Adults, Wellbeing and Health Overview and Scrutiny Committee

Date	**Tuesday 19 January 2016**
Time	**9.30 am**
Venue	**Committee Room 2, County Hall, Durham**

Business

Part A

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

1. Apologies
2. Substitute Members
3. Minutes of the meeting held on 4 November 2015 and the special meeting held on 14 December 2015 (Pages 1 - 14)
4. Declarations of Interest, if any
5. Media Issues
6. Any Items from Co-opted Members or Interested Parties
7. Durham Dales, Easington and Sedgefield CCG - Review of Urgent Care Strategy - Report of the Assistant Chief Executive and presentation by Sarah Burns, Director of Commissioning, Durham Dales, Easington and Sedgefield CCG (Pages 15 - 38)
8. NHS England and DDES CCG- Review of APMS Contract - Easington Healthworks - Report of the Assistant Chief Executive (Pages 39 - 68)
9. Integrated Risk Management Plan (IRMP) Action Plan 2016/17 Consultation - Report of Stuart Errington, Chief Fire Officer, County Durham and Darlington Fire and Rescue Service and presentation by Station Manager Rob Cherrie, County Durham and Darlington Fire and Rescue Service (Pages 69 - 88)
10. Joint Health and Wellbeing Strategy refresh - Report of Corporate Director for Children and Adults Services (Pages 89 - 100)

11. 2015/16 Quarter 2 Performance Management Report - Report of the Assistant Chief Executive, presented by Peter Appleton, Head of Quality and Service Strategy, Children and Adults Services (Pages 101 - 112)

12. Review of the Council Plan and Service Plans - Report of the Assistant Chief Executive (Pages 113 - 122)

13. Forecast of Revenue Outturn Quarter 2, 2015/16 - Report of Head of Finance, Financial Services and presentation by Andrew Gilmore, Finance Manager, Corporate Resources and Paul Copeland, Strategic Programme Manager, Care Act, Children and Adults Services (Pages 123 - 130)

14. 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
11 January 2016

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

Councillor J Robinson (Chairman)
Councillor S Forster (Vice-Chairman)

Councillors J Armstrong, R Bell, P Brookes, J Chaplow, P Crathorne, M Davinson, K Hopper, E Huntington, P Lawton, H Liddle, J Lindsay, O Milburn, M Nicholls, L Pounder, A Savory, W Stelling, P Stradling and O Temple

Co-opted Members:

Mrs B Carr and Mrs R Hassoon

Co-opted Employees/Officers:

Dr L Murthy, Healthwatch

Contact: Jackie Graham **Tel: 03000 269704**

DURHAM COUNTY COUNCIL

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Wednesday 4 November 2015 at 9.30 am**

Present:

Councillor J Robinson (Chairman)

Members of the Committee:
Councillors J Armstrong, R Bell, J Chaplow, P Crathorne, M Davinson, S Forster, K Hopper, P Lawton, J Lindsay, O Milburn, P Stradling and O Temple

Co-opted Members:
Mrs B Carr, Mrs R Hassoon and Dr L Murthy

Also Present:
Councillors L Hovvels and M Williams

1 Apologies

Apologies for absence were received from Councillors P Brookes, E Huntington, H Liddle, M Nicholls, L Pounder, A Savory and W Stelling

2 Substitute Members

There were no substitute Members in attendance.

3 Minutes

The minutes of the meeting held on 9 October 2015 were confirmed as a correct record and signed by the Chairman.

4 Declarations of Interest, if any

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 Issues

The Principal Scrutiny Officer provided the Committee with details of the following items which had appeared in the press:-

- Health bosses warn of GP shortage in North East thanks to immigration rules – Evening Chronicle 19/10/15
  The Government's refusal to fast-track visas for medical students is contributing to a shortage of GPs in the North East. DDES CCG had launched a scheme offering funding and mentoring to GPs who choose to work in the region - at least one of the GPs offered a place on this scheme was forced to pull out because they could not get a visa.
- Easing winter pressures: Bringing healthcare to homes – BBC Website 16/10/15
  Improvements of community health services would help to alleviate winter pressures on health services. Health services in the community and in people's own homes will have a vital role to play, not only in the coming years, but this winter too - as a part of the solution to ease pressure on A&E and the wider NHS.
- Chancellor urged not to cut vital health fund – BBC Website 23/10/15
  This links to an item later on the agenda. The Chancellor unveiled plans to cut the £2.8bn public health budget by £200m from January. This would have a significant impact on County Durham.
  A total of 11 groups, including the Academy of Medical Royal Colleges, Royal College of Nursing, NHS Confederation and Faculty of Public Health, have put their names to a letter to George Osborne asking him to reconsider the plans.
- North East Ambulance Service plea for 999 'life threatening' calls only – The Journal 01/11/15
  Pressures placed on NEAS as the service was stretched to its limits this weekend after receiving 622 calls to 999 service since midnight on Saturday.

The Chairman informed Councillor R Bell that the issue relating to Richardson Hospital would be brought up later on the agenda.

7 Quality Accounts Updates - County Durham and Darlington NHS FT; Tees Esk and Wear Valleys NHS FT and North East Ambulance Service NHS FT

The Committee noted a report of the Assistant Chief Executive that set out progress made against the 2015/16 Quality Accounts for :-

- Tees, Esk and Wear Valleys NHS Foundation Trust
- County Durham and Darlington NHS Foundation Trust
- North East Ambulance Service NHS Foundation Trust

The Committee received presentations from the following organisations, setting out their six monthly progress report in respect of delivery of the 2015/16 priorities and performance targets (for copy of report and slides of all presentations see file of Minutes). The Principal Overview and Scrutiny Officer advised that in advance of the meeting, the Trusts had been asked to include within their presentation those steps that they were making to address the recruitment, training and retention of staff within their respective organisations. All three presentations set out this information.

(i) Tees, Esk and Wear Valleys NHS Foundation Trust

The Committee received a presentation from Sharon Pickering, Director of Planning and Performance, Tees, Esk and Wear Valleys NHS Foundation Trust, regarding the performance against quality priorities and metrics and outlining early thinking around

priorities for 2015/16. Ms Pickering said that she would send out the full quarter 2 progress report when available.

The Chairman thanked Ms Pickering for her presentation.

Mrs R Hassoon asked if the PARIS upgrade would make information available out of the area. Ms Pickering advised that the Trust needed to ensure as much information was on the electronic system so that if a call was received out of area, the information would be to hand. She advised that PARIS would enable GPs systems to link with each other and would issue discharge letters automatically.

Dr L Murthy expressed concern that there was only a 29% response rate from the survey carried out. He asked if anything was being done to improve this. He was advised that the Trust had little control over the CQC survey but that they did carry out their own survey that receives much better coverage.

Referring to staffing, Councillor M Davinson asked how many vacancies are filled from one band to another and asked if it was easier to recruit if staff were promoted. Ms Pickering advised that the grade 7 role held more managerial responsibilities and therefore could be more difficult to recruit to. She added that they do have internal movements and they ensured that staff were given opportunities to progress throughout the authority.

(ii) County Durham and Darlington NHS Foundation Trust

The Committee received a presentation from Joanne Todd, Associate Director of Nursing (Patient Safety and Governance), County Durham and Darlington NHS Foundation Trust, regarding the progress made against priorities for improvements for the 2015/16 period.

The Chairman thanked for Ms Todd presentation.

Councillor J Lindsay referred to the Emergency Department indicators and asked whether more detailed information could be provided which would identify performance breakdowns comparisons between peak times and other times of the day in respect of the Time to initial assessment and Time to treat decision.

Members were advised that this information would be fed back to them.

Referring to recruitment, Councillor M Davinson asked if courses were aligned to this organisation and was advised that the Trust work with students throughout the duration of the course offering support and spending time in the universities.

(iii) North East Ambulance Service NHS FT

The Committee received a presentation from Mark Cotton, Assistant Director, Communications & Engagement, North East Ambulance Service NHS FT regarding the progress made against priorities for improvements for the 2015/16 period.

The Chairman thanked Mr Cotton for his presentation.

Councillor O Temple referred to 75% of the 8 minute response time target being met, but requested whether a “heat map” or some indication of the performance within those areas where the target response times were not being met.

In response to a question from Dr L Murthy about joined up thinking between the emergency department, Mr Cotton said that the introduction of the “flight map” system within the NEAS Control centre meant that hospital staff could see when an ambulance was expected and the condition of the patient but also ambulance movement could be manged to ensure that potential ambulance stacking at A&E Departments could be avoided.

Resolved:-
That the updates be received and the requests for further information made by the Committee be sent to each respective Trust.

8 North Durham CCG and Durham Dales, Easington and Sedgefield CCG Clear and Credible Plans Updates

The Committee received a joint presentation by Sarah Burns, Director of Commissioning, Durham Dales, Easington and Sedgefield CCG and Michael Houghton, North Durham CCG regarding Health Commissioning Intentions (for copy see file of Minutes).

The Director of Commissioning highlighted the timelines, national priorities, the continuation of CCG priority programmes and information relating to identifying priorities. She advised that she would come to Committee in March 2016 with feedback and in the summer with the Strategic Plan.

Councillor J Chaplow expressed concern about where the learning disability service had moved to, and was advised that this was a national plan with a huge amount of work being carried out to ensure the appropriate level of care was given to each individual. This would mean changes to people being hospitalised and would be changed to the offer of community beds, alleviating people being institutionalised. The Chairman added that this area was a priority for the North East Regional Joint Scrutiny Committee.

Resolved:
That the presentation be noted.

9 Matters arising from the Minutes of the Adults Wellbeing and Health Overview and Scrutiny Committee held on 9 October 2015 - Temporary closure of a Ward at The Richardson Hospital, Barnard Castle

The Chairman asked the Chief Executive, County Durham and Darlington NHS Foundation Trust to comment on the recent temporary closure of a ward at Richardson Hospital, further to concerns raised by Councillor R Bell at the last meeting of the Committee.

The Chief Executive acknowledged the communications failure with the Committee on this matter and assured the Committee that the Trust would ensure that communication is improved. She advised that Darlington CCG had secured inpatient bed provision within

the Darlington area utilising nursing homes to enable those patients wishing to access care closer to home via community services to do so. Rather than seeing it as a closure the Trust felt that more people would be seen in their homes or in the local community and that people were found to do better from this kind of rehabilitation setting. Work was ongoing with GPs in DDES CCG to see how to make better use of Richardson Hospital and how to use the resource to the best effect.

The Chairman said that concerns had been raised about the future of the hospital.

Debbie Anderson, Associate Chief Officer for care closer to home, CDD FT, advised that staff at Shotley Bridge Hospital had faced similar rumours about a closure following a leaflet drop by a local developer and that the Trust had taken steps to reassure staff that this was not the case. Members were again assured that the long term focus for Richardson Hospital was that it would remain and provide the best model for the facility.

Councillor R Bell said that a written report on the future of the Richardson Hospital would be helpful and an acknowledgement that any changes in respect of service changes would be brought to this Committee.

The Chief Executive informed the Committee that the review began at the beginning of the year looking at the level of demand and explained that there would always be operational changes to make during the year. She agreed that they would look at how the Trust communicates in future.

The Chairman thanked the Chief Executive of CDD NHS Foundation Trust for her comments and said that it had been a learning curve for all.

Resolved:
That the report of the Chief Executive, County Durham Foundation Trust be noted and a request be made that a further update report on the future plans in respect of the Richardson Hospital be provided to a future meeting.

10 County Durham and Darlington NHS Foundation Trust - Care Quality Commission Inspection Report

The Committee received a report of the Assistant Chief Executive that provided background information in respect of the Care Quality Commission (CQC) inspection of County Durham and Darlington NHS Foundation Trust (for copy see file of Minutes)

Sue Jacques, Chief Executive, County Durham and Darlington NHS Foundation Trust gave a detailed presentation and highlighted the following points:-

- The Trust and CQC assessments – overall rating requires improvement
- Darlington Memorial Hospital – overall rating requires improvement
- University Hospital of North Durham – overall rating requires improvement
- Community Services – overall good
- Summary of indicators and key themes identified for improvement – should do and must do, with some actions complete
- Areas of good practice – celebrated with staff
- Ratings Distribution

- Target – short & long term

The Chief Executive, CDD NHS FT referred members attention specifically to the detailed action plan that had been drawn up by the Trust to address those issues identified within the CQC Inspection and reported that a number of these actions had already been implemented. Reference was also made to the CQC Ratings distribution information within the presentation which demonstrated how close that the Trust was in meeting a "Good "assessment. The Chief Executive stressed that whilst Good was an achievable short term objective, the Trust has agreed to its own stretch targets to be outstanding within 2 years.

The Chairman asked for further information about end of life care at Darlington. The Chief Executive CDD NHS FT informed the Committee that there were significant improvements to make with regards to end of life care and that a strategy had been introduced. She advised that the service were under pressure in relation to training and that they had under provision in terms of clinical support. There had been fundamental issues around staffing and it was recognised that it was difficult to recruit A&E consultants. The Trust had been commissioned to build a new A&E building at Durham as the old building had been built to deal with half the number of attendees that are now received. The Committee were informed that the Trust's own clinical strategy was critical in terms of ensuring that the Trust provides hospital, urgent and emergency care in the County.

Councillor P Lawton informed the Committee that the staff at the University Hospital of North Durham had been brilliant in dealing with end of life care for a family member.

The Chief Executive CDD NHS FT said that they do carry out surveys and agreed that they do have excellent staff and that very good services are provided.

Resolved:

(i) That the contents of this report be noted

(ii) That the information provided within the presentation in respect of the CQC Inspection of County Durham and Darlington NHS Foundation Trust be noted.

11 Public Health Update Report

The Committee received a report of the Director of Public Health, County Durham that provided an update on national, regional and local public health developments and demonstrates delivery of the Public Health Pledge signed by the Council in February 2014 (for copy see file of Minutes).

The Director of Public Health advised of the in-year reduction to local authorities' Public Health grant announced in June 2015 by the Treasury, and although no confirmation had been received, a 6.2% cut to Durham County Council's grant of £3.1m was expected. She advised that the bigger and longer term picture was the proposed change in the funding formula from 2016 onwards which had been developed by the Advisory Committee for Resource Allocation (ACRA) and which was currently out to consultation. A response to the consultation was being prepared by the Council. If the Government was to accept the proposals by ACRA, there could be a potential cut for DCC of £19.6m, and the North East as a whole could lose £43.5m.

Previous investment into County Durham by the former NHS County Durham and Darlington (the “PCT”) had been significant and specifically sought to address Public Health need and tackling health inequalities and deprivation in County Durham.

The Director of Public Health had written to MPs, CCGs, North East CCG forum and had drafted a response however accepted that the decision lay with ministers.

The Chairman expressed concern at the potential £23m loss especially when other areas such as Surrey and Kent were gaining additional funding.

Councillor O Temple said that as this was a complex issue it would be helpful to have sight of the response. The Director of Public Health advised that paper copies were available for members to take away with them.

Councillor R Bell suggested that it was important for all members to respond to this and to lobby their local MPs.

Resolved:

(i) That the contents of the report be noted.

(ii) That to receive annual updates in relation to the transformation of the Public Health Service be agreed.

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DURHAM COUNTY COUNCIL

ADULTS, WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

At a Special Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in **Council Chamber, County Hall, Durham** on **Monday 14 December 2015** at **9.30 am**

Present:

Councillor S Forster (Vice-Chairman in the Chair)

Members of the Committee:
Councillors J Armstrong, P Crathorne, M Davinson, K Hopper, H Liddle, J Lindsay, L Pounder, P Stradling and O Temple

Co-opted Members:
Mrs B Carr, Mrs R Hassoon and Ms J Mashiter (substitute for Dr L Murthy)

Also Present:
Councillor L Hovvels

1 Apologies

Apologies for absence were received from Councillors R Bell, P Brookes, J Chaplow, E Huntington, O Milburn, J Robinson and A Savory and Dr L Murthy.

2 Substitute Members

Ms J Mashiter (Healthwatch) substituted for Dr L Murthy (Healthwatch).

3 Declarations of Interest

There were no Declarations of Interest.

4 Any Items from Co-opted Members or Interested Parties

There were no items from Co-opted Members or Interested Parties.

5 Proposed reconfiguration of Organic Inpatient Wards serving County Durham and Darlington - Reports of the Assistant Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust and North Durham CCG/Durham Dales, Easington and Sedgefield CCG and Darlington CCG

The Chairman introduced several Officers who were in attendance to speak to Members in respect of the proposed reconfiguration of Organic Inpatient Wards serving County Durham and Darlington (for copy see file of minutes).

- Nicola Bailey, Chief Operating Officer, Durham Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group (CCG)
- Carl Bashford, Head of Service, Mental Health Services for Older People (MHSOP) Durham and Darlington (D&D), Tees, Esk and Wear Valley (TEWV)
- Jo Dawson, Director of Operations, D&D, TEWV
- Michael Houghton, Director of Commissioning, North Durham CCG
- Dr Sarah McGeorge, Clinical Director, MHSOP, D&D, TEWV
- Sharon Pickering, Director of Planning, Business Development and Performance, TEWV

The Director of Commissioning, North Durham CCG thanked Members for the opportunity to consult on the proposed reconfiguration and reminded Members that CCGs were the leads for the consultation, with their Governing Boards having decided to go ahead with the consultation process.

The Director of Operations, D&D, TEWV explained that it was intended to go out to consultation with the Committee being asked for comments on the consultation, the CCGs and Darlington Borough Council's Adult and Housing Scrutiny Committee having previously been consulted. It was added that it was in trying to make the best use of resources that a reconfiguration of the Organic Inpatient Wards was necessary and, while acknowledging that providing care for patients with dementia in their own home provided many benefits, there were a number of patients with challenging behaviours that required to be cared for as in-patients. Members were reminded that the current provision was 3 wards, one mixed-sex ward, Picktree, Lanchester Road Hospital and 2 single-sex wards, Hamsterley and Ceddesfeld at Auckland Park Hospital. Councillors noted that the challenge was to be able to provide high quality, specialist care for those patients that were acutely unwell with 3 options being proposed for future arrangements. The Director of Operations, D&D, TEWV stressed it was not proposed to have a reduction in the number of beds provided, to remain at 30, and that the reconfiguration would be to be able to address the issues and challenges being faced, to provide quality care for those patients.

The Committee noted that the options being proposed were:

1. To retain the two single-sex wards at Auckland Park Hospital, with a capacity of 15 for each sex, and to close the ward at Lanchester Road Hospital.
2. To provide two single-sex wards, one at Auckland Park Hospital and one at Lanchester Road, and to close a ward at Auckland Park Hospital.
3. To provide one mixed-sex ward at each of the sites, one at Auckland Park Hospital and one at Lanchester Road, and to close a ward at Auckland Park Hospital.

The Director of Operations, D&D, TEWV explained that there would be a lot of work with service users and their families within the consultation and that the process would run from January 2016 and end in March 2016, with a preferred option being put forward after that.

The Chairman thanked Officers and asked Members for their questions on the report.

Councillor J Armstrong asked whether Area Action Partnerships (AAPs) would be included within the consultation process. The Director of Operations, D&D, TEWV noted they could be incorporated into the process, and the Director of Planning, Business Development and Performance, TEWV added that there would be 3 public events, with a letter and consultation paper being shared with a number of stakeholders, including the AAPs. It was added that within the letter there would be the invitation for stakeholders to attend one of the consultation events and that the CCGs were represented on the AAPs in addition. Councillor J Armstrong asked where the consultation events would be held. It was explained that there was one event in each of the CCG areas: Darlington; Durham Dales, Easington and Sedgefield; and North Durham. Councillor P Stradling suggested a fourth consultation event be held to serve East and South East Durham.

Councillor J Armstrong asked what savings would be made as a consequence of the proposed reconfiguration. The Director of Operations, D&D, TEWV explained that it depended upon the option, with options 2 and 3 requiring more staffing, however, there was a potential saving of approximately £450,000.

Mrs R Hassoon asked whether additional travel time for families to visit had been taken into account when developing the proposals. The Director of Planning, Business Development and Performance, TEWV noted visiting times and taxi costs had been looked at where appropriate and the Director of Operations, D&D, TEWV added that it had been a balancing act looking at locality based provision versus being able to provide specialist care in order to try and minimise the length of any hospital stay for a patient.

Ms J Mashiter, Chair of Healthwatch reminded the Committee that Healthwatch was a statutory body and that there was still time for Healthwatch to feed-in to the development of the consultation, to make the document more user-friendly and provide an independent role in terms of getting views from stakeholders. The Director of Planning, Business Development and Performance, TEWV noted the document was not the element being considered, rather the approach to the consultation, however, it was noted that Communications Staff had spoken to the 2 relevant Healthwatch groups and would work with them to cross-check in terms of stakeholders and public events.

Councillor P Stradling reiterated that travel time for visitors was an important factor when considering the options, and could present a challenge for some people. The Director of Planning, Business Development and Performance, TEWV noted that there would be events held in each of the CCG areas and added that it may be possible to look at looking at other avenues, such as the AAPs, Patient Reference Groups or via another bespoke event.

Councillor O Temple noted that there appeared to be a striking difference in the size of two of the wards, with the Lanchester Road ward only being 6 years old and therefore asked whether it was indeed “fit for purpose” or was the original design incorrect and there would be a reduced number of beds. Councillor O Temple noted that Option 3 referred to “dealing with particularly challenging male patients” and asked if this could be explained and also whether such requirements could not be met or replicated at Lanchester Road. The Director of Planning, Business Development and Performance, TEWV explained that Lanchester Road was not a newly built facility and was not an ideal set-up in terms of the challenging male patients as described. It was added that the facility at Auckland Park had a large available floor space and this was helpful when dealing with dementia patients. It was added that there had always been an all-male option in terms of care, as this was usual in terms of dealing with patients that may have come from all-male care homes and following Care Quality Commission (CQC) mixed-sex guidance which was tightened in 2014. Members noted that recent inspections had commented on arrangements and it was explained that arrangements were such to ensure “not passing each other sexes’ bathrooms”, and that “zoning” arrangements at present were such that there was capacity for 6 separated male patients, though admissions to the wards remained at a 50/50 gender split. Accordingly, it was for clinical reasons that a male only ward would be useful and the phrasing within the document was in terms of being able to manage risk as regards behaviour and to ensure genuine safeguarding issues were being addressed.

Councillor O Temple noted the Officers’ comments and added that he felt there was some bias within the report in terms of a preferred option and recalled that a few years ago when the Lindisfarne Ward at Lanchester closed that there were reassurances made as regards support being made available to assist with changes. Councillor O Temple added that when considering travelling times for patients, where Lanchester may represent a 30-35 minute travel time, this could be perhaps increase to 2 hours in travelling to Bishop Auckland. Councillor O Temple reiterated that he felt the document was bias with only 2 options having a number of positives stacked up, and the negatives only having been mentioned minimally, especially in terms of travelling times and the effect this may have on patients and their families. Councillor O Temple also noted there was no “Option 4”, namely for no change to the current arrangements and the impact in terms of funds. The Director of Planning, Business Development and Performance, TEWV noted that there was a need for savings within the health economy and that the cost or savings made for each option differed. It was added that it depended upon the levels of staffing, however, the reconfiguration of the wards would represent savings of around £330,000 to £450,000 depending on which option was taken forward. Members were reminded that the benefits to health were always weighed up against savings when looking at options, and it was noted that the situation in terms of public sector finance was such that there was even more of a need to look at options that delivered quality and efficiency. The Committee suggested the financial implications for each option should be clearly identified within the consultation document.

Councillor M Davinson referred to page 10 of the agenda pack, further mileage for patients and families for people living within the County Durham and Darlington CCG areas. Councillor M Davinson noted an entry for “Derwentside” stated an additional mileage of 10.8 miles, and asked how this was defined as “Derwentside” could refer to a number of places with some being a lot further away than 10.8 miles.

