



Children and Young People's Overview and Scrutiny Committee

Date **Monday 2 November 2015**
Time **9.30 am**
Venue **Consett Academy, Ashdale Road, Consett, County Durham DH8 6LZ**

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. Welcome to Overview and Scrutiny by the Chairman of Overview and Scrutiny Management Board
2. Apologies for Absence
3. Substitute Members
4. Minutes of the special meeting held on 25 September and of the meeting held on 5 October 2015 (Pages 1 - 14)
5. Declarations of Interest, if any
6. Any items from Co-opted Members or Interested Parties
7. Media Relations
8. Update on Progress of Recommendations of Self Harm by Young People Review Report - Joint Report of Assistant Chief Executive, and Corporate Director of Children & Adult Services (Pages 15 - 28)
9. Help and Support to Children and Young People with Autistic Spectrum Disorder - Joint Report of Assistant Chief Executive and Corporate Director of Children & Adult Services (Pages 29 - 32)
10. Fixed Play Strategy Update - Joint Report of Assistant Chief Executive and Corporate Director of Neighbourhood Services (Pages 33 - 36)
11. Health and Wellbeing Board Annual Report 2014-15- Report of Corporate Director of Children and Adults Services and Director of Public Health County Durham (Pages 37 - 68)

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

Colette Longbottom
Head of Legal and Democratic Services

County Hall
Durham
23 October 2015

To: **The Members of the Children and Young People's Overview and Scrutiny Committee**

Councillor C Potts (Chairman)
Councillor M Nicholls (Vice-Chairman)

Councillors J Armstrong, D Bell, K Corrigan, K Dearden, O Gunn, D Hall, C Hampson, J Hart, D Hicks, K Hopper, P Lawton, J Measor, S Morrison, L Pounder, M Simmons, H Smith, M Stanton, P Stradling and W Stelling

Faith Communities Representatives:
Mrs G Harrison

Parent Governor Representatives:
Mr R Patel

Co-opted Members:
Mr K Gilfillan and Mr D Kinch

Contact: Jackie Graham

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DURHAM COUNTY COUNCIL

At a Meeting of **Children and Young People's Overview and Scrutiny Committee** held in Council Chamber, County Hall, Durham on **Friday 25 September 2015 at 11.30 am**

Present:

Councillor C Potts (Chairman)

Members of the Committee:

Councillors J Armstrong, K Corrigan, C Hampson, P Lawton, J Measor, S Morrison, M Nicholls, M Simmons and H Smith

Faith Community Representative:

Mrs G Harrison

Co-opted Members:

Mr D Kinch

Also Present:

Councillors S Forster and T Smith

1 Apologies for absence

Apologies for absence were received from Councillors D Bell, K Dearden, O Gunn, D Hall, J Hart, D Hicks, K Hopper, L Pounder, M Stanton, P Stradling and W Stelling, Mr K Gilfillan, Mr G Moran (Diocese of Hexham and Newcastle) and Mr R Patel (Parent Governor Representative)

2 Declarations of Interest, if any

There were no declarations of interest.

3 0 - 5 (Health Visitor and Family Nurse Partnership) and 5-19 (School Nursing) Update

The Committee considered a report of the Director of Public Health County Durham that provided an update on the 0 – 5 (Health visitor and family nurse partnership) and 5 – 19 (school nursing) commissioning intentions (for copy see file of minutes).

Gill O'Neill, Consultant in Public Health thanked Members for allowing her to share the information from the recent review undertaken on school nursing service and she gave a detailed presentation about the transfer of 0-5 children's commissions of public health services to the local authority including the transfer of health visiting services and the 5-19 school nursing service, including:-

- Local context – Child Health Profile for County Durham (March 2015)
- Summary of 0-5 and 5-19 Services
- 0-5 Service – Local Priorities
- Enhanced Offer to Vulnerable Groups
- Potential 0-5 Workforce Structure
- Family Nurse Partnership (FNP)
- FNP to Vulnerable Parent Pathway
- 5-19 School Nursing Service – Why Review?
- Review Process from October 2014 to June 2015
- Outcomes from Consultation/ Review
- Overarching Consultation Themes
- Key Changes in New Specification
- Proposed 5-19 School Nurse Workforce
- 0-19 Public Health Outcomes
- Timeline/ Next Steps

Members were advised that the current mandatory service that includes universal set contacts would continue to deliver a high quality service but in addition to this there would be local priorities which would include breastfeeding. The committee had previously received performance information that indicate that the tracker indicator for the prevalence of breastfeeding at 6-8 weeks from birth is 28.9% whereas nationally the figure is 43.8%. The committee was advised that programmes using peer support would encourage breastfeeding but acknowledged that this would require a cultural change.

The transfer of services would work closely with children's services especially stronger families. Health visitors would be able to provide essential information that would ensure early help is provided to those families who need it and would be able to identify child neglect and child protection issues which are both key priorities to the Local Safeguarding Children's Board (LSCB).

The Family Nurse Partnership has worked with a small number of first time teenage parents however it was explained that a new vulnerable parent pathway would reach more vulnerable families which would work toward reducing health inequalities and was fairer in its availability.

Following a consultation and review of the school nurse service a revised service would include a core offer to all mainstream schools working to community of learning clusters, the service would be able to offer an enhanced offer for special schools and vulnerable groups and a variety of contact options. The new service would focus on health improvement outcomes which the Committee have reviewed in recent years such as sexual health and drugs and alcohol.

The Chairman thanked Ms O'Neill for a clear, comprehensive and complex presentation. She asked if there were enough funds available to deliver this programme, and was informed that there was enough money to meet the brief outlined, with very high levels of staffing available.

Councillor S Forster found the presentation very interesting and commented that in relation to increasing the uptake in breastfeeding teenagers needed encouragement to be strong

when giving birth and to persevere with feeding techniques. She asked if they were given enough support and encouragement in this area as often they felt that they didn't know if the baby was getting enough milk. Ms O'Neill advised that new mothers would be shown that weight gain of the baby was a good indicator that they were doing a good job. She agreed that feeding on demand and little and often needed continual re-assurance.

In answering a query from Councillor Forster about whether school nurses would have counselling skills, Ms O'Neill explained that there would be specialist Mental Health Nurses who would offer support to the school nurses and would help to give pointers at when to intervene.

Mrs G Harrison was concerned that there was an overlap from the 0-5 and 5-19 age ranges as some children would start reception as young as 4 years old. Ms O'Neill advised that the handover would take place at the point that the child started reception but that the health visitor would remain with the family until the age of 5.

Mrs Harrison went on to ask about whether school nurses have been consulted as when she had asked the question of her school nurse about whether this is all achievable she was informed that she didn't think it would be as they were so wound up in other areas of work. Ms O'Neill advised that there had been extensive consultation carried out with current school nurses and workshops had been held. The feelings of being stagnant at present were a common theme and the fact they did not feel fully utilised. She added that the new proposals would be challenging but that immunisation would be transferred out of the service and admin duties would be better distributed. She advised that it was the duty of the provider to address the areas of workload.

Referring to the point of the local area, Councillor T Smith asked for more information and Ms O'Neill informed Members that the service would work with a local area to identify needs and pro-actively see what could be achieved. She said that it was about pulling together relevant statistics, such as, teenage pregnancy, healthy eating, obesity, and putting it together in a local plan.

Councillor H Smith said that the report was very impressive and encouraging but asked how likely it would be to receive bids from other tenderers apart from the Trust. Ms O'Neill explained that there had been soft market testing and questionnaires issued and 5 responses were received. A marketing and engagement event had been held and other organisations had clearly shown an interest. The tender would be focused on 80% quality and 20% cost and was about ensuring the right people were on board that understood the vision and who could deliver it.

Councillor M Nicholls said that this had been needed for some time and was pleased to see the path it was headed along. He understood the earlier point regarding finances but asked that caution be used at this time when austerity continues. He went to ask if Housing had been considered as many families live in poverty. Ms O'Neill said that health visitors would pick up on any concerns about the way of living and hoped that as partners got together they could address all concerns that affected the way in which children were living, including housing. She advised that the health visitor would lead any concerns back to the local authority but she was happy to include housing in any future workshops and discussions and would make sure that it was linked into the programme.

On answering a question from Councillor J Armstrong, Ms O'Neill advised that they would feed into the Health and Wellbeing Board and the Children and Families Partnership but that she would be more than happy to provide regular feedback to this Committee.

The Head of Children's Services said that this was a long hoped for vision that would join services together. She praised the work carried out so far, particularly on health visiting and said that the contribution from the health visitor to identify families that need additional help was essential to the early years' service. She advised that there would be a checklist to help identify families who needed extra support and advised that their service were looking forward to working together.

Mr D Kinch agreed that the presentation was excellent and asked who would be checking to make sure that the help available would be spread out evenly throughout the County. Ms O'Neil explained that it would be based on need and the information from the provider would help the service to be fair. People in the East of the County and in some parts of Derwentside and the Dales would be seen as vulnerable and it was about making sure these families received the help they needed.

Councillor J Measor commented that young people would be likely to feel more at ease with a school nurse rather than an authority figure of a teacher or someone else in authority. She said that she would like to see more promotion of breastfeeding and in particular about expressing milk so that a partner can still be involved, as this was a reason for not wanting to try it. Ms O'Neill said that the service accepts that breastfeeding would not be for everyone but that they could visit areas that have started to get it right and learn from them. She added that it was about getting the balance right and making improvements.

Referring to feedback from young people about the current school nurses, Councillor T Smith asked if there was a mechanism in place to receive this and include in the strategy going forward. Ms O'Neill advised that this feedback made up a quarter of the information received as part of the consultation and review exercise. She added that going forward people would be encouraged to leave comments by text, comment cards and would be asked if they would recommend the service.

Councillor J Armstrong referred to the work of Scrutiny in relation to self-harm and the findings that young people do need someone their own age to talk to, he asked if this had been taken into consideration. Ms O'Neill advised that this had been built into volunteering work and would be considered in the school nursing service.

Ms O'Neill advised that the friends and family test would be expected to provide feedback throughout the 0-19 range, following a question from Councillor P Lawton about who would provide feedback for 0-5's.

Referring to self-harm, Councillor Lawton advised of the work being undertaken in Spennymoor around awareness and prevention of self-harm and suicide. She said that working with young people had highlighted the importance of them being able to speak to their peers.

Councillor Nicholls suggested that this good news story should be shared with the people of the County and Ms O'Neill advised that once the provider was known in April they would be issuing further information.

The Chairman thanked Members for their excellent feedback and once again thanked Ms O'Neill for her presentation. She said that the Committee would look forward to an update and wished the service every success.

Resolved:

That the content of the report be noted and be added to the Work Programme for a further update to come to a future meeting of the committee.

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DURHAM COUNTY COUNCIL

At a Meeting of **Children and Young People's Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Monday 5 October 2015 at 9.30 am**

Present:

Councillor C Potts (Chairman)

Members of the Committee:

Councillors J Armstrong, D Bell, O Gunn, C Hampson, J Hart, D Hicks, S Morrison, M Nicholls, L Pounder, H Smith, P Stradling and M Wilkes (Substitute for Councillor M Simmons)

Faith Community Representative:

Mrs G Harrison

Parent Governor Representative:

Mr R Patel

Co-opted Members:

Mr D Kinch

1 Apologies for Absence

Apologies for absence had been received from Councillors K Corrigan, K Dearden, D Hall, P Lawton, M Simmons, M Stanton and O Johnson.

