Adults, Wellbeing and Health Overview and Scrutiny Committee

Date	**Friday 8 April 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 for Absence
2. Substitute Members
3. Minutes of the meeting held on 1 March 2016 (Pages 1 - 10)
4. Declarations of Interest, if any
5. Media Issues
6. Any Items from Co-opted Members or Interested Parties
7. 2015/16 Quarter 3 Performance Management Report - Report of the Assistant Chief Executive, presented by Peter Appleton, Head of Planning and Service Strategy, Children and Adults Services (Pages 11 - 24)
8. Forecast of Revenue Outturn Quarter 3, 2015/16 - Report of Head of Finance, Financial Services and presentation by Andrew Gilmore, Finance Manager, Corporate Resources (Pages 25 - 32)
9. NHS Foundation Trust 2015/16 Quality Accounts- Report of the Assistant Chief Executive (Pages 33 - 36)
10. Council Plan 2016/2019 - Refresh of Work Programme for Adults Wellbeing and Health Overview and Scrutiny Committee - Report of Assistant Chief Executive (Pages 37 - 52)
11. 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
31 March 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 **Tuesday 1 March 2016 at 9.30 am**

Present:

Councillor J Robinson (Chairman)

Members of the Committee:
Councillors J Armstrong, R Bell, P Brookes, J Chaplow, P Crathorne, M Davinson, S Forster, K Hopper, E Huntington, H Liddle, J Lindsay, L Pounder, P Stradling and O Temple

Co-opted Members:
Mrs R Hassoon and Murthy

1 Apologies

Apologies for absence were received from Councillors P Lawton, O Milburn, M Nicholls, A Savory, W Stelling and Mrs B Carr

2 Substitute Members

There were no substitute members in attendance.

3 Minutes

The minutes of the meeting held on 19 January 2016 were confirmed as a correct record and signed by the Chairman.

4 Declarations of Interest

Councillor S Forster declared an interest as former Chair of Malborough Patient Reference Group.

5 Media Issues

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

- Family of toddler whose life was saved after visiting urgent care centre express importance of keeping facility open – Northern Echo – 10 February 2016

In July 2014, a child aged 2 from Spennymoor, in County Durham, was taken to the unit on a Sunday evening, where she was diagnosed with severe croup and admitted to the children's ward at Darlington Memorial Hospital. Less than an hour later, whilst waiting to be seen by a ward duty doctor, the child started showing signs of breathing difficulties and her lips turned blue, triggering an emergency response from medical staff in seconds and a full team within minutes.

- Durham A&E departments struggling as patients turn up at hospitals with 'ear ache' - Evening Chronicle 10 February 2016
  After patients in Northumberland arrived at A&E with splinters, Durham health bosses say people are now turning up with ear ache
  Patients are turning up with ear ache at the region's A&E departments as medics struggle to cope with genuine emergencies. NHS bosses in Durham have today issued a warning after figures revealed they are currently receiving more than 1,000 extra A&E patients compared to this time last year. Just days ago, medics at the new £95m Cramlington hospital urged patients to use services correctly after someone turned up to A&E with a splinter in their finger. The North East's emergency departments are under considerable pressure and health leaders say "inappropriate" attendances are only adding fuel to the fire. Sarah Clarke, matron for the Emergency Department at University Hospital of North Durham, said: "In recent weeks we've had a significant number of people attending our ED departments with sore throats, earache, coughs and colds, all of which can be managed with the guidance of a pharmacist. "Many pharmacists are open until midnight and offer private consultations where symptoms and remedies can be discussed. "Similarly, long standing, chronic conditions benefit from continuity of care, either from a GP or specialist and would not usually be treated as emergencies."

- Shortage forces hospital trust to go abroad to recruits nurses from Italy – Northern Echo – 24 February 2016
  THE Royal College of Nurses (RCN) has set out a three-step plan to cure a shortage of qualified nurses – as one hospital trust welcomes 19 new recruits from Italy. Bosses at County Durham and Darlington NHS Foundation Trust undertook an international recruitment drive in a bid to help fill nearly 200 nursing vacancies. Nineteen nurses from Italy have now started an intensive four week induction programme with the trust

6 Any Items from Co-opted Members or Interested Parties

Dr L Murthy informed the Committee that the North East Combined Authority had set up a commission to report on Health and Social Care Integration. He was concerned that the membership excluded representation from members or experts from the North East. A briefing note from the Combined Authority explained the reasoning behind this was that they wanted 'fresh eyes' on it.

The Chairman also expressed his concerns at this news and asked that the Principal Overview and Scrutiny Officer investigate the matter and report back to Members.

Councillor J Armstrong said that he would take this forward at the next Overview and Scrutiny Committee meeting of the Combined Authority.

7 Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) - Consultation in respect of a proposed review of Urgent Care Services

The Committee considered a Joint Report of the Assistant Chief Executive and Chief Clinical Officer, Durham Dales, Easington and Sedgefield CCG that provided details of the three proposed options for Urgent Care Services in Durham Dales, Easington and Sedgefield (DDES) from April 2017, together with details of the proposed consultation and engagement process (for copy see file of Minutes).

The Director of Commissioning, DDES CCG referred to queries raised at the last meeting in January, a letter received by the Chairman of the Committee had been responded to (copy attached to the report). Members were informed that the availability of GP appointments was not an indicator of how good or bad a service was at a practice but focused upon whether there had been spare appointments on a particular day. In 50% of cases there had been spare appointments available – this averaged out at 60% in the Dales and 45% in Easington. For those appointments that had been for minor ailments 78% of appointments were available.

Councillor R Bell referred to the figure of 78% across DDES of those people who could have been seen in GP practices and felt that this was a worrying statistic. He believed that most patients were unaware that GP practices dealt with urgent care.

Councillor P Brookes commented that part of the strategy was to improve the accessibility to GPs and give a clearer understanding about the ways in which to improve access to the service. Bearing this in mind, he referred to the announcement of the cut to Pharmacy Services by £70m and as they are one of the first ports of call for a patient this would have an impact on the service.

Mrs R Hassoon said that if GP appointments were available how would those people without transport be able to access them. She felt that this information would not help the elderly or frail. The Director of Commissioning said that there was an urgent care transport service that would take people to and from an appointment and she confirmed that there were no plans to change that provision. She also added that there was a voluntary driver service targeted around the frail and vulnerable patients.

The Director of Commissioning informed the Committee that having appointments and getting an appointment were two separate issues and the service recognised the need to find a better way of using the available capacity. They would be looking at how and who to contact people and an audit would be carried out across practices to ascertain the best practice and what offers the best outcomes for the patient.

The Chairman said that if 78% of appointments were available on a given day it was a worrying statistic for GP practices to answer to. He felt that the GP practices should be asking why they were failing. The Director of Commissioning said that they were not blaming any service but were instead looking for solutions on how best to use public money. She said that some GPs were feeling very frustrated that their own patients were going to urgent care centres to be treated and there was a recognition that access to

some practices needs to be improved. At present there was a duplication of services and funding.

Councillor J Armstrong said that the public would need to be convinced that any changes would be beneficial for them.

Councillor P Crathorne was also concerned about the funding for the Pharmacy Service as a local pharmacist offered blood pressure checks, taking some of the pressure off GPs.

Referring to transport, Councillor J Chaplow said that this service was often full and therefore there could still be potential problems in accessing GP appointments.

Councillor K Hopper asked if it would be possible to receive a breakdown of GP practices. She commented that she was aware of the shortage of GPs and the problems faced with recruitment and attracting GPs to the area.

The Director of Commissioning said that Members had had sight of the Communications and Engagement Plan and were aware of the three options being considered. Members were further advised that a public consultation would commence and regular updates on progress would be reported back to the Committee.

The Principal Overview and Scrutiny Officer advised that a special meeting would be arranged in May that would examine the detailed proposals that were being consulted upon. He added that the Committee had received assurances that events would be held in the correct places to ensure as much participation as possible.

The Chairman asked if information about extended practices and GP hubs could be provided in terms of the role. He referred to the distinct gap in the Sedgefield and Teesdale areas and pointed out that there was no mention to improve this. The Director of Commissioning explained that the new model of care would cover the whole of DDES area with everyone getting some access and capacity through the local hub. She explained in more detail about the options being considered and how the Bishop Auckland and Peterlee hub areas could remain as the existing buildings were in place with the right facilities.

Councillor S Forster asked about what would happen with the building at Seaham, as had the capacity and rooms available. She expressed concerns about how the doctors would cope with the additional working hours. The Director of Commissioning said that one of the hubs could run out of the Seaham building but that they would listen to the public first to gain their views. She added that the CCG had tried very hard to fill the Seaham Centre and that it was in their best interests to do so.

Dr Murthy asked how people would find out about enhanced services, and was advised that it was all about getting people access to primary care when needed. The message would be delivered via the consultation in the first instance.

Referring to the consultation and publicity Councillor Brookes asked if GPs would distribute information to individual patients. The Director of Commissioning advised that there was a commitment to undertake 3 consultation in each of the DDES localities, and asked that Members come forward with any suggestions. She said that Councillor Savory

had pointed out that no identifiable site had been suggested in the Weardale area, and that Easington Healthworks had pointed out that there was nothing identified for Easington.

Councillor P Stradling said that the main objective of the consultation was to ensure people had a say about what they wanted. He said that this Committee needed to ensure that the consultation was considered as far and wide as possible.

With reference to the consultation document, Councillor M Davinson suggested that the information circulated should be clearer as some abbreviations were not explained throughout the consultation document. He suggested that the information be as clear and precise as possible, and the information should be thoroughly checked before it goes out.