The Director of Planning, Business Development and Performance, TEWV noted she would check as regards this.

Councillor M Davinson also asked as regards what support and assistance would be offered in terms of travel and how this would be monitored. The Director of Planning, Business Development and Performance, TEWV explained that issues would be looked at when people were admitted and taxi invoices were monitored as a matter of course. Councillor M Davinson noted that it could beneficial to look at in advance of admission and asked at what stage the impact of travel was discussed with patients.

The Director of Planning, Business Development and Performance, TEWV noted that the process was not rushed and that there was always planning with the patient and their families in terms of care. The Clinical Director, MHSOP, D&D, TEWV added that in terms of crisis situation, a patient would be admitted sometimes within a day and therefore arrangements would then need to be made after the patient was safely in care on an appropriate ward.

Councillor M Davinson noted that the report had the advantages for Option 1 highlighted in bold and not the disadvantages, and for Options 2 and 3 there were disadvantages highlighted in bold and therefore he felt this was not consistent and perhaps an attempt to lead people towards a preferred option. The Director of Planning, Business Development and Performance, TEWV explained this formatting was within the report document, not within the consultation.

The Chairman asked whether all service users would be consulted, how this would be checked, and what facilities were in place to allow those people not able to complete forms and questionnaires to have their views recorded. The Clinical Director, MHSOP, D&D, TEWV explained that there would be public consultation as well as events with patient and carer groups, and those currently on a ward would be assisted as required by staff. The Director of Operations, D&D, TEWV added that consultation with older people would be managed with patients and families and there would be discussions in terms of what could be put in place to assist depending upon the option taken forward. Ms J Mashiter, Chair of Healthwatch reiterated the independence of Healthwatch in terms of assisting with consultations in contrast to consultation being carried out by the service provider themselves. The Committee supported the engagement of Durham Healthwatch in the engagement process to ensure it is inclusive open and transparent,

The Chairman thanked the Members and Officers for their time and for Members to consider the recommendations as set out within the report.

Resolved:

(i) That the report be received.
(ii) That the comments of the Committee in terms of the report of Tees, Esk, and Wear Valleys NHS Foundation Trust and the proposals for consultation and engagement be noted.
(iii) That a further report be received by the Adults, Wellbeing and Health Overview and Scrutiny Committee in April 2016 detailing the feedback from the communication and engagement activity prior to a final decision being made by the Clinical Commissioning Groups in respect of the proposals.

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Adults Wellbeing and Health Overview and Scrutiny Committee

19 January 2016

Durham Dales, Easington and Sedgefield CCG – Review of Urgent Care Services

Report of Lorraine O'Donnell, Assistant Chief Executive

Purpose of the Report

1 To provide members of the Adults Wellbeing and Health Overview and Scrutiny Committee with background information in respect of proposals by Durham Dales, Easington and Sedgefield Clinical Commissioning Group to review Urgent Care Services within its locality.

Background

2 At its meeting held on 9 October 2015, the Adults Wellbeing and Health Overview and Scrutiny Committee considered a report and presentation detailing the development of the County Durham and Darlington Urgent Care Strategy 2015-20.

3 At the meeting the Committee endorsed the County Durham and Darlington Urgent Care Strategy 2015-20 and also asked for further detailed reports from the Systems Resilience Group and CCGs outlining detailed proposals for implementation of the strategy and any service changes and associated consultation and engagement plans to be brought back to future meetings of this Committee.

4 It is also important to note that under Section 244 of the NHS Act 2006, local NHS bodies have a duty to consult local Overview and Scrutiny Committees on proposals for any substantial development of the health service or substantial variation in the provision in their areas. Scrutiny Committees are also required to consider the extent of consultation undertaken.

Proposed review of Urgent Care Services within the DDES CCG locality

5 DDES CCG is currently in the process of developing a series of models for the future provision of Urgent Care services within its locality together with an appropriate engagement and consultation plan. A report is to be presented on this issue to DDES CCG's Governing body on 12 January 2016 and a copy of that report is attached for members' information (Appendix 2).

6 In the spirit of early engagement and information sharing, representatives of DDES CCG will be in attendance to provide members with an overview presentation which will:-

- Set out why DDES is reviewing its Urgent Care Services, providing a National and County Durham and Darlington context to this work;

- Define what Emergency and Urgent Care Services are;

- Explain the current service provision model for Urgent Care across the DDES locality including service profiles for the Bishop Auckland Urgent Care Centre; Peterlee Urgent Care Centre; Seaham Urgent Care Centre and the Healthworks Urgent Care Centre, Easington;

- Detail the engagement activity undertaken with patients and stakeholders so far and the key messages from this activity and how this information is informing the development of proposed future models for how Urgent Care services might be provided;

- The models for the future provision of Urgent Care services within the DDES locality including timeframes for public consultation and engagement together with the engagement of the Adults Wellbeing and Health OSC in accordance with the statutory requirements.

7 Members of the Adults Wellbeing and Health OSC will be able to question the CCG representatives on the development work and stakeholder engagement activity undertaken to date.

Next Steps

8 DDES CCG will develop further their proposed models for Urgent Care Services in their locality alongside statutory public consultation and engagement plans and plan to present draft consultation and engagement models to the Adults Wellbeing and Health OSC at its meeting on 1 March 2016.

Recommendation

9 The Adults Wellbeing and Health Overview and Scrutiny Committee is recommended to:-

1. receive this report;

2. note and comment on the presentation by Durham Dales, Easington and Sedgefield CCG in respect of their proposed review of Urgent Care services within its locality;

3. agree to a further report being brought back to the Adults Wellbeing and Health Overview and Scrutiny Committee on 1 March 2016 detailing the proposed models for Urgent Care Services within DDES CCG together with the associated consultation and engagement plans.

Background papers

Report and presentation to Adults Wellbeing and Health OSC – 9 October 2015 – County Durham and Darlington Urgent Care Strategy

Contact: Stephen Gwillym, Principal Overview and Scrutiny Officer
E-Mail: stephen.gwillym@durham.gov.uk Tel: 03000 268140

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 – The presentation by DDES CCG to the Adults Wellbeing and Health OSC will identify the stakeholder engagement undertaken to date and set out how statutory consultation and engagement will be undertaken in respect of the proposed future models of Urgent Care Services.

Procurement - None

Disability Issues - None

Legal Implications – None

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Appendix 2

NHS
Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

Meeting date: ……
Item No: ……

GOVERNING BODY

Title of report:	**Urgent Care Services Integration**
Sponsor Director:	Sarah Burns, Director of Commissioning
Date of report:	11th December 2015
Name of person presenting the report at the meeting:	Sarah Burns, Director of Commissioning Stewart Findlay, Chief Clinical Officer
Reason for report: '✓' *please tick relevant category*	• Information only • Development / Discussion • Decision / Action ✓
Recommendations: (i.e. action being sought from the meeting)	The Formal Executive Committee CQFP is asked to: • Support the further development of the proposed new service models for urgent care as set out in this paper • Support the CCG in undertaking a consultation/ engagement exercise with the public in respect of these new models • Approve the report for submission to the Governing Body on 12th January 2016
Report status: '✓' *please indicate relevant category*	• Official ✓ • Official Sensitive: Commercial • Official Sensitive: Personal
Is this report confidential? *please delete as appropriate*	• **No**
Procurement Conflict of Interest completed and attached: *please delete as appropriate*	• **n/a**
Potential conflicts of interest:	There is a conflict of interest for general practice members of committees as potential providers of the service in future.

Purpose of the report and summary of key issues:	• The CCG has conducted an in depth review of urgent care services • The review has been influenced by national policy and the local strategy for urgent and emergency care • This report provides detail of the existing services and their utilisation based on both quantitative and qualitative information • Engagement with stakeholders has been undertaken as part of the review process • The review has indicated the need for a different configuration of urgent care services in DDES • A proposed new model of urgent care is outlined in the report • Consultation with stakeholders would be required given the significantly different model proposed

DDES consultation and other approval routes (including outcomes):	Meeting/route	Date	Outcome
	Formal Executive Committee	22.12.15	
	CQFP Theme		
	Governing Body	12.1.16	

Supporting documents/ Appendices:	• Appendix A – Urgent Care Services Integration • Appendix B – A summary of the service currently available across DDES and the rest of County Durham and Darlington

Impact Assessment and Risk Management Issues

Consideration given and action taken in this report relating to impact assessment and risk management issues is detailed below:

(✓) tick as appropriate	**Impact area**
	Does this report identify a risk for the CCG?
	Does this report impact on the environment/sustainability of the CCG?
	Does this report have legal implications?
✓	**Are there any resource implications – finance and/or staffing as a result of this report**
	There are implications for staff currently employed in the existing urgent care services. There are potential financial implications for existing service providers

	Has this report taken into account equality and diversity?
	If service changes are implemented then a full equality and diversity assessment will be undertaken
	Does this report impact on Quality, Innovation, Productivity and Prevention (QIPP)
✓	**Has there been any consultation/engagement (patient, public, stakeholder, clinical) with regard to the content of the report?**
	Engagement has been carried out via the Experience Led Commissioning programme Clinical engagement has taken place via the DDES wide management meeting (including PG chairs) and the clinical locality leads
	Are there any clinical quality/patient safety issues identified in this report?
	Does this report impact on any information governance issues?
	Other implications

APPENDIX A

URGENT CARE SERVICE INTEGRATION

1.0 Introduction

A number of factors (both local and national) influenced the CCG's decision to review urgent care services. This paper sets out:

- The context, both locally, regionally and nationally with required the CCG to carry out a review of services
- Details of existing services and their utilisation
- Stakeholder engagement that has been carried out
- Audits of existing services both from a clinical and patient perspective
- Other factors that influenced the service review

This paper goes on to summarise the case for change and a potential new model for integrated urgent care services in DDES. The sensitivities of any potential changes are recognised. The purpose of this paper is to gain the support of the Governing Body (following extensive engagement with both Member Practice commissioning representatives and the Council of Members) to further develop the proposed model in this paper and to consult with the public on the potential changes to services.

2.0 Local, Regional and National Context

There were a number of factors that initiated the review of urgent care services in DDES and they are described in the following section of this report.

2.1 National Context

The Transforming Urgent and Emergency Care Review[1] proposed a new National vision urgent and emergency care which has now been adopted and is being heavily promoted by NHS England. The National vision has two key aims:

- People with urgent but non-life threatening needs must have a highly responsive, effective and personalised service outside of hospital – as close to home as possible, minimising disruption and inconvenience for patients and their families.
- People with serious or life-threatening emergency needs should be treated in centres with the very best expertise and facilities in order to reduce risk and minimise their chances of survival and recovery.

NHS England have recently published further guidance to help local commissioners and providers understand the practical elements of the vision and are providing support to facilitate local implementation. The main elements of the National approach underpinning the aims of the vision are:

[1] Transforming urgent and emergency care services in England. Urgent and emergency care review end of phase one report *High quality care for all, now and for future generations.* Professor Sir Bruce Keogh, November 2013

- **Self-care** – through more easily accessible information about self-treatment option, pharmacy promotion and better access to NHS 111.
- **Right advice or treatment first time** – through an enhanced NHS 111. service which is easier to access and supported by a range of clinicians.
- **Faster, convenient, enhanced service** – to General Practice, primary and community care services aimed at providing care as close to home as possible and prevention unnecessary admissions to hospital.
- **Identify and designate available services in hospital based emergency centres** - aiming to ensure that urgent and emergency care services work cohesively together as an overall Urgent and Emergency Care Network so that the whole system becomes more than just a sum of its parts.

In addition to the above there has been a great deal of learning resulting from the challenges experienced throughout the urgent and emergency care system during Winter 2014/15. With this learning from Winter 2014/15 NHS England developed eight High Impact Interventions for urgent and emergency care that are designed to provide focus for local commissioners and providers on elements of the system which are crucial to be in place to ensure effective patient flow and patient experience within urgent and emergency care services.

New national standards for commissioning integrated urgent care services in October 2015[2]. This builds on the Transforming Urgent and Emergency Care Review published in 2013.

An extract from the new national standards is included below:

The core vision for a more closely Integrated Urgent Care service builds upon the success of NHS 111 in simplifying access for patients and increasing the confidence that they, local commissioners and the public have in their services.

The offer for the public will be a single entry point - NHS 111 - to fully integrated urgent care services in which organisations collaborate to deliver high quality, clinical assessment, advice and treatment and to shared standards and processes and with clear accountability and leadership.

Central to this will be the development of a 'Clinical Hub' offering patients who require it access to a wide range of clinicians, both experienced generalists and specialists. It will also offer advice to health professionals in the community, such as paramedics and emergency technicians, so that no decision needs to be taken in isolation. The clinicians in the hub will be supported by the availability of clinical records such as 'Special Notes', Summary Care Record (SCR) as well as locally available systems. In time, increasing IT system interoperability will support cross-referral and the direct booking of appointments into other services.

A plan for online provision in the future will make it easier for the public to access urgent health advice and care. This will increasingly be in a way that offers a personalised and convenient service that is responsive to people's health care needs when:
- They need medical help fast, but it is not a 999 emergency.
- They do not know whom to contact for medical help.
- They think they need to go to A&E or another NHS urgent care service.
- They need to make an appointment with an urgent care service.
- They require health information or reassurance about how to care for themselves or what to do next.

[2] https://www.england.nhs.uk/wp-content/uploads/2015/10/integrtd-urgnt-care-comms-standrds-oct15.pdf

Put simply:
"If I have an urgent need, I can phone a single number (111) and they will, if necessary, arrange for me to see or speak to a GP or other appropriate health professional – any hour of the day and any day of the week"

2.2 County Durham and Darlington Context

The County Durham and Darlington System Resilience Group, which is a sub group of the Health and Wellbeing Board, has developed the County Durham and Darlington Urgent Care Strategy 2015-20 and has overall responsibility for the capacity planning and operational delivery across the health and social care system for urgent and emergency care. The local System Resilience Group will be responsible for overseeing the implementation of the Urgent Care Strategy locally.

The SRG is chaired by the Chief Clinical Officer from Durham Dales, Easington and Sedgefield Clinical Commissioning Group with representation from North Durham Clinical Commissioning Group, Darlington Clinical Commissioning Group, both Local Authorities and all key stakeholders involved in the delivery of urgent and emergency are across County Durham and Darlington.

In line with the National vision, the local vision for urgent and emergency care across County Durham and Darlington that has been developed is:

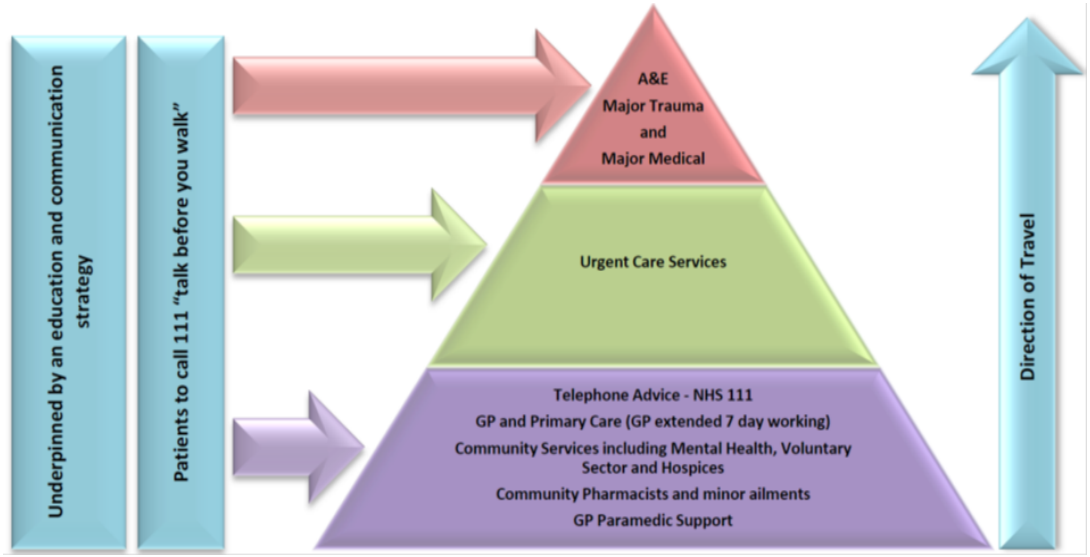
'Patients are seen by the right health/social care professional, in the right setting, at the right time, to the highest quality and in the most efficient way providing the best outcome for the patient.'

This vision incorporates the whole urgent and emergency care system from pharmacies, GP Practices and other primary care services, secondary care community services and acute hospital provision.

To implement the vision, the identified actions have been aligned to seven objectives:

- People are central to designing the right systems and are at the heart of decisions being made.
- Patients will experience a joined up and integrated approach regardless of the specific services they access.
- The most vulnerable people will have an a plan to help them manage their condition effectively to avoid the need for urgent and emergency care
- People will be supported to remain at their usual place of residence wherever possible
- The public will have access to information and guidance in the event of them needing urgent or emergency care.
- The patient will be seen at the right time, in the right place, by a person with the appropriate skills to manage their needs.
- The patient will not experience any unnecessary delay in receiving the most appropriate care.

The County Durham and Darlington System Resilience Group would like to ultimately see the following model commissioned for patients requiring urgent and/or emergency care.



The main focus of the model is the availability of a range of community based services including pharmacy, promotion of self-care, NHS 111, GP Paramedic Support, extended primary care joined up with secondary community care services providing a timely and effective service to patients who are quickly and safely directed to access the relevant service to meet their presenting health needs.

The County Durham and Darlington Urgent and Emergency Care Strategy 2015-20 is a high level strategy with each Clinical Commissioning Group responsible for developing implementation plans including appropriate local engagement to deliver on actions they have responsibility for leading on.

The final draft of the strategy has been endorsed through all three Clinical Commissioning Group Executive Meetings, Governing Body Meetings, Health Overview and Scrutiny Committees for County Durham and Darlington and the County Durham Health and Wellbeing Board. The strategy will be presented to Darlington Health and Wellbeing Board for endorsement in January 2016.

2.3 DDES Context

Alongside the County Durham and Darlington Urgent Care Strategy Development the CCG has been reviewing local urgent care provision for almost two years. Very detailed work has been undertaken to understand the usage of services locally which are different to those in place across the rest of Durham and Darlington.

The aim of this work has been to understand:

- If these services best meet the needs of the local population given that services have been in place now for several years
- How the services in DDES support delivery of improved outcomes for patients
- If the services help to support the national strategy and standards for out of hours services
- If the services represent value for money
- If services need to change or improve

3.0 Services Available in DDES

There are currently three Urgent Care Centres (UCCs) and one Walk-In Centre (WIC) within the DDES CCG area.

The UCCs located at Bishop Auckland and Peterlee currently operate 24 hours a day, every day of the year and are GP led. The Seaham service operates from 8am to 6pm, Monday to Friday and is nurse led.

In addition, a WIC service is provided under a contract with Intrahealth that operates from 8am to 8pm, 7 days a week, at Healthworks, Easington which is GP led.

A summary which shows the services currently available across DDES and the rest of County Durham and Darlington is shown at appendix B.

The list of facilities available at each of the DDES sites is shown below:

	Bishop Auckland UCC	**Peterlee UCC**	**Seaham UCC**	**Healthworks WIC**
GP led	✓	✓		✓
Nurse led			✓	
Ability to "Walk In"	✓	✓	✓	✓
Appointment Required				
Appointment Available	✓	✓	✓	✓
Open 8am – 6pm	✓	✓	✓	✓
Open 6pm – 8am	✓	✓		
Open 6pm – 8pm (teatime surge)	✓	✓		✓
Open Monday to Friday	✓	✓	✓	✓
Open Saturday & Sunday	✓	✓		✓
X ray services	✓ (9am-9pm)	✓ (to 7pm)		
Durham Dales location	✓			
Easington location		✓	✓	✓
Sedgefield location				

Primary Care services currently offer extended opening hours on a Saturday in a hub model with support to vulnerable patients at risk of admission to hospital throughout the whole weekend period.

Urgent and Emergency Care Services in County Durham and Darlington have evolved in response to evidence based practice and guidelines, along with relevant NHS policy changes. Over time this has resulted in the development of numerous services that can appear to the patient as unrelated, each with different names and access points. This has created a complicated system with multiple connections and complex patient flows. Patients and health and social care professionals can find it challenging to navigate around these services efficiently.

In County Durham and Darlington there has been a continued rise in demand for Urgent and Emergency Care across the whole system, from increasing attendances at Emergency Departments to increased demand on the GP In and Out of Hours Services. County Durham and Darlington has an increasingly ageing population, and there is a continued rise in all long term conditions. In the future, managing this demand may become unsustainable within the current configuration of health and social care systems. As technology and clinical techniques

advance, so do the expectations of the public in being able to access health and social care services in more convenient and flexible ways.

Continuing to work to refine the already stretched hospital centric and urgent care systems will only have limited success in meeting the growing demands. Fundamentally there is a need to reduce the overall demands through addressing the underlying reasons for the patient accessing an urgent and emergency care service. This requires alignment of services, working collaboratively together to provide one simpler, safer and more effective system, delivering an improved seamless patient experience, improved quality and safety and better value for the taxpayer.

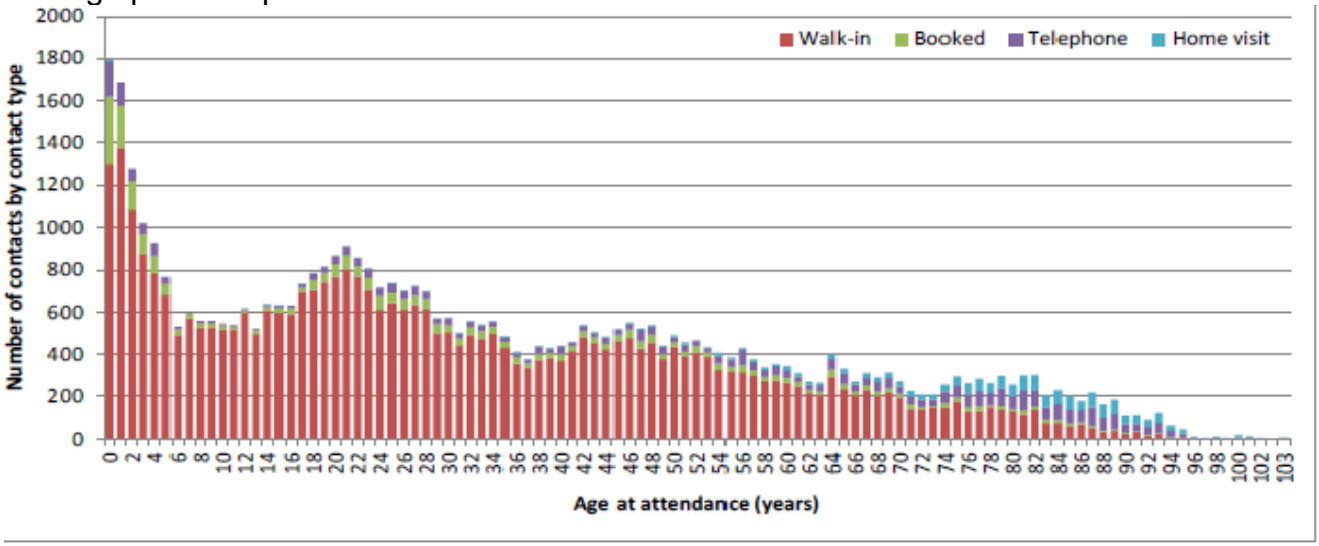
3.1 Use of Services Across DDES

Detailed analysis has been undertaken based on attendances at the four services during 2013/14. The key highlights are:

- There were 137,763 attendances across the four centres
- During the hours of 8am and 8pm, Monday to Friday there are an average of 5.7 attendances per practice in UCCs (including Healthworks) – this varies by practice as below

Locality	08:00 – 18:00	18:00 – 20:00	08:00 – 20:00
Dales	3.78	1.31	5.09
Easington	9.08	1.50	10.58
Sedgefield	2.47	0.98	3.46
DDES	5.71	1.31	7.01

- The closer a practice is to an UCC the more attendances there are for that practice population
- There are peaks in attendances at certain times of the day and day of week i.e.
    - Mid-morning between 10am and 12 noon
    - Early evening from 4pm – 8pm
    - Weekends between 10am and 12 noon
- The age profile of patients is similar at all four centres



4.0 Engagement

Engagement has been undertaken with a range of stakeholders to better understand the services delivered and the needs and preferences of the population.

