Adults, Wellbeing and Health Overview and Scrutiny Committee

Date	**Monday 2 October 2017**
Time	**9.30 am**
Venue	**Committee Room 2, County Hall, Durham**

Business

Part A

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

1. Apologies
2. Substitute Members
3. Minutes of the special meeting held on 6 September 2017 (Pages 3 - 8)
4. Declarations of Interest, if any
5. Media Issues
6. Any Items from Co-opted Members or Interested Parties

   GP Specialist Referral Service – Roberta Blackman-woods, M.P. has asked to address the Committee in respect of the GP Specialist referral service implemented within North Durham CCG.

7. Durham Dales, Easington and Sedgefield CCG Accident and Emergency Ambulance Service Review - Post Implementation update - Report of the Director of Transformation and Partnerships and presentation by representatives of Durham Dales, Easington and Sedgefield CCG and North East Ambulance Service (Pages 9 - 24)
8. Health and Wellbeing Board Annual Report 2016/17 - Report of Director Transformation and Partnerships (Pages 25 - 50)

9. Durham Local Safeguarding Adults Board Annual Report 2016-17 - Report of the Independent Chair Durham Local Safeguarding Adults Board (Pages 51 - 96)
10. Adult and Health Services Update - Report of the Corporate Director of Adults and Health Services (Pages 97 - 112)
11. Quarter One 2017/18 Performance Management Report - Report of the Director of Transformation and Partnerships (Pages 113 - 130)
12. Adults and Health Services - Revenue and Capital Outturn 2016/17 and Quarter 1: Forecast of Revenue and Capital Outturn 2017/18 - Report of the Head of Finance and Transactional Services (Pages 131 - 144)
13. South Tyneside and Sunderland NHS Partnership - Path to Excellence Consultation - Proposed response by the Adults Wellbeing and Health OSC - Report of the Director of Transformation and Partnerships (Pages 145 - 152)
14. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

Helen Lynch
Head of Legal and Democratic Services

County Hall
Durham
22 September 2017

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

Councillor J Robinson (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, A Savory, M Simmons, H Smith, L Taylor and O Temple

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

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

DURHAM COUNTY COUNCIL

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Wednesday 6 September 2017 at 9.30 am**

Present:

Councillor J Chaplow (Chairman)

Members of the Committee:
Councillors A Bainbridge, R Bell, P Crathorne, R Crute, G Darkes, M Davinson, E Huntington, L Mavin, A Patterson, S Quinn, A Reed, J Robinson, M Simmons, H Smith, L Taylor and O Temple

Co-opted Members:
Mrs R Hassoon

Also Present:
Councillor M McKeon

1 Apologies

Apologies for absence were received from Councillors C Kay, K Liddell, A Savory and Mrs B Carr

2 Substitute Members

There were no substitute members.

3 Minutes

The Minutes of the meeting held on 7 July 2017 were agreed and signed by the Chairman as a correct record.

4 Declarations of Interest

There were no declarations of interest.

5 Any Items from Co-opted Members or Interested Parties

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

6 South Tyneside and Sunderland NHS Partnership Path to Excellence Consultation

The Committee received a report of the Director of Transformation and Partnerships that provided background information in respect of the Path to Excellence consultation

currently being undertaken by South Tyneside and Sunderland NHS Partnership (for copy see file of Minutes).

The Principal Overview and Scrutiny Officer advised Members that copies of the full consultation document were available in the Resource Centre together with copies of the consultation questionnaire.

The Chairman welcomed the following officers from South Tyneside and Sunderland NHS Partnership to the meeting:-

- Dave Gallagher – accountable officer NHS Sunderland Clinical Commissioning Group (CCG)
- Peter Sutton – director of planning and business development South Tyneside Hospital NHS Foundation Trust and City Hospitals Sunderland NHS FT
- Scott Watson – director of contracting NHS Sunderland CCG
- Michael Houghton – director of commissioning NHS North Durham CCG
- Patrick Garner – programme manager for Path to Excellence
- Caroline Latta – communications and engagement lead for Path to Excellence

The officers provided a detailed presentation that covered the following points (for copy see file of Minutes):-

- Why hospital services need to change – strategic context
- South Tyneside and Sunderland Health Group –
  - Joint Aims
  - Joint Values
- The Clinical Change Process
- Clinical Service Reviews
- Key Tests
- Robust Governance
- Key Impact Assessments
- Vulnerable Services First
- Stroke Services
  - Temporary Stroke Change
  - Hospital Trust Acute Scores
  - Options 1 – 3
  - Preferred Option for stroke care
- Maternity and Healthcare services
  - Services challenges
  - Women's healthcare gynaecology patient pathway

Options 1 and 2

- Children and Young People's Healthcare Services
  - Service challenges
  - Patient Pathway
  - Options 1 and 2
- Impact for Durham Patients
- Durham Patient Flow
  - Stroke Admissions
  - Maternity Deliveries

    - Elective Gynaecology
    - Emergency Gynaecology
    - Under 16 A&E Attendances
    - Under 16 Emergency Admissions
- NHS Legal and Policy Context for Major Service Change
    - NHS Legal duties
    - Best practice consultation approach
- What happens next
- How to get involved
- Next Event details

Mrs Hassoon asked in relation to stroke services if the journey time and the risks involved with the changes had been considered. She went on to say that when someone had rehabilitation and extended stay in hospital would someone be responsible to ensure that a care plan was in place before the patient was discharged. She was particularly concerned when there was a cross-over of care from the Local Authority and CCGs. The Director of Planning and Business Development said that there would be an increase in travel time for residents in South Tyneside however national evidence had shown that it was important to get people to the right centre for excellence and that this could save lives. He added that it was also important to get the right people in the right place with the right skills and equipment.

Councillor Bell asked how this fit in with the Sustainability and Transformation Plans. The Accountable Officer advised that this consultation fits within the Northumberland, Tyne and Wear and North Durham STP and work had started prior to the introduction of it. He added that crossing boundaries was nothing new to the NHS and that there was very little change for the residents of Durham.

Councillor Robinson said that he could not object to this plan as it did have its advantages for the people of County Durham however he was concerned about the levels of staffing and suggested that the Secretary of State should be asked the question of how to address this.

Councillor Crute said that although the impact for County Durham was minimal people would want to show solidarity for what was happening at South Tyneside and Sunderland. He was concerned as to the impact of the Local Authority budgets as care budgets were not sufficient enough to deal with the demand. He agreed with the Chairman that pressure should be place on the Secretary of State to address retention and recruitment of staff. The Director of Planning and Business Development said that there still needed to be centralisation of services regardless of funding, staffing and services. He added that there would be an improvement of the quality of services provided for the residents of South Tyneside but that they would be looking at the impact of travel.

Referring to the changes, Councillor Temple asked if the pathway for stroke services had been changed as he was concerned that increased travel times could increase the risk to the patient. The Director of Planning and Business Development advised that investment had been made in additional nurse practitioners to help with these issues and to deliver speedy access. Councillor Temple asked for clarification that this was triage to A&E improvements rather than the direct pathway and was advised that there would be a

quicker time to the stroke ward which would be an improvement for the patient especially out of hours.

The Corporate Director of Adult and Health Services commented that the overall budgets and impact for local authorities would remain a challenge. He said that the authority would need to continue to monitor the demand for post stroke services.

Councillor Robinson said that the STP had discussed unintended consequences in the NHS and the pressures faced by local authorities to deliver community based services. He asked for confirmation that there would be no change to the Durham Treatment Centre proposals that had previously been reported to the Committee and was assured that it was still on track.

Referring to the shortage of staff, Councillor Darkes asked if there were any plans being developed at a local level to address the recruitment and retention difficulties being referenced including the potential for University sponsorships to fill any gaps. The Accountable Officer said that it took a long time to train medics and that there had been a national recruitment drive. He added that CCGs were bringing in a workforce from Sunderland University and were looking at training people in the North East and retaining staff.

Councillor Darkes suggested that officers should put a positive note on the presentation slides to reference this.

The Principal Overview and Scrutiny Officer reported that the next meeting of the Committee would be held on 2 October 2017 and suggested that a further report be brought to that meeting which detailed a draft response to this consultation based upon the points raised. He also suggested that a further report be brought to the Committee's January meeting outlining the feedback from the consultation and engagement process prior to the final decision being made by the Partnership.

Resolved:

(i) That the report be received;
(ii) That the information detailed within the Path to Excellence public consultation documents and the presentation given to the Committee be noted;
(iii) That a draft response to the consultation based upon members comments at today's meeting be submitted to the Committee's meeting scheduled for 2 October 2017;
(iv) That a further report being brought back to the Adults Wellbeing and Health Overview and Scrutiny Committee detailing the feedback from the communication and engagement activity prior to a final decision being made by the CCGs in respect of the proposals, be agreed.