Councillor Bell referred to the Dales area and asked how many hubs would be available and went on to talk about the duplication of costs. He suggested that the funding be taken out of GP practices as people clearly preferred to use urgent care centres then the money should be distributed into them. He felt that people would be surprised to hear that GP practices offer urgent care. The Director of Commissioning explained that money to GP Practices was part of a national contract and that the funding could not be removed from them. She reiterated the point that GPs were frustrated and the aim was to provide the right services to people.

The Chairman asked how people were going to find out about the consultation. The Director of Primary Care, Partnerships and Engagement advised that the consultation plan would be available electronically on their website and that hard copies would be available in various locations, including GP practices. He said that there would be a number of drop in sessions and mail drops. The next update that the Committee would receive would contain further information about the activities that would be undertaken. He advised that additional meetings had been planned with town and parish councils and that they would be flexible in their approach to assure members of the public. One consultation document would be produced with a clear message about what was being consulted upon.

Councillor Brookes said that there had been rumours about centres closing and services closing. He asked that it was made clear within the consultation document about what would be retained.

Councillor Crathorne mentioned the Care Link Service and suggested that the CCG link into this as a consultation tool whereby people received the information in their own homes.

Referring to Patient Reference Groups, Councillor Forster was assured that they had been included in the consultation and that they had been approached about hosting some of the events. The Director of Primary Care, Partnerships and Engagement said that they would ensure that the events held would meet the needs of the local constituents. The Director of Commissioning added that there would be a presentation at each event explaining what was not changing, what would be retained and what the changes and impact of those changes would be. This would be followed by a question and answer session, apart from in the Dales area where this part of the event would come first in the running order.

The Chairman thanked the officers for their report and suggested that the AAPs be used as a tool for communication. He reminded Members that a special meeting would be called to consider the next steps and advised that this would be held in May.

Resolved:

(i) That the report be received;
(ii) That comments on the documents, including the consultation and engagement plan and the consultation materials be noted;
(iii) That an additional special meeting of the AWH OSC be held during May to allow for full consideration of the consultation documents to enable the Committee to respond to the proposals as part of the formal consultation process, and
(iv) That a further meeting of the AWHOSC be held following the formal consultation process to consider the results and feedback from the consultation process prior to a final decision being taken by DDES CCG.

8 Better Health Programme (Formerly Securing Quality in Health Services SeQiHS)

The Committee considered a Report of the Assistant Chief Executive that provided background information regarding the Better Health Programme (formerly known as the Securing Quality in Health Services (SeQIHS) which included an indicative timeframe for statutory public consultation. The report also detailed suggested proposals to establish a Joint Health Scrutiny Committee under the provisions of the Health and Social Care Act 2012 involving all local authorities affected by the Better Health Programme and any associated service review proposals (for copy see file of Minutes).

Members received a detailed presentation from Dr Boleslaw Posmyk and Edmund Lovell, Better Health Programme office that highlighted:-

- The background to the Better Health Programme
- The access to services across Darlington, Durham and Tees
- Why we need a BHP – the clinical case for change
- Clinical Standards
- Key messages from clinicians
- Key messages from patients/ public

They summarised that the programme was about improving the quality of care and ensuring the right services were in the right place and that people knew how to access them.

Councillor Brookes asked about the financial situation for the BHP and was advised that there would be no extra money in the system but that the 5 CCGs were working together to ensure that the money in the system was working correctly. He was further advised that the Vanguards initiative demonstrated that the CCGS were working together and in collaboration with local authorities. This would put them in a better position to apply for additional funding.

Dr Murthy referred to the Standards and Models of Care that had been selected by the experts but asked if what the consumer wanted and needed had been considered. Dr

Posmyk informed the Committee that the Royal College of Radiologists had picked the list of standards to use and for the purposes of illustration today only a few had been selected. He advised that a proper consultation would be taking place and an appraisal of the options available. Specialists were looking at what standards were coming up for the future and the patients/ users opinions were valid. He went on to say that the input and representation from Healthwatch had been invited, however it had been found that the discussions at the meetings had been too technical. Healthwatch now receive an overview of discussions as requested.

Councillor Forster and Mrs Hassoon touched upon Mental Health and the problems faced with assessment and about bringing information down to an understandable level. Dr Posmyk said that Mental Health was taken very seriously and that they have a representative from the Mental Health Trust on the Programme Board. There was also a Mental Health clinician on the Clinical Reference Group. He thanked the Committee for the feedback on the terminology used and advised that the public packs and slides would be easier to understand. Mr Lovell added that the BHP would make it easier for people to be seen by the right person at the right place and ensure that the level of care was fit for purpose.

The Principal Overview and Scrutiny Officer referred to the establishment of a Joint Health Scrutiny Committee under the terms of the Health and Social Care Act 2012, and indicated that this would require the input of 6 local authorities. Each local authority would be protected and could refer matters to the Secretary of State should an agreement not be reached by all. The Committee would still receive updates and would need to nominate 3 Members to serve on the Joint Committee. The membership would be politically balanced.

Resolved:

(i) That comments upon the information detailed within the report and accompanying presentation in respect of the Better Health Programme, be received;

(ii) That the establishment of a joint Health Overview and Scrutiny Committee under the terms of the Health and Social Care Act 2012 as set out in this report, be agreed in principle;

(iii) That a further report be brought back to the Adults Wellbeing and Health OSC detailing the proposed protocol, Terms of Reference and membership of the Joint Health Scrutiny Committee that will be set up to scrutinise the Better Health Programme and associated consultation and engagement plans.

9 Winter Plan and System Resilience

The Committee considered a Report of the Chief Clinical Officer, Durham Dales, Easington and Sedgefield CCG that provided an update on the management of winter pressures and how the County Durham and Darlington Systems Resilience Group was going to evaluate what the schemes funded over winter to inform planning for 2016/17 (for copy see file of Minutes).

The Director of Commissioning and Development, North Durham CCG highlighted the key point within the report and advised about the eight high impact interventions. He informed Members further about the daily reports which gave the status of health reports across the region and advised that the Director on call would receive copies of these every day.

Councillor M Davinson was advised that days were similar over the period from November to March further to a question about comparisons by day.

The Director of Commissioning and Development advised that there would be a final report issued in the summer relating to lessons learnt, further to a question raised by Councillor Armstrong.

Referring to delays experienced by NEAS Dr Murthy was advised that detailed plans were in place to deal with discharges and the hand over delays. This highlighted pressures in the system.

Resolved:
That the report be accepted for information.

10 Transformational Change of Adult Social Care - Eligibility Criteria

The Committee received a presentation from the Strategic Programme Manager, Care Act, Children and Adults Services about the Consistent Application of Eligibility Criteria (for copy see file of Minutes).

Members were advised of the transformational change of adult social care and figures for people receiving long term adult social care for the periods of 2013/14 and 2015 were highlighted. It was recognised that Durham were spending more on care compared to the national average. This was confirmed by an independent diagnostic report.

The Strategic Programme Manager shared 2 cases studies that highlighted the difference in pre- transformational change and post transformational change.

Councillor O Temple found the presentation informative but felt that the case studies were over simplified.

Councillor Forster was pleased to see a more holistic approach being made and that clients were being listened to.

Councillor Brookes agreed that the presentation was useful and showed some transitional changes. He referred to the figures that show there was a lot of money being spent on services and felt that the authority should be proud that this was still the case.

Referring to the number of assessments that had to be carried out, Mrs Hassoon asked if colleagues were working together to develop a joined up approach. She was advised that the Care Act pushed authorities to have a more joined up approach and permitted the opportunity to pull more information together. One of the changes was that the person requiring care would now be contacted for them to advise on what they needed, as the wellbeing for one person would be different to another. The culture was changing to move to a more engagement process.

Mrs Hassoon went on to ask if people would still need to go through a number of assessments and was informed that this area of work was still ongoing and therefore

people would still need separate assessments. He added that there was a lot more work to carry out in terms of a joined up approach.

On answering a question from Dr Murthy about enhancing the quality of the service, the Strategic Programme Manager advised that crucial work was ongoing and that the service would tap into services already available. Information would be shared through the Wellbeing for Life Service, AAPs and the Prevention Agenda.

Referring to the age range of the case studies, Councillor Liddle suggested that it would be helpful to see an example of a younger person.

The Chairman agreed that this information could be circulated to Members by e-mail.

Resolved:

(i) That the presentation be noted.
(ii) That further case study examples be shared with the Committee

11 Regional Joint Health Scrutiny Committee Update

The Committee considered a Report of the Assistant Chief Executive on key issues that had been considered at the North East Regional Joint Health Overview and Scrutiny Committee (JHOSC) (for copy see file of Minutes).

The Principal Overview and Scrutiny Officer advised of two areas of work that the JHOSC had been engaged in that would have an impact across the region, and highlighted recommendations and proposals for each:-

- Review of Neonatal Services in the North East and Cumbria – Consultation;
- North East and Cumbria Learning Disability Fast Track Transformation Plan

The Chairman informed the Committee that both of these topics had been raised and led by Durham.

The Principal Overview and Scrutiny Officer advised that press coverage highlighting concerns about the Dowry fund for people with learning disabilities had been discussed. He said that this funding currently sits within NHS budgets and local authorities were asking for assurances that when there is a transfer into community care that the Dowry funding comes with the person. This would lessen the burden for local authorities. He advised that Lancashire County Council had announced that they would not accept transfers unless the funding came with the patient. The Committee were informed that the Head of Adult care was fully aware of the implications. The Chairman added that Dowry must be transferred to ensure quality of care and added that the £4m additional Osborne tax would not cover and pay for the additional beds required.