4.1 Engagement with Patients and Other Stakeholders (including providers)

In July 2014, DDES CCG in partnership with an external Experience Led Commissioning (ELC) team, formed a local ELC team to carry out an engagement exercise to help understand how patients and the public use and perceive urgent care and what matters to them when they access these services.

Engagement work was undertaken in the DDES CCG area with the following groups of people:

- Parents of young children (under five years)
- People living with long term health issues
- People with mental health issues
- People in good health

The local ELC team also spoke to front line teams in urgent care settings.

There were five main reasons that people said they use urgent care centres:

1) They want immediate reassurance
2) They perceive their condition as “in between GP and A&E”
3) They believe they can’t see their GP soon enough
4) It is out of hours
5) Because there is free transport to urgent care centres out of hours

Both people and front line staff said that urgent care centres are mainly used because people cannot get an appointment to see their GP during the day. Front line staff added that during the day, the majority of patients attend urgent care centres with problems that could have been resolved at their GP practice, and that during the out of hours period urgent care services are used more appropriately.

The outcomes of the ELC exercise were that:

- The process for making GP appointments should be improved
- Direct access to x-ray and fracture clinics would improve services
- Having the ability to request diagnostic tests for non-urgent should be considered
- There is a need for more joined up thinking around;
    - Triage (across urgent care centres, GP practices and NHS 111)
    - Policies and procedures
    - Access to clinical records
    - Accessing specialist advice (a second opinion)
- NHS 111 needs to be joined up and part of any new system thinking
- What matters to people and delivers a ‘great’ urgent care experience would be if services are;
    - Welcoming
    - Supporting
    - Reassuring
    - Building confidence
    - Informing and educating people how to self-care

- Listening and understanding

The key message was that patients would prefer to see their own GP where possible and that they would like new and innovative ways of contacting their GP.

The outcomes of the ELC exercise underpinned DDES CCGs decision to carry out further work around integrating urgent care services.

4.2 Engagement with Member Practices

As information has been collated it has been shared with member practices on a regular basis via the DDES wide management meeting

4.3 Service Visits

Visits to all four of the services were undertaken by members of the Executive Committee, commissioning team and on occasion members of the Governing Body. The aim of the visits was to visit the site, observe the services in operation and talk to staff.

The visits were informative and allowed CCG staff to ask questions to aid their understanding of service operation.

5.0 Service Audits

There was a large volume of quantitative data available on all four services, but further analysis and audit was required to better understand service utilisation.

Further audits were carried out in February 2015 to help understand:

- Numbers and demographics of those accessing urgent care and walk-in centres by DDES CCG patients
- Proportion of symptoms and ailments that patients present at urgent care, that could be safely dealt with, assessed and treated in primary care
- Current capacity in primary care, to help understand or challenge public perception that patients are unable to access appointments and as a result feel they have no choice but go to A&E

5.1 Clinical Audit of UCC and WIC attendances

The first audit was carried out by DDES GP Practices of UCC and WIC attendances

(Note: 'urgent care centre [UCC]' has been used to describe all activity whether at an urgent care centre or a walk-in centre)

- 36 out of 41 practices in DDES CCG took part in the audit
- In total, 5,338 UCC attendances were reviewed (4.90% sample of the approximate 120,000 predicted UCC attendances)
- The top reason for attending urgent care was due to an injury (15.5% of the total) and this was also the final or main diagnosis of the attendance (16.1% of the total)
- Most patients had the symptoms for 0-1 weeks prior to their attendance at urgent care (63.0% of the total)

- Prescribing of medicines was the top treatment stated by practices (44.3% of the total)
- In total there were 394 cases where the patient had received an x-ray
- In 59.2% of UCC attendances no follow up was required
- 69.7% of UCC attendances could have been seen in primary care instead
- Appointments were available in GP practices when the UCC attendances took place in 67.6% of cases

5.2 Audit carried out by Healthwatch regarding patients experience in an UCC or WIC

(Note: 'urgent care centre [UCC]' has been used to describe all activity whether at an urgent care centre or a walk-in centre)

- Healthwatch reviewed 151 patients, at Bishop Auckland, Peterlee, Seaham and Healthworks UCCs
- 91.4% of these were from DDES CCG
- The top reason for attending urgent care was patient choice: "I chose to come here"
- 84.1% (127 patients) of patients stated they had used their own transport to get to the UCC
- The top reason for attending urgent care was due to an injury (14.6% of the total)
- 29.1% patients would have gone to A&E had the UCC been unavailable

6. Other Factors to be Considered

A range of other factors were given consideration when reviewing existing services. They are listed below.

6.1 Duplication of Services

There are more services available in DDES than in the rest of County Durham and Darlington, particularly during GP practice opening hours.

In one case there is a nurse led urgent care centre in the same building as two GP practices with the same opening hours. The patient reference group contacted the CCG in 2015 raising concerns about duplication of service and asking the CCG to consider having services open when GP practices are not to avoid duplication and extend access.

6.2 Seven day working

The national policy direction is to move towards seven day working. It is unlikely that GP practices will be required to open 8am to 8pm seven days a week. It is possible that there will be changes to the national GP contract which may impact on the way that services are delivered.

6.3 The Impact of Weekend Working in Primary Care

Previous extended opening pilots have suggested that there is not sufficient demand for GP services to open every practice at weekends. The current model across DDES is to provide access for all the whole population via a hub model (practices opening on behalf the population from a number of other practices).

Demand for urgent care services has decreased significantly since these services were introduced. When comparing activity for April to August 2015 to the same period last year

activity is 8% lower at the three UCCs (Bishop Auckland, Seaham and Peterlee) and 23% lower at Healthworks.

This downward trend in demand has never been seen before as activity has previously increased year on year.

6.4 Cost of Services

Benchmarking work was undertaken to compare the cost of services in DDES with those commissioned in other areas. This exercise suggested that cost were higher in DDES than in other areas.

6.5 Procurement Issues

The contracts to provide UCC and WIC centre have expired, but have been renewed on a rolling yearly basis whilst the review has been undertaken. The law requires the CCG to re-procure contracts when they expire.

It is appropriate that a review of patient need and service outcomes is undertaken before a service is re-procured to ensure that the model is still appropriate and is cost effective.

6.6 Urgent and Emergency Care Vanguard

County Durham is part of the North East Urgent Care Network (NEUCN) that was selected as a successful UECV earlier this year. The NEUCN is chaired by Dr Stewart Findlay, Chief Clinical Officer for DDES CCG. The NEUCN covers a population of 2.71 million spread across diverse geographies incorporating large pockets of both densely populated and dispersed populations.

The NEUCN application is supported by the following organisations:

North East Ambulance Service NHS FT, 111 and 999 Regional Provider	NHS Northumberland CCG
Northumberland Tyne & Wear NHS FT	NHS North Tyneside CCG
Tees, Esk and Wear Valley NHS FT	NHS Newcastle Gateshead CCG
Northumbria Healthcare NHS FT	NHS South Tyneside CCG
Newcastle Hospitals NHS FT	NHS Sunderland CCG
Gateshead Health NHS FT	*NHS North Durham CCG*
South Tyneside NHS FT	*NHS Durham, Dales Easington and Sedgefield CCG*
City Hospitals Sunderland NHS FT	NHS Darlington CCG
County Durham and Darlington NHS FT	NHS Hartlepool, Stockton and Tees CCG
North Tees and Hartlepool NHS FT	NHS South Tees CCG
South Tees Hospitals NHS FT	Nine SRGs and associated members
Regional Out of Hours Providers	Clinical Health Information Network
Royal College of Psychiatry	*North East Local Authorities*

Academic Health Science Network	North of England Commissioning Support (NECS)
Health Education North East	Voluntary Organisations' Network North East

The network bid also benefits from support across both North Cumbria and Hambleton & Richmond Strategic Resilience Groups (SRGs).

The NEUCN vision is to:

> "reduce unwarranted variation and improve the quality, safety and equity of urgent and emergency care provision by bringing together SRGs and stakeholders to radically transform the system at scale and pace which could not be delivered by a single SRG alone."

The principles of the NEUCN Vanguard are:

- High quality, safe, urgent and emergency care services available 7 days of the week addressing our population health needs, balanced against requirements of personalisation.
- Simple to access integrated care pathways, delivered as close to home as possible, provided across a full range of care settings, enabling good choices by patients and clinicians.
- Improved patient experience and clinical outcomes delivered through care in the right place, at the right time, provided by those with the right skills.

Key Deliverables of the NEUCN Vanguard:

Systems Leadership	**By April 2016**	**By April 2017**
	- Create an overarching framework to deliver the objectives of the UEC review, including a stock take of services, regional action plan and implementation of revised NHS 111 Commissioning Standards. - Address fragmentation and nomenclature of UEC services. - Implement standardised system wide metrics, supported by academic partners to ensure rigour and benefits realisation. - Ensure consistent delivery of High Impact Interventions by SRGs. - Deliver improved intelligence and modelling via the 'flight deck'. - Undertake baseline assessment to inform proposed new costing models and agree scenarios for shadow monitoring	- Implement outcomes of the regional UEC review stock take. - Outcome of payment reform shadow monitoring implemented.

Self-care	- Promote self-care for minor ailments and self-management for long term conditions through the development of online health tools, initially focusing on parents of children under 5 years.	- Extend personal health budgets to support Integrated Personal Commissioning
Primary care	- Increase direct booking into GP appointments, in and out of hours, to 50% of practices. - Standardise minor ailment schemes in pharmacies.	- Further increase direct booking into GP appointments and expand direct booking to other UEC services.
Integration	- Expand the Directory of Services (DoS) to include social care. - Implement information sharing between providers, allowing analysis of pathways and outcomes, by linking NHS identifiers from 111, 999, A&E and admission data. This will inform future pathway changes and payment reform. - Enhance Summary Care Records in association with HSCIC.	- Achieve greater integration between 111 and OOH provision.
Out of hospital	- Implement 24/7 early clinical assessment of green ambulance and ED dispositions. - Implement 24/7 senior clinical decision Support through an enhanced clinical hub, accessible by 111/999 and external clinicians, including GPs, pharmacists, mental health, dental and social care professionals. - Improve See & Treat and Hear & Treat. - Enhance mental health integration through rollout of 24/7 triage services, psychiatric liaison, 7 day MH consultant working and 7 day street triage with mobile access to health records.	- Utilise ambulance trauma consultants to enhance secondary care treatment in the community. - Mobile access to DoS for all services.

Any proposals for changes to services in DDES must link in with the U&EC vanguard programme.

7. Potential Future Models

All of the information included in this report has been shared with the member practices at the monthly DDES wide management meeting as it has become available.

A discussion on the proposed future model for urgent care service took place at the three locality meetings in July and August 2015. The discussion included the commissioning leads from each practice and the PRG chair for that locality. A follow up workshop took place in October 2015 with the clinical locality leads and proposed new service models were developed.

The models were based on the information previously mentioned in this report, but summarised below:

- There are multiple services for patients to access in DDES, particularly during the day
- There are peaks in demand for services (mid-morning and 4-8pm)
- Patients would prefer to see their own GP where possible
- Appointments are available in the majority of cases where patients have attended UCC/WIC services
- Services must be more closely linked and integrated (including 111 services)
- Patients perceive the UCC/WICs to be between A&E and GP services when this is not always the case

The following tables summarise the preferred model for each localities:

Potential future service model for integrated urgent care services

Times	Easington	Sedgefield	Durham Dales
In hours (U/C and WIC)	Primary care model delivered by a number of hubs No walk in facility – patients triaged	Urgent care provided by patient's own GP practice Patients should be seen by appointment only Triage at front desk	Urgent care provided by patient's own GP practice Patients should be seen by appointment only Triage at front desk
6pm – 8pm	GP practice hub based model	GP practice hub based model	GP practice hub based model
Weekends	Primary care extended opening via a hub based model	Primary care extended opening via a hub based model	Primary care extended opening via a hub based model
Out of Hours	All calls triaged through 111 No walk in facility Consideration be given to transport issues	All calls triaged through 111 No walk in facility Consider transport issues OOH	All calls triaged through 111 No walk in facility Consider transport issues OOH
Minor Injuries	Hubs to treat minor injuries Rapid access to x-ray facilities	Hubs to treat minor injuries Rapid access to x-ray facilities	Rapid access to x-ray facilities Majority of injuries to be managed in primary care Rapid access to secondary care for second opinion regarding fractures

Key points:

- All three localities felt that access to transport services was an important consideration given issues with rurality and or lack of access to personal transport
- In hours it is felt that patient need can be better met by the patient's own GP practice or practices operating a hub model – the clinician seeing the patient would have access to the full patient record and could treat the patient holistically rather than just for their presenting complaint
- Extended access to a GP practice between 6-8pm on weeknights will be available to the whole population
- Extended access to primary would continue at weekends although further consultation with the public would be necessary to understand the key times this should be available.
- Patients should be triaged and scheduled to be seen as appropriate
- The mandatory GP out of hours service would be commissioned from 8pm in the evening and across the weekend
- Significant engagement with the general public needs to take place to ensure they have all of the information they need about accessing urgent care services

These models were presented back to the DDES wide management meeting in November 2015 and supported. They will also be presented to the Council of Members in December 2015.

8.0 Summary and Next Steps

A new model of urgent care is being proposed for DDES which has been designed based on an extensive service review and engagement exercise. The model proposed is a significant change so it is expected that a formal public consultation would be required. This would be confirmed following discussions with the Health Overview and Scrutiny Committee (OSC) in January 2016.

A detailed consultation and engagement plan is in development and the CCG would ask the OSC to advise on the proposed consultation plan.

Discussions with existing providers and their staff would take place in January 2016 to inform them of the proposals and allow them to input into the consultation/engagement process.

9.0 Recommendations

The Governing Body is asked to:

- Support the further development of the proposed new service models for urgent care as set out in this paper
- Support the CCG in undertaking a consultation/engagement exercise with the public in respect of these new models

Author: Helen Stoker- Commissioning Manager, Sarah Burns – Director of Commissioning

Sponsor: Sarah Burns – Director of Commissioning

Date: December 2015

APPENDIX B - A summary of the services currently available across DDES and the rest of County Durham and Darlington:

	North Durham CCG		DDES CCG				Darlington CCG	
General Practices	GP practices open 8am-6pm Mon to Fri plus extended opening some evenings Additional weekend opening		GP practices open 8am-6pm Mon to Fri plus extended opening some evenings Additional weekend opening				GP practices open 8am-6pm Mon to Fri plus extended opening some evenings Additional weekend opening	
	University Hospital of North Durham	**Shotley Bridge**	**Seaham Primary Care Centre**	**Easington Healthworks**	**Peterlee Community Hospital**	**Bishop Auckland General Hospital**	**Darlington Memorial Hospital**	**Dr Piper House**
Urgent Care Centre	6pm – 8am Mon to Fri and 24 hours at weekends	6pm – 8am Mon to Fri and 24 hours at weekends	8am to 6pm, Monday to Friday		24/7	24/7	6pm – 8am	8am – 6pm
Minor Injuries Unit		24/7			24/7	24/7		
Walk in Service				8am to 8pm, 7 days a week				
A&E department	24/7						24/7	
GP Out of Hours Service	6pm – 8am Mon to Fri and 24 hours at weekends	6pm – 8am Mon to Fri and 24 hours at weekends			6pm – 8am Mon to Fri and 24 hours at weekends	6pm – 8am Mon to Fri and 24 hours at weekends	6pm – 8am Mon to Fri and 24 hours at weekends	
Key Points	No day time urgent care		No A&E department in geography Range of day time urgent care				Integration between UCC and A&E	

Adults Wellbeing and Health Overview and Scrutiny Committee

19 January 2016

NHS England and DDES CCG– Review of Alternative Provider Medical Services (APMS) Contract - Easington Healthworks

Report of Lorraine O'Donnell, Assistant Chief Executive

Purpose of the Report

1 To update members of the Adults Wellbeing and Health Overview and Scrutiny Committee in respect of a consultation exercise recently commenced by NHS England and DDES CCG in respect of a review of the Easington Healthwork's Alternative Provider Medical Services (APMS) Contract.

Background

2 At the Adults Wellbeing and Health Overview and Scrutiny Committee meeting held on 8 December 2014, members considered and endorsed proposals to extend the Easington Healthwork's APMS contract passed 31 March 2015 whilst agreeing that a further report be brought back to the Committee detailing any remaining issues for the APMS contract.

Latest position and considerations for the Committee

3 NHS England's Regional team and DDES CCG have notified the Adults Wellbeing and Health OSC that an engagement and consultation process has commenced to re-commission the APMS contract at Healthworks, Easington to secure services from 31 March 2016.

4 A stakeholder briefing and associated communications and engagement plan setting out the updated position in respect of the Alternative Provider Medical Services Contract at Easington Healthworks is attached to this report. (Appendix 2) and representatives of NHS England's Regional team and DDES CCG will be in attendance to update the Adults Wellbeing and Health Overview and Scrutiny Committee in respect of the proposed way forward.

Recommendation

5 The Adults Wellbeing and Health Overview and Scrutiny Committee is recommended to:-

(i) receive this report.

(ii) comment on the information detailed within the stakeholder briefing and associated consultation and engagement plan from England's Regional team and DDES CCG in respect of the Easington Healthwork's APMS Contract.

(iii) agree to a further report back to a future meeting of the Adults Wellbeing and Health Overview and Scrutiny Committee setting out the results of the consultation and engagement proposals in respect of the Easington Healthwork's APMS Contract and the proposals to secure services past 31 March 2016.

Background papers

Review of APMS contracts – Report and minutes of Adults Wellbeing and Health OSC – 8 December 2014

Contact: Stephen Gwillym, Principal Overview and Scrutiny Officer
E-Mail: stephen.gwillym@durham.gov.uk Tel: 03000 268140

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 – Consultation and engagement proposals are detailed within this report and appended briefing papers from NHS England and DDES CCG.

Procurement - None

Disability Issues - None

Legal Implications – None

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Stakeholder Briefing

Easington Healthworks

All GP practices hold a contract to deliver primary medical services to local patients in England and Wales. The majority of contracts are open-ended but there are some newer contracts in place that are time-limited. These are known as Alternative Provider Medical Services (APMS) contracts.

Easington Healthworks has one of these and after a series of extensions it is due to come to an end on 31 March 2016. In line with NHS England policy entitled, '*Managing the end of time-limited contracts for primary medical services',* NHS England, alongside NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group (CCG), the organisation responsible for planning and buying local primary medical care services, has reviewed the contract and agreed a continued need for the services. However, there is a legal requirement to tender the services to ensure value for money.

There is also a national steer to ensure equitable funding amongst practices which means all practices, irrespective of the contract they hold, are to receive the same fee per patient for delivering the same core service. This procurement will deliver on this requirement and this will release resources that will be reinvested back into general practice across the area.

The CCG proposes to offer the services as a 'branch' of an existing contract for the 1585 registered patients and there will be a reduction in the hours in which the services will be delivered from the Healthworks site, but there will be the option to access services at the practice's main site.

However, there will **not be** changes to the range of services the new provider has to deliver. All GP Practices need to deliver the same primary medical services irrespective of the contract type across the whole practices.

The main reasons the CCG has decided to do this is because:

- the size of the list remains low
- patients would not be disadvantaged as the service remains but they would also be able to access services at another practice site in the area

- it supports the national strategy of larger practices to ensure sustainability and enable the commissioner and provider to explore new models of care that help address the pressures faced by General Practice currently

- it supports the developing local strategy for General Practice for the future.

Communication and Engagement

NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group has written to patients registered with this practice to reassure them that they will see services continue.

All registered patients will receive a letter explaining the procurement process together with a patient information sheet, and survey with an option to attend the following patient information session to raise any questions or provide comments.

Patient Information sessions		
	When	Venue
Session 1	Thursday 21 January 2016 6.00pm – 7.00pm	Easington Social Welfare Centre, Seaside Lane South (Back), Easington Colliery, Peterlee, County Durham, SR8 3PL
Session 2	Monday 25 January 2016 10.00am – 11.00am	Easington Social Welfare Centre, Seaside Lane South (Back), Easington Colliery, Peterlee, County Durham, SR8 3PL

As part of the procurement process, NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group would like to engage with the patient population and local stakeholders to ensure they understand what is planned, and have the opportunity for any queries to be clarified and to share with commissioners what is important to them in relation to these proposals.

Nicola Bailey
Chief Operating Officer

18 December 2015

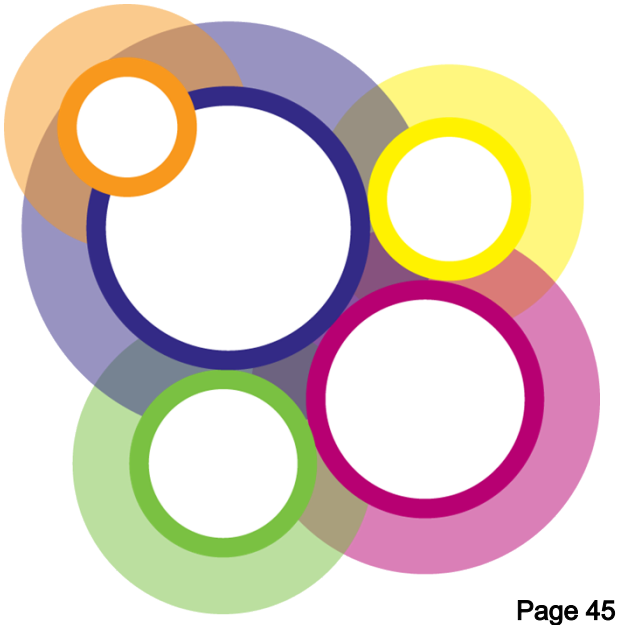
North of England Commissioning Support

Partners in improving local health

Communications and Engagement Plan

V1.9

Easington Healthworks
APMS Contract



Project title:	Easington Healthworks APMS Contract
Author:	Sharon McKee
Owner:	Sam Harrison, NECS
Customer:	NHS England
Date:	16/12/15
Version:	1.9
Document number:	

Change Record

Date	Author	Version	Summary of Changes
8/12/15	SH	1.2	Amends for first draft for NHSE
10/12/15	NG	1.3	Amends after meeting with NHSE
11/12/15	SMcK	1.4	Addition of patient survey questions and patient letter
13/12/15	DJ/SH	1.5	Amendments
15/12/15	WS	1.6 1.7	Amendments
16/12/15	DJ SH	1.7	Amendments
17/12/15	WS	1.8	Amendments
17/12/15	MB	1.9	Amendment and sign-off

Distribution This document has been distributed to:

Name	Title	Date of issue	Version
Denise Jones and Wendy Stephens	Primary Care Commissioning Managers Manager	16/12/15	1.7

Background

On 16 March 2009, IntraHealth Ltd was awarded an Alternative Provider Medical Services (APMS) contract following a procurement exercise. The contract was to deliver essential, additional and enhanced services from a site at Wingate Medical Centre (considered separately) and also at Easington Healthworks. The Healthworks site was contracted to deliver primary medical services to registered and unregistered patients and was a 5 year contract which was due to expire on 31 March 2014.The local Clinical Commissioning Group (CCG) has managed the unregistered element of the Healthworks service since 01 April 2013.