2 Substitute Members

Councillor M Wilkes substituted for Councillor M Simmons.

3 Minutes

The minutes of the meeting held on 25 June 2015 were agreed as a correct record and signed by the Chairman.

4 Declarations of Interest

There were no declarations of interest.

5 Any items from Co-opted Members or Interested Parties

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

6 Media Relations - Update on Press Coverage

The Overview and Scrutiny Officer referred Members to the recent prominent articles and news stories relating to the remit of the Children and Young People's Overview and Scrutiny Committee (for copy see file of minutes). The articles were:-

- North East Teenagers Celebrate GCSE Success - The region saw the biggest year-on-year rise in the number of candidates receiving grade C or above in their GCSEs.
- Durham County Council Draw up an Action Plan to Support Refugees – The Council had announced it was to develop an action plan to support the UK response to the Syrian refugee crisis. The Durham Humanitarian Support Partnership would be led by Durham County Council and would meet as a matter of urgency to clarify and progress the part the authority would play.
- Top Marks for GCSE Pupils Who Sat Their Exams Two Years Early - More than half of the year nine pupils at Ferryhill Business and Enterprise College who sat their GCSE media studies exam in the summer achieved grades A* to B.

Councillor Armstrong asked that a letter of congratulations be sent to Ferryhill Business and Enterprise College on behalf of the Committee. The Chairman and Members agreed.

Resolved: (i) That the presentations be noted.

(ii) That a letter of congratulations be sent to Ferryhill Business and Enterprise College on behalf of the Committee.

7 Care Leavers Strategy - Consultation

The Committee considered a report of the Corporate Director Children and Adult Services which outlined the importance of having a Care Leavers Strategy, who would be consulted about the strategy and when this would take place (for copy see file of minutes).

The Strategic Manager Looked After Children and Performance gave a presentation which set out the definition of 'Care Leavers' and the Council's promise (for copy of slides see file of minutes).

The committee was advised that Durham County Council were the first Local Authority to complete the strategy in line with government expectations detailed in the National Care Leavers Strategy one year on progress update in October 2014.

During the presentation she talked about each of the broad areas covered in the Care Leavers Strategy which were as follows:-

1. Physical Health and Mental Health.
2. Education and Attainment.
3. Employment and Training.
4. Housing and Staying On.
5. Financial Assistance.
6. In the Criminal Justice System.
7. Access to Ongoing Advice and Support.

The Strategic Manager advised that it was an intention of the strategy to maximise opportunities in education, training and employment and that the Council should be champions for care leavers, that they were our children and we should provide opportunities within “the family firm”.

Following the presentation, the Chairman thanked the Strategic Manager Looked After Children and Performance for the very informative presentation and asked Members for their questions.

Councillor Hart sought clarification if there were sufficient funds to enable them to maintain the current level of service. Officers responded that the team were stable and was sufficiently resourced. The number of children who were looked after was rising and they were keeping the budget under close review. They had a number of qualified social workers on the team and some staff who were not qualified but skilled, which maximised the budget. Members were also advised that the contact with children was above and beyond the statutory requirement but they were able to manage this and had good relationships with the children.

Councillor Gunn commented that it was relevant how Durham County Council looked after its children in house which was very different to other authorities where fostering agencies were used and this was demonstrated through the performance information received by this committee. She wished to congratulate everyone involved as it was difficult to achieve good figures and this was excellent strategy and she was pleased that they were asking for volunteering or work experience for the children.

Councillor Armstrong was interested to learn what early work had been done to keep children out of the criminal justice system and was concerned that actions taken could affect any of the children who wanted to join the armed forces.

Officers responded that the figures for children in the criminal justice system were low. They did not criminalise children for losing their temper and lashing out they worked on various methods such as restorative approaches, worked in partnership with police and other types of provision. They did not use a lot of secure accommodation. Officers gave an example of where young people had done a presentation with the police and had said Durham County Council ‘don’t give up on us.’

Councillor Hart commented on the zero tolerance towards the use of bed and breakfast accommodation and asked if this could be sustained due to financial pressures.

Officers responded that the use of bed and breakfast accommodation was expensive and ultimately the Council were corporate parents and these were the Council’s children. There were no planned financial cuts to care leaver’s service as it was essential to support care leavers and their aim was to stop young children needing the service by not coming into the care system in the first place. No other authority had residential care in house and the quality of private provider’s service was not as good as Durham’s. It was very unusual to retain this provision but children should not have to do it on their own if they felt they needed help and support. The leaving care service worked very hard to ‘grip’ the care leavers to ensure they were not alone. The Council needed to develop the attitude of a job in the family firm and the Council were happy to provide some apprenticeships, but it was

challenging for looked after children to achieve the 5 GCSE's required for apprenticeships. The Strategic Manager informed the committee that the Head of IT had been happy to provide opportunities to looked after children in his service.

Councillor Hicks sought clarification if the £2000 financial assistance to set up a home had to be paid back. Officers responded that it did not have to be paid back, but there was a cut off as to how many times they could get it.

Councillor Armstrong referred to the Ofsted inspection which would happen shortly and how would the success be measured and how did Durham compare to other local authorities. Officers responded that data would be compared regionally and nationally which would show that the Council were doing well. If you asked children how they felt about the placements if they were good the answer would be yes as young people are listened to.

The Chairman thanked Members for their questions and indicated that it was good that young people were involved in compiling the strategy. It was an encouraging report and Members were reminded of the deadline for comments.

Resolved: (i) That the contents of the report and presentation be noted.

(ii) That feedback be given to the Strategic Manager Looked After Children and Performance or the Overview and Scrutiny Officer.

8 Review of Home to School Transport Policy

The Committee considered a report of the Assistant Chief Executive and Corporate Director of Children and Adults Service to inform Members of the proposed Medium Term Financial Plan savings associated with Home to School Transport Policy proposals (for copy of report see file on minutes).

The Strategic Manager, School Places and Admissions, Children and Adult Services gave a presentation and indicated that Children and Adults Services had a Medium Term Financial Plan savings target of £17.748m for 2016/17 (for copy of slides see file of minutes).

During the presentation the Strategic Manager advised Members that the Council had continued to provide some non-statutory elements of Home to School Transport since 2012 when other changes were implemented.

Due to the continued financial pressure on the Council to make further significant savings, Children and Adults Services had reviewed the non-statutory provision on Home to School Transport.

There were three elements of non-statutory provision that could be removed to help contribute to the Medium Term Financial Plan savings identified for 2016/17 which were as follows:-

1. Automatic entitlement to free transport for pupils who move house during exam years 10 and 11.

2. Automatic entitlement to free transport for Post 16 students who do not have access to a viable public transport network.
3. Automatic entitlement to free transport for Post 16 students who cannot travel independently due to a disability or medical condition.

The presentation also highlighted that the service offers seats on transport where available at a concessionary charge of £1.50. This figure could be increased but there are no proposals to consult on an increase for 2016.

The consultation on the review would be for 6 weeks commencing 30 September 2015, and would be targeted at those most likely to be affected. The methods of consultation used would be consultation document, stakeholder meetings, Member meetings in localities, website and student forum.

The Chairman thanked the officer for the very informative presentation and asked if the AAPs would be included in the local meetings. The officer responded that information about the consultation has been sent to the AAP support team so that it can be discussed at AAP meetings.

Councillor Gunn indicated that it was important that no one slipped through the net and she appreciated all the work that had been done but discussions before they went onto further education needed to be included. She was concerned that if a child could not access transport this could impact on their whole future and she wanted to know how this would be monitored.

Officers responded that they knew who these families were and they were already working with them. They will look at each case individually and officers will be able to use existing criteria such as Free School Meals, level of working tax credit, council tax reduction as a starting point of criteria that will be used. For Children in Year 11 who received free school meals and free transport the criteria would still apply unless circumstances changed. Colleges had knowledge of who was eligible to apply for a bursary so they had a wealth of information to call upon.

D Kinch referred to page 59 of the report and indicated that 'unsafe to walk' was not included in the act of parliament so why was it included in the policy. The Officer responded that she would check the legislation but this was what was in practice.

Councillor Armstrong stressed the need to update all equality impact assessment as the consultation progressed.

Councillor H Smith indicated that 6 weeks consultation was too short and 12 weeks was fairer and would still allow time to review the responses received.

The Officer indicated that 6 weeks was the usual period and they needed a gap to look at the responses but if they felt they needed to extend the consultation after the initial 6 week period this could be done.

Councillor Armstrong reminded members that Cabinet had already approved that the consultation would be for 6 weeks and the results of the consultation had to go through the Cabinet process.

Councillor Wilkes referred to the Medium Term Financial Plan and that this policy would not be reviewed if savings did not have to be made. By reviewing the policy they were hoping to save £740,000 but a report to Cabinet on 19 September 2015 showed that Children and Adult Services had an underspend of £7.6m so was this review necessary. The Council had £9.4 million cash limit available and the inflation figures was an over estimate as debt costs were lower due to interest rates not rising. He went on to talk about reserves which were not necessary or needed and that he had suggested a dozen ways where finances could be obtained which would mean that they did not have to change the policy and that the Committee should suggest that they don't review the policy.

The Chairman responded that at this stage it was a consultation.

Councillor Armstrong indicated that the Portfolio Holder and Corporate Director of Resources would be able to give a comprehensive response. The Council had some money in reserves but not millions and they could look at this in March 2016.

Councillor Hart indicated that criticism in the press was predictable but the reality was that the changes were justifiable.

The Chairman asked Members to give their feedback to the Overview and Scrutiny Officer by 6 November, 2015.

Resolved: That the report and presentation be noted and Members feed their comments to the Overview and Scrutiny Officer.

9 Quarter 1 2015/16 - Performance Management Report

The Committee considered a report of the Corporate Director Management Team which presented Members with progress against the Councils corporate basket of performance indicators for the Altogether Better for Children and Young People theme, as well as other significant performance issues for the 2015/16 financial year (for copy see file of minutes).

The Strategic Manager, Performance and Information, highlighted the key achievements and key performance improvements issues, giving a detailed analysis of the figure within the report.

D Kinch referred to page 112 of the report and asked if reference 127, proven re-offending by young people in a 12 month period could be broken down by younger and older groups. Officers responded that this figure could be broken down but patterns had not changed and the peak was around the age of 14.

Councillor Hart was alarmed at some of the national figures on the number of fostering and adoption placements that had broken down and requested information on the number of fostering and adoption breakdowns in County Durham.

Councillor Wilkes sought clarification if the changes to tax credits would affect child poverty.

Officers advised that they would take the comments back to the service and would feed responses into the group.

Resolved: That the contents of the report be noted.

10 Revenue and Capital Outturn 2014/15

The Committee considered a report of the Head of Finance that provided Members with details of the final budget outturn position for the Children and Adults Services grouping, highlighting major variances in comparison with the revised budget for the year, based on the position to the end of March 2015, as reported to Cabinet in July 2015 (for copy of report see file of minutes).

