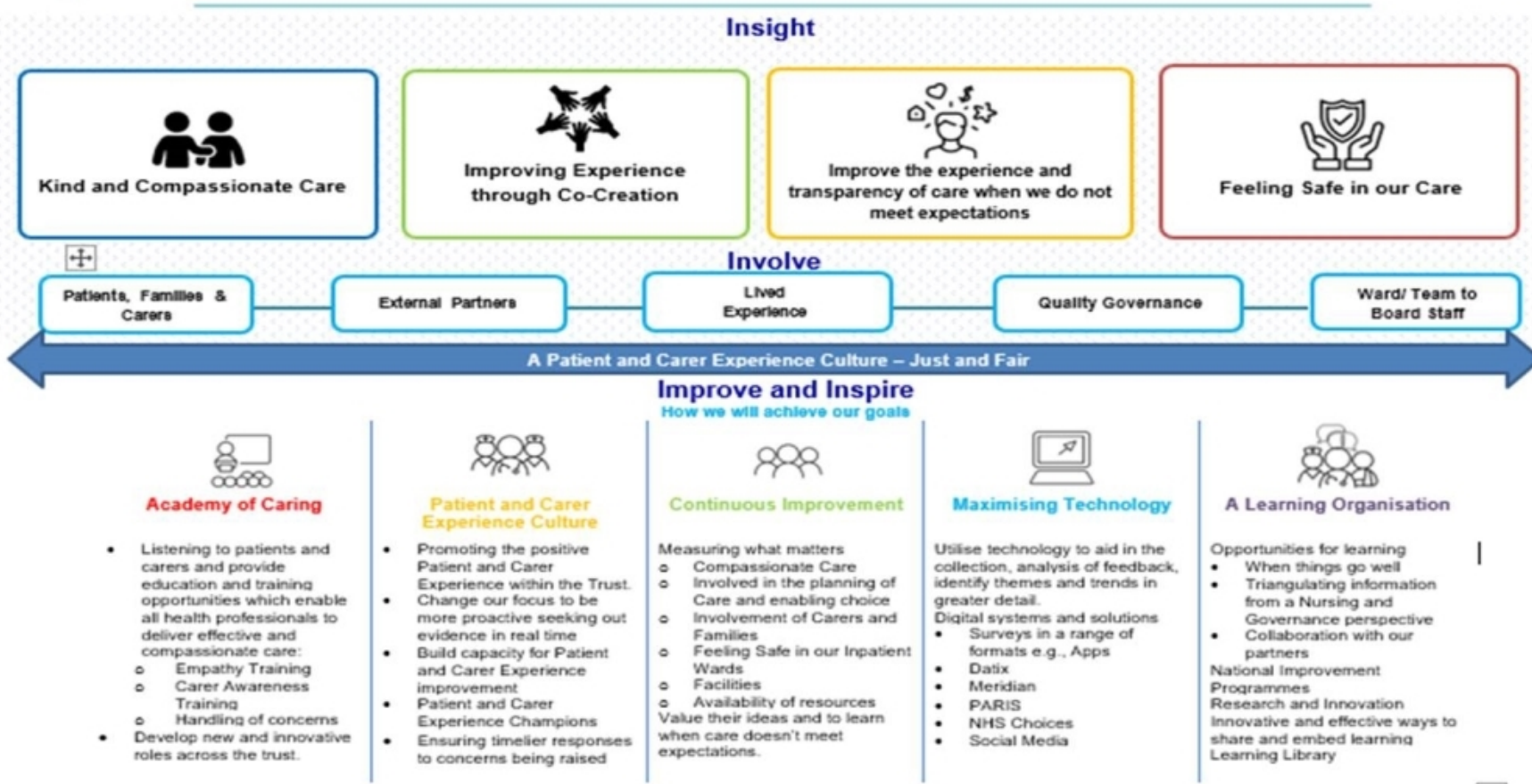
✓For each service, we will have in place a suite of clinical outcome measures and patient reported outcomes (effectiveness of care measures)

✓We will have improved data quality with regard to the ‘effectiveness of care’ measures that will be utilised by clinicians to better understand the impact of different approaches to patient care and treatments

✓Using this data, we will see an increase in the number of patients reporting an improvement in their symptoms after receiving care and treatment from the Trust

✓There will be an increase in patients telling us they have been able to influence their care and all care plans will be co-created with patients and their families

Our Journey to Excellence in Patient & Carer Experience and Involvement



- We will demonstrate significant improvements in the experiences of the people using our services through using an increased range of methods and range of quantitative and qualitative information
- Service users, carers and staff will see that their voice makes a difference – by speaking out about poor care and making suggestions for improvements they are continuously improving the experience people have of our services.
- Patients will talk positively about the impact of restrictions on their recovery
- Patients on our wards will feel safe

