



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

**Date**        **Friday 7 July 2017**  
**Time**        **9.30 am**  
**Venue**       **Committee Room 2, County Hall, Durham**

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### **Business**

#### **Part A**

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

1. Apologies
2. Substitute Members
3. Minutes of the meeting held on 3 April 2017 (Pages 3 - 10)
4. Declarations of Interest, if any
5. Media Issues
6. Any Items from Co-opted Members or Interested Parties
7. NHS Commissioning Update - Joint Presentation by Dr. Stewart Findlay, Chief Clinical Officer, DDES CCG and Dr. Neil O'Brien, Chief Clinical Officer, North Durham CCG
8. Proposed De-commissioning of Stroke Support Services across County Durham - Joint Report of the Director of Transformation and Partnerships, Durham County Council and Sarah Burns, Director of Commissioning, DDES CCG (Pages 11 - 30)
9. Director of Public Health Annual Report 2016/17 - Report of the Director of Public Health Durham (Pages 31 - 76)
10. Quarter 4 2016/17 Performance Management - Report of the Director of Transformation and Partnerships (Pages 77 - 92)

11. Durham, Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee - Report of the Director of Transformation and Partnerships (Pages 93 - 104)
12. NHS Foundation Trust 2016/17 Quality Accounts - Report of the Director of Transformation and Partnerships (Pages 105 - 112)
13. Council Plan 2016-19: Refresh of the Adults Wellbeing and Health Overview and Scrutiny Work Programme - Report of the Director of Transformation and Partnerships (Pages 113 - 122)
14. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

**Clare Pattinson**

Interim Head of Legal and Democratic Services

County Hall  
Durham  
29 June 2017

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

Councillor M Nicholls (Chairman)  
Councillor J Chaplow (Vice-Chairman)

Councillors A Bainbridge, R Bell, P Crathorne, R Crute, G Darkes, M Davinson, E Huntington, C Kay, K Liddell, L Mavin, A Patterson, S Quinn, A Reed, J Robinson, A Savory, M Simmons, H Smith, L Taylor and O Temple

**Co-opted Members:** Mrs B Carr and Mrs R Hassoon

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**Contact: Jackie Graham**

**Email: 03000 269704**

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**DURHAM COUNTY COUNCIL**

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Monday 3 April 2017 at 9.30 am**

**Present:**

**Councillor J Robinson (Chairman)**

**Members of the Committee:**

Councillors J Armstrong, P Brookes, J Chaplow, P Crathorne, S Forster, K Hopper, E Huntington, J Lindsay, L Pounder, A Savory and O Temple

The Chairman placed on record his thanks and appreciation for Councillor Stradling, Vice Chairman of the Overview and Scrutiny Management Board, and former Vice Chairmen of this Committee, Councillors Blakey and Forster. He also placed on record his thanks for the help, guidance and support from Stephen Gwilym, Principal Overview and Scrutiny Officer.

**1 Substitute Members**

There were no substitute Members present.

**2 Apologies**

Apologies for absence were received from Councillors R Bell, J Blakey, P Lawton, H Liddle, O Milburn, M Nicholls, W Stelling, P Stradling, Mrs B Carr and Mrs R Hassoon

**3 Minutes**

The Minutes of the meeting held on 3 March 2017 were agreed and signed by the Chairman as a correct record.

The Principal Overview and Scrutiny Officer explained that the Committee had received a number of updates about the temporary closure of an inpatient ward at Shotley Bridge hospital. An e-mail had been received from the foundation trust advising that they were working to a re-opening date of Tuesday 18 April 2017.

With regards to the draft STPs and the concerns raised by the Committee about having a similar mechanism to scrutinise the STP covering North Durham to that which currently existed for the southern STP, the Chairman had written to all local authorities in the northern STP area seeking support for the establishment of such an arrangement.

**4 Declarations of Interest**

There were no declarations of interest.

## **5 Any Items from Co-opted Members or Interested Parties**

The Chairman agreed that the following issue could be raised with the Committee and invited Peter Moore, Regional Director - North East Stroke Association to speak to Members. He circulated information relating to the Stroke Association (for copy see file of Minutes).

Mr Moore advised that after 9 years of funding from Durham Dales, Easington and Sedgefield CCG and North Durham CCG the Stroke Association had been serviced with a de-commissioning notice. He advised that this was a well-respected service dealing with a number of complex disabilities. He advised that clinical executives had made the decision to decommission the service.

The CCG had made a decision to extend the small community based stroke team, currently based in Easington. Mr Moore was concerned that this would not cover the long term needs of the service user.

He asked the Committee to consider the following questions:-

Was Durham Council aware of the decommissioning notice served by the Durham CCGs to the Stroke Association.? We provide long term support which cannot be offered by extending the role of the current CST, therefore stroke survivors living in County Durham will be disadvantaged even more than they are present due to the lack of funding Durham CCGs give to stroke services. With this in mind will the council work with us to ensure the quality of care for stroke survivors is not deprioritise?

Will the health scrutiny Committee support our Campaign to save this service, and request the CCG to withdraw the decommissioning notice until a full review takes place that involves the views of User, carers, and professionals?

The Chairman invited Sarah Burns, Director of Commissioning to respond.

She advised that a number of commissioning staff from North Durham, DDES and Darlington CCGs had been involved in a review of stroke services, and a decision on how to support these services had to be taken. She informed Members that only 5% of people currently had access to early discharge services and as no additional resources were available, the CCG needed to ensure that any re-focusing of investment should maximise clinical outcomes. Discussions had taken place with partners and the "Teams around the Practice" model currently being developed was thought to be the best option that could provide additional clinical support and strengthen the community service. The Director of Commissioning went on to explain that work was ongoing with the County Council and the Stroke Association around the exit and transition arrangements. She was confident that the alternative services would be in place and investment would be available for discharge from hospital.

The Interim Director of Public Health added that it was important that everyone in County Durham had an equity of provision of stroke services. The Strategic Manager, Planning and Partnerships advised that officers from Durham County Council had been made aware of the changes but had not had sight of the full report from the CCGs.

Councillor Brookes asked why the Stroke Association could not continue to provide this equitable service, and why there was a need to change the service.

The Director of Commissioning replied that the performance against the stroke indicator of people having to access the discharge team was 5% in County Durham compared to 35% nationally. The service was good in the Easington area but this was not carried across the whole of the County. She added that the Stroke Association did not provide a clinical service and that there would be a re-investment into clinical services for the whole County. The Teams around the Practice would bring all teams together including the voluntary sector.

Councillor Brookes further asked if there would be any new form of funding available to the Stroke Association and was advised that there would be no additional funding at this moment in time.

Councillor Armstrong expressed his disappointment that as a statutory consultee, no evidence had been brought forward about why the service needed to change. He asked that this together with the Impact Assessment be presented to the Committee.

The Chairman agreed that he felt that this was a substantial change and therefore the Scrutiny Committee should have been consulted about the changes. The Director of Commissioning explained that they had not viewed this as a material change and that was the reason why there had been no formal consultation. However, she agreed that this would now be addressed.

Councillor Hopper said she would be interested to see the numbers of people recovering from strokes and whether this was declining or rising. She was advised that the numbers would be included in the report that comes back to Members for consideration.

Councillor Huntington asked if there were contractual terms set out for the private sector in terms of supervision requirements and was advised that there was a robust performance metric in place.

The Director of Commissioning advised that they would not commission a less effective service. They did not have the budget to fund all services and as the clinical services were failing this was the area that would be addressed.

Councillor Savory commented that the Stroke Association were vitally important in providing support services to those people living alone.

Mr Moore commented that not all of the relevant people had been involved in the impact assessment. He was aware that there was no new money but pointed out that the costs of expanding the Easington community based team would be high. He suggested that this team could not provide the level of support currently provided by the Stroke Association.

Councillor Armstrong suggested that the Committee receive the verbal presentations made today and that the CCG come back with a further, more detailed report which should include details of service user and carer engagement undertaken as part of the

decommissioning process, the rationale behind the proposed change in service model including evidence from Stroke service practitioners and the impact assessment undertaken as part of the decommissioning process.

The Principal Overview and Scrutiny Officer asked about the timeline around the service change and was advised that this would now be extended to take into account the Committee's request for further information.

**Resolved:**

- (i) That the report be received.
- (ii) That a further, more detailed report be brought back to the Committee which includes details of service user and carer engagement undertaken as part of the decommissioning process, the rationale behind the proposed change in service model including evidence from Stroke service practitioners and the impact assessment undertaken as part of the decommissioning process

## **6 Proposals to Implement Standards for Congenital Health Disease services for Children and Adults in England**

The Committee received a report of the Director of Transformation and Partnerships that provided background information in respect of NHS England's current consultation on proposals to implement standards for congenital heart disease services for Children and Adults in England and invites members to support the retention of Level 1 surgery and interventional cardiology for Adults and Children at Newcastle upon Tyne Hospitals NHS Foundation Trust (for copy see file of Minutes).

The Principal Overview and Scrutiny Officer advised that the national consultation document sets out a range of proposed clinical standards for children and adults congenital heart disease services. The document included a recommendation to retain services currently provided at Newcastle Upon Tyne Hospitals NHS Foundation Trust. This came with a proviso that the Foundation Trust would work with NHS England to develop proposals which would co-locate childrens' and adults' congenital heart services on one site.

The Chairman informed Members that James Cook were not a level 2 hospital as they had not applied for it.

Members were advised that this issue had been discussed at the North East Regional Joint Health Scrutiny Committee and that Committee had welcomed the proposals to retain Level 1 surgery and interventional cardiology for Adults and Children at Newcastle upon Tyne Hospitals NHS Foundation Trust. There were concerns amongst members around the conditions placed upon Newcastle upon Tyne Hospitals Foundation Trust around the need to co-locate children and adults CHD services on 1 site and the timescales that this may involve. To this end, the North East Regional Joint Health Scrutiny Committee asked for regular updates back to that Committee upon the work to be undertaken by the Trust to meet the requirements of NHS England's derogation in this respect.

The North East Regional Joint Health Scrutiny Committee were also minded to recommend their support for the retention of Level 1 surgery and interventional cardiology

for Adults and Children at Newcastle upon Tyne Hospitals NHS Foundation Trust and sought confirmation of this approach from the constituent authorities.

**Resolved:**

- (i) That the report be received.
- (ii) That a response to the consultation on proposals to implement standards for congenital heart disease services for Children and Adults in England via the North East Regional Joint Health Scrutiny Committee that members support the retention of Level 1 surgery and interventional cardiology for Adults and Children at Newcastle upon Tyne Hospitals NHS Foundation Trust be agreed.

## **7 Quarter Three 2016/17 Performance Management**

The Committee considered a report of the Director of Transformation and Partnerships that presented progress against the councils corporate basket of performance indicators, Council Plan and service plan actions and other performance issues for the Altogether Healthier theme for the third quarter of 2016/17 financial year, covering the period October to December 2016 (for copy see file of minutes).

The Strategic Manager Policy, Planning and Partnerships advised that the performance had been good for delayed transfers of care and for the re-ablement service in County Durham. There had been little change in mortality rates for the under 75's with lifestyle choices being the key driver, and there had been a decrease in smoking prevalence. County Durham had been selected as one of four areas by Leeds Beckett University to look at obesity and Public Health were leading on that area of work. Finally, Members were informed about suicide rates in County Durham and the review carried out by this Committee and the Audit undertaken by Public Health.

Councillor Brookes expressed concern about the inactivity in the area and commented that more should be done to encourage physical activity. The Interim Director of Public Health advised that Sport England had submitted an expression of interest into a piece of work looking into physical activity across the whole environment.

Councillor Forster was interested to learn how many people had attempted suicide and survived. She had concerns of the help available to those people in need. The Interim Director of Public Health said that it was hard to measure this as some people did not report the attempt. She added that in the recent Audit between 2012 and 2014 there has been 190 reported deaths associated with suicide. A Suicide Prevention Plan would ensure that people would know where to turn to should they need help or advice.

Referring to the drugs and alcohol information, Councillor Temple said that there was an underspend in the overall CAS budget and asked what the connection was between this area and spending. He added that this was a disturbing pattern when there were so many needs not being met. The Interim Head of Public Health said that they were currently looking at the specific service in relation to the under performance of the current provider Lifeline. This service would be re-procured at the end of May/ beginning of June and would be more community orientated. Councillor Forster expressed concerns about the change of provider for the service user. The Interim Director explained that engagement had been carried out with all service users and feedback had been positive from the majority of them.

Councillor Crathorne highlighted the positive steps being undertaken in the Beat the Street campaign in Ferryhill.

**Resolved:**

That the report be received.

## **8 Quarter Three Forecast of Revenue and Capital Outturn 2016/17**

The Committee considered a report of the Head of Finance (Financial Services), presented by the Finance Manager for Adults and Health Services. The report provided details of the updated forecast outturn position for the Children and Adults Services (CAS) service grouping, covering both revenue and capital budgets and highlighting major variances in comparison with the budget, based on spending to the end of 2016. The Finance Manager delivered a presentation on the Revenue and Capital Outturn Forecast for Quarter 3, 2016/17 (for copy of report and slides see file of Minutes).

The Finance Manager highlighted the inclusion of the Public Health Budget as requested at a previous meeting, together with key comments on public health spend for 2016/17.

Councillor Armstrong thanked the Finance Manager for a good report.

**Resolved:**

That the revenue and capital outturn, summarised in the outturn report to Cabinet in July, be noted.

## **9 NHS Foundation Trust 2016/17 Quality Accounts**

The Committee noted a report of the Director of Transformation and Partnerships which provided information on the proposed process for preparation of the 2016/17 Quality Accounts for:

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

(for copy see file of Minutes).

The Principal Overview and Scrutiny Officer informed the Committee that the draft Quality Accounts were likely to be received during the week commencing 17 April 2017. Once received the information would be e-mailed to Members invited any comments back no later than 3 May 2017. The responses would then be drafted and endorsed by the Chief Executive due to the discharge of functions. He reminded Members that it was an opportunity to reflect upon the engagement that had taken place throughout the year, for example:-

- TEWV – dementia beds, approach to mitigation plans and take up and reimbursement of costs for travel.
- CDDFT – number of service changes, ongoing work with the BHP and STPs
- NEAS – performance and response times

Any comments would be incorporated and a report would come back to Committee in July 2017.

**Resolved:**

That the report and the process for producing a response to the NHS Foundation Trust Draft Quality Accounts 2015/16 be received and agreed.

**10 Council Plan 2016-19: Refresh of the Adults Wellbeing and Health Overview and Scrutiny Work Programme**

The Committee considered a report of the Director of Transformation and Partnerships which provided information contained within the Council Plan 2016-2019, relevant to the work of the Adults, Wellbeing and Health Overview and Scrutiny Committee, which enabled members to refresh the Committee Work Programme to reflect the four objectives and actions within the Council Plan for the Council's 'Altogether Healthier' priority theme (for copy see file of Minutes).

The Principal Overview and Scrutiny Officer highlighted the current work programme of the Committee and the cross cutting areas covered across Children & Young People and Safe & Stronger Overview & Scrutiny Committees. Members were advised that the work programme for 2017-18 would be brought back to the Committee in July 2017.

Councillor Armstrong suggested that fluoridation of water was looked at by the Committee. He said that evidence showed that in the Consett area where there is fluoridation in the water was compelling compared to some areas without it. The Principal Overview and Scrutiny Officer confirmed that this would be rolled over into the work programme and he informed Members that there was an Oral Health Strategy for County Durham.

Councillor Temple expressed concerns about childhood obesity and was advised that Children and Young People's Overview and Scrutiny Committee had carried out a review previously. The Interim Director of Public Health advised that an update was provided to that Committee in October 2016. The report would be circulated to Members of this Committee for information.

**Resolved:**

1. That the information contained in the Altogether Healthier priority theme of the Council Plan 2016-2019, be noted.
2. That the comments from the Committee be reflected within the refresh of the Adults, Wellbeing and Health Overview and Scrutiny Committee work programme for 2017-2018.
3. That at its meeting on 7 July 2017, the Adults, Wellbeing and Health Committee receives a further report detailing the Committee's work programme for 2017-2018.



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



7 July 2017

**Decommissioning of Stroke Support Service by County Durham and Darlington CCGs**

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**Report of Lorraine O'Donnell, Director of Partnerships and Transformation**

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**Purpose**

1. To provide the Adults Wellbeing and Health Overview and Scrutiny Committee with further information in respect of the proposed decommissioning of the stroke support service currently provided by the Stroke Association across County Durham and Darlington CCGs.

**Background**

2. At its meeting held on 3 April 2017, the Adults Wellbeing and Health Overview and Scrutiny Committee considered representations by Peter Moore, Regional Director of the Stroke Association regarding proposals by County Durham and Darlington CCGs to decommission the stroke support service provided by the Stroke Association. A copy of the information provided to the Committee by the Stroke Association is attached to this report. (Appendix 2)
3. At the meeting, Sarah Burns, Director of Commissioning, Durham Dales, Easington and Sedgefield CCG advised members of the rationale behind the decision to serve the Stroke Association with a de-commissioning notice. She advised members that the CCGs had not viewed the proposed change as a substantial variation or significant service development and therefore no formal consultation with the Committee had been undertaken.
4. Members of the Committee agreed that, in view of the fact that the de-commissioning notice had been served on a service that potentially affected a significant number of residents across County Durham, this did constitute a substantial change and the Committee should have been consulted.
5. Accordingly, the Adults Wellbeing and Health Overview and Scrutiny Committee:-

**“ Resolved :**

- (i) That the report be received.
- (ii) That a further, more detailed report be brought back to the Committee which includes details of service user and carer engagement undertaken as part of the decommissioning process, the rationale behind the

proposed change in service model including evidence from Stroke service practitioners and the impact assessment undertaken as part of the decommissioning process.”

### **Latest Position**

6. In accordance with the recommendations made by the Adults Wellbeing and Health OSC detailed above, representatives of North Durham CCG and Durham Dales, Easington and Sedgefield CCG will give a presentation to members detailing the service user and carer engagement undertaken as part of the decision to decommission the stroke support service. A report of North Durham and DDES CCGs is attached for members’ information and comment. (Appendix 3)
7. Representations have also been received from County Durham Healthwatch in respect of the de-commissioning proposals. A copy of a letter received from County Durham Healthwatch is attached to this report. (Appendix 4)

### **Recommendation**

8. Members of the Adults Wellbeing and Health Overview and Scrutiny Committee are requested to receive this report and consider and comment on the presentation and the information contained therein.

### **Background Papers**

Report and Minutes of the Adults Wellbeing and Health Overview and Scrutiny Committee on 3 April 2017

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**Contact and Author: Stephen Gwilym, Principal Overview and Scrutiny Officer Tel: 03000 268140**

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## **Appendix 1: Implications**

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**Finance – None**

**Staffing - None**

**Risk - None**

**Equality and Diversity / Public Sector Equality Duty – None**

**Accommodation - None**

**Crime and Disorder – None**

**Human Rights - None**

**Consultation – None**

**Procurement - None**

**Disability Issues – None**

**Legal Implications – None**

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### **Durham Stroke Recovery Service**

The Stroke Association has delivered a Stroke Recovery Service in the County Durham and Darlington area for the last 9 years providing vital support for people affected by a stroke. The service works closely within the stroke services pathway, an received 800 referrals of new stroke survivors each year and continued to actively support over 1000 stroke survivors and carers living with the impact of stroke in county Durham. The service provide support from hospital to home, proving people with assessment, and support to meet short and long terms goals, plus information needs, sign posting, and most importantly emotional support. The service also provide communication support for those with aphasia, this involves Group work and one to one work

The stroke recovery, and communication support service has been acknowledged as highly effective in supporting stroke survivors, carers and easing the pressure on the rest of the system as people leave hospital and seek to recover from their stroke. Carers particularly value what we are able to provide as they take on the burden and anxieties of caring for someone, often with complex disabilities. The CCGs Commissioners have never identified any service delivery concerns

### **Why the service is under threat?**

For the past 9 years we have been funded by Durham Dales, Easington and Sedgefield CCG, North Durham CCG , following the CCGs completing what they have termed an impact assessment that has not in any way taken into consideration user or carer, and stroke professional experience, The impact Assessment has been purely a paper exercise completed by a commissioning manager who had no knowledge of the service which has resulted in clinical executives making a decision to decommissioned the service. We strongly feel after viewing the impact assessment that a lot of the detail included is inaccurate and misleading, Evidence for this can be provided to the committee

### **What would be in place without the service?**

The CCG's currently are planning to expand the existing Easington community stroke team (CST) to cover the gap left by our service. We feel this isn't sufficient as a CST won't be able to provide the medium to long term care and there is not enough time to implement this properly before our service ends. We are concerned about what will happen to our existing caseload and the welfare of those who will now go on to have a stroke as the existing system is already under pressure. It is worth noting that Durham already has poor after stroke support services compared

to every other area in the NE, and indeed the Country, this decommissioning will only make this worse.

### **What our request is**

Due to the way the impact Assessment has been completed by the CCG, and the misleading information included, we have requested that CCG changes its decision to Decommission until they have completed a full service review and impact assessment, that will enable clinical decision makers to make a decision based on evidence and true and accurate information.

Although we commend the CCG for wanting to implement a CST across County Durham we are aware from in-depth work we have done in other Stroke localities that this needs in-depth planning that can take anywhere from 6 months to a year to implement properly, to try to do this in a hurry would be a mistake, we certainly don't think this could be done in 2 months, and therefore request that any consideration of service decommissioning is not implemented until a CST is fully implemented and working.

### **Questions for the Regional Joint Health Scrutiny Committee**

Was Durham Council aware of the decommissioning notice served by the Durham CCGs to the Stroke Association? We provide long term support which cannot be offered by extending the role of the current CST, therefore stroke survivors living in County Durham will be disadvantaged even more than they are present due to the lack of funding Durham CCGs give to stroke services. With this in mind will the council work with us to ensure the quality of care for stroke survivors is not deprioritised?

Will the health scrutiny Committee support our Campaign to save this service, and request the CCG to withdraw the decommissioning notice until a full review takes place that involves the views of Users, carers, and professionals?