Councillor Wilkes asked that given that some of the proposed savings were unpalatable to some service users then could these not be deferred given the level of underspends that have been carried forward as reserves?

The Head of Children's Services responded by saying that the service is looking at the medium-term, the profile of expenditure over the forthcoming five years and the anticipated levels of funding from the Government. This is all taken into account in making decisions around savings proposals and how much reserves to set aside.

Councillor Nicholls advised that we did not know what was around the corner and had to be prudent.

Resolved: That the revenue and capital outturn report be noted.

11 Quarter 1: Forecast of Revenue and Capital Outturn 2015/16

The Committee considered the report of the Head of Finance that provided Members with details of the forecast outturn budget position for Children and Adult Services, highlighting major variances in comparison with the budget for the year, based on the position to the end of June 2015, as reported to Cabinet in July 2015 (for copy of report see file of minutes).

Resolved: That the contents of the report be noted.

12 Summary of the Minutes from the Children and Families Partnership

The Committee considered the minutes of the Children and Families Partnership on 15 June 2015 (for copies see file of minutes).

Resolved: That the minutes be noted.

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**Children & Young People's
Overview and Scrutiny Committee**



2 November 2015

**Update on Progress of
Recommendations of Self Harm
by Young People Review Report**

**Joint Report of Lorraine O'Donnell, Assistant Chief Executive,
and Rachael Shimmin, Corporate Director of Children & Adult
Services**

Purpose

- 1 The purpose of this report is to update members of the Children and Young People's Overview and Scrutiny Committee on the progress made against the recommendations from the review of Self Harm by Young People.

Background

- 2 The Children and Young People's Overview and Scrutiny Committee added Self-harm by Young People to its work programme following its refresh at their meeting in June 2014. This was because the committee were concerned about the number of young people in County Durham who self-harm, especially those who do not come into contact with any support services. The committee wanted to raise awareness and understanding of self-harm among young people and adults.
- 3 The terms of reference for the review were agreed by the Committee at its meeting held on 25th September 2014. The objective of the review is to raise awareness of self-harm by young people to young people and adults involved in their lives and to investigate how early intervention and support can be increased following five key lines of inquiry.
 - What policies and practices does Durham County Council have in place to help, support, prevent and intervene early where looked after children and young people self-harm?
 - How reliable/accurate performance data is and what does it tell us about self-harm in this area compared to regional and national data.
 - What services are available in the community for young people with anxieties or mental health problems to talk to people and how accessible are these services?
 - How are schools addressing students' issues that may lead them to self-harm? What prevention and early intervention methods do they use?

- How can awareness of self-harm be increased among young people, parents and carers and what are the signs to look out for?
- 4 The review found that self-harm was hidden and usually a symptom of an underlying emotional problem that young people found difficult to cope with and that young people go to great lengths to hide.
 - 5 During the course of the review the group met with several groups of young people many of whom had self-harmed. They advised the group that for them self-harm was a coping mechanism to help them deal with the issues in their lives. The group was advised that young people feel that adults do not listen and trivialise their problems.
 - 6 The review group's report was presented to Cabinet at their meeting on 15 April 2015 and is attached at appendix two for members information, a copy of the review groups report can be found at ...
 - 7 The action plan attached at appendix three provides a detailed response to each of the committee's recommendations with a proposed timescale as to when the task will be complete.

Recommendation

- 8 Members are requested to note the update on the recommendations from Self-harm by Young People review report and comment accordingly.

Background Papers

- Cabinet Report: Self-harm by young people Scrutiny Review report

Contact: Tom Gorman, Corporate Scrutiny and Performance Manager,
Tel: 03000 268027
Ann Whitton, Overview and Scrutiny Officer Tel: 03000 268143

Appendix 1: Implications

Finance - None

Staffing – None

Risk - None

Equality and Diversity / Public Sector Equality Duty – The review report takes into consideration Equality and Diversity; an Equality Impact Assessment has been carried out.

Accommodation - None

Crime and Disorder - None

Human Rights - None

Consultation – None

Procurement - None

Disability Issues – None

Legal Implications – None

Cabinet – 15 April 2015

**Children & Young People's
Overview and Scrutiny Review of
Self Harm by Young People**



Report of Lorraine O'Donnell, Assistant Chief Executive

Purpose

1. The purpose of this report is to present the findings, conclusions and recommendations of the Children and Young People's Overview and Scrutiny Committee working group review report on Self Harm by Young People attached at appendix 2.

Background

2. The Children and Young People's Overview and Scrutiny Committee added Self-harm by Young People to its work programme following its refresh at their meeting in June 2014. Following their concern about the number of young people in County Durham who self-harm, especially those who do not come into contact with services. The committee wanted to raise awareness and understanding of self-harm among young people and adults.
3. The terms of reference for the review were agreed by the Committee at its meeting held on 25th September 2014. The objective of the review is to raise awareness of self-harm by young people to young people and adults involved in their lives and to investigate how early intervention and support can be increased following five key lines of inquiry.
 - What policies and practices does Durham County Council have in place to help, support, prevent and intervene early where looked after children and young people self-harm?
 - How reliable/accurate performance data is and what does it tell us about self-harm in this area compared to regional and national data.
 - What services are available in the community for young people with anxieties or mental health problems to talk to people and how accessible are these services?
 - How are schools addressing students' issues that may lead them to self-harm? What prevention and early intervention methods do they use?
 - How can awareness of self-harm be increased among young people, parents and carers and what are the signs to look out for?
4. The committee set up a working group of 14 members and gathered evidence over six meetings from key parties including:
 - Public Health
 - Children & Adult Services
 - North of England Commissioning Support Unit
 - DDES CCG
 - North Durham CCG

- Child & Adolescent Mental Health Services
 - School Nurses
 - Investing in Children
 - Disc Lesbian, Gay, Bisexual and Transgender Young People's Group
 - Representative from Framwellgate School Durham
 - Representative from Educational Psychologists Team
 - Representatives from Sunderland pact Support Group
 - Representative from Mental Health North East
 - Youth Leader and Young People from Bowburn Youth Club.
5. The review makes seven recommendations which can be found on page 17-18 of the attached report. They relate to:
- internet safety;
 - development of information pages for parents/carers;
 - update and refresh of school policies on emotional health and wellbeing; and a reminder to governors of services that can be bought in which address emotional health and wellbeing;
 - consideration of how to engage with parents and carers to advise on the importance of good mental health and the warning signs.
 - consideration to a single multi-agency pathway and registry of self-harm;
 - consideration to the role youth workers/leaders can play in providing emotional and wellbeing support to young people in schools; and
 - Consideration to providing basic mental health and emotional wellbeing awareness training to all staff who regularly come into contact with young people.

Service Response

6. Children and Adult Services (CAS) and Public Health (PH) offer a joint response to this scrutiny, and welcome the report. Self harm by young people is a problem that is under-reported and which indicates a lack of emotional wellbeing that can foreshadow more serious issues.
7. The committee notes that emotional health and wellbeing, resilience and Child and Adolescent Mental Health strategies are under development. It is anticipated that these strategies will set out the actions to be taken by the Council and partners to ensure that services for young people and parents are in place, and are accessible.
8. The Health and Wellbeing Board and the Children, Young People and Families Partnership will receive these strategies and ensure that implementation and service commissioning matches strategic intentions.
9. Both CAS and PH welcome the emphasis given throughout the report to the voice of children and young people and the voice of parents. It is clear, that in the area of self harm, data are highly problematic and the clearest picture of the issue is often provided by those who experience it. Young people and parents are also best placed to advice on service access, to ensure that actions taken

in response to the report are effective. All partnerships should note and mirror this approach.

10. CAS and PH recognise that internet safety is increasingly a key issue for young people. Schools regularly report that many of the disciplinary problems they now address result from mis-use of social media, particularly in relation to bullying. We have seen in the last year how easy it is for young people to form “association groups” around negative issues such as suicide and self harm, and how emotions following tragic events can be whipped up at the touch of a button. Although it is impossible to control social media, CAS and PH support efforts to limit its use in Council buildings and schools.
11. The scrutiny committee has highlighted an important issue in the lack of clear advice and guidance for young people and their parents. We support the committee in efforts to streamline this and provide simple routes to effective information.
12. Clearly schools have a critical role to play in this issue, and CAS and PH will support and recommendations for schools to update emotional health and wellbeing policies, to include information on what services and support is available.
13. CAS and PH note the recommendation relating to the use of youth workers, school nurses and health visitors in preventing young people engaging in self harm and supporting them when they do. Current approaches such as Team Around the School and Team around the Family can already provide this support, and an expansion of these approaches would be welcomed.
14. Similarly, the recommendation on training for all staff who come into contact with children and young people is welcomed.
15. Recommendation E could be misinterpreted, as terms such as “single point of contact” and “registry of self harm services” have a very specific meaning in some services. CAS and PH would support the creation of a single portal for all services for self harm and development of clear information. We anticipate that the strategies under development will lead to commissioning plans for appropriate services and we do not believe that a new single point of contact is required if that means a person or a portal. There is already a single point of contact for all concerns about children, called First Contact, which will signpost to appropriate services. This role would undoubtedly be strengthened by creation of a clear register of self harm services however. First Contact is part of the existing pathway for protection of children, which attempts to identify concerns early and offer help before problems escalate. It is important that this single approach is not undermined by creation of a parallel approach to self harm or other forms of mental health. All agencies must be encouraged to use this pathway.
16. In summary, CAS and PH welcome the report as an important contribution to improving the emotional health and wellbeing of children and young people in County Durham, and will engage, with other relevant partners, in implementing the actions.

Recommendation

17. Cabinet is asked to note the recommendations in the report attached (appendix 2, pages 17-18) and to formulate a response within the six month period identified in the report for systematic review of the recommendations.
18. That the report is shared with the Health and Wellbeing Board and the Children and Families Partnership.

Contact: Tom Gorman, Corporate Performance & Scrutiny Manager, Tel: 03000 268027

Author: Ann Whitton, Overview & Scrutiny Officer, Tel: 03000 268 143

Appendix 1: Implications

Finance - None

Staffing - None

Risk - None

Equality and Diversity / Public Sector Equality Duty – The review report takes into consideration Equality and Diversity; an Equality Impact Assessment has been carried out.

Accommodation - None

Crime and Disorder – The review report received information on the impact of alcohol on young people's offending.