Draft Quality Improvement Priorities for 2023/24

Patient Safety

- To fully implement the new National Patient Safety Incident Reporting Framework by September 2023. To include:
 - The introduction of Patient Safety partners
 - Increase the number of staff undertaking the Level 1 and 2 Patient Safety Syllabus
 - Introduce an annual Patient Safety Summit

Patient Experience

- Continue to focus on patients feeling safe on our wards
- Increase the opportunities to involve carers in planning of care and decision making, in shaping and developing Trust initiatives
- Increasing responses for patient and carer feedback
- Utilise technology to aid in the collection and analysis of feedback, identifying themes and trends in greater detail

Clinical Effectiveness

Embed DIALOG, our new digital care planning tool, and increase the percentage of carers/families involved in the planning of care

- We will confirm the closing date for comments on our Quality Account.
- The Quality Account will be presented to the Trust Board of Directors in June 2023.
- Publication of the final document by 30th June 2023 on our website.
- We will be happy to bring six-monthly update on progress during 2023/24 to this Committee.

Questions and Comments

We hope you can see:

- The huge amount of improvement work undertaken during 2022/23 and the key improvements achieved
- Why we have chosen the quality priorities we have for 2023/24

We are happy to take any questions or for you to share your comments.



Thank You



Update on Adult Learning Disabilities across Durham Tees Valley for Durham Adults, Wellbeing and Health Overview and Scrutiny Committee

General Manager (Interim) – Adult Learning Disabilities

Sheila Halpin

8th May 2023

- The Trust is commissioned to provide 21 Assessment and Treatment beds for Adults with Learning Disabilities.
- The service is provided from two sites:

Lanchester Road Hospital in Durham

- Offering 6 beds across 2 ward areas – Ramsey and Talbot - commissioned by Durham Tees Valley
- Of which 1 bed is occupied.



Bankfields Court in Middlesbrough

- Offering 16 beds across 5 different units - 11 are commissioned for Durham Tees Valley, 4 are commissioned by North Yorkshire & York plus 1 specialist package.
- Of which 8 beds are occupied.



- Pressures in Learning Disability services are well sighted at both national level and across the system.
- A decision was taken by the Trust in January 2022 to close the service to new admissions in light of service pressures and some emerging concerns.
- Multiple factors led to this decision including:
 - changes in demand and levels of patient acuity;
 - community placements and infrastructure not meeting the needs of some of our people with the most complex needs;
 - high levels of vulnerability;
 - poor flow and limited bed capacity;
 - estates challenges to meet the changing needs.
- A number of patients had been admitted because there was no viable alternative and not because they met the criteria for admission to the service.
- An unannounced CQC inspection took place across both ALD inpatient sites over a three week period in May and June 2022, in response to information of concern. This was extended to a full inspection.
- At that time, there were 14 patients across both sites – 4 at Lanchester Road and 10 at Bankfields Court.
- The full report published post-inspection included four MUST DO actions for the service. These related to staffing; care and treatment; governance; restrictive practice.
- The Care Group Managing Director and the ALD General Manager attended the Durham OSC in November 2022 to update members on the outcome of the inspection and our improvement work to date.
- In April, the CQC have undertaken a full inspection of all TEWV services, including ALD wards. We await the written feedback but informal verbal feedback was positive for our services and noted improvements.

Rationale for Temporary Closure

- We have developed and are implementing a comprehensive and multi-stranded Improvement Plan in response to the CQC concerns.
- The plan describes over 100 actions we are taking to enable us to achieve our CQC 'Must Dos'.
- However:
 - x Recruitment across medics, nursing and AHPs remains an issue
 - x The clinical model was not working effectively within the context of the wider system
- In order to mitigate the workforce challenges and the ability to maintain safe delivery of care, a proposal was taken to Trust Executive Directors to request a temporary closure of the two ALD wards at Lanchester Road.
- The proposal was driven by the inability to safely staff the two wards at LRH and the impact this was having on the care of the two remaining patients on this site.
- The proposal would allow the service to:
 - minimise the impact of current vacancies
 - prevent the increased use of agency
 - further develop the clinical model and associated estates
- The original intention was to temporarily close the wards at Lanchester Road and collapse the two inpatient sites to one (Bankfields Court) by the 31st January 2023.
- There has been slippage to the original planned date due to the inability to safely transition the one remaining patient from LRH.

Update on Bed Model Plans

- A Task and Finish Group meets weekly to monitor progress against the project plan.
- The plan includes communication with all of our partners.
- A weekly update is provided to the Trust's Executive Board to track progress against a closure date for LRH and agree a trajectory for re-opening, focusing on safety, risks and opportunities.
- Staff preferences have been mapped against options and wider support is in place for staff.
- A 'tracker' is in place to closely monitor and review each patient's transition
- Families/carers and advocates continue to be involved in the development of these plans.
- We are working with the Challenging Behaviour Foundation to determine the best option for the remaining patient at LRH's transition. This will help us to agree a date for closure.
- It is difficult to predict an exact date to re-open, but we have developed an explicit set of criteria which will need to be in place in order to re-open. Best estimate would be that closure will be for more than 6 months.
- Once the wards have closed, these will be monitored very closely by the Programme Board and monthly updates (at a minimum) will be provided to all staff affected through briefings and engagement sessions.

