Health and Wellbeing Board

Date **Tuesday 8 March 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. Declarations of Interest
4. Minutes of the Special Health and Wellbeing Board held on 21 January 2016 (Pages 1 - 8)
5. Better Care Fund Update - Report of Strategic Programme Manager, Care Act Implementation and Integration, Children and Adults Services, Durham County Council (Pages 9 - 14)
6. Review of Youth Services in County Durham - Report of Head of Children's Services, Children and Adults Services, Durham County Council (Pages 15 - 22)
7. Update on Progress with the Adult Autism Strategy "Fulfilling and Rewarding Lives" - Report of Strategic Commissioning Manager, Children and Adults Services, Durham County Council (Pages 23 - 34)
8. Urgent and Emergency Care Vanguard - Presentation of Chief Clinical Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group (Pages 35 - 36)
9. Proposed Reconfiguration of Organic Inpatient Wards serving County Durham and Darlington - Joint Report of Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust and Chief Operating Officer, North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups (Pages 37 - 50)
10. Joint Health and Wellbeing Strategy 2016-19 - Report of Head of Planning and Service Strategy, Children and Adults Services, Durham County Council (Pages 51 - 110)

11. Development Of An Oral Health Strategy For County Durham - Report of Director of Public Health County Durham, Children and Adults Services, Durham County Council (Pages 111 - 118)
12. Hospital Admissions Caused by Unintentional and Deliberate Injuries (aged 0-24) - Behind the Headlines - Report of Director of Public Health County Durham, Children and Adults Services, Durham County Council (Pages 119 - 138)
13. No Health Without Mental Health Update including the Mental Health Crisis Care Concordat - Report of Chief Operating Officer, North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups (Pages 139 - 178)
14. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration
15. Any resolution relating to the exclusion of the public during the discussion of items containing exempt information

Part B

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

16. Pharmacy Applications - Report of Director of Public Health County Durham, Children and Adults Services, Durham County Council (Pages 179 - 182)
17. 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
29 February 2016

To: The Members of the Health and Wellbeing Board

Durham County Council

Councillors L Hovvels, O Johnson and J Allen

R Shimmin	**Corporate Director of Children and Adult Services, Durham County Council**
A Lynch	**Director of Public Health County Durham, Durham County Council**
N Bailey	**North Durham Clinical Commissioning Group**
Dr D Smart	**North Durham Clinical Commissioning Group**
Dr S Findlay	**Durham Dales, Easington and Sedgefield Clinical Commissioning Group**
J Chandy	**Durham Dales, Easington and Sedgefield Clinical Commissioning Group**
S Jacques	**County Durham and Darlington NHS Foundation Trust**
A Foster	**North Tees and Hartlepool NHS Foundation Trust**
M Barkley	**Tees. Esk and Wear Valleys NHS Foundation Trust**
C Harries	**City Hospitals Sunderland NHS Foundation Trust**
J Mashiter	**Healthwatch County Durham**

Contact: Jackie Graham **Email: 03000 269704**

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DURHAM COUNTY COUNCIL

At a meeting of the **Health and Wellbeing Board** held in Conference Room 1 - Council Offices, Spennymoor on **Thursday 21 January 2016 at 10.30 am**

Present:

Councillor L Hovvels (Chairman)

Members of the Board:
Councillors J Allen and O Johnson, C Harries, S Jacques, A Lynch, J Mashiter, R Shimmin and Dr D Smart

1 Apologies for Absence

Apologies for absence were received from N Bailey, M Barkley, J Chandy, Dr S Findlay and A Foster

2 Substitute Members

Dr J Smith as substitute for Dr S Findlay and P Scott as substitute for M Barkley

3 Declarations of Interest

There were no declarations of interest.

4 Minutes

The Minutes of the meeting held on 3 November 2015 were confirmed by the Board as a correct record and signed by the Chairman.

5 Better Care Fund Update

The Board considered a report of the Strategic Programme Manager – Care Act Implementation and Integration, Children and Adults Services, Durham County Council that gave an update on Quarter 2 2015/16 Better Care Fund (for copy see file of Minutes).

The Board were advised that 5 out of 6 performance indicators had been met in Quarter 2. The indicator still to achieve the target was regarding permanent admissions of older people to residential/ nursing homes per 100,000 population, however the Strategic Programme Manager – Care Act Implementation and Integration advised of contributing factors to the non-achievement.

Resolved:

(i) That the report be noted.

(ii) That further updates in relation to the Better Care Fund be received.

6 North Durham CCG (NDCCG) and Durham Dales, Easington and Sedgefield CCG (DDESCCG) Planning progress update and draft commissioning intentions for 2016-17

The Board considered a joint report of the Chief Clinical Officer, Durham Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group (CCG) and Chief Operating Officer, DDES and North Durham CCG that provided an update on the refresh of the North Durham Clinical Commissioning Group and Durham Dales Easington and Sedgefield Clinical Commissioning Groups potential commissioning intentions for 2016/17 and that provided an overview of the national planning requirements (for copy see file of Minutes).

The Commissioning Manager, North East Commissioning Support (NECS) advised that the process was similar across both CCGs. National planning guidance was received in late December 2015 and the NHS was required to produce two separate plans, a Sustainability and Transformation Plan and a one year Operational Plan. The Board were informed of the planning timetable.

The Commissioning Manager advised of the wider footprint for the Sustainability and Transformation Plan (STP) across Durham, Darlington and Tees, however it was reiterated that a locality focus needs to be retained, which will align to the STP. The Network and Senate Associate Director, NHS England stated that there was a standard format planning template and he would circulate this for information. The Chief Executive of County Durham and Darlington NHS Foundation Trust (CDD NHS FT) added that each statutory organisation were still required to have individual plans.

The Commissioning Manager outlined the “must dos” for 2016/17 and the Head of Planning and Service Strategy, Children and Adults Services, Durham County Council, commented on the scale of challenge presented. The Board agreed the introduction of mental health access targets were an important step forward towards parity of esteem between mental and physical health.

The Corporate Director of Children and Adults Services, Durham County Council stated that it was important to ensure the Local Government Association were involved in developing the guidance for plans, where they impacted on local authorities. The Network and Senate Associate Director agreed to feed this back to NHS England Sub-Regional Team. Further guidance is expected at the end of January 2016 and the Network and Senate Associate Director agreed to circulate this to the Health and Wellbeing Board.

Resolved:

(i) That the Planning Progress Update and Draft Commissioning Intentions 2016/17 be received.

(ii) That the planning timetable be noted.

(iii) That the power of authority to the Corporate Director, Children and Adult Services, Durham County Council, the Chief Clinical Officer, DDES CCG and the Chief Operating Officer, ND CCG & DDES CCG in consultation with the Chair of the Health and Wellbeing Board to sign off the local premium indicators for 2016/17 be delegated.

7 Urgent Care Service Integration

The Board considered a report of the Chief Clinical Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) that provided an update on DDES CCG's review of urgent care services and proposed new service models (for copy see file of Minutes).

The Clinical Chair, DDES CCG advised that the report had been considered at Adults, Wellbeing and Health Overview and Scrutiny Committee earlier in the week. He advised that it had been necessary to look at and review urgent care as at present there was a complex system. It had been found that a lot of people visited urgent care as they were unaware that they could get an appointment with a GP. The Clinical Chair advised that the 111 service would be able to access and make appointments at GP surgeries. He said that every general practice had been involved and highlighted the proposed models. He added that although there was a lot of public anxiety, no decisions had been made in relation to urgent care services in DDES and any future system would look at the better use of public money.

The Chairman suggested that the consultation be spread out as far and wide as possible to include Town and Parish Councils. It was also agreed that it was important to consult with Area Action Partnerships.

With regards to the residents of North Durham CCG, the Clinical Chair advised they were looking at urgent care together with out of hours provision and consultation would take place with GPs to look at the most appropriate models. The principles would be the same as outlined within this report by having a system for people to navigate more easily.

Councillor J Allen asked that the consultation be meaningful and that dates be circulated as soon as possible through county councillors and town and parish councillors to ensure everyone has an opportunity to have their say.

The Director of Public Health County Durham, Children and Adults Services, Durham County council asked what the plans were at Darlington as we do have patient flow into that area from County Durham. The Chief Executive CDD NHS FT advised that this was co-located within A&E at Darlington and plans for hubs would go out for consultation.

In terms of the consultation, the Interim Chief Executive of Healthwatch County Durham and the Head of Planning and Service Strategy said that timing was of the essence and that messages to the public need to be clear and easy to understand.

Resolved:

(i) That the report be noted.

(ii) That an update at a future meeting be received.

8 Durham County Council Cold Weather Plan

The Board considered a report of the Director of Public Health County Durham, Children and Adults Services, Durham County Council which gave an update on the County Council's Cold Weather Plan which sought to reduce excess winter deaths and cold related ill health (for copy see file of Minutes).

The Director of Public Health advised that the plan was about keeping people healthier at home as we do have excess winter deaths in County Durham. Early sight of the figures from last winter had shown a substantial increase. The Director of Public Health was looking further into the figures and will look at the links to those who are socially isolated.

The Director of Public Health will join the System Resilience Group to be sighted on the wider system winter planning issues. The Director of Public Health will also present the Plan to the Community Wellbeing Partnership.

Resolved:

(i) That the report be noted.

(ii) That the Cold Weather Plan incorporates the new NICE guidance and is exploring the interface with the NHS system resilience plan be noted.

9 County Durham Health Profile 2015

The Board considered a report of the Director of Public Health County Durham, Children and Adults Services, Durham County Council that provided a summary of the County Durham Health Profile 2015 and that compared indicators against the previous profile of 2014 (for copy see file of Minutes).

The Board discussed hip fractures and falls and the Director of Public Health agreed to ask the Frail Elderly group to carry out further investigations into this data to bring further information to a future Board meeting.

Resolved:

(i) That the report be noted.

(ii) That the findings are utilised and inform the planning of services provided for people living in County Durham by DCC and partners and also those services that were commissioned be noted.

(iii) That the poor outcomes identified in the profile were being addressed by the relevant strategies and plans developed by partners including the Joint Health & Wellbeing strategy, mental health strategies, tobacco control plan, health weight framework be noted.

10 County Durham Child Health Profile 2015

The Board considered a report of the Director of Public Health County Durham, Children and Adults Services, Durham County Council that provided a summary of the County Durham Child Health Profile 2015 and compared indicators to the previous profile of 2014 (for copy see file of Minutes).

The Director of Public Health agreed to provide a report to a future Board meeting looking into unintentional injuries of children and young people.

Resolved:

(i) That the report be noted.

(ii) That the health profile is used in the planning of services provided for children and young people living in County Durham by Durham County Council and partners and also those services that were commissioned be noted.

(iii) That the poor outcomes identified in the profile were being addressed by the relevant strategies and plans including the Children and Young People's Mental Health, the Joint Health & Wellbeing Strategy, Children and Young People Mental Health and Emotional Wellbeing Resilience Plan, Alcohol Harm Reduction Strategy, Healthy Weight Framework be noted.

11 County Durham Drug Strategy Action Plan 2014-2017

The Board considered a report of the Director of Public Health County Durham, Children and Adults Services, Durham County Council that gave progress for the County Durham Drug Strategy Action Plan for 2014-2017 (for copy see file of Minutes).

The Director of Public Health advised that there was a time lag in the data available but it was hoped to see some improvements as services from the new provider, Lifeline, were embedded. The Director of Public Health reported that there was a special Overview & Scrutiny session looking at the performance outcomes of the Lifeline services.

In relation to substance misuse treatment a new policy would ensure that a recovery contract was in place with the service user, that would monitor, support and help them to secure employment, housing, training and education. The Director of Public Health advised that 1400 people were currently receiving treatment and that this could be a big concern for elected members and the wider community.

Resolved:

That the action plan and current performance be noted.

12 Durham Local Safeguarding Children Board Annual Report 2014-15

The Board considered a report of the Independent Chair of the Durham Local Safeguarding Children Board (LSCB) which provided information in respect of the

Annual Report of the County Durham Local Safeguarding Children Board (LCSB) (for copy see file of Minutes).

The Independent Chair highlighted the achievements in 2014/15 and priorities and challenges for 2015/16. The Board were advised that the vision had been amended slightly, that there was a focus on child sexual exploitation and joint working with the Police, and that self-harm was a LSCB priority following feedback from young people expressing that it was an important issue.

The Head of Planning and Service Strategy referred to the launch of a new website by a multi-agency ERASE team. The Board were advised that this would be a source for help and information for children, parents and the wider community to help them stay safe, in a bid to end child sexual exploitation. He suggested that the LSCB work with AAPs to promote the website and to work with partners to help send out the materials for it.

Resolved:

(i) That the content of the report to ensure it remains sighted on the LSCB's effectiveness and interfaces be noted.

(ii) That the range of work that has taken place to safeguard children in county Durham, and the continued challenges, developments and achievements in this critical area of work be noted.

13 Safeguarding Adults Board Annual Report 2014-15

The Board considered a report of the Report of Independent Chair, County Durham Safeguarding Adults Board which provided information about the current position of the County Durham Safeguarding Adults Board (SAB) achievements on 2014/15 and plans for 2015/16 (for copy see file of Minutes).

The Independent Chair advised that a lot of work had been carried out in relation to the Care Act and that awareness raising had been effective in increased the number of adult safeguarding referrals, and that the number of multi-agency investigations had reduced.

Resolved:

(i) That the content of the report to ensure it remains sighted on the SAB's effectiveness and interfaces be noted.

(ii) That the achievements during 2014/15 and the progress of actions during 2015/16 be noted.

14 Children's Services Update

The Board considered a report of the Head of Children's Services, Children and Adults Services, Durham County Council that provided an update on the national and local developments in relation to children's social care services (for copy see file of Minutes).

The Head of Planning and Service Strategy highlighted the key points within the report, including the two successful bids to the Children's Social Care Innovation Fund and the improvements in performance across a range of key indicators.

The Chairman said that there was a lot of positive work progressing and congratulated the Youth Offending Service for winning an award for the work carried out.

Resolved:

(i) That the report be noted.

(ii) That further updates in relation to the transformation of Children's Services on a six monthly basis be received.

15 Update from Healthwatch County Durham

The Board considered a report of the Interim Chief Executive, Healthwatch County Durham that gave an update on the strategic direction, structural changes, activities and outcomes of Healthwatch County Durham during the period April to September 2015 (for copy see file of Minutes).

The Interim Chief Executive of Healthwatch highlighted the changes during the period and advised of the high turnover of staff due to maternity leave. She advised of her appointment as Interim Chief Executive and a new Interim Chair. The volunteer programme had been developed with 6 new defined roles created.

The Board were advised that a named link for each AAP had been identified and would help to spread the available resources as widely as possible.

The Director of Public Health enquired as to where information is directed when received. The Interim Chief Executive advised that issues were directed as appropriate, for example, to the CCGs, Foundation Trusts and was informed that it was important to feed back to people to let them know what had been done and what responses had been received.

Resolved:

(i) That the activities and outcomes of Healthwatch County Durham's work in gathering views, advising people and speaking up for health and social care service users be noted.

(ii) That Healthwatch County Durham Community Interest Company is now operating as an independent social enterprise be noted.

16 Health and Wellbeing - Area Action Partnership Links

The Board considered a report of the Area Action Partnership Coordinator, Assistant Chief Executive, Durham County Council that provided an update in relation to the work taking place to enhance the interface between Area Action Partnerships (AAPs) and the Health and Wellbeing Board to improve the alignment of AAP developments and investments and the priorities of the Partnerships (for copy see file of Minutes).

The Area Action Partnership Coordinator highlighted the achievements and developments and advised that developing dementia friendly communities and tackling holiday hunger were emerging issues that had been identified.

The Head of Planning and Service Strategy said that it was important for all agencies to understand the value of the AAPs and the benefits that could be achieved for small funding grants and projects.

The Corporate Director of Children and Adult Services queried how the AAPs would scale up the holiday hunger issue. The AAP Co-ordinator agreed to take this issue forward and will report into the Children and Families Partnership.

Resolved:

(i) That the work that was taking place be noted.
(ii) That the improved alignment of work of the AAP's to the Health and Wellbeing Board be noted.
(iii) That work will progress through the Community Wellbeing Partnership.
(iv) That the AAP/public health supported projects in 2015/16.

17 Exclusion of the public

Resolved:
That under Section 100 A (4) of the Local Government Act 1972, the public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraphs 1 & 2 of Schedule 12A to the said Act.

18 Pharmacy Applications

The Board considered a report of the Director of Public Health County Durham, Children and Adults Services, Durham County Council which provided a summary of Pharmacy Relocation Applications received from NHS England in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 since the last formal meeting of the Board in November 2015 (for copy see file of Minutes).

Resolved:
That the Board note the Pharmacy Relocation Applications received.

Health and Wellbeing Board

8 March 2016

Better Care Fund Update

Report of Paul Copeland – Strategic Programme Manager, Care Act Implementation and Integration, Children and Adults Services, Durham County Council

Purpose of the report

1 To provide an update on Quarter 3 2015-16 Better Cared Fund (BCF) to the Health and Wellbeing Board.

2 The Better Care Fund Quarter 3 2015-16 return for County Durham to NHS England is available on request.

Background

3 Implementation of the Better Care Fund commenced on 1st April 2015 following approval of the Durham Plan in December 2014. County Durham's allocation from the BCF is £43,735m in 2015-16 which has financed a number of projects and models of service delivery across 7 work programmes.

4 The BCF planning guidance required partners to incorporate 6 key performance indicators in their plans, 4 of which were prescribed nationally (shaded below) and 2 which were agreed locally.

5 The BCF plan was supported locally by a Financial Risk Sharing Agreement produced by partner agencies and approved by the Health and Wellbeing Board.

a.	Permanent admissions of older people (aged 65 yrs.+) to residential / nursing homes per 100,000 population
b.	Percentage of older people (aged 65 yrs.+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
c.	Delayed transfers of care (delayed days) from hospital per 100,000 of the population (average per month)
d.	Number of non-elective admissions to hospitals.
e.	Percentage of carers who are very / extremely satisfied with the support or services they receive.
f.	Number of people in receipt of telecare per 100,000 population

6 The BCF required that the identified funding was committed in line with the plan to achieve efficiencies with an assurance that expenditure on services did not exceed the budget.

Performance Update

7 Performance against the key indicators can be measured against the position at 2014-15. Quarter 3 2015-16 denotes positive performance in 5 out of 6 indicators. The number of permanent admissions into residential and nursing care homes remains higher than the target figure for Q3 2015-16 and the number of non-elective admissions to hospital has just met the Q3 2015-16 target.

8 A traffic light system is used in the report, where green is on or better than target and red is below target.

Permanent admissions of older people (aged 65 yrs.+) to residential / nursing homes per 100,000 population

INDICATOR	HISTORICAL		LATEST PERIOD	TARGETS 2015-16		PERFORMANCE AGAINST TARGETS
	2013-14	2014-15	OCT-DEC 2015 (Q3)	Q3	Q4	
Permanent admissions of older people (aged 65 yrs.+) to residential / nursing homes per 100,000 population	736.2	820.9	583.7	533.1	710.4	Red

9 Between October – December 2015, the rate of older people aged 65 years and over admitted on a permanent basis to residential and nursing homes (including full cost clients where support was arranged by the Council) was 583.7 per 100,000 population. The number of admissions has exceeded the Q3 2015-16 target figure of 533.1 by 8.7%.

10 There are a number of factors which have impacted upon the increased number of permanent admissions which include:

- Greater complexity of need in relation to people with dementia.
- Increasing numbers of people with complex health needs requiring nursing home placement.

11 Of the 2787 older people in permanent care in January 2016, 1391 (50.0%) were in receipt of dementia or nursing care.

12 Whilst the increase in permanent admissions is of concern, this needs to be considered in a context of increasing demographics and people being admitted into residential / nursing care much later in life. The actual volume of bed days in residential / nursing care remains stable.

Percentage of older people (aged 65 yrs.+) who were still at home 91 days after discharge from hospital into reablement /rehabilitation services

INDICATOR	HISTORICAL		LATEST PERIOD	TARGETS 2015-16		PERFORMANCE AGAINST TARGETS
	2013-14	2014-15	OCT-DEC 2015 (Q3)	Q3	Q4	
Percentage of older people (aged 65 yrs.+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	89.4%	89.6%	87.7%	85.7%	85.7%	**Green**

13 Between October – December 2015 87.7% of older people aged 65 years+ who remained at home 91 days after discharge. This is marginally less than the Q2 2015-16 actual figure of 88.0%, but exceeds the 2015-16 target figure of 85.7%.

Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)

INDICATOR	HISTORICAL		LATEST PERIOD	TARGETS 2015-16		PERFORMANCE AGAINST TARGETS
	Q1 2015/16	Q2 2015/16	OCT-DEC 2015 (Q3)	Q3	Q4	
Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)	436	391	363	807.1	802.3	**Green**

14 The number of delayed transfers of care (delayed days) at 363 per 100,000 population during Q3 October - December 2015 continues to demonstrate positive performance by exceeding the Q3 2015-16 target of 807.1.

15 Durham's rate (3.6) is lower than the regional (7.4) and national (11.2) figures based upon the number of people delayed per 100,000 of the population. *(Source: ASCOF measures)*

Non Elective Admissions to Hospital

INDICATOR	HISTORICAL		LATEST PERIOD	TARGETS 2015-16		PERFORMANCE AGAINST TARGETS
	Q1 2015/16	Q2 2015/16	OCT-DEC 2015 (Q3)	Q3	Q4	
Non-elective admissions per 100,000 population (per 3 month period)	2940	2923	3010	3018	2904	**Green**

16 The number of non-elective admissions to hospital 3010 met the Q3 2015-16 target of 3018 by a margin of 0.3%. The performance element of the BCF for Q3 2015-16 is technically payable.

Percentage of cares who are very / extremely satisfied with the support or services they receive

INDICATOR	HISTORICAL		LATEST PERIOD	ANNUAL TARGET ONLY FOR 2015-16	PERFORMANCE AGAINST TARGETS
	2012-13	2013-14	OCT-DEC 2015 (Q3)		
Percentage of cares who are very extremely satisfied with the support or services that they receive	47.9%	52.6%	54.4%	48-53%	Green

17 Durham has a higher rate of carer satisfaction (54.4%) compared to regional (49.1%) and national (41.5%) measures *(Source; ASCOF Measures).*

Number of people in receipt of Telecare 100,000 population

INDICATOR	HISTORICAL		LATEST PERIOD	TARGET (at as 31st March 2016)	PERFORMANCE AGAINST TARGETS
	at 31st March 2014	at 31st March 2015	At 30th Dec 2015		
The number of people in receipt of telecare per 100,000 population	225	292	422	225	Green

18 The number of people in receipt of one or more items of telecare equipment continues to increase at 442 in Q3 2015-16 and exceeds the annual target of 225.

19 There is no national benchmarking data available in relation to telecare equipment.

Recommendations

20 The Health and Wellbeing Board is recommended to:

- Note the contents of the report.
- Agree to receive further updates in relation to BCF quarterly performance.

Contact: Paul Copeland – Strategic Programme Manager, Care Act Implementation and Integration
Tel 03000 265190

Appendix 1: Implications

Finance
The BCF total for 2015-16 is £43,735m of which £3.214m is performance related.

Staffing
No direct implications.

Risk
The performance related element of the BCF concerning the non-elective admission target.

Equality and Diversity/ Public Sector Equality Duty
Equality Act 2010 requires the Council to ensure that all decisions are reviewed for their potential impact upon people.

Accommodation
None.

Crime and disorder
None.

Human rights
None.

Consultation
As required through the Health and Wellbeing Board.

Procurement
None.

Disability Issues
See Equality and Diversity

Legal Implications
Any legal requirements related to the BCF Programme and projects are considered and reviewed as necessary.

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Health and Wellbeing Board

8 March 2016

Review of Youth Services in County Durham

Report of Carole Payne, Head of Children's Services, Children and Adult Services, Durham County Council

Purpose of the Report

1 The purpose of this report is to inform the Health and Wellbeing Board of the review of Youth Services in County Durham and to provide details surrounding the consultation process.

Background

2 The Council's current Medium Term Financial Plan (MTFP) requires efficiency savings of approximately £260m from 2011/12 until 2019/20. The Council anticipates that further savings of £37m will be required in 2016/17 and 2017/18. Savings targets for Children and Adults Services (CAS) are currently £17.3m for 2016/17 and £20m for 2017/18, with further budget reductions expected for the service in 2018/19.

3 Historically the youth support service was a distinct service however, since the introduction of the One Point Service in 2011, the provision of support for young people has formed an integral part of the broader early help offer delivered in and through the One Point Service.

4 The wider One Point Service budget equates to £8,666,485 and this review will contribute an efficiency of approximately £1million from this budget towards the Council's overall savings targets.

5 To date the main focus of Council funded youth services has been the provision of universal youth sessions which any young person aged 13 – 19 can access through youth clubs across the County. This provision is in addition to a wide range of diverse opportunities for young people delivered in and through voluntary and community sector organisations.

6 The youth provision has evolved over time and has not been based on a strategic assessment of need to inform where it is most needed.

7 A number of these projects receive additional funding ranging from £430 up to £27,768 through a Youth Work Support Grant (YWSG) totalling £194,684. The purpose of the grant has been to provide additional financial support to community organisations to support the delivery of open access youth projects.

8 Of the 42,618[1] young people aged 13 – 19 years living in County Durham, 17,978 young people live within the top 30% most deprived Super Output Area[2]. Current youth work performance data shows that youth workers are in sustained contact with 9% of young people who live in an area of identified deprivation, with 8% achieving an outcome based on improving social and emotional capabilities.

Policy Context

9 Following the 2010 election, the coalition government established an Education Select Committee to review services for young people. As a result the commitment to providing support to young people was confirmed and is outlined in three documents:

- Positive for Youth: a new approach to cross-government policy for young people aged 13-19;
- Statutory Guidance for Local Authorities on Services and Activities to Improve Young People's Well-being;
- A Framework of Outcomes for Young People that was published in 2011/12.

10 The documents set out a strategic requirement for Councils to secure, so far as is reasonably practicable, a local offer that is sufficient to meet local needs. All documents emphasise the use of local authority resources to support a more targeted approach to meeting the needs of young people and highlight the key role of the voluntary and community sector in the delivery of the universal offer of youth activities.

Youth Service Review

11 The review considered a range of factors that impact on outcomes for these young people including:

- Deprivation
- Child Poverty
- Educational Attainment and Progression; and
- Health

12 The review has highlighted a clear link between young people who live in areas of identified deprivation and poor outcomes across a range of social issues.

[1] Office of National Statistics 2013

[2] Super output Areas are a geography for the collection and publication of small area statistics. SOAs give an improved basis for comparison across the country because the units are more similar in size of population, than for example, electoral wards.

13 It has also highlighted that the current youth work delivery model has not adequately impacted upon outcomes for young people across a range of indicators in the County. Numbers of young people achieving a positive outcome through youth work are low particularly in those areas of identified high deprivation.

14 In addition to the analysis of outcomes, information has been gathered from 8 regional local authorities which highlighted that all have made significant reductions to youth work budgets ranging from 45% to 72% since the introduction of austerity in 2010. All have made a shift towards a targeted model of youth provision and all are making further reductions.

15 The proposals put forward for consultation as a result of the review are intended to improve service delivery and improve outcomes for young people, while at the same time reducing the cost base of the service.

Proposals:

16 Based on the review, three key proposals form the consultation; they are as follows:

1. A Strategy for Youth Support in County Durham
2. Deploy Council Resources according to need to deliver a Targeted Youth Support Service
3. Ceasing the existing Youth Work Support Grant (YWSG) and the allocation of funding to each Area Action Partnership (AAP) to address local priorities linked to Youth Services.

Proposal 1:

17 A Strategy for Youth Support in County Durham has been developed and sets out the Council's Vision as:

- Ensure those young people who require additional help are identified and supported to achieve good outcomes; and
- Work in partnership with other providers, including the Voluntary and Community Sector, to ensure young people can access universal provision and activities

18 To do this the Council must ensure that those young people who require additional help are identified early and supported through a targeted approach that will secure improved outcomes such as:

- Improved school attendance
- Reduced risk of fixed term exclusions
- Improved economic prosperity through successful progression to further employment, education or training;
- Improved health outcomes, including emotional health and wellbeing
- Young people kept safe from harm.

Proposal 2:

19 The review has shown that only a small proportion of young people access the youth service, despite universal access being offered. At the same time, outcomes for vulnerable young people need to improve.

20 It is proposed therefore, that Council resources should be deployed, according to need, so that a targeted service can be provided. This will mean that universal, open access youth work will no longer be provided.

21 The proposed model for Targeted Youth Support recognises that outcomes for young people can be affected firstly by a range of social issues within the family, home and community and secondly by issues which may affect their education and school life.

22 In order to move to determine a basis for resource allocation, a methodology has been developed to measure need across the County. The data relating to young people's outcomes across County Durham was therefore considered in two parts; social need and educational/school based need.

23 **Part 1**: **Basket of Social Indicators.** The following measures were used to develop a ranking:

- Proportion of young people in households with incomes less than 60% of the median national average;
- Proportion of young people subject to a single assessment at Level 3 (requiring early help but below statutory social work intervention level);
- Proportion of young people who are Not in Education, Employment or Training (NEET);
- Numbers of teen parents.

The analysis of each indicator showed that a close correlation exists between numbers of young people living within the top 30% most deprived SOA, and the range of other indicators. It was therefore appropriate to use numbers of young people living within the top 30% most deprived SOA as a measure of social need on which to base resource distribution.

24 **Part 2**: **Basket of School Based Indicators.** The following measures were used to develop a ranking:

- Young people in years 7 to 11, based on numbers of pupil enrolments 2014/15
- Levels of persistent absence
- Levels of fixed term exclusions

This analysis of school related measures showed a close correlation between numbers of pupil enrolments for academic year 2014/15 and the other indicators. It was therefore appropriate to use numbers of pupil enrolments for academic year 2014/15 as a measure of school based need on which to base resource distribution.

25 These two indicators have been used to assess an allocation of resources so that resource is matched to need.

26 Using the number of young people living in the top 30% most deprived SOA on which to base resource allocation will allow for the delivery of the following proposed models of targeted youth provision to meet young people's social needs:

- **Team Around the Family (TAF)**: The Single Assessment and TAF approach is becoming embedded with all practitioners across the children's partnership. This multi-agency approach aims to ensure that our young people get early help and support to prevent those issues having a negative impact on their own life chances and to stem the potential for these issues to become inter-generational as young people go on to become parents themselves.
- **Team Around the Community (TAC)**: A range of partners including Police, the Youth Offending Service, Anti-Social Behaviour Officers and Neighbourhood Wardens will support the identification of areas for concern. Where appropriate, youth workers, working in partnership with a range of professionals, will be deployed to the identified communities to build effective relationships with young people with the objective to address behaviour that is causing concern and improve relationships between young people and their communities.
- **Teen Parent Pathways**: County Durham has some of the highest teenage conception rates in the region and considerably higher rates than the national average. The One Point Service has developed a Teenage Parent Pathway. Youth Workers and other practitioners, support teen parents to develop a range of skills including confidence and self-esteem, parenting and child development. They support the young people to identify and progress into opportunities for further education, employment or training.
- **NEET[3] Re-engagement:** These programmes are designed to support the continued development of re-engagement opportunities for young people who are NEET. Youth Workers work alongside Personal Advisors and support young people to develop skills which support them to progress into further education, training or employment.

27 Using the number of pupil enrolments for academic year 2014/15 on which to base resource allocation will allow for the delivery of the following proposed model of targeted youth provision to meet young people's school based needs:

- **Team Around the School**: The TAS brings the One Point Service into a close working arrangement with secondary schools in County Durham to quickly identify and provide early help to pupils and their families who are a cause for concern to schools. Interventions are delivered in a range of ways. Youth workers use their skills to engage often challenging young people in one-to-one and groupwork activities.

[3] The term "NEET" refers to young people Not in Education, Employment or Training

They support young people to identify issues of concern to them and help them to build a range of skills that will ensure they become more resilient and able to deal with adversity. Workers also support families, providing an effective home-school link which ensures that difficulties that are being experienced both at home and at school are identified and addressed.