Referring to the Winterbourne Review, Councillor Brookes said that the main problems with care seemed to be staff training and wages. He added that reducing the number of beds was not the answer.

Resolved:

(i) That the report be received

(ii) That the information contained therein be noted.
(iii) That further progress reports being brought back to the Committee as part of ongoing consultation and engagement activity be agreed.

Adults, Wellbeing and Health Overview and Scrutiny Committee

8 April 2016

Quarter Three 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 third quarter of the 2015/16 financial year, covering the period October to December 2015.

Background

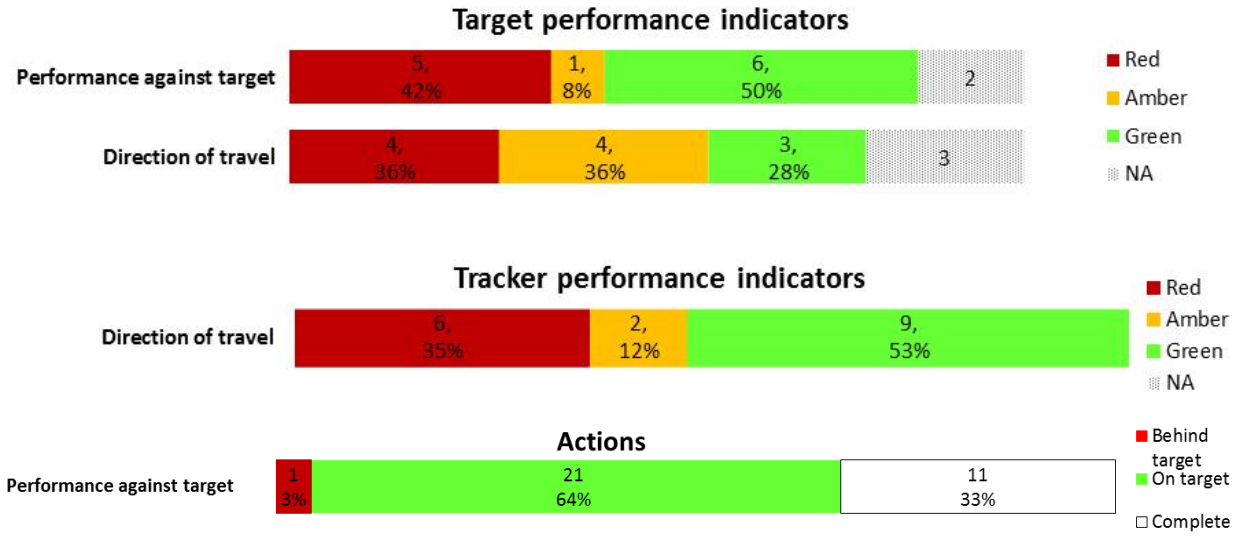
2. The report sets out an overview of performance and progress by Altogether priority theme. Key performance indicator progress is reported against two indicator types which comprise of:

    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. Between April and September 2015, the Stop Smoking Service supported 1,277 people to quit smoking (1,353 per 100,000 smoking population). This is on track to achieve the 2015/16 target set to aim to treat a minimum of 6% of the smoking population, which equates to 2,774 quitters in 2015/16 (2,939 per 100,000).

   b. Cancer screening rates are higher for all three reported cancers in County Durham than both regional and national rates. The table below shows the percentage of those eligible for the specific type of cancer screening who were screened adequately within a specified period:

Cancer type	County Durham	North East	England
Bowel	61.2%	59.4%	57.1%
Cervical	77.6%	73.5%	75.7%
Breast	77.8%	77.1%	75.4%

   c. Tracker indicators show continuing low levels of delayed transfers of care from hospital:

      i. In the eight snapshot days between April and November 2015, 148 people were reported as being delayed during their discharge from hospital, resulting in a rate of 4.4 per 100,000 population. This is significantly better than the rate of 8.7 per 100,000 over the same period in 2014/15 and the national rate of 11.8.

      ii. Of the 148 people delayed, adult social care was reported as being responsible for the delay (either partially or entirely) of 38 people (26%). This equates to a rate of 1.1 per 100,000 population. This is better than the rate of 1.5 per 100,000 over the same period in 2014/15 and the national rate of 4.6.

6. The key performance improvement issues for this theme from data released this quarter are:

   a. The estimated smoking prevalence of persons aged 18 and over remains above national and regional levels. The Integrated Household Survey identifies that 20.6% of County Durham residents aged 18 and over are smokers. This has decreased from 22.7% in the 2013 survey but is above the national (18%) and regional (19.9%) levels. Solutions4Health (S4H) has been awarded the contract to become County Durham's new Stop Smoking Service from 1 April 2016. S4H are the largest independent provider of smoking cessation services in England. They were Municipal Journal award winners 2015 in the Public Health Partnership category, alongside Bracknell Forest Council, following the success of their local stop smoking service, Smokefreelife Berkshire. Public Health is working closely with S4H to ensure a smooth transition of the stop smoking service across the county from the current provider.

   b. Data for July to September 2015 show that 18.1% of mothers (247 of 1,361) were smoking at time of delivery. This is achieving the locally agreed annual target (18.2%) and is an improvement on the same period last year (19.9%). In County Durham, the rate was 14.7% in North Durham Clinical Commissioning Group (CCG) and 21.1% in Durham Dales, Easington and Sedgefield CCG. Whilst the rate is improving, it remains worse than the England average of 10.5% and the North East CCG average of 17%.

      The number of pregnant women setting a quit date with the Stop Smoking Service has continued to rise. Since the implementation in 2013 of the babyClear pathway, the North East's regional approach to reducing maternal smoking rates, the service has seen significant increases in the percentage of pregnant women quitting. Between April and September 2015, this rose to 63% (84 of 134 women setting a quit date) compared to 53% (43 of 81) in the same period in 2014 and 46% in England.

      The babyClear initiative has provided:

      - Training to all community midwives to facilitate delivery of a three minute intervention at booking, identifying and referring smokers, and stressing the dangers of carbon monoxide (CO). Identification is largely based on routine CO monitoring of all women at booking and making CO screening standard midwifery practice.

      - Training a small cohort of midwives to deliver more intensive risk perception interventions to pregnant women who continue to smoke at the time of a scan appointment.

   c. Between April and September 2015, 3.5% of eligible people in County Durham received an NHS health check. This is below the period target of 4% and equivalent to the same period in 2014/15. Performance is worse than national (4.5%) and regional (3.9%) performance. A review of the first five years of the NHS Health Check programme in County Durham has been undertaken and reported to the Health and Wellbeing Board in November 2015. The main findings were:

- The coverage of the programme over the first five years was 49%, which is consistent with figures reported by the national evaluation and programmes in other areas.
- Women were more likely to receive a health check than men.
- There was a much greater take up of health checks among older age groups.
- There was no difference in coverage between areas of relative deprivation.
- There were differences in coverage by CCG, locality and GP practice.
- The likelihood of a health check finding someone with a high risk of cardiovascular disease (CVD) increased significantly with age.
- There was also a tendency for individuals from more deprived areas to be more likely to receive a CVD risk score of 20% or more than people from less deprived areas (those with a risk score of 20% or above are classed as being at high-risk of developing CVD).

Actions being taken to increase the number of health checks include:

- A social marketing campaign to promote health checks is being developed which will coincide with key dates such as Stop Smoking Day, Dry October and national initiatives such as the Diabetes Prevention Programme.
- GPs are offered incentives for every health check undertaken (£35 for those identified as at high risk of CVD and £25 for those not).
- Continued implementation of the call and recall IT system. Currently 61 of 72 GP practices in County Durham are signed up, with the system installed in 40 and the remainder due to be installed in the next few weeks. This system enables GP practices to identify those at risk of CVD and target invitations towards these patients.

d. Provisional data show there were 604 older people admitted to permanent care between April and December 2015, which equates to a rate of 578.9 per 100,000 population aged 65 and over, worse than the target of 533.1 per 100,000 population. The number of residential/nursing beds purchased between October and December 2015 has decreased by 2.1% (5,028 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.

e. Successful completions from alcohol treatment have deteriorated further. The number of people in alcohol treatment between October 2014 and September 2015 was 1,079, of whom 290 successfully completed. This equates to a 26.9% successful completion rate which remains below the target of 38.6%. It is also worse than the previous year (34.8%) and latest national performance for October 2014 to September 2015 (39.1%).

f. Successful completions from drug treatment for opiates remain below target. The number of people in drug treatment for opiate use between April 2014 and March 2015 was 1,451, of whom 94 successfully completed, i.e. they did not re-present between April and September 2015. This equates to a 6.5% successful completion rate, which is similar to the same period in the

previous year (6.8%), but has not achieved the quarterly target of 8.9% and is worse than the national performance of 7.2%.

g. Tracker indicators show:

i. Data for 2014/15, published in November 2015, show 36.6% of 5,080 year six children (aged 10-11) were overweight or obese. This has increased 0.5 percentage points from the previous year and is worse than the 2014/15 national (33.2%) and regional (35.9%) averages. The same data show that 23% of 5,800 reception children (aged 4-5) were overweight or obese. This is a decrease of 0.8 percentage points from the previous year and is better than the North East (23.7%) average but worse than the rate for England (21.9%).