Human Rights – None

Consultation – None

Procurement - None

Disability Issues – The report addresses the mental health and emotional wellbeing of young people

Legal Implications – None

OVERVIEW AND SCRUTINY REVIEW REPORT – Self Harm by Young People
REVIEW OF RECOMMENDATIONS CONSIDERED BY CABINET ON: 15 APRIL 2015
UPDATE ON RECOMMENDATIONS – 2 NOVEMBER 2015

Review Recommendation	Progress report of action taken to implement recommendation	Resib'ty	Timescale
1) That in relation to internet safety, Cabinet place restrictions to limit internet access on personal computers in Council run buildings including libraries to ensure that sites which glorify self-harm and relevant social chat sites are prohibited access. In addition that Cabinet write to the Mental Health Minister to ask for search engine sites to recognise their moral social duty to filter search results.	Google Safe Search implementation within DCC Public Buildings including libraries will begin January 2016.	IT	Ongoing
	<p>This will reduce access to sites which glorify self-harm.</p> <p>Progress in the interim has been made through applications to block access to individual websites including www.lostallhope.com.</p> <p>Issue with access to sites which promote self harm through social media is still outstanding and a national issue.</p> <p>Promotion of support services through social media is progressing.</p>	Children and Young People Mental Health, Emotional Wellbeing and Resilience Implementation Group	Ongoing
Review Recommendation	Progress report of action taken to implement recommendation	Resib'ty	Timescale
2) That the Cabinet give consideration to developing specific pages for parents/carers giving information on preventing self-harm and how to support their children. Also that the pages are designed by or with direct	Promotion of MindEd resources www.minded.org.uk	Children and Young People Mental Health, Emotional Wellbeing and	March 2015

<p>involvement of young people who have knowledge of self-harm and emotional health and wellbeing such as help4teens.co.uk.</p>	<p>Launch of www.suicidesaferdurham.uk.</p> <p>Papyrus HopeLine have extended hours of operation during the weekend Mon-Fri: 10am-10pm, weekends: 2pm-10pm Support through email and text is also available www.papyrus-uk.org</p> <p>Working towards page on DCC website for Children and Young People mental health and wellbeing which will also support parents who have knowledge and experience of managing self-harm.</p>	<p>Resilience Implementation Group</p> <p>Public Mental Health Strategy Group</p> <p>Children and Young People Mental Health, Emotional Wellbeing and Resilience Implementation Group</p>	<p>Launch September 2015 Promotion ongoing</p> <p>Complete July 2015</p> <p>Ongoing</p>
<p>Review Recommendation</p>	<p>Progress report of action taken to implement recommendation</p>	<p>Resib'ty</p>	<p>Timescale</p>
<p>3) That the Cabinet highlight to school governing bodies:</p> <p>i. The necessity to refresh and update all emotional health and wellbeing policies on a regular basis specifically those that relate to self-harm.</p>	<p>Completed Guidance on Managing Self-Harm for Schools. This is now available to all schools through DLG.</p>	<p>Public Mental Health Strategy Group</p> <p>Children and</p>	<p>Complete June 2015</p> <p>Ongoing</p>

<p>ii. The range of emotional health and wellbeing services that can be bought in to support children and young people especially those provided for free by Public Health.</p>	<p>Further work to promote whole school approach to improve mental health and wellbeing to be taken forward through Children and Young People Mental Health, Emotional Wellbeing and Resilience Plan.</p> <p>School governors through governor's assembly received offer of emotional health and wellbeing services and training.</p> <p>Governing body training programme 16/17 to offer training on mental health and emotional well-being sessions. Possible offer available 15/16.</p>	<p>Young People Mental Health, Emotional Wellbeing and Resilience Implementation Group</p> <p>Public Mental Health Strategy Group</p> <p>Children and Young People Mental Health, Emotional Wellbeing and Resilience Implementation Group</p>	<p>Complete 2015</p> <p>Ongoing</p>
<p>Review Recommendation</p>	<p>Progress report of action taken to implement recommendation</p>	<p>Resib'ty</p>	<p>Timescale</p>
<p>4) That Cabinet request the Corporate Director of Children and Adult Services, the Director of Public Health, the Local Safeguarding Children Board, the Joint Health and Wellbeing Board and the Children and Families Partnership give consideration as to how to engage with parents of children to advise on the importance of good mental health and the warning signs to look out for in relation to risk taking</p>	<p>Through co-production and consultation work on the CHYP Mental Health, Emotional Wellbeing and Resilience plan an emerging network of parents with direct experience is developing. Further work to develop a parent advisory panel around mental health and emotional wellbeing supporting the implementation plan is underway.</p>	<p>Children and Young People Mental Health, Emotional Wellbeing and Resilience Implementation Group</p>	<p>Ongoing</p> <p>Ongoing</p>

behaviours.	One parent support group is now established with a second group expected to begin January 2016. Social media network is due to launch January 2016		
Review Recommendation	Progress report of action taken to implement recommendation	Resib'ty	Timescale
5) That through discussions at the Health and Wellbeing Board, appropriate commissioners and providers give consideration to the establishment of a single point of contact for services that offer mental health service and support which would ensure that all incidents are logged and picked up by the appropriate service in a timely manner and in doing so create a single multi-agency pathway and registry of self-harm.	<p>CHYP Mental Health, Emotional Wellbeing and Resilience plan has a key priority to develop one stop shops for children and young people which will include provision for those who self-harm.</p> <p>CAMHS Crisis Service is established and pilot programme of extended hours.</p> <p>Crisis Care Pathway workshops taking place December 2015 and January 2016 to create single multi-agency pathway.</p> <p>Information sharing agreements are underway initially with foundation trusts to develop self-harm real-time profile for County Durham. Next steps with Further and Higher Education.</p>	<p>Children and Young People Mental Health, Emotional Wellbeing and Resilience Implementation Group</p> <p>Mental Health Crisis Care Concordat</p> <p>Public Mental Health Strategy Group</p>	<p>Ongoing</p> <p>Complete. Pilot review December 2015</p> <p>January 2016</p> <p>Ongoing</p>

<p>7) That Cabinet give consideration to providing all adults (School Staff, Children's Home Staff, Youth Services Staff) who come into contact with young people on a regular basis receive basic mental health and emotional wellbeing awareness training.</p>	<p>Children and young people workforce will receive mental health and emotional wellbeing training as part of the broader CHYP Mental Health and Emotional Wellbeing Plan. Interim training:</p> <p>Managing self harm training for schools based staff to support refreshed guidance will be available from November 2015.</p> <p>Children's Home and Youth Service staff offered Mental Health 1st Aid and Managing Self Harm training.</p> <p>Emotional wellbeing awareness raising in schools. 238 Schools supported 2014/15 Mental Health emotional wellbeing capacity building, e.g. through training, coaching or consultation 409 staff from 66 schools 2014/15</p>	<p>Children and Young People Mental Health, Emotional Wellbeing and Resilience Implementation Group</p> <p>Public Mental Health Strategy Group</p> <p>Public Mental Health Strategy Group</p> <p>Public Mental Health Strategy Group</p>	<p>Ongoing</p> <p>July 2016</p> <p>Ongoing</p> <p>Ongoing</p>
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**Children & Young People's
Overview and Scrutiny Committee**

2 November 2015



**Help and Support to Children and
Young People with Autistic
Spectrum Disorder**

**Joint Report of Lorraine O'Donnell, Assistant Chief Executive,
and Rachael Shimmin, Corporate Director of Children & Adult
Services**

Purpose of Report

1. To provide members of Children and Young People's Overview and Scrutiny Committee with information in relation to the help and support the County Council provides to children and young people with Autistic Spectrum Disorder. The presentation will be given by the Principal Educational Psychologist and the Special Educational Needs and Disability Officer.

Background

2. At its meeting on 24 February 2015 members of the Children and Young People's Overview and Scrutiny Committee heard of the reforms under the Children and Families Act 2014 which places duties on local authorities and others in relation to both disabled children and young people and those with Special Educational Needs.
3. The Committee received information on developments such as the Making Changes Together Forum, and the Local Offer which is primarily for use by parents/carers of children and young people with special educational needs and disabilities. It also enables professionals and practitioners to see what services are available and how they can be accessed.
4. At its meeting on 25 June 2015, Children and Young People's Overview and Scrutiny Committee agreed its work programme for the coming municipal year 2015/16 which included an overview presentation on what Durham County Council does to support children and young people with autistic spectrum disorder.

Current Position

5. Arrangements have been made to provide members of the committee with a power point presentation that will focus on:
 - *Supporting Children and Young People with Autism including:*

- *What is autism?*
- *Prevalence*
- *The implications of being on the autism spectrum*
- *Key legislation and guidance documents*
- *Meeting educational needs*

Recommendation

6. Members of the Children and Young People's Overview and Scrutiny Committee are requested to receive the presentation and note its' content and comment accordingly.

Contact: Derek Sayer, SEND Officer, Tel: 03000 265866

Janet Crawford, Principle Educational Psychologist, Tel: 03000
263320

Ann Whitton, Overview and Scrutiny Officer, Tel: 03000 268143

Appendix 1: Implications

Finance – No direct implications.

Staffing - No direct implications.

Risk - No direct implications.

Equality and Diversity / Public Sector Equality Duty -

Accommodation - No direct implications.

Crime and Disorder – No direct implications.

Human Rights - No direct implications.

Consultation – No direct implications.

Procurement - No direct implications.

Disability Issues –

Legal Implications – No direct implications.

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**Children and Young People's
Overview and Scrutiny Committee**

2 November 2015



Fixed Play Strategy Update

**Joint Report of Lorraine O'Donnell, Assistant Chief Executive
and Terry Collins, Corporate Director of Neighbourhood Services**

Purpose of the Report

1. The purpose of this report is to provide members of Children and Young People's Overview and Scrutiny Committee with information in relation to the Fixed Play Strategy.

Background

2. The Children and Young People's Overview and Scrutiny Committee carried out a scrutiny review into Childhood Obesity in 2012. This review highlighted the need for children to be active and play. In Fair Society, Healthy Lives, 2010, Professor Marmot indicates the importance of play as a vital part of a happy childhood and that it may combat childhood obesity levels as it raises activity levels.
3. In July 2015 Durham County Council's Cabinet considered a report on the Review of Fixed Play Provision following a widespread consultation over three stages. Following the consultation process it was identified that the child population should be a factor in determining the Council's Minimum Core Offer. The future offer of fixed play is:-
 - Settlements with fewer than 100 children and Young People aged 16 and under
 - Settlements with Children and Young People numbers within 100/200
 - Settlements with Children and Young People numbers are within 201/500
 - Settlements with Children and Young People numbers are within 501/999
 - Settlements with Children and Young People numbers exceeding 1000
4. The cabinet report identifies that the purpose of any framework is to provide a context in which future decisions can be made. Following the report's consideration by Cabinet, members of Children and Young People's Overview and Scrutiny Committee requested an update on the Fixed Play Strategy. A presentation focusing on the progress of the framework will be provided by Nigel Dodds, Strategic Manager Culture and Sports, Neighbourhood Services.

Current Position

5. The presentation will provide an overview of the fixed play framework and cover key issues and progress as detailed below:
 - Distribution of Play: Overview of fixed play framework
 - Key Framework outcomes: Impact of adopting framework
 - Progress: Sites beyond economic repair.
 - Sites to be transferred
 - Progress: Sites to be removed
 - Progress: Overview of consultation, development & funding strategy /forward plan
 - Progress: overview of sites for investment
 - Investment and development case study/good practice: Riverside

Recommendations

6. Members of Children and Young People's Overview and Scrutiny Committee are requested to note the report and information contained in the presentation and comment accordingly.