Proposal 3:

28 The YWSG currently supplements the staffing allocation provided by the Council for the delivery of universal open access youth work sessions.

29 The total budget of this grant is £194,684 and distribution levels range from £430 up to £27,768. These amounts have not been based on a strategic assessment of need and are based solely on historical arrangements that have evolved over time.

30 It is proposed that following the delivery of a minimum of £56,000 MTFP savings, the remaining YWSG be redirected to AAPs to address local priorities linked to youth services. The benefits that this approach will realise have been identified as follows:

- All AAPs have identified young people as a priority;
- Additional funding will be provided to enhance community based services and bring added value to current community provision;
- There will be an opportunity to maximise this resource through the potential for match funding;
- Governance and monitoring arrangements are in place through the AAPs;
- Decisions regarding funding will be taken at a local level by local people who understand the needs of their communities.

Consultation Timeline

30. A full 12 week consultation has commenced which involves all key stakeholders and which pays particular attention to the views of young people.

31. The consultation will seek the views and opinions of all key stakeholders potentially affected by the proposals, including all management committees currently supported by the YWSG.

32. The consultation and details of how to respond can be accessed through the Durham County Council website at the following address: www.durham.gov.uk/youthsupportconsult

33. The following timeline is proposed:

- 12 week public consultation – **1st February – 27th April 2016**
- Final decision of Cabinet – **Autumn 2016**

Recommendations

34. The Health and Wellbeing Board is recommended to:

- Note the Youth Service Review and the consultation process
- Encourage partner agencies to engage in the consultation process as set out in paragraph 32 above.
- Receive an update on the outcome of consultation and the decision of Durham County Council Cabinet in due course.

Contacts: Julie Scurfield, Strategic Manager, Children's Services Reform
Tel: 03000 261 630
Helen Riddell, Project Manager Youth Review
Tel: 03000 268 603

Appendix 1: Implications

Finance – The proposals would enable efficiency savings in line with the County Council's Medium term Financial Plan (MTFP). The specific proposals in this report would deliver approximately £1 million from a rationalisation of buildings and a restructure of the staff resource designed to maximise savings whilst minimising reduction in the number of posts.

Staffing – A re-configuration of the staffing resource through a full HR exercise will be undertaken in 2016 in line with the County Council's Policies and Procedures.

Risk – The Council risks being unable to delivery its duty to support vulnerable young people if it continues to offer a predominantly universal service.

Equality and Diversity / **Public Sector Equality Duty –** An Initial Screening of the Equality Impact Assessment has been completed. A full Equality Impact Assessment will be complete following the proposed consultation and will be updated as the Project progresses.

Accommodation - The proposals to reduce the number of Youth Centre buildings could result in changes to accommodation arrangements for some staff. These staff could be accommodated in the One Point Hubs.

Crime and Disorder - Support to young people at risk of crime and disorder would be available through the model proposed.

Human Rights - N/A

Consultation - It is proposed that a 12 week consultation programme be undertaken which would involve all internal and external stakeholders.

Procurement - N/A

Disability Issues - An Initial Screening of the Equality Impact Assessment has been completed. A full Equality Impact Assessment will be complete following the proposed consultation and will be updated as the Project progresses. It takes consideration of the proposals on all stakeholders, regardless of their ethnicity, disability, etc.

Legal Implications - A full consultation programme is proposed that aims to ensure that the Council meets its statutory obligation.

Health and Wellbeing Board

8 March 2016

Update on Progress with the 2010 Adult Autism Strategy "Fulfilling and Rewarding Lives"

Report of Jane Robinson, Head of Commissioning , Children and Adults Services, Durham County Council

Purpose of the Report

1 The purpose of this report is to update the Health and Wellbeing Board on progress in relation to the Autism Strategy implementation and to share the Local Autism Action Plan for 2016, attached at Appendix 2.

Background

2 The Local Autism Action Plan was developed from the Department of Health's self-assessment framework to support localities with the delivery of the Adult Autism Strategy and the statutory guidance which accompanied this.

3 The Plan for 2014/15 was developed collaboratively with service users and carers and the relevant agencies. It identified that further development was needed in the following two areas:

- Employment.
- Criminal Justice.

Current position and progress update

4 There have been a number of developments to Durham's Autism Action Plan since the last report. The decision was taken in September 2015 to end the joint arrangements with Darlington Local Authority for the facilitation of the Autism Service Development Group. This was on the basis that the two local authorities were at different stages in their development work. The membership of the Service Improvement Group is currently under review and meetings will now take place quarterly. These will be run concurrent to a stakeholder forum for service users and carers facilitated by MAIN post diagnostic service. A user and carer representative will attend the Autism Service Improvement group to act as the link between the two groups. Marion Franklin, Durham County Council Policy and Planning Officer, will also attend the Stakeholder Forum.

5 The National Autism Self-Assessment Framework returns have been submitted for 2015. We have received overarching feedback from the Public Health Observatory but are awaiting specific feedback and any issues from this will be addressed in the Autism Action Plan.

Better Health and Social Outcomes

6 The referral process from Tees Esk and Wear Valley's (TEWV) NHS Foundation Trust Autism Diagnostic Service to MAIN post diagnostic service has been reviewed. TEWV have agreed to use a referral form for those service users who would benefit from using MAIN's post diagnostic service. Prior to this, the onus was on the individual to refer themselves, something which users found difficult to do.

7 There has been very little take up of the training offered to GP practices (1 practice) and efforts have been made to improve this situation. As part of their work with the Autism Alliance, North East Autism Society (NEAS) has designed e-training for GP's in consultation with the Royal College of GP's and a number of service users. Discussion will take place with the Clinical Commissioning Groups (CCG's) about ensuring GP practices take up the offer of this training.

Mainstream and Specialist Accommodation Options

8 Five service users, including some with Autism, have moved into the community as part of the Post Winterbourne Transformation Programme. There are firm plans in place for three additional service users to move into the community.

9 A proposal is underway to develop 40 units of accommodation for people with complex needs. Plans are progressing to develop an empty health property in Horden into six units of individual accommodation. In addition, a plot of land in Gurney Valley has been purchased by a private developer and plans have been drawn up for the development of a programme of individual units of accommodation. A further service will be developed in North Durham, but a suitable site for this is yet to be identified.

Criminal Justice

10 NEAS have established strong links with Deerbolt Youth Offenders Institution (YOI) and have provided Autism Awareness training for 98 prison officers. They are in the process of developing an assessment process for use on Deerbolt's First Night wing. This will then be rolled out for use in other Durham prisons.

11 MAIN have provided Autism Awareness training for 82 Durham Constabulary police staff including community support officers and custody sergeants.

12 The Appropriate Adult Service commenced in August 2015 and they record the number of people diagnosed with autism who require their service. Their Appropriate Adults have been offered Autism Awareness training via MAIN.

13 Links have been established with the Through the Gate service and a forum is to be developed in early 2016 to include key prison services and the relevant autism service providers. This will focus on reasonable adjustments, service issues and best practice responses. Autism Awareness training has now been offered to the Through the Gate service.

Employment Opportunities

14 County Durham is expected to receive £17.87 million from the European Social Fund to tackle youth unemployment. The aim is to introduce measures to get approximately 5,500 young people in County Durham into work, training or education. Links have been established with the programme lead and discussions will commence in early 2016 on what can be offered to support people with autism into employment, training or further education.

15 The Autism Alliance has delivered Autism Awareness training to approximately 28 Department of Work and Pension staff. NEAS will be developing a focus group to consider employment issues in 2016.

16 The Autism Alliance has signed up approximately 40 national companies and 180 north east companies and a variety of high profile local organisations to their Autism Charter. Future work will include developing those links to explore employment opportunities for people with autism.

Training

17 MAIN post diagnostic service offers a rolling training programme for service users, carers and professionals. In addition to this, they will now be providing training to the following:-

- The three commissioned Advocacy services.
- Public Health's Health Trainers service.
- Social Care Direct staff.
- The newly appointed prison social worker.
- The Through the Gate service.
- The newly commissioned Appropriate Adults service.

18 Below is a table of the courses offered and the numbers trained from January to September 2015 by MAIN.

TOTAL JAN-SEP 2015

	Attendee details						TOTAL TRAINED
	professionals (LA)	parent	carer	SU	Professional (other)	Health Professional	
INTRO TO Austism Spectrum Disorder (ASD)	65	4	2	0	90	16	177
IDENTIFYING ASD TRAITS	6	2	0	0	27	3	38
SUPPORTING PEOPLE WITH ASD	5	2	0	0	10	5	22
HOW TO WRITE CARE PLANS	0	0	0	0	0	2	2
EMPLOYING PEOPLE WITH ASD	12	0	0	0	3	4	19
TOTAL TRAINED	**88**	**8**	**2**	**0**	**130**	**30**	**258**

19 NEAS have provided Autism Awareness training to Durham County Council's Customer Care staff. Up to November 2015, 21 staff have received the training and more are scheduled for the early 2016.

20 Autism Awareness training is being offered via MAIN to social care staff involved in the assessment of older people for services. This will be specific to the particular needs of older people.

Progress in other areas

21 The issue of older people with Autism has been considered. The National Autistic Society policy report 'Getting on? Growing older with autism' identifies the key issues for older people who have autism. These include:-

- Under-diagnosis and the impact of receiving a diagnosis
- Health issues, including identifying health problems and accessing healthcare
- Reliance on family and isolation when this is no longer available

22 The report recommends that all health and social care professionals, including those working in older age specialisms, and older people's services, should receive autism training. Key personnel in Durham County Council's (DCC) older people's services were consulted on the benefits of offering Autism Awareness training to staff involved in the assessment of older people. This will now be facilitated by MAIN post diagnostic service in 2016.

23 A service user focus group has been established facilitated by MAIN to provide regular communication between DCC's Commissioning Department and service users and carers.

Future work

24 The intention is to develop the relationship between the two major autism service providers in the Durham area, MAIN and NEAS. This will ensure there is no overlap in the work they undertake and any gaps in provision can be identified and responded to by the appropriate service.

25 Work will be developed with the prison service to ensure that the needs of prisoners with autism are considered within the prison regime and links are established with local community services to ensure appropriate support is in place when prisoners are released.

26 Promotional work will commence to ensure that Care Coordinators are aware of the importance of recording diagnosis on Social Services Information Database (SSID) records, and the process in place for doing this.

27 The identification of the appropriate staff in older persons services who will require Autism Awareness training.

28 MAIN's post diagnostic service is currently funded via the Better Care Fund. Longer term funding will be identified for continuity purposes. The service has worked hard to meet the needs of those people with autism who do not meet the criteria for social care. The number of referrals demonstrates the demand for the service and feedback from parents, carers and other professionals on the work of the service has been very positive. The service continues to flourish and has a direct impact on the lives of those who access it.

29 Funding will to be identified to continue to develop socially inclusive opportunities for people with Autism. They report that the social groups they established were of huge benefit to service users in developing and cementing their ability to socialise with peers.

30 Consideration needs to be given to the funding and development of an additional respite cabin at Edmondsley, County Durham which will be taken forward with the provider and operational teams in 2016

Recommendations

31 The Health and Wellbeing Board is recommended to:

- Note the contents of this report and action plan for information.
- Receive a further update at a future meeting.

Contact: David Shipman, Strategic Commissioning Manager
Tel: 03000 267391

Appendix 1: Implications

Finance
Funding for the Post Diagnostic Service is in place until March 2016 but long term funding needs to be identified to meet the needs of people with AUTISM and prevent any deterioration and subsequent cost implications.

Staffing
No implications.

Risk
There is a risk of increased demand for social care services should the Post Diagnostic Service not be continued as without the appropriate low level support it is likely that those people who currently access the service would deteriorate and their needs would increase.

Equality and Diversity/Public Sector Equality Duty
Durham County Council are aware of the need to make reasonable adjustments for people with AUTISM. There are implications around Autism training for key personnel.

Accommodation
There is a need for specialised accommodation for people with Autism and complex/challenging needs and there are cost implications relating to this.

Crime and Disorder
There is a need for stronger links with Criminal Justice to ensure the needs of people with Autism are identified and met to minimise cost implications.

Human Rights
No implications.

Consultation
No implications.

Procurement
No implications.

Disability Issues
No implications.

Legal Implications
No implications.

APPENDIX 2

"Fulfilling and Rewarding Lives" in County Durham

Action Plan for 2016/17

	Quality Outcome/Service Ambition	Action	Lead Person	Date for Completion	Progress Monitoring/Outcomes Indicator	RAG Rating
1.	Adults with autism achieve better health and social outcomes	• Training for GP Practices • Identification and implementation of reasonable adjustments • Provide information to GP's on their role in ESA (Employment Support Allowance) applications • Clear pathway established into diagnosis and specialist support services	**D. Shipman** (CAS)	May 2016	MAIN and North East Autism Society (NEAS) to meet and discuss way forward re GP training NEAS developing GP training as part of the Autism Alliance Number of sessions provided by MAIN to GP Practices – 1 CCG addressing poor take up by GP's Consultation with service users to determine impact of training and reasonable adjustments Referral Document provided for Diagnostic team to refer to MAIN sept 2015	**AMBER**
2.	Adults with autism access a range of mainstream and specialist accommodation options	• Development of specialist packages and accommodation for people in hospital as part of the Winterbourne programme.	**D. Shipman** (CAS)	March 2016	5 people moved as part of the Post Winterbourne Transformation Programme. 3 have firm plans in place. Proposals underway for 40 units of accommodation for people with complex needs Ongoing discussions with several specialist residential and supported living providers (both housing and support)	**AMBER**
		• Improved access to mainstream options in DCC Housing Solutions Service	**F. Grand** (CAS)	March 2016	MAIN has supported 6 people to move from the family home.	**GREEN**
		• Inclusion of Autism needs in The County Durham Housing Strategy	**F. Grand** (CAS)	March 2016	*Housing Strategy on hold until County Durham Plan issue resolved*	**AMBER**

APPENDIX 2

	Quality Outcome/Service Ambition	Action	Lead Person	Date for Completion	Progress Monitoring/Outcomes Indicator	RAG Rating
3.	Adults with autism are dealt with appropriately/ effectively in the Local Criminal Justice Services	• NEAS training to continue in County Durham Prisons • Diversion Project established • Appropriate Adult Service Commissioned • MAIN training of Police to continue • NEAS to identify other Criminal Justice Services which would require autism training for example the local courts etc • Referral routes established between 'through the gate' services and community based providers. • Establish a prison discharge support group	**D. Shipman** (CAS) **K. Weir** (Police) **MAIN** **NEAS** **National Offender Management Service (NOMS)** **M. Franklin**	March 2016	98 prison officers at Deerbolt trained – NEAS MAIN trained a total of 82 police staff, including community police and custody sergeants. Assessment process in place for new prisoners at First Night wing Checkpoint service now in place The Appropriate Adult Service (TASS) commenced August 2015 MAIN and NEAS working in partnership with commissioning to progress work with the prison service. MAIN to provide training to Through the gate service and the recently appointed social worker for social care in prisons.	**GREEN**
		Host a local/regional seminar to spotlight the issues and best practice responses	**All**	March 2016	Discussions currently taking place with partners.	**AMBER**
4.	Adults with autism are able to access employment opportunities	• Training for job centre plus staff • Identification and implementation of reasonable adjustments • Training for service users around employability skills	**MAIN** **NEAS**	March 2016	NEAS have provided training to 28 DWP staff via Autism Alliance NEAS have developed an online toolkit for Department for Work and Pensions Autism Alliance (via John Phillipson) to establish a working group with DWP to implement pilot project including development of a communication passport MAIN have supported 11 people to take up volunteering work and 6 people into employment MF attended consultation meeting with service users to determine impact of training and reasonable adjustments Sept 2015	**AMBER**

APPENDIX 2

	Quality Outcome/Service Ambition	Action	Lead Person	Date for Completion	Progress Monitoring/Outcomes Indicator	RAG Rating
		• Establish links with the Youth Employment Initiative (Helen Radliffe); ensure the needs of people with Autism are considered; publicise training/employment	**Commissioning**	Jan 2016	Helen awaiting confirmation her tender was successful. MF has established links with Helen Radcliffe and will develop an action plan with her for young people with autism.	**GREEN**
		• Ensure transition processes into adult services have an employment focus • Work in partnership with commissioning colleagues working in children's' services to develop new transitional arrangements.	**Commissioning – L Dunn, D Shipman, M Franklin**	Ongoing	DS and MF involved with transitions project coordinated by Children's Commissioning to address implications of 14-25 transitions service	**AMBER**
5.	Staff working with people with autism have appropriate skills, knowledge and training.	• Development and Implementation of an autism-specific training programme.	**H. Ostle** (CAS Learning & Development)	March 2016 Onwards	Ongoing Programme developed and delivered to key personnel from March 2015 – update requested from H Ostle	**AMBER**
		• Training to DCC Customer Service Staff	**NEAS Mary Readman DCC customer services**	March 2016	Ongoing programme – 15 trained by Nov 2015	**AMBER**
		• MAIN to add training programme	**MAIN**	March 2016	Training programme Jan – Sept • 88 professional • 8 parents • 2 Carers	**AMBER**
		• Identify which key older person's services training could be delivered to in order for the needs of older people with autism to be considered.	**MAIN**	May 2016	MAIN to develop a specific half day course on autism and older people. To be delivered May 2016	**AMBER**

APPENDIX 2

	Quality Outcome/Service Ambition	Action	Lead Person	Date for Completion	Progress Monitoring/Outcomes Indicator	RAG Rating
		• Identify which key services require training to be delivered in order for the needs of women with autism to be considered	**MAIN**	March 2016		**AMBER**
		• Training to be delivered to the commissioned advocacy providers (Rethink, Skills for Life and Citizens Advice Bureau (CAB)	**MAIN**	March 2016	To be arranged between MAIN and advocacy providers	**AMBER**
		• Training to be delivered to Through the Gate Service	**MAIN**	March 2016	To be arranged between MAIN and Through the gate service	**AMBER**
		• Training to be delivered to The Appropriate Adult Service (TAAS)	**MAIN**	March 2016	To be arranged between MAIN and TAAS	**AMBER**
		• Training to be delivered to Social Care Direct (SCD) staff	**MAIN**	March 2016	To be arranged between MAIN and SCD	**AMBER**
		• Training to be delivered to Public Health's Health Trainer service	**MAIN**	March 2016	To be arranged between MAIN and Health Trainer services	**AMBER**
6.	Adults with autism and Carers receive regular information about autism support services in County Durham	County Durham Carers Support (CDCS) to attend Autism Implementation Group.	**D. Shipman** (CAS)	Quarterly from May 2015	Ongoing – Susan Garrett	**GREEN**
		Marketing/Publicity/Press releases	**DCC Marketing Team**	Ongoing	Ongoing	**AMBER**
		Ongoing support from CDCS including signposting to training available and access to NHS Residential breaks and Opportunities Fund and Non Residential Breaks Funding	**CDCS**	Ongoing	Ongoing	**GREEN**
		MAIN to facilitate quarterly consultation forums for users and carers to run consecutively with the Autism Service Implementation Group.	**MAIN**		MF to attend consultation groups and feedback progress on the Autism Action Plan. MF to feed views of users and carers into the ASIG and action plan	**GREEN**

APPENDIX 2

	Quality Outcome/Service Ambition	Action	Lead Person	Date for Completion	Progress Monitoring/Outcomes Indicator	RAG Rating
7.	Older adults with autism receive appropriate support	Identify the range of older persons issues that need to be addressed	**Marion Franklin**	Jan 2016	MAIN to develop a specific half day course on autism and older people. To be delivered May 2016	**GREEN**
		Arrange Autism Awareness training sessions for social care staff involved in assessing need	**Marion Franklin**	May 2016	Ongoing	**AMBER**
		DCC's Learning and Development Team have developed a basic level 1 workbook for use in CDCS older persons services to be implemented before the end of the financial year.	**Suzanne Milbourne**	March 2016		**GREEN**
8.	Younger adults with autism have access to social activities and achieve greater social inclusion	Work with voluntary sector partners and the MAIN Project, to develop socially inclusive activities across Co Durham	**D. Shipman (CAS)**	Sept 2014	MAIN completed 1 year project to provide social activities. Further funding to be identified.	**GREEN**
9.	Improved engagement with service users and carers in service planning.	MAIN to facilitate stakeholder events quarterly for service users and carers to feed their views into the Autism Service Improvement Group.	**MAIN D. Shipman (CAS)** **MAIN Marion Franklin**	From March 2016	MF attending service user groups Ongoing	**GREEN**
10.	Clear Council policy covering reasonable adjustments to statutory and other wider public services	Training of DCC Customer Service staff covering Autism and reasonable adjustments. Work with partners to identify where reasonable adjustments can be made to improve access to wider services	**NEAS** **MAIN**	Ongoing	Reasonable adjustments in place.	**AMBER**

APPENDIX 2

	Quality Outcome/Service Ambition	Action	Lead Person	Date for Completion	Progress Monitoring/Outcomes Indicator	RAG Rating
	which make specific reference to autism.	Improved access to psychology, Speech and Language, and Occupational Therapy assessments.	**MF and MAIN working with artners**			
11.	Improve data collection	Establish data collection and sharing agreement between 3 agencies.	**D. Shipman (CAS) Paula Sheen (CAS)**	March 2016		**AMBER**
		Produce a briefing to distribute to LD teams on the SSID recording process	**D. Shipman/M Franklin/D Knighton**	Feb 2016		
12.	Autism work to continue to be monitored by the Health and wellbeing board.	Minimum of one report per year to be completed. Update report to be presented to Health and Wellbeing board.	**D. Shipman (CAS)**	8th March 2016		**AMBER**

***ACTION PLAN REVIEWED AND REVISED DECEMBER 2015**

KEY

RED	**Behind Target**	**AMBER**	**On Track**	**GREEN**	**Complete**

Health and Wellbeing Board

8 March 2016

Urgent and Emergency Care Vanguard

Report of Stewart Findlay, Chief Clinical Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group

Purpose of the Report

1 The purpose of this report is to provide the Health and Wellbeing Board (HWB) with an overview of the Urgent and Emergency Care Vanguard Programme. A presentation will also be provided at the Health and Wellbeing Board meeting.

Background

2 The Urgent and Emergency Care Vanguard was awarded to the North East in September 2014. This allows us the potential to access central funds to deliver the National Urgent and Emergency Care Strategy (UEC) strategy more rapidly than other areas.

3 The UEC strategy has to be delivered regardless of Vanguard status.

4 This presentation is to update the HWB on progress made to date and the allocation of funding.

Recommendations

5 The Health and Wellbeing Board is recommended to:

- Note the content of this report.
- Receive a presentation on the Urgent and Emergency Care Vanguard Programme at its meeting on 8th March 2016.

Contact: Stewart Findlay, Chief Clinical Officer, DDES CCG
Tel: 0191 3713220

Appendix 1: Implications

Finance
No implications

Staffing
No implications

Risk
No implications

Equality and Diversity / Public Sector Equality Duty
No implications

Accommodation
No implications

Crime and Disorder
No implications

Human Rights
No implications

Consultation
No implications

Procurement
No implications

Disability Issues
No implications

Legal Implications
No implications

Health and Wellbeing Board

8 March 2016

Proposed Reconfiguration of Organic Inpatient Wards serving County Durham and Darlington

Joint Report of Martin Barkley, Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust and Nicola Bailey, Chief Operating Officer, North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups

Purpose of the Report

1. The purpose of this report is to provide members of the Health and Wellbeing Board with background information in respect of proposals by Tees, Esk and Wear Valleys NHS Foundation Trust and the three Clinical Commissioning Groups (CCGs) in County Durham and Darlington to consult on reconfiguration of Organic Inpatient wards serving County Durham and Darlington.

Background

2. Notification has been received from Tees, Esk and Wear Valleys NHS Foundation Trust and the three CCGs regarding proposals to consult on options for the reconfiguration of Organic Inpatient wards serving County Durham and Darlington.

3. Organic illnesses in relation to this proposal are predominantly those conditions we know as being dementia.

Proposal to consult on the future configuration of Inpatient wards for Older people with Organic Mental Illness in County Durham and Darlington

4. Tees, Esk and Wear Valleys NHS Foundation Trust and the three CCGs have provided a consultation document setting out how they intend to consult on the proposals which is attached at Appendix 2 and outlines the following:

    - The rationale for the review of inpatient services for older people with organic mental health illnesses within County Durham and Darlington.

- The proposed options for future configuration of the service that are to be consulted upon; the number of people affected by the proposed changes; admission rates for each CCG and an evaluation completed by the Mental Health Services For Older People (MHSOP) service of each option.

- The proposed consultation, communication and engagement activities that will be undertaken in informing the local community about the review and what is being proposed and how they can input into the review process.

5. The engagement process commenced on 4 January 2016 until 28 March 2016, after which the feedback obtained during this process will be considered alongside the proposals to assist the CCGs in making a final decision.

Recommendations

6. The Health and Wellbeing Board is recommended to:

- Receive this report for information.

Contacts: Michael Houghton, Head of Commissioning and Development, North Durham CCG
Tel: 0191 3898575
Daniel Blagdon, Engagement Lead, North Durham CCG
Tel: 0191 3898617

Appendix 1: Implications

Finance
No implications.

Staffing
No implications.

Risk
No implications.

Equality and Diversity / Public Sector Equality Duty
An Equality Impact Assessment has been undertaken in respect of the proposals.

Accommodation
No implications.

Crime and Disorder
No implications.

Human Rights
No implications.

Consultation
The proposed consultation, communications and engagement plan for the review has been appended to this report.

Procurement
No implications.

Disability Issues
No implications.

Legal Implications
No implications.

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APPENDIX 2

CONSULTATION DOCUMENT

Improving mental health services for people with dementia in County Durham and Darlington

Public consultation

Introduction

The purpose of this consultation is to seek the views of local people on the location of assessment and treatment beds for older people who have a dementia in County Durham and Darlington.
As our population ages, dementia is one of the most serious issues we face and we must do everything we can to make sure that we are providing the best possible care and support for people with dementia and their carers.

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) provides specialist mental health services for the people of County Durham and Darlington and this includes inpatient assessment and treatment beds for people who have a dementia. There are currently three 10 bed wards – one ward at Bowes Lyon Unit, Lanchester Road Hospital in Durham and two wards at Auckland Park Hospital in Bishop Auckland.

Developments over recent years mean that fewer people with dementia need to spend time in hospital. Occupancy levels and the number of admissions have reduced over the last two years as a consequence of strengthened community services provided by TEWV. Between August and November 2014 TEWV reduced the number of inpatient beds on the three wards from a total of 45 (3 x 15 bed wards) to 30 (3 x 10 bed wards).

TEWV are confident that they now have the appropriate number of beds for the citizens of County Durham and Darlington. We now need to make sure that we are offering people who have a dementia not only the best possible inpatient environment (should admission to a specialist ward be required), but also that we are making the best use of our resources. This means reviewing the current location and configuration of assessment and treatment beds.

This document provides more detailed information about a number of options for the future location of inpatient services and explains how you can have your say.

We welcome your views and look forward to hearing from you.

Background

People are living longer and the number of people who have a dementia is increasing. We want to make sure that these people get the best possible care and support.

More people with dementia are able (and want) to receive the care and treatment they need in their home environment. Although some people will need and benefit from admission to hospital, people with dementia generally want to stay in their own homes. As we strengthen our community services and change the way we work to support patients at home, fewer people need to be admitted to specialist wards and those who are admitted are spending less time in hospital.

Occupancy levels and the number of admissions have reduced over the last two years and between August and November 2014 TEWV reduced the number of inpatient beds on the three assessment treatment wards from 45 (3 x 15 bed wards) to 30 (3 x 10 bed wards). This is consistent with the number of beds available in other areas of the Trust and other parts of England. Over the last twelve months TEWV has demonstrated that 30 beds is sufficient to meet the needs of the residents of County Durham and Darlington who have a dementia (see tables below).

Use of inpatient beds		
Time period	**Number of admissions**	**Occupied bed days**
1 April 2013 – 31 March 2014	157	13,983
1 April 2014 – 31 March 2015	163	11,113
1 April 2015 – 31 March 2016 (forecast based on eight months data)	149	8,635
Time period	**Number of beds**	**Bed occupancy (%)**
1 April 2014 – 30 November 2014	45	75%
1 December 2014 – 31 August 2015	30	79%

The figures show an overall decrease in the number of admissions from County Durham and Darlington over the last two and a half years and a dramatic decrease in the length of time people spend in hospital (occupied bed days), even when the number of admissions increased during 2014/15. This is also reflected in the average bed occupancy rates for the periods immediately before and after the numbers of beds were reduced.

Inpatient care is now the exception rather than the norm. Increasingly this means that those people who are admitted to mental health hospitals have very complex needs, often displaying behaviours that challenge carers to continue to support the person at home.

It is therefore important that the inpatient environment meets the needs of patients who have significant challenging behaviours. This means providing an environment where

patients can be cared for safely and with dignity, and where vulnerable patients can be protected. It includes offering spacious accommodation where patients can move around freely, with places where they can be quiet as well as other areas that are more stimulating.

In doing this we must also make sure that we make the best use of tax payers' money and use our limited resources as effectively as possible.

Our current inpatient services for people with dementia

In County Durham and Darlington there are currently three inpatient wards providing assessment and treatment services for people who have a dementia:

- Picktree Ward, Bowes Lyon Unit, Lanchester Road Hospital, Durham (10 beds) – mixed sex ward with designated sleeping areas for men and women

- Ceddesfeld Ward, Auckland Park Hospital, Bishop Auckland (10 beds) – single sex (male)

- Hamsterley Ward, Auckland Park Hospital, Bishop Auckland (10 beds) – single sex (female)

(At Bowes Lyon Unit in Durham we also have an assessment and treatment ward – Roseberry Ward - for older people with mental health problems such as psychosis, severe depression or anxiety (functional illnesses). There is a second functional ward at West Park Hospital in Darlington. People with different illnesses have very different needs and it is nationally recognised good practice to care for them in different wards.)

The need for change

We regularly review our services and facilities to make sure that the people who use them are getting the care they need, when and where they need it, and that we are using our limited resources effectively.

As more people with dementia are supported in their home environment, we need fewer beds. It is, of course, important that there are inpatient beds available locally when patients need them but we also need to make sure that we are

- providing the best possible environment and
- making the best use of tax payers' money.

It is much more efficient and cost effective to manage two wards with 15 beds than three wards with 10 beds.

Our proposal

We will retain 30 inpatient beds but reduce the number of wards from three to two.

There are three options open to us

Option 1
Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree Ward at Bowes Lyon Unit, Durham)

Option 2
Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon in Durham (and close one of the wards at Bishop Auckland).

Option 3
Provide a mixed sex ward at Bowes Lyon in Durham and a mixed sex ward at Auckand Park Hospital (and close one of the wards at Bishop Auckland)

Option 1(the preferred option of clinicians)
Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Durham)

Benefits

- **Separate wards for men and women**. Because more people are being supported at home, those who are admitted to hospital have more complex needs. Patients often display challenging behaviour and can be socially and sexually disinhibited. Clinical experience shows that having a male only ward is the best option for these vulnerable patients, some of whom are admitted from male only care homes.
- These two ground floor wards offer the **best physical environment** for people with dementia and challenging behaviour. They are larger than the ward at Bowes Lyon Unit in Durham and space is a crucial factor in caring for people whose behaviour can be challenging. Patients have more room to move about freely, which reduces aggression, and there is also more space to offer a choice of quiet or socially stimulating areas (in line with nationally recognised standards set by the Dementia Services Development Centre at Stirling University).
- Having two wards on one site would mean staff would be able to make more **efficient use of clinical time**.
- This option provides the most **flexibility** in terms of adjusting the wards to respond to the ratio of men and women needing to spend time in hospital. For instance, if required we could have 16 men in one ward and14 women in the other.

Disadvantages

- Some patients and their families would have **further to travel.** For instance, people from Consett have 12 miles to travel to Lanchester Road Hospital and this increases to 23 miles to Auckland Park. However, as we are able to support more people in their home environment, there are fewer people spending time in hospital. The Trust recognises the impact this could have and would do everything possible to minimise this impact by, for instance, making visiting times as flexible as possible.