7 Proposed establishment of a Northumberland, Tyne and Wear and North Durham STP Joint Health Scrutiny Committee

The Committee received a report of the Director of Transformation and Partnerships that considered 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 Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan (STP) and any associated service review proposals (for copy see file of Minutes).

The Principal Overview and Scrutiny Officer informed the Committee that following the well-established joint scrutiny for the Southern STP, the former Chairman of this Committee wrote to the Northern STP local authorities with a proposal to establish a joint body. Each local authority had reported this to their own committees to endorse the implementation. He added that any referral to the Secretary of State would remain with each local authority. Membership of the body would be 2 labour and 1 liberal democrat member from this committee.

Mrs Hassoon asked if co-opted members would be represented. The Principal Overview and Scrutiny Officer advised that this option had not been taken up however he informed the Committee that all meetings were open to the public.

Councillor Bell asked for an update on the STPs and was advised that the Southern STP was still in its draft stage with a statutory consultation yet to commence. The Principal Overview and Scrutiny Officer advised that a number of requirements had been placed upon the STPs from NHS England whereby they had to set out associated funding requirements prior to any consultation plans being finalised. With regards to the Northern STP a number of pre-existing plans were in place and engagement activities had taken place in January and February 2017. He hoped that the first meeting of the Northern STP joint scrutiny Committee would be arranged before the end of October.

8 Preventative Mental Health Review and Recommissioning Update

The Committee received a report of the Corporate Director of Adult and Health Services that gave an update on the future plans for community preventative mental health services in County Durham, first reported to Overview and Scrutiny in November 2016 (for copy see file of Minutes).

The Strategic Commissioning Manager for Mental Health and the Commissioning Policy & Planning Officer give details of the new countywide mental health, promotion, prevention and wellbeing model. The key elements of the model were highlighted as:-

- A life course approach defined as ‘Starting Well’, ‘Developing Well’, ‘Living Well’, ‘Working Well’ and ‘Ageing Well’ .
- Outcomes related to promotion, prevention, early intervention and recovery, including the ‘Five Ways to Wellbeing’.
- Improved access through the Well Being for Life service (for adults) and One Point service (for children and families) and outreach into community buildings, complemented by signposting and navigation along pathways to other services.

Members were informed that there would be better access online with self help material available and which places to go to would be highlighted. The no wrong door approach would be embedded across all services so that staff could direct people to the right place for the right service.

In relation to the current contract the Committee were informed that money had been ring fenced for Mental health Services and was protected to some degree however there was no guarantee that this could be sustained.

Work was ongoing to improve access to CAMHS and the crisis element for suicide prevention had improved to ensure that people received the right support.

The Committee were informed that regular progress reporting would go through the Metal Health Partnership Board and the Health and Wellbeing Board.

Councillor Reed referred to alcohol services and that there did not appear to be any support for people from the Crisis Services to achieve an overall outcome and no support beyond the initial help. The Strategic Commissioning Manager advised that the substance misuse service was being re-tendered at present and that temporary arrangements were in place. He said that the service provided support across the County and that they work closely with the Mental Health Service.

The Principal Overview and Scrutiny Officer went on to advise that a report had been to cabinet on the Drug and Alcohol Service and that a seminar was arranged for all members. He went on to inform members that the Safer and Stronger OSC played an active role in the monitoring of the pre-existing services and the work undertaken to look at the new model. The integral element of mental health would be looked at by this committee.

Resolved:

(i) That the contents of the report and the implementation plan for the new mental health promotion, prevention and wellbeing model be noted.

(ii) That a further report during 2018 outlining progress and key implementation stages be received.

Adults Wellbeing and Health Overview & Scrutiny Committee

2 October 2017

Durham Dales, Easington and Sedgefield CCG Accident and Emergency Ambulance Service Review – Post Implementation update

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

Purpose

1. To provide the Adults Wellbeing and Health Overview and Scrutiny Committee with a further update in respect of the implementation of the revised Accident and Emergency Ambulance Service by Durham Dales, Easington and Sedgefield CCG which commenced on 1 April 2016.

2. Representatives of North East Ambulance Service NHS Foundation Trust will also be in attendance at the meeting to provide an update in respect of Ambulance performance across County Durham as well as providing information in respect of new ambulance response standards that are proposed.

Background

3. At its meeting held on 14 November 2016, the Committee received a detailed report and presentations updating members regarding the post-implementation impact of implementation of the revised Accident and Emergency Ambulance Service by Durham Dales, Easington and Sedgefield CCG.

4. Members of the Adults Wellbeing and Health Overview and Scrutiny Committee have previously considered reports and presentations from the North East Ambulance Service NHS FT, NHS County Durham and Darlington (the former Primary Care Trust), Durham Dales Easington and Sedgefield Clinical Commissioning Group the North East Clinical Senate and representatives of the Durham Dales Ambulance Monitoring Group in respect of DDES CCG 's review of Accident and Emergency Ambulance services within the DDES CCG locality.

5. Following consideration of the report and presentations, the Adults Wellbeing and Health Overview and Scrutiny Committee resolved that NEAS be requested to come back to a future meeting of the Committee with a further report showing locality data.

Latest Position

6. In accordance with the recommendation made by the Adults Wellbeing and Health OSC detailed above, representatives of Durham Dales, Easington and Sedgefield CCG and North East Ambulance Service NHS FT will give a presentation to members detailing post implementation monitoring of the new services and also the progress made in “developing services and relationships that would improve the resilience of rural populations” called for within the Clinical Senate report.

7. At the Committee’s meeting held on 14 November 2016, the Chairman of the Committee had stressed that locality performance data across the whole of County Durham was needed to ascertain the extent to which NEAS NHS FT performance in County Durham fell below Trust-wide performance figures.

8. An update report detailing NEAS performance across localities within County Durham is attached to this report (Appendix 2) and representatives of NEAS NHS FT will be in attendance to present this information and answer questions from the Committee.

National Ambulance Response Programme

9. In July 2017, Sir Bruce Keogh, National Medical Director for NHS England wrote to the Secretary of State for Health advising of the results of the Ambulance Response Programme set up in 2015 as an independently evaluated trial to test new ways of working for the ambulance service. A copy of the letter is attached to this report (Appendix 3)

10. Following what have been reported as the largest trials ever conducted and the evidence base that the trials have produced, a recommendation was made to the Secretary of State for Health that the Ambulance Response programme be rolled out to every ambulance service within England.

11. On 13 July 2017, NHS England announced that a new set of performance targets for the ambulance service would apply to 999 calls.

12. NEAS NHS FT published a briefing note on the proposed changes which was circulated to the Adults Wellbeing and Health OSC members and arrangements have been made to advise the Committee of the new response standards and what this will mean in terms of how 999 calls are handled and responded to.

Recommendation

13. 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 1 September 2015 and 1 September 2016.