A review of the registered element was undertaken by NHS England in 2013 and an extension was granted to the contract until 31 March 2016.

Patient and stakeholder engagement was subsequently undertaken between 4 August 2014 and 29 August 2014, and following this a report went to Overview and Scrutiny Committee in October 2014 which proposed extending the contract until 31 March 2016 and to then determine the future of the contract in conjunction with the CCG. This extension was formally approved by NHS England.

The Healthworks site delivers essential, additional and enhanced services to a registered list of 1585 patients as at 1 October 2015. It is open between 08.00 and 20.00 hours, 7 days a week.

Easington Healthworks is located in a purpose built health centre in Easington Colliery.

On 11 August 2015, NHS Durham Dales Easington and Sedgefield considered a review of the services undertaken by NHS England. As a level 3 CCG, they have responsibility for primary care commissioning in the area, as well as responsibility for commissioning acute and community health services.

Legal duties

Section 242 of the NHS Act 2006 (as amended by the Act 2012) sets out the statutory requirement for NHS organisations to involve and consult patients and the public in:

- The planning and provision of services.
- The development and consideration of proposals for changes in the way services are provided.
- Decisions to be made by NHS organisations that affect the operation of services.

Section 244 of the NHS Act 2006 requires NHS organisations to consult relevant Overview

and Scrutiny Committees (OSC) on any proposals for a substantial development of the health service in the area of the Local Authority, or a substantial variation in the provision of services.

The NHS Constitution

NHS Constitution gives the following rights and pledges to patients:

"You have the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services."

"The NHS commits to provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution (pledge);

"The NHS commits to make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered (pledge).

"You have the right to receive care and treatment that is appropriate to you, meets your needs and reflects your preferences."

In the terms of the statute and the NHS Constitution as explained above and because the GP services will be delivered in the same locations, this does not constitute significant variation of NHS services to trigger a formal consultation.

However best practice shows, and in line with the spirit of section 242 and the NHS Constitution, that getting the patient population involved in the changes (asking for their thoughts) will provide valuable information to assist the Commissioner and the future provider in both the procurement process and mobilisation of a new service.

As such, NECS will now carry out a communications and listening exercise to provide information about the procurement, and the opportunity to gather patient's experiences, comments and views.

In the main this is to provide reassurance to patients that GP services are to continue, and to capture their views and answer any questions or concerns they may have.

Communications and engagement objective(s)

- To inform patients of the situation and to reassure them that services will be commissioned and continue to be provided
- To explain the clear rationale as to why this is taking place

- To gather patient experience, suggestions, questions and concerns in a systematic way and respond to them
- To meet NHS legal duties for engagement, equality duties and best practice engagement and communications

Plan development

The plan has been developed with NHS England and the NECS communications and engagement team.

Stakeholders and audiences

- Patients (directly affected), plus:
    - Overview and Scrutiny Committee
    - MPs
    - Healthwatch
    - Local GP practices
    - LMC
    - Health and Wellbeing Board
    - Practice patient participation groups
    - NHS England (clinical strategy)
    - Local Councillors
    - Local Pharmacists
    - Local community/voluntary groups

Communications and engagement tactics

Letter to all registered patients

Letter to over 16s in the household with a paragraph asking them to ensure that all members of the household registered with these practices are aware of its content, they will be provided with a paper copy, patient information sheet, survey (to include freepost address). Patient information sheet will need to include detail of the events.

Survey

A short survey will be available both on paper and online for patients. Paper copies will be provided with a mailshot to all registered patients (over 16) while the online survey will be hosted on relevant websites and on communication material.

Drop-in sessions

Two drop in sessions will be held in Easington Colliery giving the opportunity for discussion and information

Focus groups

(At least) One focus group will be held to give the opportunity for patients to input and feedback. We will partner with a local CVS organisation to deliver the focus group and face to face engagement.

Stakeholder engagement

Media relations and stakeholder management will be carried out by NHS England communications team. This includes liaison and attendance at meetings.

Meeting	**Who (via officers where appropriate)**	**Mechanism and notes**	**Lead**
MPs	Graeme Morris	Briefing (+call)	NECS to provide briefing. NECS to issue on behalf of NHSE and CCG Primary care team to call if requested.

Meeting	Who (via officers where appropriate)	Mechanism and notes	Lead
Overview & Scrutiny Committee Officer	Stephen Gwillym – Health Scrutiny Officer	Briefing	NECS to provide briefing. NECS to issue on behalf of NHSE and CCG Primary care team to call if requested.
Health and Wellbeing Board	Chair – Cllr Lucy Hovvels Vice Chair - Dr Stewart Findlay	Briefing	NECS to provide briefing. NECS to issue on behalf of NHSE and CCG Primary care team to call if requested.
Healthwatch	Judith Mashiter - Chair	Briefing	NECS to provide briefing. NECS to issue on behalf of NHSE and CCG Primary care team to call if requested.

Meeting	Who (via officers where appropriate)	Mechanism and notes	Lead
LMC	Dr James McMichael – Chair Dr David Robertson - Secretary	Briefing	NECS to provide briefing. NECS to issue on behalf of NHSE and CCG Primary care team to call if requested
Local Councillors Durham Cllrs	Cllr David Boyes Cllr Angela Surtees Easington Village Parish Council	Briefing	NECS to provide briefing. NECS to issue on behalf of NHSE and CCG Primary care team to call if requested

Publicity, marketing and PR

- Dedicated information section on CCG and practice websites (tba)
- Press release and media briefing
- Social media

Equality and Diversity

Consideration will be given to equality and diversity throughout the engagement process. This will include consideration of the diversity of local communities within the Easington area.

Statutory obligations in relation to equality and diversity will be met, including targeted engagement, as appropriate, of groups with protected characteristics.

These groups are defined by the Equality Act 2010 as:

- age
- gender reassignment
- marriage or civil partnership
- pregnancy or maternity
- disability
- race
- religion
- sex
- sexual orientation

Information will be provided in different formats and languages if requested. NECS will liaise with local advocates and groups as appropriate.

Scope and Risk

Risk	**Mitigation**
Failure to engage with relevant stakeholders and meet statutory duties/stakeholders feel they have not been fully involved.	Plan developed identifying relevant stakeholders and partners. Ensure all stakeholders receive appropriate updates and feedback. Ensure appropriate stakeholders are invited to interview/discussion groups Ensure clear communication of messages through robust communications plan,

Risk	Mitigation
	including updates on CCG website.
CCG and NHS England do not engage with marginalised, disadvantaged and protected groups	Plan identifies relevant groups and organisations. Also work with local voluntary sector groups, community organisations and partners to access these groups and communities
Lack of response	Ensure adequate publicity and support where appropriate
Lack of participants in individual and group discussions	Ensure adequate publicity, varied times, dates and accessible venues
Accessibility of engagement activities and appropriate feedback mechanisms to those taking part	Engage with community and voluntary sector partners Include appropriate feedback mechanisms in plan that are accessible to people with varying needs and abilities
Managing expectations of members of the public	Ensure adherence to communications plan and advise NHS England and CCG of any issues that arise.

Outputs

At the end of the engagement period a full output report will be produced, which will include thematic analysis and recommendations which can be used for service specifications and future planning.

Timescales

Preparation actions	Who	When	Notes
Draft communications and engagement plan	NECS	8 December 2015	Drafted
Agree communications and engagement plan	NHS England, DDES CCG	11 December 2015	
Develop engagement and stakeholder communications tools • Letter to registered patients aged over 16 • Patient information document • Self-completion questionnaire • Drop-in sessions • Stakeholder briefing • Copy for GP bulletin • News release • Web copy • Social media plus video Please note this will include additional costs for mailing, printing etc see cost estimates outline below	NECS NHS England for media and social media	8 December 2015	Drafted
Sign off engagement tools and external costs (e.g. postage, print)	NHS England, DDES CCG	11 December 2015	
Printing and distribution of materials – send to mailing house	NECS	14 December, 2015, 9.30am	
Plan stakeholder engagement including booking drop ins	NECS	8 December 2015	
Engagement	NECS	January 2016	
Report	NECS	February 2016	

NHS
Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

Sedgefield Community Hospital
Salters Lane
Sedgefield
TS21 3EE

18 December 2015

Dear Patient

Important information about your GP practice – Easington Healthworks

I am writing to you as you are a registered patient with Easington Healthworks GP practice to update you on important information in relation to your practice.

All GP practices in England and Wales hold a contract to deliver health care to local patients in the community. Many contracts are open-ended but some are time-limited.

You will already be aware that the contract for your practice is due to change.

The contract at your practice has had a number of temporary extensions. It is now due to come to an end on 31 March 2016. NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG), the organisation responsible for planning and buying local health services and, which now commissions primary medical services (GP services) from the practices in Easington, is working with NHS England to secure continuity of services so that patients can continue to access health care locally.

There will be changes to the way the GP services are contracted and there may be a change to the provider of the services as a result of the tender process. All GP Practices need to deliver the same primary medical services irrespective of the contract type. There will be a reduction in the hours in which the services will be delivered from the Healthworks site, but there will be the option to access services at the practice's main site.

Health commissioners are committed to arranging a contract to meet local needs and we are working to put arrangements in place. A patient information sheet accompanies this letter, which we hope will help answer any questions/concerns you may have.

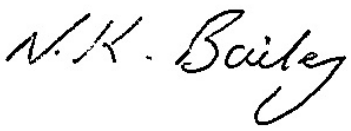
If you do have questions/comments, or would like further information, please come and see us at one of the patient information sessions and complete the enclosed survey. There is also an opportunity to feedback online at:
www.surveymonkey.com/r/easingtonhealthworkssurvey

Patient Information sessions		
	When	Venue
Session 1	Thursday 21 January 2016 6.00pm – 7.00pm	Easington Social Welfare Centre, Seaside Lane South (Back), Easington Colliery, Peterlee, County Durham, SR8 3PL
Session 2	Monday 25 January 2016 10.00am – 11.00am	Easington Social Welfare Centre, Seaside Lane South (Back), Easington Colliery, Peterlee, County Durham, SR8 3PL

If you would be interested in attending a focus group, please register your attendance by telephone 0191 3742795 or email NECSU.comms@nhs.net. Please let us know if you have any special requirements.

Healthwatch County Durham is the statutory independent consumer champion for users of health and social care services. It listens to, advises and speaks up on behalf of consumers. If you have any concerns or would like to discuss these changes with Healthwatch, please call 0808 801 0384 (freephone from landlines) or access the Healthwatch County Durham website http://www.healthwatchcountydurham.co.uk

Yours faithfully



Nicola Bailey
Chief Operating Officer

NHS
Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

Patient Information Sheet

Background

All GP practices in England and Wales hold a contract to deliver primary medical services to local patients. The majority of contracts are open-ended, but there are some newer contracts in place that are time-limited.

The contract at your practice has had a number of temporary extensions. It is now due to come to an end on 31 March 2016. NHS Durham Dales, Easington and Sedgefield (CCG), the organisation responsible for planning and buying local health services, has reviewed the need for the services and is clear they need to continue. Equally, the CCG must formally put out these contracts to tender to ensure value for money from public funds.

What does it mean for me as a patient?

There will be changes to the way the GP services are contracted and there may be a change to the provider of the services as a result of the tender process. There will also be a reduction in the hours in which the services will be delivered from the Healthworks site, but there will be the option to access services at the practice's main site.

All GP Practices need to deliver the same primary medical services irrespective of the contract type across the whole practice.

How can I have a say as a patient?

NHS Durham Dales, Easington and Sedgefield CCG wants to make sure patients understand what is planned, and have the opportunity for any queries to be clarified and an opportunity to share with the CCG what is important to them in relation to these proposals.

People will be able complete the attached survey or online at: www.surveymonkey.com/r/easingtonhealthworkssurvey and attend one of the sessions below:

Patient Information Sessions		
	When	**Venue**
Session 1	Thursday 21 January 2016 6.00pm – 7.00pm	Easington Social Welfare Centre, Seaside Lane South (Back), Easington Colliery, Peterlee, County Durham SR8 3PL
Session 2	Monday 25 January 2016 10.00am – 11.00am	Easington Social Welfare Centre, Seaside Lane South (Back), Easington Colliery, Peterlee, County Durham SR8 3PL

If you would like to attend one of the patient information sessions, please register your attendance by telephoning 0191 3742795 or email NECSU.comms@nhs.net

Please let us know if you have any special requirements.

Alternatively you can also register your interest in attending a focus group by email or through the above number.

Additional support to ensure everyone can have their say

If you or someone you know wants to provide face to face feedback but are unable to attend planned drop-in sessions or focus groups due to mobility, accessibility or transport issues, please send the details to NECSU.comms@nhs.net or ring 0191 374 2795 We will make arrangements to contact you or the person you inform us about to ensure all patients can have their views heard.

What happens next?

NHS Durham, Dales, Easington and Sedgefield CCG will write out to patients following the engagement period with an update on the procurement together with a summary of key themes from the information sessions and survey.

These themes will be used to help the CCG to carry out the procurement of the new contract for the branch service. It will also be used alongside other information the CCG already knows about what is important to the public about general practice from both local feedback and national surveys on patient experience and working closely with other health commissioners in the area.

NHS
Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

Patient Survey – Easington Healthworks GP services changes

All GP practices in England and Wales hold a contract to deliver primary medical services to local patients. The majority of contracts are open-ended, but there are some newer contracts in place that are time-limited.

The contract at your practice has had a number of temporary extensions. It is now due to come to an end on 31 March 2016. NHS Durham Dales, Easington and Sedgefield (CCG), the organisation responsible for planning and buying local health services, has reviewed the need for the services and is clear they need to continue. Equally, the CCG must formally put out these contracts to tender to ensure value for money from public funds.

There will be changes to the way the GP services are contracted and there may be a change to the provider of the services as a result of the tender process. There will also be a reduction in the hours in which the services will be delivered from the Healthworks site, but there will be the option to access services at the practice's main site.

All GP Practices need to deliver the same primary medical services irrespective of the contract type across the whole practice.

Your views

Please make sure you have read the supporting information about the future of the Healthworks GP practice before you fill out this survey.

We would like to hear your views about this proposed change, and how it will affect you and your family, as well as what matters most to you to help you access this service.

Please note all responses are confidential, and please use the freepost address below to return your survey. The deadline for responses is **Monday 1 February 2016**.

FAO: Comms and Engagement, FREEPOST RLSH-KHYU-YREH, North of England Commissioning Support, John Snow House, Durham University Science Park, DH1 3YG
You can also access this survey online at:
www.surveymonkey.com/r/easingtonhealthworkssurvey

If you would like help to complete this survey, please contact 0191 374 2795.

1. When did you last see or speak to a GP or a nurse from your GP surgery?

☐ In the past 3 months ☐ Between 3 and 6 months ago

☐ Between 6 and 12 months ago ☐ More than 12 months ago

☐ I have never seen a GP or nurse from my GP surgery

Reasons for contacting the practice

2. What were your reasons for contacting the practice? *(you may tick more than one box)*

Was this to……

☐ Telephone to ask for an appointment

☐ Telephone to ask a question

☐ To make an appointment in person

☐ Get a prescription (or repeat prescription)

☐ See the GP (appointment)

☐ See the nurse (appointment)

☐ Have a test (such as a blood test)

☐ Other *(please specify)* ……

Access

3. Is your GP surgery currently open at times that are convenient for you?

☐ Yes ☐ No

☐ Don't know

4. If no, or you don't know, which days of the week are more convenient for you to see or speak to someone?

☐ Monday ☐ Tuesday ☐ Wednesday

☐ Thursday ☐ Friday

5. Which of the following opening times would make it easier for you to see or speak to someone?

Please tick **all the boxes that apply to you**

☐ Before 8.00am ☐ At lunchtime

☐ ☐

After 6.30pm None of these

Other……..

Do you have any other comments or questions/concerns?

How you get to your current GP service

6. In general, how long does your journey take from home to the current site of your GP service (door to door)?

☐ Less than 30 minutes ☐ Up to 30 minutes

☐ 31 minutes to 1 hour ☐ More than 1 hour

7. How do you travel there?

☐ Walk ☐ Drive in my own car

☐ With a friend or relative in their car ☐ Bus

Other ……..

Do you have any other comments or questions/concerns?

About you

8. Are you male or female?

☐ Male ☐ Female

Other……..

9. How old are you?

☐ Under 18 ☐ 18 to 24 ☐ 25 to 34

☐ 35 to 44 ☐ 45 to 54 ☐ 55 to 64

☐ 65 to 74 ☐ 75 to 84 ☐ 85 or over

10. What is your ethnic group?

☐ ☐

A. White B. Mixed / multiple ethnic groups

☐ C. Asian / Asian British ☐ D. Black / African / Caribbean / Black British

☐ E. Other ethnic group……..

11. Do you consider <u>yourself</u> to have either:

• long-term physical or mental ill health / disability, or

• problems related to old age?

☐ Yes ☐ No

12. Do you <u>care</u> for someone with either:

• long-term physical or mental ill health / disability, or

• problems related to old age?

☐ Yes ☐ No

13. Are you a parent or guardian (or grandparent) who generally has to accompany a child or young person to their GP appointment?

☐ Yes ☐ No

Do you have any other comments, questions or concerns?

Thank you for completing this survey

NHS
Durham Dales, Easington and Sedgefield Clinical Commissioning Group

Stakeholder Briefing

Easington Healthworks

All GP practices hold a contract to deliver primary medical services to local patients in England and Wales. The majority of contracts are open-ended but there are some newer contracts in place that are time-limited. These are known as Alternative Provider Medical Services (APMS) contracts.

Easington Healthworks has one of these and after a series of extensions it is due to come to an end on 31 March 2016. In line with NHS England policy entitled, '*Managing the end of time-limited contracts for primary medical services',* NHS England, alongside NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group (CCG), the organisation responsible for planning and buying local primary medical care services, has reviewed the contract and agreed a continued need for the services. However, there is a legal requirement to tender the services to ensure value for money.

There is also a national steer to ensure equitable funding amongst practices which means all practices, irrespective of the contract they hold, are to receive the same fee per patient for delivering the same core service. This procurement will deliver on this requirement and this will release resources that will be reinvested back into general practice across the area.

The CCG proposes to offer the services as a 'branch' of an existing contract for the 1585 registered patients and there will be a reduction in the hours in which the services will be delivered from the Healthworks site, but there will be the option to access services at the practice's main site.

However, there will **not be** changes to the range of services the new provider has to deliver. All GP Practices need to deliver the same primary medical services irrespective of the contract type across the whole practices.

The main reasons the CCG has decided to do this is because:

- the size of the list remains low
- patients would not be disadvantaged as the service remains but they would also be able to access services at another practice site in the area
- it supports the national strategy of larger practices to ensure sustainability and enable the commissioner and provider to explore new models of care that help address the pressures faced by General Practice currently
- it supports the developing local strategy for General Practice for the future.

Communication and Engagement

NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group has written to patients registered with this practice to reassure them that they will see services continue.

All registered patients will receive a letter explaining the procurement process together with a patient information sheet, and survey with an option to attend the following patient information session to raise any questions or provide comments.

Patient Information sessions		
	When	Venue
Session 1	Thursday 21 January 2016 6.00pm – 7.00pm	Easington Social Welfare Centre, Seaside Lane South (Back), Easington Colliery, Peterlee, County Durham, SR8 3PL
Session 2	Monday 25 January 2016 10.00am – 11.00am	Easington Social Welfare Centre, Seaside Lane South (Back), Easington Colliery, Peterlee, County Durham, SR8 3PL

As part of the procurement process, NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group would like to engage with the patient population and local stakeholders to ensure they understand what is planned, and have the opportunity for any queries to be clarified and to share with commissioners what is important to them in relation to these proposals.

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NHS
Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

Easington Healthworks

GP Services changes

All GP practices in England and Wales hold a contract to deliver health care to local patients in the community. Many contracts are open-ended but some are time-limited. The contract Easington Healthworks has had a number of temporary extensions. It is now due to come to an end on 31 March 2016.

There will be changes to the way the GP services are contracted and there may be a change to the provider of the services as a result of the tender process.

Durham Dales, Easington and Sedgefield Clinical Commissioning Group has written to all patients of the practice and asked them to complete a short survey at www.surveymonkey.com/r/easingtonhealthworkssurvey and has encouraged them to ask any questions they may have. You can find out more about the process at the following sessions:

	When	Venue
Session 1	Thursday 21 January 2016 6.00pm – 7.00pm	Easington Social Welfare Centre, Seaside Lane South (Back), Easington Colliery, Peterlee, County Durham, SR8 3PL
Session 2	Monday 25 January 2016 10.00am – 11.00am	Easington Social Welfare Centre, Seaside Lane South (Back), Easington Colliery, Peterlee, County Durham, SR8 3PL

The closing date for completed surveys is 1 February 2016. Paper copies of the survey are also available upon request.

If you would like to attend one of the patient information sessions, or would like to volunteer to be part of a focus group, please register your attendance/interest by contacting 0191 374 2795. Please let us know if you have any special requirements.

If you require the information in an alternative format, contact us on the number above.

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Adults Wellbeing and Health Overview and Scrutiny Committee

19 January 2016

Integrated Risk Management Plan (IRMP) Action Plan 2016/17 Consultation

Report of Stuart Errington, Chief Fire Officer, County Durham & Darlington Fire & Rescue Authority

Purpose of the Report

1. To provide the Adults Wellbeing and Health Overview and Scrutiny Committee with background to the Fire Authority's IRMP Action Plan consultation for 2016/17. The Committee will be provided with a presentation setting out details of the consultation and key issues for the Fire Authority going forward.

Background

2. The Fire and Rescue Service National Framework for England (published in July 2012 by the Department of Communities and local Government) places a statutory responsibility on all Fire and Rescue Authorities to produce an IRMP.

3. The IRMP must be publicly available (currently on the County Durham and Darlington Fire and Rescue Service website, attached at Appendix 2) and cover at least a three year timescale. The Framework requires that an IRMP must also:

   - Be regularly reviewed and reflect up to date risk information and evaluation of the outcomes of delivering our service;
   - Identify and assess all foreseeable fire and rescue related risks that could affect the community;
   - Have regard to existing analyses of risk to communities completed by partners such as Local and Regional Resilience Forums;
   - Reflect effective consultation during its development and at all review stages with representatives of all sections of the community and those who have a stake in the local area;
   - Demonstrate how prevention, protection and response activities will be best used to reduce the impact of risk on communities in a cost effective way;
   - Provide details of how Fire and Rescue Authorities deliver their objectives and meet the needs of communities through working with partners.

4. The IRMP will be equality impact assessed to ensure County Durham and Darlington Fire and Rescue Service's activities and proposals satisfy the requirements of equality legislation.

6. Following an extensive consultation programme the Authority approved the 3 Year Strategic Plan in February 2015 which covers the period 2015/16 – 2017/18 and incorporates the Authority's IRMP.

7. Although there is no requirement to consult on the full IRMP every year, the Authority must publish and consult on an annual IRMP action plan. The consultation document, attached as Appendix 2, is the basis of our consultation with staff, stakeholders and the public on the proposals we intend to progress in 2016/17 to ensure we continue to provide the appropriate level of service to our communities based on risk.

8. The consultation on the IRMP will include Area Action Partnerships, Parish and Town Councils, Service Personnel and Social Media as in previous years. The Authority is also holding a number of specific consultation events in the areas most impacted by the potential changes.