### **General stroke and Stroke Association info**

Stats:

- There is a stroke about every three minutes in the UK, and it's the leading cause of complex disability
- About 1 in 50 people in the UK is a stroke survivor - there are over 1.2 million stroke survivors in the UK
- Over a third 41% of stroke survivors in the UK are discharged from hospital requiring help with daily living activities
- Stroke can cause a wide range of disabilities and causes a greater range of disabilities than any other condition

- Stroke can affect walking, talking, speech, balance, co-ordination, vision, spatial awareness, swallowing, bladder control and bowel control
- Stroke also affects people psychologically – about a third of stroke survivors experience depression
- Over a third of stroke survivors in the UK are dependent on others – 1 in 5 are cared for by family and/or friends
- Stroke is more likely to affect those from a socially deprived background, and also those who are black or South Asian

### **The Stroke Association:**

- We are the leading stroke charity in the UK
- We have three main strands to our work – research, services, and campaigning and influencing
- Over the last 20 years, we have awarded more than £40 million through 400 research grants and nurtured a strong community of stroke researchers
- Our services are a bit part of what we do – help to support those who have been impacted or disabled by their stroke

We face many challenges to our work, including local authority funding cuts, devolution of NHS decision-making and the proposed changes to charity regulation, which – as a charity trustee – she will know a

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## Report for Health Overview and Scrutiny Committee

### Stroke Services

#### Introduction

1. The purpose of the report is to advise the committee of the rationale for making changes to stroke services in County Durham. The reports outlines the process that was undertaken by North Durham and Durham Dales, Easington and Sedgefield CCGs (the CCGs) to review the current service provided by the Stroke Association. It also outlines the process that will take place over the next six months to seek stakeholder views on potential service changes.

#### Incidence of Stroke in County Durham

2. The table below sets out the incidence of stroke in County Durham over the last three years:

Incidence of Stroke in County Durham		
Apr 2013-Mar 2014	Apr 2014-Mar 2015	Apr 2015-Mar 2016
923	1011	1011

Data from Sentinel Stroke National Audit Programme (SSNAP)

#### The Impact of Stroke on Survivors and Carers

3. The effects of stroke on families are considerable. Family members may struggle to adapt to a care-giving role, and relationships between stroke survivors and those closest to them are often altered by the illness. (*Effect of stroke on family carers and family relationships Gillespie D, Campbell F (2011) Effect of stroke on family carers and family relationships. Nursing Standard. 26, 2, 39-46. Date of acceptance: January 7 2011*).

“Considerable proportion of care undertaken by carers and families. As a result of the pressures, carers suffer from depression and anxiety and family tensions and financial problems are common.” (*The impact of stroke Charles D A Wolfe*).

#### The effects of stroke on patients (source: the Stroke Association)

4. Although all strokes are different, there are some common physical problems that many people experience:
  - problems with movement and balance: many people experience muscle weakness or paralysis after a stroke, which can affect your mobility and balance. This usually happens on one side of your body and can also cause a lot of pain and discomfort.
  - problems with your vision
  - problems with swallowing
  - problems controlling your bladder and bowels
  - excessive tiredness.

There are other effects that you can't see. Some of the 'hidden' effects of stroke include:

- problems with communication: many people have difficulty with speech and language after their stroke. A common communication problems, which affects around one third of stroke survivors, is aphasia. People with aphasia find it difficult to speak and understand what other people are saying to them, as well as reading and writing.
- problems with memory and thinking: it's very common to find that short-term memory and concentration is affected by stroke, but it can also affect other thinking processes as well, such as problem-solving, planning and finding your way around.
- changes to your emotions: a stroke has an emotional impact, which can lead to problems like depression and anxiety. It can also make it more difficult to control your emotions.
- changes to your behaviour.
- 1 in 5 dependant stroke survivors in the UK is cared for by family and friends.
- 64% said the emotional impact of the stroke was the hardest part to deal with.
- 2/3 of stroke carers experienced difficulty in their relationship with the stroke survivor.

### Services Commissioned in County Durham

5. There are a range of services available for stroke survivors including acute services, community services and local authority delivered services. They are summarised in the following sections. These include:

6. CCG Commissioned Services are described in the table below:

Service type	Site	Location/Areas Covered	Services Aims/Service type
Hyper-acute Stroke units	UHND, City Hospital Sunderland (CHS), North Tees Hospital and Hartlepool FT(NTHFT)	County Durham Population	Urgent acute treatment for patients that have experienced a stroke
Stroke rehabilitation services	Bishop Auckland Hospital, North Tees Hospital, Sunderland Royal Hospital	County Durham Population	Inpatient care. If Patients receive acute care at NTHFT, CHS, they may receive inpatient rehabilitation at those trusts.
Outpatient services	UHND, DMH, BAGH, Sunderland Royal Hospital, North Tees Hospital	County Durham Population	Consultant outpatient clinics
Community rehabilitation services	Across County Durham	County Durham Population	Speech and language therapy, physiotherapy and Occupational therapy to aid recovery
Community stroke services	Easington area only	Easington area	Specialist nurse support to patients post discharge
Stroke Association Service	BAGH and community locations	County Durham population although most patients receiving the service have been an inpatient at BAGH	Provide information, advice and support for stroke patients and their families Communication support for stroke patients

7. Services Delivered by the Stroke Association are as follows:

7.1 The Stroke Recovery Service (formerly the information advice and support service)

The service is designed to provide information, emotional support and practical advice to people affected by stroke their carers and families. The service provides support to all patients and the family of patients who suffer a stroke in the County Durham and Darlington locality. Most patients that use the service have been inpatients at the BAGH stroke rehabilitation service. Staff work alongside a multidisciplinary team of professionals across health and social care to provide information and advocacy support for stroke survivors their carer(s) and family working towards regaining independence.

Services provided for service users previously include benefits advice, advocacy, diet and exercise advice, home from hospital service.

7.2 The Communication Support Service

This service is designed to help stroke survivors to maximise the communication skills which they have been left with after a stroke. The aim is to increase confidence and achieve the best level of recovery and independence in language skills. Support and motivation is given to increase confidence and achieve stroke survivor communication goals.

8. Durham County Council (DCC) commissioned services are shown in the table below:

<b>Service type</b>	<b>Services Aims/Service type</b>
Social Care Direct	Social Care Direct can assist users to find information and advice to help you live as independently as you can. Users will speak to a trained contact officer who will ask you questions about their situation and will decide whether we are able to help. If the service is unable to help they will advise you if there are other sources of help available. Social Care Direct can be contacted by phone, email or text.
Locate	Comprehensive website with information about adult care, support, information and advice in County Durham. General Practices in DDES will be trained in use of the Locate website. General Practices in North Durham have been offered the training and the training process is being finalised.
Health trainers	The service: <ul style="list-style-type: none"> <li>• offers advice on eating healthier foods</li> <li>• helps users to lose weight</li> <li>• suggests exercise ideas</li> <li>• helps users to stop smoking</li> <li>• helps users to reduce alcohol intake</li> <li>• helps users to find other people who can help them to maintain a healthier lifestyle and much more</li> </ul> Training can be on a one to one basis at a location or in small group training sessions. Trainer will provide a personalised health plan designed for the user's needs.
Welfare assistance	The welfare assistance scheme helps users to get short term support, or help to live independently. There are two types of help. 1. Daily living expenses If your circumstances change unexpectedly, you can apply for help with your

	<p>daily living expenses (for up to seven days). This includes:</p> <ul style="list-style-type: none"> <li>•food</li> <li>•baby milk and nappies</li> <li>•heating</li> <li>•travel</li> </ul> <p>2. Settlement grant</p> <p>A settlement grant will help you to stay in your home, or move back into housing, after living in supported or unsettled accommodation. For example if you're leaving care or you've been made homeless. This includes help towards:</p> <ul style="list-style-type: none"> <li>•beds and / or bedding</li> <li>•furniture</li> <li>•white goods (for example, cooker, fridge, washing machine)</li> <li>•kitchen equipment</li> <li>•floor coverings</li> <li>•curtains</li> <li>•storage and / or removal costs</li> </ul>
Re-ablement	<p>Re-ablement is about giving people over the age of 18 years the opportunity, motivation and confidence to relearn or 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. The service provides intensive re-ablement for people who are eligible for home care services before a long term home care service is provided. Re-ablement can take place for a maximum of 6 weeks, but is often completed in a shorter time period depending on assessed needs. If still eligible, any long term home care service will be provided after the period of re-ablement.</p>
Carers Support	<p>Carer Support provides</p> <ul style="list-style-type: none"> <li>• Advice on benefits and grants</li> <li>• Carer breaks</li> <li>• Carers emergency support</li> <li>• Parent carer support</li> </ul>
Domiciliary care	<p>Home care, sometimes known as domiciliary care means that someone will come into your home to help with:</p> <ul style="list-style-type: none"> <li>• Personal care and keeping you safe: This can include things like washing and bathing, eating and drinking, getting up and going to bed.</li> <li>• Domestic tasks, such as preparing meals, doing laundry and ironing, cleaning or shopping (please note, even if you are eligible for care and support from the council this type of help would only be provided in exceptional circumstances. Details are listed on the LOCATE website</li> </ul>
Care Connect home from hospital service	<ul style="list-style-type: none"> <li>• The service provides:</li> <li>• Preparation of light meals;</li> <li>• Ensuring house is warm and tidy;</li> <li>• A 'meet and greet' service;</li> <li>• Pop in's and companionship;</li> <li>• Support to develop customer's confidence to help them remain independent;</li> <li>• Prescription collection;</li> <li>• Light housework;</li> <li>• Paperwork assistance to help customer pay household bills;</li> <li>• Making appointments e.g. GP appointments;</li> <li>• Arranging transport for post hospital discharge/GP appointments;</li> <li>• Accompanying customer on post discharge from hospital/GP appointments;</li> </ul>

	<ul style="list-style-type: none"> <li>• Identification of further health, social care or community services customer may benefit from;</li> <li>• Signposting to other services with customer permission.</li> </ul>
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It should be noted that there are many services available on the LOCATE website which are not specifically for stroke survivors but there could be services which are suitable.

If a social worker is involved then they may assess needs for a service or individuals could also use Locate to find and arrange services privately.

9. Some of the voluntary and third sector services delivered in County Durham are shown below:

<b>Service type</b>	<b>Location/Areas Covered</b>	<b>Services Aims/Service type</b>
Stroke clubs	Consett Stroke Club Durham Stroke Club County Durham Stroke Club Coalfields Life After Stroke Ferryhill Stroke Club	The stroke clubs below are available for Stroke survivors. The clubs meet on a regular basis weekly/bi monthly and offer a range of activities.
British Red Cross Support at Home service		<p>The service includes:</p> <ul style="list-style-type: none"> <li>• rebuilding confidence</li> <li>• collecting prescriptions</li> <li>• offering companionship</li> <li>• assistance with shopping.</li> </ul> <p>The service is available on a time-limited basis. Referrals are accepted from GPs, primary care trusts, hospitals, social workers and individuals.</p>
Age Concern		<ul style="list-style-type: none"> <li>• Information and advice</li> <li>• Support to local Age Concern groups and other older people's groups</li> <li>• Assisting with the setting up of lunch clubs and activity groups</li> <li>• Health promotion, Ageing Well and lifelong learning initiatives</li> <li>• Community safety days</li> <li>• Keep Warm Keep Well campaign and energy days</li> <li>• Volunteering programme to include pro-active recruitment including talks to pre-retirement groups, church groups etc., support, training and maintenance of volunteer support network</li> <li>• User and carer consultation programme – seeking the views of older people</li> <li>• Representing Age UK County Durham and older people's needs at strategic planning forums</li> <li>• Taking part in designated Age UK national campaigns</li> </ul>

## Outcomes for Stroke Survivors in Durham

10. The Sentinel Stroke National Audit Programme (SSNAP) is the single source of stroke data in England. This national data source allows CCGs to compare performance against key processes that support improved health outcomes.

<b>SSNAP Key Indicators April 2016 – March 2016</b>	<b>National England and Wales %</b>	<b>Durham Dales, Easington and Sedgefield CCG %</b>	<b>North Durham CCG %</b>
<b>Direct to stroke unit within 4 hours</b> <i>Percentage of applicable patients who go direct to a stroke unit within 4 hours</i>	<b>59.0</b>	<b>75.7</b>	<b>70.9</b>
<b>Stroke patients who receive thrombolysis</b> <i>Percentage of all stroke patients who receive thrombolysis</i>	<b>11.1</b>	<b>10.5</b>	<b>9.5</b>
<b>Discharged with joint health and social care plan</b> <i>Percentage of applicable patients who are discharged with joint health and social care plan</i>	<b>87.6</b>	<b>97.2</b>	<b>95.4</b>
<b>Over 90% of inpatient stay on a stroke unit</b> <i>Percentage of applicable patients who spend over 90% of their inpatient stay on a stroke unit</i>	<b>83.8</b>	<b>91.9</b>	<b>90.8</b>
<b>Prior anticoagulation for patients in known AF before stroke admitted to hospital for stroke</b> <i>Percentage of patients in known AF before stroke admitted to hospital who had been prescribed anticoagulation prior to their stroke</i>	<b>48.0</b>	<b>47.3</b>	<b>55.4</b>
<b>Treatment by a stroke skilled Early Supported Discharge team</b> <i>Percentage of patients treated by a stroke skilled Early Supported Discharge team</i>	<b>33.2</b>	<b>6.2</b>	<b>1.4</b>
<b>People with stroke receive a 6 month follow-up assessment</b> <i>Percentage of applicable patients who are assessed at 6 month</i>	<b>30.0</b>	<b>23.7</b>	<b>0.9</b>

From the SNNAP data it can be seen that the two areas Durham perform poorly compared to the national position which are:

1. Early supported discharge - this offers an early, intensive rehabilitation service for stroke patients. This service helps patients to leave hospital more quickly and return to their own homes so that patients can maximise independence as quickly as possible after their stroke.
2. Six month follow-up assessments - it is important that every stroke survivor is offered a six month review so that their unmet needs are identified and they can be referred back into stroke specialist services where appropriate. Reviews should be undertaken by trained staff, using an evidence based review model

### Service Review Undertaken

11. The CCGs review services on a regular basis to ensure that they still meet the needs of the local population. Standard Operating Procedure CCG SOP03 Commissioning Procedure states there are several drivers for proactively changing the commissioning arrangements for a service. These include:
- A persistent and serious risk to patient safety
  - The service represents poor value for money
  - There is insufficient need/demand to warrant the current volume of service and/or number of providers
  - The service model is out-dated i.e. the outcomes have not changed but new evidence on the model of delivery has developed which cannot be met via a variation of the existing contract
  - The service is no longer a clinical priority – reassessment of priorities may mean that investment is required elsewhere and so certain ‘non-essential’ services may be decommissioned
  - A mismatch between need and the current profile of provided services is identified as one of the outcomes of e.g. Health Need Assessments, Health Equity Audits, and/or Joint Strategic Needs Assessments
  - The provider is not demonstrably delivering on agreed outcomes following mutually agreed remedial action
  - As part of a commissioning or market management strategy
12. Many services are reviewed/impact assessed as part of CCG core business. The stroke service delivered by the Stroke Association was one of the services which was impact assessed. This report sets out the process undertaken to inform the CCG’s commissioning decision and the rationale for change.

#### **How the review of the Stroke Association service was undertaken**

13. Meetings take place with providers of services on a regular basis in relation to the contract value and type of service delivered. The CCGs meet monthly with County Durham and Darlington Foundation Trusts where the contract value is in excess of £250m per year. Smaller contracts such as the one that the CCGs hold with the Stroke Association have meetings less frequently.
14. The purpose of contract meetings is to review the service performance data and to discuss any issues relevant to contract delivery. Vince Lacey, Senior Commissioning Support Officer was requested to review the service in question. A number of meetings took place over the previous year as set out below which informed the options paper that was developed:

##### **Meetings with the Stroke Association**

Meetings between CCG commissioning and contract management staff and the Stroke Association took place in November 2015, July 2016 October 2016, November 2016 and December 2016

##### **Meetings and Correspondence with DCC**

Meetings with the CCG and DCC took place in February 2016 as both organisations commissioned a service from the Stroke Association at that time.

Additional information was gathered from colleagues about alternative services available in December 2016.

In January 2017 (20<sup>th</sup>) a meeting between CCG Directors of Commissioning and Denise Elliott, DCC Head of Commissioning, took place to communicate the outcome of the paper considered by CCGs.

### **Dialogue between the three CCGs**

Throughout November and December 2016 discussions took place between commissioning leads in all three CCGs as the review was undertaken and the options paper was developed.

### **Service Performance Data**

15. Data from the service was used to produce the options paper and commissioning impact assessment as provided by the Stroke Association. There were anomalies identified in the data subsequently, but it was acknowledged it has been reported as it had been provided. None of the anomalies impacted materially on the context in the paper and would not have impacted on the decision made by the CCGs at that time.

### **Patient Experience/Service User Views**

16. As with all service reviews the experience of patients or service users is taken into account. The feedback from patients on the Stroke Association service was overwhelmingly positive. A summary of the key points is below

### **Life after Stroke Services Satisfaction Survey Results Summary of Results for Durham Service Users, July – September 2016**

17. Between July – September 2016, we had 84 responses to our Satisfaction Survey. This is what they said.
  - 94% said that it was Very Easy or Fairly Easy for them to access the service.
  - 90% of clients were first contacted either face to face or by telephone, whilst 10% were contacted by letter.
  - 90% felt that the service was fully explained to them.
  - 100% of respondents were provided with the information that they needed and 95% of respondents felt that this information was Very Easy or Fairly Easy to understand.
  - 81% of respondents felt that they had been given information on how to prevent a stroke.
  - 92% of those who felt they needed support from other local services were signposted to these facilities.
  - 95% said that the service had helped them to express their needs.
  - 91% said that the service helped them to express their goals and 95% felt that they were supported to achieve their goals
  - 84% said we reviewed their needs and goals with them

When asked about their overall experience with the service,

- 94% felt that the level of service was either Good or Very Good
- 94% also said that they were Likely or Extremely Likely to recommend the service to a family member or friend

### **Strategic Context**

18. The CCGs are implementing a different way of working with teams being developed around patients (TAPs). The aim of TAPs is to focus services around patients and communities with local clinical leadership. TAPs will be developed for populations of between 30,000 and 50,000. Clinical teams will work together with social care to coordinate services for patients and reduce duplication. This will in turn make services more productive. Care will be focussed on those most in need with services working together as part of a health and social care multi-disciplinary team (MDT). The TAPs via the MDTs will ensure that all appropriate services are 'wrapped around' patients.

## Financial Context

19. The CCGs have a limited amount of funding available to achieve improved health outcomes for the population. There was also the need to make better and more effective use of existing services e.g. Durham County Council Services and other community services commissioned by health, DCC or provided by the voluntary sector. By making changes to the commissioning of the Stroke Association services, the CCG have created the opportunity to reinvest in additional clinical support services which will help to improve some of the nationally defined outcome measures.

## Options Considered

20. The outcome of the review generated options for consideration by the CCGs. As part of this piece of work, an impact assessment was also completed. Following the completion of the impact assessment documentation, options were outlined and presented to the relevant Executive Committees for further discussion. The options outlined were as follows:
  - Carry on with the service in its current format
  - Modify the service, reduce funding to a level which will cover staff and over heads and put in place a specification with an appropriate data set and monitor.
  - Modify the service in some other way
  - Decommission one or both services

## CCG Preferred Option

21. The decommissioning of the Stroke Association service was highlighted as an option as some of the aspects of the commissioned service are duplicated and provided by other organisations, for example Durham County Council. The Executive Committees for NDCCG and DDES CCG reviewed all options above and made the decision to decommission this service to take the opportunity to reinvest the funding into clinical services for stroke patients.

On line with the criteria for changing commissioning arrangements highlighted in paragraph 8 the following criteria applied:

- The service is no longer a clinical priority – reassessment of priorities may mean that investment is required elsewhere and so certain ‘non-essential’ services may be decommissioned
22. Following the CCGs decision, the CCG has been meeting with the Stroke Association to discuss concerns in relation to the outcome and also discuss possible future service provision. In addition to this, collaborative working between the CCGs, Stroke Association, Durham County Council and County Durham and Darlington NHS Foundation Trust (CDDFT) is currently taking place.

## How things could look in the future and how it will improve services

23. The CCGs have committed to retaining existing levels of funding for stroke services. Of the two national performance indicators for stroke that require improvement, it is proposed that the initial focus is placed on increasing the number of patients that have a six month follow-up assessment. The rationale for this focus is that work is ongoing to remodel community services as described in paragraph 15 to improve productivity and reduce duplication. This *may* highlight opportunities for different ways of working that

could support early supported discharge (ESD) to some extent. It is recognised that any developments in this area would require significant development and planning.

24. Making improvements to the number of patients receiving a six month review is less complex and can be implemented more quickly. There are models in place in some parts of the County and also in neighbouring areas that enable better performance for this clinically important indicator. Delivering improvement in this area would contribute to an improvement in longer term care for stroke patients.

25. There are a number of ways that improvements could be delivered. To ensure that views of service users and carers are reflected in any options that are developed a service and carer engagement exercise will be undertaken. This exercise will take approximately twelve weeks from start to production of a summary report and will include:

- Six focus groups with service users and carers across a range of venues in County Durham
- Discussion with current providers across all care settings
- Opportunity to contribute views via a range of methods

Healthwatch has been approached to help to support this exercise to ensure that it is an independent exercise.

26. Following completion of the engagement exercise a number of options will be developed for consideration by the CCG executive committees. It is suggested that reports are brought back to the scrutiny committee at two points:

- On completion of the engagement exercise to share patient and carer feedback
- Confirmation of the new service model if appropriate

### **Transition Arrangements**

27. Existing services will remain in place until the end of December 2016. This will enable engagement with stroke survivors and carers as the new service is established and appropriate communications with the current service users.

28. It is acknowledged that communication with service users could have been improved in relation to this service. Future communications will be managed jointly between the CCGs and the Stroke Association to ensure that a jointly agreed message that supports any transition arrangements can be communicated as part of an agreed approach to engagement, communication and transition. This will apply to both current service users and also media briefings.

Healthwatch County Durham  
Whitfield House  
St Johns Road  
Meadowfield Industrial Estate  
Durham DH7 8XL  
Tel: 0191 378 1037  
Email: [healthwatch@pcp.uk.net](mailto:healthwatch@pcp.uk.net)

15 June 2017

Dear Overview and Scrutiny Committee Member

**Re: Concerns and recommendations regarding stroke services in Co Durham**

Healthwatch County Durham has received 46 letters from stroke survivors, expressing their concerns that the service they currently receive from the Stroke Association is being decommissioned. These concerns include:

- Communication – when contacting CCGs people have been signposted to the website with a response which hasn't answered their concerns. They were frustrated to be signposted to Locate, which they have not found accessible
- Timescales – people wanted to know if the new services will offer them the same level and range of support for the same length of time as they have had previously. In addition they wanted to know if there will be a gap in provision, or a seamless transition
- Process – people are telling us they are quite angry about the way this has been handled and asked if the correct process has been followed
- Engagement – people asked about plans to engage with service users and involve them in the design of new services, to make sure that their needs will be met

Having contacted both CCGs, we met with DDES's Director of Commissioning and received a written response, which was discussed by our Board on 1<sup>st</sup> June. It was decided that the response did not address the issues raised or outline a plan to deliver meaningful service user engagement. We therefore wish to escalate our concerns to the Overview and Scrutiny Committee and make the following recommendations:

- An extension to the current service of at least three months, until the replacement service is in place that will meet the needs of users
- Meaningful engagement to take place with stroke survivors so that users are at the heart of designing a new service
- A user friendly information pack to be produced, for all patients when they are discharged from hospital, with clear information and signposting to support available in the county
- A user friendly letter to be sent to all stroke survivors with clear information about when the new service will be in place and how to access it

We will attend the Overview and Scrutiny meeting on 7<sup>th</sup> July and look forward to your consideration of our recommendations.