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

Appendix 1: Implications

Finance – None

Staffing - None

Risk - None

Equality and Diversity / Public Sector Equality Duty – None

Accommodation - None

Crime and Disorder – None

Human Rights - None

Consultation – None

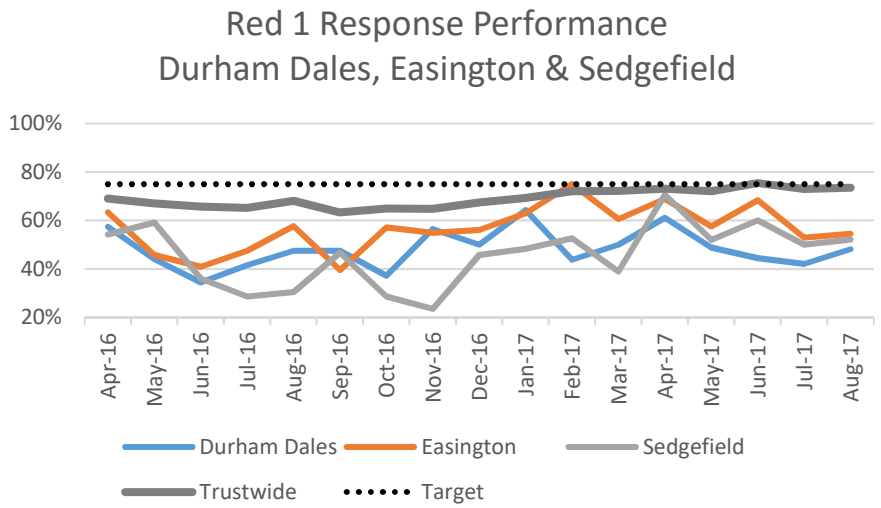
Procurement - None

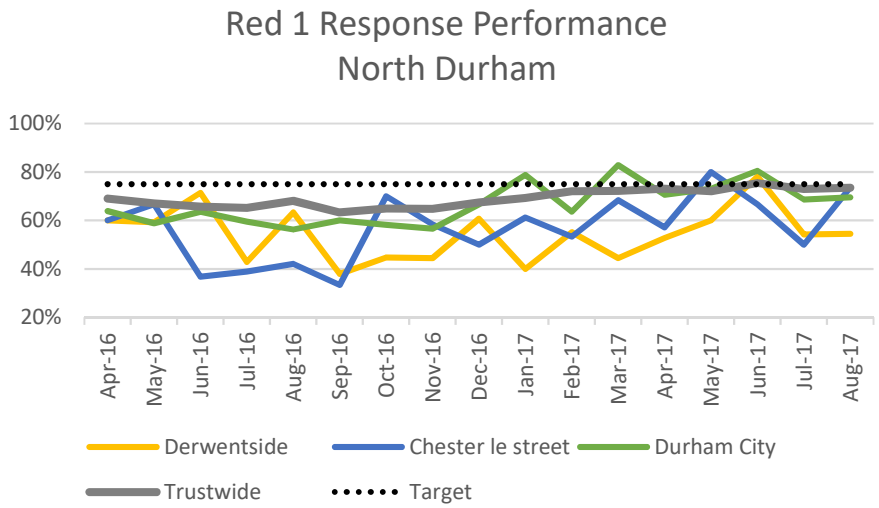
Disability Issues – None

Legal Implications – None

Red Response Performance

Red 1

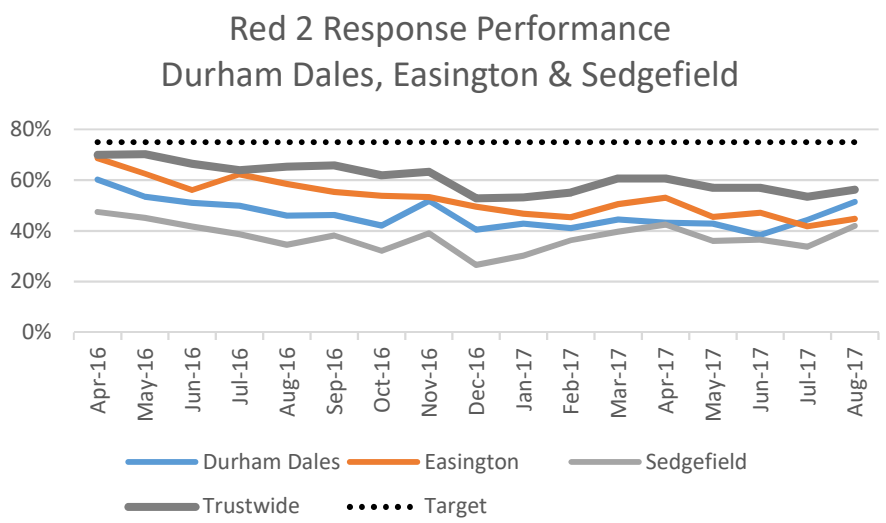


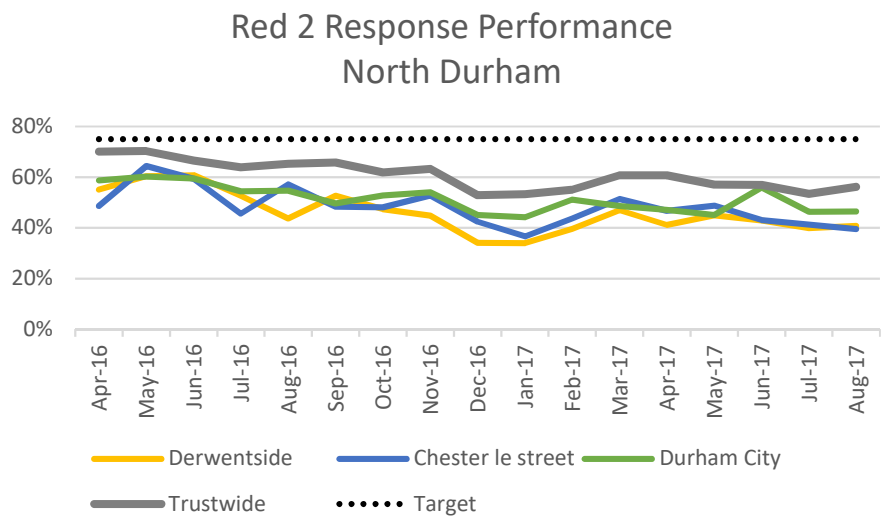


- Trust wide, we have seen an improvement in the time taken to arrive on scene for those with the most life threatening conditions.
- This improved trend is seen across Durham, however, as we know those in the most rural areas do experience longer waits