Option 2
Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

Benefits

- There would be **inpatient services at both Durham and Bishop Auckland.**
- **Separate wards for men and women**. Because more people are being supported at home, those who are admitted to hospital have more complex needs. Patients often display challenging behaviour and can be socially and sexually disinhibited. Clinical experience shows that having a male only ward is the best option for these vulnerable patients, many of whom are admitted from male only care homes.

Disadvantages

- Some patients and their families would have **further to travel.** For instance, people from Consett have 12 miles to travel to Lanchester Road Hospital and this increases to 23 miles to Auckland Park. The Trust recognises the impact this could have and would do everything possible to minimise this impact by, for instance, making visiting times as flexible as possible.
- The ward in Durham has **less internal space** than the wards in Bishop Auckland. Space is a crucial factor in caring for people whose behaviour can be challenging.
- This would leave one **isolated ward** at Auckland Park Hospital without support from other wards that are close by for emergency and short term staffing and could require additional staffing.

Option 3
Provide a mixed sex ward at Bowes Lyon in Durham and a mixed sex ward at Auckand Park Hospital

Benefits

- We would retain wards at Durham and Bishop Auckland and there would be **no increase in travel** for patients and their families.

Disadvantages

- We would have to provide **mixed sex wards**. Because more people are being supported at home, those who are admitted to hospital have more complex needs. Patients often display challenging behaviour and can be socially and sexually disinhibited. Clinical experience shows that a male only ward is the best option for these vulnerable patients. Although we could introduce male and female zones it would be difficult to manage as patients with advanced dementia are unlikely to recognise and observe male or female only areas. The Care Quality Commission requires Trusts to provide single sex accommodation and, despite providing male and female zones, moving from a single sex ward to a mixed sex ward (at Auckland Park) will be perceived as a backward step.

- The ward in Durham has **less internal space** than the wards in Bishop Auckland. Space is a crucial factor in caring for people whose behaviour can be challenging..
- This would leave one **isolated ward** at Auckland Park Hospital without support from other wards that are close by for emergency and short term staffing and could require additional staffing.

The views of mental health professionals at TEWV

The preferred option of mental health professionals at TEWV is option one because the clinicians firmly believe that having separate wards for men and women is highly beneficial. Patients with advanced dementia often display challenging behaviour and can be socially and sexually disinhibited. Clinical experience, gained over the last ten years, shows that separate male and female wards is the best option for these vulnerable patients. The Trust has also had a number of complaints from carers about mixed sex wards.

Have your say

We would like your views on our proposals for continuing to improve services for people with dementia in County Durham and Darlington.

The public consultation will run from 4th January 2016 to 28th March 2016.

(Info on any open event – TBA)

You can also give us your feedback by completing the attached form or emailing your comments to:

nduccg.northdurhamccg@nhs.net

You can also send the completed attached form or comments to:

North Durham CCG
The Rivergreen Centre
Aykley Heads
Durham
DH1 5TS

The deadline for responses is 28th March 2016 when the consultation closes.

What happens next?

We will use the information you provide to help us make a decision on our proposals. No decision will be made until the consultation has ended.

All comments, views and feedback will be considered by the CCGs and TEWV and a decision will made once the feedback gathered through the consultation process has been considered. It will also be reviewed by the local authorities' Health Scrutiny Committee and shared with the public.

Questionnaire

Please tick your preferred option

Option 1
Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Durham)

Option 2
Provide separate male and female wards on split sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit in Durham.

Option 3
Provide a mixed sex ward at Bowes Lyon Unit in Durham and a mixed sex ward at Auckland Park Hospital

Please explain below why you have chosen this option

The closing date for responses is 28th March 2016

Proposed consultation plan

Consultation period
A 12 week consultation period (to allow for Christmas holiday period):
4 January 2016 – 28 March 2016

Our aim is to consult with

- existing service users (and their families) potentially impacted by the proposals
- staff directly impacted by the proposals
- local people including a range of stakeholders such as:
    - Healthwatch
    - Health Overview and Scrutiny Committee
    - Durham County Councillors
    - Darlington Borough Councillors
    - Local service user and carer groups and organisations
    - Local voluntary and statutory organisations (including Age UK and Alzheimers Society)
    - GPs
    - AAPs
    - MPs

Consultation activities / awareness raising of how to get involved / give feedback

- Consultation document to be posted on all CCG and TEWV websites from day 1 with details of how to get involved / give feedback
- Media release issued on day 1
- Use of social media throughout period of consultation signposting to more information
- Consultation document to be sent to stakeholders (see above) with covering letter including offer to meet / attend events / meetings and details of how to give feedback. (AAPs will be contacted separately to agree how they will contribute to consultation)
- Attend Healthwatch meetings
- Internal communications with staff at CCGs and TEWV
- Three public meetings: one in North Durham (likely to be Derwentside), one in South Durham (likely to be an evening meeting in Bishop Auckland) and one in Darlington. These will be publicised:
    - In consultation document
    - On website
    - Through the media (press release, social media and paid advertising)
- Open meetings for
    - families at Bowes Lyon Unit in Durham
    - families at Auckland Park in Bishop Auckland
    - staff at Bowes Lyon Unit in Durham
    - staff at Auckland Park in Bishop Auckland

(these will be publicised through direct contact, posters and internal communications).

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Health and Wellbeing Board

8 March 2016

Joint Health and Wellbeing Strategy 2016-19

Report of Peter Appleton, Head of Planning and Service Strategy, Children and Adults Services, Durham County Council

Purpose of the Report

1 The purpose of this report is to present the refresh of the Joint Health and Wellbeing Strategy (JHWS) 2016-19 for agreement.

Background

2 Consultation took place between August 2015 and February 2016 on the Joint Health and Wellbeing Strategy (JHWS) and has included children and young people, service users, patients, members of the public, voluntary and community organisations, the local authority, Area Action Partnerships and NHS colleagues.

3 The Children and Young People's and Adults, Wellbeing and Health Overview and Scrutiny Committees noted the content of the JHWS at their meetings in January 2016. They acknowledged the rigorous consultation process which has been undertaken and did not identify any gaps in the strategic actions. The Committees agreed the outcomes on which the framework is built are appropriate.

4 The Health and Wellbeing Board have been involved in the development of the JHWS and been provided with a summary of the key messages from the Joint Strategic Needs Assessment (JSNA) and the draft JHWS document for comment.

5 The JHWS is informed by the JSNA which provides an overview of health and wellbeing needs of the local population.

Refresh of the Joint Health and Wellbeing Strategy

6 Work has progressed in developing a final version of the JHWS 2016-19. This has included an update on policy information, consultation and evidence from the JSNA and the Annual Report of the Director of Public Health County Durham 2014 which focused on social isolation. The JHWS includes actions relating to childhood and adult obesity and actions within the JHWS Delivery Plan will be updated as required with information from the Annual Report of the Director of Public Health County Durham 2015, which focuses on obesity, when the document is available. Performance

indicators have been reviewed to ensure they remain appropriate to the priorities of the Health and Wellbeing Board.

7 The vision for the JHWS has been re-affirmed as **"Improve the health and wellbeing of the people of County Durham and reduce health inequalities"**.

Strategic Objectives and Outcomes Framework

8 A Strategic Objectives and Outcomes Framework has been agreed by the Health and Wellbeing Board and is outlined in the JHWS on page 8.

9 The JHWS links to other thematic partnership plans and has shared objectives with the Children, Young People and Families Plan: "Children and young people make healthy choices and have the best start in life" and the Safe Durham Partnership Plan "Protect vulnerable people from harm".

Strategic Actions

10 The JHWS includes a number of Strategic Actions that identify the key areas of work which the Health and Wellbeing Board will focus on, linked to objectives and outcomes.

11 Work has been undertaken to streamline the number of Strategic Actions where possible, from 51 to 47. A number of actions have amended wording or are new and have been agreed with relevant leads as part of the planning process to develop the Joint Health and Wellbeing Strategy.

12 A full version of the revised Joint Health and Wellbeing Strategy 2016-19 is attached in Appendix 2 for agreement.

JHWS Delivery Plan

13 More detailed actions outlining the work taking place to achieve the Strategic Actions will be included in the JHWS Delivery Plan. This will include target dates for when actions will be achieved. This will be presented to the Health and Wellbeing Board for agreement on 26th July 2016.

JHWS Performance Management arrangements

14 A proposed set of performance indicators were included within the draft JHWS 2016-19 which was presented to the Health and Wellbeing Board in January 2016. No further feedback was received and the indicators are now included in the attached JHWS for agreement.

15 The indicators will be reported to the Board on a six monthly basis, along with progress against the delivery plan actions.

16 There are two types of indicator included in the JHWS:

- Tracker indicators do not have targets for improvement as they are long-term in nature and the council and its partners are only able to partially influence change.
- Target indicators are those where it is possible to influence performance levels and consequently annual targets can be set. The list of target indicators are included at appendix 3 for agreement by the HWB Board.

17 The Quality Premium is intended to reward Clinical Commissioning Groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities. Key indicators from the Quality Premium are reported to the Board as part of the Performance Framework. However, the Quality Premium guidance for 2016/17 has not yet been published by NHS England and indicators and targets have therefore not been agreed. Once available, a report will be presented to the Health & Wellbeing Board which will confirm indicators and targets for 2016/17.

18 The Board are also asked to note that indicators which relate to the Better Care Fund are being considered by the Better Care Fund Monitoring Group. The final Plan, including performance indicators and targets (where required), will be submitted to NHS England, following agreement by the Health and Wellbeing Board, on 25 April 2016. Once agreed, these will be added to the Performance Framework for the Board.

Timeline for the development of the JHWS

18 The Health and Wellbeing Board is requested to note the following key dates for the development of the review of the JHWS 2016 – 2019:

- HWB receives final version of JHWS 2016-19 for agreement including performance indicators – **8th March 2015.**
- Cabinet receives refreshed JHWS 2016-19 – **15th April 2016.**
- CCGs receive refreshed JHWS 2016-19 – **May 2016.**
- HWB receives JHWS Delivery Plan 2016-19 – **26th July 2016.**

Recommendations

19 The Health and Wellbeing Board is recommended to:

- Agree the Joint Health and Wellbeing Strategy 2016-19.
- Note the current position in relation to indicators linked to national frameworks.
- Agree the 2016-19 JHWS target indicators.
- Agree the Joint Health and Wellbeing Strategy Delivery Plan is presented to the July HWB meeting.

Contact: Andrea Petty, Strategic Manager – Policy, Planning and Partnerships
Tel: 03000 267 312

Appendix 1: Implications

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

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

Finance - Staffing - There are no staffing implications.

Risk – There are no risk implications

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

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

Accommodation - There are no accommodation implications.

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

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

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

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

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

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

Appendix 2: JHWS 2016-19

Refresh of County Durham Joint Health and Wellbeing Strategy attached as a separate document

Appendix 3: JHWS 2016-19 Target Indicators

Indicator	Historical Data			Latest Data	2015/16 Target	National	North East	Similar Councils	2016/17 Target	2017/18 Target	2018/19 Target
Percentage of exits from young person's substance misuse treatment that are planned discharges	88% (2012/13)	74% (2013/14)	69% (2014/15)	**77%** (Apr-Jun15)	83%	80% (Apr-Jun15)	Not available	Not available	**80%**	Targets to be agreed as part of review of Drug & Alcohol Provider Contract	
Percentage of mothers smoking at time of delivery	**19.9%** (2013/14)	**19.0%** (2014/15)	**18.1%** (Apr-Jun15)	**18.1%** (Jul-Sep15)	18.2%	10.7% (Apr-Jun15)	15.8% (Apr-Jun15)	Not available	**17.2%**	**16.6%**	**Not yet set**
Percentage of the eligible population who receive an NHS Health Check	10.3% (2013/14)	7.4% (2014/15)	**1.9%** (Apr-Jun15)	**5.4%** (Apr-Sep15)	8%	2.2% (Apr-Jun15)	1.9% (Apr-Jun15)	Not available	**8%**	**8%**	**Not yet set**
Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis (decision to treat date) DDES CCG	**98.3%** (Oct - Dec14)	**97.7%** (Jan-Mar15)	**98.4%** (Apr-Jun15)	**98.8%** (Jul-Sep15)	96%	97.4% (Apr-Jun15)	98.7% [Durham, D'ton & Tees Area Team] (Jan-Mar 2015)	Not available	**96%**	**96%**	**96%**
Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis (decision to treat date) North Durham CCG	**99.1%** (Oct-Dec14)	**98.8%** (Jan-Mar15)	**98.5%** (Apr-Jun15)	**98.9%** (Jul-Sep15)	96%	97.4% (Apr-Jun15)	98.7% [Durham, D'ton & Tees Area Team] (Jan-Mar 2015)	Not available	**96%**	**96%**	**96%**

Indicator	Historical Data			Latest Data	2015/16 Target	National	North East	Similar Councils	2016/17 Target	2017/18 Target	2018/19 Target
Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer DDES CCG	**81.1%** (Oct-Dec14)	**83.5%** (Jan-Mar15)	**82.9%** (Apr-Jun15)	**71.4%** (Jul-Sep15)	85%	81.8% (Apr-Jun15)	Not available	Not available	**85%**	**85%**	**85%**
Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer North Durham CCG	**86.2%** (Oct-Dec14)	**90%** (Jan-Mar15)	**79.9%** (Apr-Jun15)	No data?	85%	81.8% (Apr-Jun15)	Not available	Not available	**85%**	**85%**	**85%**
Successful completions as a percentage of total number in drug treatment - Opiates	7.3% (2012)	6.8% (2013)	6.8% (2014)	**6.5%** (Apr14-Mar15)	9.4%	7.4% (2014)	Not available	Not available	**Within Top quartile of similar LAs**	Targets to be agreed as part of review of Drug & Alcohol Provider Contract	
Successful completions as a percentage of total number in drug treatment - Non Opiates	36.1% (2012)	39.9% (2013)	39.9% (2014)	**41.0%** (Apr14-Mar15)	41.7%	39.2% (2014)	Not available	Not available	**Within Top quartile of similar LAs**	Targets to be agreed as part of review of Drug & Alcohol Provider Contract	
Successful completions as a percentage of total number in treatment – Alcohol	43.7% (2012/13)	34.8% (2013/14)	32.5% (Jul14-Jun15)	**26.9%** (Oct14-Sep15)	39.5%	39.1% (Jul14-Jun15)	Not available	Not available	**Within Top quartile of similar LAs**	Targets to be agreed as part of review of Drug & Alcohol Provider Contract	
Four week smoking quitters per 100,000 18+ smoking population [Number of quitters]	4,380 [4,134] (2013/14)	3,250.9 [3,068] (2014/15)	712 [672] (Apr-Jun15)	**641** [605] (Jul-Sep 15)	**2,939** [2,774 quitters]	Not available: New definition	Not available: New definition	Not available: New definition	**2,311 quitters**	Targets not yet set - Will be reviewed as part of Stop Smokng Service Contract	

Indicator	Historical Data			Latest Data	2015/16 Target	National	North East	Similar Councils	2016/17 Target	2017/18 Target	2018/19 Target
The percentage of women in a population eligible for breast screening at a given point in time who were screened adequately within a specified period	79.3% (2012)	78.6% (2013)	77.9% (2014)	**77.8%** (2015)	70%	75.9 (2014)	77.1 (2014)	75.8 (2013)	**70% (national target)**	**70% (national target)**	**70% (national target)**
The percentage of women in a population eligible for cervical screening at a given point in time who were screened adequately within a specified period	78.8% (2012)	77.7% (2013)	78% (2014)	**77.6%**(2015)	80%	74.2 (2014)	76.1 (2014)	77.3 (2013)	**80% (national target)**	**80% (national target)**	**80% (national target)**
The percentage of people eligible for bowel screening who were screened adequately within a specified period	N/A			**61.2%** (At 31 Mar 15)	60%	Not available			**60% (national target)**	**60% (national target)**	**60% (national target)**
Proportion of people using social care who receive self-directed support, and those receiving direct payments	Not available	89.8% (ASCOF 2014-15)	91.0% (At 30-Sep-15)	**90.1%** (At 31-Dec-15)	90.0%	83.7% (ASCOF 2014-15)	91.9% (ASCOF 2014-15)	82.9% (ASCOF 2014-15)	**90%**	**90%**	**90%**
Percentage of repeat incidents of domestic violence (referrals to MARAC)	8.9% (2013/14)	14.8% (2014/15)	18.5% (Apr-Jun15)	**14.9%** (Apr 15 - Sep15)	Less than 25%	25.0% (Jul 14 - Jun 15)	29.0% (Jul 14 - Jun 15)	Not available	**Less than 25%**	**Less than 25%**	**Less than 25%**

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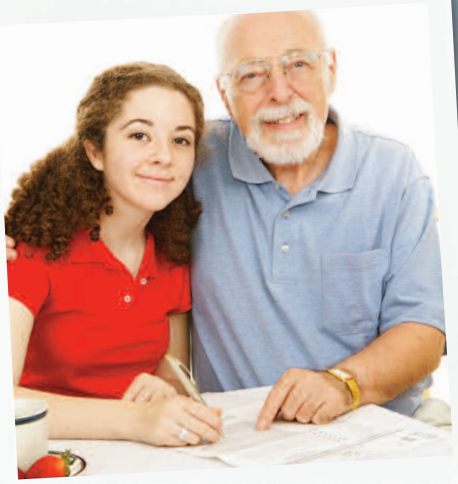


Support

Wellbeing

Health

Independence

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

County Durham Joint Health and Wellbeing Strategy 2016-2019

Contents

1. Foreword

The first Joint Health and Wellbeing Strategy (JHWS) for County Durham was developed in 2013 and has been reviewed on an annual basis with input from local stakeholders, including service users, patients, carers, members of the voluntary and community sector, GP's, NHS and local authority partners to ensure it focuses on the right priorities for joint action to improve people's health and wellbeing.

The strategy outlines a vision for where we would like County Durham to be heading in terms of health and wellbeing and health inequalities.

Examples of developments in services which are included in the JHWS are:

- Agreement of the Dementia Strategy for County Durham and Darlington that identifies areas of need and services we need to prioritise to enable people to live well with dementia. A key area of the strategy is the roll out of 'Dementia Friendly Communities' which will focus on improving inclusion and quality of life for people living with dementia.

- Agreement of a five year plan for Palliative and End of Life Care in County Durham and Darlington to deliver high quality sustainable services and improvements for patient and carer experience for people diagnosed with a life limiting condition. This will ensure people who need it receive excellent palliative care, in the place they want to receive it, when they are progressing towards the end of life.

- Agreement of the County Durham Dual Needs Strategy 2015-17 which identifies people with dual needs and ensures they have access to coordinated and responsive services to meet their complex and changing needs and their families and carers are supported.

- Endorsement of the County Durham and Darlington Urgent Care Strategy 2015-20 which aims to improve people's ability to care for themselves through patient self-management programmes, improve patient access to urgent care from primary and community services and improve emergency care provision provided within hospital settings and by ambulance services.

- Awarded one of the eight Vanguard sites which are transforming emergency and urgent care. This provides an opportunity for us to not just work across organisations but also across geographical boundaries as part of the North East Urgent Care Network.

- Agreement of the comprehensive County Durham Transformation Plan for Children and Young People's Mental Health, Emotional Wellbeing and Resilience 2015 – 2020. This plan takes into consideration the national policy document 'Future in Mind' on promoting, protecting and improving children and young people's mental health and wellbeing.

- Supported progress towards the development of a new strategic framework for physical activity - Altogether Active – A Physical Activity Framework for County Durham.

- Agreement of the first Health and Wellbeing Board led Pharmaceutical Needs Assessment for County Durham

which looks at the current provision of pharmacy services across County Durham and whether there are any potential gaps to service delivery.

- Endorsement of the Strategic Framework for the Prevention of Cardiovascular Disease (CVD) 2015 – 19. The aim of this document is to set out a framework to help prevent CVD, by working together to reduce changeable risk factors, through tried and tested interventions for the general population, the community and also at an individual level.

- Agreed County Durham will be one of the early demonstrator sites for the new National Diabetes Prevention Programme (NDPP) commencing April 2016. In addition, a new local Integrated Diabetes Model with Consultants and G.P. Practices working jointly in the community to support their patients will be rolled out from April 2016.

As budgets continue to be squeezed in the public sector it is important we continue to work together to make the best use of resources and improve outcomes for local people with regards to health and social care.

National NHS Planning guidance, 'Delivering the Forward View', requires the development of a five year Sustainability and Transformation Plan 2016-21 to set out a vision for health to improve the quality of care, wellbeing and NHS finances.

The Sustainability and Transformation Plan will link to the Joint Health and Wellbeing Strategy, Better Care Fund and Better Health Programme to address the provision of the best possible local services over the next five years and beyond. The Better Health Programme aims to improve services whilst considering key challenges including:

- The changing health needs of local people
- Meeting recommended clinical standards
- Availability of highly trained and skilled staff
- High quality seven-day services
- Providing care closer to home
- Making the best use of our money

The Health and Wellbeing Board remains committed to working together to improve the health and wellbeing of the people of County Durham and reducing health inequalities.

Councillor Lucy Hovvels
Chair of the Health and Wellbeing Board

Cabinet Portfolio for Adult and Health Services

Dr Stewart Findlay
Vice Chair of the
Health and Wellbeing Board

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

2. Introduction

What is the Joint Health and Wellbeing Strategy?

The Joint Health and Wellbeing Strategy is a legal requirement to ensure health and social care agencies work together and agree the services and initiatives that should be prioritised.

County Durham's Health and Wellbeing Board has the responsibility to deliver the Joint Health and Wellbeing Strategy 2016-19. The refresh is informed by the Joint Strategic Needs Assessment and the Annual Report of the Director of Public Health, County Durham, which is produced annually.

The strategy is not about taking action on everything at once but about setting priorities for joint action and making a real impact on people's lives. It provides a focus and vision from which to plan ahead in the medium term. It sets the priorities for commissioners to purchase health and social care services from April 2016 onwards. These will be reflected in Clinical Commissioning Group and local authority plans.

The strategy also takes account of the national and local policy context which contributes to and helps shape this agenda. Overviews of the key policies which have been considered as part of this document are included at Appendix 1.

What is the Health and Wellbeing Board?

The Health and Wellbeing Board was established in April 2013 to promote integrated working between commissioners of health services, public health and social care services, for the purposes of advancing the health and wellbeing of the people in its area. Membership of the Health and Wellbeing Board is included at Appendix 2.

As well as being a Council Committee, the Health and Wellbeing Board is the "Altogether Healthier" thematic partnership of the County Durham Partnership, which is the overarching strategic partnership in County Durham.

An annual report is produced which identifies achievements, commitments and engagement activity of the Health and Wellbeing Board as well as detailing locality health and wellbeing projects which are supported by the Board.

What consultation has taken place?

Consultation has taken place with over 500 people as part of the refresh of the Joint Health and Wellbeing Strategy to ensure the strategy continues to meet the needs of people in the local area and remains fit for purpose for 2016-19.

The Health and Wellbeing Board held an engagement event which was attended by over 260 people from various groups including voluntary organisations, patient reference groups, service users, carers, Area Action Partnerships and Elected Members.

A number of engagement events were also undertaken to gain the views of young people in relation to health and wellbeing. These included "Try it out" days undertaken by North Durham Clinical Commissioning Group and Agenda Days by Investing in Children.

Young carers and their families were also consulted through The Bridge Young Carers Service. Engagement events for older people and people with learning disabilities were also undertaken.

Adults, Wellbeing and Health and Children and Young People's Overview and Scrutiny Committees were also consulted.

Pledges of the Health and Wellbeing Board

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

- Signed up to the Disabled Children's Charter to ensure the needs of disabled children are fully understood and services are commissioned appropriately.

- Identified the Chair of the Health and Wellbeing Board and Director of Public Health, County Durham as mental health champions whose role includes promoting wellbeing and initiating and supporting action on public mental health.

- Signed up to the National Dementia Declaration and Dementia Care and Support Compact to support the delivery of the National Dementia Strategy and improving care and support for people with dementia, their carers and families.

- Signed up to the Carers' Call to Action to ensure the vision for carers of people with dementia is achieved.

- Signed up to the National Pensioners Convention's Dignity Code which has been developed to uphold the rights and maintain the personal dignity of older people.

- Signed up to St Mungo's Broadway Charter for Homeless Health pledging to measure and understand the needs of homeless people.

- Signed the NHS Statement of Support for Tobacco Control to actively support local work to reduce smoking prevalence and health inequalities.

Stakeholders

A list of stakeholders for the Joint Health and Wellbeing Strategy is shown below:

- Patients Reference Groups
- Service users
- Carers
- Durham County Council
- Clinical Commissioning Groups
- County Durham and Darlington NHS Foundation Trust
- North Tees and Hartlepool NHS Foundation Trust
- City Hospitals Sunderland NHS Foundation Trust
- Tees Esk and Wear Valleys NHS Foundation Trust (TEWV)
- Healthwatch County Durham
- Voluntary organisations
- County Durham Partnership
- Safe Durham Partnership
- Children and Families Partnership
- Overview and Scrutiny Committees
- Durham Constabulary
- County Durham and Darlington Fire and Rescue Service
- The Durham Tees Valley Community Rehabilitation Company Limited
- National Probation Service
- Durham Tees Valley Community Rehabilitation Company
- Safeguarding Adults Board
- Local Safeguarding Children Board
- Veterans Wellbeing Assessment and Liaison Service (VWALS)
- Tobacco Control Alliance
- Healthy Weight Alliance
- Think Family Partnership
- Learning Disabilities Engagement Forum
- Older Adults Engagement Forum
- Mental Health Partnership Board
- Community Wellbeing Partnership
- Area Action Partnerships
- System Resilience Group
- Protected Characteristic Groups
- North East Local Nature Partnership

(NB this is not an exhaustive list)

3. Vision for health and wellbeing in County Durham

The Joint Health and Wellbeing Strategy is informed by the Joint Strategic Needs Assessment (JSNA) and the Annual Report of the Director of Public Health County Durham.

The vision for the Joint Health and Wellbeing Strategy is to:

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

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

The Health and Wellbeing Board will continue to further develop options for future integration in County Durham.

The strategic objectives were re-affirmed by the Health and Wellbeing Board in September 2015 as:

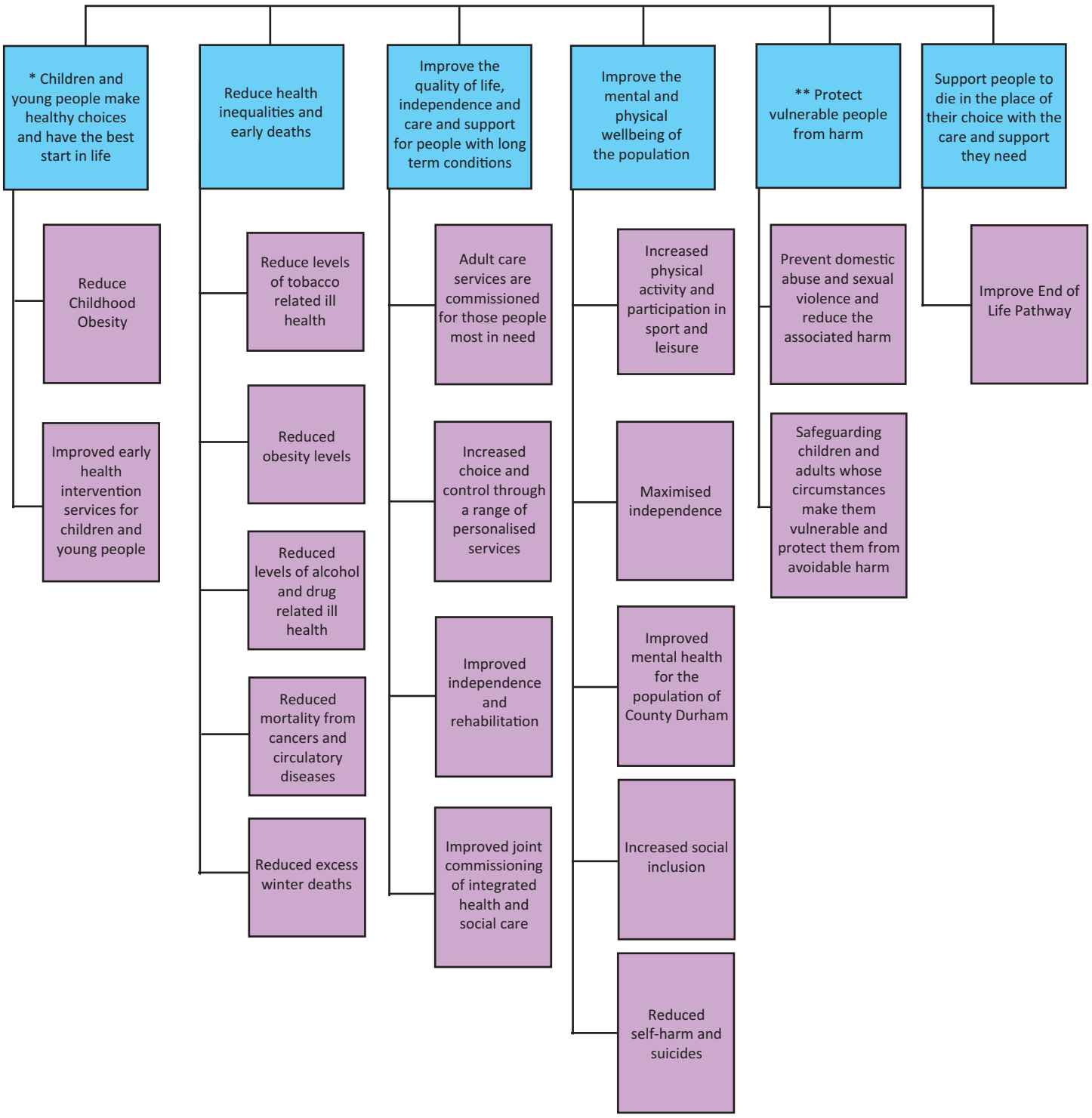
1. **Children and young people make healthy choices and have the best start in life.**
2. **Reduce health inequalities and early deaths.**
3. **Improve the quality of life, independence and care and support for people with long term conditions.**
4. **Improve the mental and physical wellbeing of the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

The Health and Wellbeing Board has also agreed a set of outcomes that are aligned to the strategic objectives, for example 'Reduced childhood obesity', 'Improved independence and rehabilitation' and 'Increased social inclusion'. Please see the diagram on the next page for a full illustration of strategic objectives and outcomes.

The strategic objectives and outcomes are underpinned by a number of strategic actions which will be undertaken to meet the objectives. The Joint Health and Wellbeing Strategy Delivery Plan will ensure the strategy is effective and performance managed, allowing transparency in demonstrating the progress that has been made and what is still left to do. Performance monitoring reports are presented to the Health and Wellbeing Board on a six monthly basis to outline achievements and where further action is still required.

The Joint Health and Wellbeing Strategy has informed local authority plans, Clinical Commissioning Groups (CCG) commissioning intentions and plans, the Sustainable Community Strategy, NHS Provider Plans (including Quality Accounts) and the Sustainability and Transformation Plan 2016–21. An overview of the range of strategies and documents which the Joint Health and Wellbeing Strategy links to is provided at Appendix 3.

Joint Health and Wellbeing Strategy
Objectives and Outcomes Framework



*Shared objective for the Children and Families Partnership and the Health and Wellbeing Board

**Shared objective for the Safe Durham Partnership and the Health and Wellbeing Board

4. Wider and cross cutting issues

The County Durham Partnership (CDP) is the overarching partnership for County Durham and is supported by five thematic partnerships, one of which is the Health and Wellbeing Board.

Each of these has a specific focus, as outlined below along with their strategic objectives:

- **The Economic Partnership**
  Aims to make County Durham a place where people want to live, work, invest and visit whilst enabling our residents and businesses to achieve their potential.

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

- **The Children and Families Partnership**
  Works to ensure effective services are delivered in the most efficient way to improve the lives of children, young people and families in County Durham.