7. The consultation period commenced on 16 November and concludes on 08 February 2016.

The 2015/16 – 2017/18 IRMP

8. The consultation document seeks the views on our proposals for change by posing the following five questions:

Q1 Strategic review of fire control

Do you support our intention to review how we provide our fire control and 999 call handling function including exploring collaboration opportunities with other partner agencies to improve efficiency?

Q2 Extending the role of firefighters to assist public health services

The role of a firefighter could potentially include activities supporting the wider public health agenda, such as undertaking health prevention work. Do you support our proposal to participate in research and trials to test the viability of such initiatives?

Q3 Expanding the emergency medical response (EMR) scheme

Last year firefighters in Teesdale and Weardale were trained to respond to specific medical emergencies in support of North East Ambulance Service (NEAS). Do you agree that, providing the costs do not negatively affect our medium term financial plan, we should explore options to extend this trial to other areas of County Durham and Darlington in partnership with NEAS?

Q4 Further collaboration – support services, estates and fire stations

CDDFRS already works collaboratively with partner organisations in the provision of information and services across many areas of work. Do you support our intention to explore further collaboration opportunities in the

areas of estates management, use of fire stations, administration and office functions?

Q5 Extending the Young Firefighters Association (YFA) / Fire Cadets schemes

Youth engagement schemes currently operate out of five fire stations across the service. These have successfully improved resilience; strengthened community ties and helped the service to fulfil its role as a provider and supporter of education and training for young people. Do you agree with our proposal to invest in extending such schemes to other fire stations?

Recommendations

9. Members are requested to

(i) Consider and note the content of the IRMP Action Plan consultation for 2016/17 which will be presented at the meeting.
(ii) Provide feedback on the IRMP Action Plan for 2016/17.

Contact:	**Keith Lazzari, Performance and Information Systems Manager County Durham & Darlington Fire and Rescue Authority**
Tel:	**0191 3755580** **E-mail: klazzari@ddfire.gov.uk**

Appendix 1: Implications

Appendix 2
Finance – None

Staffing – None

Risk - None

Equality and Diversity / Public Sector Equality Duty – None

Accommodation - None

Crime and Disorder – None

Human Rights – None

Consultation – Outcomes from this report and presentation will raise Members awareness of the Fire Authority's consultation on its Integrated Risk Management Plan Action Plan.

Procurement – None

Disability Issues – None

Legal Implications – None

Safest People, Safest Places

County Durham and Darlington
Fire and Rescue Authority

Integrated risk management plan consultation 2016-2017

Contents

Integrated risk management plan consultation 2016-2017

Introduction

In February 2016 the Combined Fire Authority, made up of local councillors from County Durham and the borough of Darlington, will meet to set County Durham and Darlington Fire and Rescue Service (CDDFRS) spending levels for the financial year ahead.

Funding for your local fire and rescue service comes from two main sources: a government grant, providing approximately 42 per cent of the total, and precept payments from local taxpayers and non-domestic rate-payers in County Durham and Darlington, which make up the remaining 58 per cent.

Since 2010 we have transformed the way we provide services to the community in response to a £4.9m cut in our central government funding. In 2016/17 we strongly believe grant funding from government will be cut once again forcing us to consider further proposals to reduce costs.

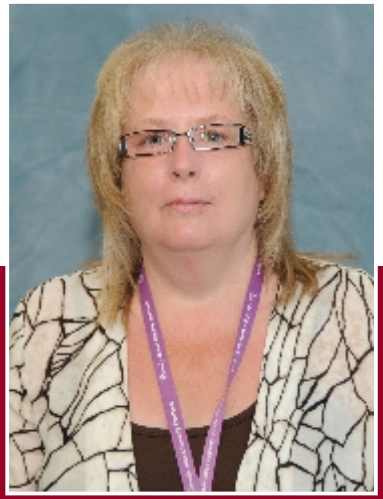
Before these decisions are made CDDFRS is keen to consult people living and working in our area about five proposals which could affect spending and the way the Service is run.

In this document, which is linked to our three year strategic plan 2015 to 2018, we have included some background information about the performance of the Service and our role.

Five consultation questions, including information relating to each one, are set out in this document. For details about how to respond to the questions, as well as a link to the survey, please turn to page 15.

We would be very grateful if you could spare a few minutes to take part in our consultation by Monday 8 February. The results will be published in March 2016.

This is your fire and rescue service, funded by you and in existence to protect the community. Your help is invaluable to us as we prepare to make these difficult decisions.



Councillor Michele Hodgson
Chair of the Combined Fire Authority

Stuart Errington
Chief fire officer

Our role

As an emergency service CDDFRS is governed by legislation and national frameworks to ensure that we have the people, equipment and training in place to respond to a wide variety of incidents including:

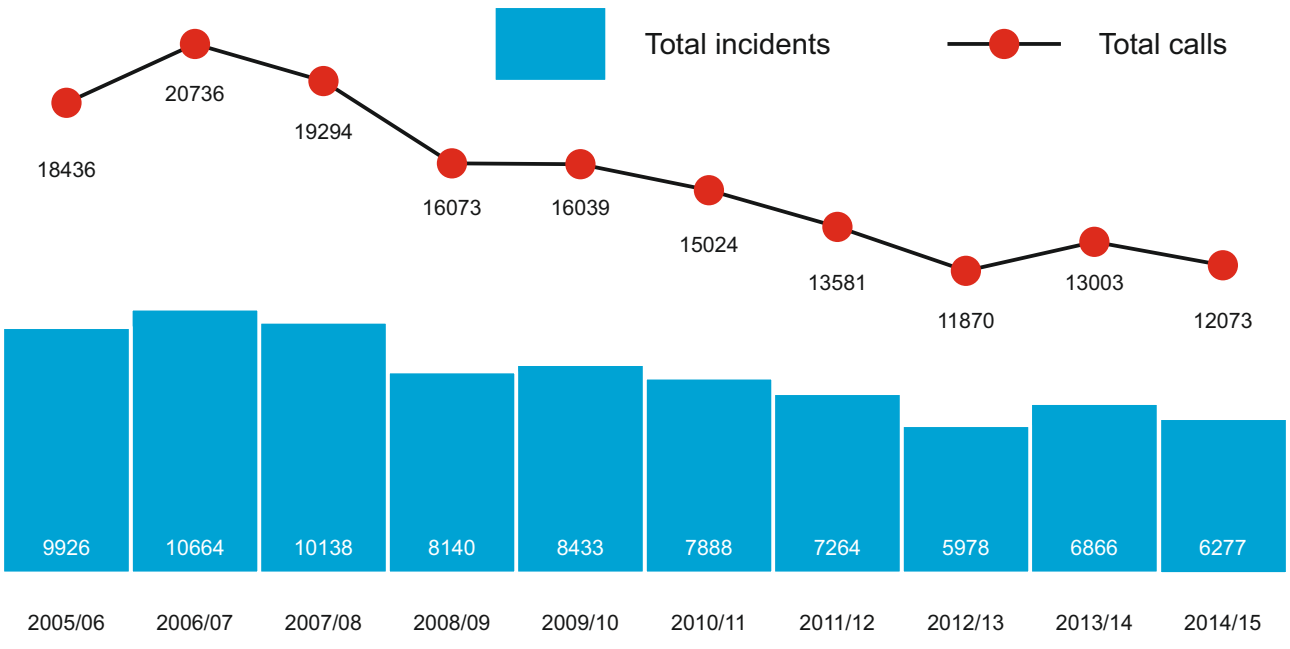
- Fires of all types
- Road traffic collisions
- Specialist rescues such as using lifting equipment for injured horses and large animals; rescuing people trapped at height or in confined spaces
- Bariatric rescues
- Wildfires
- Search and rescue operations on rivers, lakes and reservoirs using our swift water boats
- Flood response and incidents involving the pumping of water from homes and buildings
- Incidents involving chemicals and noxious gases.

The Service also has a statutory duty to prepare for incidents where major disruption affecting the people of County Durham and Darlington is likely to occur. These situations include:

- Severe weather events, such as flash flooding or prolonged and heavy snowfall
- Network power losses
- Major incidents involving fuel and chemical spills
- Public health issues, for example a flu epidemic
- Animal incidents, such as foot and mouth disease.

Reflecting a national pattern, the number of incidents attended by CDDFRS has decreased during the last ten years (figure one). However it is also evident that since 2012, the numbers have not changed greatly; indications are that we have reached a plateau with only slight variations recorded, up and down, each year. Although we continue to run a comprehensive programme of community safety work, reducing the number of incidents further is now proving difficult. Figures also show that the variety of incidents we respond to has increased and that the proportion of those involving flooding, rescues from water and other specialist rescues has increased by 24 per cent since 2005.

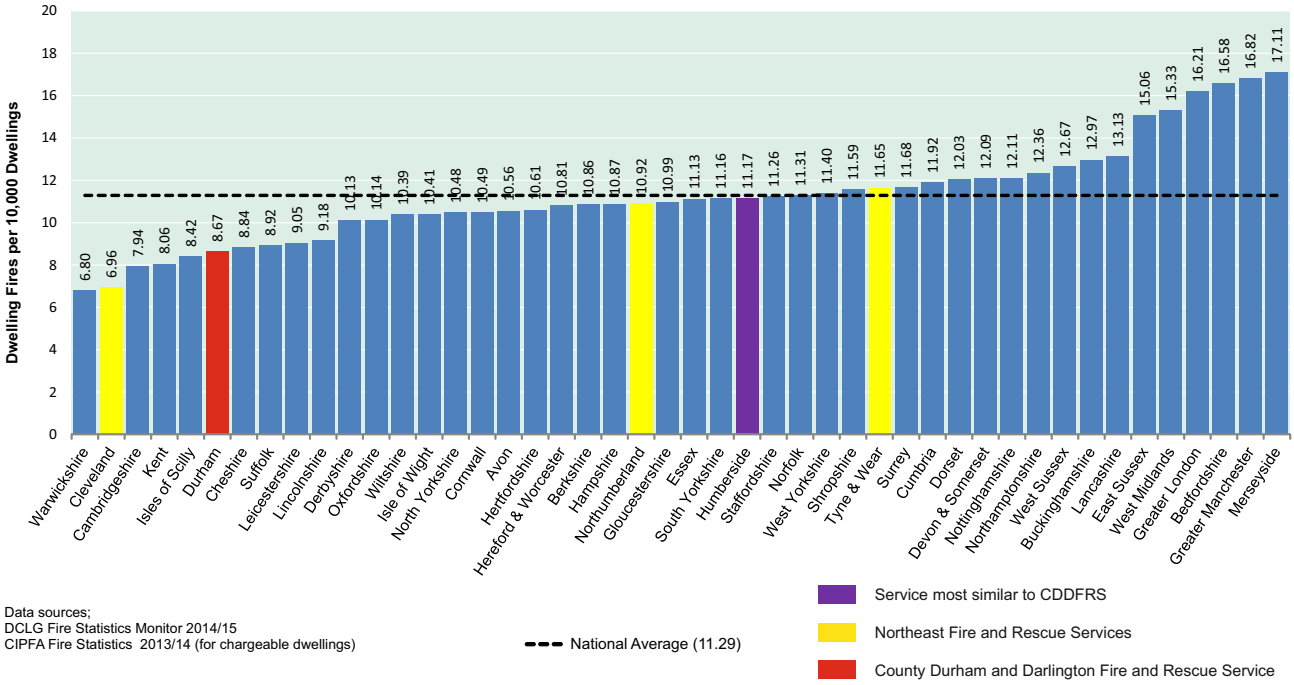
Figure one - Number of incidents attended and calls received since 2005



The decrease in fires can be attributed to operational crews carrying out comprehensive programmes of prevention and protection work as well as improvements to buildings and furniture making them less susceptible to fire. Figure two shows that we are the sixth best performing service nationally with regard to accidental fires in the home.

CDDFRS is one of the best performing services in preventative work; the graphs below show the Service in second place nationally on the list of home fire safety checks (figure three) and number of fire audits for businesses (figure four), carried out each year.

Figure two - Accidental dwelling fires per 10,000 dwellings, by fire and rescue authority 2014/15 – CDDFRS sixth best performing service nationally



Data sources;
DCLG Fire Statistics Monitor 2014/15
CIPFA Fire Statistics 2013/14 (for chargeable dwellings)

Figure three - Home fire safety checks per 1,000 dwellings, by fire and rescue authority 2014/15 – CDDFRS second best performing service nationally

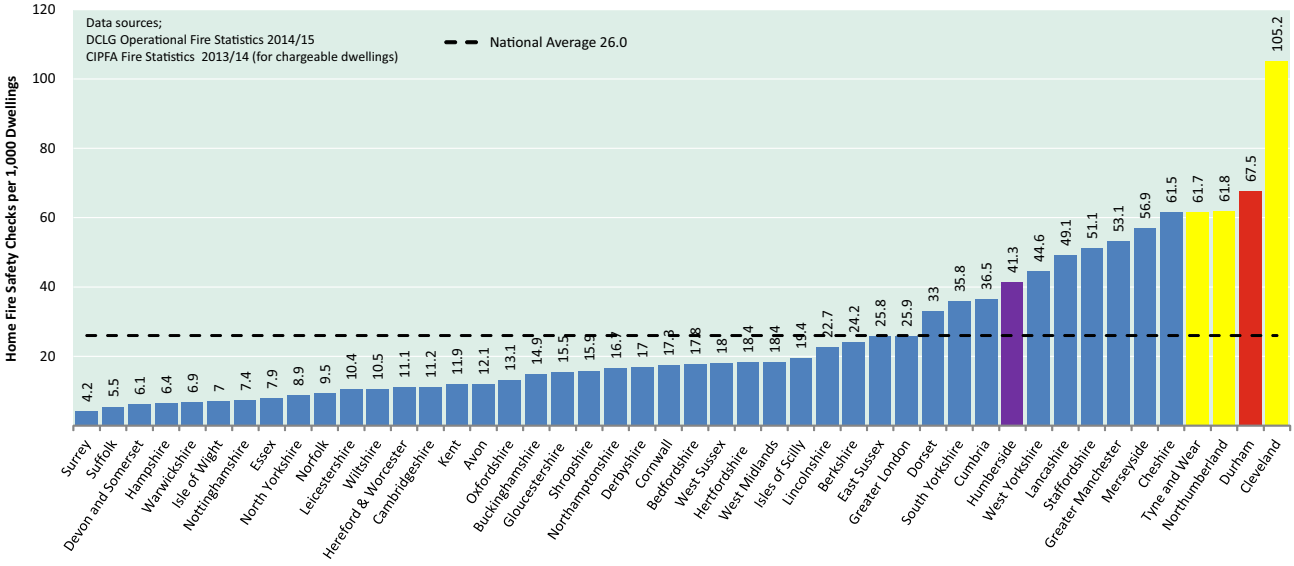
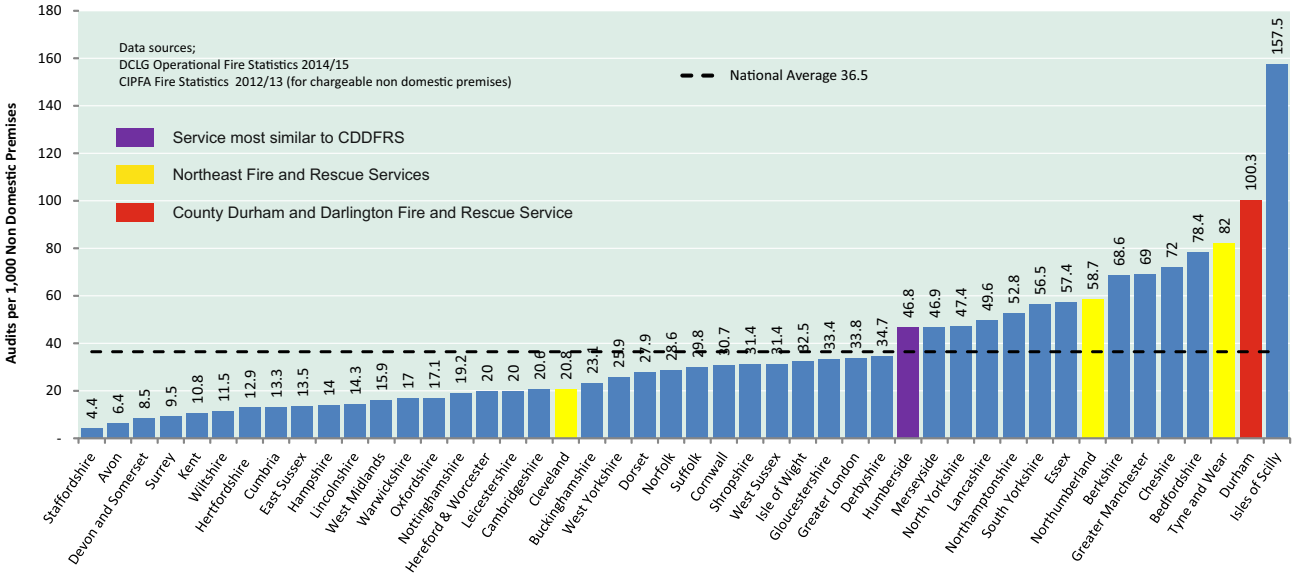


Figure four - Fire safety audits per 1,000 non domestic premises, by fire and rescue authority 2014/15 – CDDFRS second best performing service nationally



We are running this consultation to canvass views from across County Durham and Darlington to help us ensure we can continue to meet the needs of the community within available budgets.

All five consultation questions refer to collaborative work, the changing roles of the service and proposals to extend trials and existing schemes into other areas of County Durham and Darlington.

Examples of change within the Service include the two trading arms established by the Fire Authority:

County Durham and Darlington Fire&Rescue CIC

The Community Interest Company (CIC) was founded in April 2013 to generate income for community safety projects by, for example, running training courses for external organisations in relation to fire as well as health and safety at work.

VITAL FIRE SOLUTIONS

Vital Fire Solutions was set up in October 2015. The company will help to support the Service by generating income through areas such as sales of fire equipment and training for industrial firefighting.

Both of these companies have been established to assist CDDFRS improve safety in the community and both are important elements in our drive to ensure the financial viability of the Service in the face of reduced government funding.

In a similar vein, the new training centre in Bowburn, Durham, has been designed to benefit CDDFRS now and in the future.

The centre officially opened in October 2015 and has provided us with state-of-the-art facilities that are among the best in the country. It has also brought all of our training in-house, ensuring our staff are trainined to the highest possible standard. The new arrangements will also help to reduce costs and cut travel time across the Service.

Income generation is also a key objective of the centre. This is now possible thanks to arrangements with external organisations and businesses, which can use the facilities for their own training and courses provided through the CIC or Vital Fire Solutions.

With a reputation for excellence in emergency and industrial training, CDDFRS is already attracting regular as well as new clients and customers.

The financial outlook

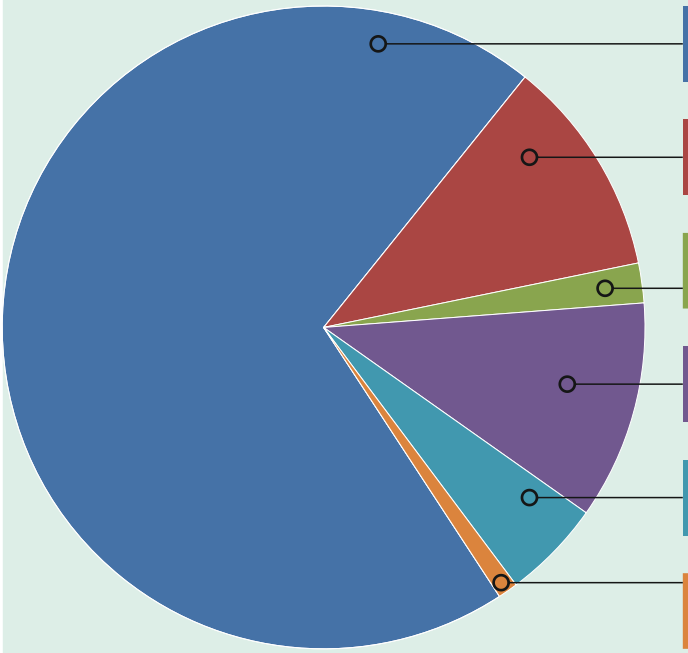
We are facing the most significant financial challenge in our history as a fire and rescue authority.

Cuts to our central government funding totalling £4.9m (34 per cent) since 2010 have meant we have had to make significant savings; however, the next three years will be more challenging still, as we seek to deliver a further £3m of savings.

Having implemented the vast majority of cost savings available to us, to run a lean and efficient Service, we are now looking at other measures which could help to generate income and/or reduce costs without affecting our frontline fire appliances, stations and community safety activities.

Collaborative projects and schemes with other public sector organisations are a key consideration, as set out in the five consultation questions. This approach also fits into the government's agenda to enable 'closer working between the emergency services'. Based on our current finances, this is how the total (net) £28.618m of CDDFRS Fire Authority funding is spent:

How the money is spent (2015/16)



70%	Employees	£20.033m
11%	Premises	£3.147m
2%	Transport	£0.572m
11%	Supplies and services	£3.149m
5%	Capital Financing	£1.431m
1%	Contingencies	£0.286m
Total NET spend		**£28.618m**

As a marker, households paying council tax at band D level pay £1.80 per week towards the fire and rescue service, a total of £93.96 per year.

Our medium term financial plan

At a time when the future is so uncertain it is important that we have a medium term financial plan in place. This will allow us to work towards balancing the budget over the medium term taking into account our expectations of future central and local funding.

Our medium term financial plan for 2015/16 to 2018/19 is set out below. We have assumed that council tax increases by 1.9% each year; under current regulations this is the maximum increase permitted before a local referendum would be required to seek approval from residents.

Medium term financial plan

	2015/16 £m	2016/17 £m	2017/18 £m	2018/19 £m
Net expenditure	**28.618**	**29.101**	**29.153**	**29.807**
Total government Funding	11.922	10.726	9.838	9.017
Local non domestic rates	1.459	1.488	1.518	1.548
Council tax	15.237	15.549	15.896	16.198
Total funding	**28.618**	**27.763**	**27.252**	**26.763**
Shortfall	**0**	**-1.338**	**-1.901**	**-3.044**

Consultation questions

1. Strategic review of fire control

Do you support our intention to review how we provide our fire control and 999 call handling function including exploring collaboration opportunities with other partner agencies to improve efficiency?

We provide a 24/7 emergency call handling and mobilising service, which ensures we send the right vehicles, equipment and staff to emergencies promptly. We aim to answer all 999 calls within six seconds.

In 2014, we invested in a new command and control system to provide us with state of the art technology; this has ensured that our control room service is as efficient and effective as possible.

We have also introduced a new shift system for our control room staff, which has improved resilience and allowed for additional work to be undertaken within the control room.

Control staff now book home fire safety checks and administer the staffing arrangements for operational staff across all the fire stations.

During large incidents requiring ongoing deployments or at times of flash flooding, for example, where multiple 999 calls are received, the pressures on control can be immense. It is important to ensure that while we use the capacity available during quieter periods, to pick up other work where appropriate, we resource for the risks and build in the flexibility to cope when call volumes are high.

Emergency calls will always be the priority and fire control already works closely with other emergency services to ensure a seamless response at multi-agency incidents. We hope to look closely into ways of working to assess opportunities for future collaboration where appropriate.

2. Extending the role of firefighters to assist public health services

The role of a firefighter could potentially include activities supporting the wider public health agenda, such as undertaking health prevention work. Do you support our proposal to participate in research and trials to test the viability of such initiatives?

As a Service our current prevention and protection programme focuses on educating the public and providing practical help to reduce the numbers of accidental fires in the home and workplace as well as road traffic accidents.

Firefighters have the skills and contacts across the communities they serve to include within their repertoire of prevention work elements of public health too.