Red Response Performance

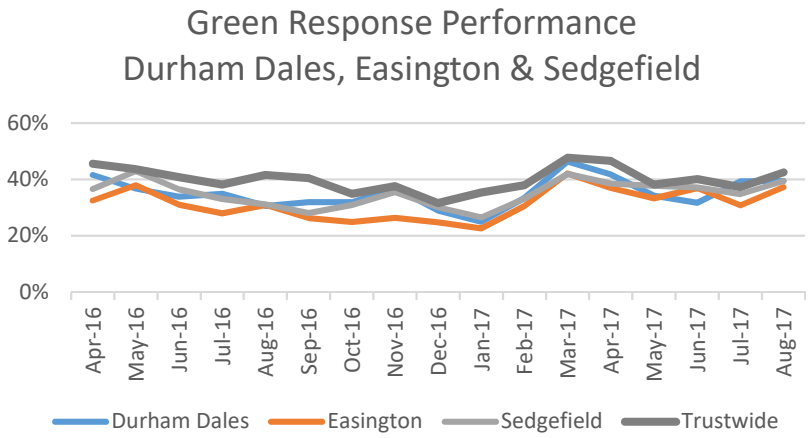
Red 2

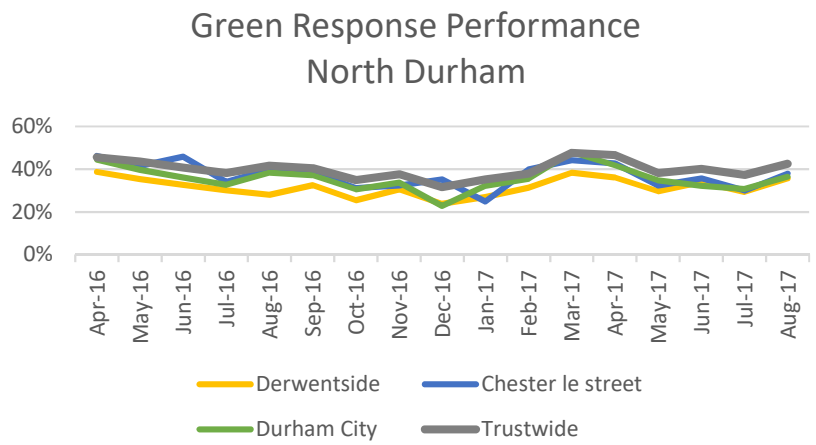


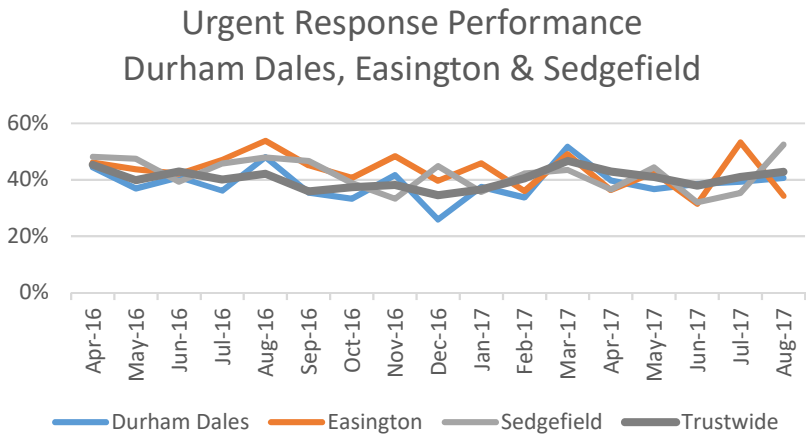


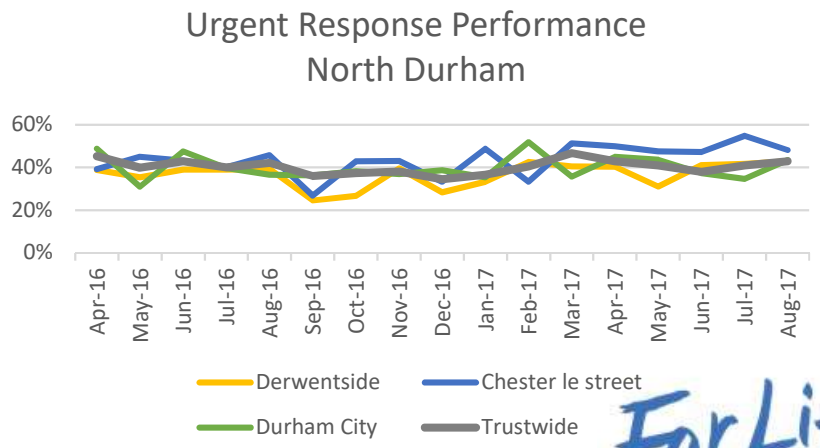
- Red 2 performance has been more challenging as demand has continued to rise.
- The Trust-wide trend is again reflected in performance across the locality.

Green and Urgent Response Performance

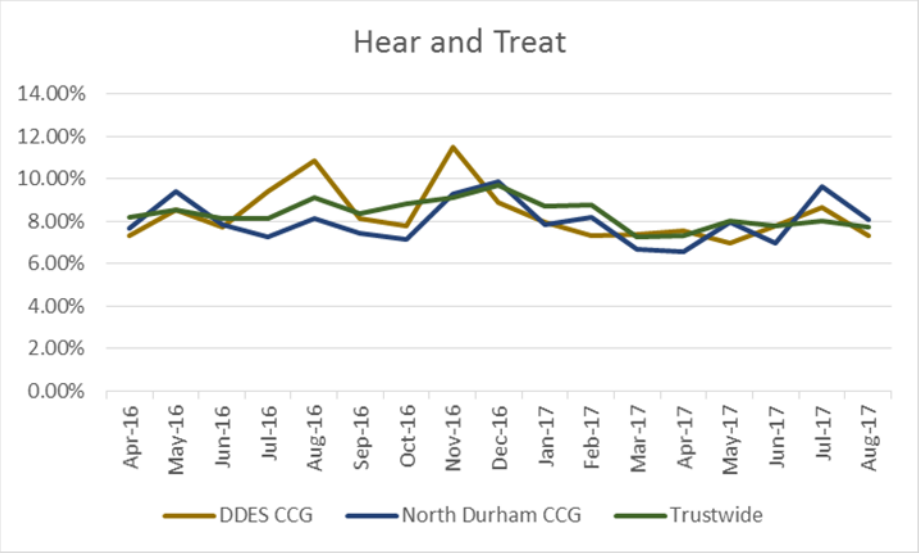


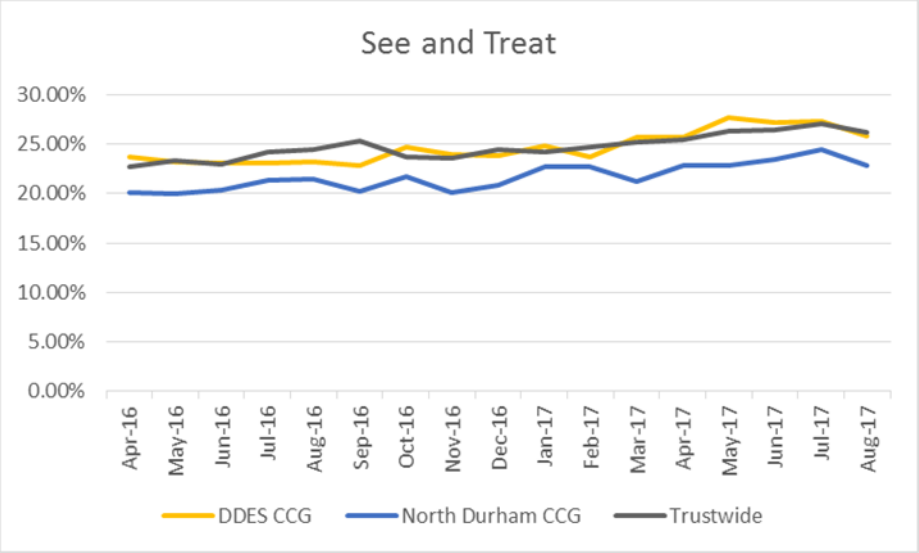






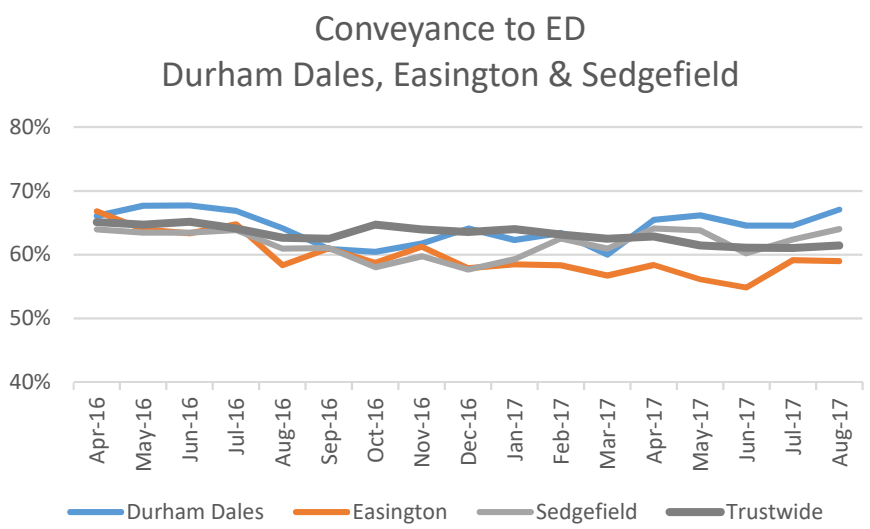
Hear and Treat & See and Treat

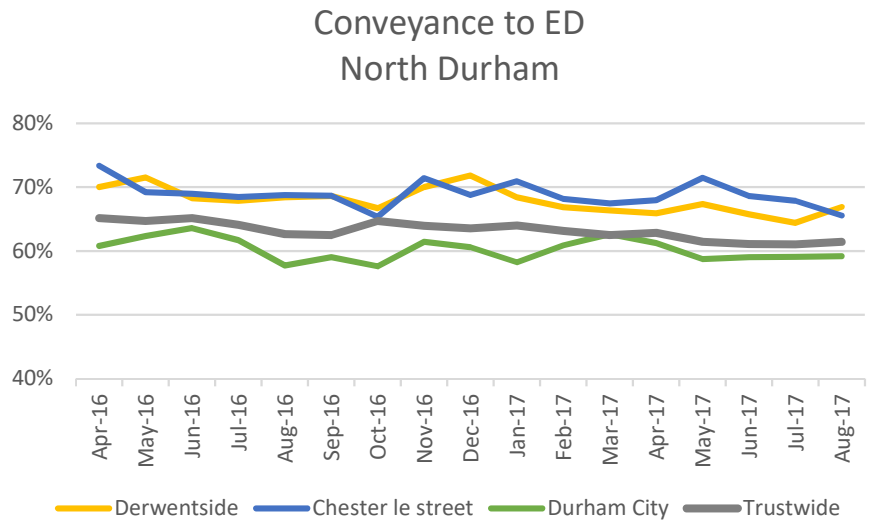




- Trust wide YTD see and treat volumes have increased by 15.6%, compared with the same period 2016/17. Both North Durham and DDES CCGs have seen a higher than average increase of 18.2% and 22.4% respectively.

Conveyance to Emergency Department





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Professor Sir Bruce Keogh
National Medical Director
Skipton House
80 London Road
SE1 6LH

Jeremy Hunt
Secretary of State for Health
By email and hard copy

13 July 2017

Dear Jeremy,

Ambulance Response Programme

In recent weeks we have seen countless examples of the outstanding work done by the ambulance service in the most tragic of circumstances, from the response to terrorist attacks in London and Manchester to the devastating fire at Grenfell Tower. The extraordinary response to these terrible events came on top of the everyday heroics by paramedics that save countless lives day in, day out across the country.