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

- **The Safe Durham Partnership**
  Tackles crime, disorder, substance misuse, anti-social behaviour and other behaviour adversely affecting the environment and seeks to reduce re-offending.

  - Reduce anti-social behaviour
  - Protect vulnerable people from harm
  - Reduce re-offending
  - Alcohol and substance misuse harm reduction
  - Embed the Think Family approach
  - Counter terrorism and prevention of violent extremism
  - Implement measures to promote a safe environment

- **The Environment Partnership**
  Aims to transform and sustain the environment within County Durham, maximising partnership arrangements to support the economy and the wellbeing of local communities.

  - Deliver a clean, attractive and sustainable environment
  - Maximise the value and benefits of Durham's natural environment
  - Reduce carbon emissions and adapt to the impact of climate change

Cross cutting priorities

There are a number of cross cutting priorities that will be addressed in the Joint Health and Wellbeing Strategy. The following objective is shared with the Children and Families Partnership and is included in the Children, Young People and Families Plan:

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

Issues such as children and young people's mental health including self-harm by young people are included under this objective and will be led by the Health and Wellbeing Board with support from the Children and Families Partnership.

The following objective is shared with the Safe Durham Partnership:

'Protect Vulnerable People from Harm'

As a shared objective, actions relating to issues such as alcohol and substance misuse will be dealt with jointly by the Health and Wellbeing Board and Safe Durham Partnership.

The Joint Health and Wellbeing Strategy reflects work that is taking place across all service user, carer and patient groups. It recognises that many issues affect multiple groups of people. For example, issues around mental health can affect children and young people, older people and carers as well as those with a long term health conditions including diabetes and cardiovascular disease.

Community issues

There are fourteen Area Action Partnerships (AAPs) across County Durham which have been set up to help deliver high quality services and give local people and organisations a say on how our services are provided. Each AAP has a health representative from the CCG sitting on their respective Boards, as well as a designated Public Health officer aligned to the AAP who provides ongoing support.

In 2015-16, Public Health provided the AAPs with a health budget which the AAPs and partners can use to address local health issues.

The County Durham and Darlington Fire and Rescue Service is also represented on AAP Boards. Through the Transformation Challenge Award the Fire and Rescue Service launched a scheme, known as Safer Homes to engage isolated, vulnerable and elderly people and provide them with crime and fire safety advice as well as protection. Along with practical help to make homes safer, the project aims to improve the health and wellbeing of those people involved, with the project designed to foster further collaboration with as many frontline health care professionals, practitioners, families and friends as possible in order to reach the most vulnerable members of the community.

Wider determinants of health

The Marmot Review 'Fair Society Healthy Lives' (2010) acknowledged the wider determinants of health which include employment, education, transport, housing, environment and crime and disorder. These issues are best addressed through the Sustainable Community Strategy (SCS) which is the over-arching strategic document of the County Durham Partnership. The SCS has a stronger focus on issues that cut across more than one thematic priority, particularly those that will have a significant impact on the high level objectives of more than one thematic partnership. The SCS also has links to other plans such as the County Durham Plan, Regeneration Statement, the Local Transport Plan and the Housing Strategy.

The SCS provides particular focus on the following cross thematic areas:

- Job creation
- Mental wellbeing
- Think Family
- Volunteering
- Inequalities
- Alcohol

5. The picture of health and wellbeing needs in County Durham

The Joint Strategic Needs Assessment is the evidence base which informs the Joint Health and Wellbeing Strategy. A new approach is being taken to develop a web based Integrated Needs Assessment for County Durham, which will incorporate the Joint Strategic Needs Assessment from summer 2016.

The health of the people in County Durham has improved significantly over recent years, but remains worse than the England average. Health inequalities remain persistent and pervasive. Levels of deprivation are higher and life expectancy is lower than the England average, and there is also inequality within County Durham for many measures, including life expectancy and premature mortality which can vary over the geography of the County. The links between poor health outcomes and deprivation are well documented.

The latest release of the Children in Low-Income Families Local Measure shows the gap between County Durham and England continues to widen. In 2007, 22.8 percent of County Durham children aged under 16 were in families receiving less than 60 percent of median national income. This was only slightly higher than the national rate of 22.4 percent. However, latest data from 2013 indicates the absolute gap to have grown to 3.9% (County Durham 22.5 percent, England 18.6 percent). If the level of child poverty in the County had followed national trends since 2007, there would have been over 2,100 fewer children in poverty in 2013.

It is essential a strong partnership approach is taken to address poverty, working across sectors and with partner organisations, to understand impacts and to support individuals and communities affected by welfare reform and related poverty issues.

A Poverty Action Steering Group (PASG) is in place, led by the Assistant Chief Executive of Durham County Council, which co-ordinates the delivery of a range of new and existing policy work which seeks to achieve a much broader understanding of the issues affecting residents, resulting from continuing changes to welfare and other issues which mean residents can experience poverty. Building on this understanding, the Group will seek to identify actions to support residents and help address identified inequalities. The PASG has developed a Poverty Action Plan which outlines the vision as:

“To work together to reduce and prevent poverty as far as possible across County Durham”

In addition there are three objectives and five themes which include child poverty, under which identified actions will be coordinated.

Many of the Area Action Partnerships (AAPs) have identified welfare reform as one of their key priorities and have supported various projects in their areas, focusing on the issues which are particularly relevant to each local community. For example, Stanley AAP provided assistance to a project offering face to face local Welfare Rights advice, through a series of surgeries throughout the area, has provided support to residents affected by welfare changes and who are experiencing difficult times. The service is being further enhanced by partnership links with Macmillan Cancer Support, Stepchange debt charity, sensory support services and local mental health support projects.

The Council has worked with partners to support the Advice in County Durham Partnership to help co-ordinate and develop capacity to provide welfare and poverty advice in the County. The partnership seeks to bring together statutory, community and voluntary sector organisations under a ‘no wrong door’

approach, to improve the co-ordination of advice services and ensure agencies work together to support the needs of our communities.

Health inequalities are affected by socio-economic conditions that exist within County Durham such as lower household income levels, lower educational attainment levels and higher levels of unemployment, which lead to higher rates of benefits claimants suffering from mental health or behavioural disorders. Local priorities for tackling these inequalities include reducing smoking, tackling childhood and adult unhealthy weight, promoting breastfeeding, reducing alcohol consumption, reducing teenage conceptions (and promoting good sexual health), promoting positive mental health and reducing early deaths from heart disease and cancer. The Economic Partnership's focus includes raising aspirations for young people, engaging adults into work and mitigating the impact of welfare reform on our most vulnerable residents. The Partnership also focuses on housing and we will continue to work with them to ensure there is a link between housing and health.

Much of our population suffer from avoidable ill-health or premature deaths. Lifestyle choices remain a key driver to reducing premature deaths but it is clear that social, economic and environmental factors also have a significant and direct impact on health.

Smoking prevalence, proportion of mothers smoking during pregnancy, unhealthy weight in children and adults, alcohol specific hospital admissions and teenage conception rates are all greater than the England mean. Lower than average levels of breastfeeding initiation are prevalent, combined with poor dietary choices.

The County has an ageing population which will present challenges in delivering services. Our most recent population information for County Durham shows:

- The total population has increased to 517,800 in 2014, an increase of 1,800 people from 2013.
- Projections indicate a further increase of 2.8% by 2021 (to 532,200 from a 2014 base year), rising to 548,500 people by 2030 (5.9% increase from 2014).
- Between 2001 and 2014, the 0-17 population in County Durham fell by 5.9%; a smaller fall than the North East region (7.5%) while the national trend is reversed and saw an increase in the 0-17 population of 3.5% over the same period.
- By 2030, the number of children and young people aged 0-17 is projected to increase by 4.7% (from 2014), reversing some of the declining trends seen prior to 2011.
- Between 2001 and 2014 the 18 to 64 age group increased by 3.5% (10,700 people); this group is predicted to decrease to 311,200 by 2021 (a fall of 1.5%) and continue to fall by a further 2.1% by 2030 (a fall of an additional 6,600 people).
- The 65+ age group is projected to increase from almost one in five people in 2014 (19.6%) to one in four people (25.3%) by 2030, which equates to an increase of 36.8% from 101,500 to 138,800 people.
- The proportion of the County's population aged 85+ is predicted to almost double (+93.9%) by 2030.

Social isolation and loneliness is a significant and growing public health challenge for County Durham's population. It affects many people living in County Durham and has a significant negative effect on health and wellbeing across the life course.

People with stronger social networks are more likely to be healthier and happier. Those with weaker social networks can become isolated and, as a result, more likely to experience poor physical and mental health, increase the burden on local health and care services and can increase the chances of premature death.

Earlier interventions could help prevent some of the negative effects of social isolation.

6. Strategic Objectives

The following six Strategic Objectives are the medium term aims for the Joint Health and Wellbeing Strategy 2016-19.

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

Why is this a Strategic Objective?
Supporting children and young people to be healthy and to reach their full potential through offering support at the earliest opportunity is vital to them achieving successful outcomes.

The proportion of children living in poverty in County Durham continues to be greater than the England average and the gap between County Durham and England continues to widen. Growing up in poverty has a significant impact on children and young people both during their childhood and beyond.

What is going well?

- The downward trend in the under 18 conception rate in County Durham has continued.
- The percentage of children achieving a good level of development at early years foundation stage has increased and is in line with national averages and above the average North East rate.

Areas of development

- The rate of young people admitted to hospital as a result of self-harm is significantly higher than the national average.
- The provision of services for Children and Young People with eating disorders is a concern nationally and locally.
- The rate of young people admitted to hospital due to alcohol is higher than both national and regional averages.
- Children in County Durham have worse than average levels of unhealthy weight for children aged 4-5 and 10-11 years.
- The percentage of young people leaving drug and alcohol treatment in a planned way as it is below the national average.
- The percentage of mothers smoking at the time of delivery is above regional and national averages.

What you told us

Investing in Children Agenda Days, August to September 2015

- Young people highlighted that child obesity is an issue, and that the influence of parents is a major factor.
- There needs to be more promotion about mental health and emotional wellbeing in order to tackle the stigma of mental health.
- Improved access to quality education and advice regarding sexual health services with professionals that can relate to young people.
- All of the young people agreed that alcohol is very easy to get a hold of and is easily affordable by children and young people.

The Bridge Young Carers Service Family Fun Day, October 2015

- People don't understand what it's like to be a young carer and support is really important.

Student Voice Survey, February 2015

- Over 10% of young people identified themselves as a Young Carer.
- Over a third of young people in secondary school do not participate in physical activity in and out of school, other than School PE.

EVIDENCE FROM THE COUNTY DURHAM JOINT STRATEGIC NEEDS ASSESSMENT:

- The percentage of women who start to breastfeed (57.4%) continues to rise but remains lower than the England average (73.9%). This is a continuation of the trend for County Durham.
- In 2014/15, 23% of children aged 4-5 years are classified as overweight and obese compared to the England average of 21.9%
- In 2014/15, 36.6% of children aged 10-11 years are classed as overweight and obese compared to the England average of 33.2%.
- Alcohol-related hospital admission rates for under 18s (69.9 per 100,000) are higher than the regional (65.8) and national (40.1) rates.
- Children's tooth decay at age 5 in County Durham in 2011/12 (0.93%) was not significantly different to England (0.94%) but was lower than the North East (1.02%) however too many of our children still experience preventable dental disease.
- In 2013/14, 19.9% of mothers in County Durham were smoking at the time of delivery compared to 18.8% regionally and 12.0% nationally.
- Children and young people are often exposed to second hand smoke. In the Student Voice Survey (2015) across secondary schools in the County, over half of the students identified that they often find themselves near other people who are smoking.
- Admission rates to hospital due to self-harm for 10-24 year olds (523.5 per 100,000) in 2013/14 were significantly higher than the England average (412.1 per 100,000).
- Around 10% of those aged 5-16 years have a classifiable mental health disorder, which is similar to the national and regional estimate.
- The rate of children and young people aged 0-17 in receipt of Disability Living Allowance is higher in County Durham (41.8) than regionally (41.1) and nationally (33.9 per 1000 population).
- There are 22.5% of children aged under 16 years living in poverty in County Durham compared with the England average of 18.6%.

Strategic Actions – How we will work together

Reduced Childhood Obesity

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

Improved early health intervention services for children and young people

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

What are the outcomes / measures of success?

- Prevalence of breastfeeding at initiation and 6-8 weeks from birth.
- Under 16 and 18 conception rates
- Percentage of children aged 4-5 and 10-11 classified as overweight or obese.
- Number of young people referred to Child and Adolescent Mental Health Services (CAMHS) who are seen within 9 weeks.
- Alcohol specific hospital admissions for under 18's.
- Percentage of exits from young person's substance misuse treatment that are planned discharges.
- Percentage of mothers smoking at time of delivery.
- Infant mortality rate.
- Emotional and behavioural health of Looked After Children.
- Emergency admissions for children with lower respiratory tract infections.
- Young people aged 10-24 years admitted to hospital as a result of self-harm.
- Reduction in tooth decay in under 5's.

Case Study
H has been attending the teen parents group, which has helped her to improve her confidence. H is a bright and capable young lady and is looking at a career in midwifery; she has made enquiries about a science access course at her local college. H is an inspiration to others; she is motivated to pursue her career, despite being a young mum, and is very focussed on how she will shape her future.

Strategic Objective 2: Reduce health inequalities and early deaths

Why is this a Strategic Objective?
Life expectancy in County Durham has improved over recent years although we recognise more still needs to be done, as County Durham is still worse than the England average in terms of life expectancy and the number of years someone can expect to live in good health. There is also inequality within County Durham for many measures including life expectancy and premature mortality.

What is going well?

- The percentage of patients receiving treatment within 31 days of cancer diagnosis has achieved target and is consistent with regional and national averages.
- County Durham is above the regional and national average for breast and cervical screening rates.
- Performance is above the national average for the percentage of people with learning disabilities who have had an annual health check.

Areas of development

- Successful completions as a percentage of total numbers in drug treatment are below target and below regional averages.
- Despite improvements, alcohol related admissions to hospital for all ages are significantly higher than the national average.
- All-cause mortality rates for those under 75 years remains significantly higher than the national average.
- The percentage of those in alcohol treatment who successfully complete treatment has declined and is significantly below the national average.

What you told us

Investing in Children Agenda Days, August to September 2015

- It is important to educate parents in relation to alcohol behaviours as they influence the behaviour of young people

Health and Wellbeing Board Big Tent Engagement Event, November 2015

- Access to diabetes facilities and services is an issue.
- Communication is key so people have the information they need to help themselves

EVIDENCE FROM THE COUNTY DURHAM JOINT STRATEGIC NEEDS ASSESSMENT:

- Life expectancy has improved for males (78.0) but reduced slightly for females (81.3), both are still behind the England average (79.4 for males and 83.1 for females).
- In County Durham, men born in the most affluent areas will live 7 years longer than those born in the most deprived areas; women born in the most affluent areas will live 7.5 years longer than those born in the most deprived areas.
- Prevalence of long term conditions (such as diabetes, coronary heart disease, and stroke) is significantly higher than the England average.
- Mortality rates for the major causes of death (cardiovascular disease, cancer and stroke) in County Durham are significantly higher than England, but have been falling over time (although cancer mortality has seen a small increase most recently).
- Smoking is the biggest single contributor to the shorter life expectancy experienced locally and contributes substantially to the cancer burden. Between 2011 and 2013 cardiovascular disease (CVD) and cancer accounted for 63% of early or premature deaths in County Durham.
- Cancer contributes significantly to the gap in life expectancy between County Durham and England and as such is a priority area for action locally.
- The levels of excess weight are higher across County Durham (69%of adults) than the North East (68.6%) and significantly higher than England (64.6%).
- The rate for alcohol-specific admissions to hospital for adults at 788 per 100,000 population is worse than the England average of 645.
- Between 2010 and 2013 there was a total of 944 additional deaths, an average of 315 additional deaths each winter than would be expected from the rate of death in the non-winter months. This was not significantly different to the England average.

Strategic Actions – How we will work together

Reduced levels of tobacco related ill health

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

Reduced obesity levels

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

Reduced levels of alcohol and drug related ill health

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

Reduced mortality from cancers and circulatory diseases

- Work in partnership to develop effective pathways for cancers covering prevention, screening, diagnosis, treatment and survivorship.
- Work in partnership to develop and implement an effective preventative and treatment programme for people with and at risk of diabetes through the delivery of Integrated Diabetes Model with Consultants and GP Practices working together to deliver improved health outcomes for people with diabetes.
- Deliver an integrated and holistic Wellbeing Service to improve health and wellbeing and tackle health inequalities in County Durham.
- Reduce the inequalities between people with learning disabilities and the general population.
- Work together to reduce the health inequalities between the Gypsy Roma Traveller community and other BME Groups and the general population.

Reduced excess winter deaths

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

What are the outcomes / measures of success?

- Mortality rate from all causes for persons aged under 75 years.
- Mortality rate from all cardiovascular diseases (including heart disease and stroke) for persons aged under 75 years.
- Mortality rate from all cancers for persons aged under 75 years.
- Percentage of eligible people who receive an NHS health check.
- Mortality rate from liver disease for persons aged under 75 years.
- Mortality rate from respiratory diseases for persons aged under 75 years.
- Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis.
- Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer.
- Male / female life expectancy at birth.
- Successful completions as a percentage of total number in drug treatment – Opiates / Non Opiates.
- Alcohol-related admissions to hospital.
- Successful completions as a percentage of total number in treatment – Alcohol.
- Four week smoking quitters.
- Estimated smoking prevalence of persons aged 18 and over.
- Proportion of physically active adults.
- Excess weight in adults.
- Percentage of women in a population eligible for breast /cervical screening at a given point in time who were screened adequately within a specified period.
- Percentage of people eligible for bowel screening who were screened adequately within a specified period.
- Excess winter deaths.
- Percentage of people with learning disabilities that have had a health check.
- Prevalence of Diabetes.

Case Study

J is an elderly gentleman who was receiving social care services due to his poor health and mobility. When his old gas fired boiler stopped working there was a risk of his health deteriorating significantly due to the cold conditions. Social care staff therefore referred J to the Warm and Healthy Homes Scheme. J was assessed and based on his state of health, income and heating conditions, he was offered support from the Warm and Healthy Homes Scheme.

As a result a new energy efficient gas combi-boiler was installed in his home at no cost. Free insulation was also provided by Warm Up North. Following a further referral to the fire service, smoke alarms were also installed. J now has a warm, safe and well insulated home and the risks to his health have significantly reduced.

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

Why is this a Strategic Objective?

- The number of people with long term chronic conditions requiring health and social care services will increase, as will the number of those requiring additional support to maintain independence in their own homes. An increasingly older population will see increased levels of disability and long term conditions (LTCs) and will significantly increase the number of people needing to provide care to family members or friends.
- Long term conditions have a significant impact on reducing the length and quality of a person's life. They also impact on family members who may act as carers, particularly in the later stages. People with long term conditions are the most frequent users of health care services.
- Local authorities with adult social care responsibilities have a statutory duty to provide an assessment, including a duty for carers and children who are likely to need support after their 18th birthday.

What is going well?

- The percentage of people with no ongoing care needs following completion of provision of a reablement package has increased.
- The number of people who are fit for discharge but delayed in a hospital bed has decreased and is better than the national average.
- The percentage of people who report the services they receive have helped to improve the quality of their life has exceeded target.
- There has been an increase in the number of people in receipt of Telecare.
- More older people are remaining at home three months after being discharged from hospital into Reablement services.
- Increase in the use of community services avoiding unplanned admissions to hospital.

Area of development

- The number of older people admitted to hospital for falls or falls injuries is higher than the national average.

What you told us

Health and Wellbeing Board Big Tent Engagement Event, November 2015

- We need to clearly communicate systems and processes to patients about seven day services.
- Integration is important to ensure we improve the quality of local services to meet the needs of the local population.
- There are opportunities to deliver integrated health and social care systems by involving the Voluntary and Community Sector.
- We need to be proactive in relation to preventative services, for example, physical activity opportunities.

Older Adults Engagement Forum, October 2015

- Carers need help to identify choices available to them in order to take greater control over their care and support.
- Give older people more choice about staying in their own home – people feel that they have been moved into care too early, without them having enough say and without enough being done to help them to live in their own home.

EVIDENCE FROM THE COUNTY DURHAM JOINT STRATEGIC NEEDS ASSESSMENT:

- There has been an increase in the number of older carers aged 65+ who receive either a social care or information and advice service; in 2014/15 there were 2,516 carers aged 65+ who were offered support.
- There were 1,658 referrals to the reablement service in 2014/15. This service gives people over 18 years of age the opportunity, motivation and confidence to regain some of the skills they may have lost as a consequence of poor health, disability, impairment or accident and helps people to stay independent in their own homes for as long as possible. Of those referred 64% completed the reablement period without the need for ongoing care, whilst 20% completed with a reduced care package. A total of 94% of people completing reablement achieved their goals.
- The number of people delayed discharge from a hospital bed is reducing and is better than England and North East rates.
- The average age of people going into residential care has risen (84.4 in 2004/5 to 87.1 in 2014/15). People are going into care later in life and staying for a shorter period of time.
- In 2014/15 there were 259 adults with autism aged 18-64 years in County Durham, a 3.2% increase on 2012/13 (284) figures.
- The rate of emergency admissions for hip fractures in people aged 65+ (574) is better than the regional rate (618) and only slightly worse than the England rate (571) in 2014/15.

Strategic Actions – How we will work together

Adult care services are commissioned for those people most in need

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

Increased choice and control through a range of personalised services

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

Improved independence and rehabilitation

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

Improved joint commissioning of integrated health and social care

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

What are the outcomes / measures of success?

- Carer reported quality of life.
- Overall satisfaction of carers with support and services they receive.
- Percentage of service users reporting that the help and support they receive has made their quality of life better.
- Proportion of people using social care who receive self-directed support.
- Adults aged 65+ admitted on a permanent basis in the year to residential or nursing care.
- Number of residential / nursing care beds for people aged 65 and over commissioned by Durham County Council.
- Proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.
- Emergency readmissions within 30 days of discharge from hospital.
- Delayed transfers of care from hospital.
- Falls and injuries in the over 65s.
- Hip fractures in the over 65s.
- Proportion of people feeling supported to manage their condition.
- Avoidable emergency admissions.
- Number of people in receipt of Telecare per 100,000.

Case Study

X has a hearing impairment and breathing difficulties. She sustained a fracture which limited her mobility and she lost confidence. X lived alone and required assistance to wash and dress, take her medication, prepare meals and complete household tasks.

She was referred to the Reablement Service, and her care package was initially increased to provide the additional reassurance she needed. This was gradually reduced as her confidence improved. X has now completed her reablement programme, regained her confidence and does not require any ongoing care.

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

Why is this a Strategic Objective?
Having good mental and physical health are fundamental to our wellbeing. They impact on relationships, education, training, work as well as on our ability to achieve our potential.

Rates of mental health illnesses, for example depression, are projected to significantly increase by 2030.

This objective recognises the impact both physical and mental health have on our wellbeing.

What is going well?

- A higher percentage of people in secondary mental health services in County Durham live independently than nationally.
- More people in County Durham report they have as much social contact as they want with people they like than do nationally.

Areas of development

- Improve access to psychological therapy services.
- Suicide rates are higher in Durham than the regional and national averages.
- The rate of people admitted to hospital as a result of self-harm is significantly higher than the national average.
- Health related quality of life for people with a long term mental health condition is below the national average.

What you told us

Health and Wellbeing Board Big Tent Engagement Event, November 2015

- Include local communities in developing good mental health.
- Link with AAP's and VCS who understand the local infrastructure and can provide positive activities for people including education programmes.
- It is important to provide and promote activities for dementia in care homes to promote good mental health.
- Crisis care for mental health is as important as it is for physical health.

Investing in Children Agenda Days, August to September 2015

- More promotion is needed to tackle the stigma of mental health.

Older Adults Engagement Forum, October 2015

- People thought tackling social isolation was very important as action on this priority would improve people's mental and physical health, and impact directly on number of the other priorities
- Local communities can help to deliver activities which support the priorities, but they need help from DCC and Health to link everything together, provide intelligence and publicise what is happening.

EVIDENCE FROM THE COUNTY DURHAM JOINT STRATEGIC NEEDS ASSESSMENT:

- Estimates suggest over 6,600 people in County Durham aged 65+ have dementia. Projections suggest this number will almost double between 2011 and 2030. This will present a significant challenge to health and social care services.
- The number of referrals for Adult Mental Health Professional (AMHP) assessments for adults with mental health needs increased by 40% when comparing 2010/11 with 2014/15, and by 26.9% when comparing 2014/15 figures with 2015/16.
- The number of adults assessed with mental health needs increased by 19.2% between 2010/11 and 2014/15.
- Between 2012 and 2014, the suicide rate was significantly higher (13.3) than the England average (8.9) per 100,000 population.
- There are over 4,600 people in County Durham registered with GP's with a diagnosis of mental illness. More than 50,000 have a common mental disorder (for example, anxiety and depression).
- In County Durham estimates suggest that around 22,000 people aged 18-64 years are socially isolated (7%).
- Estimates suggest 1 in 4 adults will experience mental health problems at any one time; for County Durham this represents over 100,000 people aged 18 and over.
- Nationally life expectancy is on average 10 years lower for people with mental health problems due to poor physical health. People with a severe mental illness are:
  - 5 times as likely to suffer from diabetes.
  - 4 times as likely to die from cardiovascular or respiratory disease.
  - 8 times as likely to suffer Hepatitis C.
  - 15 times as likely to be HIV positive.
- Over half (52%) of the ex-service community nationally report having a long-term illness or disability, compared with 35% in the general population.
- Older prisoners are at a greater risk of becoming isolated within the prison environment and are less likely to have social support, with a greater risk of developing mental health difficulties.
- There is an increased risk of suicide among recently released prisoners in England and Wales. The greatest risk is identified in those people aged 50+.

Strategic Actions – How we will work together

Increased physical activity and participation in sport and leisure

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

Maximised independence

- Work together to improve timely diagnosis and support for people with dementia and their family and carers.
- Improve access and availability of suitable accommodation and services to support recovery for people with a range of needs including learning disabilities, mental health problems and autism to enable them to live as independently as possible in the community.

Improved mental health for the population of County Durham

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

Increased social inclusion

- Work in partnership to identify those who are, or who are at potential risk of becoming socially isolated to support people at a local level and to build resilience and social capital in their communities.

Reduced self-harm and suicides

- Refresh the Public Mental Health Strategy for County Durham including the suicide prevention framework.
- Work in partnership through the Crisis Care Concordat action plan to improve outcomes for people experiencing mental health crisis in the community and in custody.

What are the outcomes/ measures of success?

- Gap between the employment rate for those with a long term health conditions and the overall employment rate.
- Proportion of adults in contact with secondary mental health services in paid employment.
- Suicide rate.
- Hospital admissions as a result of self-harm.
- Excess under 75 mortality rate in adults with serious mental illness.
- Percentage of people who use adult social care services who have as much social contact as they want with people they like.
- Estimated diagnosis rate for people with dementia.

Case Study

D cares for her husband, who is a military veteran and suffers with post traumatic stress resulting in flashbacks, nightmares, anxiety etc. The couple recently moved to County Durham, and D contacted Carers Support to seek help with coping with the stress of her caring role. D was put in touch with a local support group and was quickly able to establish new friends and a support network including other wives of military veterans.

D was also able to access the Carer Breaks service which allows her to spend time away from her caring duties and relieve the associated stress.
D reports that both the support group and the Carer Breaks service have encouraged her to become actively involved in supporting others in similar circumstances.

Strategic Objective 5: Protect vulnerable people from harm

Why is this a Strategic Objective?
The Safeguarding Adults Board and the Local Safeguarding Children Board (LSCB) are committed to ensuring adults, children and young people feel safe and are kept safe from harm.

The LSCB is responsible for developing a multi-agency approach to Child Sexual Exploitation and missing children.

What is going well?

- The proportion of people who use services who say those services have made them feel safe and secure is above target.
- The percentage of children in need referrals occurring within 12 months of a previous referral has reduced and is lower than national or regional rates.

Areas of development

- The transition between children and adults services, including disability services, and the development of a countywide team to ensure the experience of children and their carers is positive and seamless.

What you told us

Investing in Children Agenda Days, August to September 2015

- Young people do not think about or consider the consequences of using social media e.g. posting photos online or being at risk of exploitation.
- Young people are witnessing domestic abuse between parents.

EVIDENCE FROM THE COUNTY DURHAM JOINT STRATEGIC NEEDS ASSESSMENT:

- Domestic abuse features in over a third of all initial child protection conferences and continues to be the most common factor across all localities.
- Children in need referrals in 2014/15 show that neglect/abuse continues to be the most common identified primary need (52%) and is above the national average (49%).
- The rate of children subject to a Child Protection Plan (per 10,000 population) is lower than England and North East rates.
- Neglect or acts of omission and physical abuse represent the most commonly reported forms of abuse for adult safeguarding investigations.
- The number of reported safeguarding incidents has increased - in the previous three years, activity levels had remained relatively static.

Strategic Actions – How we will work together

Prevent domestic abuse and sexual violence and reduce the associated harm

- Ensure all victims of domestic abuse and sexual violence have access to the right help and support and services are available to address their needs.

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

- Work with partners to help families facing multiple and complex challenges, ensuring children are safeguarded and protected from harm and early intervention and prevention services are in place to support Phase 2 of the Stronger Families Programme in County Durham.
- Develop the practice of adult protection lead officers and frontline teams to improve safeguarding for individuals and to involve them in the process.

What are the outcomes / measures of success?

- Percentage of repeat incidents of domestic violence.
- Proportion of people who use services who say those services have made them feel safe and secure.
- Number of children's assessments where risk factors of parental domestic violence, mental health, alcohol misuse or drug misuse are identified.
- Number of children with a Child Protection Plan per 10,000 population.
- The percentage of individuals who achieved their desired outcomes from the adult safeguarding process.

Case Study

P is an elderly gentleman with severe mental health problems who lives in a care home. He was unable to manage his money effectively. A carer asked P for a loan and then proceeded to access additional funds from his account. The matter was reported to the Councils Safeguarding Team by a member of staff which resulted in a safeguarding investigation.

The police arrested the carer who has been dismissed and referred to the national Disclosure and Barring Service. The carer can no longer work with vulnerable adults. Durham County Council is now acting as P's appointee to make sure his money is looked after properly and he has access to funds when he wants them.

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

Why is this a Strategic Objective?
To ensure bespoke support is provided to meet the individual needs of people at the end of their life.

What is going well?

- County Durham has higher percentage of people at the end of their life dying in their place of choice (their usual place of residence rather than a bed in a hospital or hospice) than national figures.
- The number of patients recorded on practice registers as in need of palliative care has increased and is above the national rate.

Areas of development

- Inappropriate hospital admissions for people approaching end of life.
- Limited access to advice and medication over 24 hour period.

What you told us

North Durham CCG Patient Congress, September 2015

- Need to ensure that the needs of families and carers are reflected in palliative care services.

EVIDENCE FROM THE COUNTY DURHAM JOINT STRATEGIC NEEDS ASSESSMENT:

– One indication of end of life care is whether or not a person achieves a death in their place of choice. According to research carried out by Dying Matters, around 70% of people nationally would prefer to die at home or their place of residence.

In County Durham:

– Around 5,300 people die each year from all causes; around two thirds of these are aged over 75 years (similar to the national experience).

– The 2012 National End of Life Care profile for County Durham states that for the period 2008-2010:
  - 54% of all deaths were in hospital.
  - 22% occurred at home.
  - 19% occurred in a care home.
  - 3% were in a hospice.
  - 3% were in other places.

– For the period 2013/14, in County Durham 96% of people who stated their preferred place of death achieved it in the North Durham CCG area and 83% in the Durham Dales, Easington and Sedgefield CCG area.

Strategic Actions – How we will work together

Improved End of Life Pathway

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

What are the outcomes / measures of success?

- Proportion of deaths in usual place of residence.
- Percentage of hospital admissions ending in death (terminal admissions) that are emergencies.