Our successful prevention and protection programme has helped to reduce accidental dwelling fires by 47 per cent in the past 10 years. Each year our operational crews carry out approximately 20,000 home fire safety checks – one of the most comprehensive programmes of prevention work in the country.

During these visits, crews often meet people most at risk of illness, isolation and accidents in the home. By refocusing some of our time, firefighters could provide advice and make referrals to health agencies, when and where appropriate, in the following areas:

Slips, trips and falls; warm and healthy home initiatives; flu vaccinations and chest infections; dementia; alcohol harm and reduction; smoking cessation, loneliness and isolation.

Over the years CDDFRS has run successful time-limited projects adding health and well-being into its prevention and protection work. We propose to carry out research into the options and assess the viability of extending such schemes beyond special projects. We believe this could improve the health and well-being of local people and provide much needed support to public health services.

3. Expanding the emergency medical response (EMR) scheme

Last year firefighters in Teesdale and Weardale were trained to respond to specific medical emergencies in support of North East Ambulance Service (NEAS). Do you agree that, providing the costs do not negatively affect our medium term financial plan, we should explore options to extend this trial to other areas of County Durham and Darlington in partnership with NEAS?

The aim of the trial in Teesdale and Weardale was to provide patients suffering from a life threatening medical emergency with the earliest assistance and treatment possible.

During the past two years NEAS has experienced a four per cent increase in demand and currently responds to more than 1,000 calls every day.

Figures show that the chance of surviving an out of hospital cardiac arrest decreases by 10 per cent during each passing minute before defibrillation is carried out.

During this emergency medical response trial, which ran from July 2014 to April 2015, crews from stations in Middleton, Barnard Castle and Stanhope attended 103 incidents. During the last six months of this trial 55 per cent of incidents attended by the fire and rescue service in the Dales were emergency medical responses.

The trial involved close communication between NEAS and fire control rooms with paramedics mobilised direct to an EMR incident at the same time as the fire crew. Firefighters are trained to provide basic life support to the patient until the paramedic arrives. EMR is in addition to, not in any way a replacement for, the current ambulance service. Its purpose is intended to complement the response currently provided by NEAS.

As a fire service our operational staff already have many of the skills needed to provide effective emergency medical response and they are very receptive to the additional training that is required.

We are able to provide 24-7 availability and our stations and retained duty service (RDS) crews are well placed to provide a fast response, often in difficult to reach rural locations.

The trial received positive feedback from both RDS crews and paramedics and the results showed that this response can save lives. Therefore, based on this evidence we would like the opportunity to extend the arrangements and apply them in other areas of County Durham and Darlington too.

4. Further collaboration – support services, estates and fire stations

CDDFRS already works collaboratively with partner organisations in the provision of information and services across many areas of work. Do you support our intention to explore further collaboration opportunities in the areas of estates management, use of fire stations, administration and office functions?

Examples of CDDFRS working with other emergency services and organisations include:

Sharing Newton Aycliffe Fire Station with Durham Police

This arrangement, in place since December 2013, has provided benefits for both organisations. It has allowed the former police station to be closed, saving costs and freeing up land for sale. It has also helped to maintain a police presence in the area, fostered partnership working between both services and generated income for the fire service to go towards the running costs of the building.

The Safer Homes project

The Safer Homes project is run by CDDFRS in partnership with Durham Constabulary, Durham County Council and Darlington Borough Council. It is also supported by local housing companies and charities.

The aim of the project, which began in County Durham with a £500,000 award of government funding in September 2014, is to help public services work together to commission, manage and deliver services for vulnerable and elderly people in the best possible way.

The project gives people free crime and fire safety advice, as well as practical help, to make their homes safer through the free supply of smoke alarms, intruder alarms, wheelie bin locks, fire retardant blankets and bed linen.

The new CDDFRS Training Centre

This offers many opportunities for collaboration; from the regular training arrangements put in place to allow Durham Police to use the facilities for command training, to providing training for other emergency services, organisations and businesses on accredited as well as bespoke courses.

Barnard Castle quad station

With planning permission now secured, this building, which will be completed towards the end of 2016, will bring CDDFRS, the ambulance service, police and search and mountain rescue under one roof.

Durham Community Fire station

The extension of the station to provide an annex for the search and mountain rescue team will be in place in 2016.

Age UK's collaboration at Darlington Fire Station

Age UK Darlington is now managing the community meeting rooms at Darlington Fire Station. This is beneficial to Age UK Darlington, which uses the rooms for group meetings and activities throughout the week, as well as the Service, which can hand over the administrative tasks and free up staff for other work. The arrangement also builds on existing partnership work with the charity, which is involved in many of the prevention and protection schemes run by the Service for older people in the Darlington area.

Sharing procurement services

Working with other fire and rescue services we can ensure competitive tendering and benefit from economies of scale. This is currently in place with a regional clothing contract (for operational uniforms), an asset management agreement with North Yorkshire Fire and Rescue Service as well as a framework for the supply of fire appliances established between CDDFRS, North Yorkshire and West Yorkshire Fire and Rescue Services.

Sharing local authority services

Legal Services are provided to CDDFRS by Durham County Council as well as support with pensions.

All of these collaborations have been successful so far allowing the Service to share expertise, reduce costs and work in partnership more effectively. Based on these examples, we would like to explore opportunities for collaboration in other areas of work where there could be mutual benefits.

5. Extending the Young Firefighters' Association (YFA) / Fire Cadets' schemes

Youth engagement schemes currently operate out of five fire stations across the service. These have successfully improved resilience; strengthened community ties and helped the service to fulfil its role as a provider and supporter of education and training for young people. Do you agree with our proposal to invest in extending such schemes to other fire stations?

The Young Firefighters Association and Fire Cadets are part of national organisations with branches across the country.

Consett Fire Station was the first within CDDFRS to set up a YFA group in 2004 and since then Seaham, High Handenhold and Peterlee Fire Stations have followed suit; Darlington Fire Station has set up a similar Fire Cadets' group.

Both groups give young people between the ages of 13 and 17 the opportunity to join a uniformed organisation based on the values and practices of the fire and rescue service. Drills and activities are organised each week and membership of the YFA and Fire Cadets is well regarded by employers as a positive addition to any CV.

CDDFRS also benefits enormously from running the YFA and Fire Cadets; these young people form a dedicated pool of volunteers who are knowledgeable about the fire and rescue service and are ambassadors for CDDFRS. Here is a list of just some of contributions they make to the Service:

- Supporting public events – such as open days at stations providing cover for operational firefighters who may be on call.
- Volunteering as 'casualties' – helping to set-up realistic training scenarios.
- Work in the community – for example, clearing snow from driveways and roads.
- Taking safety messages and information about the Service back into the community through friends and family.

The YFA and Cadets' programmes can also be a step towards joining the retained duty service (RDS or part-time firefighters) of CDDFRS. At Seaham Fire Station, for example, of the 11 RDS firefighters currently serving, three have come through the YFA route. The RDS is an important element of the Service especially in remote areas where we are unable to run whole-time stations 24/7.

Taking into account the benefits set out above, we would like to invest some of our budget into extending these YFA and Cadets' schemes, setting up new branches where appropriate.

What to do now/how to respond

This consultation runs until **Monday 8 February** and we are keen to canvas as many views as possible. Please take part in our survey via the following link: www.smartsurvey.co.uk/s/irmp16-17

Should you require a hard copy of the survey to complete and return to us please phone: 0845 3058383 or email ServiceHQ@ddfire.gov.uk

This publication is also available in other languages, large print and audio format on request.

More information about the work and performance of County Durham and Darlington Fire and Rescue Authority is available via the website at www.ddfire.gov.uk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FIRE & RESCUE

Adults, Wellbeing and Health Overview and Scrutiny Committee

19 January 2016

Refresh of the Joint Health & Wellbeing Strategy 2016-2019

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 provide Adults, Wellbeing and Health Overview and Scrutiny Committee with a summary of key messages from the Joint Strategic Needs Assessment and information relating to the refresh of the Joint Health and Wellbeing Strategy 2016-19. A presentation will be provided at the Adults, Wellbeing and Health Overview and Scrutiny meeting on 19th January 2016.

Background

2. The Health and Social Care Act 2012 places clear duties on local authorities and Clinical Commissioning Groups (CCGs) to prepare a Joint Health and Wellbeing Strategy (JHWS) through Health and Wellbeing Boards.

3. Consultation relating to health and wellbeing has taken place with over 260 people from various groups including voluntary organisations, patient reference groups, Area Action Partnerships, members of Adults Wellbeing and Health Overview and Scrutiny Committee, service users and carers attending the Health and Wellbeing Board's Big Tent engagement event in November 2015.

4. Consultation in relation to health issues has also taken place with young people through Investing in Children reference groups, and the 'Try it Out' Young People's Patient Congress organised by North Durham Clinical Commissioning Group (CCG). Young carers and their families have also been consulted through The Bridge Young Carers Service.

5. In addition, separate consultation events have taken place through the Learning Disabilities Engagement Forum and Older Persons Engagement Forum to determine what health and wellbeing issues are important for those groups.

6. The refresh of the JHWS 2016-19 includes updates on policy information, consultation and evidence from the Joint Strategic Needs Assessment and Annual Reports of the Director of Public Health County Durham.

7. In order to inform discussions at the Adults Wellbeing and Health Overview and Scrutiny Committee meeting on 19th January 2016, a briefing note was circulated to

members of the Committee in December 2015, which included the following documents which are attached as appendices to this report:

- JHWS Objectives and Outcomes Framework (Appendix 2)
- Key messages from the Joint Strategic Needs Assessment (Appendix 3)
- Strategic actions in the JHWS 2016-19 (Appendix 4).

Consultation Questions

8. Adults Wellbeing and Health Overview and Scrutiny Committee will be asked the following questions as part of the consultation process:

    - Are these still the correct outcomes on which the JHWS framework is built or do you think there are any changes required? (Appendix 2)
    - Are these still the right strategic actions in the JHWS 2016-19? (Appendix 4)
    - Are there any gaps in the strategic actions?

Next Steps

9. The draft refresh of the Joint Health and Wellbeing Strategy 2016-19 will be presented to the Health and Wellbeing Board at its meeting on 21st January 2016 for comment.

10. The Joint Health and Wellbeing Strategy 2016-19 will be presented for agreement at the Health and Wellbeing Board meeting on 8th March 2016.

11. A copy of the final Joint Health and Wellbeing Strategy 2016-19 will be circulated to members of Adults Wellbeing and Health Overview and Scrutiny Committee for information.

Recommendations

12. Adults, Wellbeing and Health Overview and Scrutiny Committee is requested to:

    - Provide comments to Stephen Gwillym, Principal Overview & Scrutiny Officer by **3rd February 2016** on the Joint Health and Wellbeing Strategy 2016-19

Contact: Peter Appleton, Head of Planning and Service Strategy, Children and Adults Service Tel: 03000 267 388
Andrea Petty, Strategic Manager, Policy, Planning and Partnerships
Tel: 03000 267 312

Appendix 1: Implications

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

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

Finance - Staffing - There are no staffing implications.

Risk – There are no risk implications

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

Equality and Diversity / Public Sector Equality Duty – The key equality and diversity protected characteristic groups were considered as part of the process to identify the groups/organisations to be invited to the Health and Wellbeing Board Big Tent annual engagement event in November 2015, which was attended by over 260 people from various groups including service users, patients, carers, members of the voluntary and community sector and GP's as well as professionals from partners agencies.

Accommodation - There are no accommodation implications.

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

Human Rights – Human rights have been considered in the production of this plan.

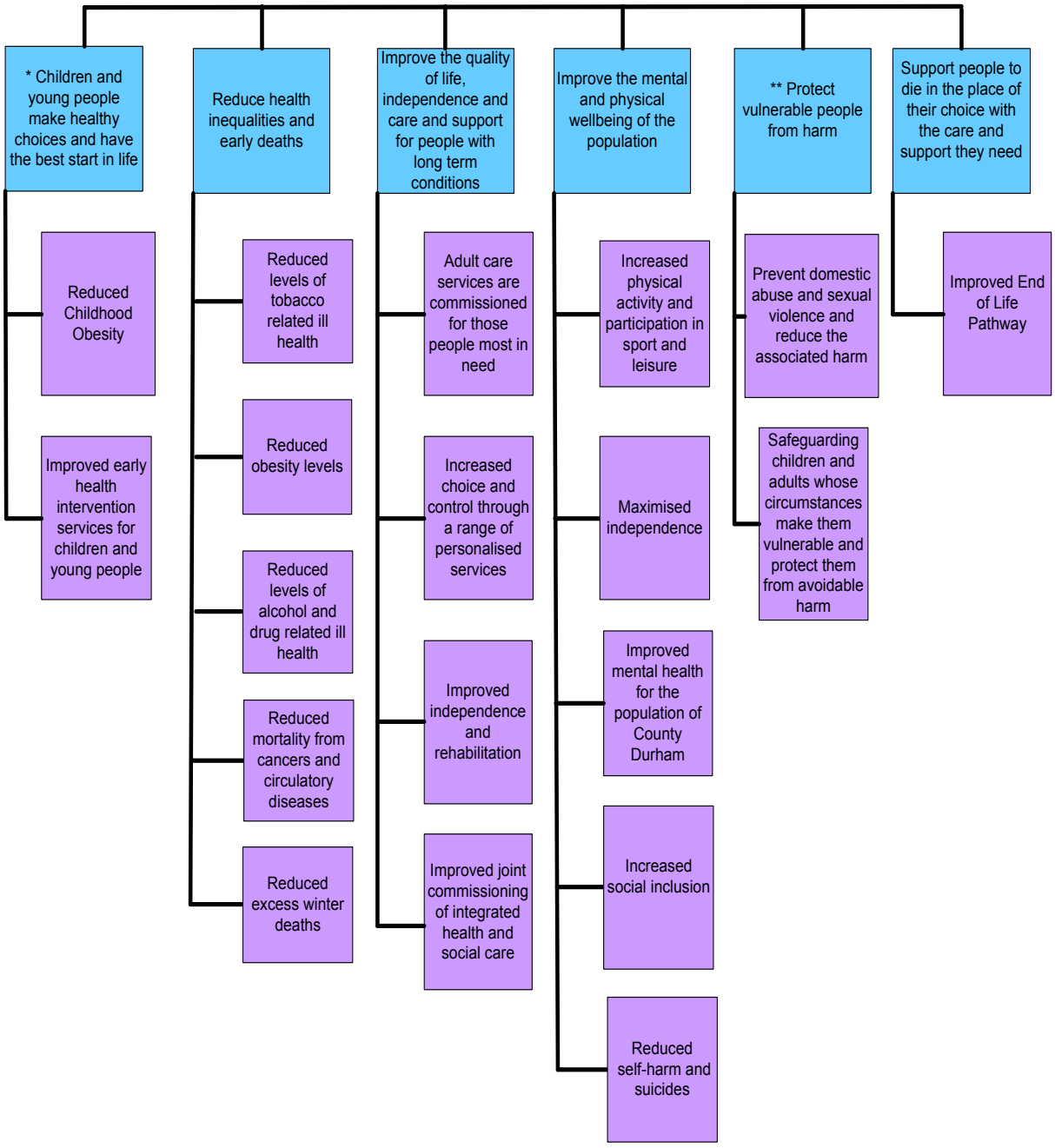
Consultation - Consultations have taken place with over 500 key partners and organisations including service users, carers, patients, members of the voluntary and community sector and GP's as well as professionals from partner agencies to ensure the strategy continues to meet the needs of people in the local area and remains fit for purpose for 2016-19.

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

Disability Issues – Issues in relation to disability have been considered throughout the development of the JHWS.

Legal Implications - The Health and Social Care Act 2012 places clear duties on local authorities and Clinical Commissioning Groups (CCGs) to prepare a JHWS. The local authority must publish the JHWS. The Health and Wellbeing Board lead the development of the JHWS.

Appendix 2: JHWS Objectives and Outcomes Framework



Appendix 3 – Summary of Key Messages from the Joint Strategic Needs Assessment

Demographics[1]

- In County Durham the total population has increased to 517,800 in 2014, an increase of 1,800 people from 2013.

- Projections indicate a further increase of 5% by 2021 (to 539,900), rising to 560,700 people by 2030 (9% increase from 2012).

- Between 2001 and 2014, the 0-17 population in County Durham has fallen by 5.8% which is a smaller fall than the North East region of 7.5%, while the national trend is reversed and saw an increase in the 0-17 population of 3.5% over the same period. By 2030, the number of children and young people aged 0-17 is projected to increase by 4.6%, reversing some of the declining trends seen prior to 2011.

- The 65+ age group is projected to increase from almost one in five people in 2012 (18.8%) to nearly one in four people (24.5%) by 2030, which equates to an increase of 43.3% from 96,600 to 138,400 people.

- The proportion of the county's population aged 85+ is predicted to increase more acutely, from 2.2% in 2012 to 3.9% in 2030, doubling in terms of numbers from 11,300 to 22,000.

- According to latest available data, the level of child poverty is worse than the England average (19.2%), with 22.7% of children under 16 years living in poverty (2012).

Health in County Durham

The following key messages are based on the latest available data.

- Life expectancy has improved for males (78.0) but reduced slightly for females (81.3) - both are still behind the England average (79.4 for males and 83.1 for females, 2011-13).

- In 2013/14, the number of women who start to breastfeed (57.4%) continues to rise but remains lower than the England average (73.9%).

- Children in County Durham have worse than average levels of obesity:

    - In 2013/14, 10.7% of children aged 4-5 years are classified as obese, compared to the England average of 9.5%.
    - In 2013/14, 21.4% of children aged 10-11 years are classified as obese, compared to the England average 19.1%.

- In 2013, teenage conception rates (33.8 per 1,000) are greater than the England average (24.3), and the North East region (30.6).

- In 2013/14, alcohol-related hospital admission rates for under 18s (69.9 per 100,000) are higher than the regional (65.8) and national (40.1) rates.

[1] Updated projection data not available until mid January 2016

- Hospital admissions for 15-24 year olds due to substance misuse are worse in the county (94.7 per 100,000) than the England average of 81.3 (2011/12 – 2013/14).

- In 2013/14, admission rates to hospital due to self-harm for 10-24 year olds (523.5 per 100,000) are higher than the England average (412.1 per 100,000).

- In 2013/14, the rate for hospital admissions caused by injuries in children (0-14 years) is worse in County Durham (168.4) than the England average of 112.2.

- In 2013/14, the rate for hospital admissions caused by injuries in young people (15-24 years) is worse in the county (201.7) than the average rate for England (136.7).

- In a Student Voice survey in 2015 across secondary schools in the county, over a third of young people stated that they do not participate in physical activity.

- The mortality rate for cardiovascular disease (88.8 per 100,000 population aged under 75) is higher than England (78.2) but has been falling over time (2011-13).

- The mortality rate for cancer (166.6 per 100,000 population aged under 75) has seen a small increase in 2011-13 and is higher than the England average (144.4).

- Smoking-related deaths in the county (381.3 per 100,000 population aged 35 and over) are worse than the England average of 288.7 (2011-13).

- Smoking prevalence in the county (22.7% in 2013) is worse than the England rate of 18.4%.

- There has been an overall downward trend in maternal smoking over time in County Durham, the North East and England. However, rates locally are still higher than the England average. In 2013/14, 19.9% of mothers in County Durham were smoking at the time of delivery compared to 18.8% regionally and 12.0% nationally.

- Levels of excess weight in adults are higher across the county (72.5% of adults) than the North East (68%) and significantly higher than England (63.8%) according to the Active People Survey 2012.

- In 2013/14, the diabetes prevalence rate for County Durham of 6.9% is higher than both regional (6.5%) and national (6.2%) rates.

- The rate for alcohol-specific admissions to hospital for adults in 2013/14 at 788 per 100,000 population is worse than the England average of 645.
- Between 2011 and 2013, the suicide rate (13.4 per 100,000 population) is higher than the England average of 8.8.

Social Care in County Durham

- Census results for 2011 show that there are 4,201 young carers in County Durham between the ages of 0–24, which represents 3% of the 0–24 population. However in a school survey, of the survey cohort, 848 students (10.5%) identified themselves as a Young Carer which is significantly higher than the census data.

- The rate of children and young people aged 0-17 in receipt of Disability Living Allowance is higher in County Durham (41.8 per 1,000 population) than regionally (41.1) and nationally (33.9).

- There are 3,745 children in need in the county (March 2015) and in 52% of cases, neglect / abuse is the most common identified primary need, which is above the national average of 49%.

- The rate of emergency admissions for hip fractures in people aged 65 and over (674) is worse than the regional rate (651) and the England rate (580) in 2013/14.

- Since November 2014, there has been a reduction in the number of people whose discharge from hospital is delayed - this is better than England and North East rates. Latest data for the period April – August 2015 shows an average of 4.9 people delayed in Durham compared to a national rate of 11.1 and a regional rate of 7.4

- Admission rates for Older People to permanent care remain high in Durham (824 admissions per 100,000 population) in 2014/15 compared to England (669), however the number of beds being commissioned has reduced by 6.4% since 2011/12, as length of stay shortens and people are admitted later in life.

- Estimates suggest that over 6,600 people in County Durham aged 65+ have dementia. Projections suggest that this number will almost double between 2011 and 2030. This will present a significant challenge to health and social care services.

- In the Department of Health's national adult care survey in 2014/15, social care users in County Durham reported higher levels of satisfaction, have more control and have a better quality of life than the nationally.