What now...

- ✓ System pressures and a lack of alternative options and/or providers continue to cause significant and ongoing issues – in terms of both current inpatients and potential admissions.
- ✓ Our community teams continue to work hard to support patients in their own homes and prevent admissions wherever possible.
- ✓ We are working with our system partners to try to resolve these issues where we can and to continue to make quality improvements.
- ✓ We have seen some recent successes and a number of discharges to community placements.
- ✓ We have undertaken focused work to redefine the clinical model and further work is planned, including learning and best practice from other secondary learning disability inpatient providers across England.
- ✓ We are building on the strengths recognised by the CQC – where care was positive and person centred, delivered by staff who treated service users with dignity and respect.

**Adults, Wellbeing and Health
Overview and Scrutiny Committee**

11 May 2023

**Quarter Three, 2022/23
Performance Management Report**

Ordinary Decision



Report of John Hewitt, Chief Executive Officer

Electoral division(s) affected:

Countywide.

Purpose of the Report

- 1 To present an overview of progress towards achieving the key outcomes of the council's corporate performance framework and highlight key messages to inform strategic priorities and work programmes.
- 2 The report covers performance in and to the end of quarter three, 2022/23, October to December 2022.

Executive Summary

- 3 This report is structured around a performance framework which reflects our current [Council Plan](#) (2022-2026), and its format has been developed to provide greater focus on how the council is contributing to achieving the people's vision.
- 4 The performance report is structured around two main components.
 - (a) State of the County indicators to highlight areas of strategic importance and reflected in both the [County Durham Vision 2035](#) and the [Council Plan](#).
 - (b) Performance of council services and progress against major initiatives as set out in the [Council Plan](#).
- 5 Performance is reported on an exception basis with key messages against the five thematic areas within the Council Plan 2022-2026: our economy, our environment, our people, our communities, and our council. It is broken down into national, regional and local picture, things that are going well, areas which require attention and other areas to note.
- 6 The [Council Plan](#) has undergone its annual refresh and the plan for 2023-2027 was approved by Council on 22 February. The performance

framework is now being adjusted accordingly and will form the structure of this performance report from quarter one, 2023/24.

Context

- 7 The legacy of COVID-19 can still be seen in both our performance reporting and within our services. Performance data relating to the last two financial years are not representative for many areas so, wherever possible, we have compared current performance against pre-pandemic data.
- 8 However, the greatest challenge for our residents, local businesses and the council is the current cost-of-living crisis which has steadily worsened over the last 12 months. High inflation, currently at 10.5%¹, has largely been driven by the rise in the cost of fuel and energy bills, which is being impacted significantly by world events, including the war in Ukraine.
- 9 The cost-of-living crisis is having a triple impact.
 - (a) Impact on our residents. High inflation is outstripping wage and benefit increases, so income is falling in real terms. This is driving demand for services which support people facing financial hardship or who are in crisis, as well as services provided to vulnerable people such as social care for children and adults.

We are receiving more contact from households seeking financial assistance, and we are continuing to see high volume of applications for Welfare Assistance and Discretionary Housing Payments. We are continuing to support residents through the crisis with various initiatives and funds.

- (b) Increased costs for the council. Premises and transport costs have increased in line with higher energy costs and fuel prices, most noticeably across service areas such as waste and Home to School Transport. Contract prices are also being affected, and more contracts are reflecting changes in demand.

We have created a £10 million Budget Support Reserve to assist with inflationary pressures within 2022/23.

- (c) Reduced income for the council. Users of council services may seek to save money resulting in a fall in income from discretionary services such as leisure centres and theatres. We estimate that during 2022/23 our income will be under budget by £1.47 million.

¹ UK Consumer Price Index for 12 months to December 2022. Indicative [modelled consumer price inflation estimates](#) suggest that the CPI rate would have last been higher in October 1981, where the estimate for the annual inflation rate was 11.2%.

- 10 £78.9 million of budget pressures are expected during 2023/24, mainly driven by inflationary and service demand pressures. Partly financed by the additional £56.5 million received from the final Local Government Settlement and from council tax and tax base increases. Savings of £12.4 million will be found from savings with the residual £10 million being funded from the MTFP Support Reserve.
- 11 However, our £778 million capital programme is the most ambitious the council has ever agreed and supports the council's ambition to use its resources to improve education, transport, housing and economic growth.