7. Measuring Success: Performance Management Arrangements for the Joint Health and Wellbeing Strategy

The overarching framework for the Joint Health and Wellbeing Strategy is from the national outcomes frameworks:

- Adult Social Care
- NHS
- Public Health

Performance management arrangements have been developed for the Joint Health and Wellbeing Strategy in order to measure the effectiveness of the Strategy and ensure responsibility and accountability of the strategic actions within the Strategy.

The Health and Wellbeing Board regularly monitors and reviews the Strategy.

Copies of six monthly performance reports, agendas and minutes from previous Health and Wellbeing Board meetings can be found on the Health and Wellbeing Board committee webpage.

8. Appendices

Appendix 1	National and Local Policy Context
Appendix 2	Membership of the Health and Wellbeing Board
Appendix 3	Other strategies and policies in place that link to the Joint Health and Wellbeing Strategy
Appendix 4	Abbreviations / Glossary of Terms

Appendix 1 – National and Local Policy Context

A number of national policies have influenced the refresh of the Joint Health and Wellbeing Strategy. Please see some examples below:

Autumn Statement 2015
The Autumn Statement 2015 created a new social care precept in council tax of up to 2% which, if used to its maximum effect, could help local authorities raise nearly £2bn a year by 2019/20 to spend exclusively on adult social care. The government also earmarked an extra £600m for mental health services to be spent on talking therapies, perinatal mental health services, and crisis care.

Cities and Local Government Bill
The Bill paved the way for powers over housing, transport, planning and policing to be devolved to England's cities. A devolution deal, signed by the North East Combined Authority in October 2015, includes: in partnership with the NHS, a Commission for Health and Social Integration which will look at the potential for further integration of health services, including acute and primary care, community services, mental health services, social care and public health, in order to strengthen services, improve outcomes and reduce health inequalities.

Five Year Forward View
The NHS Five Year Forward (5YFV) sets out a vision for the future of the NHS. There are four main themes for development in the 5YFV: getting serious about prevention, empowering patients, engaging communities and the NHS as a social movement. The vision sets out the need to remove barriers across providers and the various healthcare settings and talks about networks of care centred around the patient, where care is provided closer to home where possible. It introduces seven new models of care: Multispecialty Community Providers (MCP), Primary and Acute Care System (PACS), Urgent and Emergency Care Networks, Viable Smaller Hospitals, Specialised Care, Modern Maternity Services, Enhanced Health in Care Homes.

Better Care Fund
The Better Care Fund is a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities through the Health and Wellbeing Board. The Care Act 2014 facilitates the establishment of the Better Care Fund by providing a mechanism that allows the sharing of NHS funding with local authorities to be made mandatory from 2015/16.

From 2017-18, as part of the Spending Review, the government will make funding available to local authorities, worth £1.5 billion by 2019-20, to be included in the Better Care Fund.
The County Durham Better Care Fund 2015/16 has been split into the following seven work programmes:

- **IC+ Short term intervention services** which includes intermediate care community services, reablement, support and support for young carers.
- **Equipment and adaptations for independence** which includes telecare, disability, adaptations and the Home Equipment Loans Service.
- **Supporting independent living** which includes mental health prevention services, floating support and supported living and community alarms and wardens.
- **Supporting carers** which includes carers breaks, carers emergency support and support for young carers.
- **Social inclusion** which includes local coordination of an assets based approach to increase community capacity and resilience to provide low level services.

- **Care home support** which includes care home and acute and dementia liaison services.
- **Transforming care** which includes maintaining the current level of eligibility criteria, the development of IT systems to support joint working and implementing the Care Act.

Public Health England: Everybody active, every day

In October, 2014 Public Health England (PHE) published, 'Everybody active, every day', a framework for national and local action to address the national physical inactivity epidemic, responsible for 1 in 6 deaths and costing the country an estimated £7.4 billion a year.

To make active lifestyles a reality for all, the framework's four areas for action will:

- change the social 'norm' to make physical activity the expectation
- develop expertise and leadership within professionals and volunteers
- create environments to support active lives
- identify and up-scale successful programmes nationwide

Due North: the Report of the Independent Inquiry on Health Equity for the North

Due North is the report of an independent inquiry, commissioned by Public Health England. Its aim is to provide further evidence on the socio-economic determinants of health and additional insights into health inequalities for the North of England (covering the North East, North West and Yorkshire and the Humber regions). The report builds on the *Marmot Review* and provides additional evidence on what actions are needed to tackle the underlying determinants of health on the scale needed to make a difference.

The report sets out four high level recommendations: tackle poverty and economic inequality within the North and between the North of England and the rest of England, promote healthy development in early childhood, share power over resources across the North and increase the influence that the public has on how resources are used to improve the determinants of health and strengthen the role of the health sector in promoting health equity.

Transforming Urgent and Emergency Care Review: NHS England

The vision of this Review is: firstly, for those people with urgent but non-life threatening needs to be provided with highly responsive, effective and personalised services outside of hospital – as close to people's homes as possible, minimising disruption and inconvenience for patients and their families. Secondly, for those people with life threatening needs we should ensure they are treated in centres with the very best expertise and facilities.

The overall outcome for the County Durham and Darlington Urgent Care Strategy 2015-20 is to provide an urgent and emergency care system that is able to meet the needs of the County Durham and Darlington population, both adults and children, within the resources available, delivering improved quality and patient experience.

The Care Act 2014

The Act places care and support legislation into a single statute designed to create a new principle where the overall wellbeing of the individual is at the forefront of their care and support. The Act places broad duties on local authorities in relation to care and support including promoting people's wellbeing, focusing on prevention and providing information and advice. The Act requires local authorities and their partners to work together to integrate health and social care wherever possible so the services people receive are properly joined up. From April 2015, the Act extends local authority adult care responsibility to include prisons, introducing a national eligibility threshold as well as introducing new duties around assessments including the right for carers to request an

assessment of their care and support needs.

The Government announced in July 2015 that it has decided to postpone the implementation of the cap on care costs and the proposed appeals system until April 2020.

Better Health Programme
The Better Health Programme is about achieving and sustaining high quality care provided by hospital services as defined by agreed clinical quality standards and national expectations.

Delivering the Forward View, NHS planning guidance for 2016/17 – 2020/21
This NHS guidance sets out the steps to help local organisations deliver a sustainable, transformed health service and improve the quality of care, wellbeing and NHS finances. It outlines a new approach to help ensure that health and care services are planned by place rather than around individual institutions.

NHS organisations are required to produce individual operational plans for 2016/17. In addition, every health and care system is required, for the first time, to work together to produce a Sustainability and Transformation Plan, a separate but connected strategic plan covering the period October 2016 to March 2021.

Children and Families Act 2014 / Special Educational Needs and Disabilities (SEND) Reforms
The Children and Families Act brings together pre and post-16 support for children and young people with special educational needs and learning difficulties into a single, birth-25 system. From 1st September 2014 a new SEN code of practice was introduced, and SEN statements (for schools) and learning difficulty assessments (for young people in further education and training) were replaced with single 0-25 Education, Health and Care Plans.

Local Authorities publish a 'local offer' which is hosted on the County Durham Families Information Service website to ensure that parents and young people have access to a single source of coherent and complete information to manage their choices with regard to SEND related services. The Act has also reformed the systems for adoption, looked after children and family justice. In April 2015, a peer network programme was introduced by the Department for Education and Durham is taking a leading role in the North East. The Peer Network is designed to encourage a regional peer learning approach that will drive quality improvement around the SEN reforms.

National Drugs Strategy
This sets out the government's approach to tackling the use of drugs and its effect on crime, family breakdown and poverty. Work to reflect drug misuse in County Durham is reflected for young people in Objective 1 and for adults in Objective 2 of the Joint Health and Wellbeing Strategy. This includes implementing the County Durham Drug Strategy to prevent harm, restrict supply and sustain a future for individuals to live a drug free and healthy life, whilst minimising the impact of drugs on communities and families.

National Alcohol Strategy
The Alcohol Strategy sets out proposals to crackdown on the 'binge drinking' culture and slash the number of people drinking to damaging levels. The Joint Health and Wellbeing Strategy will address health issues caused by alcohol in County Durham through the Alcohol Harm Reduction Strategy through changing the drinking culture in County Durham while ensuring adults who choose to drink alcohol are able to enjoy it responsibly.

National Dementia Strategy: Local Delivery and Local Accountability
The aim of the strategy is to ensure significant improvements are made to dementia services across three key areas: improved awareness, earlier diagnosis and intervention, and a higher quality of care.

The objectives of the national dementia strategy and the Prime Ministers Challenge on Dementia 2020, which sets out a new, long-term strategy focused on boosting research, improving care and raising public awareness about dementia, are reflected in the Dementia Strategy for County Durham and Darlington 2014 – 2017. Work taking place in County Durham is reflected in Objective 3 of the Joint Health and Wellbeing Strategy 'Improve the quality of life, independence and care and support for people with long term conditions'.

The **County Durham Healthy Weight Strategic Framework** has been developed by the County Durham Healthy Weight Alliance (HWA) as a local response to ***'Healthy Lives, Healthy People: A Call to Action on Obesity in England***'. This was developed as a policy priority to tackle the emerging rise in overweight and obesity observed over the past few decades. The aim of the strategic framework is to develop and promote evidence based multi-agency working and strengthen local capacity and capability to achieve a sustained upward trend in healthy weight for children, young people and for adults in County Durham by 2020.

NHS Health Check Programme
The NHS Health Check programme aims to prevent heart disease, stroke, diabetes and kidney disease and raise awareness of dementia both across the population and within high risk and vulnerable groups. Local authorities are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74 years once every five years.

NHS Diabetes Prevention Programme
The NHS Diabetes Prevention Programme is a joint commitment from NHS England, Public Health England and Diabetes UK, to deliver at scale, an evidence based behavioural programme to support people to reduce their risk of developing Type 2 diabetes which is a leading cause of preventable sight loss in people of working age and is a major contributor to kidney failure, heart attack, and stroke.

Durham County Council is one of seven demonstrator sites for this programme and their Check4Life service includes a diabetes risk assessment and referral to an intensive lifestyle programme to reduce the risk.

County Durham Dual Needs Strategy 2015-17
This strategy takes account of changes introduced as part of the Health and Social Care Act 2012. 'Dual needs' refers to an individual with needs arising out of one or more of the following as well experiencing a substance misuse issue (drugs and/or alcohol): mental and behavioural disorders, dementia; learning disability. The strategy aims to raise awareness, challenge stigma and promote good practice by supporting individuals and families through integrated care pathways, ensuring they have access to coordinated and responsive services to meet their complex and changing needs.

No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages
The No Health Without Mental Health strategy is a cross government mental health strategy for people of all ages drawing together the wider principles that the government has laid down for its health reforms, including patient centred care and locally determined priorities and delivery.

The strategy sets out the "high level" objectives to improve the mental health and wellbeing of the population;

- More people will have good mental health.
- More people with mental health problems will recover.
- More people with mental health problems will have good physical health.
- More people will have a positive experience of care and support.
- Fewer people will suffer avoidable harm.
- Fewer people will experience stigma and discrimination

Objective 4 of the Joint Health and Wellbeing Strategy is to 'Improve the mental and physical wellbeing of the population'. The County Durham Mental Health Implementation Plan is the overarching joint mental health plan which sets out how we intend to meet the objectives within the National Strategy "No Health without Mental Health" locally, to improve the mental wellbeing of people across County Durham. The plan is overseen by County Durham Mental Health Partnership Board and includes mental health and wellbeing for all ages including young person's resilience strategy, dual needs strategy, dementia work and public mental health strategy. The plan will be reviewed following revised national direction plans and is being monitored through an Implementation Group.

'Closing the Gap': Priorities for essential change in mental health' is a policy paper that follows on from 'No Health Without Mental Health' and identifies 25 priorities for health and social care services over the next couple of years. These priorities are strategically linked.

The National Mental Health Crisis Care Concordat

One of the key aims of the national concordat is to develop joined up service responses to people who are in mental health crisis. The Mental Health Crisis Care Concordat Local Action Plan mirrors the objectives of the national concordat and focuses on: continued implementation of the policy arrangements for patients detained under section 136 of the Mental Health Act, review of protocols for people presenting with mental health problems and intoxication from alcohol or drugs, reviewing data sharing proposals between health and the police and reviewing the evidence from the national "Street Triage pilots".

Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing (March 2015)

'Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing' makes a number of proposals the government wishes to see by 2020. These include tackling stigma and improving attitudes to mental illness; introducing more access and waiting time standards for services; establishing 'one stop shop' support services in the community and improving access for children and young people who are particularly vulnerable.

The report also calls for a step change in the way care is delivered moving away from a tiered model towards one built around the needs of children, young people and their families. A Children and Young People Mental Health, Emotional Wellbeing and Resilience Plan for County Durham (2015-2020) has been developed to take the work forward.

Think Autism Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update

First published in March 2010, Fulfilling and rewarding lives: the strategy for adults with autism in England sets a clear framework for all mainstream services across the public sector to work together for adults with autism. Actions in the autism strategy include: a new National Autism Programme Board; a programme to develop training with health and social

care professional bodies and autism awareness training for all Job Centre Disability Employment Advisers.

The update provides challenges on making public services accessible for adults with autism, improving buildings, public transport and communication and proving a clear, consistent pathway for diagnosis.

'Think Autism' has a new focus on building communities that are more aware of and accessible to the needs of people with autism. It also looks at promoting innovative local ideas, services or projects that can help people in their communities and how advice and information on services can be better joined up.

Durham County Council has compiled an action plan and self-assessment framework to progress the actions in the national autism agenda.

Altogether Active – Start, stay and succeed - A Framework to increase Physical Activity in County Durham 2016 – 2021

The County Durham framework provides an overarching vision, over the next five years, to encourage more people of all ages and backgrounds in County Durham to 'start, stay and succeed' in their endeavours to be more physically active.

Learning Disabilities Transforming Care Programme

Nationally the Learning Disabilities Transforming Care Programme aims to reshape services for people with learning disabilities and/or autism with a mental health problem or behaviour that challenges, to ensure more services are provided in the community and closer to home rather than in hospital settings. It arose as a result of Sir Stephen Bubb's review of the Winterbourne View concordat.

The Transforming Care programme focuses on addressing long-standing issues to ensure sustainable change and includes five key areas of: empowering individuals; right care, right place; workforce; regulation; and data.

The North East and Cumbria region is one of five fast track sites selected because of high numbers of people with learning disabilities in in-patient settings. The ambition across the North East and Cumbria is to reduce current Assessment and Treatment beds by 12% by the end of March 2016, with a future ambition to reduce by 50% by the end of March 2019. There is also an ambition to reduce the number of specialised commissioning beds which are occupied by North East and Cumbria patients.

Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020 builds on the Department of Health's 2008 Strategy for End of Life Care and responds to an increased emphasis on local decision making in the delivery of palliative and end of life care services since the introduction of the Health and Social Care Act 2012.

The national framework for action sets out six 'ambitions'/principles for how care for those nearing death should be delivered at local level, including: each person is seen as an individual; each person gets fair access to care; maximising comfort and wellbeing; care is coordinated; all staff are prepared to care and each community is prepared to help.

It calls on Clinical Commissioning Groups, Local Authorities and Health and Wellbeing Boards to designate a lead organisation on palliative and end of life care and to work collaboratively to bring people together to publish local action plans based on population based needs assessments.

Following an independent review, the Liverpool Care Pathway was phased out over 2013/14 and a new approach has been developed by the Leadership Alliance for the Care of Dying People (LACDP) which focuses on achieving five

priorities, including patient involvement in decisions about treatment, sensitive communication between staff and patients, and an individual care plan that is delivered with compassion. Joint working to develop End of Life Care Pathways in County Durham is shown in Objective 6 of the Joint Health and Wellbeing Strategy.

Appendix 2 – Membership of the Health and Wellbeing Board

COUNCILLOR LUCY HOVVELS
Chair of Health & Wellbeing Board
Member Portfolio Holder (Adult & Health Services) – Durham County Council

DR. STEWART FINDLAY
Vice Chair of Health & Wellbeing Board
Chief Clinical Officer - Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

COUNCILLOR OSSIE JOHNSON
Member Portfolio Holder (Children & Young People's Services) – Durham County Council

COUNCILLOR JOY ALLEN
Member Portfolio Holder (Safer Communities) – Durham County Council

RACHAEL SHIMMIN
Corporate Director Children & Adults Services – Durham County Council

ANNA LYNCH
Director of Public Health County Durham – Children & Adults Services
Durham County Council

ALAN FOSTER
Chief Executive – North Tees & Hartlepool NHS Foundation Trust

JOSEPH CHANDY
Director of Primary Care, Partnerships and Engagement– Durham Dales,
Easington & Sedgefield Clinical Commissioning Group

DR. DAVID SMART
Clinical Chair – North Durham Clinical Commissioning Group

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

CAROL HARRIES
Director of Corporate Affairs – City Hospitals Sunderland, NHS Foundation Trust

SUE JACQUES
Chief Executive – County Durham & Darlington NHS Foundation Trust

MARTIN BARKLEY
Chief Executive – Tees, Esk & Wear Valleys NHS Foundation Trust (TEWV)

JUDITH MASHITER
Chief Executive, Healthwatch County Durham

Appendix 3 - Other strategies and documents in place that link to the Joint Health and Wellbeing Strategy

Overarching

- Sustainable Community Strategy
- Council Plan
- Clinical Commissioning Group Plans
- NHS Acute Trust Quality Accounts
- Annual Report of the Director of Public Health County Durham
- County Durham & Darlington NHS Foundation Trust Clinical and Quality Strategy

Objective 1

- Children, Young People and Families Plan 2016-19
- Early Help and Neglect Strategy
- Early Years Strategy
- Teenage Pregnancy Health Needs Assessment
- Strategy for the Prevention of Unintentional Injuries in Children and Young People (0-19 years)
- County Durham Transformation Plan for Children and Young People's Mental Health, Emotional Wellbeing and Resilience 2015-20
- A Strategy for Youth Support in County Durham
- Strategy for Children and Young People with SEND 0-25, 2016-18

Objective 2

- Altogether Active – A Physical Activity Framework for County Durham
- Healthy Weight Strategic Framework for County Durham
- Tobacco Alliance Action Plan
- County Durham Drug Strategy 2014-17
- Alcohol Harm Reduction Strategy 2015-20
- Cardiovascular Disease Prevention Strategic Framework for County Durham

Objective 3

- Learning Disability Self-Assessment Framework
- Transforming Care for People with Learning Disabilities (Fast Track Plan)
- County Durham and Darlington Urgent Care Strategy 2015 - 2020

Objective 4

- County Durham Implementation Plan of the "No Health without Mental Health" National Strategy
- Dementia Strategy for County Durham and Darlington
- Public Mental Health Strategy (including self-harm and suicide)
- Mental Health Crisis Care Concordat local implementation plan
- Health and wellbeing of Gypsy, Roma, Traveller communities

Objective 5

- Safeguarding Framework
- Local Safeguarding Children Board Annual Report
- Safeguarding Adults Board Annual Report
- Safe Durham Partnership Plan 2016-19
- Domestic Abuse and Sexual Violence Strategy 2015 -18
- Think Family Strategy

Objective 6

- Improving Palliative and End of Life Care: Strategic Commissioning Plan 2013 – 2018

Appendix 4 - Abbreviations / Glossary of Terms

Area Action Partnership (AAP)	AAPs are organised across the County and allow people to have a say on services as well as giving organisations the chance to speak directly with local communities.
Autism	Autism is a condition which is characterised by impaired social and communication skills.
Black Minority Ethnic (BME)	Black and Minority Ethnic is the terminology normally used to refer to members of non-white communities in the UK.
Clinical Commissioning Groups (CCGs)	Groups of GP practices, including other health professionals who will commission the great majority of NHS services for their patients.
County Durham Plan	The overarching plan for County Durham which sets out information about new developments planned in the county, where these will take place and how they will be managed.
Cross Cutting Issues	Cross Cutting issues: Issues which impact upon or require action from multiple teams, services or areas.
Dementia	Dementia is used to describe a syndrome which may be caused by a number of illnesses in which there is progressive decline in multiple areas of function, including decline in memory, reasoning, communication skills and the ability to carry out daily activities.
Demographics	The statistical data of a population.
Deprived areas	Geographical areas which fall under the nationally recognised standard levels of a range of issues e.g. financial, wealth, education, services or crime.
Fuel poverty	When a household's required fuel costs are above the median level; and if they were to spend what is required, then the household would be left with a residual income below the official poverty line.
Health and Wellbeing Board	Statutory forum of key leaders from health and social care working together to improve the health and wellbeing of the local population and reduce health inequalities.
Health Check	The NHS Health Check programme invites people who meet certain criteria to a check to assess their risk of developing heart disease, stroke, diabetes, kidney disease and certain types of dementia. The programme aims to prevent these diseases by offering advice and support to help people reduce or manage that risk.
Health Inequalities	Health inequalities are differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives.
Healthy Weight Alliance	A formal agreement to develop and improve partnerships that are committed to leading County Durham area residents to reduce the prevalence of unhealthy weight through the implementation of evidence based programs that improve health and healthy behaviours.
Intermediate Care	Intermediate care, either residential or non-residential, is a range of time-limited health and social care services that may be available to promote faster recovery from illness, avoid unnecessary admission to hospital, support timely discharge from hospital and avoid premature long-term admission to a care home.
Joint Health and Wellbeing Strategy (JHWS)	The Health and Social Care Act 2012 places a duty on local authorities and CCGs to develop a Joint Health and Wellbeing Strategy to meet the needs identified in the local Joint Strategic Needs Assessment (JSNA).
Joint Strategic Needs Assessment (JSNA)	A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services within a local authority area.
Looked after children	Children who are subject to care orders and those who are voluntary accommodated.

Life expectancy	The average number of years that an individual of a given age is expected to live based on various demographic factors.
Long term condition (LTC)	A condition that cannot, at present be cured; but can be controlled by medication and other therapies. This covers a lot of different conditions e.g. diabetes, chronic obstructive pulmonary disease (COPD), dementia, high blood pressure.
Palliative Care	Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.
Patient Reference Group	A voluntary group consisting of patients of a certain GP Practice who represent service users in the decision making process regarding the range and quality of services it provides. A Patient Reference Group can also be the source to which a Practice may obtain the advice, views and help of its patients.
Personal budget	Provided that a person meets certain criteria they may be eligible for care and support and the council may help towards the cost. A Personal Budget is an amount of money the council makes available to meet a person's eligible needs and agreed outcomes.
Premature mortality	Generally, premature mortality refers to deaths under the age of 75.
Prevalence	The proportion of a population with a disease at a given moment in time.
Quality Accounts	A report on the quality of services by an NHS healthcare provider. The reports are published annually by each provider, including the independent sector, and are available to the public.
Reablement	Reablement is about giving people over the age of 18 years the opportunity, motivation and confidence to relearn/regain some of the skills they may have lost as a consequence of poor health, disability/impairment or accident and to gain new skills that will help them to develop and maintain their independence.
Respiratory disease	Disease of the lungs which supplies oxygen to and removes carbon dioxide from the body.
Telecare	Telecare and telehealth services use technology to help people live more independently at home. They include personal alarms and health monitoring devices.
Wider determinants of health	The conditions in which people are "born, grow, live, work and age". It is the wider determinants of health that are mostly responsible for the unfair and avoidable differences in health status (World Health Organisation).
Winterbourne View Concordat and Action Plan	A programme for change to improve the quality of care offered to children, young people and adults with learning disabilities or autism who have mental health conditions or behaviour that challenges.

County Durham Joint Health and Wellbeing Strategy

2016-2019

Contact Details

If you have any questions or comments about this document please email: JHWS.Evaluation@durham.gov.uk or call: 03000 265 141

Images: careimages.com

Please ask us if you would like this document summarised in another language or format.

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CAS14785 Children and Adults Services, CMI Team 2016

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Health and Wellbeing Board

8 March 2016

Development Of An Oral Health Strategy For County Durham

Report of Anna Lynch, Director of Public Health County Durham, Children and Adults Services, Durham County Council

Purpose of the report

1 The purpose of this report is to provide an update on the development of the oral health strategy including the progress on a feasibility study for fluoridation.

Background

2 National Institute for Health and Care Excellence (NICE) public health guidance 55 makes 21 recommendations to improve the oral health of our communities. The first recommendation is the development of a stakeholder group that in turn will assist in the development of a strategy to deliver the majority of the other recommendations. The oral health strategy group has been established and has identified a number of priority areas for action.

Oral Health Strategy Development

3 Whilst the development of the fluoridation feasibility study progresses it is important that the oral health strategy is progressed and seeks to address the NICE (PH 55) guidance recommendations relevant to County Durham.

4 There are 21 recommendations within the NICE guidance. These recommendations have been mapped at a high level by the oral health strategy group to consider whether they are being met across County Durham. Where gaps have been identified the group are in the process of deciding whether there is sufficient resource within the current infrastructure and county wide system to deliver against the gaps.

5 It is essential at a time of austerity that a new strategy and action plan is designed which is deliverable within existing resources and includes thinking differently and working more smartly by pooling resources.

6 A pragmatic approach is being applied to determine how, wherever possible, oral health can be incorporated into other strategic plans and policies.

7 The 21 recommendations can be applied to a 'settings based' approach. The remainder of this briefing sets out the intentions for how the oral health strategy and action plan will be pragmatically applied by working with existing partners and stakeholders to embed oral health over the next three years while we remain committed to progress the exploration of fluoridation.

8 The first four NICE recommendations refer actions already underway such as the development of a strategy and reviewing the available epidemiological data.

Early Years / Nurseries / Children Centres

PROPOSED ACTIONS	NICE RECOMMENDATION
1. 0 – 19 breast feeding initiation and at 6 – 8 weeks 2. Breastfeeding friendly venues – United Nations Children's Emergency Fund (UNICEF) accreditation maintain status 3. 0 – 19 encourage dental registration increase	5. Ensure all public service environments promote oral health 6. Include information on oral health in local health and wellbeing policies 7. Ensure frontline health and social care staff can give advice on the importance of oral health
4. Plain drinking water – drink of choice in public sector venues 5. Provide a choice of sugar free foods – including vending machines	8. Incorporate oral health promotion in existing services for all children, young people and adults at high risk of poor oral health 12. Include oral health promotion in specifications for all early years services

Primary setting (5 – 11 years)

PROPOSED ACTIONS	NICE RECOMMENDATION
1. Promote national school food plan: plan drinking water available and sugar free snacks 2. Oral health as part of the curriculum – Personal, social, health and economic education (PSHE) resources available on DCC website 3. School Nurses to encourage dental registration at parent sessions 4. Liaise with the local dental network (LDN) to discuss possible 'pop up dental clinics' within schools	17. Raise awareness of the importance of oral health, as part of a 'whole school' approach in all primary schools 18. Introduce specific schemes to improve and protect oral health in primary schools in areas where children are at risk of poor oral health 19. Consider supervised tooth brushing schemes for primary schools in areas where children are at high risk of poor oral health

PROPOSED ACTIONS	NICE RECOMMENDATION
5. Oral health promotion team to work with special schools 6. Training to special school support staff on oral hygiene and health promotion 7. Scope out costs to deliver three year intervention tooth brushing and fluoride varnish scheme in targeted areas and work with the LDN to deliver intervention	20. Consider fluoride varnish programmes for primary schools in areas where children are at high risk of poor oral health

Workplace and community settings

PROPOSED ACTIONS	NICE RECOMMENDATIONS
1. Making plain drinking water available in community venues 2. Provide a choice of sugar free food, drinks and snacks, including from vending machines 3. Encourage and support breastfeeding 4. Healthy living pharmacy – SMILE campaign 5. Oral health in Health at Work	5. Ensure public services promote oral health 6. Ensure front line health and social care staff can give advice on the importance of oral health 10 Promote oral health in the workplace

Vulnerable groups (children and adults at high risk of poor oral health)

PROPOSED ACTIONS	NICE RECOMMENDATIONS
1. Oral health promotion team to work specifically with special schools and those educated outside of mainstream 2. Explore feasibility of minimum set of standards for oral health within care home contracts e.g. oral health assessment on admission to care home, oral health care plan established and regularly reviewed – quality metrics 3. Training and support in residential care homes on importance of oral hygiene and dual training on dementia care 4. Label dentures to reduce loss and cost of replacement 5. Align dental practices to each residential care home to ensure a general dentist is available for advice/guidance	7 Ensure front line health and social care staff can give advice on importance of oral health 8 Incorporate oral health promotion in existing services for all children, young people and adults at high risk of poor oral health 9 Commission training for health and social care staff working with children, young people and adults at high risk of poor oral health 6. Commission tailored oral health promotion services for adults at high risk of poor oral health

Next steps regarding oral health strategy

- The LDN was updated on 14th December 2015 regarding progress to date and on the proposed preliminary plans.
- A proposal is being developed for a tooth brushing and fluoride varnish scheme for County Durham to last for three years 2016 – 2019. This will be a targeted interim intervention while the feasibility fluoridation study is underway. Funding for this will come from identified money within public health reserve budget.
- This intervention will run concurrently with the children and young people's workforce working diligently to encourage families to register with dental practices. Dental practices offer fluoride varnish free to children every six months. To reduce oral health inequalities, families in areas with poor oral health need to start to visit their dentist more regularly to receive this free treatment.
- Following consultation with LDN, further detailed discussion is required with key personnel in order to develop a multi-agency/disciplinary SMART action plan across the oral health stakeholder network.
- A consultation will take place with stakeholders and final sign off by the Health and Wellbeing Board is expected in 2016.

Fluoridation in County Durham

9 Following discussions by Health & Wellbeing Board members a meeting was held in October to explore the possibility of water fluoridation with:

- National Public Health England (PHE) team, Head of Fluoridation
- North PHE Consultant in Dental Public Health
- Director of Public Health
- Consultant in Public Health
- Public Health Portfolio Lead

10 Water fluoridation schemes in England are explicitly permitted by Parliament, through the Water Industry Act 1991 [WIA 1991, The "Act"], which incorporated without change the entire content of the original Water (Fluoridation) Act 1985. The Water Act 2003 introduced into the Act a duty on water companies to comply with a validly-made fluoridation request by the then relevant NHS body (Strategic Health Authorities), removing the discretion previously permitted to water companies to refuse to accede to a request for a scheme.

11 The Health and Social Care Act 2012 introduced into the Water Industry Act major changes to fluoridation responsibilities, with the consultation and decision making responsibility for schemes being transferred from 1st April 2013 to unitary and upper-tier local authorities, and with the responsibility for making, varying or terminating fluoridation arrangements with water companies transferring to the Secretary of State for Health, to be exercised by him in accordance with the decisions of the affected local authority(ies), made in accordance with the fluoridation legislation.

12 The functions of the Secretary of State are discharged through Public Health England, an executive agency of the Department of Health. The Local Authority (LA) liaises via Public Health England.

Process for establishing a new fluoridation scheme

13 The process which a local authority must follow if it wishes to propose to introduce a scheme includes:

- Initial consultation with the Secretary of State and the water undertaker, complying with Regulations regarding the steps to be taken to consult and ascertain opinion, and comply with Regulations defining the factors which it must take into account in reaching a decision following consultation.
- Define the additional processes which a proposing local authority must follow if other local authorities are affected by the proposal for a new scheme.
- The Secretary of State is requested to enter into a fluoridation agreement with a water company following a decision of a proposing LA.

- Setting out the terms on which a fluoridation agreement will be made between the Secretary of State and the water undertaker and requiring the Secretary of State to consult The Water Services Regulation Authority (OFWAT) and the affected local authorities about those terms.

Feasibility study

14 Before a fluoridation scheme is embarked upon, a feasibility study should be undertaken.

15 This stage may be technical, complex, time consuming, and legislative, but it can be loosely broken down into three areas to be considered.

- Can it be done?
- Is the proposal resilient? (i.e. to seasonal variation)
- Can it be afforded? (this includes both capital and operating costs)

16 After these stages have been completed, the Secretary of State will make a decision based on whether the proposal is operable and whether it is efficient.

17 If this is deemed acceptable, the local authority is then required to consult with their population on the proposal. If more than one local authority is impacted, they must also consult with their population.