Background Papers

- *15 July 2015 – Cabinet – Review of Fixed Play Provision*

Contact: Nigel Dodds Strategic Manager

Tel: 03000 264599

Author: Ann Whitton Overview and Scrutiny Officer

Tel: 03000 268143

APPENDIX 1 - Implications

Finance – None

Staffing - None

Risk - None

Equality and Diversity/Public Sector Equality Duty - None

Accommodation - None

Crime and Disorder - None

Human Rights - None

Consultation - None

Procurement - None

Disability Issues - None

Legal Implications - None

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**Children and Young People's
Overview and Scrutiny Committee**

2nd November 2015



**Health and Wellbeing Board
Annual Report 2014-15**

**Report of Rachael Shimmin, Corporate Director of Children and
Adults Services**

Anna Lynch, Director of Public Health County Durham

Purpose of Report

1. The purpose of this report is to present the Health and Wellbeing Board Annual Report 2014/15 (attached as Appendix 2) for information.

Background

2. The Health and Social Care Act 2012 required all upper tier local authorities to establish Health and Wellbeing Boards. The County Durham Health and Wellbeing Board was formally established as a committee of Durham County Council in April 2013.
3. The first Health and Wellbeing Board Annual Report was agreed by the Health and Wellbeing Board in July 2014 and was received by Durham County Council's Cabinet for information in October 2014, and Children and Young People's Overview and Scrutiny Committee in November 2014.
4. This is the second Health and Wellbeing Board Annual Report, which outlines the achievements of the Board during its second year of operation. It also includes details of locality health and wellbeing projects which are supported by the Health and Wellbeing Board, commitments and engagement activity of the Board and information on the Local Government Association Health and Wellbeing Peer Challenge which took place in February 2015.
5. The functions of the Health and Wellbeing Board remain as:
 - Develop a Joint Strategic Needs Assessment
 - Develop a Joint Health and Wellbeing Strategy
 - Duty to encourage integrated working between commissioners of health services, public health and social care services.

Achievements during 2014/15

6. Central to achieving the vision of the Health and Wellbeing Board to "Improve the health and wellbeing of the people of County Durham and reduce health inequalities" is the belief that decisions about the services provided, should be made as locally as possible and involve the people who use them.

7. A number of achievements have been made during 2014/15 which include:
- The Health and Wellbeing Board agreed the first Joint Health and Wellbeing Strategy and Delivery Plan in 2013/14, and have undertaken subsequent reviews, which have been informed by the Joint Strategic Needs Assessment, the Annual Report of the Director of Public Health County Durham, and feedback from engagement and consultation.
 - The Health and Wellbeing Board hosted a 'Big Tent' engagement event in October 2014 as part of the consultation process for the refresh of the Joint Health and Wellbeing Strategy. The event was attended by over 240 people and included a number of themed workshops relating to health, social care and the wider wellbeing approach.

As part of the consultation, a number of events took place with the following Investing in Children Reference Groups to gather the views of children and young people in relation to health and social care:

- Emotional Health and Wellbeing
- Diabetes Group
- Disabled Children
- Local Community Groups

Consultation also took place with The Making Changes Together group, which is the mechanism for engaging with parents of disabled children to ensure that the needs of disabled children are considered.

- The Health and Wellbeing Board agreed the County Durham Better Care Fund plan which supports the following seven work programmes to integrate health and social care initiatives locally:
 - **Intermediate Care+ Short term intervention services** which includes intermediate care community services, reablement, falls and occupational therapy services
 - **Equipment and adaptations for independence** which includes Telecare, Disability adaptations and the Home Equipment Loans Service
 - **Supporting independent living** which includes mental health prevention services, floating support, supported living and community alarms and wardens
 - **Supporting Carers** which includes carers breaks, carer's emergency support and support for young carers
 - **Social inclusion** which includes local coordination of an asset based approach to increase community capacity and resilience to provide low level services
 - **Care home support** which includes care home and acute and dementia liaison services
 - **Transforming care** which includes maintaining the current level of eligibility criteria, the development of IT systems to support joint working and Implementing the Care Act

The Better Care Fund is aligned to the strategic objectives in the Joint Health and Wellbeing Strategy and supports the aim to provide people with the right care, in the right place at the right time.

- The County Durham Mental Health Implementation Plan was developed by the Mental Health Partnership Board, and agreed by the Health and Wellbeing Board, and is the overarching mental health strategy for children and adults in County Durham. It is the local implementation plan of the national 'No Health without Mental Health' strategy and aims to improve mental health and wellbeing across all ages within County Durham. The Plan is supported by a range of strategies, with work taking place in a number of areas and local priorities, which are aligned to the Joint Health and Wellbeing Strategy, identified as follows:
 - Improving outcomes for people experiencing mental health crisis
 - Supporting people who are socially isolated
 - Reducing the number of people developing mental health problems through promotion of mental health, prevention of mental ill-health and improving the quality of life for those with poor mental health through early identification and recovery
 - Developing a specific Mental Health, Emotional Wellbeing and Resilience Plan to take forward work relating to children and young people, incorporate Children and Adolescent Mental Health Services (CAMHS)
 - Reducing the rate of people who self-harm or attempt suicide in County Durham

8. Details of the local projects across County Durham, which aim to improve the health and wellbeing of people in their local communities, including those delivered by the Area Action Partnerships, are included in the Annual Report. Examples include:

- Health Express in Shildon, which aims to increase knowledge and awareness of health issues in the local community and help people access health services and get support in better managing long term health conditions.
- As part of Health Express, students have teamed up with social housing provider Livin, to help residents stay fit and healthy through a series of activities. The initiative provides people with access to a range of health based initiatives and provides valuable work experience for local college students.
- Teesdale YMCA's Enriching Rural Lives project which focuses on mental and physical health, delivering a range of workshops and support sessions to engage community members who are aged 10-85

Commitments of the Health and Wellbeing Board

9. The Health and Wellbeing Board has made a number of commitments since it was established in April 2013, which include:

- Signing up to the Disabled Children’s Charter to ensure the needs of disabled children are fully understood and services are commissioned appropriately
- The Chair of the Health and Wellbeing Board and the Director of Public Health County Durham are mental health champions, whose role includes promoting wellbeing, and initiating and supporting action on public mental health
- The Health and Wellbeing Board have signed up to the Carers’ Call to Action to ensure that the vision for carers of people with dementia is achieved
- Signing the NHS Statement of Support for Tobacco Control to actively support local work to reduce smoking prevalence and health inequalities

Local Government Association Peer Challenge

10. The Annual Report includes a section on the Local Government Association Peer Challenge, which took place between 24th and 27th February 2015, and provides an overview of areas which are strong, as well as the following four areas of best practice which the Local Government Association would like to share with other Health and Wellbeing Boards. These are in relation to:

- Community engagement
- Area Action Partnerships
- ‘Voice of the child’
- Relationship with Scrutiny

Future work of the Health and Wellbeing Board

11. There are a number of initiatives that the Health and Wellbeing Board will continue to take forward during the coming year, which include:

- Agreeing the County Durham Physical Activity delivery plan
- Supporting the implementation of the Oral Health Strategy to improve the oral health of children and young people across the county and reduce inequalities in oral health statistics.

Details of further initiatives are included in the Annual Report.

Recommendations

12. It is recommended that Children and Young People’s Overview and Scrutiny Committee:

- Note the work that has taken place in 2014/15 by the Health and Wellbeing Board and receive the Health and Wellbeing Board Annual Report 2014/15 for information.

Contact: Peter Appleton, Head of Planning and Service Strategy, Children and Adults Service Tel: 03000 267 381
Andrea Petty, Strategic Manager, Policy, Planning and Partnerships, Children and Adults Services Tel: 03000 267 312

Appendix 1: Implications

Finance – Ongoing pressure on the public services will challenge all agencies to consider how best to respond to the health, social care and wellbeing agenda.

The Better Care Fund will be used to deliver integrated services between health and social care in County Durham in 2015/16.

Staffing – Not Applicable

Risk – A risk sharing agreement is in place for the Better Care Fund, which has been developed between the Clinical Commissioning Groups and the Local Authority.

Equality and Diversity / Public Sector Equality Duty – Equality Impact Assessments have been completed for the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS).

Accommodation - No direct implications.

Crime and Disorder – The JSNA provides information relating to crime and disorder.

Human Rights - No direct implications.

Consultation – Consultation has taken place as part of the development of the JSNA and JHWS. This includes consultation through the Big Tent engagement event to gather the views of a wide range of stakeholders including service users, patients GPs, carers, members of the voluntary and community sector as well as partner agencies and elected members.

Consultation has also taken place through service user and carers forums, Investing in Children agenda days, The Bridge (Family Action) young carers group, and Making Changes Together (parents of disabled children).

Carers are involved in consultation, to ensure their needs and the needs of the people they care for are considered.

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

Disability Issues – The needs of disabled people are reflected within the JSNA and the JHWS.

Legal Implications – The Health and Social Care Act 2012 established the requirement for all upper tier local authorities to establish Health and Wellbeing Boards.

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Our vision:-

Improve the health and wellbeing of the people of County Durham and reduce health inequalities

County Durham Health and Wellbeing Board Annual Report 2014-2015

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1. Foreword

Welcome to the Health and Wellbeing Board Annual Report 2014/15. As Chair and Vice Chair of County Durham's Health and Wellbeing Board we are privileged to have been supported by a group of partners who have continued to work together with the shared vision of improving the health and wellbeing of the people of County Durham and reducing health inequalities.

Over the last year we have made significant progress together, and through the Joint Health and Wellbeing Strategy and the Better Care Fund, the Health and Wellbeing Board will continue to work together to develop more joined up and integrated services, making the best use of resources.

Our Big Tent Engagement event was attended by over 240 people and feedback was incorporated into our Joint Health and Wellbeing Strategy. The event also saw the launch of the Crisis Care Concordat to demonstrate our commitment to supporting people in mental health crisis.

A Health and Wellbeing Peer Challenge has taken place and we are very proud that national research on the state of play with Health and Wellbeing Boards by the Local Government Association has indicated that Durham is clearly at the forefront of Health and Wellbeing Board progress and impact nationally.

The Board's success can be attributed to its clear vision, direction and shared strategy which is owned and valued by partners and influences the work of the Board as well as the commitment and drive of the partnership and the willingness to work together. This partnership approach has been central to the many achievements described in this report.

We achieved a lot in our first year, and have continued to do so throughout our second year. Together we will continue to drive forward the ambitious work of the Health and Wellbeing Board to improve health and wellbeing outcomes for the residents of County Durham.



Councillor Lucy Hovvels

Chair of the Health and Wellbeing Board

Cabinet Portfolio Holder for Adult and Health Services

(Cabinet Portfolio Holder for Safer and Healthier Communities, May 2014 - May 2015)



Dr Stewart Findlay

Vice Chair of the Health and Wellbeing Board

Chief Clinical Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group

2. The Health and Wellbeing Board

The Health and Social Care Act 2012 required all upper tier local authorities to establish Health and Wellbeing Boards.

The County Durham Health and Wellbeing Board was established as a Committee of Durham County Council in April 2013. It provides a forum for organisations to develop joint strategies and challenge each other on better ways of working.

Functions of the Health and Wellbeing Board

The Health and Social Care Act 2012 gives the Health and Wellbeing Board specific functions as follows:

- To develop a Joint Strategic Needs Assessment, which provides an overview of the current and future health and wellbeing needs of the people of County Durham;
- To develop a Joint Health and Wellbeing Strategy, which is based on evidence in the Joint Strategic Needs Assessment;
- A responsibility and duty to encourage integrated working between commissioners of health services, public health and social care services, for the purposes of advancing the health and wellbeing of the people in its area.