Recommendation

- 12 That Adult, Wellbeing and Health Overview and Scrutiny Committee notes the overall position and direction of travel in relation to quarter three performance, the impact of COVID-19 pandemic recovery and the external international factors driving inflation and cost-of-living on the council's performance, and the actions being taken to address areas of underperformance including the significant economic and well-being challenges because of the pandemic.

Analysis of the Performance Report

- 13 The areas identified in this section are contributory indicators linked to the priorities of the Council Plan. Performance is reported on an exception basis with key messages against the five thematic areas within the Council Plan 2022-2026.

Our people

- 14 The aim of this priority is to help our residents live long and independent lives and remain in good health for as long as possible. We will protect and improve health by tackling the leading causes of illness and early death, inequalities and the challenges around mental health. We will ensure a sustainable high-quality care market and will invest in a multi-million pound programme to transform our leisure centre venues.

Going Well

- 15 The rate of adults aged 65+ per 100,000 population admitted on a permanent basis to residential or nursing care continues to reduce. The latest rate of 450 is a reduction on the same period last year (489) and is below target (474). This supports commissioning policy to continue every effort to support people to stay at home for as long as possible.
- 16 The reablement service supports people to maintain their independence for longer periods. In the latest quarter, almost 93% of older people were still at home 91 days after discharge from hospital into reablement / rehabilitation services, an increase from 88.3% for the same period last year and the highest proportion since 2015/16.

- 17 The latest smoking prevalence data demonstrates a reduction of 0.8 percentage points compared to pre-pandemic. Data for the latest quarter also shows an increase in people accessing the local Stop Smoking Service, whilst those accessing the service from our most deprived wards has increased to 60% of all clients. The latest overall quit rate has increased to 53%.
- 18 During quarter three we launched a new 'Healthy Weight Pathway' to improve the referral route into adult weight management pathways. It aims to increase activity and healthy eating, as well as provide information on specialist services. We also provided funding to increase the capacity of the Drug and Alcohol recovery service, to deliver initiatives which help support recovery within the criminal justice and domestic abuse systems, and to increase outreach support into local communities.

Areas which require attention

- 19 Referrals to adult social care have largely been stable between July 2021 and September 2022 (averaging 2,323 per month). However, during quarter three, 5,152 referrals were received, 27% fewer than the same quarter last year (7,059). Further analysis is being undertaken to understand the reasons why and an update will be provided in the next report.
- 20 The proportion of adult social care service users receiving an annual review continues to reduce, with latest data showing that 60.8% of service users receive a timely review of their needs - a reduction from 70.1% for the same period last year. To address this, a new central Review Team has been created to provide additional resource.
- 21 During quarter three, 92% of individuals achieved their desired outcomes from the adult safeguarding process. This is lower than 12 months ago (93%) and is also lower than the England average for 2021/22 (95%). As performance varies across safeguarding teams, further analysis is being undertaken to examine this decline and an update will be provided in the next report.
- 22 Of the 922 Care Act assessments completed within quarter three, 61% were recorded on Azeus as completed within the 28-day timeframe. There may be legitimate reasons for an assessment not being recorded as complete within the recommended timescale, however, timeliness of completion continues to be a key focus. For the same period last year, 64.6% of initial assessments were recorded as completed within 28 days. Ongoing practice guidance, system review and issue of new IT equipment are supporting staff to ensure that completed assessments are updated on the care management system in a timely manner.
- 23 Admissions under the Mental Health Act for assessment (Section 2) or treatment (Section 3) continue to be higher than pre-pandemic (179 detentions in quarter three 2019/20 compared to 198 detentions in the

latest quarter). Work continues to support people with low-level mental health issues associated with bereavement, social isolation and the challenges to financial resilience.

- 24 Visitor numbers to our leisure centres were 27% lower than target (-232,153) due to closures over the Christmas period, the temporary closure of Abbey Leisure Centre and restricted activity at Spennymoor, both due to transformation works and potentially the current economic crisis.
- 25 Gym memberships were 12% below target (-2,349), impacted by the financial climate, seasonal trends, the closure of Abbey Leisure Centre and increased competition from budget gyms. Cancellation feedback for gym memberships is now in place, currently there are no clear reasons why members have cancelled, which mirrors the position prior to COVID.

Risk Management

- 26 Effective risk management is a vital component of the council's agenda. The council's risk management process sits alongside our change programme and is incorporated into all significant change and improvement projects. The latest report can be found [here](#).