Yours faithfully,

*BJackson*

Brian Jackson, Chair



## Adults Wellbeing and Health Overview and Scrutiny Committee

7 July 2017



## Annual report of the Director of Public Health

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### Report of Amanda Healy, Director of Public Health, County Durham

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#### Purpose of the Report

- 1 This report asks Members of the Adults Wellbeing and Health Overview and Scrutiny Committee (AWH OSC) to receive the 2016/17 annual report of the Director of Public Health for County Durham.

#### Background

- 2 Under the Health & Social Care Act 2012, one of the statutory requirements of each Director of Public Health is to produce an annual report about the health of the local population. The relevant local authority has a duty to publish the report. The government has not specified what the annual report might contain and has made it clear that this is a decision for individual Directors of Public Health to determine.
- 3 It is important to note that most data and information on the health status of the communities in County Durham is detailed in the Joint Strategic Needs Assessment available on the Council's website. Further information on public health programmes can also be found in the joint health & wellbeing strategy. Detailed information on health protection issues for County Durham residents is contained in a Public Health England report – *Protecting the population of the North East from communicable diseases and other hazards – Annual Report 2014/15*. This is available on request.
- 4 The 2016/17 Director of Public Health annual report focuses on the importance of good work with a specific emphasis on our mid-life population (age 40 -70 years). As the UK workforce continues to age and stay in work longer and more workers develop long term health conditions; policy makers, employers, clinicians and older workers themselves will need to work together to improve their health and employment outcomes. Whilst there remains much to be done to support those not in employment, this report focuses on keeping those already in employment productive and functioning well.
- 5 The workplace itself is an environment where healthy behaviours can be fostered. In some cases, changes in health habits can be 'nudged' by making the healthier choice the easier choice. In County Durham over 80% of our business sector comprises small to medium enterprises (SMEs). This report

draws out the opportunities presented to SMEs and highlights the small steps that businesses can take to look after staff wellbeing and to work more collectively within the communities in which they are based. With an ageing population good work is vital to maintain a strong sense of self-worth and to be able to contribute to the economic prosperity of County Durham. *Work and You* is the title of the annual report and aims to provide practical steps for employers and employees to work together to improve health outcomes.

- 6 A monthly calendar of health promoting campaigns is in the report which aligns to the countywide Better Health at Work Award and the Healthy Living Pharmacy programme. These campaigns can also be communicated through Area Action Partnerships (AAPs) who work collaboratively with local businesses. By working together at scale local businesses and residents will benefit from the health promoting messages and support structures being championed. Appendix two of the report highlights the campaign calendar.
- 7 The recommendations in DPH report are simple with the outcomes working towards reducing the gap in healthy life expectancy. The recommendations emphasise self-help and enabling people to make small changes to improve their health within their working day. In addition to what individuals can do for themselves there is guidance on what employers can do to improve the health and wellbeing of their staff within the context of the community in which the business resides. Appendix three of this report highlights the DPH report recommendations.
- 8 The annual report will be uploaded onto the council website and hard copies provided to a range of organisations and individuals including local business leaders, the County Durham clinical commissioning groups, NHS England, third sector organisations, foundation trusts, Public Health England etc. In addition, copies will be made available to the Members' library, to individual Members (where requested), Cabinet, Overview & Scrutiny Committees and officers.

### **Recommendations and reasons**

- 9 Adults Wellbeing and Health Overview and Scrutiny Committee is recommended to:
  - (a) receive the 2016/17 annual report of the Director of Public Health, County Durham;
  - (b) endorse and champion the recommendations within the report.

### **Background papers**

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**Contact:** Gill O'Neill, Consultant in Public Health, County Durham  
**Tel:** 03000 267696

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## Appendix 1: Implications

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**Finance** - The publication of the report is funded by the ring fenced public health grant.

**Staffing** - Staff wellbeing will be improved if the actions are taken up within the body of the DPH report.

**Risk** - No impact.

**Equality and Diversity / Public Sector Equality Duty** - The public's health can be positively impacted upon if the actions and recommendations are taken up at scale across County Durham. Inequalities are currently faced by many employees in smaller enterprises as they have limited access to larger support infrastructures such as occupational therapy departments. This year's DPH report highlights some simple steps that small and medium enterprises can achieve which can work towards reducing the gap in healthy life expectancy.

**Accommodation** - No impact.

**Crime and Disorder** - No impact.

**Human Rights** - No impact.

**Consultation** - This is the independent report of the Director of Public Health and is not subject to consultation.

**Procurement** - No impact but should inform council commissioning plans in relation to services that impact on the health of the population.

**Disability Issues** - This report highlights the inequality in employment between people employed who have a disability and those that do not. Employers can do more to support those who have a long term condition stay in work.

**Legal Implications** - No impact.

## Appendix two: Campaigns calendar

### Campaign calendar

Why not help motivate and support your workforce to make and sustain changes that improve their health by participating in these national campaigns?

January	February	March	April
<p><b>Dry January</b></p> <p>Bid booze goodbye, keep January dry.</p> <p>Take the 31 day challenge – find out more at <a href="http://www.DryJanuary.org.uk">www.DryJanuary.org.uk</a></p>	<p><b>One You – healthy eating</b></p> <p>What you eat and how much is so important for your health and your waistline. Choosing healthier foods is easier than you might think.</p> <p>Find out more by searching One You.</p>	<p><b>Stoke Act F.A.S.T</b></p> <p>Can you recognise the symptoms of a stroke?</p> <p>Even if you are not sure, act FAST, make the call, dial 999.</p>	<p><b>Stress and you</b></p> <p>There is no quick-fix cure for stress but there are simple things you can do to help you stress less. These include relaxing, exercise, eating a healthy and balanced diet and talking to someone.</p> <p>Find out more by searching One You / stress.</p>
May	June	July	August
<p><b>One You – physical activity</b></p> <p>Fitting some physical activity into your day is easier than you think. Being active is really good for your body, mind and health – and there are lots of easy ways you and your family can get moving! Find out more by searching One You / moving.</p>	<p><b>Be clear on cancer</b></p> <p>Aim to improve early diagnosis of cancer by raising awareness of signs and / symptoms of cancer and to encourage people to see their GP without delay.</p>	<p><b>Couch to 5k</b></p> <p>The Couch to 5k plan is designed to get just about anyone off the couch and running 5km in nine weeks.</p> <p>Find out more at <a href="http://www.nhs.uk/Livewell">www.nhs.uk/Livewell</a></p>	<p><b>Be clear on cancer</b></p> <p>Aim to improve early diagnosis of cancer by raising awareness of signs and / symptoms of cancer and to encourage people to see their GP without delay.</p>
September	October	November	December
<p><b>Time for change</b></p> <p>1 in 4 people will experience a mental health problem in any given year.</p> <p>Let's change the way we all think and act about mental health. Search Time to Change.</p>	<p><b>Stoptober</b></p> <p>Research shows that smokers who make it to 28 days smokefree are 5 times more likely to stay quit for good. Search "Stoptober" online to find out about a range of free and proven support available to help you start your quitting journey for 28 days and beyond.</p>	<p><b>Get your flu jab</b></p> <p>Don't put off getting the flu vaccination. If you are eligible get it now. It's free because you need it. Visit <a href="http://www.nhs.uk.staywell">www.nhs.uk.staywell</a></p>	<p><b>Stay well this winter</b></p> <p>If you start to feel unwell even if it is just a cough or cold, don't wait until it gets more serious, get help from your pharmacist. The sooner you get advice the better – pharmacies are here to help you stay well this winter. Visit <a href="http://www.nhs.uk/staywell">www.nhs.uk/staywell</a> for more information.</p>

## **Appendix three: DPH report 2016/17 recommendations**

There will be many initiatives and activities taking place across County Durham and being progressed by a whole range of partners. The recommendations below hopefully build on your local business priorities and provide some new ideas for you to explore.

### **Recommendations**

- Mid-life is a place to start not to stop. Complete the One You quiz and take it from there.
- If you are a large employer then sign up for the Better Health at Work Award today. All 30 employers in County Durham with 250+ staff should be leading the way to improve the health of their staff. Showcase your work and celebrate your achievements.
- Any small / medium business can also sign up for the Better Health at Work Award either as cluster of work places or individually.
- Go to your local healthy living pharmacy and ask if they will support you with some health campaigns this year for your staff. They will say yes!

### **You could also consider these approaches:**

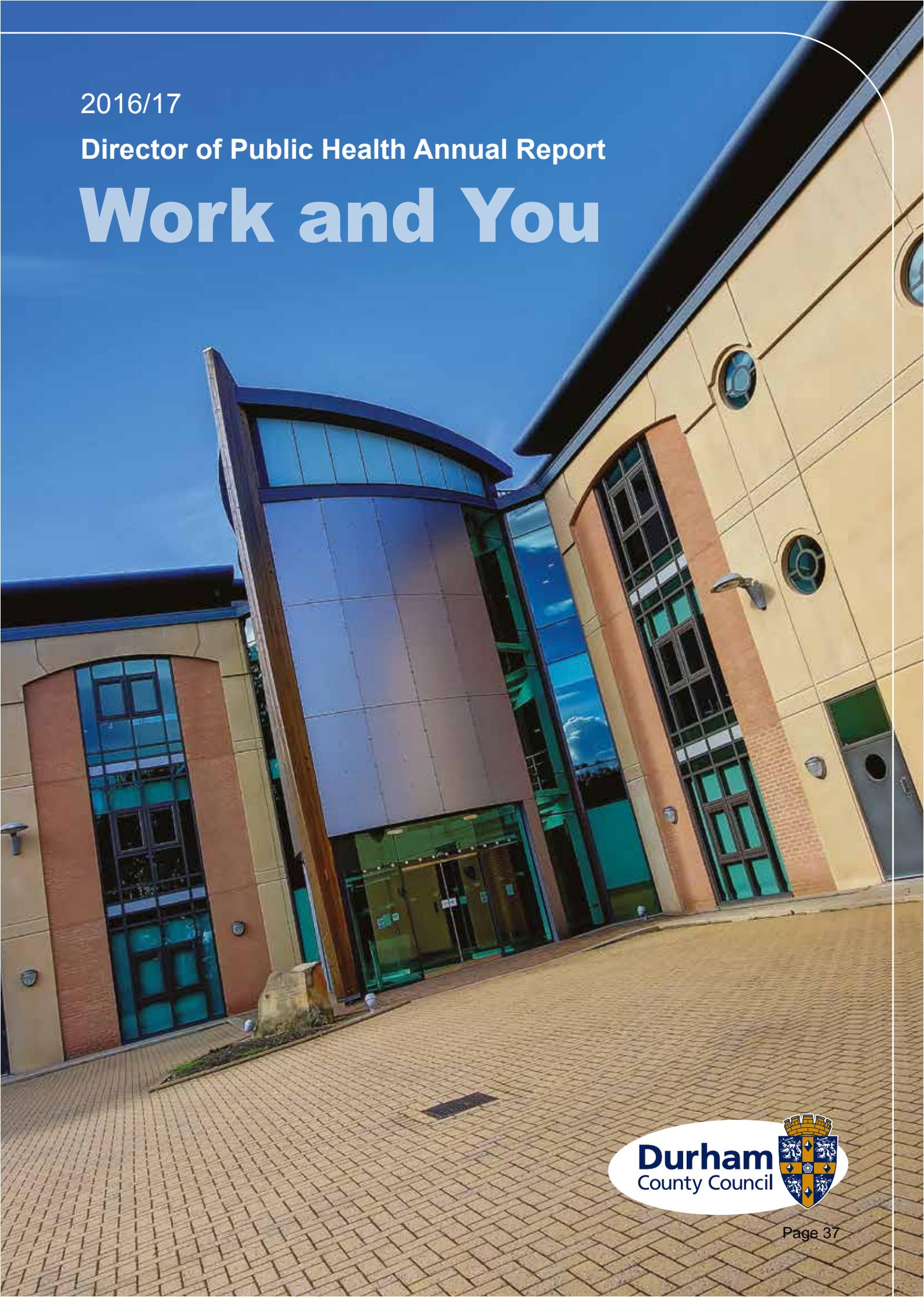
- Micro business, think about “Work and You”, what could improve your own health and wellbeing?
- Considering putting a tender in for a contract? How could you best utilise the social values section to improve the health and wellbeing of residents in County Durham. Remember small businesses are likely to employ local people.
- Think community – you don’t have to do this as a stand-alone business. Work as a high street to improve the food and activity offer for your staff. It will benefit the local community too.
- Time to Change. We would all benefit from looking after our mental health. Pledge to time for change and eradicate stigma.
- Talk to your staff and find out what good health means to them. Take a moment to pause and talk to each other. Work is so important for social connections.
- Primary care colleagues could consider how the impact of work can be brought into consultation conversations. Keeping people in work will help with the NHS and social care. It will save the local economy money.
- Consider flexible working arrangements for staff and try to retain, retain and recruit.
- Lead by example and take care of your own health.

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2016/17

Director of Public Health Annual Report

# Work and You





**“Nowhere is the link between health and wealth more important than in relation to work. Good work is both the best route out of poverty and the surest basis for good health”**

*Health and Wealth - closing the gap in the North East: report of the North East commission for health and social care integration; Duncan Selbie; Commission chair and chief executive of public health.*

This report will discuss how work impacts upon health and how we can stay in employment and maximise our health.

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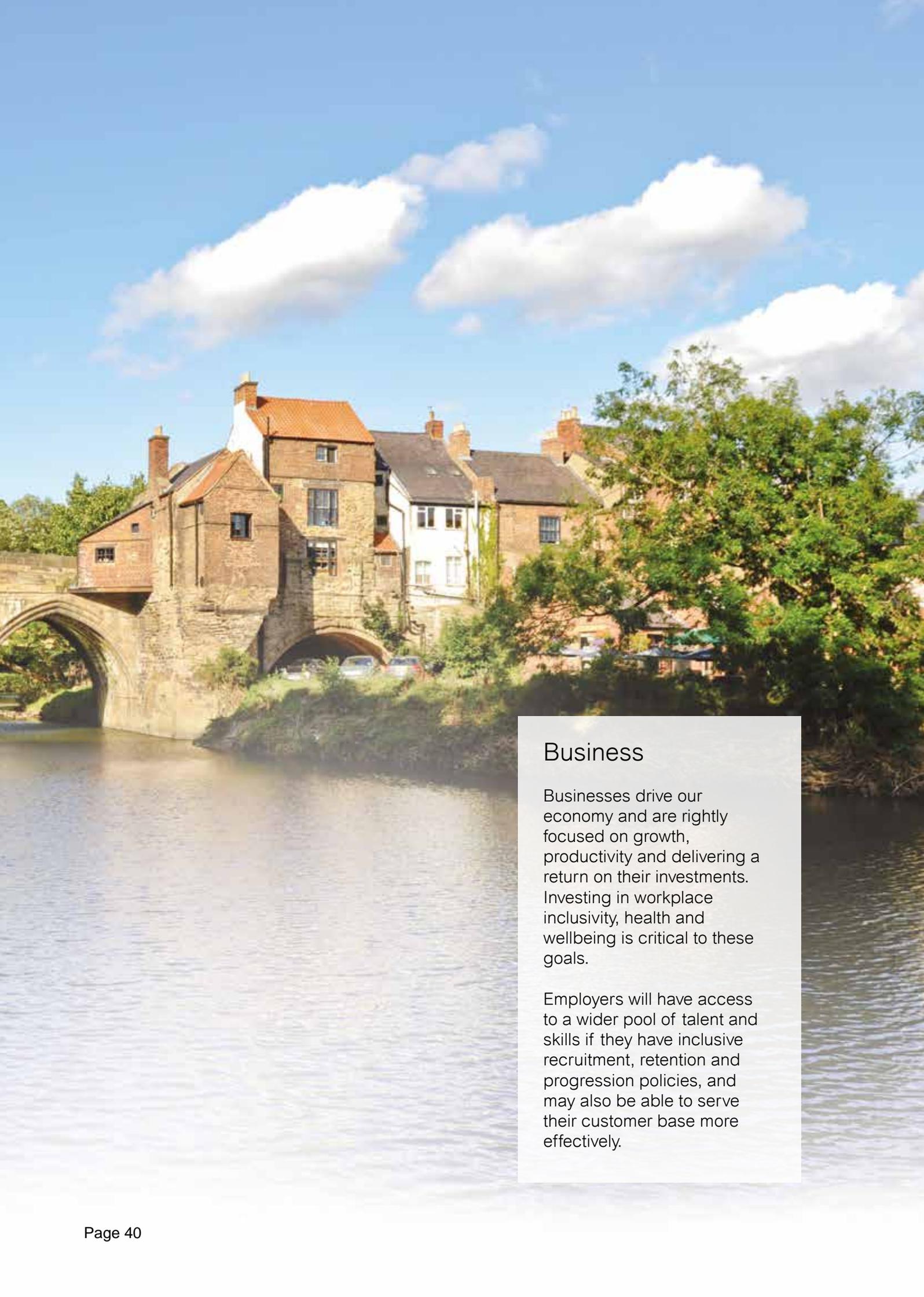
## Acknowledgements

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## Business

Businesses drive our economy and are rightly focused on growth, productivity and delivering a return on their investments. Investing in workplace inclusivity, health and wellbeing is critical to these goals.

Employers will have access to a wider pool of talent and skills if they have inclusive recruitment, retention and progression policies, and may also be able to serve their customer base more effectively.

# Foreword

The old adage of ‘a healthy workforce is a productive workforce’ is as pertinent today as it ever was.

But the demands of work, home and family can put extreme pressure on our staff and mean they’re not producing their best. It’s vital that we create healthy workplaces given how much time we spend at work and that we help our staff achieve a balance between these demands.

Employers have a huge part to play in helping their staff look after their own wellbeing and happiness. Support can range from giving genuinely flexible work options and offering workplace savings schemes to having a workplace gym membership or setting up a crèche. It’s also about creating healthy environments in which people can follow their own self-development paths and thrive in their workplace.

At Business Durham, we’ve launched a programme, Smart County, to work with businesses and help them create products and services to tackle some of the health conditions associated with social isolation. So businesses have enormous potential to contribute to the health of people who work for them and in return, all of this is good for business. It’s also good for our communities. We therefore welcome the publication of this report.

**Dr Simon Goon**  
Managing Director  
Business Durham



## Introduction

The annual report of the Director of Public Health is the professional statement about the health of people in the county. It is an independent decision to determine which aspect of health to draw attention to. Through the report this year I am reaching out to the business sector across County Durham with a specific focus on small to medium enterprises (SMEs). At a time of prolonged austerity with no immediate sign of the situation altering, good employment opportunities are critical to population health and wellbeing.

It is well documented that there is an aging population across the UK and that is the case for County Durham. Healthy life expectancy (how long we live in good health) shows significant inequalities across County Durham with an 18 year gap for men (70 years in Langley Moor and 51 years in Horden) see Appendix 1. If someone is diagnosed with a long term health condition at the age of 51 years there is still on average 15 years of working life before state pension eligibility. Many people, with the right support, can continue to work productively with a long term health

condition. The primary goal is to prevent a health condition from developing in the first place but there is much benefit in maintaining a person's health beyond a diagnosis.



There are many opportunities to work jointly with the business sector to identify ways in which the health of employees can be considered which can improve productivity of the work force. This report targets advice and recommendations to improve the health of the population from the point of mid-life with the intention of reducing the gap in healthy life expectancy. The content of this report has been brought together using the latest health intelligence and evidence. Through discussion with business sector leaders the report is designed to be easy to read with clear signposting for further information and guidance. I hope you are motivated reading the report to look after your own health as well as those who work for you.

**Gill O'Neill**, *Interim Director of Public Health*



Approximately  
**5 million**  
people of working age  
receive out-of-work benefits  
- about half of this group  
receive incapacity benefits.  
Health-related benefits  
cost the state  
**£13 billion**  
a year

## Background

### Employment and health

The performance of the economy provides a good indication of the levels of employment and prosperity in the general population. In particular, levels of employment provide an indication of the health of the working age population. A review of evidence-based research over a substantial time period has served to demonstrate that unemployment plays a significant role in increasing poverty, social isolation and loss of self-esteem. These issues also decrease psychological wellbeing, physical health and mental health and wellbeing.



### Ageing Population

By 2020 one third of the workforce will be over 50. As the UK workforce continues to age and stay in work longer and more workers develop long-term health conditions, policymakers, employers, clinicians and older workers themselves will need to work together to improve both their health and employment outcomes. Between 2014 and 2024 the UK will have 200,000 fewer people aged 16 to 49, but 3.2 million more people aged 50 to State Pension age.

Although age by itself does not have to be a barrier to a healthy working life, older workers continue to face employment challenges. The physical and mental assets they possess are often under-used and under-valued. The potential of older people should not be ignored and adopting an active ageing approach optimises opportunities for health, participation and security and enhances quality of life as people age.

The workplace itself is an environment where 'healthy behaviours' can be fostered. In some cases, changes in health habits may be 'nudged' by making the healthier option the easier choice. With more evidence-based prevention throughout life, and focused interventions, there is no reason why good work and good health should not be within the grasp of most people aged 50 to 70 and beyond.