Childhood obesity is influenced by age, gender, ethnicity, and deprivation. Poor diet and less exercise are major factors that can be attributed to the rising incidence of childhood obesity, but the underlying causes and resulting weight gain are complex and include behavioural (e.g. sedentary lifestyles) and psychological (e.g. social, cultural and environmental) factors. Families most at risk are those where one or both parents are overweight or obese. Actions taking place to reduce childhood obesity include:

- The launch of a new Sugar Smart app in January 2016 by Public Health England to help parents see how much sugar there is in everyday food and drink. Sugar Smart packs will be given away to primary age children and their families via schools in County Durham with a national roadshow, visiting 25 locations across the country, coming to Bishop Auckland in February;
- A local pilot is underway to better understand childhood obesity; this involves identifying what activities are currently available in the 4 Together Partnership Area Action Partnership area and working with the community to determine what activities they would like;
- Public Health will shortly be participating in a national pilot to design a whole systems approach which involves communities, public health, local authorities, the NHS and the voluntary sector and a range of other partners. The pilot will aim to determine the impacts of local decisions on things such as the location of fast food outlets, the cost of leisure facilities and the creation of safer cycle routes.
- There are currently 44 schools in County Durham participating in school growing clubs which aim to improve knowledge and understanding of food;
- Restrictions have been placed upon takeaways opening near to schools and street trading vans that intend to operate near to schools;
- The Family Initiative Supporting Children's Health project is a local programme aimed at increasing the amount of physical activity that primary school aged children participate in during, before and after school, as well as highlighting the benefits of eating a well-balanced diet. A review undertaken in February 2015 showed that the project had led to a reduction in both

excess weight and obesity prevalence in the 36 participating primary schools sampled in the review.

ii. The suicide rate for County Durham remains higher than England and the North East. For 2012-14 the rate was 13.3 per 100,000 population compared to 8.9 in England and 11 in the North East. There is no significant change from the previous period (13.4). Suicide rates in County Durham have been increasing over time. The Public Mental Health Strategy is being refreshed in February 2016 which will include the development of a Suicide Prevention Framework and action plan for County Durham based on local data and evidence base.

h. There is one Council Plan action which has not achieved target in this theme. A review of the culture and sport offer within Bishop Auckland in response to both Auckland Castle development and educational sector sports provision ambitions has been rescheduled from October 2015 to March 2016.

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	3.5	Apr - Sep 2015	4.0	RED	3.5	AMBER	4.5 RED	3.9* RED	Apr - Sep 2015
24	CASAH3	Percentage of people eligible for bowel cancer screening who were screened adequately within a specified period	61.2	As at Mar 2015	Not set	NA	New indicator	NA	57.1 GREEN	59.4* GREEN	As at Mar 2015
25	CASAH10	Percentage of women eligible for breast screening who were screened adequately within a specified period	77.8	As at Mar 2015	70.0	GREEN	77.9	AMBER	75.4 GREEN	77.1* GREEN	As at Mar 2015
26	CASAH4	Percentage of women eligible for cervical screening who were screened adequately within a specified period	77.6	As at Mar 2015	80.0	RED	78	AMBER	75.7 GREEN	73.5* GREEN	As at Mar 2015
27	CASAS23	Percentage of successful completions of those in alcohol treatment **(Also in Altogether Safer)**	26.9	Oct 2014 - Sep 2015	38.6	RED	34.8	RED	39.1 RED		Oct 2014 - Sep 2015
28	CASAS7	Percentage of successful completions of those in drug treatment - opiates **(Also in Altogether Safer)**	6.5	2014/15 (re-presentations to Sep 2015)	8.9	RED	6.8	RED	7.2 RED		2014/15 (re-presentations to Sep 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)**	41.0	2014/15 (re-presentations to Sep 2015)	41.2	**AMBER**	36.3	**GREEN**	38.5 **GREEN**		2014/15 (re-presentations to Sep 2015)
30	CASCYP8	Percentage of mothers smoking at time of delivery **(Also in Altogether Better for Children and Young People)**	18.1	Jul - Sep 2015	18.2	**GREEN**	19.9	**GREEN**	10.5 **RED**	17* **RED**	Jul - Sep 2015
31	CASAH1	Four week smoking quitters per 100,000 smoking population	1,353	Apr - Sep 2015	1,322	**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	578.9	Apr - Dec 2015 (provisional)	533.1	**RED**	604.9	**GREEN**			
33	CASAH12	Percentage of adult social care service users that receive self-directed support such as a direct payment or personal budget	90.1	As at Dec 2015	90.0	**GREEN**	New definition	NA [1]	83.7 **GREEN**	82.9** **GREEN**	2014/15
34	CASAH13	Percentage of service users reporting that the help and support they receive has made their quality of life better	91.4	Apr - Nov 2015	90.0	**GREEN**	92.7	**AMBER**	91.9 **RED**	93.4* **RED**	2014/15
35	CASAH14	Proportion of older people who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	87.7	Jan - Sep 2015	85.7	**GREEN**	89.5	**RED**	82.1 **GREEN**	85.2** **GREEN**	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
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	CAS CYP18	Percentage of children aged 4 to 5 years classified as overweight or obese **(Also in Altogether Better for Children and Young People)**	23.0	2014/15 ac yr	23.8	GREEN	23.8	GREEN	21.9 RED	23.7* GREEN	2014/15 ac yr
137	CAS CYP19	Percentage of children aged 10 to 11 years classified as overweight or obese **(Also in Altogether Better for Children and Young People)**	36.6	2014/15 ac yr	36.1	RED	36.1	RED	33.2 RED	35.9* RED	2014/15 ac yr
138	CAS CYP25	Prevalence of breastfeeding at 6 to 8 weeks from birth **(Also in Altogether Better for Children and Young People)**	29.6	Jul - Sep 2015	30.5	RED	29.2	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

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
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
142	CASAH7	Under 75 mortality rate from cancer per 100,000 population	166.6	2011-13	164.2	AMBER	164.2	AMBER	144.4 RED	169.5* GREEN	2011-13
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	20.6	2014	22.7	GREEN	22.7	GREEN	18 RED	19.9* RED	2014
148	CASAH 25	Number of residential/nursing care bed days for people aged 65 and over commissioned by Durham County Council	233,777	Oct - Dec 2015	233,130	AMBER	238,805	GREEN			
149	CASAH 20i	Delayed transfers of care from hospital per 100,000 population	4.4	Apr - Nov 2015	4.9	GREEN	8.7	GREEN	11.1 GREEN	7.4* GREEN	2014/15

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
150	CASAH 20ii	Delayed transfers of care from hospital, which are attributable to adult social care, per 100,000 population	1.1	Apr - Nov 2015	1.5	GREEN	1.5	GREEN	3.7 GREEN	1.6* GREEN	2014/15
151	CASAH 21	Suicide rate (deaths from suicide and injury of undetermined intent) per 100,000 population **(Also in Altogether Safer)**	13.3	2012-14	13.4	GREEN	13.4	GREEN	8.9 RED	11* RED	2012-14
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	25.0	Sep 2013 - Sep 2015	24.9	GREEN	26.0	RED			

Adults Wellbeing and Health Overview and Scrutiny Committee

8 April 2016

Quarter 3: Forecast of Revenue and Capital Outturn 2015/16 – Children and Adults Services

Report of Paul Darby, Head of Financial & HR Services

Purpose of the Report

1. To provide the committee with details of the updated 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 December 2015, as reported to Cabinet in March 2016.

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* - £251.770 million *(original £251.450 million)*
    - *CAS Capital Programme* – £40.682 million *(original £45.453 million)*

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

Reason For Adjustment	£m
Original Budget	**251.450**
Transfers to other services (Financial Services / Assessments to Resources)	(1.456)
Energy Efficiency Reduction	(0.147)
Transfer From Contingency - Soulsbury Pay award	0.157
Transfer From Contingency - Cost Associated with Closed School Buildings	0.138
Transfer From Contingency - Reversal Of Car Mileage Deduction	0.076
Transfer to Capital (Aycliffe Secure Services/ DACT Estate)	(0.668)
Use of (+) / (contribution) to CAS earmarked reserves	(0.994)
Use of (+) / (contribution) to Corporate Earmarked Reserves (ERVR Costs)	3.214
Revised Budget	**251.770**

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

Reserve	£'000
Social Care Reserve	916
Cash Limit	(1,970)
Innovations and YEI Redundancy Reserve	1,000
Secure Services Capital Reserve	(868)
Tackling Troubled Families Reserve	(188)
Transformation Reserve	1,265
Accumulated fund CPD Reserve	(134)
Durham Learning Resources Reserve	8
EBP Reserve	(81)
Emotional Wellbeing Reserve	33
Mental Health Counselling Reserve	(7)
Movement Difficulties Service Reserve	13
Re-Profiling Activity Reserve	175
SEND reform Grant Reserve	(15)
School Condition Survey Reserve	450
Swimming Reserve	67
Public Health Reserves	330
Total In service use by CAS	**994**

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 as at 31 December 2015;
- The variance between the annual budget and the forecast outturn, based on projections as at 31 December 2015;
- 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 Q3 2015/16

6. The updated forecast at quarter 2 shows that the CAS service is projecting a cash limit underspend of £10.364 million in year against a revised budget of £251.770 million, which represents a 4.0% underspend. This compares with a previously reported forecast underspend position of £7.181 million at quarter 2.