Background papers

- County Durham Vision (County Council, 23 October 2019)
<https://democracy.durham.gov.uk/documents/s115064/Draft%20Durham%20Vision%20v10.0.pdf>

Other useful documents

- Council Plan 2022 to 2026 (current plan)
<https://democracy.durham.gov.uk/mgAi.aspx?ID=56529>
- Quarter Two, 2022/23 Performance Management Report
<https://democracy.durham.gov.uk/documents/s166398/Corporate%20Performance%20Report%20Q2%202022-23%20v2.1.pdf>
- Quarter One, 2022/23 Performance Management Report
<https://democracy.durham.gov.uk/documents/s161902/Corporate%20Performance%20Report%20Q1%202022-23%20Revised.pdf>
- Quarter Four, 2021/22 Performance Management Report
<https://democracy.durham.gov.uk/documents/s157533/Year%20End%20performance%20report%202021-22.pdf>
- Quarter Three, 2021/22 Performance Management Report
<https://democracy.durham.gov.uk/documents/s152742/Performance%20Report%202021-22%20003.pdf>

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Appendix 1: Implications

Legal Implications

Not applicable.

Finance

Latest performance information is being used to inform corporate, service and financial planning.

Consultation

Not applicable.

Equality and Diversity / Public Sector Equality Duty

Equality measures are monitored as part of the performance monitoring process.

Climate Change

We have declared a climate change emergency and consider the implications of climate change in our reports and decision-making.

Human Rights

Not applicable.

Crime and Disorder

A number of performance indicators and key actions relating to crime and disorder are continually monitored in partnership with Durham Constabulary.

Staffing

Performance against a number of relevant corporate health indicators has been included to monitor staffing issues.

Accommodation

Not applicable.

Risk

Reporting of significant risks and their interaction with performance is integrated into the quarterly performance management report.

Procurement

Not applicable.



Durham County Council Performance Management Report Quarter Three, 2022/23



1.0 Our Economy

1.1 Council Activity: Going Well

Better Health at Work Award

- 1 The main conduit for supporting workplace health across the county is the Better Health at Work Award. The council is both a signatory to the award and a facilitator of the award to external workplaces.
- 2 There are currently 76 organisations (with over 39,000 employees collectively) signed up to and active in the Award within County Durham. 151 new Health Advocates within those organisations have also received training. County Durham compares very favourably to other Northeast councils in terms of participation in and reach of the Award. The county has achieved both the highest number of businesses signed up as Award participants and the greatest number of health advocates trained per Local Authority area. Latest data showed that almost a fifth of regional businesses signed up were located within County Durham.

2.0 Our People

2.1 Council Activity: Going Well

Adult Social Care

- 3 We continue to perform highly against the indicator for the rate of adults aged 65+ per 100,000 population admitted on a permanent basis to residential or nursing care. The latest rate of 449.9 per 100,000 is a reduction on the same period last year and is also lower than the target (lower is better) of 474.5 per 100,000. While we have seen a reduction in the number of people admitted to permanent residential care since the onset of the pandemic, the continuing low numbers suggest that we are maintaining peoples' independence for longer. It also supports our commissioning policy to continue every effort to support people to stay at home for as long as possible.
- 4 The percentage of older people still at home 91 days after discharge from hospital into reablement / rehabilitation services (92.9% in the latest quarter) is the highest since 2015/16. The number of people discharged into reablement is, however, the lowest over the same period. This is due to a variety of factors including issues with

staff turnover and recruitment and the consequent reduced capacity of the commissioned service provider. A review of reablement services is due to take place from quarter two, 2023/24, which will consider these issues.

Smoking

- 5 The latest smoking prevalence data demonstrates a reduction of 0.8 percentage points from before the pandemic, however the smoking rate continues to be higher than both the regional and national averages. Data for the latest quarter demonstrates an increase in people accessing the local Stop Smoking Service, whilst those accessing the service from our most deprived wards has increased to 60% of all clients. The latest quit rate has increased to 53%.
- 6 During quarter three, the Stop Smoking Service worked with Business Durham to communicate campaigns such as Don't Wait and Stoptober in routine and manual workplaces. This aims to tackle higher smoking rates across this section of the workforce.
- 7 The new contract for FRESH is to be procured across local authorities in the Northeast to increase the impact of local campaigns on smoking prevalence.

Breastfeeding at 6-8 weeks

- 8 The breastfeeding rate has increased slightly compared to the previous year (30.2% to 30.5%). However, the gap with both the regional and national averages has increased due to greater increases elsewhere.
- 9 Local insight is being gathered to better understand barriers to breastfeeding initiation and continuation. This detailed work will focus on decisions relating to infant feeding and what influences these decisions. Increasing breastfeeding rates continues to be a key priority for the family hubs, with partners working together to address breastfeeding at a system level to influence change.

Improving Healthy Life Expectancy

- 10 Healthy life expectancy at birth (2018-20) in County Durham for men (58.8 years) and women (59.9 years) is statistically significantly worse than England (63.1 years and 63.9 years respectively) and has shown no significant change over time.
- 11 Healthy life expectancy at 65 (2018-20) in County Durham for men (10.2 years) is statistically significantly worse than England (10.5 years). There has been no significant change over time in male healthy life expectancy at 65, locally or nationally. However, healthy life expectancy at 65 in County Durham for women (10.2 years) is not statistically significantly different to England (11.3 years).
- 12 To support life expectancy, more than 1,000 people per month are participating in their local [NHS Health Check](#) programme, available within GP practices for those

aged 40-74. Although above pre-pandemic levels, much of the increase is clearing the backlog.