**By 2020  
one third of the  
workforce will  
be over 50**



County Durham has an ageing population and with fewer young people entering employment there is an increasing need for employers to:

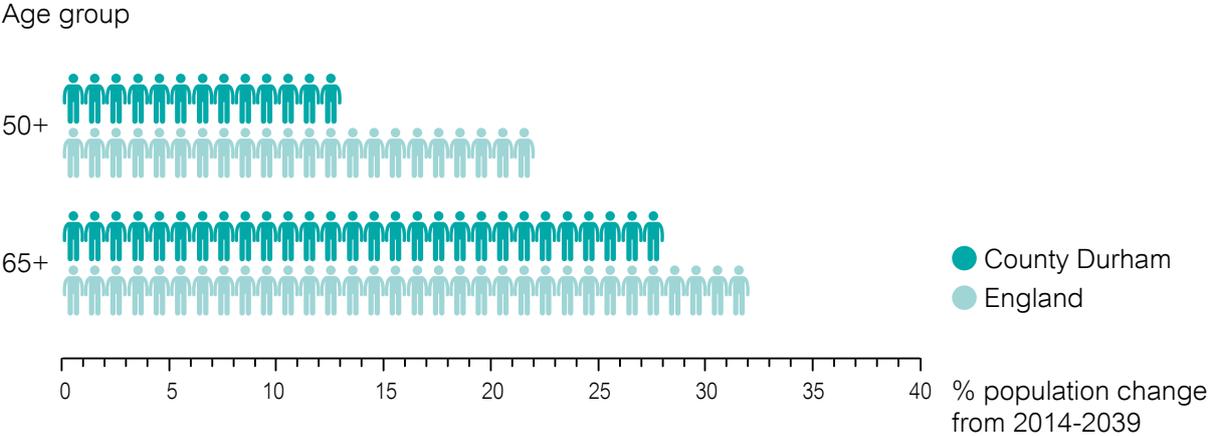
**Retain** - keep older workers and their skills in the workplace through for example flexible working.

**Retrain** - provide ongoing workplace training irrespective of age, and opportunities for mid-life career reviews.

**Recruit** - stamp out age discrimination from the recruitment process.

Employment is varied in County Durham with the majority of businesses being small to medium. With an ageing population it is vitally important that County Durham has a vibrant economy and job opportunities for those in mid-life and into older life. As we are expected to work for longer before retirement good health is a basic requirement. There are many ways we can improve our own health as well as actions employers can take. This report will discuss how work impacts upon health and how we can stay in employment and maximise our health. A joint agreement between yourself and your employer can ensure mid-life is a new beginning and not the beginning of the end.

**County Durham’s estimated aging population**





There are

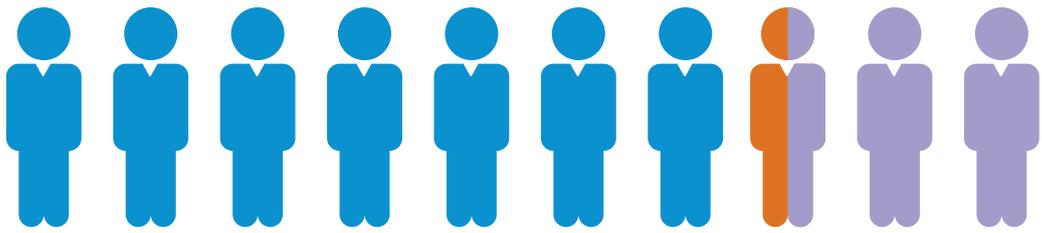
## **11,760 micro businesses**

employing less than **10 people** in County Durham (**88%**), and **1,585** small to medium enterprises employing between **10 to 249 people (11.9%)**. Around **22,000 people** are self-employed.

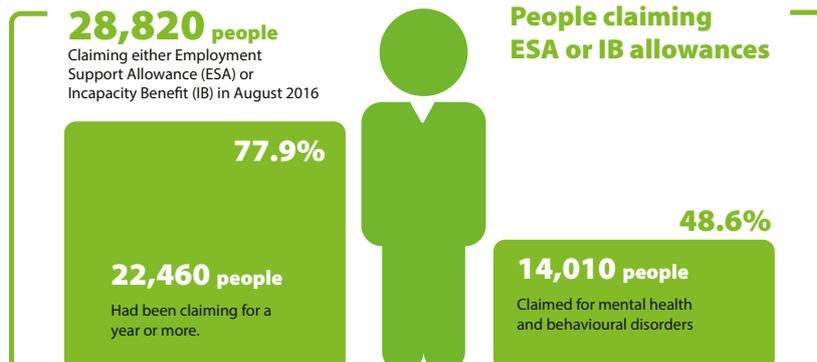
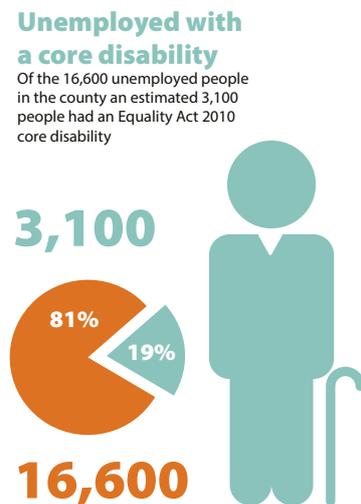
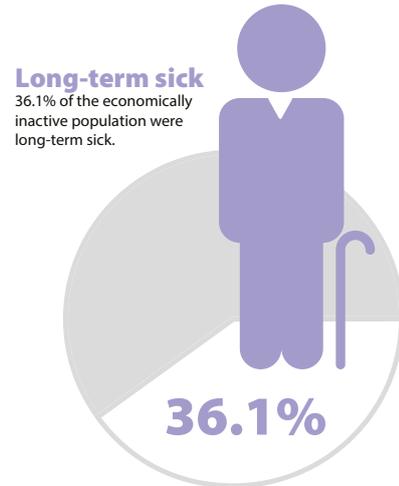
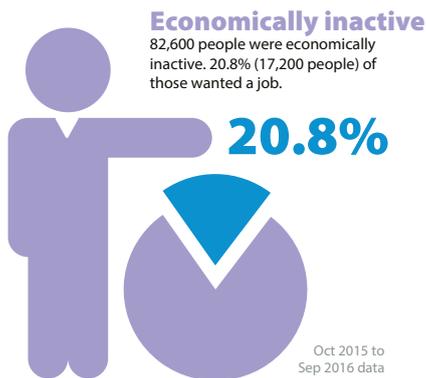
## **There are 30 large employers**

in County Durham with over **250 employees (0.2%)**

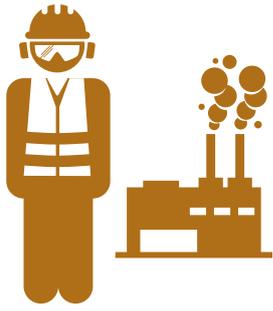
## County Durham's working age population (2015 data)



**69.5%** **Employed** 226,400 people **6.8%** **Unemployed** 16,600 people **23.7%** **Others** not registered as unemployed i.e. those in full time education



## Type of employment in County Durham



**Manufacturing industry**  
14.5% of County Durham's total employees are employed in this sector (25,000 people)  
**14.5%**



**Wholesale and retail**  
14.5% of County Durham's total employees are employed in this sector (25,000 people)  
**14.5%**



**Health and social work**  
14.5% of County Durham's total employees are employed in this sector (25,000 people)  
**14.5%**

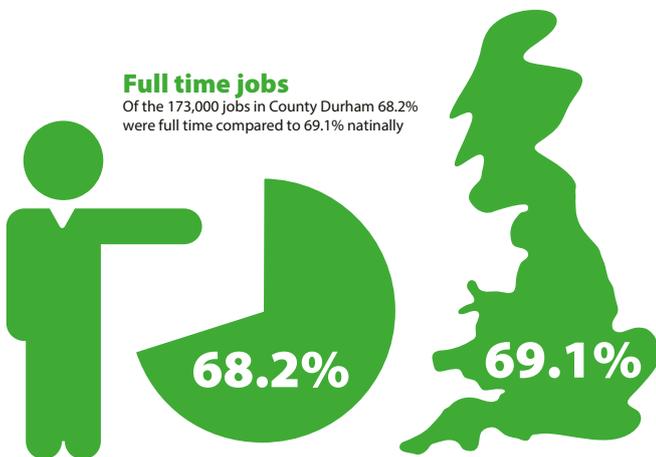
### Workforce education

In 2015, 33.6% of County Durham's workforce had at least a degree-level qualification (NVQ level 4+) compared to the national average of 41%



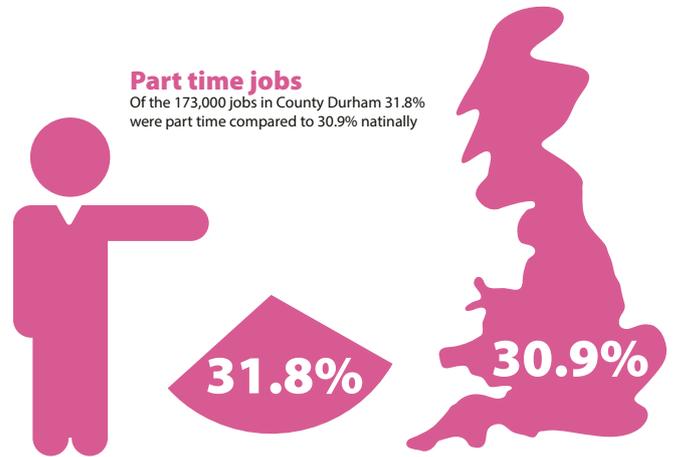
### Full time jobs

Of the 173,000 jobs in County Durham 68.2% were full time compared to 69.1% nationally



### Part time jobs

Of the 173,000 jobs in County Durham 31.8% were part time compared to 30.9% nationally



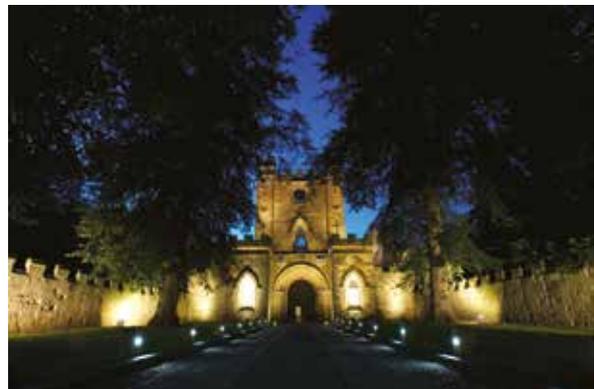


## This is Durham, Place of Light

Durham County Council (DCC) is working to showcase the county as a thriving area to live, work, study and invest as part of a campaign to raise the profile of the county. The campaign utilises the county's place brand, Durham Place of Light, which was developed by Visit County Durham, and shines a light on the outstanding offer the county makes to visitors and residents alike, including the rich and diverse landscape from dales to coast brimming with history and vitality, the plentiful housing options, excellent schools and the vibrant cultural scene, all of which make Durham an exceptional county in which to live and work.

Through an innovative and uniquely supportive approach, which has been widely praised by business leaders, the council is looking to create a better future for those living in the area and working with Business Durham, it is launching a number of innovative projects, which aim to create high volume jobs, generate economic growth and stability for the county.

Through this campaign, the council aims to shine the spotlight on our wonderful county as a place we should all be proud of; building on what is already an exciting and rewarding place for businesses to grow, expand or relocate to and a wonderful place for us all to call home - This is Durham, Place of Light.



This is  
**durham**  
place of light

Supported by



Shining a light on Durham

## Health and wellbeing at work

Employers in County Durham can and should have an important part to play in helping their workers achieve a good quality of life.

It is essential that employers and employees work together to promote health and wellbeing so that this can have a positive impact in the workplace and help them prepare for future business needs. Proactive employers can create supportive and productive environments to encourage employees to improve health and wellbeing, which in turn brings individual, organisational and wider community benefits.

Being out of work is associated with a range of poor health outcomes.

**The workplace can support health and wellbeing and the health system can actively support people into work in a virtuous circle. Or the workplace can be unsupportive and health and work systems can work against each other.**



On average, employers lose **9.1 working days** per employee per year in the public sector, **8.8 days** in the non-profit sector and **5.7 days** in the private sector to sickness absence.

## Inequalities

Access to work or staying in work is not equal across all groups. 80% of non-disabled people are employed yet only 48% of disabled people and this is one of the most significant inequalities in the UK today. We also know that disabled people from more disadvantaged backgrounds are more likely to be out of work. For example, while employment rates can be as low as 16% for people with mental health conditions who live in social housing, for disabled people who live in a mortgaged house and who have 1 or 2 health conditions, the employment rate is as high as 80%.

## Workplace wellbeing charter

The workplace wellbeing charter ([www.wellbeingcharter.org.uk](http://www.wellbeingcharter.org.uk)) is an opportunity for employers to demonstrate their commitment to the health and wellbeing of their workforce. The positive impact that employment can have on health and wellbeing is now well documented. There is also strong evidence to show how having a healthy workforce can reduce sickness absence, lower staff turnover and boost productivity.

Organisations of all sizes can use the charter standards. The entry level has been developed as a baseline for all businesses to achieve and acts as a useful checklist for smaller organisations to ensure legal obligations are met. The criterion for small businesses does not involve significant financial investment, and there are lots of free resources and guidance as well as support from local providers.

## Mid-life - One You

Ageing is a normal biological process. It has an effect on many body tissues and organs which reduces your ability to do things. The other consequence of the ageing process is the loss of resilience: not just the loss of ability to do things, but the loss of ability to bounce back and respond when things go wrong.

Broadly speaking, mid-life is between 40-60 years old. Mid-life is a period of physical and mental change for us as individuals. Crisis can occur at any significant life changing event; an illness, a death in the family, or a career setback therefore mid-life should not be defined by the term crisis.

**Mid-life is not the beginning of the end, it's the end of the beginning. But making better choices today can have a huge influence on our health.**

We know that people are able to change, no matter how difficult the environment.

Mid-life is a stage of development not just something that we should cope with.



**One You** ([www.nhs.uk/oneyou](http://www.nhs.uk/oneyou)) is an online programme which offers you the opportunity to review your health risks through its How are You quiz. It gives you personalised information and links to services and online apps, that can help you to reduce those risks.

Therefore whether employed in a large organisation or a micro business, the **One You** programme provides advice and guidance about personal health and wellbeing which in turn will impact on health of the workforce.

**BECAUSE THERE'S ONLY ONE YOU**

Mid-lifers have priorities at work, younger children, older parents, mortgages, pensions. Mid-life can be tough, but consideration should be given to what life will look like in 5, 10, 20 years. For many people these challenges lead to loss in looking after themselves, at a point in their lives where actually looking after themselves can help them live longer and healthier and feeling better within weeks.

Older workers (aged 50 - 64) may notice increases in work/health limitations, caring or domestic responsibilities with age. Older workers generally look for flexibility and work/life balance, before trust, recognition and freedom which are a higher priority for younger workers.

Just over one in five workers over 50 years of age are able to stay at work because of flexible working arrangements, such as flexible working hours (flexitime), job sharing or nine-day fortnights. As part of an active ageing approach, flexible working practices, together with consideration of workplace ergonomics, have been shown to promote age diversity in workplaces.

In terms of physical fitness for work, although there are physical changes with age, age itself is a very poor predictor of ability. Yet, individuals still need to take care of their physical and mental health to maintain their capability as they age.



The Strategic Economic Plan for the North East highlights the opportunities to raise productivity through a mixture of skills and training support as well as targeted measures to actively engage as many working age residents in the labour market as possible.



## Strategies for regional growth and raising productivity

While current rates of employment and self-employment for County Durham and the North East are broadly in line with national figures, our ambitions for more and better jobs mean there is a need to ensure we develop comprehensive plans to support the health of the existing workforce while redoubling our efforts to assist those currently inactive or continuing to work whilst managing a health condition.

Balancing the issues of an aging workforce and a complex mix of health conditions, the approach for County Durham and the wider North East is to provide targeted interventions to assist residents to access appropriate labour market opportunities.

Across the North East Combined Authority, councils have secured European and central government funding to provide a mental health trailblazer programme, enhancing the support available with the Talking Changes Service through the provision of specialist mental health employability workers.

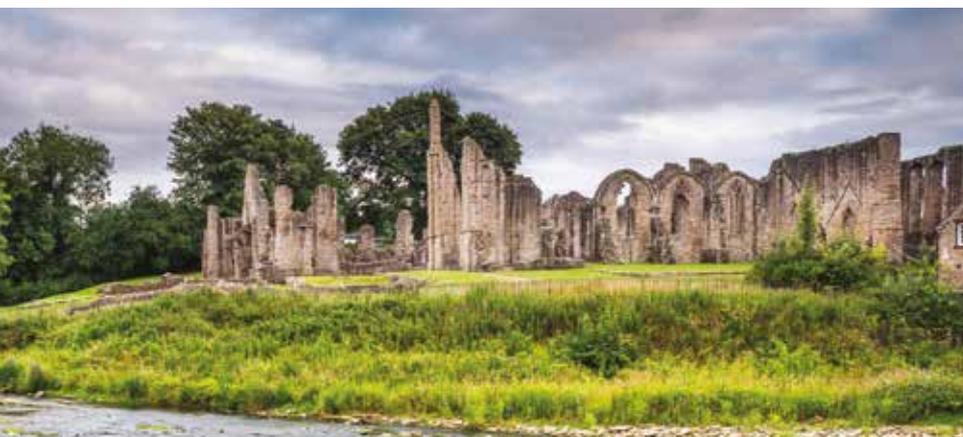
Further support for inactive residents to help them access employment has been provided by a European funded programme delivered in conjunction with the Department for Work and Pensions (DWP).

Additional targeted support for those residents wanting to overcome health barriers and move towards work is available through the Reaching Out Across Durham Programme, ([www.disc-vol.org.uk/projects/reaching-across-durham](http://www.disc-vol.org.uk/projects/reaching-across-durham)) jointly funded by Big Lottery and European Structural funds.

The main employment support programme under the existing work programme and work choices is set to end during 2017. The new work and health programme being commissioned by DWP aims to provide comprehensive employment support services for long term unemployed residents with long standing or complex health conditions. With its range of services and delivery outlets the council and its partners will be seeking to extend the service offer to residents across the county.

With such a focus, we will help to deliver prosperity to both individuals and employers, and promote social and financial inclusion.

A national, regional and local ambition to improve employment opportunities and support people back to work and stay in work demonstrates collective working.



**Our  
ambition  
is for more  
and better  
jobs**

## Public Services (Social Value) Act 2012

Social value is a way of thinking about how scarce resources are allocated and used. It involves looking beyond the price of each individual contract and looking at what the collective benefit to a community is when a public body chooses to award a contract. Social value asks the question: 'If £1 is spent on the delivery of services, can that same £1 be used to also produce a wider benefit to the community?'

Going forward it is possible for businesses to consider how the social value act could be used to demonstrate how a business wishes to grow and look after their staff's wellbeing which if employing local people is good for County Durham residents.

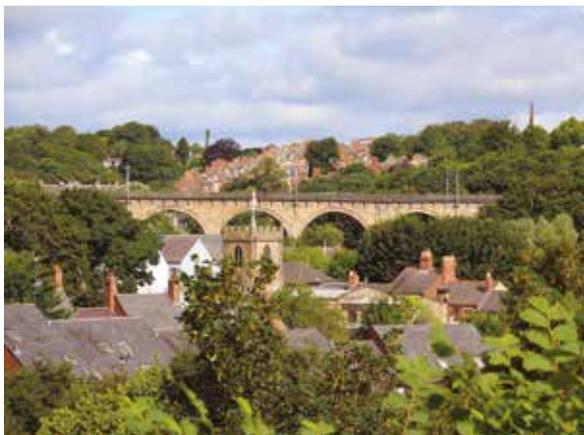
### What Durham County Council are doing

DCC are fully committed to the pursuit of the economic, social benefits and the environmental wellbeing of County Durham and have fully embraced the duties set out in the Public Services (Social Value) Act 2012. Indeed DCC have applied the duties wider than the legal requirements set out in the act and also consider opportunities for social value via the specification, specific clauses or evaluation criteria for all commissioning and procurement opportunities including goods and works above a spend threshold of £50,000.

The corporate procurement team in DCC has won the national Social Value Leadership Award in recognition of the council's drive to ensure local businesses benefit from its spending, keeping money in the local economy and helping the county's businesses grow.

The procurement planning process for all contracts with a likely value over £50,000 must include a social value appraisal, linked to the core social, environmental and economic topics highlighted in a social value policy statement which is made public so that suppliers can understand the council's priorities and the areas of social value which particularly matter to us. The appraisal allows particular contract-specific social value opportunities to be identified.

In addition, DCC's procurement process is designed to be as fair and accessible as possible to all types of organisation with the intention that SMEs, local suppliers, third sector organisations and social enterprises, as well as groups of small organisations working on a consortium basis, are encouraged to participate.



## Creating healthy workplaces

Good work is good for your health, yet unemployment is bad for your health. A priority must be to reduce long term sickness absence and prevent the downward spiral which can lead to the loss of a valuable skill set to an employer and the risk of worsening health for the individual and in some cases large parts of the community.

There is a known correlation between an ageing population and an increasing prevalence of long-term chronic conditions and multiple health issues. The impact of poor health on work is not inevitable for people at any age. And while many conditions are not preventable, the evidence is clear that the way we live our lives can influence health outcomes.

Currently, 6 out of 10 adults are overweight or obese, nearly 1 in 5 adults still smoke and more than 10 million adults drink alcohol at levels that pose a risk to their health. Public health interventions form a vital part of the health and work agenda to help reduce the prevalence of conditions that can lead to people leaving the labour market due to ill health. The workplace can play an important role in promoting health and minimising risks to health, for example through encouraging staff to take action on obesity.

**6 out of 10 adults are overweight or obese**

**1 in 5 adults still smoke**

**10 million adults drink alcohol excessively**

Reducing levels of smoking among workers will help reduce cardiorespiratory diseases - one of the largest causes of sickness absence.

**On average, a person who smokes will have 33 more hours off sick per year than a non-smoker.**

For an organisation of **1000**, in which **25%** smoke and are paid the national average hourly wage of **£15.52**, this absence equates to a loss of more than **£128,000** a year.

Where an individual experiences health issues, such as a sudden health event or a long-term condition, there is the potential for earlier action to support individuals better to remain active in society and participate in work to retain their financial independence and the health benefits of employment.



## Obesity in the workplace

We consume a third of our daily calories at work, so businesses have an opportunity to create an environment that supports healthier food and drink choices and a healthier workforce.

- **On average, obese workers take four extra sick days per year.**
- There is a relationship between obesity and increased absenteeism from work for health reasons including frequent medical appointments.
- Obesity is also linked with decreased productivity.
- Employees in good health can be three times more productive.



PHE recommend that business implement Government Buying Standards for food and catering services (GBSF) across a range of public settings and facilitate the uptake of nutrition policy tools. The local NHS and local authorities could require providers to do this and promote consistency across hospital and health settings and local businesses.

## The impact of obesity on the workplace

There are physical and mental health impacts including increased risk of:

- Lower back and joint pain (in 2013 more days of sickness absence were attributed to back, neck and muscular pain).
- **Depression. An obese person has a 55% increased risk of developing depression (in 2014/2015 9.9m days were lost to work related stress, depression or anxiety).**
- As well as other conditions such as heart disease, high blood pressure, stroke and type 2 diabetes.