7. The tables below show the revised annual budget, actual expenditure to 31 December 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 £'000		*MEMO – Cash Limit Variance at QTR2 £000*
Employees	116,577	83,473	111,479	**(5,098)**		*(4,416)*
Premises	7,146	3,110	6,927	**(219)**		*202*
Transport	17,399	11,804	17,958	**559**		*81*
Supplies & Services	18,950	12,227	17,218	**(1,732)**		*(1,432)*
Third Party Payments	238,806	165,501	228,805	**(10,001)**		*(7,711)*
Transfer Payments	13,069	8,720	13,227	**158**		*(272)*
Central Support & Capital	63,235	21,021	65,495	**2,260**		*697*
Income	(223,412)	(176,403)	(219,703)	**3,709**		*5,671*
Total	**251,770**	**129,453**	**241,406**	**(10,364)**		*(7,181)*

Analysis by Head of Service Area

	Revised Annual Budget £'000	YTD Actual £'000	Forecast Outturn £'000	Cash Limit Variance £'000		*MEMO – Cash Limit Variance at QTR2 £000*
Head of Adults	124,839	90,512	118,815	**(6,024)**		*(4,876)*
Central/Other	8,935	321	8,677	**(258)**		*(193)*
Commissioning inc Supporting People	7,858	(6,206)	3,854	**(4,004)**		*(1,731)*
Planning & Service Strategy	11,624	8,117	10,718	**(906)**		*(685)*
Central Charges (CYPS)	4,269	(820)	4,269	**-**		*-*
Childrens Services	53,767	35,297	54,637	**870**		*535*
Education	39,807	10,982	39,765	**(42)**		*(231)*
Public Health	671	(8,750)	671	**-**		*-*
Total	**251,770**	**129,453**	**241,406**	**(10,364)**		*(7,181)*

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	£190,000 under budget on employees through effective vacancy management £185,000 under budget on transport, mainly in respect of day care. £46,000 net over budget on care provision. £57,000 over budget in respect of premises/transport/supplies and services	(272)
Safeguarding Adults and Practice.Dev.	£200,000 under budget on employee costs due to vacant posts. £38,000 projected over budget on supplies and services, mainly in respect of professional fees linked to Deprivation of Liberty cases. £11,000 net under budget on transport/other costs.	(173)
Ops Manager OP/PDSI Services	£570,000 under budget due to early achievement of employee-related MTFP savings. £3,267 million net under budget on direct care-related activity. £80,000 under budget in respect of premises/transport/supplies and services/other costs.	(3,917)
Ops Manager Provider Services	£1.408 million under budget on employees in respect of early achievement of future MTFP savings. £196,000 under budget on supplies and services in respect of early achievement of future MTFP savings. £58,000 net under budget on premises/transport/other costs.	(1,662)
		(6,024)
Central/Other		
Central/Other	£151,000 under budget on employee-related costs in respect of future MTFP savings. £24,000 under budget on premises/transport/other costs. £83,000 additional income mainly in respect of salary recharges.	(258)
		(258)
Commissioning		
Commissioning Management / Other	Under budget mainly in respect of future MTFP savings, particularly agency and contracted services budgets held. A review of short term monies has added to an increased under spend during the year. £1.1 million of short term funds have been carried forward to support future preventative projects.	(4,004)
		(4,004)
Planning & Service Strategy		
Performance & Information Management	£97,000 under budget on employees re future MTFP savings. £50,000 under budget on supplies and services budgets re future MTFP savings. £7,000 under achievement of income	(140)
Policy Planning & Partnerships	£118,000 under budget on employees re future MTFP savings. £30,000 under budget on transport/supplies and services/other budgets. £46,000 under achievement of income.	(102)
Service Quality & Development	Future MTFP savings linked in the main to employees (£123,000) and supplies and services (£219,000). £134,000 under budget on other areas.	(476)
Service Support	£70,000 under budget on employees re future MTFP savings. £118,000 under budget on transport/supplies and services/other budgets.	(188)
		(906)
Public Health		
Cancer Awareness/ Physical Activity Adults /GRT	Variance relates to a non-recurrent planned investment in commissioned activity mainly relating to cancer awareness but also pharmacy advice which includes Healthy Living Pharmacy pilot.	101

Service Area	Description	Cash limit Variance £000
Capacity Building/Health Trainers	Variance is primarily related to non-recurrent activity connected with Patient transportation to GP and hospital appointments and the extension of health trainers for mental health.	173
Health Checks / Smoking Cessation	Forecasted activity within the smoking cessation services is forecast to be (£444,000) less than the £2.6 million budget. Activity on GP and community health checks is projected to be (£84,000) less than the £392,000 available. This is partially offset by non-achievement of budgeted income £158,000 related to the Diabetes prevention programme and increased equipment costs of £36,000.	(332)
Oral Health and Services to Children	Expenditure on a resilience programme for Children is forecast to be (£63,000) less than the £458,000 budget available, due to length of time taken to recruit and induct new employees to the new service. (£250,000) of the variance relates to the proposed reduction in contract value of 0-5 services part year effect.	(313)
Public Health Grant and Reserves	The variance relates to the in-year reduction in Public Health grant.	3,137
Public Health Specialist Training Prog. (HENE)	Activity forecast in line with budget	-
Public Health Team	Commissioning decisions related to a (£2.5 million) budget have been put on hold following the announcement by Central Government of the in year cut in Public Health Grant of £3.137 million. Employee's costs are projected to spend (£207,000) less than current budget due to vacancies and a further (£79,000) of surplus income is anticipated from other local authorities connected to secondment arrangements. Expenditure on Supplies, services and travel is forecast to spend (£100,000) less than current budget.	(2,888)
		-

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 £8.590 million.

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, October ,November, December and January 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 **£40.682 million.**

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

CAS	Original Annual (MAY MOWG) Budget 2015/16 £000	Revised Annual Budget 2015/16 £000	Actual Spend 31/12/15 £000	Remaining Budget £000
Adult Care	841	60	(4)	64
Childrens Care	-	58	11	47
Early Intervention and Involvement	-	-	2	(2)
Early Years	-	408	92	316
Free School Meals Support	53	214	204	10
Secure Services	-	799	876	(77)
Planning & Service Strategy	105	132	104	28
Public Health	2,160	236	37	199
School Devolved Capital	1,424	4,532	2,259	2,273
School Related	22,762	20,943	14,376	6,567
SCP - LEP	18,108	13,300	11,243	2,057
Total	**45,453**	**40,682**	**29,200**	**11,482**

Recommendations:

13. It is recommended that Adults Wellbeing and Health Overview and Scrutiny Members note the updated financial forecasts included in the report, which are summarised in the Quarter 3 forecast of outturn report to Cabinet in March 2016.

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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Adults Wellbeing and Health Overview and Scrutiny Committee

8 April 2016

NHS Foundation Trust 2015/16 Quality Accounts

Report of Lorraine O'Donnell, Assistant Chief Executive

Purpose of the Report

1. The purpose of this report is to inform members of the proposed process for the consideration of the Draft 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

2. The report also invites members to agree a way forward that enables the Adults Wellbeing and Health Overview and Scrutiny Committee to comment thereon.

Background

3. The Health Act 2009 requires the NHS Foundation Trusts to publish an annual Quality Account report. The purpose of the Quality Account report is for each of the Trusts to assess quality across all of the healthcare services they offer by reporting information on 2015/16 performance and identifying priorities for improvement during the forthcoming year and how they will be achieved and measured.

4. Overview and Scrutiny plays an important role in the development and providing assurance of Quality Account reports. Regulation 10 of the Health Act requires the NHS Trusts to send a copy of their report to be considered by the appropriate Overview and Scrutiny Committee within 30 days beginning with 1 April at the end of the reporting period.

5. Department of Health Guidance states that OSCs are ideally placed to ensure that a provider's Quality Account reflects the local priorities and concerns voiced by their constituents. If an important local healthcare issue is missing from a provider's Quality Account then the OSC can use the opportunity in the form of a statement to be included in a provider's Quality Account to highlight this omission.

6. Moreover, Quality Accounts aim to encourage local quality improvements, and OSCs can add to the process and provide further assurance by providing comments on the issues they are involved in locally and have engaged with providers during the course of their activities during the year. It is also suggested that OSCs may also wish to comment on how well providers have engaged patients and the public, and how well they have promoted the Quality Account.

7. Guidance indicates that OSCs should not feel that they have to comment on areas of the Quality Account where they do not have relevant knowledge. These include areas of clinical safety and processes/procedures.

NHS Foundation Trust Draft Quality Account 2015/16

8. The timing of today's Adults Wellbeing and Health Overview and Scrutiny Committee means that the draft NHS Quality Account have not yet been received. Indications are that they are likely to be submitted to the Council during the week commencing 11 April 2016. Upon receipt of the draft Quality Account documents, the Council has 30 days within which to submit a response to the documents to the respective NHS Foundation Trusts.

9. Previously, members have received electronic copies of the draft documents as soon as they have been submitted to the Council to allow members to identify any key issues that they may have arising from the documents and to formulate lines of enquiry to put to representatives of NHS Foundation Trusts' at a special meeting of the Committee.

10. To this end, it is proposed that a special meeting of the Adults Wellbeing and Health Overview and Scrutiny Committee be held on Wednesday 27 April 2016 to allow for the Trusts' representatives to provide presentations to members detailing information on their draft Quality Account for 2015/16 and respond to any member questions.

11. Thereafter, proposed responses to the respective draft NHS Foundation Trust Quality Accounts will be drafted and a report considered at a further special meeting of the Adults Wellbeing and Health Overview and Scrutiny Committee on 9 May 2016 to enable responses to be submitted to the Foundation Trusts within the statutory deadlines.

Recommendation

12. That the Adults Wellbeing and Health Overview and Scrutiny Committee receive and note this report and that the process for producing a response to the NHS Foundation Trust Draft Quality Accounts 2015/16 as detailed above be agreed.

Background papers

None

Contact: Stephen Gwillym, Principal Overview and Scrutiny Officer
Tel: 03000 268140

Appendix 1: Implications

Finance – None.

Staffing - None

Equality and Diversity - None

Accommodation – None.

Crime and Disorder – None.