The vision for the Health and Wellbeing Board, as laid out in the [Joint Health and Wellbeing Strategy](#) is to:

‘Improve the health and wellbeing of the people of County Durham and reduce health inequalities’



Central to this vision is the belief that decisions about the services provided for service users, carers and patients should be made as locally as possible and involve the people who use them.

The vision is supported by the following strategic objectives:

- Children and young people make healthy choices and have the best start in life
- Reduce health inequalities and early deaths
- Improve the quality of life, independence and care and support for people with long term conditions
- Improve the mental and physical wellbeing of the population
- Protect vulnerable people from harm
- Support people to die in the place of their choice with the care and support that they need.

The work of the Health and Wellbeing Board is based on the Joint Health and Wellbeing Strategy which identifies priorities for joint action that will make a real difference to people's lives.

The Health and Wellbeing Board does not work alone to improve health and wellbeing, and acts as the 'Altogether Healthier' thematic partnership of the County Durham Partnership, which is the overarching strategic partnership in County Durham.

Each thematic partnership delivers the work of the County Durham Partnership and maintains close working relationships with the other thematic partnerships:



The County Durham Economic Partnership 'Altogether Wealthier' aims to make County Durham a place where people want to live, work, invest and visit whilst enabling our residents and businesses to achieve their potential.

- Thriving Durham City
- Vibrant and successful towns
- Sustainable neighbourhoods and rural communities
- Competitive and successful people
- A top location for business

The Children and Families Partnership 'Altogether better for children and young people'

works to ensure effective services are delivered in the most efficient way to improve the lives of children, young people and families in County Durham.

- Children and young people realise and maximise their potential
- Children and young people make healthy choices and have the best start in life
- A think family approach is embedded in our support for families

The Health and Wellbeing Board 'Altogether Healthier'

promotes integrated working between commissioners of health services, public health and social care services, for the purposes of improving the health and wellbeing of the people in the area.

- Children and young people make healthy choices and have the best start in life
- Reduce health inequalities and early deaths
- Improve the quality of life, independence and care and support for people with long term conditions
- Improve the mental and physical wellbeing of the population
- Protect vulnerable people from harm
- Support people to die in the place of their choice with the care and support they need

The Safe Durham Partnership

'Altogether Safer' tackles crime, disorder, substance misuse, anti-social behaviour and other behaviour adversely affecting the environment and seeks to reduce re-offending.

- Reduce anti-social behaviour
- Protect vulnerable people from harm
- Reduce re-offending
- Alcohol and substance misuse harm reduction
- Embed the Think Family approach

- Counter terrorism and prevention of violent extremism
- Reduce road casualties

The Environment Partnership

‘Altogether Greener’ aims to transform and sustain the environment within County Durham, maximising partnership arrangements to support the economy and the wellbeing of local communities.

- Deliver a cleaner, more attractive and sustainable environment
- Maximise the value and benefits of Durham’s natural environment
- Reduce carbon emissions and adapt to the impact of climate change
- Promote sustainable design and protect Durham’s heritage

Poverty

A partnership approach is being taken to address poverty across County Durham. Partners will seek to support the most vulnerable members of our community and address inequalities. Growing up in poverty has a significant impact on children and young people both during their childhood and beyond. Almost a quarter of children in County Durham are living in poverty compared to an England average of one fifth.

A Poverty Action Steering Group is in place, led by the Assistant Chief Executive of Durham County Council, to look at the wider impact of poverty. County Durham has the scope to provide a wide range of support and innovative and targeted interventions. To facilitate this and to ensure that the actions are as effective as they can be, partners are concentrating on developing joined-up intelligence and joined-up services with a focus on prevention.

This approach helps to ensure that people in need are signposted to and receive the correct support and that the assistance and schemes developed are based on a clear and detailed appreciation of the issues involved, for example, housing services are signposting people to debt and benefits advice and employability support, where this is deemed appropriate.

Membership of the Health and Wellbeing Board

Membership of the Health and Wellbeing Board reflects the requirements of the Health and Social Care Act 2012, and a range of additional organisations are included to ensure that the Health and Wellbeing Board is most effective in having the biggest impact on improving the health and wellbeing of local people and reducing health inequalities (Figure 1, page 22).

Although non-statutory, Health and Wellbeing Board membership in County Durham includes the local NHS Provider Foundation Trusts as voting members.

Governance and accountability

The Health and Wellbeing Board has a clear structure in place, enabling it to fulfil its statutory obligations to improve the health and wellbeing of the people of County Durham and reduce health inequalities.

The comprehensive supporting sub group arrangements carry out work on behalf of the Health and Wellbeing Board and show clear linkages to the work of the Health and Wellbeing Board. These governance arrangements are subject to an annual review to ensure they remain fit for purpose.

The Health and Wellbeing Board has wider interface arrangements with a number of multi-agency partnership groups, including other County Durham thematic partnerships, for example the Children and Families Partnership and the Safe Durham Partnership as well as the two statutory safeguarding boards (Local Safeguarding Children's Board and Safeguarding Adults Board).

Key information, including the annual report, is shared with Durham County Council Cabinet and Adults, Wellbeing and Health and Children and Young People's Overview and Scrutiny Committees to ensure there are mechanisms in place to provide information on the work of the Board.

Regular consultation on key strategies and service developments also takes place with Adults, Wellbeing and Health and Children and Young People's Scrutiny Committees. Regular updates on key issues are also provided to Scrutiny Committees.



University Hospital North Durham A&E department

3. Achievements of the Health and Wellbeing Board 2014/15 and local projects undertaken in 2014/15

This section details key achievements and developments that have taken place in 2014/15 to achieve the strategic objectives in the Joint Health and Wellbeing Strategy. It includes examples of local projects relating to health and wellbeing, many of which have been developed with Area Action Partnerships (AAPs). The Health and Wellbeing Board works closely with AAP co-ordinators to reflect the priorities of the Health and Wellbeing Board locally and recognises the impact of AAPs on health and wellbeing.

The Health and Wellbeing Board:

- Agreed the County Durham Joint Strategic Needs Assessment for 2014.
- Agreed the Joint Health and Wellbeing Strategy and supporting Delivery Plan.
- Hosted a 'Big Tent' engagement event as part of the consultation process for the refresh of the Joint Health and Wellbeing Strategy, which was attended by over 240 people.
- Endorsed the Director of Public Health County Durham's Annual Report 2014, which focuses on tackling social isolation and loneliness and has been used to inform various plans and strategies.

Examples of local projects that address social isolation and loneliness include:

- Aspire Learning Support and Wellbeing, which in partnership with Durham Alcohol Support Service is working in the Chester-le-Street area to support people in recovery from alcohol, many of whom are socially isolated.
- Derwent Valley Diners is a pilot project with Age UK to benefit older people, particularly those experiencing social isolation. The pilot seeks to improve older people's health and quality of life, and provides a nutritious meal being brought to their homes weekly by volunteers, who will provide regular social contact.
- Wheels to Meals scheme addresses the issue of nutrition and social isolation in older people in Weardale. The scheme uses community transport to collect people and take them to local restaurants then drops them home after taking a scenic drive back.
- Upper Teesdale Agricultural Support Services deliver a project to provide socially isolated men who are over 60 and living in Teesdale with hot meals and the opportunity to socialise and seek information, advice and guidance on a range of topics
- The Pioneering Care Partnership's Health Buddy Service provides trained volunteers who offer over 50s regular home visits for a chat, or help to attend local groups or appointments.

- Agreed the County Durham Better Care Fund plan which will support seven work programmes to integrate health and social care:
 - **Intermediate Care + short term intervention services** which includes intermediate care community services, reablement, falls and occupational therapy services
 - **Equipment and adaptations for independence** which includes telecare, disability adaptations and the Home Equipment Loans Service
 - **Supporting independent living** which includes mental health prevention services, floating support and supported living and community alarms and wardens
 - **Supporting carers** which includes carers breaks, carer's emergency support and support for young carers
 - **Social isolation** which includes local coordination of an asset based approach to increase community capacity and resilience to provide low level services
 - **Care home support** which includes care home and acute and dementia liaison services
 - **Transforming care** which includes maintaining the current level of eligibility criteria, the development of IT systems to support joint working and implementing the Care Act.
- Agreed the County Durham Implementation Plan of the 'No Health Without Mental Health' national strategy to bring together all the strands of mental health and wellbeing to better support people who need it. In order to ensure the work is coordinated and the priorities are progressed an Implementation Group has been formed.

Examples of local projects supporting people with Mental Health needs include:

- Open Art Surgery project which targets vulnerable people across the Durham AAP area, who are experiencing mental health problems, to engage in creative activity and social interaction. This includes people with dementia, adults with learning disabilities, people with multiple sclerosis, and men at risk of suicide, their families and carers.
- Teesdale YMCA's Enriching Rural Lives project which focuses on mental and physical health, delivering a range of workshops and support sessions to engage community members who are aged 10-85.
- Countywide CREE initiatives are in place to support mental health and emotional wellbeing. Many of these projects are based around allotments, community gardens and pigeon crees (hence the name) and provide support or signpost users to other services.

The Better Care Fund is aligned to the strategic objectives in the Joint Health and Wellbeing Strategy and supports the aim to provide people with the right care, in the right place at the right time. Implementation of the Better care Fund commenced on 1st April 2015. An Integration Programme Manager has been appointed to develop and implement the Better Care Fund across County Durham.

- Supported the Wellbeing for Life Service to help people to live well, and build on their capacity to be independent, resilient and maintain good health for themselves and those around them.

The Wellbeing for Life Service is a consortium of providers, comprising of the following organisations:

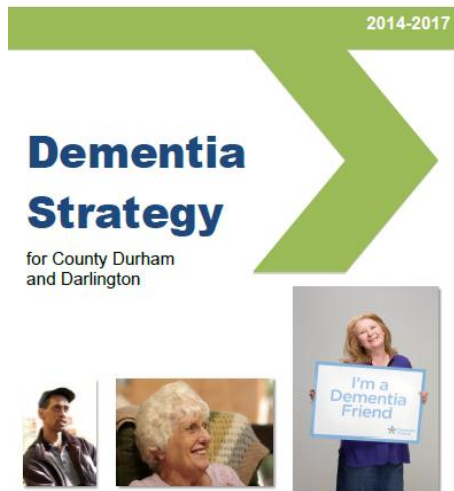
- County Durham and Darlington Foundation Trust, Health Improvement Service
- Durham Community Action
- Pioneering Care Partnership
- Durham County Council, Culture and Leisure
- Leisureworks.

The Wellbeing for Life service went live on 1st April 2015.

Examples of local projects supporting the Wellbeing for Life approach include:

- Health Express in Shildon, that aims to increase knowledge and awareness of health issues in the local community and help people access health services and get support in better managing long-term health conditions.
- As part of Health Express, students have teamed up with social housing provider Livin, to help residents stay fit and healthy through a series of activities. The initiative provides people with access to a range of health based initiatives and provides valuable work experience for local college students.
- Health Trainers will work closely with older residents in Brandon, Burnhope and Langley Park to help them set their own personal health plans. This will include support and advice on diet, nutrition, exercise, quitting smoking, reducing alcohol intake and improving how good you feel about yourself.