By improving the food environment and the opportunities to be physically active, businesses can help their productivity and the health of their workforce.

Public Health England encourages public sector partners to tackle the unhealthy weight environment. Public sector workplaces should support healthier food and drink choices, increase physical activity opportunities and reduce sedentary behaviour and access to energy dense food and drinks.

SME businesses can encourage their local food offer in the high street to be healthy as a two way relationship and community effort to tackle obesity.

## Ways to support and encourage healthier eating in your workplace

To establish a workplace culture which promotes, encourages and supports good nutrition in the workplace, you can:

- Encourage healthier options during the working day.
- Provide choices that are lower in saturated fat, sugar and salt and higher in fibre, fruit and vegetables.
- Put in place a healthy eating policy/ statement to maximise opportunities for staff to make healthier options before, during and after the working day.
- Encourage staff to take regular breaks during the working day so they have opportunities to eat well.
- Bring and share lunch and eat healthier together e.g. soup and share.



Whether the goal is to lose weight or to reduce the risk of disease, the approaches are virtually the same for both.

**ONE  
YOU**

- An easy place to start is to eat less salt and sugar. The sugar smart app from Public Health England is a good way of checking the content of our foodstuffs.
- Eat less saturated fat. Avoid 'trans fat' or hydrogenated fat. It's always on the label.

NHS Choices has a 12 week plan to help you make changes to your diet.

Be aware of your alcohol consumption. Alcohol is high in calories and Dry January could be a useful place to start making changes. Age means we are less resilient and the effects of alcohol are more powerful.

Time pressures, the physical surroundings and the general challenge of work, may make it difficult to eat well at lunchtime. But it is possible to eat well at home and take those tips to work.

- Pay attention to what you eat.
- Don't read or browse the internet whilst eating.
- Eat slowly.
- Use smaller plates.



## Physically active workplaces

Workplaces could encourage employees to be more active as this has significant business benefits.

Physically active employees are:

- **less likely to take sick leave (for example being active can reduce chances of depression by 30% and back pain by 25%).**
- less likely to have an accident at work
- more productive
- less likely to suffer from major health problems



## The impact of inactivity on the workplace

The cost of physical inactivity in England has been estimated at £7.4 billion a year, including the direct costs of treatment for major lifestyle-related diseases and the indirect costs caused through sickness absence. The main cost though is losses to business productivity!

## Physical activity and mental health

Physical activity is also beneficial for mental wellbeing. Benefits include:

- Reduced feelings of stress.
- Reduced anxiety and happier moods.
- Reduced risk of depression.

## Ways to promote physical activity at work

Getting people more physically active at work can be free or a low cost approach to supporting more active lives.

- Put in place a physical activity policy or statement in order to maximise opportunities for staff to be active during, before and after the working day.
- Encourage physical activity during the working day such as use of stairs and by recommending employees move away from their workstations at least once per hour.
- Explore and implement:
  - Physical activity opportunities in the workplace. Free initiatives could include walking or running groups delivered by volunteers from the workplace or by local clubs.
  - An organisation travel plan which includes physical activity. This may include a cycle to work scheme.
- Encourage all staff to take at least the minimum legally required breaks during their working day.



Being active can reduce chances of depression by 30% and back pain by 25%



## ONE YOU

Many of us could be inactive/ sedentary for 6-8 hours a day. Moving less, increases your risk of many chronic conditions.

Sitting uses one calorie per minute, standing uses two, and that difference can soon add up. An hour a day of sitting rather than standing is 420 calories less used every week.

There are numerous simple ways you can improve your fitness whilst at work.

- Leave your desk at lunchtime for at least 10 minutes of walking.
- Use the stairs rather than the lift. (Seven minutes stair climbing a day can halve the risk of heart attack over 10 years. Just two minutes extra stair climbing a day is enough to stop average middle age weight gain).
- Stand and stretch every hour (if you work at a keyboard).

These can be actioned in any size business and do not detract but adds value to the working day.

Being more active is important at any age. Mid-life is a perfect time to set new goals and ambitions.



## Stress

The stresses of mid-life are not always clear. It can be described as being under too much social or emotional pressure. Modern stress is long term, chronic and can have harmful effects on your mind and body. Compared to women, in general men appear to find discussing these issues more difficult. Mid-life crises can often focus on work related anxieties.

Feeling stress is not a sign of weakness. It is caused by the environment in which we live and there are two aspects of modern life which are particularly harmful: one is pressure under which people live, the other is the fact that many face stress when we are immobile, sitting at a desk.



## The impact of stress in the workplace

Work related stress is a major issue for the UK workforce. The Health and Safety Executive (HSE), using information from the Labour Force Survey (LSF), estimates that:

- 35% of all work related ill health cases were attributable to work-related stress and 43% of all ill health working days lost.
- There were 234,000 new cases of work related stress reported in 2014/15 and the total number of work days lost was 9.9 million.
- In 2014-15 around 80% of new work-related conditions were either musculoskeletal disorders or stress, depression or anxiety.

The Health and Safety Executive states that there are strong links between stress and physical effects such as heart disease, back pain, headaches, gastrointestinal disturbances or various minor illnesses; and psychological effects such as anxiety and depression, loss of concentration and poor decision making.

Short term acute stress or what might also be described as pressure, can be helpful in coping with new challenges, deadlines or experiences. Chronic stress on the other hand is a serious condition that lasts for weeks or months and, left unmanaged, may cause significant health problems and short and long employee absences.

There are other types of absence which can also be stress related such as chest/respiratory problems, blood pressure, circulatory, colds and flu, neurological issues, anxiety disorders, depression, insomnia and nervous debility. Appreciating and acknowledging the broader range of stress and mental health related conditions provides a more accurate position and understanding of the challenges.

## Smoking and stress

A common misconception is that smoking helps to reduce stress, smokers confuse the desire for nicotine as stress, therefore smoking actually **increases** the physical stress on the body.

Nationally 96,271 days of lost productivity every year due to smoking related sick days, at a cost of £8.6million.

### Ways to reduce stress and improve mental wellbeing

There are a number of ways to improve mental wellbeing and reduce the risk of stress in the workplace. These are:

- Undertake an organisational stress risk assessment.
- Compare the organisation's performance with the 'good management practice' of the Health and Safety Executives Management Standards.
- Focus on risk factors specific to the organisation and its activities.
- Focus on prevention and managing the root causes of work-related stress.
- Develop a stress policy.
- Gather information and data from the organisation such as sickness absence, training records, grievances, civil claims, retention rates, job task analysis etc.
- Consult employees via surveys, focus groups and interviews to explore problems and confirm or challenge initial findings.

**ONE  
YOU**

If you change how you think, you will change how you feel. Thoughts, feelings and physical sensations are all interconnected and negative thoughts can trap a person in a vicious cycle. By breaking problems down into manageable parts it may make them easier to deal with.

Mindfulness is a way of encouraging your mind to spend less time with negative thoughts and more time with positive ones. Some easy to do tips:

- Take a couple of minutes to notice your breathing. Take long, deep breaths for five minutes a day to relax your thoughts.
- Try something new.
- Name your thoughts and feelings when they appear, as this will develop your awareness.

Some people will need some extra help to take things less seriously and worry less about the past and the future. Often speaking to someone may help and the Moodzone on the NHS Choices website keep up to date list of mental health helplines such as:

- Mental Health Foundation - the foundation provides information and support for anyone with mental health problems or learning disabilities.
- CALM - is the Campaign Against Living Miserably, for men aged between 15 and 35.
- Samaritans - the Samaritans provide confidential support for people experiencing feelings of distress or despair.

### Smokefreelife County Durham

If you smoke and you would like to quit, then smokefreelife County Durham is the free stop smoking service that supports County Durham residents to give up the habit and lead a healthier smokefree life.

For more information visit [www.smokefreelifecountydurham.co.uk](http://www.smokefreelifecountydurham.co.uk)

## Musculoskeletal disorders: the impact in the workplace

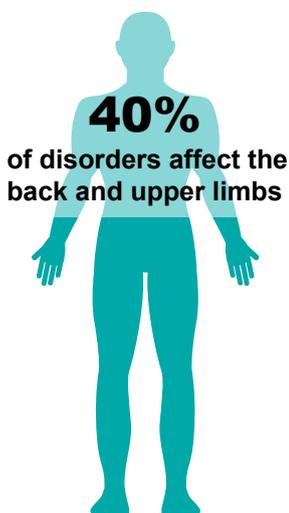
Despite the fact that information and training on preventing chronic injuries is readily accessible nowadays, year after year there is still a rise in cases of work related musculoskeletal disorders (WRMSDs).

Both episodic and chronic cases significantly reduce a person's quality of life and currently affect a sizeable portion of the population.

High rates of WRMSD's relate to workers aged over 45, which is particularly relevant to the ageing workforce of County Durham. Approximately 40% of disorders affect the back and 40% affect the upper limbs.

Transportation and storage, health and social care, agriculture and construction industries have the highest rates of work-related musculoskeletal disorders, but less obvious industries such as cleaning and office work are also at risk.

WRMSD's remain one of the main causes of sickness absence in DCC along with stress. These are particularly prevalent given the manual work related activities and services across County Durham.



# ONE YOU

- Middle aged people are on average weaker than younger people but this loss of strength is more than just aging, it is inactivity.
- Many of the aches and pains in your neck, back, shoulders and hips can be improved by simple stretching exercises. The NHS Choices Strength and Flex Plan is a five week plan designed to build your strength and flexibility without the need for equipment.



## Ways to help and prevent work-related musculoskeletal disorders

In order to prevent or help those suffering from work-related musculoskeletal disorders, you can:

- Undertake a risk assessment and identify where WRMSD's exist.
- Reduce task repetition, force required, duration.
- Find the right working position.
- Introduce short frequent breaks in the more risky activities.
- Train workers so that they feel able to do the task.
- Ensure equipment is maintained and fit for work purposes.
- Provide personal protective equipment.

## Mental wellbeing in the workplace

Of course not all health conditions are static. Many, such as some mental health conditions, fluctuate over time, and affect people differently at different times.

Good employers understand that their organisations are only as good as the staff that work for them. Productive and healthy organisations depend on mentally healthy staff.

## Leadership

Effective leadership and line management training can also contribute to better working environments, reducing stress and improving mental health at work. These aspects are leading causes of sickness absence and will typically be important for improving workplace health.

**With about 1 in 6 employees at any one time experiencing a common mental health problem, being able to appropriately identify and support employees is key to ensuring:**

- An ability to identify people with health conditions (especially to recognise the early signs of mental health problems).
- An ability to support people with health conditions; an understanding that the health and wellbeing of employees is the manager's responsibility.
- Appropriate action to adapt working practices or job roles where necessary.

## Engage and understand your staff

Businesses with high levels of employee engagement have greater staff commitment and are more profitable and productive. This results in improved outcomes in terms of service quality and customer satisfaction.

Involvement and participation at work brings positive benefits including improved mental wellbeing and reduced sickness absence. These types of approaches can include surveys, focus groups and other forms of employee engagement.

## The impact may not be equal

Lower paid workers with fewer skills or qualifications are more likely to experience poorer working conditions and worse health. Measures to improve the quality of work that focus more attention on workers in semi-skilled and unskilled manual occupational groups may help to reduce inequalities in work-related health problems.

Low paid workers with less access to resources at work and at home, often have the lowest levels of control which can impact negatively on their health and wellbeing. Research shows that programmes that aim to increase employees control at work produce positive mental wellbeing and reductions in sickness absence.

NICE estimated that mental ill health costs UK employers almost **£1 million** per year. For an organisation with **1000 employees**, the annual cost of mental ill health was estimated to be more than **£835,000**. Identifying problems early - or preventing them in the first place, could result in cost savings of **30%**. This is equivalent to cost savings of more than **£250,000 per year.**

## Reducing stigma and discrimination around mental health

One in four people will experience a mental health problem in any given year, with one in six people having a significant mental health issue. The Time to Change campaign, which is a national campaign funded by the Department of Health and led by Mind and Rethink, confirmed that stigma and discrimination is all-pervasive, with close to 9 out of 10 service users (87%) reporting its negative impact on their lives (Stigma Shout Survey). Stigma also has other effects, these include:

**Stigma stops people getting and keeping jobs.** People with mental health problems have the highest 'want to work' rate of any disability group - but have the lowest in-work rate. One third report having been dismissed or forced to resign from their job and 70% have been put off applying for jobs, fearing unfair treatment.

**Stigma has a negative impact on physical health.** We know that in general individuals with mental health problems tend to have poorer than average physical health and their physical health problems are often misdiagnosed. As a result, individuals with the most severe mental health problems die on average ten years younger.



Creating an organisational culture that challenges stigma and discrimination and encourages employees to talk openly about mental health in a supportive environment is key to creating a workplace where employees feel comfortable and safe to discuss and raise mental health issues.

### Strategies to achieving this include:

- Signing the Time for Change workplace pledge - any size of organisation can do this.
- Creating employee champions who are essential in challenging stigma and increasing understanding of mental health in their workplaces.
- Developing mental health awareness training for managers and staff to equip them to be able to have helpful and appropriate conversations.
- Sign up as a high street or as a trading estate. There is power and influence by joining forces.

## The Better Health at Work Award

The Better Health at Work Award recognises the efforts of local businesses in addressing health issues within the workplace. The award scheme is available to all businesses/employers in County Durham regardless of size, location or type of business. Reflecting the makeup of organisations in County Durham about two thirds of achievers of the award can be classified as small to medium sized enterprises.

Many businesses already promote healthy lifestyles and consider the health of their employees. This award recognises the achievements of these businesses and helps them to move forward in a structured and supported way. For those businesses who have not considered promoting health at work, taking part in this award helps them reap the rewards of encouraging a healthy workforce.

There are four levels to the award - bronze, silver, gold and continuing excellence, with appropriate criteria at each stage to build into an award portfolio which is assessed annually so that businesses move through a level each year.

There is an active network of employers/businesses participating in the award across County Durham. Employees benefit from increased access to health information and interventions through campaigns designed to engage employees, improve staff morale, reduce sickness levels and maximise productivity in the workplace.



North East  
Better Health  
at Work Award

Financial wellbeing and resilience impacts on the lives of everyone. Being able to survive a financial shock, unexpected bills, and having a financial safety net supports mental and physical wellbeing.

The Chartered Institute of Personnel and Development's survey on financial wellbeing found that 19% of respondents are losing sleep at night because they are worried about money. That translates into a negative impact on their ability to concentrate at work and their productivity.

Andrew James LTD, a local County Durham business, recently joined the Better Health at Work Award and embedded an employee salary savings scheme, with NEfirst Credit Union, to encourage staff to save regularly and borrow sensibly and avoid high cost payday lenders, to create a healthier wealthier workforce.

## Healthy living pharmacy

A healthy living pharmacy (HLP) delivers a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

Since the beginning of 2015, the better health at work award team and the healthy living pharmacy award team have been working together to share ideas, resources, and encourage joint working between businesses and HLPs in a local area. Joint working between local HLPs and businesses can include pharmacy staff visiting the business in order to support a health promotion campaign e.g. Stoptober or Dry January.

HLPs have so far engaged with businesses to attend health roadshows (e.g. with Derwentside Homes, the HMRC, and Deerbolt prison), advise on specific health issues (e.g. stop smoking support or flu vaccination), and make active ongoing links (e.g. with Hitachi).



Visit your local healthy living pharmacy and discuss support options for a workplace health campaign.

## What is a Healthy living pharmacy?





## NHS Health Check

NHS Health Check is a national programme that aims to prevent heart disease, stroke, diabetes and kidney disease, and raise awareness of dementia both across the population age 40 - 74 and within high risk and vulnerable groups.

The risk level varies from person to person, but everyone is at risk of developing heart disease, stroke, type 2 diabetes, kidney disease and some types of dementia.

While a NHS Health Check is usually done in GP surgeries, they may also be offered at other suitable and accessible places in your neighbourhood.

They may be able to be delivered within or near offices, trading estates or business parks and provide an opportunity for measuring the risk of developing certain health problems, and importantly the advice on how to prevent them.



Sickness absence in Britain costs the economy an estimated **£15 billion per year**. This includes lost productivity/output, time spent on sickness absence management and healthcare.



**“Small changes to improve the health of smaller businesses employees make huge differences in the workplace. Making these small step changes in every day working will help improve the productivity of the workforce and reduce absenteeism.**

**“We’re recommending that all smaller businesses across County Durham take on board some of the simple ways workplace health can be improved.**

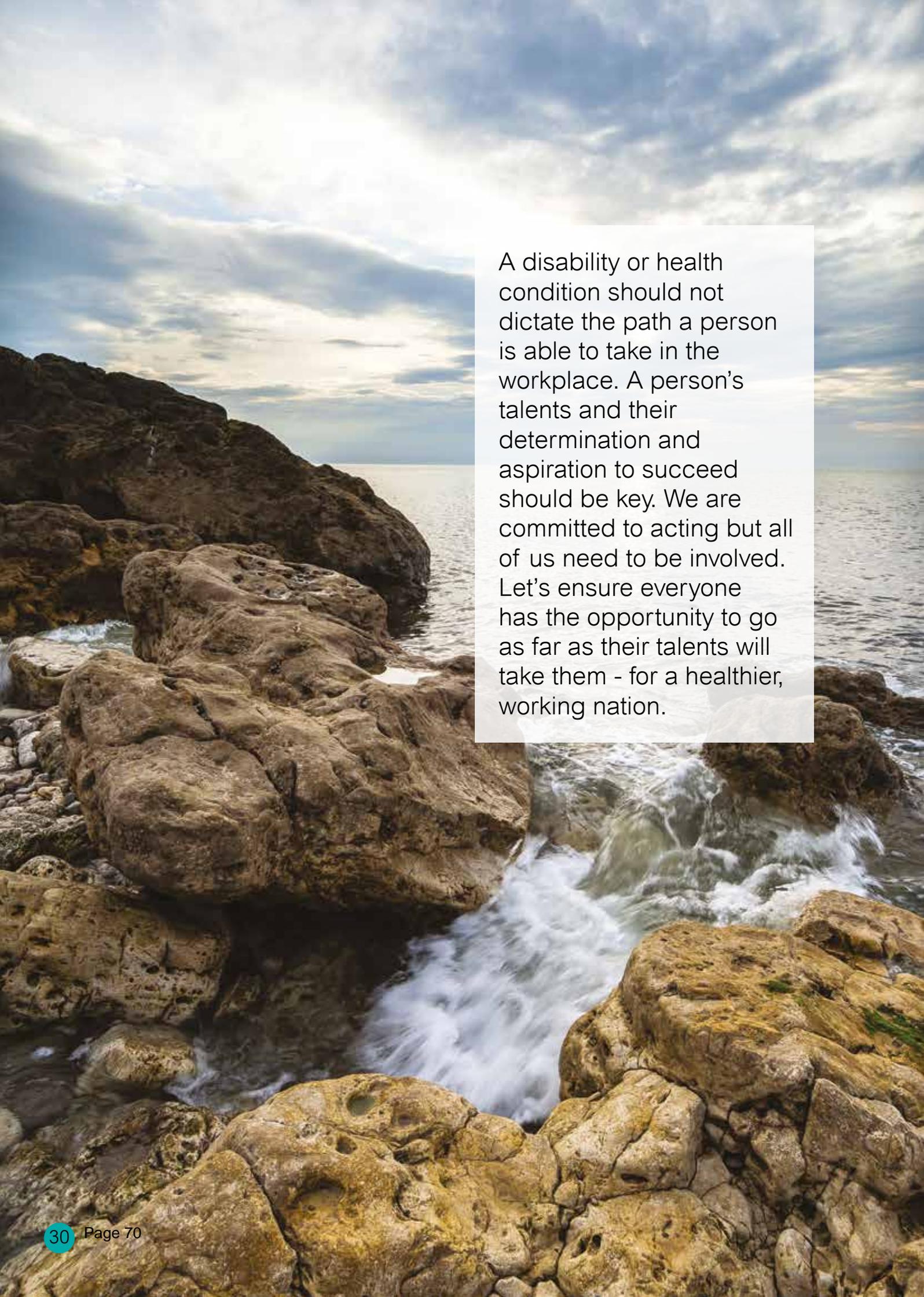
**“We’ll be working with federation of small business members, smaller businesses and Durham County Council to ensure we achieve the ambitions in the report.”**

Ted Salmon, Federation of Small Business North East Regional Chairman

## Campaign calendar

Why not help motivate and support your workforce to make and sustain changes that improve their health by participating in these national campaigns?

January	February	March	April
<p><b>Dry January</b> Bid booze goodbye, keep January dry.</p> <p>Take the 31 day challenge - find out more at <a href="http://www.DryJanuary.org.uk">www.DryJanuary.org.uk</a></p>	<p><b>One You - healthy eating</b> What you eat, and how much, is so important for your health and your waistline. Choosing healthier foods is easier than you might think.</p> <p>Find out more by searching One You.</p>	<p><b>Stroke Act F.A.S.T.</b> Can you recognise the symptoms of a stroke?</p> <p>Even if you are not sure, act FAST, make the call, dial 999.</p>	<p><b>Stress and you</b> There's no quick-fix cure for stress, but there are simple things you can do to help you stress less. These include relaxing, exercise, eating a healthy and balanced diet, and talking to someone.</p> <p>Find out more by searching One you/stress.</p>
May	June	July	August
<p><b>One You - physical activity</b> Fitting some physical activity into your day is easier than you think. Being active is really good for your body, mind and health - and there are lots of easy ways you and your family can get moving! Find out more by searching One you/moving</p>	<p><b>Be clear on cancer</b> Aim to improve early diagnosis of cancer by raising awareness of signs and/or symptoms of cancer, and to encourage people to see their GP without delay.</p>	<p><b>Couch to 5k</b> The Couch to 5K plan is designed to get just about anyone off the couch and running 5km in nine weeks.</p> <p>Find out more at <a href="http://www.nhs.uk/Livewell">www.nhs.uk/Livewell</a></p>	<p><b>Be clear on cancer</b> Aim to improve early diagnosis of cancer by raising awareness of signs and/or symptoms of cancer, and to encourage people to see their GP without delay.</p>
September	October	November	December
<p><b>Time for change</b> 1 in 4 people will experience a mental health problem in any given year.</p> <p>Let's change the way we all think and act about mental health. Search Time to change.</p>	<p><b>Stoptober</b> Research shows that smokers who make it to 28 days smokefree are 5 times more likely to stay quit for good. Search 'Stoptober' online to find out about a range of free and proven support available to help you start your quitting journey for 28 days and beyond.</p>	<p><b>Get your flu jab</b> Don't put off getting the flu vaccination. If you're eligible get it now. It's free because you need it. Visit <a href="http://www.nhs.uk/staywell">www.nhs.uk/staywell</a> for more information.</p>	<p><b>Stay well this winter</b> If you start to feel unwell, even if it is just a cough or cold, don't wait until it gets more serious, get help from your pharmacist. The sooner you get advice the better - pharmacists are here to help you stay well this winter. Visit <a href="http://www.nhs.uk/staywell">www.nhs.uk/staywell</a> for more information.</p>

A scenic view of a rocky coastline. The foreground is dominated by large, rugged, brownish-grey rocks. In the middle ground, waves are crashing against the rocks, creating white foam. The background shows a calm sea meeting a cloudy sky. The sky is filled with soft, grey clouds, with some light breaking through near the horizon. The overall mood is serene and powerful.