We have also marked the 80th anniversary of the introduction of the 999 emergency telephone number. The ambulance service has changed beyond recognition during this time, from little more than vehicles transporting patients to hospitals, often staffed by volunteers, to the "mobile hospital" model we see today.

It is a timely reminder that the NHS is constantly evolving and, as leaders of the NHS, we must always ensure that we move with the times – supporting staff to provide the best possible service to our patients, rather than putting obstacles in their way.

Yet, in the case of the ambulance service, it has become increasingly obvious that we have failed to keep up. Since the mid-1970s most aspects of the service have changed beyond recognition: a large number of responses now focus on the frail elderly rather than traditional medical emergencies, half of all calls are now resolved by paramedics without the need to take patients to hospital, and for specialist care the focus of the ambulance service is increasingly on getting patients to the *right* hospital rather than simply the nearest. Over the last four decades, however, the service has remained organised around an eight minute response time target.

Amidst all of this change that standard has become an anachronism, with anxious callers placed into outdated categories that are no longer fit for purpose. Half of all calls are classed as urgent with an 8 minute response time target – but one that has to be met in only 75% of cases. The other half of calls are deemed non-urgent with no national response target at all. Response times for that second group of patients have, unsurprisingly, doubled in some trusts in the last two years alone.

For those covered by the 8 minute target the system is equally dysfunctional. Ambulance staff are given just sixty seconds to decide what resource each patient needs. While this may have worked many years ago, it is hopelessly unsuited to modern medicine. A stroke patient, for example, will gain little benefit from a paramedic on a motorbike when what they need is an ambulance that can rapidly convey them to a specialist treatment centre.

There is also the problem of "hidden waits" for those patients needing urgent hospital treatment. At present, the clock is "stopped" by the arrival of the first vehicle, not the arrival of the vehicle that the patient actually needs. A quarter of all patients who require hospital treatment have the clock stopped by a vehicle – often a motorbike – which is in fact incapable of taking them anywhere. There are few better examples of hitting the target and missing the point.

Most worryingly, the target can increase response times and cost lives. Multiple vehicles are often dispatched to the same patient in a race to "stop the clock". When calls where a patient's needs only become known after the one minute has elapsed are factored in, one in four ambulances dispatched are now stood down before they reach the scene. Every year hundreds of thousands of patients fail to get an immediate response because ambulances are dispatched in this wasteful and illogical manner. Correcting this anachronism would free up to fifteen thousand ambulance responses every week.

These criticisms are not new. They have been highlighted by the National Audit Office, by the Health Select Committee, and by countless paramedics and ambulance staff. So when I wrote to you in 2015, I said that we were determined to finally tackle this problem. I commissioned the Ambulance Response Programme (ARP) – an independently evaluated trial to test new ways of working for the service, led by Professor Jonathan Benger and Professor Keith Willett.

Over the last 18 months the ARP has covered over 14 million calls, testing a new operating model and new set of targets. Further details are annexed to this letter, but in summary this new system would:

- Change the dispatch model of the ambulance service, giving staff slightly more time to identify patients' needs and allowing quicker identification of urgent conditions.
- Introduce new target response times which cover every single patient, not just those in immediate need. For the most urgent patients we will collect mean response time in addition to the 90th percentile, so every response is counted.
- Change the rules around what "stops the clock", so targets can only be met by doing the right thing for the patient.

The results have been impressive. The trial has demonstrated that, should these changes be adopted nationally:

- Early recognition of life-threatening conditions, particularly cardiac arrest, will increase. Based on figures from London Ambulance Service, it is estimated that up to 250 additional lives could be saved in England every year.
- Up to 750,000 patients every year would receive an immediate ambulance response, rather than joining a queue.
- The differences in response time between patients living in rural areas and those in cities would be significantly reduced.

All of this has been achieved with no patient safety or adverse incidents attributed to the ARP in those 14 million calls.

Given this comprehensive and compelling evidence, I am writing to you formally to recommend the roll out of the Ambulance Response Programme to every ambulance service in England. Patients across the country deserve to benefit from the significant improvements seen in the trial areas, from ambulances reaching cardiac arrests in London 30 seconds faster to the one minute improvement on stroke responses in the West Midlands. These changes, together with ambitious new clinical standards for heart attack and stroke patients, will end the culture of "hitting the target but missing the point." They will refocus the service on what actually counts: outcomes for patients.

These trials, the most extensive ever conducted, have provided us with an unrivalled evidence base for these changes. They also come with the strong endorsement of every expert organisation we have spoken to – whether the Royal College of Emergency Medicine, the Stroke Association, or the College of Paramedics.

If these recommendations are accepted then we intend to fully implement these new standards by the beginning of winter 2017, a little over six months before the NHS's 70th birthday. As we inevitably use this moment to reflect on both the achievements and challenges of the NHS, I am confident that the ambulance service would approach this landmark in a much stronger position to continue its remarkable work even more effectively.

Yours sincerely,

Professor Sir Bruce Keogh KBE, MD, DSc, FRCS, FRCP
National Medical Director
NHS England

Annex 1 – Changes to the current national standards

Changes to triage questions

The “Nature of Call” system introduces three standardised pre-triage questions to increase the early recognition of cardiac arrest. Based on London Ambulance Service figures obtained by Sheffield University, it has been estimated that up to 250 additional lives will be saved in England every year.

Changes to clinical standards

To ensure the ARP changes drive improved clinical outcomes, we will be introducing a new set of clinical indicators.

For serious **heart attack** patients, who have specific ECG changes, we will measure the proportion of patients that receive definitive treatment (balloon inflation during angioplasty at a specialist heart attack centre) within 150 minutes of making a 999 call. We expect 90% of patients to meet this standard by 2022.

For **stroke patients**, we will measure the proportion of patients that complete their pathway of care (thrombolysis where appropriate, or first CT scan for those where it is not) within 180 minutes of making a 999 call – again with an expectation that 90% of patients will meet this standard by 2022, up from an estimated 75% of stroke patients currently completing their pathway of care within that timeframe.

Changes to dispatch practices, call categorisation and clock start/stop definitions

A comparison of the current operational standards and new operational standards is shown below.

Current standards

Category	Percentage of calls in this category	National Standard	How long does the ambulance service have to make a decision?	What stops the clock?
Red 1	3%	75% within 8 minutes	The clock starts at the point the call is connected to the ambulance service	The first ambulance service-dispatched emergency responder arriving at the scene of the incident
Red 2	47%	75% within 8 minutes	The earliest of: •The problem being identified •An ambulance being dispatched •60 seconds from the call being connected	The first ambulance service-dispatched emergency responder arriving at the scene of the incident
Green	50%	No national standard	The earliest of: •The problem being identified •An ambulance response being dispatched •60 seconds from the call being connected	The first ambulance service-dispatched emergency responder arriving at the scene of the incident

Proposed standards

Category	Percentage of calls in this category	National Standard	How long does the ambulance service have to make a decision?	What stops the clock?
Category 1	8%	7 minutes mean response time 15 minutes 90th centile response time	The earliest of: •The problem being identified •An ambulance response being dispatched •30 seconds from the call being connected	The first ambulance service-dispatched emergency responder arriving at the scene of the incident (There is an additional Category 1 transport standard to ensure that these patients also receive early ambulance transportation)
Category 2	48%	18 minutes mean response time 40 minutes 90th centile response time	The earliest of: •The problem being identified •An ambulance response being dispatched •240 seconds from the call being connected	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport, the first ambulance service-dispatched emergency responder arriving at the scene of the incident stops the clock.
Category 3	34%	120 minutes 90th centile response time	The earliest of: •The problem being identified •An ambulance response being dispatched •240 seconds from the call being connected	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport the first ambulance, service-dispatched emergency responder arriving at the scene of the incident stops the clock.
Category 4	10%	180 minutes 90th centile response time	The earliest of: •The problem being identified •An ambulance response being dispatched •240 seconds from the call being connected	Category 4T: If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock.

Adults Wellbeing and Health Overview and Scrutiny Committee

2 October 2017

Health and Wellbeing Board Annual Report 2016/17

Report of Lorraine O'Donnell, Director Transformation & Partnerships, Durham County Council

Purpose of Report

1. The purpose of this report is to present the Adults Wellbeing and Health Overview and Scrutiny Committee with the Health and Wellbeing Board Annual Report 2016/17 (attached as Appendix 2) for information.

Background

2. The Health and Social Care Act 2012 required all upper tier local authorities to establish Health and Wellbeing Boards. The County Durham Health and Wellbeing Board was formally established as a committee of Durham County Council in April 2013.