- Agreed the Dementia Strategy for County Durham and Darlington 2014-17, to enable people to live well with dementia.



Examples of local projects supporting Dementia include:

- The Centre of Excellence project, that employs a Dementia Support Worker through the Alzheimer's Society to work in the East Durham area providing emotional, financial and medical support for families and sufferers of dementia
- A key area of the Dementia Strategy is the roll out of 'Dementia Friendly Communities', with Barnard Castle and Chester-Le-Street selected as the first two sites in County Durham focusing on improving inclusion and quality of life for people living with dementia. This has also been rolled out in the Mid Durham AAP area.

- Demonstrated commitment to supporting people in mental health crisis by signing up to a local declaration and agreeing a joint action plan. Gaps in the service and areas of good practice informed the action plan, which was developed across County Durham and Darlington in conjunction with both Health and Wellbeing Boards.

- Agreed the County Durham Interim Child and Adolescent Mental Health Services (CAMHS) Joint Strategy 2014/16, which was developed whilst more detailed work is undertaken to develop a three-year Children and Young People's Mental Health, Emotional Wellbeing and Resilience Plan.

- Agreed the Improving Palliative and End of Life Care: Strategic Commissioning Plan 2013-2018, to ensure the populations of County Durham and Darlington receive the best possible care, in the place where they want to receive it, when they are progressing towards the end of life.

- Agreed the first County Durham Drug Strategy, which aims to prevent harm, restrict supply and sustain a future for individuals to live a drug free and healthy life, whilst minimising the impact on communities and families.

From April 2015 Lifeline began to deliver community based alcohol and drug misuse services jointly from recovery centres across the county, offering individuals and their families integrated drug and alcohol treatment journeys, and allowing people who are attending for treatment to benefit from the positive influences of people attending who are in recovery.

- Agreed the Strategy for the Prevention of Unintentional Injuries in Children and Young People in County Durham to reduce unintentional injuries in children and young people aged 0-19.
- Agreed the Healthy Weight Strategic Framework for County Durham, which has been developed by the County Durham Healthy Weight Alliance as a local response to 'Healthy Lives, Healthy People: A Call to Action on Obesity in England'. The strategy aims to achieve a sustained upward trend in healthy weight for children, young people and adults in County Durham by 2020.
- Agreed the Safeguarding Framework which was developed jointly with the Health and Wellbeing Board, Children and Families Partnership and Safe Durham Partnership along with the Local Safeguarding Children Board and Safeguarding Adults Board.

SAFEGUARDING FRAMEWORK

June 2014

As a result, applications for take aways to be opened within a 400m zone of schools have been refused, to support children's healthy eating.



- Agreed the first Pharmaceutical Needs Assessment, produced by the Health and Wellbeing Board, which was published in March 2015. The key conclusion from the assessment is that there are sufficient numbers of pharmacies in County Durham. The assessment will be used when considering future pharmacy applications.
- The Health and Wellbeing Board receive timely winter plans and system resilience updates to ensure that local health and care systems operate effectively in delivering year round services for patients.

Commitments of the Health and Wellbeing Board

Examples of commitments undertaken by the Health and Wellbeing Board include:

- Signed up to the Disabled Children's Charter to ensure the needs of disabled children are fully understood and services are commissioned appropriately. Evidence has been provided to Every Disabled Child Matters on the actions undertaken in County Durham.

The commitments are being met in County Durham by ensuring that the needs of disabled children and young people are reflected in the Joint Strategic Needs Assessment, and by ensuring appropriate actions are identified in the Joint Health and Wellbeing Strategy. As part of the consultation on the review of these documents, a number of events took place including consultation with 'Making Changes Together' which is a group of parents of disabled children.

- Chair of the Health and Wellbeing Board and the Director of Public Health County Durham are mental health champions, whose role includes promoting wellbeing, and initiating and supporting action on public mental health.
- As part of the Winterbourne View Concordat and Action Plan, the Portfolio Holder for Adult Services was identified as a Learning Disability Champion to promote the needs of people with learning disabilities.
- Signed up to the National Dementia Declaration and Dementia Care and Support Compact to support the delivery of the National Dementia Strategy and improving care and support for people with dementia, their carers and families.

In County Durham, one of the Better Care Fund work programmes is 'Care Home Support' which includes care home and acute and dementia liaison services. Intermediate Care + teams also have Community Psychiatric Nurses support to enable dementia clients to be included in the reablement pathway.

- Signed up to the Carers' Call to Action to ensure that the vision for carers of people with dementia is achieved. Another Better Care Fund work programme is 'Supporting Carers' which includes carers breaks.
- Signed up to the National Pensioners Convention's Dignity Code, which has been developed to uphold the rights and maintain personal dignity of older people. The Dignity Code was discussed at events with Residential Care Home Providers in 2014, who agreed to abide by the code.
- Signed the NHS Statement of Support for Tobacco Control to actively support local work to reduce smoking prevalence and health inequalities. A voluntary ban has been implemented across County Durham, encouraging play areas to become smoke free. The outdoor play area at Riverside Park in Chester-le-Street became the first park to become a smoke free zone.



Key Performance Achievements 2014/15

This section provides a summary of the key performance achievements of the Health and Wellbeing Board to describe the progress made against the strategic objectives in the Joint Health and Wellbeing Strategy.

Strategic Objective 1: Children and young people make healthy choices and have the best start in life

- Latest data shows that both under 16 and 18 conception rates are falling.
- The percentage of exits from young person's drug and alcohol treatment that are planned has achieved target and is above the national average.

Strategic Objective 2: Reduce health inequalities and early deaths

- The long term trend for under 75 mortality from cancers, circulatory diseases and respiratory disease is reducing.
- Patients receiving definitive treatment for cancer within 31 days of diagnosis has exceeded target and is better than national rates.

Strategic Objective 3: Improve the quality of life, independence and care and support for people with long term conditions

- Carers report a higher quality of life in Durham than North East and national averages and report higher satisfaction levels.
- A higher percentage of people remain in their own homes following rehabilitation services than North East and national averages.

Strategic Objective 4: Improve mental health and wellbeing of the population

- The proportion of adults in mental health services in paid employment and settled accommodation is better than national averages.

Strategic Objective 5: Protect vulnerable people from harm

- The number of children subject to a Child Protection plan has decreased and is below North East and national averages.
- The percentage of Children in Need referrals occurring within 12 months of a previous referral has reduced and is below North East and national averages.

Strategic Objective 6: Support people to die in the place of their choice with the care and support that they need

- The number of patients recorded on practice registers as in need of palliative care/support has increased, achieved target and is above national rates.
- The number of deaths occurring in the usual place of residence has increased and is above national rates.

4. Engagement

Central to achieving the vision of the Health and Wellbeing Board to **'Improve the health and wellbeing of the people of County Durham and reduce health inequalities'** is that decisions about the services provided for service users, carers and patients, should be made as locally as possible and involve the people who use them.

Engagement within County Durham includes individual involvement, collective involvement and patient experience activities. A range of mechanisms are used by all partners to support their work in engaging with people about their health and social care needs.

The Health and Wellbeing Board's **Big Tent Engagement Event** is held every year to gather the views of a wide range of stakeholders, including service users, patients, GPs, carers, members of the voluntary and community sector as well as professionals from partner agencies, and elected members.

In October 2014, the event, which was attended by over 240 people, included a number of themed workshops relating to health, social care and the wider wellbeing approach such as long term conditions, physical activity and drugs and alcohol.

The event saw the launch of the Mental Health Crisis Care Concordat for County Durham and provided an update on the work taking place to address health and social care issues. It also gave attendees an opportunity to provide their views on how services should be developed through a series of presentations and themed workshops.

The Local Government Association supported the event and Dr William Bird, a national speaker, led the physical activity workshop.

Feedback from the event has been used to influence future priorities through the Joint Health and Wellbeing Strategy, as well as service reviews for specific plans and strategies.

Service User and Carer Forums support engagement, consultation and involvement with service users and carers from specific client groups, such as those with learning disabilities, mental health needs and older adults.

A specific event for people with learning disabilities, carers and organisations was held in November 2014, which focused on a number of themes, including social activities and health. The engagement tools used on the day were designed by the people with learning disabilities. The engagement approaches took into account the different needs of individuals with learning disabilities to enable people to have their say.



County Durham Adults Learning Disability engagement forum

There are fourteen **Area Action Partnerships** in place to give people in County Durham a greater choice and voice in local affairs. They allow people to have a say on services and give organisations the chance to speak directly with local communities. By working in partnership we help ensure that the services of a range of organisations are directed to meet the needs of local communities and focus their actions and spending on issues important to these local communities.

A designated Area Action Partnership representative has been identified as a link to the Health and Wellbeing Board. Updates on the work of the Area Action Partnerships are provided to the Health and Wellbeing Board on a six monthly basis.

Work has taken place to enhance the interface between Area Action Partnerships and the Health and Wellbeing Board to improve the alignment of Area Action Partnership developments and investments with the priorities of the Health and Wellbeing Board.

Further work will take place at a local level through Area Action Partnerships and will be progressed through the Community Wellbeing Partnership, which is a sub-group of the Health and Wellbeing Board.



AAP consultation event

Voluntary and Community Sector (VCS) organisations are represented on the Community Wellbeing Partnership which focuses on developing an asset based approach in communities and supporting people to help themselves through the Wellbeing for Life Service. VCS organisations are also consulted on the Joint Health and Wellbeing Strategy through the Big Tent engagement event.

Healthwatch County Durham voices people's concerns and provides feedback to service providers and commissioners. Through local engagement they collect vital data on how and why people use services in their area. Its place on the Health and Wellbeing Board means Healthwatch can represent the voice of people in decision making.

Regular reports are presented to the Health and Wellbeing Board on the engagement that has been held in relation to the three strands of Healthwatch work:

- *Listening* – to patients of health services and users of social care services to find out what they think of the services they receive.
- *Advising* – people how to get the best health and social care for themselves and their family.
- *Speaking up* – on consumers' behalf with those who provide health and social care services.

Healthwatch are also instrumental in being involved in projects and reviews and were involved in a patient journey consultation which focused on a dementia project and included people who care for those with dementia.

Patient Reference Groups are the mechanism to engage with patients on specific services provided by GPs and for engagement with people who have specific health conditions.

Investing in Children Reference Groups are utilised for gathering the views of children and young people in relation to health and social care.

There are a number of Investing in Children reference groups, including:

- Emotional Health and Wellbeing
- Diabetes Group
- Disabled Children
- Local Community Groups



Investing in Children Agenda Day

Agenda Days are held that are led by young people and focus on the key issues affecting them.



The Bridge Young Carers group art day

The Health and Wellbeing Board have engaged directly with **young people** who requested to provide their feedback to Health and Wellbeing Board members on health issues which are important to them. An action plan was developed detailing how the issues are being taken forward.

The **Making Changes Together** group is the mechanism for engaging with parents of disabled children to ensure that the needs of disabled children are considered.

5. Local Government Association Peer Challenge

Peer Challenge is part of the Local Government Association's Health and Wellbeing System Improvement Programme's wider offer, where peers work as 'critical friends' and is designed to support the Local Authority and Health and Wellbeing Board in reflecting on, and improving practice.