2.2 Council Activity: Areas which require attention

Adult Social Care

- 13 Overall referrals to the Adult Social Care service (including to Mental Health services) have decreased since June 2021 due to a change in recording practices. Whilst the number of referrals per month have largely been stable between July 2021 and September 2022 (average of 2,323 per month) we have experienced a significant reduction in the latest quarter. In quarter three, 2021/22, we received 7,059 referrals; however, the current quarter three period has seen 5,152 referrals to the service, a reduction of 27%. Work is being undertaken to analyse the latest data to enable greater insight into this issue. Provisionally, it appears that the reduction in demand can be attributed to Mental Health services.
- 14 Care Act assessments are expected to be completed for adult social care service users within a 28-day period to understand their appropriate needs. In quarter three, 922 Care Act assessments were completed by the service, of which 60.5% were recorded as completed within the timeframe. Whilst this continues the increase over the last three quarters, it is lower than the same period last year (64.6%). Ongoing practice guidance, system review and issue of new IT equipment are supporting staff to ensure that completed assessments are updated on the care management system in a timely manner.
- 15 Adult social care service users are expected to receive a review of their care needs every 12 months. Latest data outlines that the proportion of adult social care service users receiving an annual review continues to remain low at 60.8%. This has reduced from 70.1% in the same period last year, itself a reduction from the previous 12 months (quarter three, 2020/21: 92.7%). Whilst the pandemic is likely to have inflated the 2020/21 figure, the average over the last five years is 81.5%. To address this, a new central Review Team has been created to provide additional resource.
- 16 As part of the adult safeguarding process, individuals are asked about their completion. The percentage of individuals achieving their desired outcomes from the adult safeguarding process has continued to decrease, with results at 91.7% for quarter three. This is lower than 12 months ago (92.6%) and is also lower than the England average for 2021/22 (95.4). As performance varies across safeguarding teams, further analysis of the data and data quality is being undertaken to examine this decline.
- 17 Results for this indicator are based on where the outcomes of the individual have been fully or partially met. In some situations, the expectations of the individual may

be unachievable given the nature / level of abuse, or outside the remit of the local authority or partner agencies.

Mental Health and Wellbeing

- 18 Admissions under the Mental Health Act for assessment (Section 2) or treatment (Section 3) continue to be higher than pre-pandemic (179 detentions in quarter 3 2019/20 compared to 198 detentions in the latest quarter); however, there has been an overall reduction for the last six months.
- 19 The Mental Health Alliance has continued to support people with low-level mental health issues associated with bereavement, social isolation and the challenges to financial resilience. The [‘Now You’re Talking’](#) campaign has been used to encourage people to talk about their own mental health and wellbeing, helping them to increase their personal resilience during times of need.
- 20 The Mental Health Strategic Partnership has instigated new governance arrangements for the mental health of children and young people, suicide prevention, urgent care, dementia and resilient communities in the county. Public Health has also supported the development of the first Durham University Suicide Prevention Strategy which was approved by the University Council in January 2023.

Leisure Centres

- 21 Visitor numbers in quarter three (672,487) were 27% (232,153) lower than target due to transformation works at Abbey and Spennymoor Leisure Centres, contamination incidents leading to pool closure at Chester-le-Street and the Christmas closures. The current economic crisis is also potentially impacting on visitor numbers.
- 22 In quarter three, gym memberships (17,566) were 12% (2,349) lower than target. Targets were set for continued growth in line with our recovery plan, however, it has proven difficult to hit this target given the financial climate, the time of year (seasonal trends affecting the leisure industry), and increased competition from budget gyms across the county. The continued closure of Abbey Leisure Centre for transformation works is also impacting figures.

2.3 Council Activity: Other Areas to Note

Healthy Weight and Physical Activity

- 23 A new [‘Healthy Weight Pathway in County Durham’](#) has been developed to help healthcare professionals refer and signpost residents of all ages. This has been produced following feedback from health professionals which outlined the need to improve the referral route into adult weight management pathways. It aims to

increase activity and healthy eating, as well as provide information on specialist services.

- 24 County Durham has been selected as the first Northeast local authority to pilot a sector led improvement framework. The pilot, commencing in February 2023, will support a 'whole systems approach' to improving physical activity levels.
- 25 The Healthy Options Takeaway (HOT) pilot, a programme aiming to provide healthy food options within takeaways in County Durham, has been evaluated with the recommendation that it becomes an award across County Durham.
- 26 82 schools are now part of the 'Active 30' programme. Focus is now on engaging the 11 and over age group. To date, two secondary schools are involved.