Human Rights – None

Consultation – The Adults Wellbeing and Health Overview and Scrutiny Committee will be invited to comment on the NHS Foundation Trust Draft Quality Accounts documents 2015/16 as outlined in this report.

Procurement – None

Disability Discrimination Act – None

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

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Adults, Wellbeing and Health Overview and Scrutiny Committee

8 April 2016

Council Plan 2016-2019:Refresh of the Work Programme for the Adults, Wellbeing and Health Overview and Scrutiny Committee

Report of Lorraine O'Donnell, Assistant Chief Executive

Purpose of the Report

1 The purpose of the report is to provide members with information contained within the Council Plan 2016 - 2019, relevant to the work of the Adults, Wellbeing and Health Overview and Scrutiny Committee. This allows the opportunity for members to refresh the Committee Work Programme to reflect the four objectives and subsequent actions identified within the Council Plan for the Council's 'Altogether Healthier' priority theme.

Background

2 The current Work Programmes for the Overview and Scrutiny Committees focus on the priority areas identified within the context of the Council Plan, Cabinet's Notice of Key Decisions, Sustainable Community Strategy, Partnership plans and strategies, performance and budgetary control data and changes in Government legislation.

3 In relation to the Adults, Wellbeing and Health Overview and Scrutiny Committee, Members will recall that the Work Programme was refreshed at the Committee's meeting held on the 30 June 2015, ensuring that areas of focus were in line with current and forthcoming priorities within the Committee's remit. Further areas of focus for the Committee have been added throughout 2015/16 to reflect specific service developments within the health and social care landscape.

Council Plan 2016 - 2019

4 The Council Plan is the overarching high level plan for the County Council which covers a three year period in line with the Council's Medium Term Financial Plan and is updated on an annual basis. The plan sets out the corporate priorities for improvement and the key actions the Authority will take in delivering the long term goals in the Sustainable Community Strategy (2010-2030) and the Council's own improvement agenda. Attached at Appendix 2 is the "Altogether Healthier" section of the Council Plan for members' consideration.

5 This year it is proposed that the 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.

6 The Council's 'Altogether Healthier' priority theme is about improving the health and wellbeing of our communities. The vision we share with our partners is to 'improve the health and wellbeing of the people of County Durham and reduce health inequalities', using an evidence base which provides a detailed overview of the current and future health and wellbeing needs of the people of County Durham (Joint Strategic Needs Assessment). Central to this vision is the fact that decisions about services provided to service users, carers and patients should be made as locally as possible, involving the people who use them.

7 To help address this issue, the Council has identified 4 objectives and related actions for the Altogether Healthier priority theme. These are:

- Children and young people make healthy choices and have the best start in life
  - Reduced childhood obesity
  - Improved early health intervention services for children and young people

- Reduce health inequalities and early deaths
  - Reduced mortality from cancers and circulatory diseases
  - Reduced levels of alcohol and drug related ill health
  - Reduced obesity levels
  - Reduced excess winter deaths
  - Reduced levels of tobacco related ill health

- Improve 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
  - Increased choice and control through a range of personalised services
  - Improved independence and rehabilitation
  - Improved joint commissioning of integrated health and social care

- Improve the mental and physical wellbeing of the population
  - Maximised independence
  - Improved mental health for the population of County Durham
  - Increased social inclusion
  - Reduced self-harm and suicides
  - Increased physical activity and participation in sport and leisure

8 The Council Plan is supported by a series of action areas detailing the work which needs to be undertaken by the Authority in order to deliver the outcomes identified above.

9 The Adults Wellbeing and Health Overview and Scrutiny Committee Work programme is also influenced by the key priorities and actions of NHS Partners which have been identified in their respective organisational Strategic and Operating Plans, CCG Commissioning Plans and Quality Accounts. Whilst these contribute to the SCS and the Altogether Healthier theme, they are not all reflected in the Council Plan.

Current Work Programme

10 During 2015/16, the Adults Wellbeing and Health Overview and Scrutiny Committee has undertaken budgetary and performance monitoring, in depth and light touch Scrutiny reviews including as part of statutory consultations, and received overview presentations in relation to the following areas (areas of work undertaken by the Adults Wellbeing and Health Overview and Scrutiny Committee in respect of NHS Partner priorities are highlighted in italics) :-

In depth Scrutiny Reviews/Statutory Consultations

- *County Durham and Darlington Urgent Care Strategy*

  (All Objectives and Actions)

- *Review of Urgent Care services in Durham Dales, Easington and Sedgefield CCG Locality*

  (All Objectives and Actions)

- *Draft Quality Accounts 2014/15 for Tees Esk and Wear Valleys NHS Foundation Trust; County Durham and Darlington NHS Foundation Trust and North East Ambulance Service NHS Foundation Trust*

  (All Objectives and Actions)

- *Durham Dales, Easington and Sedgefield CCG – Provision of Accident and Emergency Ambulance Services*
  (Objectives:- Reduce health inequalities and early deaths and Improve the quality of life, independence and care and support for people with long term conditions.
  Actions:- Reduced mortality from cancers and circulatory diseases and Reduced Excess winter deaths)

- *NHS England Regional Team/ DDES CCG – Review of Alternative Provider Medical Service (APMS) Contract for Easington Healthwork*

  (All Objectives and Actions)

- *Tees, Esk and Wear Valleys NHS FT – Review of Inpatient Dementia Beds serving County Durham and Darlington*

(All Objectives and Outcomes)

Areas of Overview Activity

- *County Durham and Darlington NHS Foundation Trust – Clinical Strategy Update*

  (All Objectives and Actions)

- *NHS England Five Year Forward View – Implications for North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups*

  (All Objectives and Actions)

- *North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups- Clear and Credible Plans Updates*

  (All Objectives and Actions)

- County Durham Healthwatch Annual Report

  (All Objectives and Actions)

- NHS and Public Health Reform Updates

  (All Objectives and Actions)

- Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy/Health and Wellbeing Board Annual Report

  (All Objectives and Actions)

- Care Act 2014

  (All Objectives and Actions)

- Care Quality Commission – Developing the relationship between the CQC and the Adults Wellbeing and Health OSC

  (All Objectives and Actions)

- Health and Wellbeing Board Peer Review Findings

  (All Objectives and Actions)

- Draft County Durham Alcohol Harm Reduction Strategy

  (Objective - Reduce health inequalities and early deaths
  Action - Reduced levels of alcohol and drug related ill health)

- *Tees, Esk and Wear Valley NHS FT – CQC Inspection Report and Action Plan*

  (All Objectives and Actions)

- *County Durham and Darlington NHS FT – CQC Inspection Report and Action Plan*

  (All Objectives and Actions)

- Review of County Durham Care Connect

  (Objectives - Improve quality of life, independence and care and support for people with long term conditions; Improve the mental and physical wellbeing of the population

  Actions - Adult care services are commissioned for those people most in need; Increased choice and control through a range of personalised services; Improved independence and rehabilitation; Improved joint commissioning of integrated health and social care.)

- *Temporary closure of Ward at The Richardson Hospital, Barnard Castle*

  (Objective – Improve quality of life, independence and care and support for people with long term conditions; Improve the mental and physical wellbeing of the population

  Actions - Adult care services are commissioned for those people most in need; Improved independence and rehabilitation; Improved joint commissioning of integrated health and social care;Maximised independence.)

- County Durham and Darlington Fire and Rescue Service – Integrated Risk Management Plan 2016/17 Consultation

  (Objectives - Reduce health inequalities and early deaths; Improve quality of life, independence and care and support for people with long term conditions

  Actions - Reduced excess winter deaths; Improved independence and rehabilitation)

- Regional Joint Health Scrutiny Committee Update – Review of Neo-Natal Service and the North East and Cumbria Learning Disability Fast Track project

  (Objectives - Children and young people make healthy choices and have the best start in life; Improve the mental and physical wellbeing of the population.

Actions - Improved early health intervention services for children and young people; Maximised independence; Improved mental health for the population of County Durham; Increased social inclusion.)

- *Winter Plan and Systems Resilience*

  (All Objectives and Outcomes)

Areas for consideration in the Adults Wellbeing and Health Overview and Scrutiny Work programme

11 The Altogether Healthier section of the Council Plan for 2016-2019 identifies the following high level outcome which has not already been considered by the Committee that could be included in the 2016-17 work programme:-

Council Plan

Improve the mental and physical wellbeing of the population

- **Improved mental health for the population of County Durham –** We will work with partners to develop and improve mental health services covering all ages across the county.

Cross Cutting Themes

12 The following table identifies those areas which have cross cutting issues from other 'Altogether' themes that link into Altogether Healthier.

Altogether	Objective	Outcome	Link to Altogether Healthier	OSC
Safer	Protect vulnerable people from harm	Safeguarding children and adults whose circumstances make them vulnerable and protect them from avoidable harm	Improve independence and rehabilitation Maximise independence	AWH OSC CYP OSC SSC OSC
Safer	Alcohol and Substance misuse harm reduction	Reduced harm caused by alcohol to individuals, families and communities	Reduced levels of alcohol and drug related ill-health	SSC OSC
Safer	Alcohol and Substance misuse harm reduction	Reduced harm caused by drugs/substances	Reduced levels of alcohol and drug related ill health	SSC OSC

Better for Children and Young People	Children and Young People make healthy choices and have the best start in life	Negative risk taking behaviour is reduced	Reduced levels of alcohol and drug related ill health Reduced levels of tobacco related ill health	CYP OSC AWH OSC
Better for Children and Young People	Children and Young People make healthy choices and have the best start in life	A range of positive activities are available for Children, Young People and families	Reduced childhood obesity Increased physical activity and participation in sport and leisure	CYP OSC AWH OSC
Better for Children and Young People	A Think Family approach is embedded in our support for families	Early intervention and prevention services improve outcomes for families	Improved early health intervention services for children and young people	CYP OSC

13 The Adults Wellbeing and Health Overview and Scrutiny Committee is asked to consider the appropriate section from the Council Plan, Appendix 2 (copy attached) to inform the Committee work programme for 2016 - 2017, reflecting on the current work programme detailed in paragraph above.