Appendix 4: Proposed Strategic Actions in the Joint Health and Wellbeing Strategy 2016-19

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

Reduced Childhood Obesity

- Improve support to women to start and continue to breastfeed their babies
- Improve support to families and children to develop healthy weight

Improved early health intervention services for children and young people

- Support children and young people to achieve their optimum mental health and emotional wellbeing by transforming the quality and availability of services from prevention and early intervention through to specialist care and recovery, delivered closer to home
- Support the reduction of teenage pregnancies (under 18 conceptions) in County Durham by delivering interventions that are in line with evidence and best practice
- Support the reduction in oral health inequalities faced by children within County Durham
- Deliver an integrated 0-19 model to include universal mandated services plus targeted services for vulnerable groups
- Implement the Early Help and Neglect Strategy to better support families who have additional needs at an earlier point
- Work together to reduce rates of self-harm by young people
- Deliver the Special Educational Needs and Disability Strategy 2014-2018 and support schools to improve outcomes relating to achievement, independence and preparation for adulthood
- Ensure health, social care and third sector organisations work together to identify and support young carers
- **NEW** Support young people to manage their risk taking behaviours by building resilience and creating a culture that encourages young people to choose not to drink
- **NEW** Reduce the negative impact alcohol has on the lives of children, young people and their families through parental alcohol use

Strategic Objective 2: Reduce health inequalities and early deaths

Reduced levels of tobacco related ill health

- Support an infrastructure that delivers a comprehensive partnership approach to wider tobacco control actions to reduce exposure to second hand smoke, help people to stop smoking, reduce availability (including illicit trade), reduce promotion of tobacco, engage in media and education and support tighter regulation on tobacco
- Support the local vision statement that “a child born in any part of County Durham will reach adulthood breathing smokefree air, being free from tobacco addiction and living in a community where to smoke is unusual”

Reduced obesity levels

- Implement the Healthy Weight Strategic Framework to develop and promote evidence based multi-agency working and strengthen local capacity and capability

Reduced levels of alcohol and drug related ill health

- **NEW** Improve health inequalities and reduce early deaths in County Durham by reducing alcohol consumption across the population
- Implement the Drugs Strategy to prevent harm, restrict supply and sustain a future for individuals to live a drug free and healthy life, whilst minimising the impact of drugs on communities and families

Reduced mortality from cancers and circulatory diseases

- Work in partnership to develop effective pathways for cancers covering prevention, screening, diagnosis, treatment and survivorship
- **NEW** Work in partnership to develop and implement an effective preventative and treatment programme for people with and at risk of diabetes
- Deliver an integrated and holistic Wellbeing Service to improve health and wellbeing and tackle health inequalities in County Durham
- Reduce the inequalities between people with learning disabilities and the general population

Reduced excess winter deaths

- Integrate and roll out interventions to address the impact of fuel poverty on excess mortality and morbidity

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

Adult care services are commissioned for those people most in need

- Provide better support to people with caring responsibilities by reviewing the service delivery model and increasing access to personal budgets for carers

Increased choice and control through a range of personalised services

- Work together to give people greater choice and control over the services they purchase and the care that they receive

Improved independence and rehabilitation

- Continue to progress the model for Frail Elderly that incorporates a whole system review that cuts across health, social care and the third sector providing safe, high quality seven day integrated services; delivering person centred care, and places early identification, timely intervention and prevention at its core.
- Improve people's ability to reach their best possible level of independence by evaluating the Intermediate Care Plus Service and other effective alternatives to hospital and residential care admission
- Provide safe, high quality seven day integrated services across the health and social care economy
- Implement the Urgent Care Strategy to ensure patients are seen by the right health/social care professional, in the right setting, at the right time, to the highest quality and in the most effective way providing the best outcome for the patient

Improved joint commissioning of integrated health and social care

- Implement the agreed framework and policies for Clinical Commissioning Groups and partners in relation to continuing health care and integrated packages in mental health and learning disability, including personal health budgets
- **NEW** Develop a vision and new model of integration for County Durham to maximise the use of resources and improve outcomes for local people with regard to health and social care
- **NEW** Work together to consider the implications of the key clinical quality standards and potential models of care across the Durham, Darlington and Tees area within the resources available

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

Increased physical activity and participation in sport and leisure

- Provide a wide range of physical activity opportunities across County Durham to support more active lifestyles through the development of the 'Altogether Active' physical activity framework for County Durham

Maximised independence

- Work together to improve timely diagnosis and support for people with dementia and their family and carers

Improved mental health for the population of County Durham

- Improve access to evidence based programmes which improve mental health, wellbeing and resilience
- Work together to find ways that will support the armed services community who have poor mental or physical health
- Ensure that people with poor mental health are supported to stay in work and gain employment
- Continue to improve access to psychological therapies
- Develop a more integrated response for people with both mental and physical health problems, in particular supporting people with common mental health problems (such as depression or anxiety)

Increased social inclusion

- Work in partnership to identify those who are, or who are at potential risk of becoming socially isolated to support people at a local level and to build resilience and social capital in their communities
- Work together to reduce the health inequalities between the Gypsy Roma Traveller community and the general population

Reduced self-harm and suicides

- Refresh the Public Mental Health Strategy for County Durham including the suicide prevention framework
- **NEW** Work in partnership to improve outcomes for people experiencing mental health crisis in the community and in custody

Strategic Objective 5: Protect vulnerable people from harm

Prevent domestic abuse and sexual violence and reduce the associated harm

- Ensure that all victims of domestic abuse and sexual violence have access to the right help and support throughout the criminal justice process and that services are available to address their needs

Safeguarding children and adults whose circumstances make them vulnerable and protect them from avoidable harm

- Work with partners to help families facing multiple and complex challenges, ensuring that children are safeguarded and protected from harm and that early intervention and prevention services are in place to support Phase 2 of the Stronger Families Programme in County Durham
- **NEW** Develop the practice of adult protection lead officers and frontline teams to meet the requirements of 'Making Safeguarding Personal'

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

Improved End of Life Pathway

- Ensure that providers deliver support to people at the end of their life based on the Five Priorities for Care that will deliver personal, bespoke care to people at the end of their life.

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Adults, Wellbeing and Health Overview and Scrutiny Committee

19 January 2016

Quarter 2 2015/16 Performance Management Report

Report of Corporate Management Team
Lorraine O'Donnell, Assistant Chief Executive
Councillor Simon Henig, Leader

Purpose of the Report

1. To present progress against the council's corporate basket of performance indicators (PIs), Council Plan and service plan actions and report other performance issues for the Altogether Healthier theme for the second quarter of the 2015/16 financial year, covering the period July to September 2015.

Background

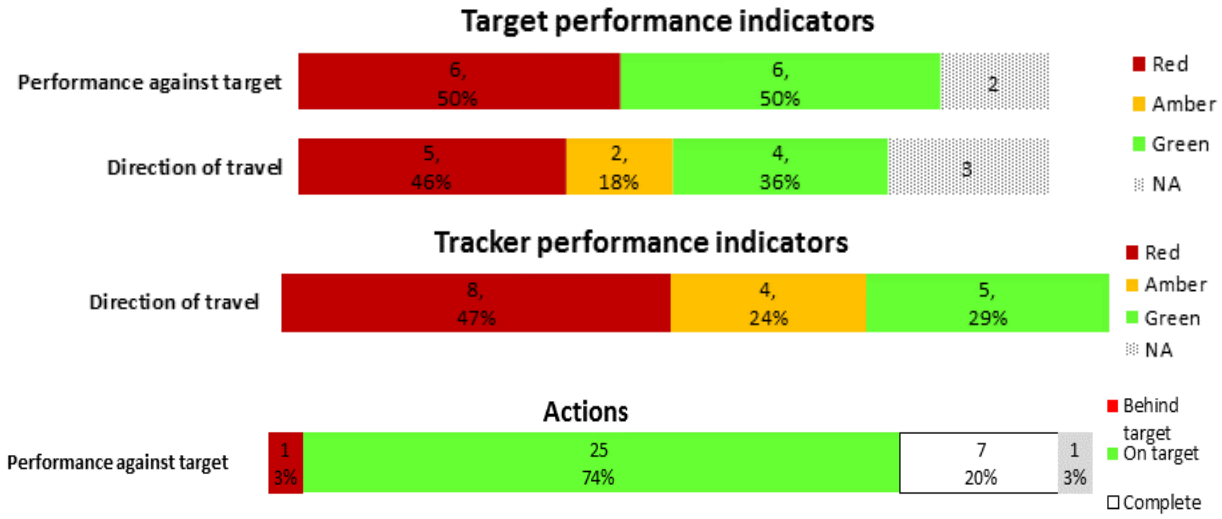
2. The report sets out an overview of performance and progress by Altogether priority theme. Key performance indicator progress is reported against two indicator types which comprise of:

   a. Key target indicators – targets are set for indicators where improvements can be measured regularly and where improvement can be actively influenced by the council and its partners (see Appendix 3, table 1); and
   b. Key tracker indicators – performance will be tracked but no targets are set for indicators which are long-term and/or which the council and its partners only partially influence (see Appendix 3, table 2).

3. The report continues to incorporate a stronger focus on volume measures in our performance framework. This allows us to better quantify productivity and to monitor the effects of reductions in resources and changes in volume of activity. Charts detailing some of the key volume measures which form part of the council's corporate set of performance indicators are presented in Appendix 4.

4. The corporate performance indicator guide provides full details of indicator definitions and data sources for the 2015/16 corporate indicator set. This is available to view either internally from the intranet (at Councillors useful links) or can be requested from the Corporate Planning and Performance Team at performance@durham.gov.uk.

Altogether Healthier: Overview



Council Performance

5. Key achievements this quarter include:

   a. At 30 September 2015, 91% of adult social care users were in receipt of self-directed support (including direct payments and personal budgets). The England average for 2014/15 was 83.7%.

   b. Between April and August 2015, 91.9% of service users reported that the help and support they receive has made their quality of life better. This exceeds the target of 90% but has reduced from 93% in the same period last year.

   c. Between January and June 2015, 1,123 older people received a reablement service following their discharge from hospital. Of these, 988 (88%) remained living independently in their own home 91 days after their discharge. This has exceeded the target of 85.7% but is slightly worse than 89.8% for the same period last year. Performance exceeds the 2014/15 national (82.1%), regional (86.4%) and statistical neighbour (85.2%) averages.

   d. Tracker indicators show:

      i. In the five snapshot days between April and August 2015, 103 people were reported as being delayed during their discharge from hospital, resulting in a rate of 4.9 per 100,000 population. This is significantly better than the rate of 8.3 per 100,000 over the same period in 2014/15. Performance is also better than the 2014/15 England (11.1), regional (7.4) and statistical neighbour (8.6) averages.

      ii. Of the 103 people delayed, adult social care was reported as being responsible for the delay (either partially or entirely) of 32 people (31%). This equates to a rate of 1.5 per 100,000 population. This is better than 2014/15 England (3.7), regional (1.6) and statistical neighbour (2.5) averages.

iii. As reported in the Altogether Better for Children and Young People theme, data for April to June 2015 show that 384 of 1,259 mothers were breastfeeding at six to eight weeks from birth. This equates to 30.5%, which is an increase from last year's equivalent period (28.9%) and is better than the Durham, Darlington and Tees Area Team average of 28.4%. However, performance is worse than the England average of 45.2%.

6. Underlying health issues continue to be a challenge in terms of differences in life expectancy and prevalence of a range of health conditions from the national picture. We monitor a number of health indicators across our corporate indicator set and updated annual data will be reported in subsequent quarters. The key performance improvement issues for this theme from data released this quarter are:

   a. Between April and June 2015, 1.9% of eligible people in County Durham received an NHS health check. This is slightly below the period target of 2% but is an improvement compared to 1.5% in the same period in 2014/15. Performance is similar to national (2.2%) and regional (1.9%) performance. All General Practices (GPs) signing up to the new Check4Life NHS Health Check Contract will be encouraged and incentivised to prioritise identification and invitation for patients who have a high risk of developing cardiovascular disease (CVD). GPs will receive £35 for an NHS Health Check on a patient identified as being at high risk of CVD and £25 if the CVD risk is lower.

   b. Provisional data show there were 376 older people admitted to permanent care between April and September 2015, which equates to a rate of 361 per 100,000 population aged 65 and over. This has not achieved the target of 337.8 but is lower than the rate of 396.7 per 100,000 reported in the same period last year. While demand for permanent admission to residential care for older people has increased due to increasing demographic pressure, the number of residential/nursing beds purchased between July and September 2015 has decreased by 2.7% (6,501 fewer bed days) compared to the same period in the previous year. Robust panels continue to operate to ensure that only those in most need and who can no longer be cared for within their own home are admitted to permanent care.

   c. Lifeline was appointed to provide the drug and alcohol treatment service across County Durham from 1st April 2015. The new service model is aimed at providing consistent, high quality, recovery focused interventions, irrespective of age or substance used. However, there is a lag on the provision of data by Public Health England, which means that the data included in this report relates to the former drug and alcohol treatment provider. The number of people in drug treatment for opiate use between January and December 2014 was 1,448; of whom 99 successfully completed, i.e. they did not re-present between January and June 2015. This equates to a 6.8% successful completion rate, which is below the target of 8.4% and national performance of 7.4% but is the same rate as 12 months earlier (6.8%). The first official Lifeline data on drug treatment will be available in early 2016.

d. The number of people in drug treatment for non-opiate use between January and December 2014 was 672, of whom 268 successfully completed, i.e. they did not re-present between January and June 2015. This equates to a 39.9% successful completion rate, which is below the target of 40.8% but better than 37.7% reported at the same period last year. It is also slightly better than national performance of 39.2%.

e. The number of people in alcohol treatment between July 2014 and June 2015 was 1,117, of whom 363 successfully completed. This equates to a 32.5% successful completion rate, below the target of 37.6%. Performance is worse than the same period in 2013/14 (36.5%) and latest national performance for 2014/15 (39.1%). Data for nine months of this indicator to 31 March 2015 relates to the former treatment provider. The final three months (April to June 2015) relates to the Lifeline Service.

f. There is one Council Plan action which has not achieved target in this theme which is to implement an integrated transitions team due September 2015. This Care Act project milestone has been revised by the Social Care Reform Board. The target date for the new Integrated Transitions Team to go live is April 2016.

g. An action has been deleted which was to review the assessment process to take into account additional demand from self-funders. The Government has announced their decision to postpone phase two reforms of the Care Act until 2020, which this action was part of.

7. There are no key risks which require any mitigating action in delivering the objectives of this theme.

Recommendation and Reasons

8. That the Adults, Wellbeing and Health Overview and Scrutiny Committee receive the report and consider any performance issues arising there from.

Contact: **Jenny Haworth, Head of Planning and Performance**
Tel: **03000 268071** **E-Mail** jenny.haworth@durham.gov.uk

Appendix 1: Implications

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

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

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

Equality and Diversity / Public Sector Equality Duty - Corporate health PIs are monitored as part of the performance monitoring process.

Accommodation - Not applicable

Crime and Disorder - A number of PIs and key actions relating to crime and disorder are continually monitored in partnership with Durham Constabulary.

Human Rights - Not applicable

Consultation - Not applicable

Procurement - Not applicable

Disability Issues - Employees with a disability are monitored as part of the performance monitoring process.

Legal Implications - Not applicable

Appendix 2: Key to symbols used within the report

Where icons appear in this report, they have been applied to the most recently available information.

Performance Indicators:

Direction of travel		Performance against target
Latest reported data have improved from comparable period	GREEN	Performance better than target
Latest reported data remain in line with comparable period	AMBER	Getting there - performance approaching target (within 2%)
Latest reported data have deteriorated from comparable period	RED	Performance >2% behind target

Actions:

WHITE	Complete (Action achieved by deadline/achieved ahead of deadline)
GREEN	Action on track to be achieved by the deadline
RED	Action not achieved by the deadline/unlikely to be achieved by the deadline

Benchmarking:

GREEN	Performance better than other authorities based on latest benchmarking information available
AMBER	Performance in line with other authorities based on latest benchmarking information available
RED	Performance worse than other authorities based on latest benchmarking information available

Appendix 3: Summary of Key Performance Indicators

Table 1: Key Target Indicators

Ref	PI ref	Description	Latest data	Period covered	Period target	Current performance to target	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
Altogether Healthier											
23	CASAH2	Percentage of eligible people who receive an NHS health check	1.9	Apr - Jun 2015	2.0	RED	1.5	GREEN	2.2 RED	1.9* AMBER	Apr - Jun 2015
24	CASAH3	Percentage of people eligible for bowel cancer screening who were screened adequately within a specified period	Definition under develop ment	NA	NA	NA	NA	NA			
25	CASAH10	Percentage of women eligible for breast screening who were screened adequately within a specified period	77.9	2014	70.0	GREEN	78.6	AMBER	75.9 GREEN	77.1* GREEN	2014
26	CASAH4	Percentage of women eligible for cervical screening who were screened adequately within a specified period	78.0	2014	80.0	RED	77.7	GREEN	74.2 GREEN	76.1* GREEN	2014
27	CASAS23	Percentage of successful completions of those in alcohol treatment	32.5	Jul 2014 - Jun 2015	37.6	RED	36.5	RED	39.1 RED		Jul 2014 - Jun 2015
28	CASAS7	Percentage of successful completions of those in drug treatment - opiates	6.8	2014 (Re-present ations to Jun 2015)	8.4	RED	6.8	AMBER	7.4 RED		2014 (Re-present ations to Jun 2015)

Ref	PI ref	Description	Latest data	Period covered	Period target	Current performance to target	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
29	CASAS8	Percentage of successful completions of those in drug treatment - non-opiates **(Also in Altogether Safer)**	39.9	2014 (re-presentations to Jun 2015)	40.8	RED	37.7	GREEN	39.2 GREEN		2014 (re-presentations to Jun 2015)
30	CASCYP8	Percentage of mothers smoking at time of delivery **(Also in Altogether Better for Children and Young People)**	18.1	Apr - Jun 2015	18.2	GREEN	17.9	RED	10.7 RED	16.3* RED	Apr - Jun 15 (NE - Durham, Darlington and Tees area team)
31	CASAH1	Four week smoking quitters per 100,000 smoking population	712	Apr - Jun 2015	706	GREEN	New definition	NA [1]			
32	CASAH11	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care	361.0	Apr - Sep 2015	337.8	RED	396.7	GREEN			
33	CASAH12	Percentage of adult social care service users that receive self-directed support such as a direct payment or personal budget	91.0	As at Sep 2015	90.0	GREEN	New definition	NA [1]	83.7 GREEN		2014/15
34	CASAH13	Percentage of service users reporting that the help and support they receive has made their quality of life better	91.9	Apr - Aug 2015	90.0	GREEN	93.0	RED	91.9 AMBER	93.4* RED	2014/15

Ref	PI ref	Description	Latest data	Period covered	Period target	Current performance to target	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
35	CASAH14	Proportion of older people who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	88.0	Jan - Jun 2015	85.7	GREEN	89.8	RED	82.1 GREEN	85.2** GREEN	2014/15
36	CASAH24	Percentage of people who use services who have as much social contact as they want with people they like	48.7	2014/15	Not set	NA	51.0	RED	44.8 GREEN	47.6* GREEN	2014/15

[1] Due to changes to the definition data are not comparable/available

Table 2: Key Tracker Indicators

Ref	PI ref	Description	Latest data	Period covered	Previous period data	Performance compared to previous period	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
Altogether Healthier											
136	CASCYP 18	Percentage of children aged 4 to 5 years classified as overweight or obese **(Also in Altogether Better for Children and Young People)**	23.8	2013/14 ac yr	21.9	RED	21.9	RED	22.5 RED	24.4* GREEN	2013/14 ac yr
137	CASCYP 19	Percentage of children aged 10 to 11 years classified as overweight or obese **(Also in Altogether Better for Children and Young People)**	36.1	2013/14 ac yr	35.9	AMBER	35.9	AMBER	33.5 RED	36.1* AMBER	2013/14 ac yr
138	CASCYP 25	Prevalence of breastfeeding at 6 to 8 weeks from birth **(Also in Altogether Better for Children and Young People)**	30.5	Apr - Jun 2015	28.8	GREEN	28.9	GREEN	45.2 RED	28.4* GREEN	Apr - Jun 2015 (NE - Durham, Darlington and Tees area team)
139	CASAH 18	Male life expectancy at birth (years)	78.0	2011-13	77.9	GREEN	77.9	GREEN	79.4 RED	78* AMBER	2011-13
140	CASAH 19	Female life expectancy at birth (years)	81.3	2011-13	81.5	AMBER	81.5	AMBER	83.1 RED	81.7* RED	2011-13
141	CASAH6	Under 75 mortality rate from cardiovascular diseases (including heart disease and stroke) per 100,000 population	88.8	2011-13	91.3	GREEN	91.3	GREEN	78.2 RED	88.9* GREEN	2011-13
		Under 75 mortality rate	166.6	2011-13	164.2	AMBER	164.2	AMBER	144.4	169.5*	2011-13

Ref	PI ref	Description	Latest data	Period covered	Previous period data	Performance compared to previous period	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
		from cancer per 100,000 population							RED	GREEN	
143	CASAH9	Under 75 mortality rate from respiratory disease per 100,000 population	43.4	2011-13	40.1	RED	40.1	RED	33.2 RED	42.6* RED	2011-13
144	CASAH8	Under 75 mortality rate from liver disease per 100,000 population	21.9	2011-13	21.7	RED	21.7	RED	17.9 RED	22.3* GREEN	2011-13
145	CASAH 23	Percentage of registered GP patients aged 17 and over with a diagnosis of diabetes	6.9	2013/14	6.8	RED	6.8	RED	6.2 RED	6.5* RED	2013/14
146	CASAH 20	Excess winter deaths (%) (3 year pooled)	19.0	2010-13	16.8	RED	16.8	RED	17.4 RED	16* RED	2010-13
147	CASAH 22	Estimated smoking prevalence of persons aged 18 and over	22.7	2013	22.2	RED	22.2	RED	18.4 RED	22.3* RED	2013
148	CASAH 25	Number of residential/nursing care bed days for people aged 65 and over commissioned by Durham County Council	233,130	Jul - Sep 2015	228,868	AMBER	239,631	GREEN			
149	CASAH 20i	Delayed transfers of care from hospital per 100,000 population	4.9	Apr - Aug 2015	4.5	RED	8.3	GREEN	11.1 GREEN	7.4* GREEN	2014/15
150	CASAH 20ii	Delayed transfers of care from hospital, which are attributable to adult social care, per 100,000 population	1.5	Apr - Aug 2015	1.1	RED	1.5	AMBER	3.7 GREEN	1.6* GREEN	2014/15
		Suicide rate (deaths from suicide and injury of	13.4	2011-13	11.3	RED	11.3	RED	8.8	10.6*	2011-13

Ref	PI ref	Description	Latest data	Period covered	Previous period data	Performance compared to previous period	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
		undetermined intent) per 100,000 population **(Also in Altogether Safer)**							RED	RED	
152	NS11	Percentage of the adult population (aged 16+) participating in at least 30 minutes sport and active recreation of at least moderate intensity on at least three days a week	24.9	Apr 2013 - Mar 2015	26.0	RED	28.2	RED			

Adults, Wellbeing and Health Overview and Scrutiny Committee

19 January 2016

Review of the Council Plan and Service Plans

Report of Lorraine O'Donnell, Assistant Chief Executive

Purpose of the Report

1. To update Scrutiny with progress on the development of the Altogether Healthier section of the Council Plan 2016-2019 including the draft aims and objectives contained within the Plan and the proposed performance indicator set to measure our success.

Background

2. The Council Plan details Durham County Council's contribution towards achieving the objectives set out in the Sustainable Community Strategy (SCS), together with its own improvement agenda. The Council Plan covers a three year timeframe in line with the council's Medium Term Financial Plan and sets out how we will deliver our corporate priorities and the key actions we will take to support the longer term goals set out in the SCS.

3. This year it is proposed that the existing three year Council Plan is updated and rolled forward a year, with a more fundamental review to take place next year, in line with a refresh of the Sustainable Community Strategy. This year it is proposed to produce a more visual and interactive version of the council plan, in addition to the word version. Early ideas are that it will be a shorter, more impactful plan with a greater use of visual material such as charts, infographics, diagrams and photographs.

4. The priorities set out in the current Council Plan reflect the results of an extensive consultation exercise carried out in 2013/14 on spending priorities and include an ongoing focus on protecting frontline services.

Draft Objectives and Outcomes

5. Overall it is proposed that the five key altogether better themes remain unchanged in line with the review of the Altogether Better Durham vision by the County Durham Partnership. It is also proposed that the altogether better council theme is retained giving six key themes.

    I. Altogether Wealthier
    II. Altogether better for children and young people
    III. Altogether healthier
    IV. Altogether safer
    V. Altogether greener
    VI. Altogether better council

6. Sitting beneath each of these six themes are a series of objectives setting out the key goal(s) being pursued over the medium-term. The objectives layer is shared across the SCS and Council Plan. These were agreed by Council last year and are proposed to be retained as unchanged. The Altogether Healthier objectives are shown below:

    I. Children and young people make healthy choices and have the best start in life
    II. Reduce health inequalities and early deaths
    III. Improve the quality of life, independence and care and support for people with long-term conditions
    IV. Improve the mental and physical wellbeing of the population

7. Whilst the SCS is a long-term plan, the Council Plan having a medium-term time horizon of three years is more detailed in nature. The Council Plan therefore contains an additional layer which is the council's outcomes. These are defined as the impacts on, or consequences for the community of the activities of the council. Outcomes reflect the intended results from our actions and provide the rationale for our interventions. These are subject to more frequent change than objectives.

8. The draft objectives and outcomes for the 2016-2019 Council Plan for the Altogether Healthier theme are set out in full in **Appendix 2**.

9. Services are currently reviewing the performance indicator set which is used to measure progress against the Plan, performance manage council services, report to the County Durham Partnership on partnership activity and report to Members quarterly. The council's constitution also sets out that this committee is responsible for reviewing and scrutinising the operation of the health service in County Durham. The proposed performance indicator set may also assist in the discharge of this function. An early draft of the corporate indicator set for the Altogether Healthier theme is contained in **Appendix 3**, for detailed consideration by Adults, Wellbeing and Health Overview and Scrutiny Committee.