Community Wealth Building Work

- 27 We are working in partnership with both of the local NHS trusts to provide meaningful employment opportunities for those who are economically inactive (including those with health issues). The latest work focuses on recruitment practices.

3.0 Data Tables

Key to Symbols

Performance against target and previous performance		Performance against comparable groups		Direction of Travel	
✓	meeting or exceeding	✓	Performance is better than national or north east	↑	higher than comparable period
○	within 2%	×	Performance is worse than national or north east	→	static against comparable period
×	more than 2% behind			↓	lower than comparable period

NB: oldest data in left column

Types of indicators

There are two types of performance indicators throughout the report:

1. Key target indicators – targets are set as improvements can be measured regularly and can be actively influenced by the council and its partners; and
2. Key tracker indicators – performance is tracked but no targets are set as they are long-term and / or can only be partially influenced by the council and its partners.

National Benchmarking (N)

We compare our performance to all English authorities. The number of authorities varies according to the performance indicator and functions of councils, e.g., educational attainment is compared to county and unitary councils, however waste disposal is compared to district and unitary councils.

North East Benchmarking (NE)

The North East comparator is the average performance from the authorities within the North East region - County Durham, Darlington, Gateshead, Hartlepool, Middlesbrough, Newcastle upon Tyne, North Tyneside, Northumberland, Redcar and Cleveland, Stockton-on-Tees, South Tyneside, Sunderland.

More detail is available from the Strategy Team at performance@durham.gov.uk

Our Economy

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Performance Indicator	Latest data (period covered)	Performance compared to:					Direction of Travel - last four reporting periods				updated
		Period target	12 months earlier	Pre-COVID	N	NE					
Increase the number of organisations involved in the Better Health at Work Award	76	Tracker	81	75	-	-	↑	↑	↓	↑	Yes
	(Dec 2022)	-	x	✓							

Our Environment

Performance Indicator	Latest data (period covered)	Performance compared to:					Direction of Travel - last four reporting periods				updated
		Period target	12 months earlier	Pre-COVID	N	NE					
Raise cycling and walking levels in County Durham in line with national levels by 2035	67.7%	Tracker	68%	68%			↑	↓	↑	↓	No
	(2020/21)	-	○	○							
% overall satisfaction with cycle routes & facilities <i>(confidence intervals +/-4pp)</i>	52%	Tracker	54%	-			-	-	-	→	Yes
	(2022)	-	○								

Our People

Performance Indicator	Latest data (period covered)	Performance compared to:					Direction of Travel - last four reporting periods				updated
		Period target	12 months earlier	Pre-COVID	N	NE					
Reduce % point gap in breastfeeding at 6-8 weeks between County Durham and national average	18.8pp	Tracker	17.4pp	20.2pp	-	x	↑	↑	↓	↑	Yes
	(2021/22)	-	x	✓							
% of mothers smoking at time of delivery	13.7% (Jul -Sep 22)	0%	13.9%	15.2%	x	x	↑	↑	↑	↓	Yes

Performance Indicator	Latest data (period covered)	Performance compared to:					Direction of Travel - last four reporting periods				updated
		Period target	12 months earlier	Pre-COVID	N	NE					
% of smoking prevalence in adults (aged 18+) ²	16.2% (2021)	5.0% x	16.5% ✓	17.0% ✓	x	x	↑	↑	↓	↓	Yes
Increase self-reported wellbeing (by reducing the proportion of people reporting a low happiness score) <i>Confidence intervals +/-2.4pp</i>	11.0% (2021/22)	Tracker -	8.8% ○	10.9% ○	x	x	→	→	→	→	Yes
Reduce the overall suicide rate (per 100,000 population)	15.8% (2019-21)	Tracker -	14.3% x	14.3% x	x	x	↑	↑	↑	↑	No
No. of admissions under the Mental Health Act	197 (Oct-Dec 22)	Tracker -	209	179	-	-	↓	↑	↓	↓	Yes
Healthy life expectancy at birth – female	59.9 years (2018-20)	Tracker -	58.3 years ✓	-	x	✓	↓	↓	↓	↑	No
Healthy life expectancy at 65 – female	10.2 years (2018-20)	Tracker -	9.0 years ✓	-	x	✓	↓	↑	↑	↑	No
Reduce the gap between County Durham and England for healthy life expectancy at birth – female	4.0 years (2018-20)	Tracker -	5.2 years ✓	-	-	✓	↑	↑	↓	↓	No
Reduce the gap between County Durham and England for healthy life expectancy at 65 – female	1.1 years (2018-20)	Tracker -	2.1 years ✓	-	-	✓	↑	↓	↓	↓	No
Healthy life expectancy at birth – male	58.8 years (2018-20)	Tracker --	59.6 years ○	-	x	x	↓	↑	↑	↓	No
Healthy life expectancy at 65 – male	7.7 years (2018-20)	Tracker -	8.3 years x	-	x	x	↓	↑	↓	↓	No

² Smoking prevalence: prior to COVID-19 this was collected via face-to-face interviews. In 2020, this moved to telephone interviews resulting in a potential bias in the sample and meaning that results were not comparable with previous years. To allow comparability the ONS have updated the weighting methodology to remove the effect of the mode change.