3. This is the fourth Health and Wellbeing Board Annual Report, which outlines the achievements of the Board during its fourth year of operation. It also includes details of locality health and wellbeing projects which support the priorities of the Health and Wellbeing Board, as well as details of the future work for the Health and Wellbeing Board moving forward.

4. The functions of the Health and Wellbeing Board remain as:

   - Develop a Joint Strategic Needs Assessment
   - Develop a Joint Health and Wellbeing Strategy
   - Encourage integrated working between commissioners of health services, public health and social care services
   - Produce a Pharmaceutical Needs Assessment to look at the provision of pharmacy services across County Durham.

5. Adults Wellbeing and Health Overview and Scrutiny Committee has continued to develop a relationship with the Health and Wellbeing Board and has been kept up to date on the work of the Board, which includes sharing regular updates on performance with the Committee.

6. Adults Wellbeing and Health Overview and Scrutiny Committee continues to have a "critical friend" approach with the Health and Wellbeing Board in

relation to sharing information during the production and refresh of the Joint Health and Wellbeing Strategy.

Achievements during 2016/17

7. The Annual Report outlines a number of achievements of the Health and Wellbeing Board over the past year, including:

- Agreed an Oral Health Strategy for County Durham to address concerns raised by the Health and Wellbeing Board over significant variations in oral health across County Durham. The strategy will aim to:
    - Reduce the population prevalence of dental disease, specifically levels of dental decay in young children and vulnerable groups including our ageing population
    - Ensure oral health promotion programmes are evidence informed and delivered according to identified need.

- County Durham's Better Care Fund 2016/17 is based upon maintaining stability and focuses on investing in a range of projects and service initiatives aimed at reducing inappropriate demand on A&E and Urgent Care, particularly for vulnerable, frail elderly patients at higher risk of admission. Examples include greater access and use of telecare by people in their homes and coordinated support to enable people to return home following a stay in hospital. As a result of this work the number of people whose transfer of care from hospital is delayed, is lower than the national average.

- An Integration Board has been established as a sub group of the Health and Wellbeing Board to lead on our plans for Health and Social Care Integration to meet the government's target of achieving full integration by 2020, including:

    - Commitment from the NHS and partner agencies across County Durham to further develop integrated provision and commissioning is clear
    - A Director of Integration has been appointed to work as part of the Chief Officer team to ensure effective leadership and delivery of this agenda.
    - 'Teams Around Patients' (TAP) are being established in localities which will offer a range of coordinated services centred around groupings of GP practices. There will be 13 TAPs across the county.
    - An important function within the TAP will be to identify the most vulnerable adults who are a risk of significant deterioration in their health and wellbeing with a resultant admission to acute and/or permanent care settings. This is expected to be the top 2% of those people on GP lists who fall into that high risk group. Services will then focus upon enhancing health and wellbeing through proactive treatment, reablement and rehabilitation.

- Consideration of the existing estate to better utilise community buildings within a TAP geography is currently underway.

- As part of 'Check4Life' (local implementation of the national Health Check programme) and the local NHS Diabetes Prevention Programme, a more targeted approach has been made in relation to identifying people most at risk of cardiovascular disease (CVD) and developing Type 2 diabetes, to offer them behavioural interventions designed to lower their risk.

- The Health and Wellbeing Board was one of only 14 Boards in England to achieve a rating of six out of six by National Energy Action in recognition of the action it is taking on tackling fuel poverty/cold-related ill health, making it one of the top performers nationally. The Board was praised for adopting innovative practice such as the methods it uses to target at risk households for fuel poverty interventions.

- The Health and Wellbeing Board were one of six Boards to be shortlisted for the 2016 Local Government Chronicle Awards in the 'Effective Health and Wellbeing Board' category, by demonstrating how the Health and Wellbeing Board have been effective at influencing the health and social care agenda in the area.

- The Healthy Weight Alliance, a sub-group of the Health and Wellbeing Board, has developed the healthy weight strategic framework to tackle obesity at a local level and County Durham has become a national pilot site for obesity reduction in Public Health England's three year programme into obesity systems, delivered by Leeds Beckett University.

- The Health and Wellbeing Board are continuing to support measures aimed at improving dementia diagnosis rates further, such as regular information and guidance for GPs and increasing the number of dementia friendly communities and activities across the county as part of the implementation of the Dementia Strategy.

Local Projects

8. A number of local projects across County Durham support the priorities of the Health and Wellbeing Board, which aim to improve the health and wellbeing of people in their local communities. Details of the projects, including those delivered by the Area Action Partnerships, are included in the Annual Report and include the following:

    - Derwent Valley AAP is working in partnership with If U Care Share to deliver a Suicide Prevention and Mental Health project in the area, targeted at the 14+ age group.

    - Smokefreelife County Durham has been running Quit and Get Fit programmes for smokers who want to quit. They can take part in

organised Zumba or Bootcamp sessions, as well as access specialist support and medications.

- The Durham CREE programme, based on the Australian Men in Sheds model, has reached out to people who may be isolated and vulnerable in the community. There are a number of CREEs across County Durham that can offer community based support and reduce social isolation.

- A number of dementia friendly projects which have been delivered across the county. These include Dementia Friendly Swimming which is run in conjunction with Durham County Council Culture and Sport Service and the Amateur Swimming Association.

- Chester-le Street AAP have been working with St. Cuthbert's Hospice and Cestria Housing to deliver the 'Everything in Place' project. The AAP have been providing support through the steering group. They have also delivered engagement sessions with local groups to promote the work of the project, and to raise awareness of the support people can get at the end of their life.

Challenges

9. One of the greatest challenges facing the health service and providers of adult social care is how to respond to an increasingly older population and its changing needs. There is a clear consensus that reorganising services around people with increasingly complex health and social care needs will improve outcomes for people.

10. In addition, a high proportion of Health and Social Care budgets are spent on treating ill health, yet 80% of heart disease, stroke and type 2 diabetes, and 50% of cancers could be avoided.

11. An integrated whole system approach will facilitate a move away from episodic ill health and care towards a greater emphasis on early intervention, prevention and promoting independence.

Future work of the Health and Wellbeing Board

12. There are a number of initiatives that the Health and Wellbeing Board will continue to take forward during the coming year to support this approach, including the following:

- Undertake a review of the priorities for the Health and Wellbeing Board based on the evidence in the Joint Strategic Needs assessment (as part of the Integrated Needs Assessment) a 'one stop shop' for all strategic assessments to ensure a focus on improving the health and wellbeing of people in County Durham and reducing health inequalities.

- Discuss spending plans and arrangements for additional adult social care funding, known as the Improved Better Care Fund, to address the

integration of health and social care and to alleviate pressures faced by the adult social care sector and NHS.

- Provide challenge on the Sustainability and Transformation Plans for County Durham to ensure that residents in County Durham will not be disadvantaged or experience any reductions in the availability of NHS services as a result of the Plans. Assurances will be sought in relation to ensuring that clear and specific funding arrangements are in place to support the STPs and that robust formal consultation arrangements and decision making processes are also in place.

- Agree a streamlined approach to the range of mental health and wellbeing strategies currently in place, through the development of focused plans on a page with key actions to ensure that resources are targeted to services which meet the needs of people in County Durham.

- As part of the statutory responsibilities of the HWB, agree the Pharmaceutical Needs Assessment which looks at the current provision of pharmacy services across County Durham, and whether there are any potential gaps to service delivery.

13. Further details of the Health and Wellbeing Board's future work are included in the Annual Report.

Recommendations

14. It is recommended that Adults Wellbeing and Health Overview and Scrutiny Committee:

- Note the Health and Wellbeing Board's work undertaken in 2016/17.
- Receive the Health and Wellbeing Board Annual Report 2016/17 for information.

Contacts:
Andrea Petty, Strategic Manager – Policy, Planning & Partnerships, Transformation and Partnerships Tel: 03000 267 312

Appendix 1: Implications

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

Staffing – No direct implications.

Risk – No direct implications.

Equality and Diversity / Public Sector Equality Duty – The key equality and diversity protected characteristic groups are considered as part of the process to identify the groups/organisations to be invited to the Health and Wellbeing Board Big Tent Event.

Accommodation - No direct implications.

Crime and Disorder – The Integrated Needs Assessment (INA) provides information relating to crime and disorder.

Human Rights - No direct implications.

Consultation – Consultation on the priorities of the Health and Wellbeing Board is undertaken on an annual basis through the Big Tent Event and other engagement activities.

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

Disability Issues – The needs of disabled people are reflected in the INA and JHWS.