County Durham's Health and Wellbeing Peer Challenge took place in February 2015. In four days the Peer Challenge team met Councillors, staff, partners, service users and carers through interviews and focus groups. A member of the Peer Challenge team also attended a Health and Wellbeing Board meeting.

The Peer Challenge team were looking for evidence in the following areas:

- A clear, appropriate and achievable approach to improving the health and wellbeing of local residents
- An effective governance system, with leadership that works well across the local system
- Local resources, commitment and skills across the system are maximised to achieve local health and wellbeing priorities
- Effective arrangements for evaluating the impact of the Joint Health and Wellbeing Strategy
- Effective arrangements for ensuring accountability to the public



Big Tent Engagement Event

Feedback from the Peer Challenge stated that County Durham's Health and Wellbeing Board is in a very strong place.

The Local Government Association have recently commissioned national research on the state of play with Health and Wellbeing Boards, and in terms of this research, feel that County Durham is clearly at the forefront of Health and Wellbeing Board progress and impact nationally.

The Peer Challenge team stated that the strength of partnership relationships was striking and they are clearly mature. They commented that distributed leadership had developed from well established relationships, trust and well managed organisations.

They also stated that a whole systems approach is clearly well-embedded and that the Joint Health and Wellbeing Strategy is clearly owned and valued by partners, has influence and is underpinned by the Joint Strategic Needs Assessment.

The Big Tent Engagement Event and Learning Disabilities Forum were commended as inclusive approaches for community engagement, along with engagement events by Investing in Children that ensure the 'voice of the child' influences the Health and Wellbeing agenda.

This is particularly notable as the Peer Challenge team's feedback report states that the 'voice of the child' is not well developed across the country.



IIC Agenda Day

Area Action Partnerships were described by the lead peer as "one of the best forms of localism I have seen in a long time" and that they clearly link to the Health and Wellbeing Board and allow for service models to be locally determined.

The clear governance arrangement between the Health and Wellbeing Board and Scrutiny was identified as among the best in the country.

The Peer Challenge team identified the following four areas of best practice that they would like to follow up and share with the sector:

- Community Engagement
- Area Action Partnerships
- 'Voice of the child'
- Relationship with Scrutiny

The Peer Challenge team identified the following areas that the Health and Wellbeing Board may wish to consider for the future:

- Stronger links to housing to ensure housing's contribution to health inequality and the wider determinants of health is maximised
- Reviewing the membership of the Health and Wellbeing Board in relation to the voluntary & community sector and housing.
- Ensuring the needs of carers are reflected in the Joint Health and Wellbeing Strategy
- Consider working across Health and Wellbeing Board boundaries e.g. to consider patient flows and service re-design.

An action plan will be developed by the Health and Wellbeing Board to take forward any key areas.

6. Future work of the Health and Wellbeing Board

There is a strong commitment from the Health and Wellbeing Board to continue to improve the health and wellbeing of the people in County Durham and reduce health inequalities.

Agreeing the refresh of the Joint Health and Wellbeing Strategy 2015-18 will enable us to progress key areas of work to help achieve that vision.

The Health and Wellbeing Board's work programme for 2015-16 will build on the progress made to date, and will include the following actions:

- Agree the refresh of the Joint Health and Wellbeing Strategy 2015-18 Delivery Plan to ensure that the Joint Health and Wellbeing Strategy is implemented and performance managed.
- Implement the actions in the Mental Health Crisis Care Concordat local action plan, which was agreed by both the County Durham and Darlington Health and Wellbeing Boards.
- Receive updates on the performance against targets set within the County Durham Better Care Fund plan, and the financial position relating to the plan.
- Agree the approach to further develop health and social care integration.
- Agree the Cardiovascular Disease (CVD) Prevention Strategic Framework to prevent the disease, which is the second largest cause of death in County Durham.

- Agree the Dual Needs Strategy, which aims to identify people with dual diagnosis (drugs and/or alcohol misuse along with learning disabilities and/or mental illness, including dementia) and ensure they have access to coordinated and responsive services to meet their complex and changing needs.
- Agree the County Durham Physical Activity Delivery Plan, which will provide a greater range of opportunities to increase participation and activity levels in County Durham



- Agree the comprehensive three year Children and Young People's Mental Health, Emotional Wellbeing and Resilience Plan, which will also consider self-harm amongst young people.
- Receive an update on the work being undertaken across County Durham to address diabetes, as well as Public Health's role as a demonstrator site for the National Diabetes Prevention programme. The aim of the pilot is to be the first country to implement at scale, a national evidence based diabetes prevention programme.

- Support the implementation of the Oral Health Strategy to improve the oral health of children and young people across the county and reduce inequalities in oral health statistics.
- Consider updates on the progress in regard to the Joint Health and Social Care Learning Disability Self-Assessment Framework and the Learning Disability Self-Assessment.
- Agree the Urgent Care Strategy, which has strong ambitions to take a whole system approach, ensuring urgent care services are easier to navigate and are streamlined to avoid duplication.
- Consider safeguarding arrangements for children and adults through the Annual Reports of the Local Safeguarding Children Board and Safeguarding Adults Board.
- Achieve the Tobacco Control Alliance CLeaR creditation, which provides recognition that Durham is providing the leadership required to receive this improvement model.
- Consider updates on the Transfer of 0-5 Healthy Child Programme, which marks the final part of the overall public health transfer to local authorities from the NHS, and aims to encourage integrated working.
- Sign up to St.Mungo's Broadway 'Charter for Homeless Health' to ensure that local services are accessible for people who are homeless.
- Consider the County Durham and Darlington NHS Foundation Trust Right First Time 24/7 Clinical and Quality Strategy.

**Figure 1: County Durham Health & Wellbeing Board Membership
(Correct at 31st March 2015)**

COUNCILLOR LUCY HOVELS

Chair of the Health and Wellbeing Board

Member Portfolio Holder (Safer and Healthier Communities) – Durham County Council

DR. STEWART FINDLAY

Vice Chair of the Health and Wellbeing Board

Chief Clinical Officer - Durham Dales, Easington and Sedgefield Clinical Commissioning Group

RACHAEL SHIMMIN

Corporate Director – Children and Adults Services – Durham County Council

ANNA LYNCH

Director of Public Health County Durham – Children and Adults Services – Durham County Council

ALAN FOSTER

Chief Executive – North Tees and Hartlepool NHS Foundation Trust

COUNCILLOR OSSIE JOHNSON

Member Portfolio Holder (Children and Young People's Services) – Durham County Council

COUNCILLOR MORRIS NICHOLLS

Member Portfolio Holder (Adult Services) – Durham County Council

JOSEPH CHANDY

Director of Primary Care Development and Engagement – Durham Dales, Easington and Sedgefield Clinical Commissioning Group

DR. DAVID SMART

Clinical Chair – North Durham Clinical Commissioning Group

NICOLA BAILEY

Chief Operating Officer – North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups

CAROL HARRIES

Director of Corporate Affairs – City Hospitals Sunderland

SUE JACQUES

Chief Executive – County Durham and Darlington NHS Foundation Trust

MARTIN BARKLEY

Chief Executive – Tees Esk and Wear Valleys NHS Foundation Trust (TEWV)

JUDITH MASHITER

Chair - Healthwatch County Durham

Also invited to attend – Non Voting

Ben Clark, NHS England Sub-Regional Team; Peter Appleton, Head of Planning and Service Strategy, Durham County Council; and Andrea Petty, Strategic Manager, Policy, Planning and Partnerships, Durham County Council.

7. Abbreviations and glossary

Area Action Partnerships (AAPs)	Groups set up to give people in County Durham a greater choice and voice in local affairs. The partnerships allow people to have a say on services, and give organisations the chance to speak directly with local communities
CAMHS	Child and Adolescent Mental Health Services
Clinical Commissioning Groups (CCGs)	Groups of GP practices, including other health professionals who will commission the great majority of NHS services for their patients
CREE	CREE projects are aimed at improving the mental health and wellbeing of residents by providing a social area and in a friendly and supportive environment. A lot of the projects are based around allotments, community gardens and pigeon crees (hence the name) and can offer support or signpost users to other support services.
Dementia	Dementia is used to describe a syndrome which may be caused by a number of illnesses in which there is progressive decline in multiple areas of function, including decline in memory, reasoning, communication skills and the ability to carry out daily activities. Individuals may develop behavioural and psychological symptoms such as depression, psychosis, aggression and wandering
Disabled Children's Charter	A formal document which the HWB signs to demonstrate its commitment to improving the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions
Dual Diagnosis	Having both a diagnosis of learning disabilities/mental behavioral diagnosis and substance misuse problems
GP	General practitioner - also known as family doctors who provide primary care
Health and Wellbeing Board (HWB)	Statutory forum of key leaders from health and social care working together to improve the health and wellbeing of the local population and reduce health inequalities
Intermediate Care+	Provides one route into all intermediate care services, which prevent unnecessary admission to hospitals or premature admission to care homes, and promote independence and faster recovery from illness
Interventions	Services provided to help and/or improve the health of people in the county

Joint Health and Wellbeing Strategy (JHWS)	The Health and Social Care Act 2012 places a duty on local authorities and CCGs to develop a Joint Health & Wellbeing Strategy to meet the needs identified in the local Joint Strategic Needs Assessment (JSNA)
Joint Strategic Needs Assessment (JSNA)	The Health and Social Care Act 2012 states the purpose of the JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages
Local Government Association (LGA)	The LGA is a politically-led, cross-party organisation that works on behalf of councils to ensure local government has a strong, credible voice with national government. The LGA aims to influence and set the political agenda on the issues that matter to councils so they are able to deliver local solutions to national problems
Long term condition	The Department of Health has defined a Long Term Condition as being “a condition that cannot, at present be cured; but can be controlled by medication and other therapies.” This covers a lot of different conditions e.g. diabetes, chronic obstructive pulmonary disease (COPD), dementia, high blood pressure
National dementia declaration	Explains the challenges presented to society by dementia and some of the outcomes that are being sought for people with dementia and their carers
NHS	National Health Service
Reablement	Reablement is about giving people over the age of 18 years the opportunity, motivation and confidence to relearn/regain some of the skills they may have lost as a consequence of poor health, disability/impairment or accident and to gain new skills that will help them to develop and maintain their independence
Special Educational Needs and Disability (SEND)	Children who have needs or disabilities that affect their ability to learn. For example: <ul style="list-style-type: none"> • Behavioural/social (e.g. difficulty making friends). • Reading and writing (e.g. dyslexia). • Understanding things. • Concentrating (e.g. Attention Deficit Hyperactivity Disorder). • Physical needs or impairments
Social Isolation	A lack of contact with people
Stakeholders	Interested parties or those who must be involved in a service/project or activity
UTASS	Upper Teesdale Agricultural Support Services, supporting local residents with mental health needs



North Durham Clinical Commissioning Group



Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

City Hospitals Sunderland 
NHS Foundation Trust

County Durham and Darlington 
NHS Foundation Trust

Tees, Esk and Wear Valleys 
NHS Foundation Trust

North Tees and Hartlepool 
NHS Foundation Trust



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County Durham Health and Wellbeing Board Annual Report 2014-2015

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