A disability or health condition should not dictate the path a person is able to take in the workplace. A person's talents and their determination and aspiration to succeed should be key. We are committed to acting but all of us need to be involved. Let's ensure everyone has the opportunity to go as far as their talents will take them - for a healthier, working nation.

There will be many initiatives and activities taking place across County Durham and being progressed by a whole range of partners. The recommendations below hopefully build on your local business priorities and provide some new ideas for you to explore.

## Recommendations

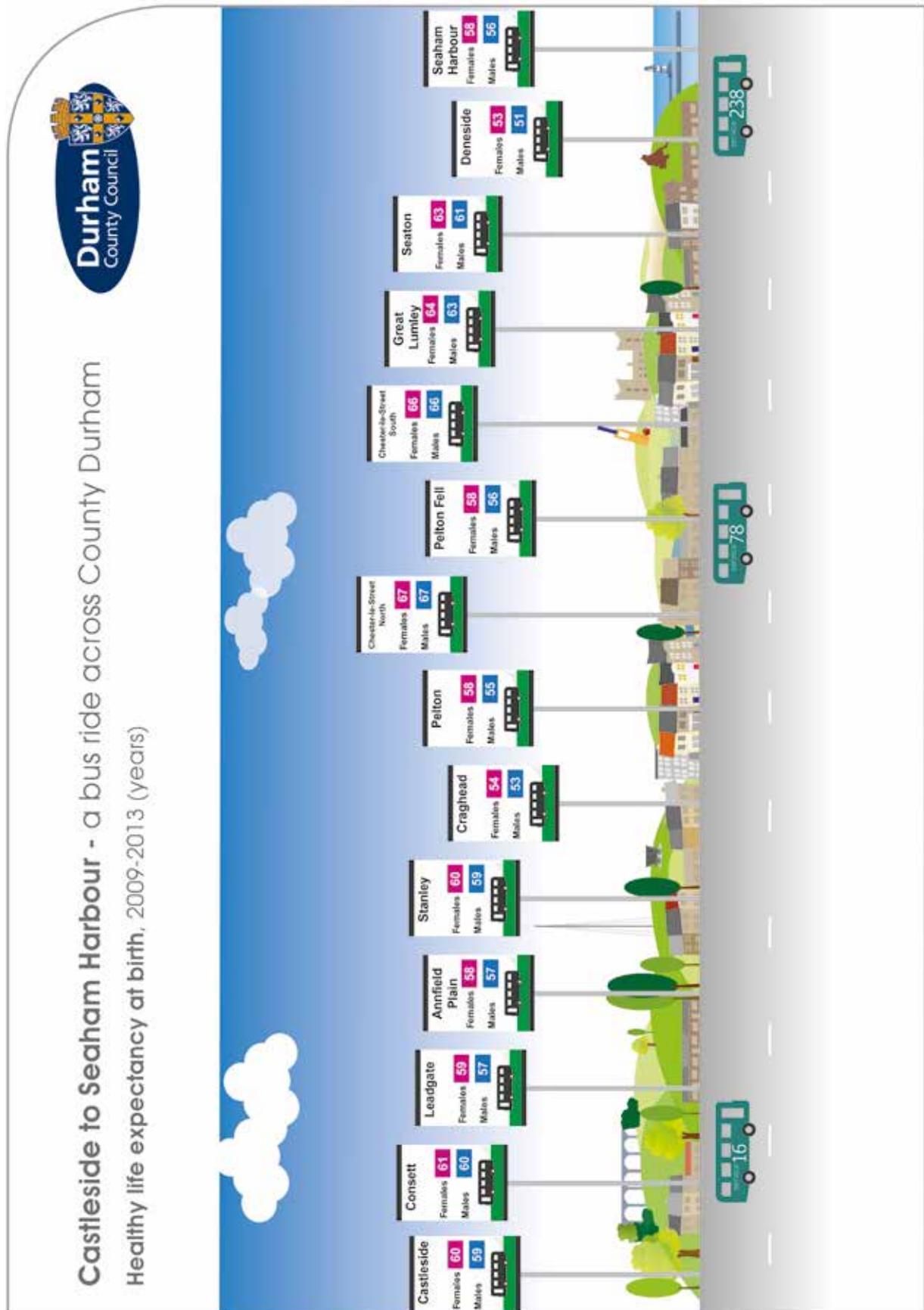
- Mid-life is a place to start not stop. Complete the One You quiz and take it from there.
- If you are a large employer then sign up for the Better Health at Work Award today. All 30 employers in County Durham with 250+ staff should be leading the way to improve the health of their staff. Showcase your work and celebrate your achievements.
- Any small/medium business can also sign up for the Better Health at Work Award either as a cluster of work places or individually.
- Follow the monthly health promoting tips and advice on on the Federation of Small Businesses twitter feed and tell us if it is making a difference. Add to the Work and You story for County Durham.
- Go to your local healthy living pharmacy and ask if they will support you with some health campaigns this year for your staff. They will say yes!

## You could also consider these approaches:

- Micro business, think about 'Work and You', what could improve your own health and wellbeing?
- Considering putting a tender in for a contract? How could you best utilise the social values section to improve the health and wellbeing of residents in County Durham. Remember small businesses are likely to employ local people.
- Think community - you don't have to do this as a stand-alone business. Work as a high street to improve the food and activity offer for your staff. It will benefit the local community too.
- Time to Change. We would all benefit from looking after our mental health. Pledge to time for change and eradicate stigma.
- Talk to your staff and find out what good health means to them. Take a moment to pause and talk to each other. Work is so important for social connections.
- Primary care colleagues could consider how the impact of work can be brought into consultation conversations. Keeping people in work will help the NHS and social care. It will save the local economy money.
- Consider flexible working arrangements for staff and try to retain, retrain and recruit.
- Lead by example and take care of your own health.

*References available on request.*

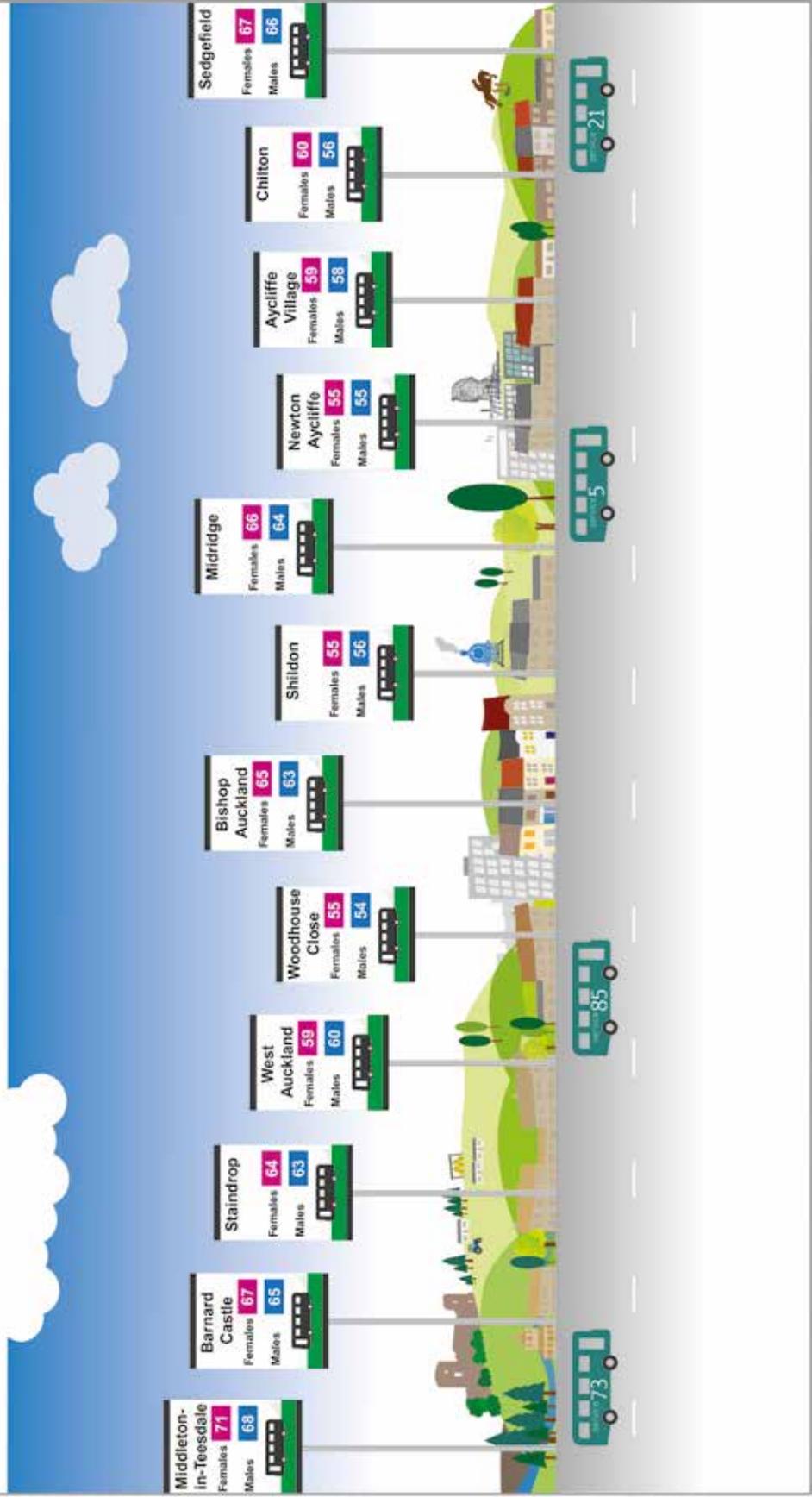
# Appendix 1





# Middleton-in-Teesdale to Sedgefield - a bus ride across County Durham

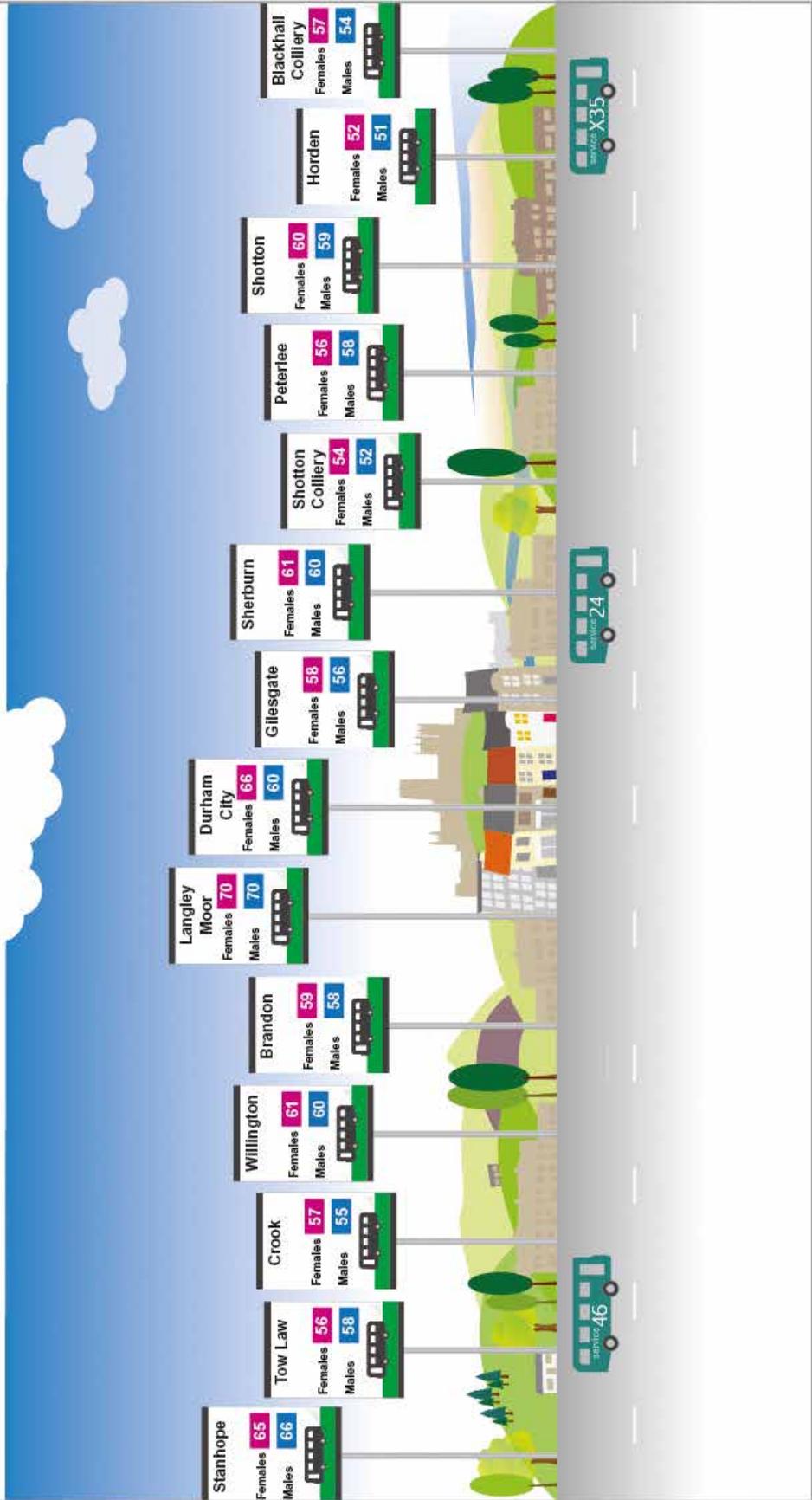
Healthy life expectancy at birth, 2009-2013 (years)





# Stanhope to Blackhall Colliery - a bus ride across County Durham

Healthy life expectancy at birth, 2009-2013 (years)





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



Braille



Audio



Large print

العربية Arabic	(中文 (繁體字)) Chinese	اردو Urdu
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বাংলা Bengali	हिन्दी Hindi	Deutsch German
Français French	Türkçe Turkish	Melayu Malay

**[publichealth@durham.gov.uk](mailto:publichealth@durham.gov.uk)**

**03000 267 660**

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

7 July 2017



**Quarter Four 2016/17  
Performance Management Report**

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**Report of Corporate Management Team  
Lorraine O'Donnell, Director of Transformation and Partnerships  
Councillor Simon Henig, Leader of the Council**

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**Purpose of the Report**

- 1 To present progress against the council's corporate performance framework for the Altogether Healthier priority theme for the fourth quarter of the 2016/17 financial year.

**Background**

- 2 This report sets out our key performance messages from data released this quarter and a visual summary per Altogether priority theme that presents key data messages showing the latest position in trends and how we compare with others.
- 3 Key performance indicator progress is still reported against two indicator types which comprise of:
  - (a) Key target indicators – targets are set for indicators where improvements can be measured regularly and where improvement can be actively influenced by the council and its partners; and
  - (b) Key tracker indicators – performance will be tracked but no targets are set for indicators which are long-term and/or which the council and its partners only partially influence.
- 4 A more comprehensive table of all performance data is presented in Appendix 3.
- 5 We continue to look at ways to further develop the format of the report, as part of the transformation programme, to provide a clearer way of understanding how the council is performing, with the leanest possible process.
- 6 An explanation of symbols used, how we classify our performance as red, amber or green and the groups we use to compare ourselves is in Appendix 2.

- 7 To support the complete indicator set, a guide is available which provides full details of indicator definitions and data sources for the 2016/17 corporate indicator set. This is available to view either internally from the intranet (at Councillors useful links) or can be requested from the Corporate Planning and Performance Team at [performance@durham.gov.uk](mailto:performance@durham.gov.uk).

### **Key Performance Messages from Data Released this Quarter**

- 8 We continue to have low levels of delayed transfers of care from hospital which are better than the same period last year and national averages. With regard to managing social care support, although the number of adults admitted on a permanent basis to residential or nursing care has increased since the same period last year, the number of bed days commissioned by the council is stable. Panels continue to scrutinise permanent admissions to residential or nursing care homes in order to ensure that only those who are unable to be supported safely at home are admitted to permanent care. Our adult social care users are satisfied with the services we provide and we are performing better than the national average.
- 9 Adult health shows that although the number of smokers who have quit with support has achieved target, there has been a reduction in the overall number of quitters since last year. There is an increase in the use of e-cigarettes which have become widely available and may be reducing numbers embarking on the stop smoking programme. The fall in smoking prevalence generally may also be contributing to the decline in use of smoking cessation services.
- 10 Male and female life expectancy have been increasing since 2000/2002 at a county, regional and national level. Latest figures show life expectancy levels have increased (3.4 years male and 1.9 female), but we are still significantly lower than the national average for both male and female life expectancy. The gap between County Durham and England has seen little change over time for men, but for women there has been a slight increase in recent years.
- 11 Cancer screening rates for all three reported cancers (breast, bowel and cervical) in Durham are better than both regional and national rates. Only cervical screening failed to meet the target but despite this, County Durham is the second best performing local authority in the region. Nationally, only two authorities achieved the national cervical cancer screening target.

### **Risk Management**

- 12 There are no key risks in delivering the objectives of this theme.

## Key Data Messages by Altogether Theme

- 13 The next section provides a one-page summary of key data messages for the Altogether Healthier priority theme. The format of the Altogether theme provides a snap shot overview aimed to ensure that key performance messages are easy to identify.<sup>1</sup> The Altogether theme is supplemented by information and data relating to the complete indicator set, provided at Appendix 3.

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<sup>1</sup> Images designed by Freepik from Flaticon, Laurene Smith and Hawaii open Data from [thenounproject.com](http://thenounproject.com)

## Altogether Healthier

### Adult Social Care

#### Delayed Transfers of care

- ✓ Delayed transfers of care have decreased from the same period last year and are lower than national average. Over 11 snapshot days between April 2016 and February 2017 there were:

 **184** delayed transfers of care (4 per 100,000 population)

 **26** delayed transfers of care which were fully or partially attributable to adults social care (0.7 per 100,000 population)



#### Adult Social Care Survey 2016/17

 **94.5%** People reporting that the help and support they receive has made their quality of life better

 **49.2%** People who have as much social contact as they want

✓ Above national average for both questions

#### Adults 65+ admitted to care on a permanent basis 2016/17

- ✗ **804** (764.1 per 100,000 population) above target of 790
- ✗ Higher than 2015/16 figure of 767 (736.3 per 100,000 population)

#### Total bed days commissioned

- ✓ **925,824** in 2016/17 (2,589 less than 2015/16)
- ✓ **224,573** between 1 Jan - 31 Mar 2017, the lowest quarterly number of commissioned bed days since Q1 2015/16

### Public Health

#### Life Expectancy in County Durham

78.1 years

81.2 years



- Compared to 2000-02, men and women are living longer (3.4 years and 1.9 years respectively), in line with regional and national trends
- Worse than national average for both male (79.5 years) and female (83.1 years)
- Better than North East for male (77.9 years) and similar for female (81.6 years)

#### Cancer Screening rates

Screening	Durham (31 Mar 2016)	England (31 Mar 2016)
Bowel cancer screening	✓ 60.9% ↓	✓ 57.9%
Cervical screening	✗ 76.9% ↓	✓ 72.7%
Breast screening	✓ 78.1% ↑	✓ 75.5%

- ✓ **1,911** people quit smoking following support between Apr – Dec 2016 (2,024.9 per 100,000 population), exceeding the target of 1,641 (1,739 per 100,000)



Contract with all 6 GP Federations to deliver NHS Health checks from 1st April 2017

#### Sport England Active Lives Survey - Year 1 (Nov 2015 - Nov 2016)

Participation in Sport and Physical activity	Year 1		
	Durham	National	Comparison
Inactive: less than 30 mins per week	25.4%	22%	✗ (- 3.4pp)
Fairly Active: 30 - 149 mins per week	12.4%	12.6%	✗ (- 0.2pp)
Active - 150 + mins per week	62.2%	65.4%	✗ (- 3.2pp)

## **Recommendations and reasons**

- 14 That the Adults, Health and Wellbeing Overview and Scrutiny Committee receive the report and consider any performance issues arising there with.

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**Contact: Jenny Haworth**  
**Tel: 03000 268071**

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Appendix 1: Implications

Appendix 2: Report Key

Appendix 3: Summary of key performance indicators

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## **Appendix 1: Implications**

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

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

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

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

**Accommodation** - Not applicable

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

**Human Rights** - Not applicable

**Consultation** - Not applicable

**Procurement** - Not applicable

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

**Legal Implications** - Not applicable

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## Appendix 2: Report key

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### Performance Indicators:

#### Direction of travel/benchmarking

Same or better than comparable period/comparator group

**GREEN**

Worse than comparable period / comparator group (within 2% tolerance)

**AMBER**

Worse than comparable period / comparator group (greater than 2%)

**RED**

#### Performance against target

Meeting/Exceeding target

Getting there - performance approaching target (within 2%)

Performance >2% behind target

- ✓ Performance is good or better than comparable benchmark
- ✗ Performance is poor or worse than comparable benchmark
- ↔ Performance has remained static or is in line with comparable benchmark

### National Benchmarking

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

### North East Benchmarking

The North East figure is the average performance from the authorities within the North East region, i.e. County Durham, Darlington, Gateshead, Hartlepool, Middlesbrough, Newcastle upon Tyne, North Tyneside, Northumberland, Redcar and Cleveland, Stockton-on-Tees, South Tyneside, Sunderland. The number of authorities also varies according to the performance indicator and functions of councils.

### Nearest Neighbour Benchmarking:

The nearest neighbour model was developed by the Chartered Institute of Public Finance and Accountancy (CIPFA), one of the professional accountancy bodies in the UK. CIPFA has produced a list of 15 local authorities which Durham is statistically close to when you look at a number of characteristics. The 15 authorities that are in the nearest statistical neighbours group for Durham using the CIPFA model are: Barnsley, Wakefield, Doncaster, Rotherham, Wigan, Kirklees, St Helens, Calderdale, Dudley, Northumberland, Tameside, Sheffield, Gateshead, Stockton-on-Tees and Stoke-on-Trent.