10. There are five changes currently proposed for the Altogether Healthier basket of indicators:

    a. Prevalence of breastfeeding at 6 to 8 weeks from birth – **proposed for removal**

b. Young people aged 10-24 years admitted to hospital as a result of self-harm – already measured for altogether better for children and young people and **proposed to include under altogether healthier** also

c. The three cancer screening PIs are **proposed for removal** by the Director of Public Health as Public Health England have direct responsibility for this:

i. Percentage of women eligible for breast screening who were screened adequately within a specified period

ii. Percentage of people eligible for bowel cancer screening who were screened adequately within a specified period

iii. Percentage of women eligible for cervical screening who were screened adequately within a specified period

11. Outcome H2 (improved early health intervention service for children and young people) has no measures currently proposed.

12. Outcome H12 (maximised independence) has no indicators attached to it. There is a national placeholder measure regarding dementia (estimated diagnosis rate) in the NHS and Public Health outcomes frameworks which is available at a national level but currently no data is available locally so there are no measures available regarding dementia to include in the corporate set

13. The target setting process for the proposed indicator set will begin at the end of the year once performance data is available for the full year. Targets for the current year and forthcoming two years are presented to Members in **Appendix 3** for comment. Baseline performance data will need to be established for the proposed new indicators before targets can be set.

Next steps

14. Next steps in the corporate timetable for production of the Council Plan and service plans are:

Cabinet considers Council Plan and service plans for 2016 - 2019	16 March 2016	Assistant Chief Executive
OSMB consider Cabinet report on Council Plan	22 March 2016	Assistant Chief Executive
Council approves Council Plan 2016- 2019	13 April 2016	Assistant Chief Executive

Recommendations and reasons

15. Adults, Wellbeing and Health Overview and Scrutiny Committee is asked to:

I. Note the updated position on the development of the Council Plan and the corporate performance indicator set.

II. Note the draft objectives and outcomes framework set out in **Appendix 2**.

III. Comment on the draft performance indicators proposed for 2016/17 for the Altogether Healthier priority theme contained within **Appendix 3**.

IV. Comment on the current targets in **Appendix 3** and provide input into target setting for 2016/17 onwards.

Contact: **Jenny Haworth, Head of Planning and Performance, 03000 268071**

Appendix 1: Implications

Finance
The Council Plan sets out the corporate priorities of the Council for the next 3 years. The Medium Term Financial Plan aligns revenue and capital investment to priorities within the Council Plan.

Staffing
The Council's strategies are aligned to achievement of the corporate priorities contained within the Council Plan.

Risk
Consideration of risk is a key element in the corporate and service planning framework with the Council Plan containing a section on risk.

Equality and diversity/Public Sector Equality Duty
Individual equality impact assessments are prepared for all savings proposals within the Council Plan. The cumulative impact of all savings proposals will be presented to Council and will be updated as savings proposals are further developed. In addition a full impact assessment has previously been undertaken for the Council Plan. One of the outcomes within the proposed framework is that people are treated fairly and differences are respected. Actions contained within the Council Plan include specific issues relating to equality.

Accommodation
The Council's Corporate Asset Management Plan is aligned to the corporate priorities contained within the Council Plan.

Crime and disorder
The Altogether Safer section of the SCS and Council Plan sets out the Council's and partner's contributions to tackling crime and disorder.

Human rights
None

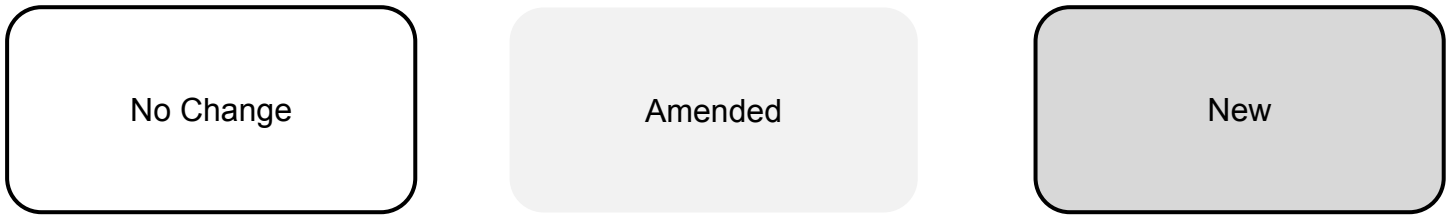
Consultation
Council priorities are influenced by our resource base and have been developed following extensive consultation on the council's budget. Results have been taken into account in developing our spending decisions.

Procurement
None

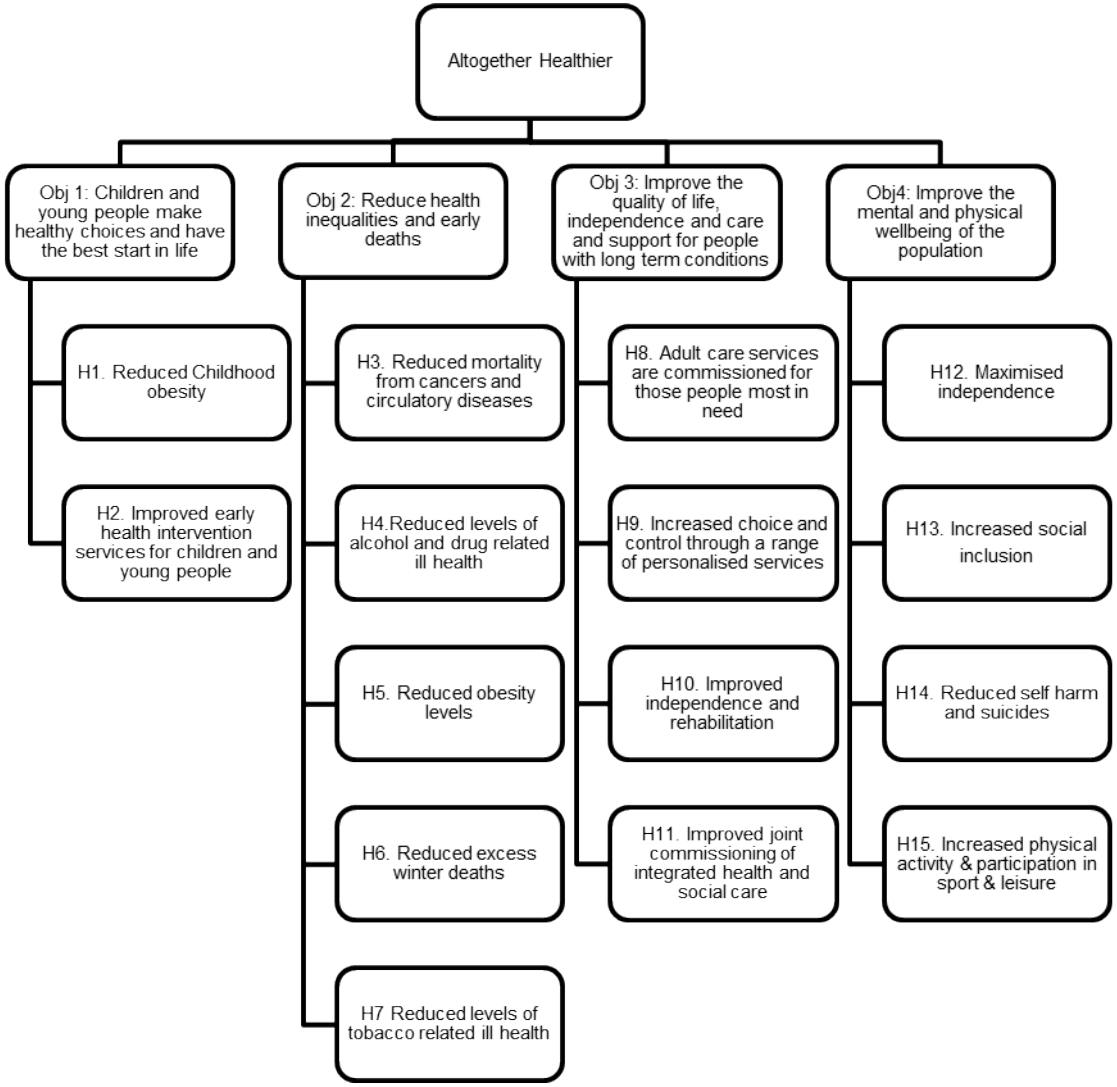
Disability Issues
None

Legal Implications
None

KEY



Appendix 2: Partnership and Council Draft Objectives and Outcomes Framework



Appendix 3: Proposed Corporate Performance Indicator Set 2016/17

Indicator	Description	Current targets		
		2015/16	2016/17	2017/18
Altogether Healthier				
CAS AH1	Four week smoking quitters per 100,000 smoking population	2939	Not set	Not set
CAS AH2	Percentage of eligible people who receive an NHS health check	8	8	8
CAS AH6	Under 75 mortality rate from cardiovascular diseases (including heart disease and stroke) per 100,000 population	Tracker indicator		
CAS AH7	Under 75 mortality rate from cancer per 100,000 population	Tracker indicator		
CAS AH8	Under 75 mortality rate from liver disease per 100,000 population	Tracker indicator		
CAS AH9	Under 75 mortality rate from respiratory diseases per 100,000 population	Tracker indicator		
CAS AH11	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care	710.4	Not set	Not set
CAS AH12	Percentage of adult social care service users that receive self-directed support such as a direct payment or personal budget	90	90	90
CAS AH13	The percentage of service users reporting that the help and support they receive has made their quality of life better	90	90	90
CAS AH14	Proportion of older people who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	85.7	Not set	Not set
CAS AH18	Male life expectancy at birth (years)	Tracker indicator		
CAS AH19	Female life expectancy at birth (years)	Tracker indicator		
CAS AH20	Excess winter deaths (3 year pooled)	Tracker indicator		
CAS AH20i	Delayed transfers of care from hospital per 100,000 population	Tracker indicator		
CAS AH20ii	Delayed transfers of care from hospital, which are fully or partly attributable to adult social care, per 100,000 population	Tracker indicator		
CAS AH21	Suicide rate (deaths from suicide and injury of undetermined intent) per 100,000 population	Tracker indicator		
CAS AH22	Estimated smoking prevalence of persons aged 18 and over	Tracker indicator		
CAS AH23	Percentage of registered GP patients aged 17 and over with a diagnosis of diabetes	Tracker indicator		
CAS AH24	Percentage of people who use services who have as much social contact as they want with people they like	50	50	50

Appendix 3: Proposed Corporate Performance Indicator Set 2016/17

Indicator	Description	Current targets		
		2015/16	2016/17	2017/18
CAS AH25	Number of residential/nursing care bed days for people aged 65 and over commissioned by Durham County Council	Tracker indicator		
CAS AS7	Percentage of successful completions of those in drug treatment - opiates	39.5	Not set	Not set
CAS AS8	Percentage of successful completions of those in drug treatment - non-opiates	9.4	Not set	Not set
CAS AS23	Percentage of successful completions of those in alcohol treatment	41.7	Not set	Not set
CAS CYP8	Percentage of mothers smoking at time of delivery	18.2	17.2	16.6
CAS CYP18	Percentage of children aged 4-5 classified as overweight or obese	Tracker indicator		
CAS CYP19	Percentage of children aged 10-11 classified as overweight or obese	Tracker indicator		
CAS CYP25	Prevalence of breastfeeding at 6-8 weeks from birth	Tracker indicator		
CAS CYP26	Young people aged 10-24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10-24 years)	Tracker indicator		
NS11	Percentage of the adult population (aged 16+) participating in at least 30 minutes sport and active recreation of at least moderate intensity on at least 3 days a week (Active People Survey)	Tracker indicator		

Indicators proposed for removal (4)

Indicator	Description
CAS CYP25	Prevalence of breastfeeding at 6-8 weeks from birth
CAS AH10	Percentage of women eligible for breast screening who were screened adequately within a specified period
CAS AH3	Percentage of people eligible for bowel cancer screening who were screened adequately within a specified period
CAS AH4	Percentage of women eligible for cervical screening who were screened adequately within a specified period

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Adults Wellbeing and Health Overview and Scrutiny Committee

19 January 2016

Quarter 2: Forecast of Revenue and Capital Outturn 2015/16 – Children and Adult Services

Report of Paul Darby, Head of Finance (Financial Services)

Purpose of the Report

1. To provide the committee with details of the forecast outturn budget position for Children and Adult Services (CAS), highlighting major variances in comparison with the budget for the year, based on the position to the end of September 2015, as reported to Cabinet in November 2015. The report focuses on the Adults Wellbeing and Health services included in CAS.

Background

2. County Council approved the Revenue and Capital budgets for 2015/16 at its meeting on 25 February 2015. These budgets have subsequently been revised to take account of transfers to and from reserves, grant additions/reductions, budget transfers between service groupings and budget reprofiling between years. This report covers the financial position for:

    - *CAS Revenue Budget - £253.011m (original £251.450m)*
    - *CAS Capital Programme* – £48.769m *(original £45.453m)*

3. The original CAS revenue budget has been revised to incorporate a number of budget adjustments as summarised in the table below:

Reason For Adjustment	£m
Original Budget	**251.450**
Transfers to other services (Financial Services / Assessments to Resources)	(1.459)
Energy Efficiency Reduction	(0.147)
Transfer From Contingency - Soulsbury Pay award	0.111
Transfer From Contingency - Cost Associated with Closed School Buildings	0.091
Transfer From Contingency - Reversal Of Car Mileage Deduction	0.076
Transfer to Capital (Aycliffe Secure Services)	(1.002)
Use of (+) / (contribution) to CAS reserves	0.735
Use of (+) / (contribution) to Corporate Reserves (ERVR Costs)	3.156
Revised Budget	**253.011**

4. The in service use of / (contribution) to CAS reserves consists of:

Reserve	£'000
Social Care Reserve	202
Cash Limit	1,908
Innovations and YEI Redundancy Reserve	(1,000)
Secure Services Capital Reserve	1,202
Tackling Troubled Families Reserve	188
Transformation Reserve	(1,596)
Accumulated fund CPD Reserve	256
Durham Learning Resources Reserve	(8)
EBP Reserve	120
Emotional Wellbeing Reserve	(20)
Mental Health Counselling Reserve	18
Movement Difficulties Service Reserve	(13)
Re-Profiling Activity Reserve	(175)
SEND reform Grant Reserve	98
Swimming Reserve	(67)
School Condition Survey Reserve	(450)
Public Health Reserves	72
Total In service use by CAS	735
External Contribution to Schools Condition Survey Reserve	(450)
Net Use of Reserve	285

5. The summary financial statements contained in this report cover the financial year 2015/16 and show: -

- The approved annual budget;
- The actual income and expenditure as recorded in the Council's financial management system;
- The variance between the annual budget and the forecast outturn;
- For the CAS revenue budget, adjustments for items outside of the cash limit to take into account such items as redundancies met from the strategic reserve, capital charges not controlled by services and use of / or contributions to earmarked reserves.

Revenue Outturn – Updated Forecast Q2 2015/16

6. The CAS service is now reporting a cash limit under budget of £7.181m against a revised budget of £253.011m, which represents a 2.8% under budget. This compares with a previously reported under budget position of £7.613m at quarter 1.

7. The tables below show the revised annual budget, actual expenditure to 30 September 2015 and the updated forecast of outturn to the year end, including the variance forecast at year end. The first table is analysed by Subjective Analysis (i.e. type of expense) and shows the combined position for CAS, and the second is by Head of Service.

Subjective Analysis (Type of Expenditure)

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	Cash Limit Variance QTR2 £000	MEMO – Variance at QTR1 £000
Employees	116,073	57,713	111,656	**(4,416)**	**(3,427)**
Premises	7,087	2,191	7,289	**202**	**93**
Transport	17,398	6,239	17,479	**81**	**(442)**
Supplies & Services	19,004	7,090	17,572	**(1,432)**	**(831)**
Third Party Payments	239,312	101,067	231,601	(7,711)	**(6,205)**
Transfer Payments	13,069	4,664	12,797	**(272)**	**(280)**
Central Support & Capital	64,289	19,881	64,986	**697**	**629**
Income	(223,221)	(126,977)	(217,550)	**5,671**	**2,850**
Total	**253,011**	**71,868**	**245,829**	**(7,181)**	**(7,613)**

Analysis by Head of Service Area

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	Cash Limit Variance £000	MEMO – Variance at QTR1 £000
Head of Adults	124,882	53,668	120,006	**(4,876)**	**(4,581)**
Central/Other	8,847	142	8,654	**(193)**	**(204)**
Commissioning inc Supporting People	8,981	(16,836)	7,250	**(1,731)**	**(1,728)**
Planning & Service Strategy	11,639	5,510	10,954	**(685)**	**(491)**
Central Charges (CYPS)	4,360	(1,649)	4,360	**-**	**-**
Childrens Services	53,277	21,045	53,812	**535**	**210**
Education	39,952	3,414	39,721	**(231)**	**(819)**
Public Health	1,073	6,573	1,073	**-**	**-**
Total	**253,011**	**71,867**	**245,830**	**(7,181)**	**(7,613)**

8. The table below provides a brief commentary of the forecast cash limit variances against the revised budget, analysed by Head of Service for those areas which relate to the Adult's area of the service, which is of specific interest to the Adults Wellbeing and Health Overview and Scrutiny Committee. The table identifies variances in the core budget only and excludes items outside of the cash limit (e.g. central repairs and maintenance) and technical accounting adjustments (e.g. capital charges):

Service Area	Description	Cash limit Variance £000
Head of Adults		
Ops Manager LD /MH / Substance Misuse	£109k under budget on employees through effective vacancy management £251k under budget on transport, mainly in respect of day care. £87k net under budget on care provision. £49k over budget in respect of premises/transport/supplies and services	(398)
Safeguarding Adults and Pract.Dev.	£153k under budget on employee costs due to vacant posts. £52k projected over budget on supplies and services, mainly in respect of professional fees linked to Deprivation of Liberty cases. £5k net over budget on transport/other costs.	(96)
Ops Manager OP/PDSI Services	£549k under budget due mainly to early achievement of employee-related MTFP savings. £1,966k net under budget on direct care-related activity. £377k under budget in respect of premises/transport/supplies and services/other costs.	(2,892)
Ops Manager Provider Services	£1,211k under budget on employees in respect of early achievement of future MTFP savings. £267k under budget on supplies and services in respect of early achievement of future MTFP savings. £12k net under budget on premises/transport/other costs.	(1,490)
		(4,876)
Central/Other		
Central/Other	£111k under budget on employee-related costs in respect of future MTFP savings. £27k under budget on premises/transport/other costs. £55k additional income mainly in respect of salary recharges.	(193)
		(193)
Commissioning		
Commissioning Management / Other	Under budget mainly in respect of future MTFP savings, particularly agency and contracted services budgets held.	(1,731)
		(1,731)
Planning & Service Strategy		
Performance & Information Mgmt	£62k under budget on employees re future MTFP savings. £32k under budget on supplies and services budgets re future MTFP savings. £9k under achievement of income	(85)
Policy Planning & Partnerships	£94k under budget on employees re future MTFP savings. £19k under budget on transport/supplies and services/other budgets. £37k under achievement of income.	(76)

Service Area	Description	Cash limit Variance £000
Service Quality & Development	Future MTFP savings linked in the main to employees (£112k) and supplies and services (£227k). £67k under budget on other areas.	(406)
Service Support	£43k under budget on employees re future MTFP savings. £74k under budget on transport/supplies and services/other budgets.	(117)
		(684)
Public Health		
Cancer Awareness/ Physical Activity Adults /GRT	The variance relates to a non-recurrent planned investment in commissioned activity mainly relating to cancer awareness together with pharmacy advice (which includes Healthy Living Pharmacy pilot).	101
Capacity Building/Health Trainers	Primarily related non recurrent activity connected with Patient transportation to GP and hospital appointments and the extension of health trainers for mental health.	185
Health Checks/Smoking Cessation	Forecast activity within the smoking cessation services is forecast to generate expenditure (£442k) less the £2.6m budget available. This is partially offset by non-achievement of budgeted income £158k related to the Diabetes prevention programme and increased equipment costs £36k.	(248)
Oral Health and Services to Children	The variance relates to the proposed reduction in contract value of 0-5 services part year effect.	(250)
Public Health Specialist Training Prog (HENE)	Activity forecast in line with budget	-
Public Health Team	The expected 6.2% reduction in Public Health Grant of £3.142m is included in the variance. Commissioning decisions related to a (£2.6m) budget are being held in abeyance pending final notification of the value of the reduction in the Public Health Grant. Employee's costs are projected to spend (£229k) less than the current budget due to vacancies and a further (£69k) income is forecast from other local authorities connected to secondment arrangements. Supplies and services are forecast to spend (£51k) less than current budget.	(179)
Sex Health/Alc/Subs Misuse/ Domestic Violence/ Mental Health	One-off non budgeted decommissioning costs related to redundant Drug and Alcohol Treatment centres £124k combined with £126k investment in a domestic abuse pilot contribute to the forecasted overspend. Payments for fees associated with contraceptive devices are also projecting to be over budget by £140k.	391
		-

9. In summary, the service is on track to maintain spending within its cash limit. The outturn position incorporates the MTFP savings built into the 2015/16 budgets, which for CAS in total amount to £8.590m.

Capital Programme

10. The CAS capital programme has been revised earlier in the year to take into account budget reprofiled from 2014/15 following the final accounts for that year. This increased the 2015/16 original budget.

11. Further reports to MOWG in May, July and October have detailed further revisions to the CAS capital programme, adjusting the base for grant additions/ reductions, budget transfers and budget reprofiling into later years. The revised capital budget currently totals **£48.769m.**

12. Summary financial performance to the end of September is shown below.

CAS	Original Annual (MAY MOWG) Budget 2015/16 £000	Revised Annual Budget 2015/16 £000	Actual Spend 30/09/15 £000	Remaining Budget £000
Adult Care	841	60	-	60
Childrens Care	-	58	5	53
Early Intervention and Involvement	-	-	2	(2)
Early Years	-	408	(7)	415
Free School Meals Support	53	333	171	162
Secure Services	-	1,002	417	585
Planning & Service Strategy	105	132	94	38
Public Health	2,160	236	36	200
School Devolved Capital	1,424	4,574	1,576	2,998
School Related	22,762	24,642	10,521	14,121
SCP - LEP	18,108	17,324	9,022	8,302
Total	**45,453**	**48,769**	**21,837**	**26,932**

Recommendations:

13. It is recommended that Adults Wellbeing and Health Overview and Scrutiny Members note the financial forecasts included in the report, which are summarised in the Quarter 2 forecast of outturn report to Cabinet in November.

Contact: Andrew Gilmore – Finance Manager Tel: 03000 263 497
Andrew Baldwin – Finance Manager Tel: 03000 263 490

Appendix 1: Implications

Finance

Financial implications are detailed throughout the report which provides an analysis of the revenue and capital projected outturn position.

Staffing

There are no implications associated with this report. Any over or under spending against the employee budgets are disclosed within the report.

Risk

The management of risk is intrinsic to good budgetary control. This report forms an important part of the governance arrangements within CAS. Through routine / regular monitoring of budgets and continual re-forecasting to year end the service grouping can ensure that it manages its finances within the cash envelope allocated to it.

Equality and Diversity / Public Sector Equality Duty

There are no implications associated with this report.

Accommodation

There are no implications associated with this report.

Crime and Disorder

There are no implications associated with this report.

Human Rights

There are no implications associated with this report.

Consultation

There are no implications associated with this report.

Procurement

There are no implications associated with this report.

Disability Issues

There are no implications associated with this report.

Legal Implications

There are no implications associated with this report.

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