14 Members will receive a further report at the June 2016 Adults Wellbeing and Health Overview and Scrutiny Committee confirming/agreeing the Committee's work programme for 2016-2017 based on today's discussions and subsequent feedback.

Recommendations

15 That the Adults Wellbeing and Health Overview and Scrutiny Committee notes the information contained in Altogether Healthier priority theme of the Council Plan 2016-2019. (copy attached at Appendix 2)

16 That the Adults Wellbeing and Health Overview and Overview and Scrutiny Committee refresh the work programme for 2016-2017 by discussing and considering those action areas identified under the Altogether Healthier priority theme of the Council Plan 2016-19 and reflected in paragraphs 10,11 and 12 of this report.

17 That the Adults Wellbeing and Health Overview and Scrutiny Committee at its meeting on the 30 June 2016, receive a further report detailing the Committee's work programme for 2016 – 2017.

Background papers

Report of Assistant Chief Executive to Cabinet 16 March 2016 – Council Plan and Service Plans 2016-19

Contact: Stephen Gwillym, Principal Overview and Scrutiny Officer
Tel: 03000 268140

Appendix 1: Implications (The following implications are taken directly from the report to Cabinet on 16 March 2016, re the Council Plan and Service Plans 2016-2019.)

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

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

Risk
Consideration of risk is undertaken in the preparation of the Council Plan and Service Plans.

Equality and diversity/Public Sector Equality Duty
A full impact assessment has previously been undertaken for the Council Plan. The actions underpinning the Council Plan include specific issues relating to equality and aim to improve the equality of life for those with protected characteristics. The Plan has been influenced by consultation and monitoring to include equality issues. There is no evidence of negative impact for particular groups.

Accommodation
The council's Accommodation programme is a key corporate programme contained within the Council Plan.

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

Human rights
None

Consultation
Council and partnership priorities have been developed following an analysis of available consultation data including an extensive consultation programme carried out as part of the development of the Sustainable Community Strategy and this has been reaffirmed by subsequent consultation on the council's budget.

Procurement
None

Disability Issues
Accessibility issues are considered in the design of our planning document.

Legal Implications
None

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Priority Theme Altogether Healthier

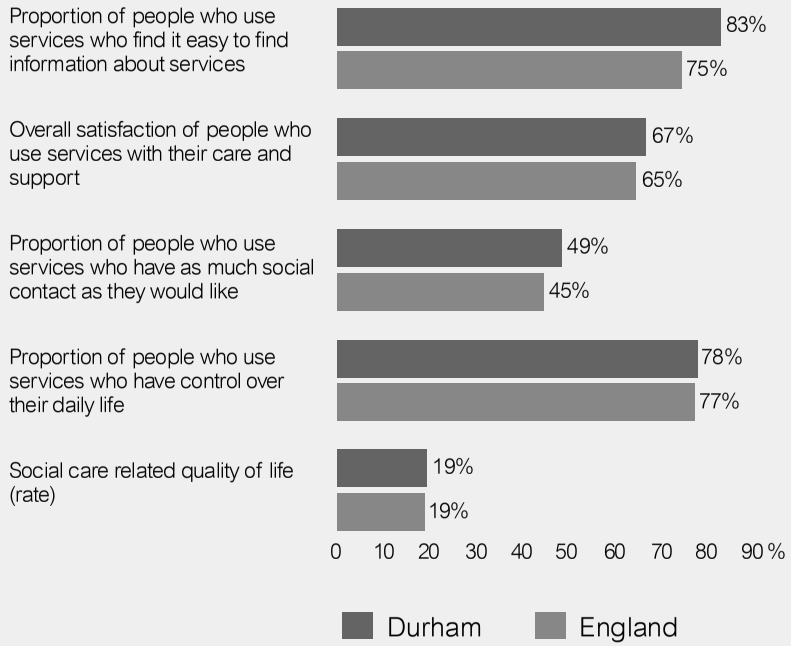
The Altogether Healthier theme is about improving the health and wellbeing of our communities. The vision we share with our partners is to 'improve the health and wellbeing of the people of County Durham and reduce health inequalities', using an evidence base which provides a detailed overview of the current and future health and wellbeing needs of the people of County Durham (Joint Strategic Needs Assessment). Central to this vision is the fact that decisions about the services provided to service users, carers and patients should be made as locally as possible, involving the people who use them.

Achievements 2015-2016

- The County Durham Health and Wellbeing Board, which promotes integrated working between commissioners of health services, public health and social care and includes representatives from the council and health services was shortlisted for a national award for its effectiveness.
- Survey results show that service users and carers in the county were more satisfied with the care and support services they received than the national average (Figure H1).
- The number of people whose discharge from hospital was delayed is lower in County Durham than nationally and regionally.
- County Durham was selected as a national pilot site for a diabetes prevention programme. The programme is led by Public Health in partnership with Clinical Commissioning Groups and is one of only seven in the country.
- We launched an online directory of care and support services called LOCATE, which provides local people with details of available services and information.
- Joint Consett Academy and Leisure Centre opened.
- Pearl Izumi Tour Service cycle race attracted 12,500 spectators to Durham City contributing almost £300,000 to the local economy.

Figure H1.

Department of Health National Adult Care Survey of social care users 2014/5 [1]



[1] ASCOF Measures and Benchmarking Data (2014-2015 final release)

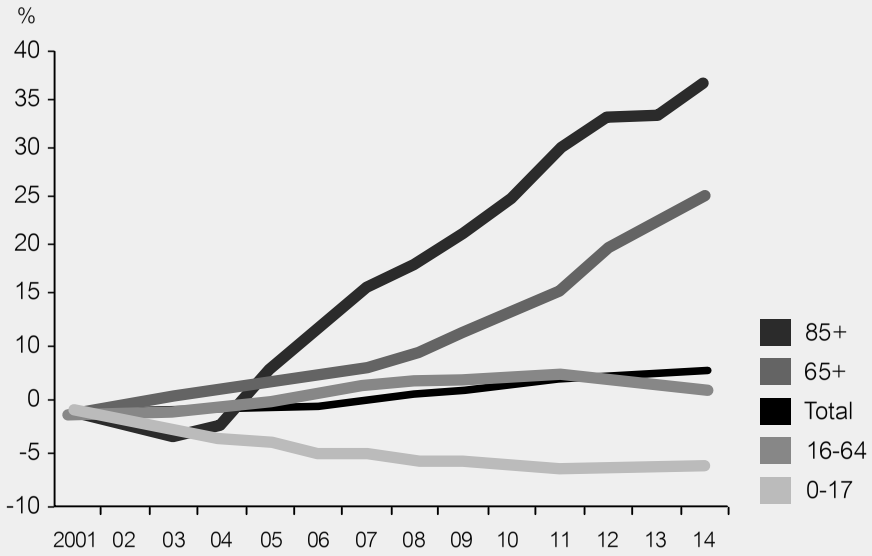
Priority Theme Altogether Healthier

Issues to address

- The average life expectancy for males is 78.0 years and for females is 81.3 years (Figure H3). Both are below the England average of 79.4 for males and 83.1 for females. This links to our overall vision to improve the health and wellbeing of the people in County Durham.
- 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). This needs to be addressed in partnership with the NHS through health checks and other programmes.
- 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).
- More people in County Durham continue to engage in unhealthy lifestyle behaviours when compared to England. Smoking prevalence in the county (22.7% in 2013) is worse than the England average of 18.4%, indicating that we need to continue to work in partnership with other agencies to encourage users to stop smoking and to monitor the success of our initiatives.
- We need to undertake more work with partners to reduce alcohol consumption, as the rate for alcohol-specific admissions to hospital for adults in 2013/14 was 788 per 100,000 population, which is worse than the England average of 645.
- Mental health improvements and suicide prevention are key priorities for the county, particularly as suicide rates in County Durham are higher than the national average.
- We need to improve support to carers to help them maintain their own mental and physical wellbeing which plays a vital role in allowing them to continue with their caring responsibilities, as well as helping the people they care for to maintain their independence.
- County Durham has 32.1% of adults completely inactive and 44.5% failing to achieve the Chief Medical Officer's recommendations. There is clear evidence to show that physical inactivity is one of the root causes of diabetes, cardiovascular disease, cancers, and many other conditions. A framework to drive forward physical activity in the county is being established.
- Between 2001 and 2014 the county has seen a gradual fall in the 0-17 age group. There has been a continuing rise in its older population, with the largest percentage increase seen in those aged 85 and over (Figure H2).

Figure H2.

% change since 2001 in the main age groups in County Durham



Key Facts and Figures

Figure H3.