Performance Indicator	Latest data (period covered)	Performance compared to:					Direction of Travel - last four reporting periods				updated
		Period target	12 months earlier	Pre-COVID	N	NE					
Reduce the gap between County Durham and England for healthy life expectancy at birth – male	4.3 years (2018-20)	Tracker -	3.6 years x	-	-	x	↑	↓	↓	↑	No
Reduce the gap between County Durham and England for healthy life expectancy at 65 – male	2.8 years (2018-20)	Tracker -	2.3 years x	-	-	x	↑	↓	↑	↑	No
No. of people attending Leisure Centres	672,487 (Oct-Dec 22)	904,640 x	589,336 ✓	814,219 x	-	-	↑	↓	↓	↓	Yes
No. of gym & swim members	19,229 (Oct-Dec 22)	21,327 x	17,444 ✓	18,013 ✓	-	-	↑	↑	↓	↓	Yes
10,000 more adults undertake 150 minute of at least moderate intensity physical activity per week	260,500 (Nov 20-Nov 21)	266,500 x	265,800 ○	261,400 ○	-	-	↓	↓	↑	↓	No
15,000 less adults are inactive (undertake less than 30 minutes of physical activity per week)	136,300 (Nov 20-Nov 21)	105,800 x	132,100 x	122,100 x	-	-	↓	↑	↓	↑	No
% of service users receiving an assessment or review within the last 12 months	60.8% (Apr-Dec 22)	Tracker -	70.1% x	86.8% x	-	-	↓	↓	↓	↑	Yes
% of individuals who achieved their desired outcomes from the adult safeguarding process	91.7% (Apr-Dec 22)	Tracker -	92.6% ○	94.9% x	-	-	↓	↓	↓	↓	Yes
Increase the satisfaction of people who use services with their care and support <i>Confidence intervals +/-4.3pp</i>	64.5% (2021/22)	Tracker -	69.6% ○	69.6% ○	✓	x	→	→	→	→	No
Increase the satisfaction of carers with the support and services they receive <i>Confidence intervals +/-5.1pp</i>	40.8% (2021/22)	Tracker -	51.2% x	51.2% x	✓	x	n/a	↓	↑	↓	No
Increase % of hospital discharges receiving reablement	2.2% (2021/22)	Tracker -	2.7% x	3.8% x	x	x	↑	↓	↓	↓	No

Performance Indicator	Latest data (period covered)	Performance compared to:					Direction of Travel - last four reporting periods				updated
		Period target	12 months earlier	Pre-COVID	N	NE					
Increase % of older people still at home 91 days after discharge from hospital into reablement / rehabilitation services	92.9% (Jan-Sep 22)	84.0% ✓	88.3% ✓	86.5% ✓	✓	✓	↑	↑	↑	↑	Yes
Increase the average age whereby people are able to remain living independently in their own home	84.2 years (Jan 22-Dec 22)	Tracker -	84.2 years ✓	84.1 years ✓	-	-	↑	↓	↑	→	Yes
Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care	449.9 (Apr-Dec 22)	474.5 ✓	489.3 ✓	566.8 ✓	-	-	↓	↓	↑	↓	Yes
Increase the % of people aged 65+ with aids and assistive technologies in their homes	new PI	new PI	new PI	new PI	-	-	new PI	new PI	new PI	new PI	No
No. of Care Connect customers	11,059 (Oct-Dec 22)	Tracker -	11,440 ✓	12,015 x	-	-	↑	↓	↑	↓	Yes

Other relevant indicators

Performance Indicator	Latest data (period covered)	Performance compared to:					Direction of Travel - last four reporting periods				updated
		Period target	12 months earlier	Pre-COVID	N	NE					
Increase the % of children aged 4-5 who are of a healthy weight ³ <i>Confidence intervals +/-1.2pp</i>	75.5% (2021/22)	90% x	Not reported	74.6% ○	○	○	-	-	-	→	Yes
Increase the % of children aged 10-11 who are of a healthy weight <i>Confidence intervals +/-1.2pp</i>	59.2% (2021/22)	79% x	Not reported	61.5% ○	○	○	-	-	-	→	Yes

³ National Child Measurement Programme ceased March 2020 when schools closed due to the pandemic, therefore, north east and nearest neighbour comparators should be treated with caution due to missing data from some LAs. Whilst the data for the academic year 2020/21 has been published, local authority data is not available as only a 10% sample of data was recorded.

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