We also use other neighbour groups to compare our performance. More detail of these can be requested from the Corporate Planning and Performance Team at [performance@durham.gov.uk](mailto:performance@durham.gov.uk).

## Appendix 3: Summary of Key Performance Indicators

Table 1: Key Target Indicators

Ref	PI ref	Description	Latest data	Period covered	Period target	Current performance to target	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
<b>Altogether Healthier</b>											
24	CASAH 2	Percentage of eligible people who receive a NHS health check	5.1	Apr - Dec 2016	6.0	RED	5	GREEN	6.1	5.2* AMBER	Apr - Dec 2016
25	CASAH 3	Percentage of people eligible for bowel cancer screening who were screened adequately within a specified period	60.9	As at Mar 2016	60.0	GREEN	61.2	AMBER	57.9	59.4* GREEN	As at Mar 2016
26	CASAH 10	Percentage of women eligible for breast screening who were screened adequately within a specified period	78.1	As at Mar 2016	70.0	GREEN	77.8	GREEN	75.5	77.3* GREEN	As at Mar 2016
27	CASAH 4	Percentage of women eligible for cervical screening who were screened adequately within a specified period	76.9	As at Mar 2016	80.0	RED	77.6	AMBER	72.7	75.2* GREEN	As at Mar 2016
28	CASAS 23	Percentage of successful completions of those in alcohol treatment ( <b>Also in Altogether Safer</b> )	28.6	Oct 2015 - Sep 2016 (representations to Mar 2017)	38.3	RED	30.2	RED	38.3	RED	England Oct 2015 - Sep 2016 (representations)

Ref	PI ref	Description	Latest data	Period covered	Period target	Current performance to target	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
											to Mar 2017)
29	CASAS 7	Percentage of successful completions of those in drug treatment - opiates <b>(Also in Altogether Safer)</b>	6.2	Oct 2015 - Sep 2015 (representations to Mar 2017)	8.0	RED	6.0	GREEN	6.6		Oct 2015 - Sep 2016 (representations to Mar 2017)
30	CASAS 8	Percentage of successful completions of those in drug treatment - non-opiates <b>(Also in Altogether Safer)</b>	26.9	Oct 2015 - Sep 2016 (representations to Mar 2017)	49.1	RED	33.0	RED	37.1		Oct 2015 - Sep 2016 (representations to Mar 2017)
31	CASCY P8	Percentage of mothers smoking at time of delivery <b>(Also in Altogether Better for Children and Young People)</b>	17.4	Oct - Dec 2016	17.2	AMBER	18.0	GREEN	16.5	16*	Oct - Dec 2016
32	CASAH 1	Four week smoking quitters per 100,000 smoking population	2,025	Apr - Dec 2016	1,739	GREEN	2,091	RED			
33	CASAH 11	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care	764.1	2016/17	750.8	AMBER	736.3	RED	628.2	843*	2015/16

Ref	PI ref	Description	Latest data	Period covered	Period target	Current performance to target	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
34	CASAH 12	Percentage of adult social care service users that receive self-directed support such as a direct payment or personal budget	98.6	As at Mar 2017	90.0	GREEN	92.6	GREEN	86.9	95.4*	2015/16
35	CASAH 14	Proportion of older people who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	87.8	Jan - Dec 2016	86.0	GREEN	87.2	GREEN	82.7	85.5*	2015/16

**Table 2: Key Tracker Indicators**

Ref	PI ref	Description	Latest data	Period covered	Previous period data	Performance compared to previous period	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
<b>Altogether Healthier</b>											
131	CASCY P18	Percentage of children in Reception (aged 4 to 5 years) classified as overweight or obese <b>(Also in Altogether Better for Children and Young People)</b>	24.3	2015/16 ac yr	23.0	RED	23.0	RED	22.1	24.6*	2015/16 ac yr
									RED	GREEN	
132	CASCY P19	Percentage of children in year 6 (aged 10 to 11 years) classified as overweight or obese <b>(Also in Altogether Better for Children and Young People)</b>	37.0	2015/16 ac yr	36.6	AMBER	36.6	AMBER	34.2	37*	2015/16 ac yr
									RED	GREEN	
133	CASAH 18	Male life expectancy at birth (years) [2]	78.1	2013-2015	78.0	GREEN	78.0	GREEN	79.5	77.9*	2013-2015
									AMBER	GREEN	
134	CASAH 19	Female life expectancy at birth (years) [2]	81.2	2013-2015	81.3	AMBER	81.3	AMBER	83.1	81.6*	2013-2015
									RED	AMBER	

Ref	PI ref	Description	Latest data	Period covered	Previous period data	Performance compared to previous period	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
135	CASAH 6	Under 75 mortality rate from cardiovascular diseases (including heart disease and stroke) per 100,000 population	83.0	2013-2015	81.7	AMBER	81.7	AMBER	74.6 RED	85.1* GREEN	2013-2015
136	CASAH 7	Under 75 mortality rate from cancer per 100,000 population	163.2	2013-2015	168.6	GREEN	168.6	GREEN	138.8 RED	162.7* AMBER	2013-2015
137	CASAH 9	Under 75 mortality rate from respiratory disease per 100,000 population	42.5	2013-2015	41.8	AMBER	41.8	AMBER	33.1 RED	41.9* AMBER	2013-2015
138	CASAH 8	Under 75 mortality rate from liver disease per 100,000 population	21.8	2013-2015	20.1	RED	20.1	RED	18.0 RED	24.4* GREEN	2013-2015
139	CASAH 23	Percentage of registered GP patients aged 17 and over with a diagnosis of diabetes	7.0	2014/15	6.9	AMBER	6.9	AMBER	6.4 RED	6.7* RED	2014/15
140	CASAH 20	Excess winter deaths (%) (3 year pooled)	19.7	2012-2015	16.8	RED	16.8	RED	19.6 AMBER	19.3* RED	2012-2015
141	CASAH 22	Estimated smoking prevalence of persons aged 18 and over	19.0	2015	20.3	GREEN	20.3	GREEN	16.9 RED	18.7* AMBER	2015
142	CASAH 25	Number of residential/nursing care bed days for people aged 65 and over commissioned by Durham County Council	224,573	Jan - Mar 2017	232,154	NA	232,638	NA			

Ref	PI ref	Description	Latest data	Period covered	Previous period data	Performance compared to previous period	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
143	CASAH 13	Percentage of service users reporting that the help and support they receive has made their quality of life better	94.5	2016/17	88.0	AMBER	92.1	AMBER	92.2 AMBER	93.1* AMBER	2015/16
144	CASAH 20i	Delayed transfers of care from hospital per 100,000 population	4	Apr 2016 - Feb 2017	3.9	RED	4.6	GREEN	16.4 GREEN	5.6* GREEN	Apr 2016 - Feb 2017 NE 15/16
145	CASAH 20ii	Delayed transfers of care from hospital, which are fully or partially attributable to adult social care, per 100,000 population	0.7	Apr 2016 - Feb 2017	0.6	RED	1.1	GREEN	6.4 GREEN	1.1* GREEN	Apr 2016 - Feb 2017
146	CASAH 21	Suicide rate (deaths from suicide and injury of undetermined intent) per 100,000 population <b>(Also in Altogether Safer)</b>	15.7	2013 - 2015	14.8	RED	14.8	RED	10.1 RED	12.4* RED	2013 - 2015
147 Page 89	CASCY P26	Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10 to 24 years) <b>(Also in Better for Children and Young People)</b>	489.4	2011/12 - 2013/14	504.8	GREEN	504.8	GREEN	367.3 RED	532.2* GREEN	England - 2011/12 - 2013/14 NE - 2010/11 - 2012/13

Page 90 Ref	PI ref	Description	Latest data	Period covered	Previous period data	Performance compared to previous period	Data 12 months earlier	Performance compared to 12 months earlier	National figure	*North East figure **Nearest statistical neighbour figure	Period covered
148	CASAH 24	Percentage of people who use services who have as much social contact as they want with people they like	49.2	2016/17	49.2	GREEN	49.2	GREEN	45.4	49.9*	2015/16
149	NS11	Percentage of the adult population (aged 16+) participating in at least 30 minutes sport and active recreation of at least moderate intensity on at least three days a week	23.9	Apr 2014 - Mar 2016	24.7	RED	25.0	RED			



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**Adults Wellbeing and Health OSC****7 July 2017**
**Durham, Darlington and Teesside,  
Hambleton, Richmondshire and Whitby  
STP Joint Health Scrutiny Committee**


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**Report of Lorraine O'Donnell, Director of Transformation and Partnerships**


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**Purpose of the Report**

- 1 This report invites members to consider the establishment of a Joint Health Scrutiny Committee under the provisions of the Health and Social Care Act 2012 involving all local authorities affected by the Durham, Darlington and Teesside Hambleton Richmondshire and Whitby Sustainability and Transformation Plan and any associated service review proposals.
- 2 The proposed Joint Committee would assume responsibility for those provisions and considerations previously undertaken by the "Better Health Programme Joint Health OSC".

**Background**

- 3 The Adults Wellbeing and Health Overview and Scrutiny Committee have received a series of updates in respect of the Better Health Programme under its former guises of the Quality Legacy Project and Securing Quality in Health Services (SeQIHS).
- 4 In March 2016, the Adults Wellbeing and Health OSC agreed to the establishment of the Better Health Programme Joint Health Scrutiny Committee was agreed consisting of representatives each from Darlington Borough Council, Durham County Council, North Yorkshire County Council, Hartlepool Borough Council, Middlesbrough Borough Council, Redcar and Cleveland Borough Council and Stockton-upon-Tees Borough Council. This was to reflect the patient footprint within the Better Health Programme.
- 5 To date, the Better Health Programme Joint Health Scrutiny Committee has met on 7 occasions to consider proposals being developed under the programme.
- 6 The Adults Wellbeing and Health Overview and Scrutiny Committee have received a series of updates in respect of the Better Health Programme the last being received at the Committee's meeting held on 1 September 2016. Representatives of the Adults Wellbeing and Health OSC continue to sit on the Joint Committee.

## **Sustainability and Transformation Plans**

- 7 In December 2015, the NHS shared planning guidance 2016/17 – 2020/21 outlined a new approach to help ensure that health and care services were built around the needs of local populations. To do this, every health and care system in England, involving local organisations such as NHS providers, commissioners, and local authorities, were asked to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services would evolve and become sustainable over the next five years – ultimately delivering the NHS Five Year Forward View vision of better health, better patient care and improved NHS efficiency.
- 8 County Durham is covered by two separate STPs. The North Durham CCG area is included within the Northumberland, Tyne and Wear and North Durham STP. The Durham Dales, Easington and Sedgefield CCG area is included within the Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby STP.
- 9 NHS system leaders met to discuss how best to create these plans, reflecting on the work that has already been developed in a number of areas across the North East and Cumbria and the STP draft documents were submitted to NHS England in October 2016.
- 10 The two draft STPs were published in November 2016.

## **Implications for the Better Health Programme of STP Development**

- 11 During consideration of the Better Health Programme development and associated proposals by the Better Health Programme Joint Health Scrutiny Committee, a number of presentations have been given in respect of the emerging Durham Darlington Teesside, Hambleton Richmondshire and Whitby Sustainability and Transformation Plan.
- 12 The Joint Committee have been advised that the work undertaken as part of the Better Health programme features within the STP as part of the “Quality of Care in our hospitals” theme as well as the “Health and care in communities and neighbourhoods” and that there will be a statutory requirement for consultation in respect of the draft STP.
- 13 Accordingly, the Better Health Programme Joint Health Scrutiny Committee have discussed the potential for the Committee’s remit to be broadened to include the draft STP documents and any associated proposals for significant developments or service variations arising therefrom.

## **Redesignation of the former Better Health Programme Joint Health Scrutiny Committee**

- 14 In view of the integration of the Better Health Programme the Durham Darlington Teesside, Hambleton Richmondshire and Whitby STP, it is proposed that the Better Health Programme Joint Health OSC be re-designated the Durham, Darlington and Teesside Hambleton Richmondshire and Whitby Sustainability and Transformation Plan Joint Scrutiny Committee.

- 15 In accordance with the regulations detailed within this report, the new Joint Committee will be the vehicle through which the respective Local Authorities will respond to the consultation.
- 16 Accordingly, it is for the Council's Adults Wellbeing and Health Overview and Scrutiny Committee to provide information and representations in respect of the consultation as it impacts upon the residents of County Durham to its nominated representatives.
- 17 The protocol and terms of reference for the revised Joint Health Scrutiny Committee have been drafted by health scrutiny officers across the respective local authorities setting out the updated role and function of the joint Committee as well as the proposed representation required from each Council. These are attached to this report. (Appendix 2)
- 18 It is proposed that the Council's representatives appointed to the Better Health Programme Joint Health OSC would assume the three positions on the revised Durham, Darlington and Teesside Hambleton Richmondshire and Whitby Sustainability and Transformation Plan Joint Health Scrutiny Committee.

### **Provisions for consultation and engagement of Overview and Scrutiny Committees**

- 19 The Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013 require the formation of a joint scrutiny arrangement, where an NHS body or relevant health service provider consults more than one local authority on proposals to make substantial variations or developments to services. They provide that all the local authorities whose residents receive such services must participate in the joint scrutiny arrangement for the purpose of responding to the consultation, using the method most appropriate to the areas and issues being considered.
- 20 A local authority can opt-out if, having considered the information provided by the NHS body or relevant health service provider proposing the service change, they determine that the proposal is not "substantial" for their residents. Where a local authority opts out in this way, they will relinquish the power to refer the proposed change to the Secretary of State for the purposes of that particular consultation.
- 21 Only the joint scrutiny committee may require the organisation proposing the change to provide information to them, or attend before them to answer questions. That organisation is under a duty to comply with these requirements. If a local authority has opted out of the joint arrangement, they may not request information or attendance from the NHS body or relevant health service provider proposing the change. Failure by an NHS body or relevant health service provider to provide information requested by a local authority who is not participating in the joint scrutiny process and who is therefore not entitled that that information does not constitute a failure to consult that authority and is therefore not a valid reason for a referral to be made to Secretary of State.

- 22 They may not participate further in the joint scrutiny arrangements, unless changes occur during the development of proposals that make the impact substantial for residents in the local authority's area. The local authority, in these cases, should not expect to revisit any matters that the joint committee has already considered.
- 23 In scrutinising the proposals, the joint committee should aim to consider the proposal from the perspectives of all those affected or potentially affected by that proposal. The provisions of co-option set out above apply, enabling the involvement of district councils in the scrutiny process.
- 24 Only the joint scrutiny arrangement can then make a report and recommendations back to the organisation proposing the change. The power to refer to Secretary of State should only be exercised once the NHS body or relevant health service provider proposing the service change has responded to the comments of the joint scrutiny committee and all forms of local resolution have been exhausted. However, it can be exercised by any of local authorities originally consulted or by the joint arrangement where the power to refer has been delegated to it.
- 25 The existing Better Health Programme Joint Health OSC does not have the power of referral to the Secretary of State delegated to it and it is proposed that the re-designated Committee will not have this power either.

### **Recommendations and reasons**

- 26 The Adults Wellbeing and Health Overview and Scrutiny Committee are recommended to:-
- (a) Receive and comment upon the information detailed within the report;
  - (b) Agree to the establishment of a Durham, Darlington and Teesside, Hambleton Richmondshire and Whitby Joint Health Overview and Scrutiny Committee under the terms of the Health and Social Care Act 2012 as set out in this report;
  - (c) Agree the proposed protocol, Terms of Reference and membership of the Joint Health Scrutiny Committee that will be set up to scrutinise the Durham, Darlington and Teesside, Hambleton Richmondshire and Whitby STP and associated consultation and engagement plans.

### **Background papers**

Reports and minutes of the Adults Wellbeing and Health OSC – 1 March 2016; 1 September 2016 and 3 March 2017

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

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## **Appendix 1: Implications**

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**Finance - None**

**Staffing - None**

**Risk - None**

**Equality and Diversity / Public Sector Equality Duty - None**

**Accommodation - None**

**Crime and Disorder - None**

**Human Rights - None**

**Consultation** – This report details the Council’s statutory responsibilities in respect of any proposed consultation and engagement activity in respect of the Durham, Darlington and Teesside Hambleton Richmondshire and Whitby Sustainability and Transformation Plan Joint Health Scrutiny Committee.

**Procurement - None**

**Disability Issues - None**

**Legal Implications** – This report has been produced in response to the Council’s statutory responsibilities to engage in health scrutiny consultations as detailed in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013 and associated Department of Health Guidance.

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## Protocol for a Joint Health Scrutiny Committee

### Durham Darlington Teesside Hambleton Richmondshire and Whitby STP

1. This protocol provides a framework under the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013 for considering and providing a formal consultation response in relation to the Durham Darlington and Teesside Hambleton Richmondshire and Whitby Sustainability and Transformation Plan and any associated proposals for substantial development and variation to health services contained therein or resulting therefrom. The proposals affect the Durham Dales, Easington and Sedgefield CCG area of County Durham, the Tees Valley region and the Hambleton, Richmondshire and Whitby CCG area of North Yorkshire. They are being proposed by the following:
  - Darlington Clinical Commissioning Group (CCG);
  - Durham Dales, Easington and Sedgefield CCG;
  - Hartlepool and Stockton-on-Tees CCG;
  - South Tees CCG;
  - Hambleton, Richmondshire and Whitby CCG
  
2. The terms of reference of the Joint Health Scrutiny Committee is set out at **Appendix A**.
  
3. A Joint Health Scrutiny Committee (“the Joint Committee”) comprising Darlington BC; Durham County Council, Hartlepool BC, Middlesbrough BC, North Yorkshire County Council, Redcar and Cleveland BC; and Stockton-on-Tees BC (“the constituent authorities”) has been established in accordance with the Regulations for the purposes of formal consultation by the relevant NHS Bodies in relation to the matters referred to at paragraphs 1. In particular in order to be able to:-
  - (a) respond to the consultation
  - (b) require the relevant NHS Bodies to provide information about the proposals;
  - (c) require members/employees of the relevant NHS Bodies to attend before it to answer questions in connection with the consultation.
  
4. The Joint Committee formed for the purpose of the consultation outlined at paragraph 1 will, following approval of this protocol and terms of reference at its first meeting, circulate copies of the same to:-

#### Local Authorities

Darlington Borough Council (BC); Durham County Council, Hartlepool BC, Middlesbrough BC, North Yorkshire County Council, Redcar and Cleveland BC and Stockton-on-Tees BC;

#### Clinical Commissioning Groups

Darlington; Durham Dales, Easington and Sedgefield; Hartlepool and Stockton-on-Tees; South Tees and Hambleton, Richmondshire and Whitby.

## **NHS Foundation Trusts**

County Durham and Darlington NHS Foundation Trust  
North Tees and Hartlepool NHS Foundation Trust  
South Tees Hospitals NHS Foundation Trust  
Tees, Esk and Wear Valleys NHS Foundation Trust  
North East Ambulance Foundation Trust

### **Membership**

5. The Joint Committee will consist of equal representation, with three non-executive representatives to be appointed by each of the constituent authorities.
6. The term of office for representatives will be for the period from the date of their appointment by their constituent authorities until their relevant authority's next annual council meeting. If a representative ceases to be a Councillor, or wishes to resign from the Joint Committee, the relevant council shall inform the joint committee secretariat and the replacement representative shall serve for the remainder of the original representative's term of office.
7. To ensure that the operation of the Joint Committee is consistent with the Constitutions of all the constituent authorities, those authorities operating a substitution system shall be entitled to nominate substitutes.
8. The Joint Committee may ask individuals to assist it (in a non-voting capacity) and may ask independent professionals to advise it for the purposes of the consultation process.
9. The quorum for meetings of the Joint Committee shall be a minimum of one member representative from each of the constituent authorities.

### **Chair and Vice-Chair**

10. The Chair of the Joint Committee will be a Member representative from [XXXX] and the Vice-Chair will be a Member representative from [XXXX]. The Chair will not have a second or casting vote.
11. If the agreed Chair and Vice-Chair are absent from a meeting, the Joint Committee shall appoint a member to chair that meeting from the representatives present who are members of the same constituent Council as the Chair.

### **Terms of Reference**

12. The Joint Committee will be the formal consultee under the Regulations and the Directions for the purposes of the consultation by the relevant NHS Bodies concerning those matters outlined at paragraphs 1. Terms of reference are set out at Appendix 1.

### **Administration**

13. Meetings shall be held at the times, dates and places determined by the Chair in consultation with each of the constituent authorities.

14. Agendas for meetings shall be determined by the secretariat in consultation with the Chair.
15. Notice of meetings of the Joint Committee will be sent to each member of the Joint Committee at least 5 clear working days before the date of the meeting and also to the Chair of the constituent authorities' relevant overview and scrutiny committees (for information). Notices of meetings will include the agenda and papers for meetings. Papers "to follow" should be avoided where possible.
16. Minutes of meetings will be supplied to each member of the Joint Committee and to the Chairs of the constituent authorities' relevant overview and scrutiny committees (for information) and shall be confirmed at the next meeting of the Joint Committee.

### **Final Report and Consultation Response**

17. The relevant NHS body are required to notify the Joint Committee of the date by which its consultation response is required, and the date by which it intends to make a decision. The Guidance highlights that it is sensible for the Joint Committee to be able to consider the outcome of public consultation before it makes its consultation response.
17. The Joint Committee is independent of its constituent councils, executives and political groups and this independence should not be compromised by any member, officer or relevant NHS bodies. The Joint Committee will send copies of its final report and formal consultation response to the relevant NHS Bodies and the constituent authorities.
18. The primary objectives of the Joint Committee will be to reach consensus, but where there are any aspects of the consultation as regards which there is no consensus, the Joint Committee's final report and formal consultation response will include, in full, the views of all of the constituent authorities, with the specific reasons for those views, regarding those areas where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus.

### **Following the Consultation**

19. Any next steps following the initial consultation response will be taken with due reference to the 'Local Authority Health Scrutiny: Guidance to support Local Authorities and their partners to deliver effective health scrutiny' (Department of Health; June 2014).

### **Principles for joint health scrutiny**

20. In scrutinising the proposals, the joint committee will aim to consider the proposal from the perspectives of all those affected or potentially affected by that proposal.
21. The constituent authorities and the relevant NHS Bodies will be willing to share knowledge, respond to requests for information and carry out their duties in an atmosphere of courtesy and respect in accordance with their codes of conduct.