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

Improving the health and wellbeing of people in County Durham






County Durham Health and Wellbeing Board Annual Report

2016/17

Altogether healthier

County Durham Health and Wellbeing Board

www.countydurhampartnership.co.uk

Foreword from Chair and Vice Chair

It gives us great pleasure to introduce the County Durham Health and Wellbeing Board Annual Report for 2016/17. The Board has a commitment to openness and transparency in the way it carries out its work and is accountable to local people. This includes a commitment to annually review progress towards the board's ambition to ***improve the health and wellbeing of the people of County Durham and reduce health inequalities.***

The Board's strong partnership approach facilitates genuine collaboration and joint planning between the main stakeholders in health and social care and has been central to the achievements of the Board and will also be important in future work.

Looking forward, the Board will need to support joint service provision built around individuals and their communities and will seek assurances that the Sustainability and Transformation Plans meet the needs of the people in County Durham and ensures that they will not be disadvantaged. It is also important that these plans reflect our local priorities from the County Durham Joint Health and Wellbeing Strategy.

A high proportion of health and social care budgets are spent on treating ill health, when a high percentage of diseases including diabetes, heart disease, stroke and cancers could be avoided. We need to take a more joined up, holistic and integrated approach across all our partners to drive forward the prevention agenda in County Durham to have the maximum impact to prevent the need for more costly services in the future, at a time when all partners are facing budget reductions alongside increasing demand on services. Nonetheless, we are firmly committed to ensuring that health and wellbeing provision is planned and delivered to best meet the needs of all the residents of County Durham.

We would like to thank everyone involved for their hard work over the past year.

Councillor Lucy Hovvels MBE

Chair of the Health and
Wellbeing Board
Cabinet Portfolio for Adult and Health Services

Dr Stewart Findlay

Vice Chair of the
Health and Wellbeing Board
Chief Clinical Officer, Durham Dales,
Easington and Sedgefield Clinical
Commissioning Group

Who are the Health and Wellbeing Board?

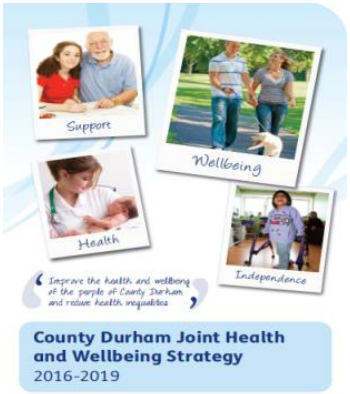
The Health and Wellbeing Board (HWB) is a Durham County Council committee which brings together organisations who work together to improve the health and wellbeing of people in County Durham, and reduce health inequalities.

Our HWB includes partners from Durham County Council (Public Health, Adult and Health Services, Children and Young People's Services and elected county councillors), North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups (CCGs), Healthwatch County Durham and the National Health Service (NHS) Foundation Trusts.

The HWB is one of the thematic partnerships of the County Durham Partnership (CDP), which is the strategic partnership for County Durham. The County Durham Partnership is supported by 14 Area Action Partnerships (AAPs) who provide a forum for consultation and decision-making in local areas. The HWB lead on the 'Altogether Healthier' theme. You can find out more information about the CDP and the HWB by visiting our website at www.countydurhampartnership.co.uk

What do we do?

The HWB meets to ensure all partner organisations are delivering on the vision to ***'Improve the health and wellbeing of the people of County Durham and reduce health inequalities'***. The formal HWB meetings are open to the public.



We have a legal responsibility to develop a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS).

The JSNA provides an overview of the current and future health and wellbeing needs of the people of County Durham. The health and social care evidence base is included in an Integrated Needs Assessment (INA) as a 'one stop shop' for all strategic assessments. The evidence in the JSNA is used to inform the Joint Health and Wellbeing Strategy.

The HWB has a responsibility and duty to encourage integrated working between commissioners of health services, public health and social care services, for the purposes of advancing the health and wellbeing of the people in its area and we have developed the County Durham Joint Health and Wellbeing Strategy 2016-19 to ensure health and social care agencies work together and agree the services that should be prioritised to ensure all partners are delivering against the vision.

Key performance achievements in County Durham 2016/17

Achievements of the Health and Wellbeing Board

This section details achievements and developments that have taken place in 2016/17 to achieve the strategic objectives in the Joint Health and Wellbeing Strategy.

The County Durham's Better Care Fund 2016/17 is based upon maintaining stability and focuses on investing in a range of projects and service initiatives aimed at reducing inappropriate demand on A&E and Urgent Care, particularly for vulnerable, frail elderly patients at higher risk of admission. Examples include greater access and use of telecare by people in their homes and coordinated support to enable people to return home following a stay in hospital.

As part of **'Check4Life'** (local implementation of the national Health Check programme) and the local **NHS Diabetes Prevention Programme**, a more targeted approach has been made in relation to identifying people most at risk of cardiovascular disease (CVD) and developing Type 2 diabetes, to offer them behavioural interventions designed to lower their risk.

The **Healthy Weight Alliance**, a sub-group of the Health and Wellbeing Board has developed the healthy weight strategic framework to tackle obesity at a local level and County Durham has become a national pilot site for obesity reduction in Public Health England's three year programme into obesity systems, delivered by Leeds Beckett University.

An **Integration Board** has been established as a sub group of the Health and Wellbeing Board to lead on our plans for **Health and Social Care Integration** to meet the government's target of achieving full integration by 2020.

- Commitment from the NHS and partner agencies across County Durham to further develop integrated provision and commissioning is clear
- A Director of Integration has been appointed to work as part of the Chief Officer team to ensure effective leadership and delivery of this agenda.
- 'Teams Around Patients' (TAP) are being established in localities which will offer a range of coordinated services centred around groupings of GP practices. There will be 13 TAPs across the county.
- An important function within the TAP will be to identify the most vulnerable adults who are a risk of significant deterioration in their health and wellbeing with a resultant admission to acute and/or permanent care settings. This is expected to be the top 2% of those people on GP lists who fall into that high risk group. Services will then focus upon enhancing health and wellbeing through proactive treatment, reablement and rehabilitation.
- Team configurations have been proposed and agreement reached with County Durham and Darlington NHS Foundation Trust (CDDFT) and Durham County Council on staff alignment.
- Locality briefings are underway and a project and communications and engagement plan is in place.
- A steering group is overseeing the work and has representation from CCGs, CDDFT, Adult Social Care, GP practices, Federations and the Voluntary Sector.
- Workstreams have been established and localities are being asked to consider representation to help shape work relating to referrals, work allocation, pathways, risk stratification and performance.
- A request has been made for early adopters of the model to come forward and several nominations have been received. It is envisaged that the model will be rolled out fully throughout 2017/18.
- Consideration of the existing estate to better utilise community buildings within a TAP geography is currently underway.

The Health and Wellbeing Board was one of only 14 Boards in England to achieve a rating of six out of six by National Energy Action in recognition of the action it is taking on **tackling fuel poverty/cold-related ill health**, making it one of the top performers nationally. The Board was praised for adopting innovative practice such as the methods it uses to target at risk households for fuel poverty interventions.

To support the 0-19 Healthy Child Programme in County Durham, a **Healthy Child Programme Board** has been established as a sub-group of the Health and Wellbeing Board, to provide a specific focus on health issues affecting children, young people and families to reduce health inequalities and deliver improved health and wellbeing outcomes.

A **mental health promotion and prevention wellbeing model** has been developed to improve service delivery and value for money while ensuring services and opportunities are accessible to anyone needing mental health and wellbeing support. The model covers all stages of life, fair access across the county and improved links between services.

The Health and Wellbeing Board are continuing to support measures aimed at **improving dementia diagnosis rates** further, such as regular information and guidance for GPs and increasing the number of **dementia friendly communities** and activities across the county as part of the **implementation of the Dementia Strategy**.

The **Community Wellbeing Partnership**, a sub group of the HWB, has seen the development of a range of programmes focusing on **reducing social isolation and loneliness** and its effects on health and wellbeing, including frontline service schemes based on ‘making every contact count’ and ‘social prescribing’ which links people to non-medical sources of support within their communities to support mental wellbeing.

The Health and Wellbeing Board were one of six Boards to be shortlisted for the 2016 Local Government Chronicle Awards in the **'Effective Health and Wellbeing Board'** category, by demonstrating how the Health and Wellbeing Board have been effective at influencing the health and social care agenda in the area.