Life expectancy in years in County Durham

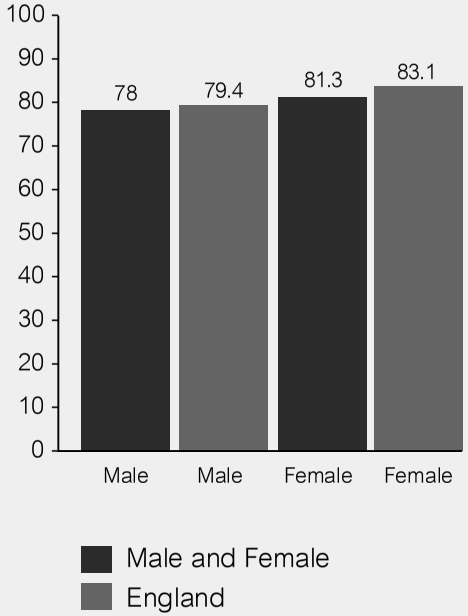
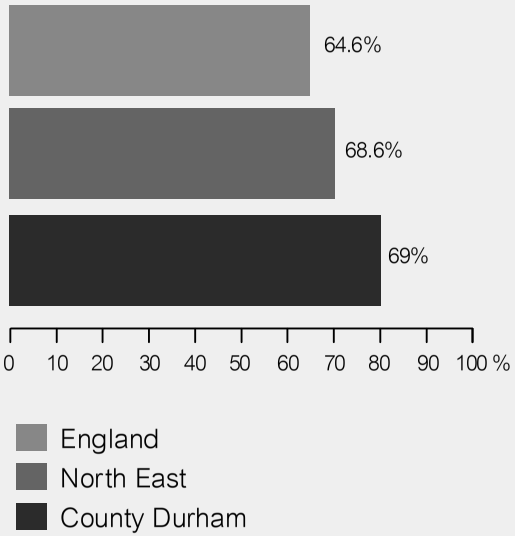
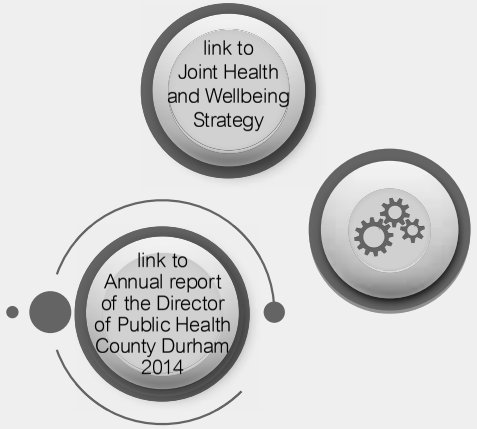


Figure H4.

Adult (over 16) levels of excess weight (December 2014) 2



2 Active People Survey 2012-14. Excess weight includes adults who are overweight and obese.



1 in 5
people in County Durham are aged 65 and by 2030 this will increase to 1 in 4 people

35,000
contacts for care, information and advice were received by ending 30 November 2015

12,659
carers registered with Durham County Carers Support

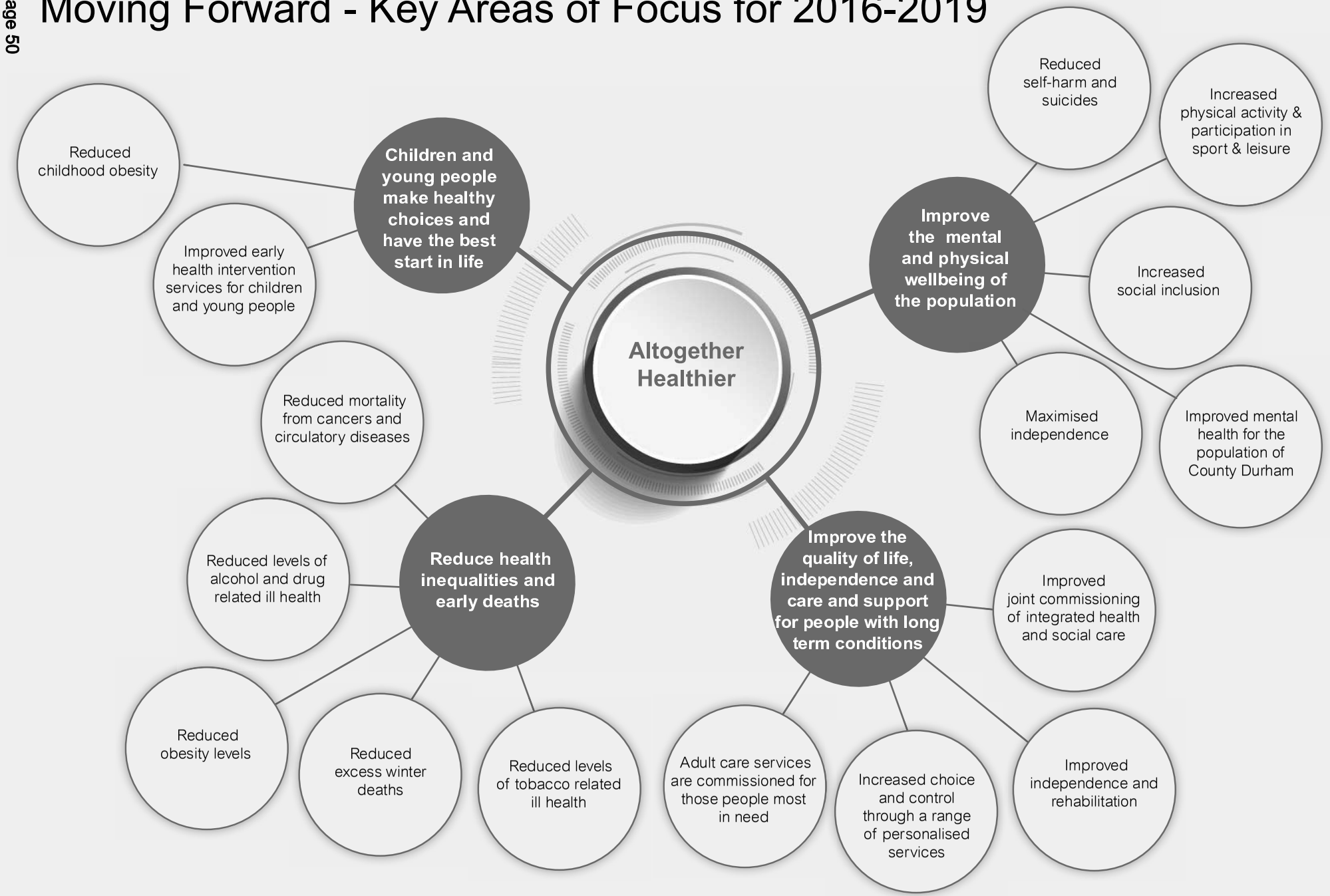
381 per 100,000 population
smoking related deaths in the county. This compares to 289 for the England average

23%
smoking prevalence in County Durham in 2013. This is compared to the England rate of 64.6%

6,600
estimated number of people in County Durham aged 65+ with dementia. This number will almost double between 2011 and 2030

100,000
estimated number of adults who will experience mental health problems at any one time in County Durham

Moving Forward - Key Areas of Focus for 2016-2019



Moving Forward - Key Areas of Focus for 2016-2019

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

Reduced childhood obesity
We will:
- Support women to start and continue to breastfeed their babies.
- Review the Family Initiative supporting Children's Health to reduce childhood obesity.

Improved early health intervention services for children and young people
We will:
- Work proactively with families to improve oral health by aiming to increase dental registrations and reduce tooth decay.
- Deliver an integrated service for 0-19 year olds to ensure that we provide mandated services and also enhanced services for vulnerable populations.

Objective 2
Reduce health inequalities and early deaths

Reduced mortality from cancers and circulatory diseases
We will:
- Deliver a targeted approach to the Health Check programme to improve the quality and increase coverage.
- Improve links with housing providers as part of the Wellbeing for Life Service.

Reduced levels of alcohol and drug related ill health
We will:
- Undertake a number of initiatives with partners to reduce health inequalities.
- Raise awareness amongst our staff of the dangers of alcohol and substance misuse
- Provide specific targeted training and education to support individuals, professionals, communities and families to address the harm caused by drugs.

Reduced obesity levels
We will:
- Undertake projects such as cooking courses and school food growing clubs to raise awareness of healthy eating.
- Work collaboratively with the Clinical Commissioning Groups in County Durham on the diabetes prevention programme.

Reduced excess winter deaths
We will ensure that vulnerable people receive the necessary advice, guidance and support to allow them to maintain independence during the winter period.

Reduced levels of tobacco related ill health
We will
- Work with our partners to reduce smoking prevalence in County Durham.
- Roll out a new targeted Stop Smoking Service

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
We will:
- Redesign the delivery of adult social care services to ensure that they meet the requirements of the Care Act by improving the skills mix in front line teams.
- Improve health outcomes and quality of life for people with learning disabilities and/or autism by ensuring that more services are provided in the community and closer to home.

Increased choice and control through a range of personalised services
We will:
- Further develop the functionality of LOCATE, the online directory of care and support services to support greater self-service of needs.
- Provide better support to people with caring responsibilities by increasing access to personal budgets for carers.

Improved independence and rehabilitation
We will ensure that the Intermediate Care, Plus service, a care service for adults at home or in care will be effectively managed and monitored.

Improved joint commissioning of integrated health and social care
We will develop with partners a vision and new model of integration for County Durham.

Objective 4
Improve the mental and physical wellbeing of the population

Maximised independence
We will review our provision for those people with dementia, looking at opportunities for promoting awareness, prevention and the benefits of a healthy lifestyle; and the introduction of dementia cafés.

Improved mental health for the population of County Durham
We will work with partners to develop and improve mental health services covering all ages across the county.

Increased social inclusion
We will provide volunteering and community health development opportunities for groups and individuals through the Wellbeing for Life Service.

Reduced self- harm and suicides
We will work with partners to improve mental health in County Durham and address the priority areas including suicide prevention, stigma and discrimination and recovery.

Increased physical activity and participation in sport and leisure
We will:
- Define and develop service provision through a new culture and sport offer
- Develop a physical activity framework to drive forward physical activity in County Durham.

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