Personal and prejudicial and/or disclosable pecuniary interests will be declared in all cases in accordance with the code of conduct and Localism Act 2011.

22. The Joint Committee's procedures will be open and transparent in accordance with the Local Government Act 1972 and the Access to Information Act 1985 and meetings will be held in public. Only information that is expressly defined in regulations to be confidential or exempt from publication will be able to be considered in private. Papers of the Joint Committee may be posted on the websites of the constituent authorities as determined by them.
23. Communication with the media in connection with the Joint Committee's views will be handled in conjunction with each of the constituent local authorities' press officers.

DRAFT

**Joint Health Scrutiny Committee**

**Durham Darlington Teesside Hambleton Richmondshire and Whitby STP**

**Terms of Reference**

1. To consider the draft Durham Darlington Teesside Hambleton Richmondshire and Whitby STP (hereafter called STP)
2. To consider proposals for substantial development and variation to health services as contained in and/ or developed from the STP and as proposed by the following:
  - a) Darlington Clinical Commissioning Group (CCG);
  - b) Durham Dales, Easington and Sedgfield CCG;
  - c) Hartlepool and Stockton-on-Tees CCG;
  - d) South Tees CCG;
  - e) Hambleton Richmondshire and Whitby CCG.
3. To consider the following in advance of the formal public consultation:
  - The aims and objectives of the STP, the constituent workstreams therein including those proposals formerly developed as part of the Better Health Programme;
  - The plans and proposals for public and stakeholder consultation and engagement;
  - Any options for service change identified as part of the STP including those considerations made as part of any associated options appraisal process.
4. To consider the STP's substantive proposals during the period of formal public consultation, and produce a formal consultation response, in accordance with the protocol for the Joint Health Scrutiny Committee and the consultation timetable established by the relevant NHS Bodies.
5. In order to be able to formulate and provide views to the relevant NHS bodies on the matters outlined above, the Joint Committee may:-
  - a) require the relevant NHS Bodies to provide information about the proposals the subject of the consultation with the constituent local authorities and the Joint Committee; and
  - b) require an officer of the relevant NHS Bodies to attend meetings of the Joint Committee, in order to answer such questions as appear to them to be necessary for the discharge of their functions in connection with the consultation.
6. To ensure the formal consultation response of the Joint Committee includes, in full, the views of all of the constituent authorities, with the specific reasons for those views, regarding those areas where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus.
7. To oversee the implementation of any proposed service changes agreed as part of the STP/Better Health Programme process.
8. The Joint Committee does not have the power of referral to the Secretary of State.

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**Adults Wellbeing and Health  
Overview and Scrutiny**



**7 July 2017**

**NHS Quality Accounts 2016-17  
Adults Wellbeing and Health OSC  
Responses**

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**Report of Lorraine O'Donnell, Director of Transformation and Partnerships**

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**1. Purpose of the Report**

1.1 To inform members of the Adults Wellbeing and Health Overview and Scrutiny Committee of the responses made on behalf of the Committee in respect of NHS Foundation Trust Draft Quality Accounts 2016/17.

**2 Background**

2.1 At its meeting held on 3 April 2017, the Adults, Wellbeing and Health Overview and Scrutiny Committee considered a report detailing proposals to respond to Draft Quality Accounts for 2016/17 from:-

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

2.2 The Health Act 2009 requires the NHS Foundation Trusts to publish an annual Quality Account report. The purpose of the Quality Account report is for each of the Trusts to assess quality across all of the healthcare services they offer by reporting information on 2016/17 performance and identifying priorities for improvement during the forthcoming year and how they will be achieved and measured.

**3 Draft Quality Accounts**

3.1 Draft Quality Accounts documents were received as follows:-

<b>Foundation Trust</b>	<b>Date Received</b>
North East Ambulance Service NHS Foundation Trust	7 April 2017
Tees Esk and Wear Valleys NHS Foundation Trust	13 April 2017
County Durham and Darlington NHS Foundation Trust	24 April 2017

- 3.2. The Draft Quality Accounts' priorities for the three Trusts were circulated electronically to the membership of the Committee and comments invited thereon.
- 3.3 Responses to the documents were drafted on behalf of the Committee, signed off by the Statutory Scrutiny Officer and sent to the respective organisations. A copy of each response is attached to this report.
- 3.4 All responses were submitted to the respective NHS Organisations within the statutory deadlines set out in legislation.

#### **4. Recommendations**

- 4.1 Members of the Adults Wellbeing and Health Overview and Scrutiny Committee are asked to note the report and endorse the responses to NHS Organisations' draft Quality Accounts contained therein.

#### **Background Papers**

NHS Quality Accounts Report to Adults Wellbeing and Health Overview and Scrutiny Committee – 3 April 2017

County Durham and Darlington NHS Foundation Trust Draft Quality Account 2016/17

Tees, Esk and Wear Valleys NHS Foundation Trust Draft Quality Account 2016/17

North East Ambulance Service Draft Quality Account 2016/17

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## **Appendix 1: Implications**

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**Finance** – None.

**Staffing** - None

**Equality and Diversity** - None

**Accommodation** – None.

**Crime and Disorder** – None.

**Human Rights** – None

**Consultation** – The Adults Wellbeing and Health Overview and Scrutiny Committee have been invited to comment on the NHS Foundation Trust Draft Quality Accounts documents 2016/17 as outlined in this report.

**Procurement** – None

**Disability Discrimination Act** – None

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

## **DURHAM COUNTY COUNCIL ADULTS WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **COMMENTS ON NORTH EAST AMBULANCE SERVICE NHS FOUNDATION TRUST QUALITY ACCOUNT FOR 2016/17**

The Committee welcomes North East Ambulance Service (NEAS) NHS Foundation Trust's Quality Account and the opportunity to provide comment on it. The Committee are mindful of their statutory health scrutiny role and the need to demonstrate a robust mechanism for providing assurance to the residents of County Durham that health service provision is efficient and effective. The quality account process provides the Committee with one such mechanism.

The Committee has engaged with the Trust on a number of issues during the course of 2016/17 including the post implementation progress in respect of Durham Dales, Easington and Sedgefield CCG'S A&E Ambulance Service Review; the NEAS Care Quality Commission inspection findings and the implications for NEAS of the NHS Sustainability and Transformation Plans and any potential service developments/variations arising therefrom.

The Committee considers that the Quality Account is clearly set out and acknowledges up front that performance during 2016/17 has again been challenging, set against a context of a considerable increase in demand for the service both regionally and nationally.

In commenting upon the Quality Account, the Committee:-

- Note that the effort of NEAS workforce in providing the best possible patient care has been recognised, particularly across frontline staff and echoed in the positive results from patient feedback;
- Welcomes the significant progress made by the Trust in filling Paramedic staffing vacancies, acknowledging the work undertaken with local universities to ensure that NEAS reached full establishment in April 2017;
- Acknowledges the positive outcomes from the Emergency Medical Response Pilot in respect of life-threatening calls – an initiative that has had significant benefits for residents of County Durham through the close working of NEAS and County Durham and Darlington Fire and Rescue Service.

The Committee have during the past year expressed their concerns at the Trust performance across County Durham in respect of ambulance response times which remain well below national targets and the Trust average, and have asked for further information to be presented to a future meeting of the Committee. The Committee would like to take this opportunity to repeat this request.

The Committee would also take the opportunity to reflect upon the draft NHS Sustainability and Transformation Plans announced during 2016/17. Members are aware that there may be proposals arising from these plans which could impact upon acute hospital services across the region and also the ability of NEAS to meet ambulance response targets.

The Committee consider that from the information received from the Trust, the identified priorities for 2016/17 are clearly expressed and will contribute to improvements in the healthcare system generally.

Finally, in order to ensure that it continues to provide a robust Health scrutiny function and assurances in this respect to the residents of County Durham, the Committee will continue to receive and consider performance overview information. As in previous years, the

Committee would request a six monthly progress report on delivery of 2017/18 priorities and performance targets in November 2017.

## **DURHAM COUNTY COUNCIL ADULTS WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **COMMENTS ON TEES ESK AND WEAR VALLEYS NHS FOUNDATION TRUST QUALITY ACCOUNT FOR 2016/17**

The Committee welcomes Tees Esk and Wear Valleys NHS Foundation Trust's Quality Account and the opportunity to provide comment on it. The Committee are mindful of their statutory health scrutiny role and the need to demonstrate a robust mechanism for providing assurance to the residents of County Durham that health service provision is efficient and effective. The quality account process provides the Committee with one such mechanism.

The Committee has engaged with the Trust on a number of issues during the course of 2016/17 including the review of Inpatient Dementia Wards serving County Durham and Darlington and associated mitigation plans for the reimbursement of additional travelling costs; the work of TEWV in respect of suicide prevention and mental health and wellbeing as part of a detailed scrutiny review and also the implications for TEWV of the NHS Sustainability and Transformation Plans and any potential service developments/variations arising therefrom.

The Committee considers that the Quality Account is clearly set out and that progress made against 2016/17 priorities is clearly identified. The Trust has made significant progress against these priorities and the continuing commitment to the development of phase 2 of the Recovery Strategy; training for staff in respect of Nicotine Management and the continuation of work to support the transition from child to adult services in 2017/18 is to be welcomed.

In considering those quality metrics where the Trust has missed its target, the under-performance in respect of patient falls per 1000 admissions is noted. The identification of this issue within Priority 5 for 2017/18 – Reduce the occurrences of serious harm resulting from inpatient falls is therefore welcome. The Committee is also pleased to see the reduction in the number of unexplained deaths classed as a serious incident per 10,000 open cases.

The Committee acknowledges all of the 2017/18 priorities identified within the draft Quality Account and agrees that from the information received from the Trust, the identified priorities for 2017/18 are a fair reflection of healthcare services provided by the Trust. We note the progress made against the 2016/17 priorities but wish to make a specific comment in relation to the 2017/18 Priority 2 – Ensure that we have safe staffing in all our services. As part of the Committee's Review of Suicide rates and mental health and wellbeing in County Durham, evidence has pointed to concerns amongst service users who have experienced problems when trying to access Crisis services and accordingly any work undertaken by the Trust as part of Priority 2 in respect of crisis service provision is to be welcomed.

Finally, in order to ensure that it continues to provide a robust Health scrutiny function and assurances in this respect to the residents of County Durham, the Committee would request a six monthly progress report on delivery of 2017/18 priorities and performance targets in November 2017.

## **DURHAM COUNTY COUNCIL ADULTS WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **COMMENTS ON COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST QUALITY ACCOUNT FOR 2016/17**

The Committee welcomes County Durham and Darlington NHS Foundation Trust's Quality Account and the opportunity to provide comment on it. The Committee are mindful of their statutory health scrutiny role and the need to demonstrate a robust mechanism for providing assurance to the residents of County Durham that health service provision is efficient and effective. The quality account process provides the Committee with one such mechanism.

The Committee has engaged with the Trust on a number of issues during the course of 2016/17 including Durham Dales, Easington and Sedgefield CCG's Review of Urgent Care services, the temporary closure of an inpatient ward at Shotley Bridge Hospital, Community hospitals and community health provision and the Trust's Improvement Action plan developed in response to the 2016 CQC Inspection of the FT.

The Quality Account is clearly set out and we note the positive performance by the Trust in meeting the majority of its declared Quality Account ambitions during the last year. It is pleasing that for those ambitions that have not been achieved, for the most part an improvement in performance during the year has been demonstrated. Within the Trust hospitals data there has been a reduction in avoidable grade 2 and 3 pressure area damage which represents a significant improvement on previous performance and is attributed to targeted education and audit on prevention and recognition of pressure ulcers.

During the past year, the Committee has considered the improvements identified within the Trust's CQC Inspection Improvement plan and commend and fully endorse the actions taken by the Trust to improve quality and performance within the organisation.

Members have also considered the number of "never events" which occurred within the Trust during 2016/17 and whilst these are unacceptable, the Trust have acknowledged them within the Quality Account, provided an explanation for the events and also highlighted the learning from them that has been shared throughout the organisation to prevent such occurrences in the future.

In respect of the 2017/18 priorities, the continuation of the work by the Trust to reduce length of time to assess and treat patients in Accident and Emergency department is welcomed. The proposed new priorities in respect of maternity standards and Paediatric care are also supported particularly regarding the work proposed for breastfeeding and smoking in pregnancy.

The Committee has also reflected upon the draft NHS Sustainability and Transformation Plans announced during 2016/17. Members are aware that there may be proposals arising from these plans which could impact upon acute hospital services across the region including County Durham and Darlington NHS Foundation Trust and look forward to continued engagement with the Trust on any such issues.

In summary, it is considered from the information received from the Trust that the identified priorities for 2017/18 are a fair reflection of healthcare services provided by the Trust and note the progress made against the 2016/17 priorities.

Finally, in order to ensure that it continues to provide a robust Health scrutiny function and assurances in this respect to the residents of County Durham, the Committee would request a six monthly progress report on delivery of 2017/18 priorities and performance targets in November 2017.

## Adults Wellbeing and Health Overview and Scrutiny Committee



7 July 2017

### Review of the Committee's Work Programme 2017-18

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#### Report of Lorraine O'Donnell, Assistant Chief Executive

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##### Purpose of the Report

1. To provide for Members consideration an updated work programme for the Adults Wellbeing and Health Overview and Scrutiny Committee for 2017 - 18.

##### Background

2. At its meeting on 3 April 2017, the Adults Wellbeing and Health Overview and Scrutiny Committee considered the actions identified within the Council Plan 2016 – 2019 for the Altogether Healthier priority theme and agreed to refresh its work programme to include a number of these actions. In addition, topics have been identified that are in line with the Cabinet's Forward Plan of Key Decisions, the Sustainable Community Strategy, forthcoming Government Legislation, outcomes from Quarterly Performance reports and other plans and strategies accordingly.

##### Detail

3. In accordance with this decision, a work programme for 2017 – 2018 has been prepared and is attached at Appendix 2.
4. The Committee has previously agreed a piece of in-depth scrutiny review activity in respect of Suicide Rates and Mental Health and Wellbeing in County Durham and the review report will be submitted to the Committee for consideration and comment prior to referral to Cabinet..

##### Recommendation

5. Members of the Committee are asked to agree the new work programme for the coming year.

##### Background Papers

Council Plan 2016 – 2019

AWH OSC Report 3 April 2017 – Council Plan 2016-19 – Refresh of Work Programme for Adults Wellbeing and Health Overview and Scrutiny Committee

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**Contact: Stephen Gwilym, Principal Overview and Scrutiny Officer**  
**Tel: 0191 383 3149 E-mail [stephen.gwilym@durham.gov](mailto:stephen.gwilym@durham.gov)**

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## **Appendix 1: Implications**

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

**Staffing** – None

**Risk** - None

**Equality and Diversity** - None

**Accommodation** - None

**Crime and Disorder** - None

**Human Rights** - None

**Consultation** – None

**Procurement** – None

**Disability Discrimination Act** – None

**Legal Implications** – None

## OVERVIEW AND SCRUTINY WORK PROGRAMME 2017 TO 2018

<p><b>OVERVIEW AND SCRUTINY WORK PROGRAMME 2017 TO 2018</b></p> <p><b>Adults, Well-being and Health OSC</b></p> <p><b>Lead Officer:</b> Stephen Gwilym</p> <p><b>IPG contact:</b> Peter Appleton</p>	<p><b>Note:</b></p> <p><b>O/S Review</b> - A systematic 6 monthly review of progress against recommendations/Action Plan</p> <p><b>Scrutiny/Working Group</b> – In depth Review</p> <p><b>Overview/progress</b> – information on an issue; opportunity to comment, shape, influence, progress with a scrutiny review</p> <p><b>Performance</b> – ongoing monitoring (quarterly) performance reports/budgets</p>
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<b>Committee</b>	<b>When</b>	<b>Who</b>	<b>Outcome</b>	<b>Comment</b>
<b>Adults' and Health Services including Public Health</b>				
<b><i>O/S Review</i></b>				
Suicide Rates and Mental Health and Wellbeing in County Durham	September 2016 to July 2017	Public Health/NHS Partners	To undertake a Review into Suicide Rates in County Durham and Mental Wellbeing	Scrutiny Review

<b>Overview/Progress</b>				
Public Health Responsibilities	TBC	Amanda Healey, Director of Public Health	To inform members of the Council's mandated public health responsibilities	Member information and comment
Director of Public Health Report	7 July 2017	Gill O'Neill	Update on Public Health priorities arising from DPH Annual Report	Member Update
Adult Social Care Update	Special AWHOSC September 2017  March 2018	Lee Alexander	To advise members of the latest policy and service developments in respect of Adult Social Care including associated funding	Member information and comment
County Durham Mental Health Strategy Update – Consultation	Special AWHOSC September 2017	Amanda Healey, Director of Public Health	To update members on the review of the Public Mental Health Strategy	Member Information and Comment
A community based approach to Ill health prevention	TBC	Denise Elliott	To inform members of the engagement of Thematic CDPs in developing a community based approach to prevention	Member engagement
Health and Wellbeing Board – Annual Report	2 October 2017	Cllr Lucy Hovvels/Gordon Elliott	To provide members with an update of the key delivery plan actions against the JHWS	Member Information and comment
Safeguarding Adults Annual Report	2 October 2017	Gordon Elliott	Update on Annual Report	Member Information and comment
Integration of Health and Social Care Services	2 October 2017  13 April 2018	Lesley Jeavons – Director of Integration	To provide an update on the integration of health and social care services	Member Update
Health Checks	TBC	Amanda Healey, Director of Public Health	To inform members of the Council's revised model and approach to the provision of health checks	Member information and comment

			To report upon the impact and outcomes of the Health Check model and provide assurance of improved performance in this area	
Oral Health Strategy for County Durham – Extension of Fluoridisation	TBC	Amanda Healey, Director of Public Health	To report upon the progress in extending Water Fluoridisation in County Durham as part of the Oral Health Strategy for County Durham	Member Information and Comment
Public Health Update	9 November 2017	Amanda Healey, Director of Public Health	To update members on the latest developments in respect of Public Health	Member Update
<b><i>Performance and Budget Reporting</i></b>				
<b>Performance</b>	Performance Quarterly update Reports  2016/17 Q4 Outturn – 7 July 2017  2017/18 Q1 – 2 October 2017  2017/18 Q2 – 19 January 2018  2017/18 Q3 – 5 March 2018	P. Appleton  T Gorman  T Gorman  T Gorman	Members using performance management information to inform the Work Programme and possible Review Activity	Summary information to members

<b>Budget Outturn</b>	2016/17 Q4 Outturn – 2 October 2017  2017/18 Q1 – 2 October 2017  2017/18 Q2 – 19 January 2018  2017/18 Q3 – 5 March 2018	Andrew Gilmore	Quarterly update key issues	Summary information to members
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<b>2. NHS commissioners (North Durham CCG; DDES CCG and NHS England Regional Team) and provider organisations</b>	<b>When</b>	<b>Who</b>	<b>Outcome</b>	<b>Comment</b>
<b><i>NHS Service change - Updates to AWHOSC</i></b>				
Accident and Emergency Ambulance Service Review – Durham Dales, Easington and Sedgfield CCG	2 October 2017	NEAS/DDES CCG	Members appraised of the post implementation of the review of Accident and Emergency Ambulance Service provision in Durham Dales	Continued engagement of members and Community into Accident and Emergency Ambulance Service
Durham Dales Easington and Sedgfield CCG – Review of Urgent Care Services	TBC	DDES CCG	Members are appraised of the post implementation of the Review of Urgent Care Services.	Continued engagement of members following the Review of Urgent Care Services.
Review of Inpatient Dementia Wards serving County Durham and Darlington – Tees Esk and Wear Valleys NHS FT	October/November 2017	TEWV/North Durham and DDES CCGs	Members appraised of the post implementation of the review of Inpatient Dementia Wards serving County Durham and Darlington	Continued engagement of members and Community into Inpatient Dementia Wards serving County Durham and Darlington
<b><i>Statutory Health Scrutiny Consultations</i></b>				
Northumberland, Tyne and Wear and North Durham Draft STP	September 2017 onwards	Mark Adams – NTWND STP Lead Officer	AWHOSC Formal consultation in respect of the Northumberland, Tyne and Wear and North Durham Draft STP proposals	Statutory Health Service Consultation
Durham Darlington Teesside Hambleton Richmondshire and Whitby Draft STP	September 2017 onwards	Alan Foster – DDTHRW STP Lead Officer	AWHOSC Formal consultation in respect of the Durham	Statutory Health Service Consultation

			Darlington Teesside Hambleton Richmondshire and Whitby Draft STP proposals	
<b>Overview/Progress</b>				
Quality Accounts 2016/17 – Overview and Scrutiny Response	7 July 2017	County Durham and Darlington NHS Foundation Trust	Formal Responses by AWHOSC	Member Update
Monitoring Updates	9 November 2017	Tees Esk and Wear Valleys NHS Foundation Trust  North East Ambulance Service	Monitoring Updates on 2016/17 Quality Accounts Priorities	Member Update
Quality Accounts 2017/18 – Preparation of Overview and Scrutiny Input and Commentary	13 April 2018	County Durham and Darlington NHS Foundation Trust  Tees Esk and Wear Valleys NHS Foundation Trust  North East Ambulance Service	Process of shaping and OSC commentary on 2017/18 Quality Accounts	For Member Information and comment
Proposed Re-commissioning of Stroke Support Services across County Durham	7 July 2017	North Durham CCG  DDES CCG	Assurance from CCGs that the proposal will improve strokes support services across County Durham and increase the performance measures associated with access to stroke service discharge teams.	Referral from AWH OSC 3 April 2017 – Request for information from CCGs in respect of the proposals to include information on service user and carer engagement undertaken as part of the decommissioning

				process, the rationale behind the proposed change in service model including evidence from Stroke service practitioners and the impact assessment undertaken as part of the decommissioning process
NHS Structure and Relationships – Commissioner/Provider roles	7 July 2017	North Durham CCG DDES CCG	To advise members of the Committee of the NHS Structure and Relationships in respect of the Commissioning and delivery of health Services.  To inform members of key NHS Service issues facing County Durham in the coming year.	For member information and comment
Application for Merger of North Durham and DDES CCG	September 2017	North Durham CCG DDES CCG	To inform AWHOSC of proposals to merge North Durham CCG and DDES CCG	Member information and comment
<b><i>Other – Regional</i></b>				
Better Health Programme / STP – Joint Health OSC	7 July 2017	Principal OSO	Development of enhanced proposals for STP/BHP Joint Health OSC	For member information and Comment
Regional Joint Health OSC – Update	November 2017	Principal OSO	Member update on the work of the Regional Joint Health OSC	For member information and comment

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