Next steps at a local level

18 Working in partnership with the National PHE water fluoridation lead a template fluoridation feasibility study service specification has been designed on behalf of Durham County Council (DCC).

Population identified for fluoridation within the feasibility study

19 Based on epidemiological data the specification describes the population DCC would like to ideally cover with fluoridated water. In the first instance the feasibility study is to consider water fluoridation in all of the areas in Durham which are not currently fluoridated. NB: the former Derwentside area plus parts of Chester-le-Street are the only areas currently subject to water fluoridation by Northumbria Water. Should this not be feasible, operable or efficient there are some areas which are of particular interest based on significant oral health inequalities: Bishop Auckland, Wear Valley, Shildon, Spennymoor, Easington and Peterlee.

20 The feasibly study will report on whether fluoridation is technically feasible, operable and efficient to fluoridate the whole of the areas of interest; only part of the areas of interest or whether in addition to the areas of interest it would be necessary to also increase the level of fluoride to any surrounding areas. It is necessary to specify which areas these would be and what population size this would affect and the level of fluoride in these additional areas.

21 The feasibility study will deliver outcomes at three stages and will be costed at three points to prevent budget being spent on technical details that may be deemed un-necessary or not possible to progress. At this preliminary stage it is proposed that the three phases of the feasibility study include:

- Initial desk top study to identify water quality zones (the geographic measure used by the water industry) potentially affected and potential locations for fluoridation plants. This may identify a number of potential options for how to progress.
- Develop estimated costs for selected options based on 'off the shelf' costs which will be discussed with PHE and the council.
- Full engineering feasibility study in relation to preferred option identified, resilience issues, number of households affected, scope of fluoridation plans and costs.

Costs and timeline for feasibility study

22 At this point in time PHE is awaiting feedback from Northumbrian Water. Initial costs and a timeline have been requested for phase one.

23 A sense of urgency is being created to push the feasibility study through but a realistic estimate is up to two years for completion. PHE has discussed the feasibility study with NHS England and there is an expectation that NHS England will fund this.

It may be necessary for DCC Public Health to contribute a small amount to the feasibility study depending on final contract amount.

Recommendations

24 The Health & Wellbeing Board is recommended to:

- Note the report for information
- Note the development of a fluoridation feasibility study by Northumbria Water
- Note the NICE guidance and development into a local oral health strategy to be signed off by the Health & Wellbeing Board.

Contact: Chris Woodcock, Public Health Portfolio Lead
Tel: 03000 267672

Appendix 1: Implications

Finance
Identified from public health reserves. Fluoridation study may also include contributions from NHS England.

Staffing
None

Risk
Timeline for fluoridation and stakeholder opinion surrounding the activity.

Equality and Diversity / Public Sector Equality Duty
None

Accommodation
N/A

Crime and Disorder
N/A

Human Rights
N/A

Consultation
Local dental network will be consulted. Final strategy will be consulted upon. Consultation not required for feasibility study.

Procurement
DCC to commission targeted interventions.

Disability Issues
None

Legal Implications
Linked to procurement. Linked to the legislative process surrounding fluoridation.

Health and Wellbeing Board

8 March 2016

Hospital Admissions Caused by Unintentional and Deliberate Injuries (aged 0-24) – Behind the Headlines

Report of Anna Lynch, Director of Public Health County Durham, Children and Adults Services, Durham County Council

Purpose of the report

1 The purpose of this report is to provide an update on hospital admissions from unintentional and deliberate injuries in children and young people (0-24 years). This report is not intended as an update on developments related to the unintentional and deliberate injuries in children and young people's strategy which will be reported at a later date.

Background

2 Unintentional injury in children is a significant public health issue. It is a major cause of avoidable ill health, disability and death and has a disproportionate impact on deprived communities. The Health and Wellbeing Board signed off the Unintentional and Deliberate Injuries in Children and Young People's Strategy in 2014.

3 The Public Health Outcomes Framework shows that for County Durham admissions are higher than England and the north east region for all age categories (see table 1).

4 Hospital admissions caused by unintentional and deliberate injuries in children have many classifications as determined by the formal International Statistical Classification of Diseases and Related Health Problems 10 **(Appendix 2)**.

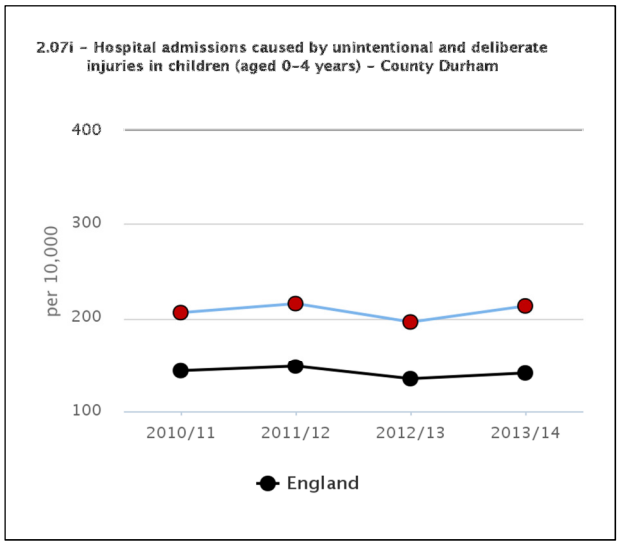
Table 1: Public Health Outcomes Framework

		Rate per 10,000		
		County Durham	North East	England
2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	2013/14	213.1	199.2	112.2
2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 5-14 years)	2013/14	168.4	158.6	140.8
2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)	2013/14	201.7	173.4	136.7

5 Figures 1-3 highlight a slight fluctuation in admissions across all age groups over the last few years, with all showing a slight increase from 2012/13 to 2013/2014.

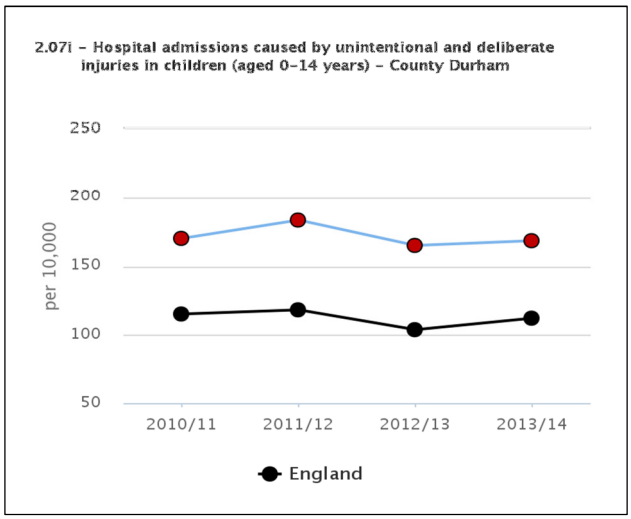
Hospital admission caused by unintentional and deliberate injuries in children 2010/14

Figure 1: Admissions for 0-4 year olds, 2010-2014



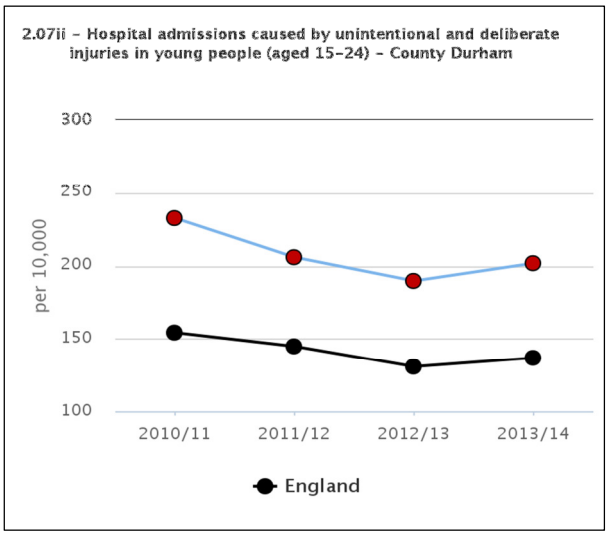
Period	Value	North East	England
2010/11	206.1	197.4	143.3
2011/12	215.6	218.3	148.2
2012/13	196.2	189.5	134.7
2013/14	213.1	199.2	140.8

Figure 2: Admissions for 5-14 year olds, 2010-2014



Period	Value	North East	England
2010/11	170.1	158	115.2
2011/12	183.4	172.9	118.2
2012/13	164.9	146.8	103.8
2013/14	168.4	158.6	112.2

Figure 3: Admissions for 15-24 year olds, 2010-2014



Period	Value	North East	England
2010/11	232.5	218.9	154.2
2011/12	205.8	207.3	144.7
2012/13	189.5	180	130.7
2013/14	201.7	173.4	136.7

6 The Public Health Outcomes Framework provides a high level indicator but does provide detail on the nature of the injuries that contribute towards the indicator. Further analysis may provide additional insight but it is important to frame further analysis within some context.

Context and further analysis

7 The data in this report relates to hospital admissions and does not reflect the scale and scope of injuries within the population. Injuries that are not presented at hospital, such as at a GP surgery, walk in clinic, school nurse, are not included. Data around injuries that are not presented to primary or secondary care are also not included in this dataset, nor is the severity of injury captured.

8 The decision a parent or carer takes to attend hospital in the first instance, may not solely be determined by the actual injury, but may well be impacted by their own understanding of health, the type of injury, the age of the child (an infant unable to articulate their level of pain may be taken to hospital by a concerned parent, as supposed to young child who can explain their symptoms and maybe more content to visit a GP), access to transport or even their proximity to a health care setting.

9 Caution should therefore be exercised when exploring the hospital admission data as this reflects a measure of one element of the health and social care system and not the prevalence of injury within a population.

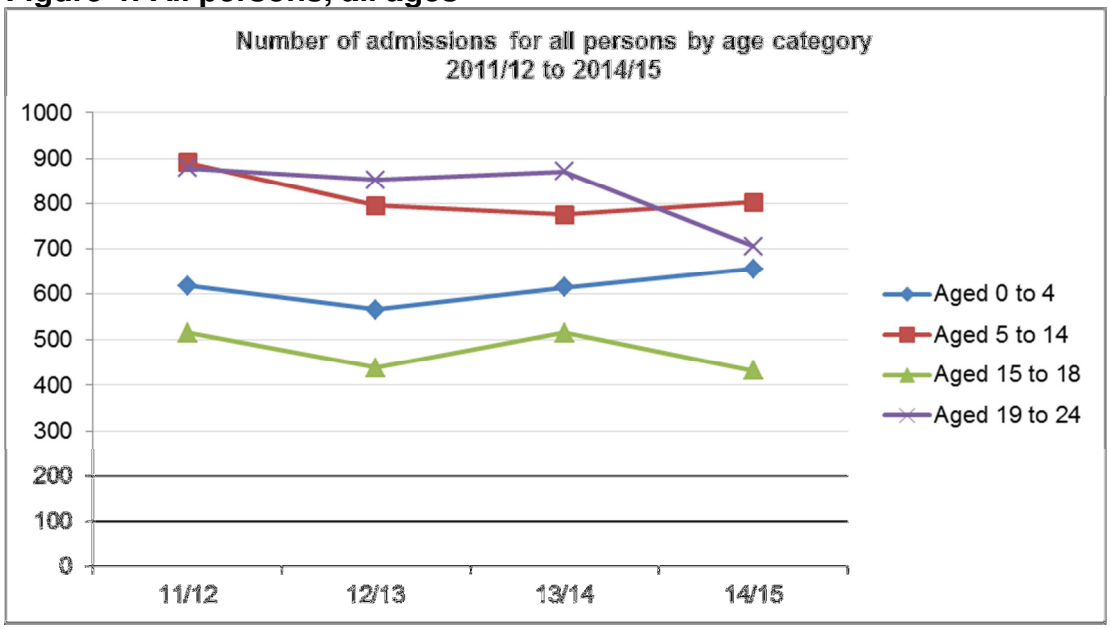
Data analysis – behind the headlines

10 The data used in this report is Hospital Episode Statistics (HES) data relating to 'finished in year admission episodes' for emergency admissions for injuries. The cause code is a supplementary code that indicates the nature of any external cause of injury, poisoning or other adverse effects. Emergency hospital admissions for unintentional and deliberate injuries are defined by external cause codes (ICD10 V01-X59).

11 Whilst the previous tables (Fig. 1-3) show the standardised rates across the life-course, it is also worth noting in figure 4 the volume (numbers) and variations in admissions per age category.

Four year trends in numbers emergency admissions by age and sex (0-24 yrs)

Figure 4: All persons, all ages



12 The 19-24 age group comprise a significant number of admissions which are not obvious from the Public Health Outcomes Framework. Note these are numbers of admissions, not rates and are not directly comparable.

Figure 5: Males, all ages

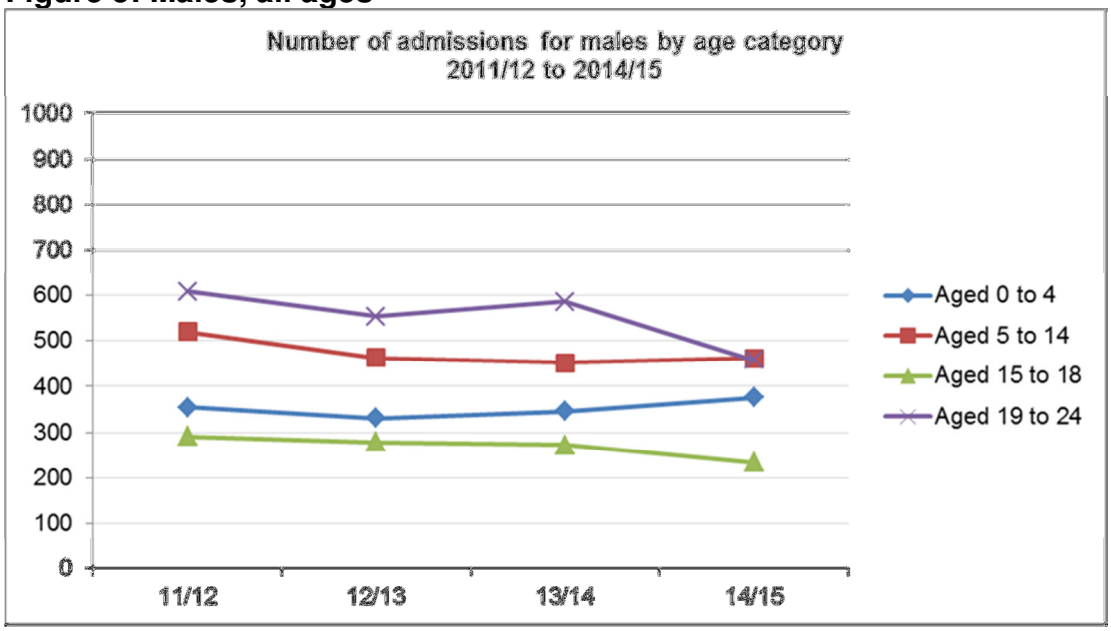
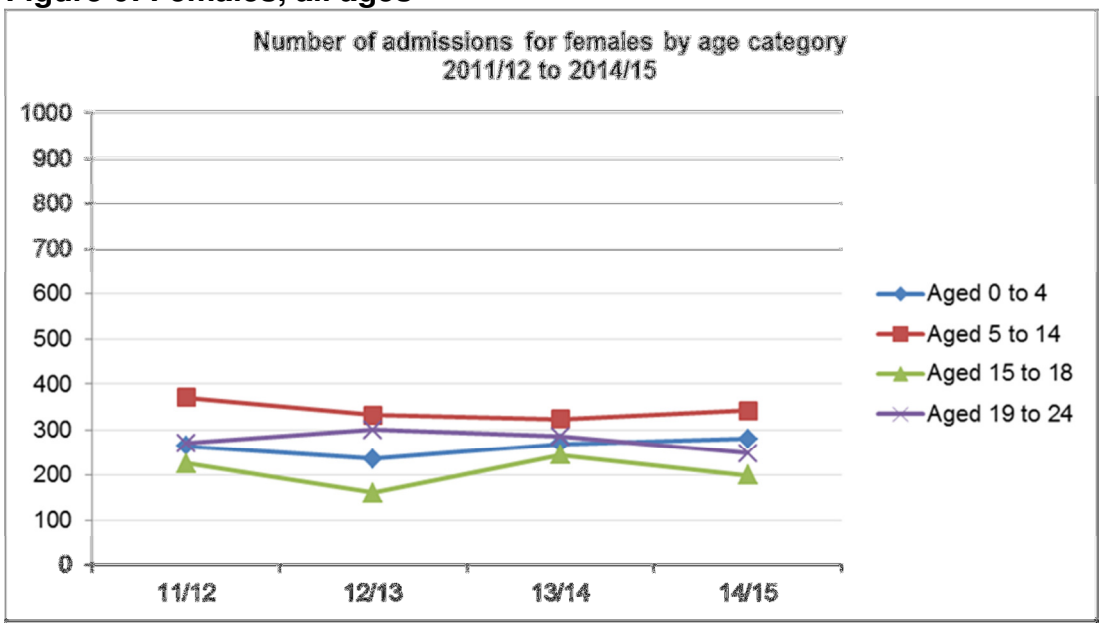


Figure 6: Females, all ages

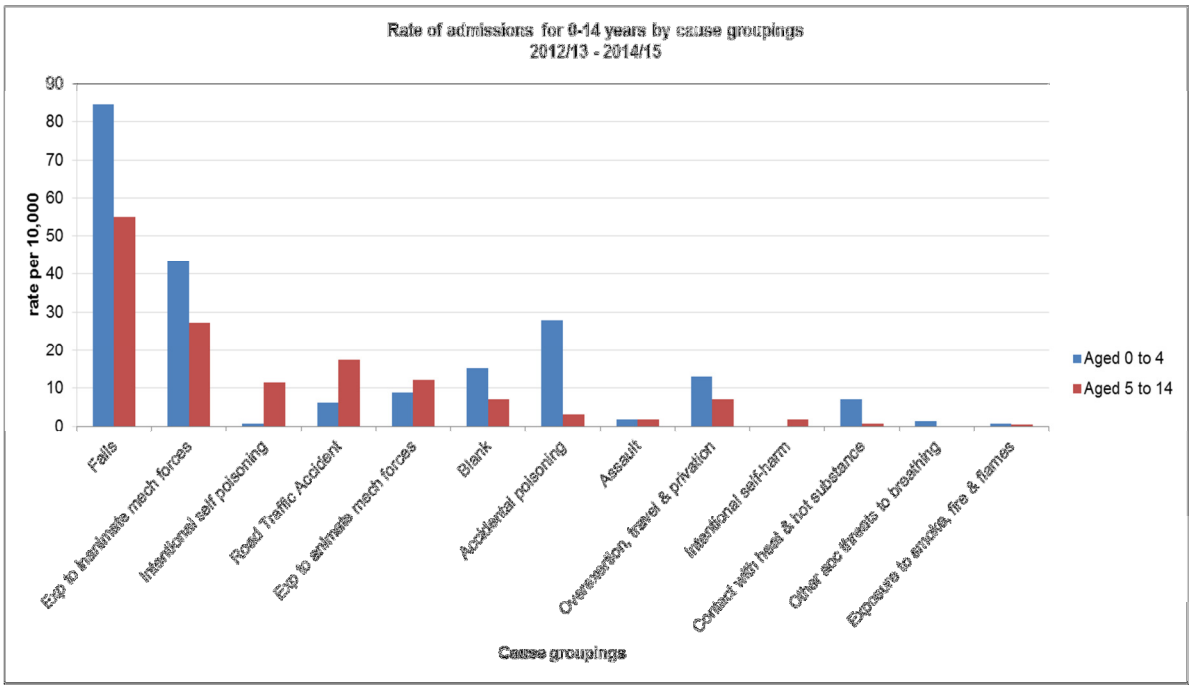


13 When comparing figures 5 and 6 more males have a hospital episode through unintentional and deliberate injuries than females. The reason for the episode suggests some gender or cultural reason for these differences as the individual moves through the life-course. Small boys may be more inclined or culturally encouraged to take part in more physical and riskier play. As they age recreational activity such as sports are likely to cause more injuries for males rather than females. Risk taking behaviour is more closely associated with males than females. Activities such as physical altercations are more associated with males than females and reflected in the admissions data.

Rate of admissions by cause (2012/13 - 14/15) – standardised rate per 10,000

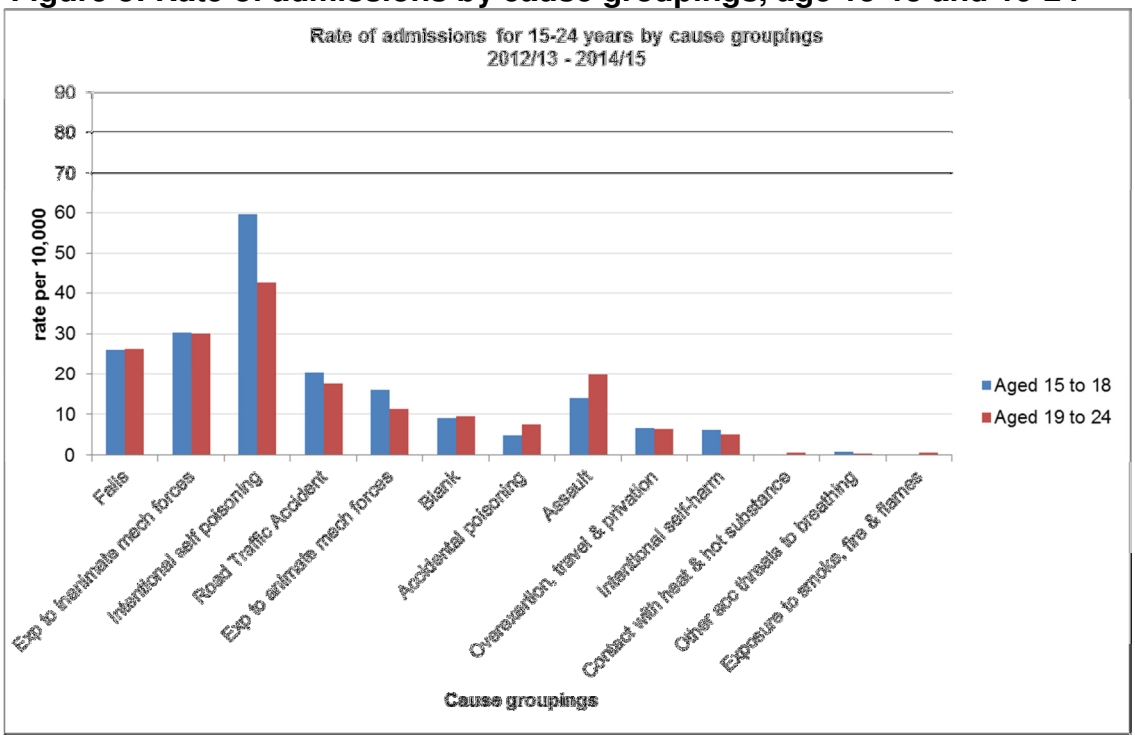
14 Cause groupings (fig. 7 and fig. 8) are the 'high level' reason for admission. The most dominant categories based on rates per 10,000 are displayed below to provide an overview of the types of admissions. These are for all admissions bar those that are suppressed due to low numbers.

Figure 7: Rate of admissions by cause groupings, age 0-4 and 5-14



15 Falls are the leading cause of admissions in both the 0-4 and 5-14 year old groupings, followed by exposure to inanimate mechanical forces.

Figure 8: Rate of admissions by cause groupings, age 15-18 and 19-24



16 The picture changes for young people with intentional self-poisoning the main cause of admission followed by exposure to inanimate mechanical forces.

17 It should be noted that the category 'blank' features in all age ranges but is most pronounced in the 0-4 category. A child in this age range may be unable to vocalise the nature of their injury, a parents or carer maybe unaware of the nature of their injury, or the hospital episode may be distressing for those involved leading to an incomplete record during the admission.

18 After the cause grouping has been recorded more detail on the nature of that injury can be provided. If a child has fallen, falling down stairs may provide a different scenario than falling from a tree. **Appendix 3** captures this information and ranks admissions accordingly.

Location of injury - distribution of top 5 locations of injury, by age category (2012/13 - 2014/15)

19 Home is the most dominant location (58.6%) for injury for the under-fives which is where they will be likely spending the majority of their time. An unspecified place is the second leading location. It is not known whether it is unspecified because it has not been recorded, or because the carer does not know the exact location on the injury, and depending on the injury and age of the child, they may be unable to provide that detail. **Appendix 4** provides further details across the age ranges and it is notable that "unspecified place" as a location increase as a child and young person ages. The reasons for this are unclear but likely to relate to the recording of the accident.

Impact of deprivation

20 Public Health England has identified unintentional injuries as a major health inequality. There is a persistent social gradient for unintentional injuries and inequalities have widened. This social gradient is apparent in County Durham and clearly indicates where targeted interventions should be delivered.

Admissions (2012/13 - 2014/15) by deprivation quintile (IMD2015) *sum of male and female categories

Figure 9: Admissions by deprivation quintile, 0-4 years old

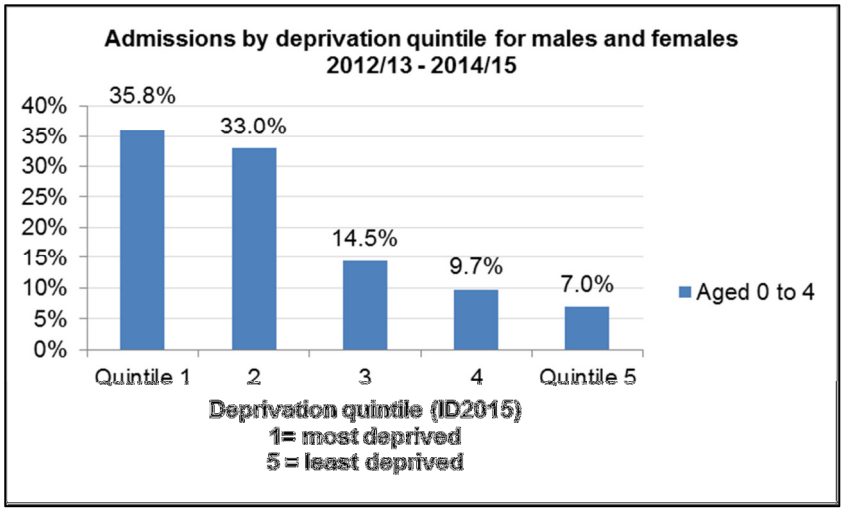


Figure 10: Admissions by deprivation quintile, 5-14 years old

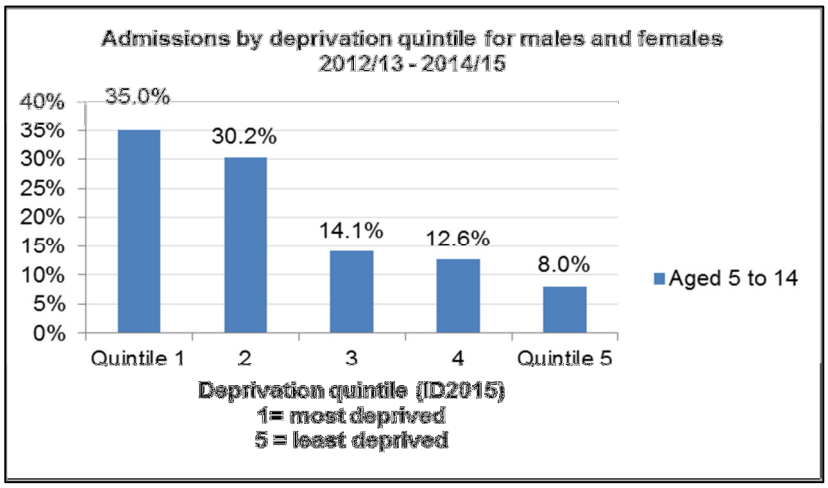


Figure 11: Admissions by deprivation quintile, 15-18 years old

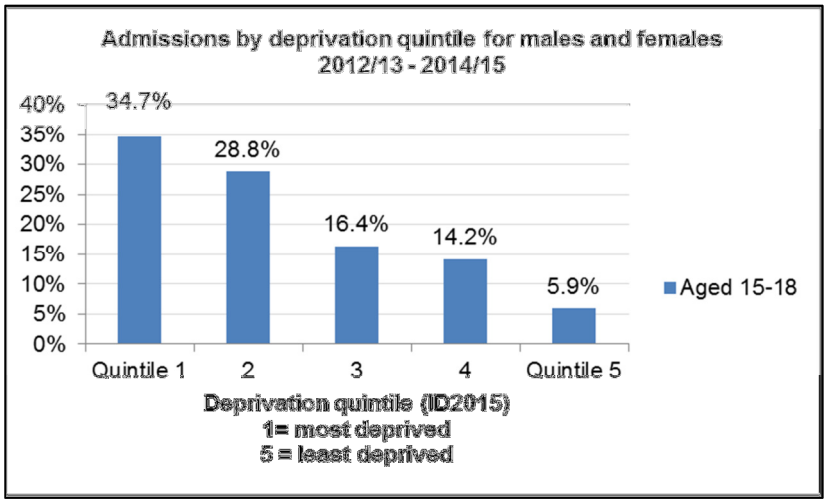
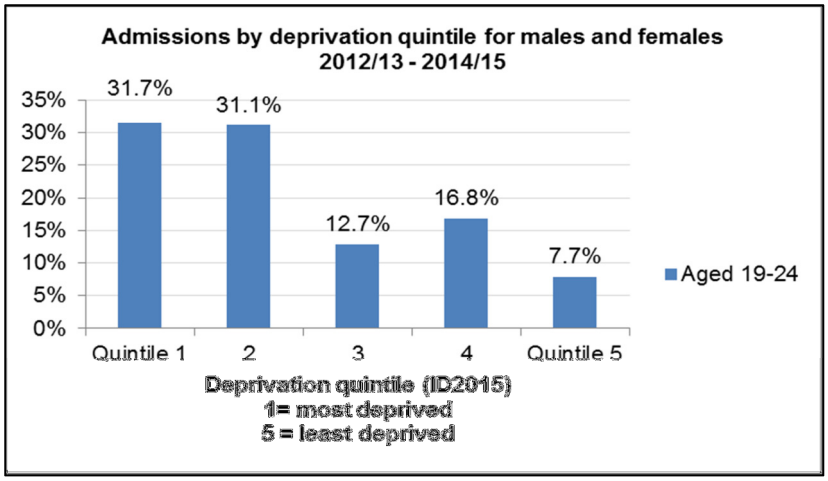


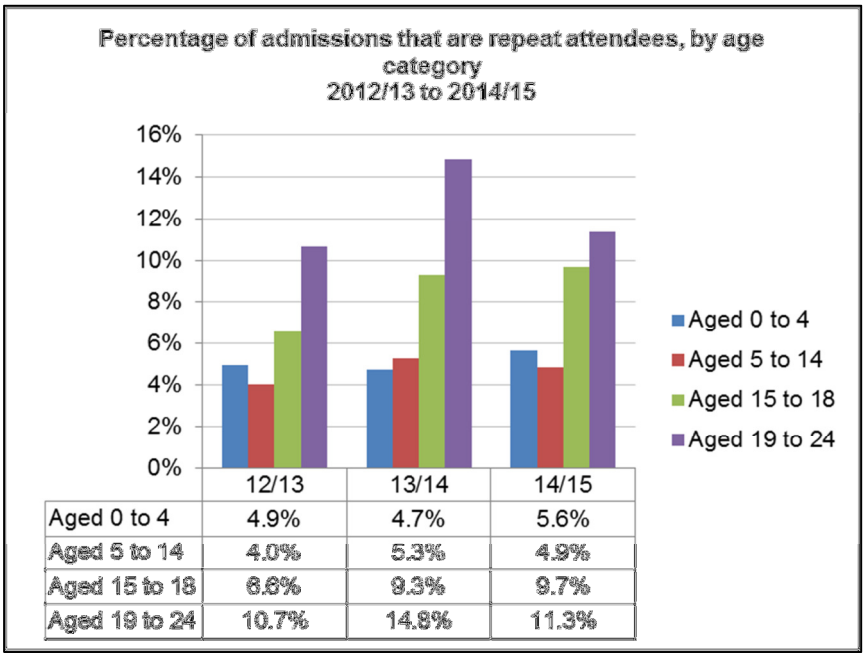
Figure 12: Admissions by deprivation quintile, 19-24 years old



Repeat admissions

21 Caution should be applied in relation to repeat admissions data as the numbers are too small to assess whether an individual is readmitted for the same injury or type of injury. Further analysis of the data is required

Figure 13: Percentage of admissions that are repeat attendees



	12/13	13/14	14/15
Aged 0 to 4	4.9%	4.7%	5.6%
Aged 5 to 14	4.0%	5.3%	4.9%
Aged 15 to 18	6.6%	9.3%	9.7%
Aged 19 to 24	10.7%	14.8%	11.3%

Other considerations

22 The Public Health Outcomes Framework data and this analysis is based around hospital admissions. Little data is collected nationally about injuries that do not result in hospital admissions but are treated in other healthcare settings or at home.

23 Nationally there are weaknesses in the data available, with the cause of hospital admissions unknown for a number of patients for this age group. This report therefore does not provide a complete picture of admissions due to deficiencies in data.

24 The Health and Social Care Act (2012) introduced new measures and categories for accidental and deliberate injury data. New organisations such as Public Health England have a greater role in regards to data analysis. Some previous data sources and reports hosted by organisations such as the Health and Social Care Information Centre (HSCIC) are no longer available. It has not been possible to provide longer term trend analysis as the data was either unavailable or not directly comparable.

Conclusion

25 Gaps exist in data to help plan and monitor injury prevention programmes locally. Data relates to hospital admissions and does not capture data from minor injury, walk-in centres or primary care. It also does not consider injuries that are treated at home or in other settings e.g., school.

26 Gaps also exist within hospital admissions with ‘blank’ reasons for admission being noticeable across all age ranges and unspecified location being the most common location of injury across all but the 0-4 age range.

27 The types of preventable injury in children and young people are age related. The major cause of injury in the 0-4 and 5-14 age groups is due to falls. Most injuries in the 0- 4 year olds occur in the home, when a location is recorded.

28 The nature of injuries changes through the life course with some injuries reducing as children age and others increasing.

29 Home is consistently the most dominant location of injury though the other locations change during the life-stage (schools are prominent within 5-14 age group but decrease after that as the numbers attending schools will decrease). It should also be noted that after 0-4, the most dominant location is unspecified. The reasons for this are unknown.

30 Gender is a factor in the types of injury particularly as a child ages. This may be cultural or biological.

31 Deprivation is a key factor and a strong social gradient is evident across the whole life course of children and young people in County Durham.

32 A local children and young people injury prevention strategy group has been developed with partners and leads on implementation of a strategic action plan.

Recommendations

33 The Health and Wellbeing Board is recommended to:

- Note the content of this report and that further data is expected from Public Health England that will allow granular analysis within County Durham that is not available at the time of writing.
- Consider how childhood injury prevention is explicit in all key strategies to ensure steps are taken to raise the profile of child injury prevention across all partner agencies.
- Note opportunities across partnerships to influence and prevent injuries through a targeted approach across County Durham, taking into account deprivation e.g., commissioning of children's services, the community parenting programme and the development of a new early years strategy
- Note the unintentional and deliberate injuries in children strategy will be refreshed to take account of most recent data sets
- Raise the issue with AAPs once the Middle Super Output Area (MSOA) detailed information is available to enable consideration during their prioritization process
- Note that locality / (Clinical Commissioning Group) CCG level data will be available at a later date.

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Tel: 03000 267 672

Appendix 1: Implications

Finance
None

Staffing
None

Risk
None

Equality and Diversity / Public Sector Equality Duty
Greater impact on deprived communities.

Accommodation
N/A

Crime and Disorder
N/A

Human Rights
N/A

Consultation
N/A

Procurement
N/A

Disability Issues
None

Legal Implications
None

Appendix 2: Glossary

Accidental poisoning	ICD Code X40-X49 Includes: accidental poisoning from various chemicals, gases and pesticides. Also includes accidental poisoning by alcohol
Assault	ICE Code X85-Y09 Includes: assault by bodily force, assault by sharp object
Exposure to animate mechanical forces	ICD Code W20 – W49 Includes: Hit struck kicked twisted bitten/scratched by another person, Striking against or bumped into by another person, Bitten or struck by dog
Exposure to inanimate mechanical forces	ICD Code W20 – W49 Includes: struck by thrown object, struck by sports equipment, contact with knife, contact with sharp glass, contact with hand tools etc.
Falls	ICD Code W00-W19 This includes: unspecified falls, falls from chair, falls from bed, falls from tree etc.
Hospital admissions caused by unintentional and deliberate injuries in children	The number of finished emergency admissions due to unintentional and deliberate injuries in children (aged 0-24 years) based on any mention of cause codes ICD 10: S00 - T79 or V01 - Y36. Admissions are only included if they have a valid Local Authority code.
ICD 10	International Statistical Classification of Diseases and Related Health Problems
Intentional self-harm	ICE Code X70-X84 Includes: Intentional self-harm by sharp object, Intentional self-harm by jumping from a high place
Intentional self-poisoning	ICD Code X60 – X69 Includes: Intentional self-poison/expos other drug acting on nervous system etc.
Other accidental threats to breathing	ICE Code X85-Y09 Includes: Inhalation & ingestion of other objects causing obstruction to respiratory tract, Inhalation and ingestion of food causing obstruction to respiratory tract, Inhalation of gastric contents.
Overexertion, travel and privation	ICD Code X50 – X59 Includes: lack of food, lack of water, overexertion and strenuous or repetitive movements.

Appendix 3: Narrow categories for admissions

Ranking by age and sex, for narrow categories (2012/13 - 2014/15) – 0-4 years

- Unspecified falls are the most dominant reasons for admission in the 0-4 category.
- Detail surrounding the nature of the fall is not always recorded, or plausibly even possibly recorded. A similar instance maybe noticed from 'exposure to an unspecified factor'. Potentially with this measure, and this age range, further recorded data, does not provide further clarity on the issue.
- Striking against or struck by other objects (exposure to inanimate mechanical forces) is the second most dominant reason.
- Differences between genders are not pronounced.

Ranking by age and sex, for narrow categories (2012/13 - 2014/15) – 5-14 years

- Unspecified fall remains the most dominant category. Falls from playground equipment becomes a dominant category, again reflective of life stage. Injuries such as falls from rollers skates or skateboards also figure.
- As people move through the life course reasons for admission may change. Self-poisoning becomes more significant and is the dominant admission in the female category. It is likely that this changes as people age, and become more self-aware, and is realistic that this does not figure in the lower ages as it the individual is not capable of making such decisions.
- Males become more likely to become involved collisions with motor vehicles whilst cycling and also begin to be recorded as 'Hit struck kicked twisted bitten/scratched by another person' which may well be the result of a physical altercation.

Ranking by age and sex, for narrow categories (2012/13 - 2014/15) – 15-18 years

- Within this age range differences between the genders become noticeable. The dominant categories within females become related to self-poisoning and self-harm.
- The dominant categories within males become associated with 'assaults' and injuries likely resulting from a physical altercation (though self-poisoning is still a dominant category).
- Interesting unspecified falls still figure highly.

Ranking by age and sex, for narrow categories (2012/13 - 2014/15) – 19-24 years

- Self-poisoning is a dominant reason in this age range. Falls and collisions remain dominant within males though assaults become the leading reason for admissions along with other injuries that may be associated with an altercation.
- Factors such as falls and collisions actually increase in this age range from the 15-18 year old and admissions such as assaults rise. The exact reasons for this are unknown but it is reasonable to assume that alcohol becomes legal for this age range and its effects on violent behaviour are well known.

Ranking by age and sex, for 3 digit ICD10 cause codes for admissions (2012/13 - 2014/15) *1 = highest number of admissions

Ranking - 0-4 years			
	Female	**Male**	**Persons**
Fall on and from stairs and steps		6	7
Unspecified fall	1	1	1
Striking against or struck by other objects	2	2	2
Foreign body entering into or through eye or natural orifice	3	7	5
Exposure to unspecified factor	4	4	4
Fall on same level from slipping tripping and stumbling	5	3	3
Fall involving bed	6		9
Fall involving playground equipment	7	9	8
Caught crushed jammed or pinched in or between objects	7	5	6
Accidental poisoning by and exposure to other and unspecified drugs, medicaments and biological substances	8	8	
Accidental poisoning by and exposure to non-opioid analgesics, antipyretics and antirheumatics	8	7	8

Ranking by age and sex, for 3 digit ICD10 cause codes for admissions (2012/13 - 2014/15) – 5-14 years

Ranking - 5-14 years			
	Female	**Male**	**Persons**
Other fall from one level to another		10	
Hit struck kicked twisted bitten/scratched by another person		7	9
Intentional self-poisoning by and exposure to non-opioid analgesics, antipyretics and antirheumatics	1		3
Unspecified fall	2	1	1
Fall involving playground equipment	3	2	2
Caught crushed jammed or pinched in or between objects	4	5	4
Fall on same level from slipping tripping and stumbling	5	4	5
Striking against or struck by other objects	6	6	6
Fall involving ice-skates skis roller-skates or skateboards	7	8	8
Bitten or struck by dog	8		
Exposure to unspecified factor	9	9	10
Pedal cyclist injured in non-collision transport accident	10	3	7

Ranking by age and sex, for 3 digit ICD10 cause codes for admissions (2012/13 - 2014/15) – 15-18 years

Ranking - 15-18 years			
	Female	**Male**	**Persons**
Other fall same level due collision/pushing by another person		8	
Striking against or struck by other objects		3	5
Pedal cyclist injured in non-collision transport accident		5	9
Exposure to unspecified factor		6	8
Striking against or bumped into by another person		7	
Intentional self-poisoning by and exposure to non-opioid analgesics antipyretics and antirheumatics	1	2	1
Intentional self-poisoning by and exposure to anti-epileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified	2	9	4
Intentional self-poisoning by and exposure to narcotics and psychodysleptics (hallucinogens), not elsewhere classified	3		6
Intentional self-harm by sharp object	4		7
Unspecified fall	4	4	4
Assault by bodily force	5	1	2
Intentional self-poisoning by and exposure to other and unspecified drugs medicaments and biological substances	6		
Caught, crushed, jammed or pinched in or between objects	7		
Bitten or struck by dog	7		
Hit, struck, kicked, twisted, bitten/scratched by another person	7	2	3

Ranking by age and sex, for 3 digit ICD10 cause codes for admissions (2012/13 - 2014/15) – 19-24 years

Ranking 19-24 years			
	Female	**Male**	**Persons**
Hit struck kicked twisted bitten/scratched by another person		6	7
Exposure to unspecified factor		8	
Striking against or struck by other objects		4	6
Contact with sharp glass		9	8
Intentional self-poisoning by and exposure to non-opioid analgesics, antipyretics and antirheumatics	1	2	1
Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic antiparkinsonism and psychotropic drugs, not elsewhere classified	2	3	3
Unspecified fall	3	5	4
Fall on same level from slipping tripping and stumbling	4	7	5
Intentional self-poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified	4	9	7
Fall on and from stairs and steps	4		
Assault by bodily force	5	1	2
Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substances	6		
Car occupant injured in collision with car, pickup truck or van	7		
Intentional self-harm by sharp object	8		8

Appendix 4

Figure 9: Locations, 0-4 years

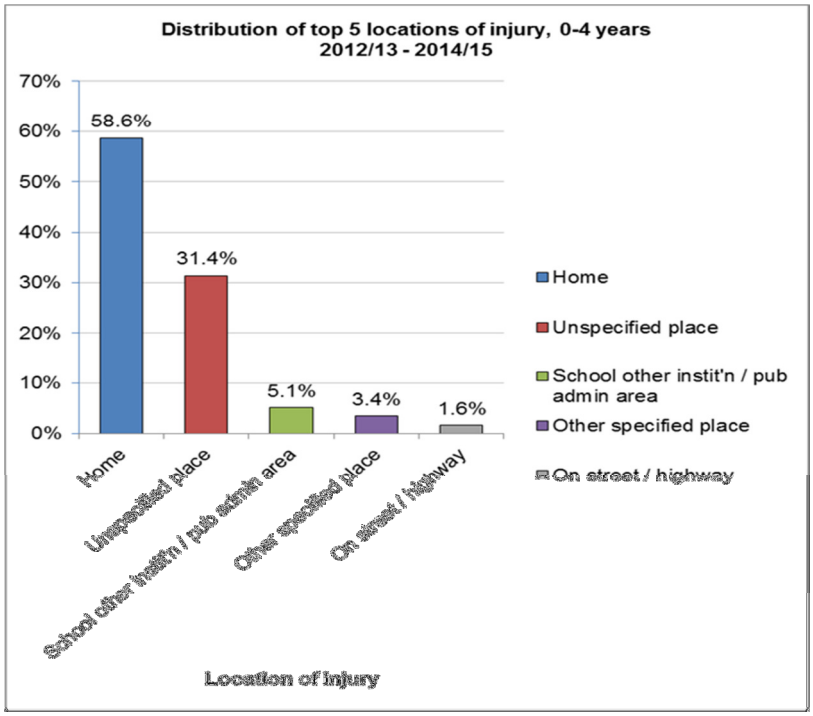


Figure 10: Locations, 5-14 years

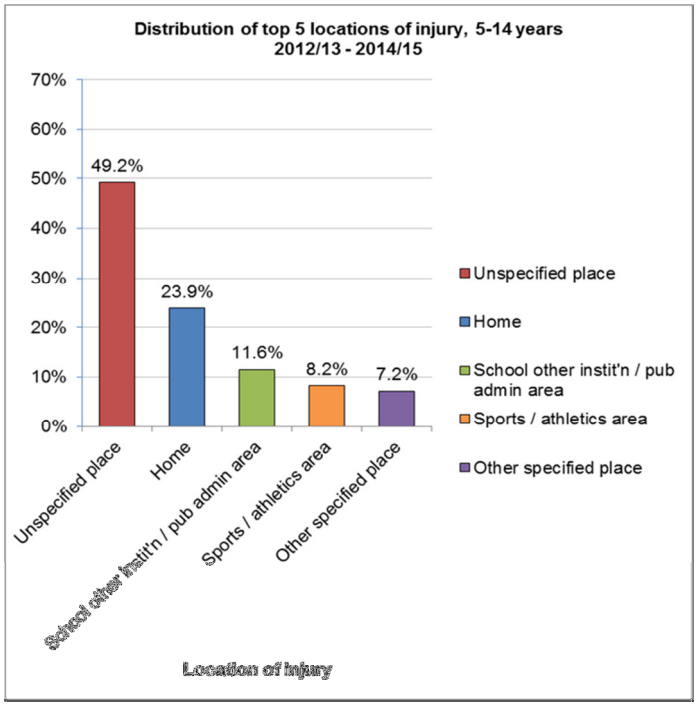


Figure 11: Locations, 15-18 years

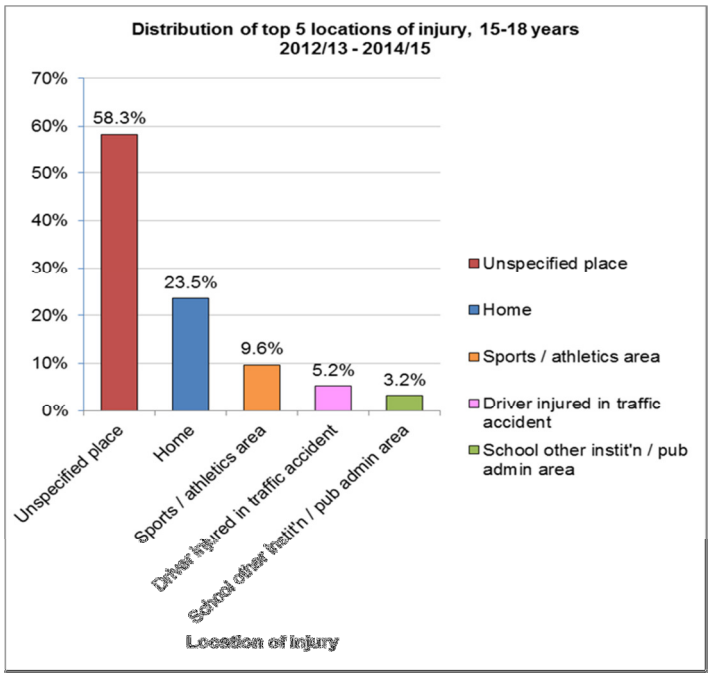
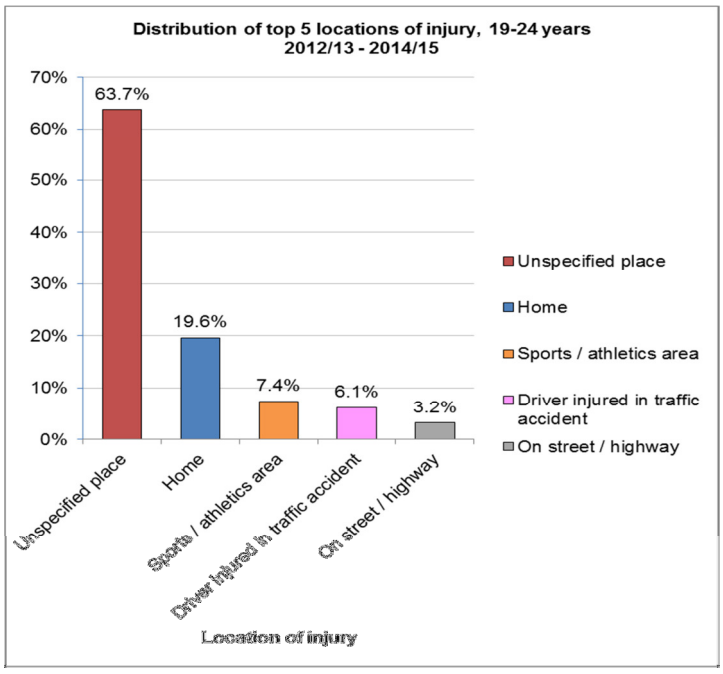


Figure 12: Locations, 19-24 years



Health and Wellbeing Board

8 March 2016

No Health Without Mental Health Update including the Mental Health Crisis Care Concordat

Report of Nicola Bailey, Chief Operating Officer, North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Group

Purpose of the Report

1 The purpose of this report is to update the Health and Wellbeing Board on the progress of the No Health without Mental Health Implementation Plan and the Mental Health Crisis Care Concordat.

No Health without Mental Health local Implementation Plan

2 The National Strategy "No Health without Mental Health" was introduced by the government in 2011. The County Durham Mental Health Implementation Plan aims to introduce these objectives locally to improve the mental wellbeing of people across County Durham.

3 A joint approach was taken to develop the priorities set within the plan which was approved by the Health and Wellbeing Board in November 2014. The Health and Wellbeing Board have received regular updates with the last update provided to the Board in September 2015.

4 The Implementation Plan has been updated by key stakeholders as part of the No Health without Mental Health Implementation Group, outlined in Appendix 2.

5 There are no red issues currently. The following are at Amber status

1.1	Undertake an assessment of the mental health needs of the population of County Durham	The initial deadline of December 2015 has slipped but the work will still be delivered within the financial year.
1.3	Develop an Integrated Primary Care model for access to talking therapies	Progress is being made in this very challenging and complex area. The Partnership Board receives regular updates from Provider Management and are happy with progress.

2.1	Work together to find ways that will support the armed services community who have poor mental or physical health	The MHPB received an update at their meeting in February 2016
2.4	Ensure that all services adopt a Recovery orientated approach and use validated recovery measure to evaluate outcomes. By using relevant recovery related Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) enables service providers and service users to evaluate progress.	This requires a cultural change for Providers and so quick progress should not be expected. Baselines are being included in new service contracts but it is taking longer to negotiate these into existing contractual arrangements.
2.5	Explore opportunities to embed co-production and peer support models within contracts	Ongoing work with most deadlines met. One issue with Health Education North East (HENE) funded training course being picked up; feedback due to February Partnership Board.
2.6	Ongoing monitoring and awareness of the financial challenges and how the welfare reforms impact on the ability to access services	Further discussion at recent Provider and Stakeholder forum will continue to feed into this issue further.
3.1	Develop a more integrated response for people with both mental and physical health conditions	Commissioning for Quality and Innovation (CQUIN) in place with Tees, Esk and Wear Valley NHS Foundation Trust (TEWV)
4.4	Work together to give people greater choice and control over the services they purchase and the care that they receive	Work ongoing. Partnership Board receives regular updates.
4.5c	Improve awareness of the range of service provision available to General Practices and improve the accessibility and uptake to these services	Specifically in relation to the Wellbeing for Life work. This is operating extremely well in many areas but this is not universal. Public Health Colleagues are working to get the same high quality service to all residents.
4.6	Develop and implementation the County Durham Dual Needs Strategy	Work is ongoing.
5.2	To develop a more extensive, accessible crisis team	This work is part of the Crisis Care Concordat and cuts across the work of the Urgent and Emergency Care Vanguard.

Mental Health Crisis Care Concordat

6 The national mental health crisis care concordat was launched in 2014. One of the key aims of the concordat was to develop joined up service responses to people who are in mental health crisis. There was national sign up to the concordat by a number of key agencies and there was a specific emphasis on securing delivery of improved outcomes for people in mental health crisis at a local level. This was achieved firstly through local partners signing up to a declaration in October 2014 and secondly by those partners developing and agreeing a local action plan in March 2015.

7 The declaration and action plan were agreed by the Health and Wellbeing Board and published on the national website. The Health and Wellbeing Board have received regular updates with the last update provided to the Board in September 2015.

8 The local plan comprises of actions mirrored under objectives of the national crisis care concordat guidance focused on areas of priority to address a gap or improvement. The Mental Health Partnership Board has established a steering group to oversee the implementation of the local crisis care action plan. The sub group comprises key representatives from each statutory partner organisation who agreed to support the implementation of the action plan.

9 The key areas of priority identified in the local action plan are as follows:

- Continued implementation of the policy arrangements for patients detained under section 136 of the Mental Health Act – this incorporates places of safety, integrated working, timely transport, training and processes between the key services such as police, mental health, accident and emergency and ambulance.
- The review of protocols for people presenting with mental health problems and intoxication from alcohol or drugs. This includes designation of place of safety in appropriate settings. There is also an opportunity to look at models of care and support within the community and voluntary sector.
- Reviewing data sharing proposals between health and the police to enable effective strategic planning and operational delivery.
- Review the evidence from the national “Street Triage pilots”. Consider and review demand within County Durham in terms of police time spent in street situations and in people’s homes or public places responding and dealing with people in mental health crisis. In addition review the ongoing effectiveness of the ‘tele triage’ scheme that is in place in County Durham.

10 The Crisis Care Concordat Steering Group meets monthly to progress actions within the plan. A workshop took place in January 2016 with key stakeholders to enable key areas identified with the action plan to be discussed further to identify solutions.

11 The Mental Health Crisis Care Concordat steering group met on 10th February 2016 to discuss and ratify the outcomes of the workshop and update the County Durham and Darlington Mental Health Crisis Care Concordat Local Action Plan, attached as Appendix 3.

12 The Steering Group have agreed three task and finish groups which will progress the following areas of work identified within the action plan:

- Information sharing between partners agencies.
- Scope Crisis Care intervention pathways to identify gaps.
- Identify the highest users of crisis care services across partner agencies.

13 It should be noted that a bid has been submitted as part of the regional Urgent and Emergency Care Vanguard to address areas of work within the Crisis Care Concordat action plan which includes conveyancing (including street triage), a crisis assessment suite and a programme of simulation training to support workforce skills. Funding for the work has yet to be confirmed through the Vanguard and confirmation is expected in March 2016.

14 Discussions have also taken place with the Systems Resilience Group to discuss alternative proposals to conveyancing if the Urgent and Emergency Care Vanguard bid is unsuccessful.

Five Year Forward View for Mental Health

15 In February 2016, NHS England's Mental Health Taskforce published a Five Year Forward View for Mental Health. This contains a number of recommendations for partner agencies to address. Work is currently underway to map the recommendations to work currently underway through the No Health without Mental Health implementation plan to identify any gaps.

LGA Peer Review Follow Up

16 The Local Government Association (LGA) peer review report identified improving communication and early referral into the mental health system as an area for further development which has been progressed by the Mental Health Partnership Board

17 As part of the follow up work for the Peer Review, a further consultation and engagement session was held at the Waddington Street Centre, Durham, on the 14th October 2015.

18 Key issues highlighted by the participants including the following:

- A need to improve information / communication i.e. Mental Health Services.
- Poor discharge planning.
- Insufficient support services in local communities.
- Closer working between integrated Mental Health teams and support providers required.
- Difficult transition between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health.
- Inconsistent / patchy service coverage across County Durham.

- Crisis response inadequate.
- Clear 'pathways' for service users at all level of need.

19 During the meeting service users and carers requested that any future service developments should also feature a greater emphasis on co-production, support the role of peer support / peer monitoring and establish better links between GPs and local support options.

20 All of the issues from the LGA Peer Review work have now been fed back to the Mental Health Partnership Board and will be incorporated into the wider work outlined in this report to improve Mental Health services in County Durham for the future.

Recommendations

21 The Health and Wellbeing Board is recommended to:

- Note the contents of the report.
- Note the progress made in relation to the County Durham Mental Health Implementation Plan.
- Note the progress made in relation to the County Durham and Darlington Mental health Crisis Care Concordat local action plan.

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Tel: 0191 3744237

Appendix 1: Implications

Finance
The No Health Without Mental Health Implementation Plan sets out a number of priorities, some of which require funding. The Plan will help identify potential mental health commissioning intentions for discussion at the Joint Commissioning Group.

The Crisis Care Concordat workshop identified some areas where pilots could be funded. These will be considered alongside other CCG priorities and the Urgent and Emergency Care Vanguard.

Staffing
No implications.

Risk
No implications.

Equality and Diversity / Public Sector Equality Duty
When the National Strategy was being developed an impact on equality was undertaken.

Accommodation
No implications.

Crime and Disorder
No implications.

Human Rights
No implications.

Consultation
A communication and engagement plan was developed and the NECS team have been actively involved throughout the process. The development of the plan has taken a collaborative approach, involving service users, carers and other stakeholders.

Service Users will be asked for input in relation to any pilots commissioned as part of the Crisis Care Concordat.

Procurement
No implications.

Disability Issues
No implications.

Legal Implications
No implications.

County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
1. More people will have good mental health					
1.1 Undertake an assessment of the mental health needs of the population of County Durham	**a.** Scheduled meetings in place to develop the needs assessment	Public Mental Health Strategy Implementation Group	Dec 15	March 2016 new deadline.	
1.2 Develop and implement programmes to increase resilience and wellbeing through practical support on healthy lifestyles		Public Mental Health Strategy Implementation Group	Ongoing	Resilience programmes are commissioned by Public Health. Academic Resilience in schools programmes to commence after Easter 2015. Mindfulness community and schools programme currently delivered Ending in June 2016	
1.3 Develop an Integrated Primary Care model for access to talking therapies	**a.** Model currently being developed	Mental Health Care Delivery Working Group	TBC	The proposed model wasn't supported by all CCG's. Further work is being undertaken to reform counselling and meet new national standards around waiting times for talking therapies.	

County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
1. More people will have good mental health					
1.4 The development and implementation of the Children & Young Peoples Mental Health & Emotional Wellbeing Plan		Children & Young Peoples Mental Health & Emotional Wellbeing Group	Dec 15	Children and Young Peoples Mental Health, Emotional Wellbeing and Resilience Plan been agreed through HWB. Dr Lynn Wilson to chair implementation group.	
1.5 Implement the multi-agency Public Mental Health and Suicide Prevention Strategy for County Durham	**a.** Improve mental health and wellbeing of individuals through engagement, information, activities, access to services and education	Public Mental Health Strategy Implementation Group	Ongoing	Social prescribing service in place includes access to arts, learning, volunteering, time banks and books on prescription.	
	b. Prevention of mental illness and dementia through targeted interventions for groups at high risk		Ongoing	Targeted work on high risk groups include mindfulness based stress reduction programme with carers, young carers, people recovering from substance misuse in addition to general Mindfulness-based stress reduction (MBSR) programme within community	

County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
1. More people will have good mental health					
	c. Reduce the suicide and self-harm rate for Co Durham		Ongoing	Suicide prevention framework in place to include model for County Durham safer suicide communities and zero suicide model for health services. Suicide and attempted suicide early alert system in place. Launch Papyrus YP suicide prevention champions programme Sep 2015 Suicide prevention conference (9th Sept 2015) delivered which identifies priorities	
	d. Promote mental health and prevent mental ill-health through targeted intervention for individuals with mild symptoms		Ongoing	Mindfulness Based Stress Reduction programme available to those with poor mental health	

County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
1. More people will have good mental health					
	e. Improve early detection and intervention for mental ill-health across lifespan		Ongoing	Dual Needs Strategy now agreed. Implementation plan will be available Dec 2015	
	f. Increase early recognition of mental ill-health through improved detection screening and training the workforce		Ongoing	Programme to improve the screening for dementia through GP's.	
	g. Prevent violence and abuse through interventions which promote mental health and target interventions for those in high risk groups		Ongoing	Strong links to domestic abuse strategy being developed working with victims and families to develop support network and awareness raising of impact of Domestic Abuse on mental health	

County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
2. More people with mental health problems will recover					
2.1 Work together to find ways that will support the armed services community who have poor mental or physical health		Armed Forces Forum	April 15	Group to agree responsibility for action	
2.2 Ensure that people using mental health services who are in employment have a care plan that reflects the additional support needed to help them retain this employment		Mental Health Care Delivery Working Group	Ongoing	All clinicians with a lead role in an individual's care will identify their recovery goals with them, including if there are any additional issues specifically relating to their mental health which may pose a risk to their employment.	
2.3 Implement the Recovery College to offer training opportunities for people with mental health difficulties to gain a better understanding of their difficulties and how to manage them as well as providing opportunities to learn from others with similar experiences	**a.** Establish a recovery college steering group and a project plan	New Recovery Working Group	Jun 14	Complete – Recovery college established.	
	b. Launch recovery college		Sept 14	College launched in Sept 2014	
	c. Monitor and evaluate		March 15 – revised date Sep 2015 agreed by funders	Provider evaluation complete. Independent evaluation underway. Independent evaluation complete. Implementation of recommendations underway	

County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
2. More people with mental health problems will recover					
2.4 Ensure that all services adopt a Recovery orientated approach and use validated recovery measure to evaluate outcomes. By using relevant recovery related Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) enables service providers and service users to evaluate progress.	**a.** Local Authority to link with pilot providers	New Recovery Working Group	Ongoing	Recovery Group established. TEWV/ARCH using QPR & INSPIRE Recovery Experience measures. LA working with VCS mental health providers who are using recovery outcome monitoring to review/develop options for commissioning for outcomes. Stonham are delivering recovery awareness workshops.	
	b. Improve recovery through early provision of a range of interventions including supported employment, housing support and debt advice		Ongoing	Mental Health and employment trailblazer Development of Mental Health Recovery Accommodation Framework & Pathway. Work started to review specialist MH care homes & commission new recovery options.	

County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
2. More people with mental health problems will recover					
				New recovery accommodation opened at Langholm, Bishop Auckland	
2.5 Explore opportunities to embed co-production and peer support models within contracts	**a.** Use best practice examples such as the recovery college in other commissioned services	All groups to update	Ongoing September 15	Roll out of school programme – peer education emotional and mental health programme in secondary schools. Suicide safer communities young people champions model TEWV secured HENE funding to deliver pilot peer support training course. Contract won by Stonham Has been delivered. Then put out contract to deliver peer support but had to be accredited which was an issue for Stonham. To be picked up with Recovery College.	

County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
2. More people with mental health problems will recover					
2.6 Ongoing monitoring and awareness of the financial challenges and how the welfare reforms impact on the ability to access services	**a.** Service providers to report on people unable to access services if they have to self-fund	Public Mental Health Strategy Implementation Group	Ongoing	Welfare and Mental Health group established focussed on the impact of changes in welfare system.	
	b. Ensure we use stakeholder groups to raise awareness and to communicate issues to the Mental Health Partnership Board & Joint Commissioning Group		Ongoing	Issues raised/discussed by members of MH Provider & Stakeholder Forum which meets every 2 months & raised by rep to MHPB.	
2.7 Ensure service users and their carers have access to NICE recommended guidance and evidence based interventions	**a.** Ensure specifications include NICE guidance and best practice is promoted through service user and carer forums	All groups to update	July 15	Public Health Intelligence Northern England (PHNE) forum developed to share NICE guidance this will be uploaded to suicide safer communities website when available TEWV do have an annual audit cycle which covers NICE compliance, their directorate of quality and governance takes responsibility for NICE appraisals and then sets the audits New mental health PHE fingertips tool available	

County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
3. More people with mental health problems will have good physical health					
3.1 Develop a more integrated response for people with both mental and physical health conditions		Mental Health Care Delivery Working Group Public Mental Health Strategy Implementation Group	Ongoing	Richard Lilly to contact CDDFT Leads and arrange to meet and discuss CQUIN in place with TEWV	
3.2 Provide a wide range of physical activity opportunities across County Durham to support more active lifestyles		Public Mental Health Strategy Implementation Group		Programme underway through Co Durham Sport to work with service users and carers in developing a programme to improve physical activity for this group	

County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
3.3 Ensure that people with mental health conditions have their physical health needs actively addressed	**a.** Health MOT CQUIN	Mental Health Care Delivery Working Group	July 2015	Physical health is being addressed as a specific priority within TEWV. There are a range of projects in place to ensure that physical health checks, where it is appropriate for TEWV to do these, are completed in a timely and robust way and improvements in the way we record these are being progressed. Various improvement activities have supported this. There are especially robust and regular monitoring processes in place for people taking specific types of medication, eg clozapine, lithium All patients receive general lifestyle advice as part of the TEWV assessment and treatment process; this includes support to access community activities and provision of specific activities to promote physical wellbeing for inpatients.	

County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
3. More people with mental health problems will have good physical health					
	b. Links to wider lifestyle activities within community and ensuring new wellbeing services are available to those with mental health conditions			People with mental health conditions will be offered a service through new wellbeing for life service.	
4. More people will have a positive experience of care and support					
4.1 Continue to improve access to psychological therapies and other interventions		Mental Health Care Delivery Working Group	Ongoing	This links to priority 1.3	
4.2 Improve experience of hospital discharge processes		Mental Health Care Delivery Working Group	Ongoing	There are 3 existing providers currently running a pilot at Lanchester Road Hospital offering support for those who are homeless or have housing issues. Regular patient experience surveys to be monitored and actions taken accordingly – to be reviewed by TEWV directorate governance group	

County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
4. More people will have a positive experience of care and support					
4.3 Through co-production involve individuals & carers more closely in decisions about the shape of future service provision		All groups to update	Ongoing	TEWV – experts by experience involved in course development & range of groups Links to recovery college and peer support tender Drama production on stigma & discrimination for MH co-designed & produced National work (time for change) has stopped but locally want this to continue. Options for funding being sourced. TEWV have the triangle of care in place.	

County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
4. More people will have a positive experience of care and support					
4.4 Work together to give people greater choice and control over the services they purchase and the care that they receive		All groups to update	Ongoing	Number of individuals successfully moved from residential care to Langholm recovery accommodation giving great choice & independence	
4.5 Improve awareness of the range of service provision available to General Practices and improve the accessibility and uptake to these services	**a.** Promote the Durham County Council e-Marketplace and Durham Information Guide	Mental Health Care Delivery Working Group	April – June 2015	The new Locate website will be live from 27 April and continues to be developed. http://www.durhamllocate.org.uk/ Link has been uploaded on to the GP Team Net	
	b. Develop robust and sustainable directory across all sectors which can be easily accessed by frontline staff		July 15	Wellbeing for Life asset mapping, Suicide safer communities' website. Development of Durham Locate continuing Can now do self-assessments on LOCATE. Also inlcudes children and young peoples' services	

County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
4. More people will have a positive experience of care and support					
	c. To develop a mental health navigation model and ensure these are accessible for each general practice within Co Durham		March 16	Proposed model going to the MHPB 19th Feb 15 New Public Health Wellbeing for Life Service being rolled out. Some issues with the service but these are being addressed by commissioners	
	d. Ensure cross agency working with respect to access to the health navigation model		March 16	Proposed model going to the MHPB 19th Feb 15	
4.6 Develop and implementation the Co Durham Dual Diagnosis Strategy		Dual Needs Strategy Implementation Group		Dual Needs Strategy now agreed – implementation plan to be available December 2015 March 2016 revised deadline. Update on progress to MHPB. Feb 2016	

County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
5. Fewer people will suffer avoidable harm					
5.1 To co-ordinate a local response of the Crisis Care Concordat		Mental Health Crisis Care Concordat Task Group	End Mar 15	Action plan refreshed, agreed and published. Implementation underway	
	a. Workshop to map existing pathway and develop outlines for task and finish groups to improve specific areas of work	Mental Health Crisis Care Concordat Task Group	12 January 2016	Completed 12 January 2016	
	b. Task and finish groups identified; **c.** Information sharing **d.** Clarity around the current crisis team **e.** Highest users of current services		Groups should all have completed by December 2016 (to be approved by Concordat steering group)	To be ratified by Concordat Steering group on 10 February 2016	
5.2 To develop a more extensive, accessible crisis team		Mental Health Care Delivery Working Group	Mar 15	Crisis review recommendations Are being finalised. Changes to crisis services will be defined by the implementation of the recommendations of the concordat	

County Durham Implementation Plan – Framework 2014-17

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
5. Fewer people will suffer avoidable harm					
5.3 To ensure close working with all County Durham partnership groups that have an impact on mental health issues		Public Mental Health Strategy Implementation Group		PMH strategy group in place – matrix working into CDP structures Development session on 18/01. Due to be complete May 2016. Will include social isolation.	
6. Fewer people will experience stigma and discrimination					
6.1 Work with the voluntary and community sector to develop opportunities for early identification of those people at risk of social isolation		Public Mental Health Strategy Implementation Group		Director of Public Health report focussing on social isolation now published.	
6.2 Undertake local campaigns to raise awareness as well as taking an active part in any regional or national campaigns	**a.** Reduce stigma and discrimination towards people who experience mental health problems by raising awareness amongst the general public, within the workplace and other settings	Public Mental Health Strategy Implementation Group		Workplace health programme in promoting workplaces to sign up to Mindful Employer standards	

County Durham and Darlington Mental Health Crisis Care Concordat Local Action Plan

Members of the Concordat:

North Durham Clinical Commissioning Group (CCG)	North East Ambulance Service NHS Foundation Trust (NEAS)
Durham, Dales, Easington & Sedgefield (DDES) CCG	Durham Police & Crime Commissioner Durham Constabulary British Transport Police
Darlington CCG	County Durham & Darlington Local Medical Committee
NHS England	County Durham & Darlington Fire & Rescue Service
Durham County Council (DCC) Local Authority (LA)	Countywide Forum
Darlington Borough Council (DCB)/Darlington Health & Wellbeing Board	Mental Health Matters
County Durham Health & Wellbeing Board/County Durham Mental Health Partnership Board Sub Groups:- • County Durham Mental Health Provider & Stakeholder Forum • No Health without Mental Health • Learning Disability/Mental Health Commissioning Group • Dual Needs Strategy Implementation Group • Public Mental Health Strategy Group • Children and Young People's Mental Health Emotional Wellbeing & Resilience Implementation Group • CCG Mental Health Care Delivery Working Group	Investing in Children CIC
Healthwatch Darlington Darlington Mental Health Network Healthwatch County Durham	Waddington Street Centre
County Durham & Darlington NHS Foundation Trust (CDDFT)	Mental Health North East
Tees Esk & Wear Valley NHS Foundation Trust (TEWV)	Chester-le-Street and Durham Wellbeing Centre
North Tees & Hartlepool NHS Foundation Trust (NTHFT)	Stonham Home Group
City Hospital Sunderland NHS Foundation Trust (CHSFT)	Darlington Samaritans
Drug & Alcohol Services (Lifeline – County Durham, Darlington)	

1. Overview & Background

The national mental health crisis care concordat was launched in 2014. One of the key aims of the concordat is to develop joined up service responses to people who are in mental health crisis. There was national sign up to the concordat by a number of key agencies and there was a specific emphasis on securing delivery of improved outcomes for people in mental health crisis at a local level. This was achieved firstly through local partners signing up to a declaration in October 2014 and secondly by those partners developing and agreeing a local action plan in March 2015 The declaration and action plan were signed off and published by the Health and Wellbeing Board.

In summer 2015 the Rt Hon Alistair Burt MP, Minister of State for Community and Social Care circulated a letter giving recognition to national and local achievements in implementing the Crisis Care Concordat. The letter highlighted several key actions to maintain momentum, in particularly that;

- Local action plans should be reviewed and refreshed to incorporate actions to address the recommendations from the recently published Care Quality Commission report*, 'Right Here Right Now'.*

This is County Durham and Darlington's refreshed Mental Health Crisis Care Concordat local action plan. That has been influenced by the previous local action plan's activities milestones and achievements, key local, strategic plans and priorities, all as key drivers towards influencing and directing change in the delivery of future services/ support for people in need of Mental Health Crisis Care.

In **County Durham**, the Mental Health Implementation Plan continues to be the overarching mental health strategy for children and adults in County Durham, and is the local implementation plan of the national "No Health without Mental Health" (see Previous action Plan). The Mental Health Implementation Plan for County Durham is supported by a number of strategies and work relating to mental health, including:

- The Public Mental Health Strategy.
- Managing Self-Harm and Suicide Prevention Framework
- County Durham Dual Needs Strategy.
- County Durham and Darlington Dementia Strategy.
- The Mental Health Crisis Care Concordat.
- Children and Young People's Mental Health, Emotional Wellbeing and Resilience Transformation Plan.

Local priorities include:

- Improving outcomes for people experiencing mental health crisis (Crisis Care Concordat).
- Supporting people who are socially isolated.
- Reducing the number of people developing mental health problems through promotion of mental health, prevention of mental ill-health and improving the quality of life for those with poor mental health through early identification and recovery (Public Mental Health Strategy).

- Developing a specific Mental Health and Emotional Wellbeing Strategy to take forward work relating to children and young people, incorporate Children and Adolescent Mental Health Services (CAMHS).
- Reducing the rate of self-harm and suicide in County Durham.
- Supporting those in the armed forces community who have poor mental/physical health.

These priorities are aligned to those in the County Durham Joint Health and Wellbeing Strategy.

This action plan also includes key priorities that were agreed by the Health and Wellbeing Board (2015) Which are;

The top priorities that were initially agreed by the Health and Wellbeing Board, will still remain key focus of this action plan, and will be taken forward as prioritised actions with milestones to ensure outcomes for patients in a mental health crisis continue to be improved. These key priorities are:

- Continued implementation of the policy arrangements for patients detained under section 136 of the Mental Health Act – this is essentially the integrated working and processes between the police, mental health, A&E and ambulance services. This includes places of safety arrangements recently put in place in County Durham and Darlington through System Resilience Funding
- Developing proposals and review of protocols for people presenting with mental health problems and intoxication from alcohol or drugs. This include designation place of safety in appropriate setting. There is also an opportunity to look at models of care and support within the community and voluntary sector
- Review data sharing proposals between health and the police to enable effective strategic planning and operational delivery
- Review the evidence from the national "Street Triage pilots". Consider and review demand within County Durham in terms of police time spent in street situations and in people's homes or public places responding and dealing with people in mental health crisis. In addition review the ongoing effectiveness of the 'tele triage' scheme that is in place in County Durham.

Durham County Council and its partners model of working with children, young people and their families facing multiple and complex challenges **acknowledges the need for** improving outcomes for children and families. The *No Health without Mental Health* report published in 2011 emphasises greater importance of early intervention in emerging emotional and mental health problems for children and young people. Effective commissioning will need to take a whole pathway approach, including prevention, health promotion and early intervention.

The Department of Health report ***'Future in Mind' – Promoting, protecting and improving our children and young people's mental health and wellbeing'***, responds to the national concerns around provision and supply of system wide services and support for children and young people. It largely draws together the direction of travel from preceding reports, engages directly with children, young people and families to inform direction and the evidence base around what works. County Durham recently developed its Children and Young People, Mental Health Emotional and Resilience Transformation Plan 2015, which provides a framework to improve the emotional wellbeing and mental health of all children and young people across County Durham.

The aim of the plan is to make it easier for children, young people, parents and carers to access help and support when needed and to improve mental health services for children and young people. Successful implementation of the plan will result in an improvement in the emotional wellbeing and mental health of all children and young people.

In **Darlington**, the Mental Health Implementation Plan is the overarching mental health strategy for children and adults and is the local implementation plan of the national mental health strategy "No Health without Mental Health". This plan sets out how, over the next three years, we intend to develop and improve how people with a mental health problem are supported. The implementation plan has been co-produced with key stakeholders and its' outcomes will be monitored through the Darlington Mental Health Network.
The implementation plan is built around the 6 key outcomes identified in the National Strategy:

- More people will have good health.
- More people with mental health problems will recover.
- More people with mental health problems will have good physical health.
- More people will have a positive experience of care and support.
- Fewer people will suffer avoidable harm.
- Fewer people will experience stigma and discrimination.

Local priorities include:

- Supporting the parity of mental health through the delivery of an effective action plan to deliver the Crisis Care Concordat.
- The co- production of effective preventative services that address mental health needs earlier.
- A continued focus on improving access and choice to psychological therapies.
- Implementing a recovery approach which includes the intention to develop a recovery college.
- Building on the important role Primary Care plays in preventive mental health approaches.
- Development of a person centred care programme approach (CPA).

Alongside these priorities the Clinical Commissioning Group (CCG) will look to ensure that mental health spend rises in real terms and grows in line at least with the CCG's overall growth in its allocation. There are three new national targets for 2015/16 to reinforce the emphasis on mental health:

- By April 2016 50% of people experiencing a first episode of psychosis will receive treatment within two weeks.
- At least 75% of adults should have their first IAPT treatment session within six weeks of referral, with a minimum of 95% treated within 18 weeks.
- Commissioners and providers to agree Service Development Improvement plans setting out how adequate and effective levels of liaison psychiatry will be provided in acute settings.

In August 2015 County Durham Mental Health Partnership Board, approved the establishment of the Crisis Care Concordat group, to oversee and drive forward the Crisis Care Concordat agenda, including refreshing this Local Action Plan in October 2015. This plan sets out a range of activities with milestones with the intentions of developing support and services for delivery to and for people in Mental Health Crisis across County Durham. This local action plan incorporates the Care Quality Commission recommendations outline in the report *Right Here Right Now*.

The North East Ambulance Service Regional Mental Health Crisis Concordat Action Plan is attached for reference.

Rag Legend

RED	No progress made – significant risk to timely delivery – remedial action required Action/milestone, may slip or need to be re-profiled.	**AMBER**	Progress made, on action/milestone, Or on track to deliver at standard required for delivery.	**GREEN**	Action on track for delivery /completion / or Action complete, on time and to standard required for delivery of plan

Priority areas for CQC and HWB are highlighted throughout the plan as follows:

Care for Quality Commission		**Health and Wellbeing Board**	

2. Programme Objectives – Actions, Milestones & Progress

		Objective 1. Commissioning to allow earlier intervention and responsive crisis services Matching local need with a suitable range of services, Improving mental health crisis services Ensuring the right numbers of high quality staff Improved partnership working at a local level.				
Ref		**Actions & Milestones**	**By when**	**By whom**	**Outcomes**	**RAG**
A	1.1	Joint Strategic Needs Assessments (JSNA) is developed to include a clear understanding of need, its patterns across geographical and local population and cluster communities. To feed into commissioning plans that respond to gaps identified – Durham Constabulary and TEWV to contribute to the new Integrated Needs Assessment (DCC) and Single Needs Assessment (DBC).	**March 2017**	**DCC – INA Angela Harrington** **DBC – JSNA Mark Humble**	• Robust evidence is being developed to influence and improve local area support or service	
B	1.2	Implement **Multi-Agency Information Sharing Protocol** at an operational level, and clarify staff's understanding of when it is appropriate to share information (government developing information technology interface solutions).	**Dec 2016**	**Multi-Agency Task and Finish group** - **Alison Ayres**, Joint Com Man – Mental Health - NECS. Police, TEWV NEAS, LAs	• A workshop took place on 12 January 2016, with key stakeholders. It identified that there are issues pertaining access too and information sharing across agencies. • The Crisis Care Concordat steering group, met on 10th February, discussed the workshops outcomes, and agreed that further work on this area should be carried out through an *Information Sharing - Task and Finish Group*. . **See Objective 1 - Section B.1.2**	

	Objective 1. Commissioning to allow earlier intervention and responsive crisis services Matching local need with a suitable range of services, Improving mental health crisis services Ensuring the right numbers of high quality staff Improved partnership working at a local level.					
Ref		**Actions & Milestones**	**By when**	**By whom**	**Outcomes**	**RAG**
C	1.3 H&W B	Develop proposals and review of protocols for people presenting with mental health problems and intoxication from alcohol or drugs. This include designation place of safety in appropriate setting. There is also an opportunity to look at models of care and support within the community and voluntary sector.	**Sept 2016**	**Multi-agency - Task and Finish Group.** **Jo Dawson** TEWV, NDCCG, DCC Police.	• TEWV reported that protocols, between Lifeline, the Drug and Alcohol provider for Mental Health liaison services and the Emergency Departments are already in place and operational. • The workshop in January and the Crisis Care Concordat steering group meeting 10th February, identified the need for clarity of Crisis Care Pathways, therefore agreed that; a Task and Finish Group be established to do a' Scoping exercise - Crisis Care intervention pathway to identify and redress any gaps. Furthermore all provision and processes will be revisited once PHE launch their new guidance on co-morbid drug and alcohol issues.	
D	1.4 H&W B	Continue the implementation of the policy arrangements for patients detained under section 136 of the Mental Health Act – (Integrated work & processes between the police, mental health, A&E and ambulance services). This includes POS arrangements - in County Durham and Darlington through System Resilience Funding	**April 2016 Ongoing**	**Steering Group** TEWV Police DBC DCC	• Non recurrent funding received from the S Resilience Group, has allowed the recruitment of a number of dedicated S136 Co-ordinators. This has in recent months significantly reduced the average wait time for police. However, this funding is non recurrent – ceases end of March 16; therefore ongoing ways to manage this is being considered by the CCGs. • A Street Triage bid (including a mental health advisor role for the police control room) was submitted to CCG as future commissioning intentions (16/17. This has also been prioritised through the UEC Vanguard programme. Funding decisions are expected in March 2016.	

	Objective 1. Commissioning to allow earlier intervention and responsive crisis services Matching local need with a suitable range of services, Improving mental health crisis services Ensuring the right numbers of high quality staff Improved partnership working at a local level.					
Ref		**Actions & Milestones**	**By when**	**By whom**	**Outcomes**	**RAG**
E	1.5	Develop **County Durham Mental Health Needs Assessment Plans**, to inform the commissioning intentions & 'good evidence-based mental health early intervention/crisis care pathway': • to assess the level of local need, • Develop baseline assessment of current provision/gap analysis.	**March 2016**	**Mental Health Need Assessment Group Catherine Richardson** DCC – DBC CCG	• The County Durham Mental Health Needs Assessment document should be will be published by the end of March 2016	
F	1.6	Review/update **local mental health early intervention/crisis care protocols** related to mental health crisis presenting with intoxication from substance misuse. Agree/implement dual needs implementation plan for – mental health/learning disabilities, and substance misuse, and consider a **range of solutions**: the use of wet rooms/sober up safe places; SOS Buses (Colchester Essex Model) and Street Angels.	**Dec 2016**	**NHWMH Liaison & Dual Needs Strategy Group**. Catherine Richardson Task and Finish Group TEWV – Jo Dowson	• The Dual Needs Strategy has been agreed, and an Implementation plan is currently being drafted. • Reviewing and updating local mental health early intervention and crisis care protocols, be addressed in the relative Task and finish Group. **See also section C 1.3 above**	

	Objective 1. Commissioning to allow earlier intervention and responsive crisis services Matching local need with a suitable range of services, Improving mental health crisis services Ensuring the right numbers of high quality staff Improved partnership working at a local level.					
Ref		**Actions & Milestones**	**By when**	**By whom**	**Outcomes**	**RAG**
G	1.7	Develop a Concordat partners' workforce **Training and Development Plan**, in response to required awareness, skills and competencies (core skills, suicide prevention training, and training to reduce the use of physical restraint in mental health services).	**Dec 2016** **Ongoing**	TEWV DCC –, DBC – Police Public I Health	• A programme of simulation training has been submitted as part of the 16/17 Value Proposition for the UEC Vanguard which, if funded, will support this objective.	
H	1.8 CQC	NHS providers of specialist mental health services to make sure that: Crisis resolution home treatment teams (CRHT) fulfil the core functions described in the policy implementation guidance. Crisis telephone helplines - whether provided in-house or t external providers— are accessible when they are most needed and it meets expected service standards.	**Sept 2016**	NECS Provider Management and other specialities.	• The current crisis teams are Policy implementation guidance compliant. Work is being done to develop and have robust and appropriate telephone support in place. • Also further work is being carried for the development of additional helpline for people experiencing Mental Health Crisis. Plans have been prioritised in CCG Commissioning Intentions in 16/17 to extend crisis services to meet identified need. • The Crisis services in Durham and Darlington are currently achieving the Monitor Target for assessment response times.	

		Objective 2. Access to support before crisis point Improve access to support via primary care Improve access to and experience of mental health services. Ensure that pathways for crisis care are focused on providing accessible and available help, care and support for all those who require it at the time they need it.				
Ref		**Actions & Milestones**	**By when**	**By whom**	**Progress**	**RAG**
A	2.1	Develop a 'good evidence-based multi-agency (health, local authority and police /user/carer mental health early intervention/crisis care pathway' to support people (adults, young people & children)/families: • Consider various models ('street triage' pilots, tele-triage etc.), • address the gaps in service provision for black/ethnic minority groups, lesbian/gay/bisexual people, 'seldom heard' groups, • Considerations: police custody (liaison/diversion), crisis related services listed on the NHS 111 Directory of Services, care and support plans.	**Dec 2016** **Ongoing**	**TEWV to lead with multi-agency partners**	**See Objective 1 - Sections B, 1.2; D -1.4; F1.6 and H-1.8 Earlier**	
B	2.2 CQC	Review and ensure that pathways for crisis care are focused on providing accessible and available help, care and support for all those who require it at the time they need it.	**Dec 2016**	**TEWV** **DCC** **DBC** **Ongoing**	• The Crisis Care Concordat steering group meeting 10th February, agreed that; a Task and Finish Group be established to do a' Scoping exercise - Crisis Care intervention pathway to identify and redress any gaps. **See Objective 1 - Section C 1.3**	

	Objective 2. Access to support before crisis point Improve access to support via primary care Improve access to and experience of mental health services. Ensure that pathways for crisis care are focused on providing accessible and available help, care and support for all those who require it at the time they need it.					
Ref		**Actions & Milestones**	**By when**	**By whom**	**Progress**	**RAG**
C	2.3 CQC	People are supported to develop their crisis care plan, in line with expectations set out in the Crisis Care Concordat. This must involve people in decisions about their care, appropriate local support options and agreed actions on what to do in the event of a crisis.	**July 2016**	**TEWV with multi-agency partners**	• Relapse prevention plans/crisis management plans are already used within TEWV. Work is ongoing to ensure this is rolled out to all service users and that where appropriate these are developed on a multi-agency basis, following successful pilot work in Darlington **See Objective 1 - Section C 1.3**	

		Objective 3. Urgent and emergency access to crisis care Improve NHS emergency response to mental health crisis Social services' contribution to mental health crisis services Improved quality of response when people are detailed under section 135 and 136 of the Mental Health Act 1983 Improved information and advice available to front line staff to enable better response to individuals Improved training and advice for police officers Improved services for those with co-existing mental health and substance misuse issues				
Ref		**Actions & Milestones**	**By when**	**By whom**	**Progress**	**RAG**
A	3.1 H&W B	Review the evidence from the national "Street Triage pilots". Consider and review demand within County Durham & Darlington in terms of police time spent in street situations and in people's homes or public places responding and dealing with people in mental health crisis. In addition review the ongoing effectiveness of the 'tele triage' scheme that is in place in County Durham.	**Dec 2016**	136 Co-Ordinator County Durham & 136 Co-Ordinator **Darlington (Liaison Group)** **Police Constabulary**	• A Street Triage bid (which includes funding for a mental health advisor role for the police control room) was submitted to CCG as future commissioning intentions16/17. This has also been prioritised through the UEC Vanguard programme. • Funding outcome decision is expected in March 2016. **See Objective 1 - Section D 1.4**	
B	3.2 CQC	Ensure that pathways for crisis care are focused on providing accessible and available help, care and support for all those who require it at the time they need it.	**Dec 2016**	**TEWV, DCC DBC Providers**	**See Objective 1 - Section C 1.3**	
C	3.3	Revisit the key findings from 'A safer Place to be' to ensure plans are in place for sufficient provision to meet the needs of the local population.	**July 2016**	**Police TEWV** Kevin Weir	**See Objective 1 - Section D 1.4**	

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Ref		**Actions & Milestones**	**By when**	**By whom**	**Progress**	**RAG**
D	3.4 H&W B	**Section 136 multi-agency groups** to bring together local data from ambulance, police, local authority and mental health trust partners to build an end-to-end view of the operation of the section 136 pathway in order to identify service improvements.	**Dec 16**	**Police constabulary TEWV DCC DBC**	• A workshop took place on 12 January 2016, with key stakeholders. It identified gaps pertaining Multi-agency Information Sharing. • The Crisis Care Concordat steering group, met on 10th February, discussed the workshops outcomes, and agreed that further work on this area should be carried out through an *Information Sharing - Task and Finish Group*. **See Objective 1 Section B.1.2**	
E	3.5	Review report from the TEWV crisis service review, which identified a number of areas to take forward and have been tasked to the Mental Health Operational Group to address: -Problems with police waiting longer than 4 hours with Patient, develop staff training on attitudes and awareness, Trained as Place of Safety officers -Further analysis of complaints/Patient Advice and Liaison Service and an understanding of action taken; develop service user feedback following crisis intervention.	**Ongoing**	**Mental Health ACT Operational Group (Liaison Group)** **Mel Wilkinson**	**See Objective 1 –Section D 1. 4 Earlier** **See Objective 3 - Section D 3.4 Above**	

	Objective 3. Urgent and emergency access to crisis care Improve NHS emergency response to mental health crisis Social services' contribution to mental health crisis services Improved quality of response when people are detailed under section 135 and 136 of the Mental Health Act 1983 Improved information and advice available to front line staff to enable better response to individuals Improved training and advice for police officers Improved services for those with co-existing mental health and substance misuse issues					
Ref		**Actions & Milestones**	**By when**	**By whom**	**Progress**	**RAG**
F	3.6 H&W B	Review data sharing proposals between health and the police to enable effective strategic planning and operational delivery.	**Dec 2016**	**Alison Ayres** GP, Police Information Governance Specialist - NECS	Although there are a range of existing information sharing protocols already in place, the Mental Health Crisis Care concordat Steering group **(10/02/16),** agreed, that a Task and Finish Group relating to is to be led by NECS. **See Objective 1 - Section B 1.2 & D 1.4**	
G	3.7	Concordat members await **'Emergency Department Access to Specialist Mental Health Services Audit'** (audit) findings from Royal College of Psychiatrists (RCP): - Act on recommendations, - Audit of mental health assessment rooms in Emergency Departments, once audit available. - Interface with social care and AMHPs.		NEAS TEWV DCC – Social Care	• 24 hour mental health liaison services are in place none recurrently in both ED departments. Recurrent funding is available for an 8am – 10pm service. • Recent national guidance re "Core 24" is currently being worked through locally with commissioning colleagues to ensure Durham and Darlington is compliant with recommendations for all ages.	

		Objective 3. Urgent and emergency access to crisis care Improve NHS emergency response to mental health crisis Social services' contribution to mental health crisis services Improved quality of response when people are detailed under section 135 and 136 of the Mental Health Act 1983 Improved information and advice available to front line staff to enable better response to individuals Improved training and advice for police officers Improved services for those with co-existing mental health and substance misuse issues				
Ref	**CCC & CQC**	**Actions & Milestones**	**By when**	**By whom**	**Progress**	**RAG**
H	3.8	Implement plan to address the implementation of NHS ambulance services in England national protocol (Apr 2014) for the transportation of s136 patients, which provides agreed response times and standard CCG specification. Conveyancing across agencies to be review- type of transport uses by individuals subject to the Mental Health Act by the CCG. Including – toward improving response times to under an hour.	Ongoing	**NEAS** – CCG	***NEAS's Action plan- embedded here for reference.*** NEAS Action Plan • NEAS is involved with the regional Vanguard funding application bid 16/17.which has been mention throughout this action plan. Funding decision expected in March 2016.	
I	3.9 H&W B	Conveyancing across agencies to be reviewed.	**July 16**	**NEAS – GGCs Police, TEWV**	• Conveyance has been has also been prioritised through the UEC Vanguard programme. Funding decisions are expected in March 2016	

	Objective 3. Urgent and emergency access to crisis care Improve NHS emergency response to mental health crisis Social services' contribution to mental health crisis services Improved quality of response when people are detailed under section 135 and 136 of the Mental Health Act 1983 Improved information and advice available to front line staff to enable better response to individuals Improved training and advice for police officers Improved services for those with co-existing mental health and substance misuse issues					
Ref		**Actions & Milestones**	**By when**	**By whom**	**Progress**	**RAG**
J	3.10 CGC	Priorities and assess the level of, and reason behind, frequent attendances of people with Mental Health Crisis that are at A&E departments. Develop a system-wide approach commission/provide alternative options for people identified as being at high-risk of attending frequently.	**Sept 16**	**NEAS** **TEWV** **DCC** **DBC**	• The workshop on 12 January 2016, identified that there may be issues pertaining to frequent and repeated service users of Crisis Care Services. The matter was further discussed at the Crisis Care Concordat steering group, on 10th February. There it was agreed that a *Task and Finish Group* be established to *identify the highest users of crisis care services across partner agencies.* • Furthermore we learn from related work that has been done in neighbouring areas.	

		Objective 4. Quality of treatment and care when in crisis Review police powers and use of places of safety under the Mental Health Act 1983 and CQC monitoring of operation Service User/Patient safety and safeguarding Primary care response				
Ref	**CCC Ref**	**Actions & Milestones**	**By when**	**By whom**	**Progress**	**RAG**
A	4.1	Map out the **governance multi-agency information system links**, specific to people experiencing mental health crisis (utilise systems currently in place). Develop a range or performance indicators that **evidence local experience**, including the number of safeguarding alerts linked to mental health crisis. Review accessibility and response times of section 12 doctors here and response times	**Dec 2016**	**TEWV**	• The Police Constabulary and TEWV have developed a range of performance indicators to evidence local experience**.** • Future performance indicators will need to be discussed and agreed via established contract monitoring groups. • Mental Health Act Operational Group to continue to review any issues related to section 12 doctors. • TEWV staff provides daily input into the MASH to ensure that notifications of concern from the police are checked and triaged into existing services promptly as appropriate. **See Objective 1 - Section B.1.2**	
		Objective 5. Recovery and staying well / preventing future crisis Joint planning for prevention of crises				
Ref		**Actions & Milestones**	**By when**	**By whom**	**RAG**	**Progress**
A	5.1	Learn from the **'Checkpoint' programme** in use by the Police to forecast risks of repeat offending. Consider other mechanisms, i.e. personal health budgets and navigators.	**Apr 2016**	**Checkpoint Programme Board –** **Kevin Weir**	• Checkpoint was launched Apr 2015, and random controlled trial research evaluation of the programme in will be complete Apr 2016.	.
B	5.2	Develop and strengthen admission and discharge policies across partner agencies	**March 2016**	**NEAS** **TEWV** **DCC** **DBC**		

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