Agreed an **Oral Health Strategy for County Durham** to address concerns raised by the Health and Wellbeing Board over significant variations in oral health across County Durham. The strategy will aim to:

- Reduce the population prevalence of dental disease, specifically levels of dental decay in young children and vulnerable groups including our ageing population
- Reduce inequalities in dental disease (statistics reveal over 60% of children have had experience of tooth decay in Woodhouse Close, Bishop Auckland compared to 6% in Chester-Le-Street South).
- Ensure oral health promotion programmes are evidence informed and delivered according to identified need.

What are our priorities?

County Durham's agreed health and wellbeing priorities for 2016-17 were:

Priority 1

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

Priority 2

Reduce health inequalities and early deaths

Priority 3

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

Priority 4

Improve the mental and physical wellbeing of the population

Priority 5

Protect vulnerable people from harm

Priority 6

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

Priority 1

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

The HWB agreed to enhance the interface between Area Action Partnerships (AAPs) to improve the alignment of AAP developments and investments and the priorities of the HWB. Mental health is a key priority and AAPs, including Derwent Valley AAP, working in partnership with If U Care Share are delivering a Suicide Prevention and Mental Health project, targeted at the 14+ age group. The Derwent Valley project has engaged with over 300 young people through their workshops, they have equipped 24 young people with skills to become peer mentors and they have delivered STOP suicide training to 40 adults.

The Healthy Weight Alliance, a sub group of the HWB who work to tackle obesity in County Durham, has become part of a national pilot to tackle obesity.

Part of this work involves working in the community through breastfeeding cafes and peer support groups to educate people about the benefits of breastfeeding, and how it links to reduced obesity in children.

The Health and Wellbeing Board agreed funding arrangements as part of the implementation of the Children and Young People's mental health, emotional wellbeing and resilience plan for a 24/7 CAMHS Crisis Service to respond to the needs of children and young people with mental health conditions, such as self-harm, suicidality, disturbed behaviour, depression or acute psychoses.

The HWB agreed that a Healthy Child Programme Board is established to support the 0 – 19 healthy child programme and we are working with school nurses to help them to identify and introduce interventions which will improve the health and wellbeing of children at school.

All school nurses are being trained in mental health first aid, and a number are being trained to become specialist Quit Smoking Advisors, who support young people to stop smoking.

Priority 2

Reduce health inequalities and early deaths

To improve the alignment of AAP projects the HWB agreed that a number of AAPs would work more closely with the Wellbeing for Life programme to support improved health and wellbeing within communities. Mid Durham has a specific aim of working with people over the age of 50 years to address a variety of health inequalities. The Health Trainers (HT) working with the AAP and its older people's task group have developed close working relationships with a variety of local and countywide partners. The scheme has been running for 3 years and this year alone they have worked with 53 clients and recruited 9 volunteers, the HT are working across the villages and are connected with each village's surgery delivering 1-to-1 support on diabetes.

Most excess winter deaths are caused by the impact of cold weather on people with respiratory and cardiovascular problems. Strong collaboration is taking place with housing providers and health colleagues to tackle fuel poverty. 88 referrals were made to Warm and Healthy Homes by health and social care staff and of these 50 patients with an underlying health condition received physical improvement measures to their homes. The HWB was praised for adopting innovative practice to target as risk households for fuel poverty interventions. The Health and Well Being Board was awarded five out of six stars by charity National Energy Action (NEA) for its progress on reducing cold related ill health associated with cold homes. Its report ''Get Warm Soon?'' Highlighted County Durham as one of the top performing Boards in England.

The County Durham tobacco control alliance, a sub group of the HWB, delivers tobacco control activities. A peer assessment of this group particularly acknowledged the Health and Wellbeing Board's vision and leadership in tobacco control. Smokefreelife County Durham has been running Quit and Get Fit programmes for smokers who want to quit. They can take part in organised Zumba or Bootcamp sessions, as well as access specialist support and medications.

They have also been running Costa and quit sessions in Shildon, Seaham and Peterlee; where people can get advice and support to help them to stop smoking, over a coffee.

Priority 3

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

The HWB has agreed the spending plans for the Better Care Fund which has invested in services to support the integration of health and social care. This includes Intermediate Care Plus which provides one route into all intermediate care services, prevents unnecessary admission to hospitals or premature admission to care homes, and promotes independence and faster recovery from illness and timely discharge from hospital, which sees Durham having lower rates for delayed hospital discharge than both regional and national averages.

The HWB (through the Better Care Fund) has invested in services to support carers including NHS Personalised Carer Support Fund supports carers to take time out from their caring role and allow them to recharge their batteries. This can be in the form of a therapy voucher, gym membership, attending a course, a holiday etc.

Funding of £380,000 is managed by Durham County Carers Support and The Bridge Young Carers Service, who are monitored by Durham County Council, to ensure the carers are getting value from the funding pot.

Locate

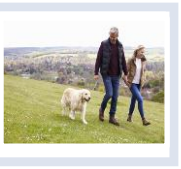
Care and support in County Durham

www.durhamlocate.org.uk

Locate is an interactive website which provides information about local services which meet people's care and support needs, now and in the future.

As part of the 'Wellbeing for Life' program which the HWB agreed as a mechanism to address health inequalities and the social drivers of poor health, a variety of partners are trained to use LOCATE on a 'one to one' basis with people to signpost them to relevant services to meet their needs.

Priority 4



Improve the mental and physical wellbeing of the population

The HWB agreed funding plans to improve mental health and wellbeing, including the Durham CREE programme, which is supported by AAPs and based on the Australian Men in Sheds model, reaches out to people who may be isolated and vulnerable in the community. There are a number of CREEs across County Durham that can offer community based support and reduce social isolation.

Part of their work includes advice on financial issues which can impact on suicide rates, especially in periods of economic recession. A dedicated welfare rights service is available through the CREEs to provide people with information and advice on any financial issues they may have.

There are a number of dementia friendly projects which have been delivered across the county as part of the implementation of the Dementia Strategy agreed by the HWB. These include Dementia Friendly Swimming which is run in conjunction with Durham County Council Culture and Sport Service and the Amateur Swimming Association. Sessions are now being delivered in Chester-Le-Street, Barnard Castle and Durham City, where trained staff and volunteers support people with dementia to continue to enjoy swimming as part of an active lifestyle.

The HWB agreed plans to reduce social isolation and loneliness through the Wellbeing for Life programme. 'Making Every Contact Count' takes advantage of the everyday interactions people have, taking the opportunity to encourage them to make positive changes in their lives, changes which could benefit their health and wellbeing.

County Durham and Darlington Fire & Rescue Service carry out Safe and Wellbeing visits which expand on their home fire safety advice to include a wellbeing assessment covering loneliness and isolation, dementia, smoking cessation, alcohol harm, trips and falls and winter warmth, with referrals being made where necessary to relevant partner agencies; making every contact count.

Priority 5

Protect vulnerable people from harm

To support the HWB priority to protect vulnerable people from harm, Chester-le-Street AAP supported the Aspire project pilot. Aspire is a project where volunteer mentors provide support for women with mental health issues resulting from domestic violence.

After successful engagement, with 126 users, a detailed evidence base was collected which was used to inform a lottery bid to deliver this project over a 5 year term.

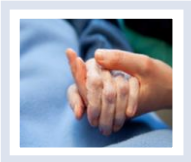
Aspire were successful, and were awarded £500,000 (the only award in County Durham from specific Women & Girls Fund) to deliver a 'Supporting Sisters Projects' which provides tailored support packages for women who may have issues with mental health, substance misuse, domestic violence, low self-esteem, leaving controlling relationships or financial independence.

The Safeguarding Framework agreed by the HWB, outlines the statutory responsibilities of the LSCB and SAB, and how their work interfaces and complements the work of the HWB.

The Local Safeguarding Children Board have trained over 1,000 staff to spot the signs of Child Sexual Exploitation (CSE) and to identify risky behaviour. They have worked hard, through marketing activities, to get CSE messages to as many children, parents and professionals as possible. For example, there is work with schools and colleges to raise awareness of Child Sexual Exploitation issues with young people and teaching staff.

A new ERASE website www.eraseabuse.org was launched which educates people about sexual exploitation in County Durham and Darlington.

Priority 6



Support people to die in the place of their choice with the care and support they need

The HWB have signed up to the Motor Neurone Disease (MND) Charter. The Charter was created to help raise awareness and campaign to improve services for people with MND and their carers at a local level.

An important part of the charter is the recognition of the specific needs of people with MND, and their right to have the right care, in the right place, at the right time to achieve dignity in death.

AAP's are supporting the HWB to ensure people receive high quality care towards the end of their life as part of the Improving Palliative Care and End of Life Plan agreed by the HWB. Chester-le Street AAP have been working with St. Cuthbert's Hospice and Cestria Housing to deliver the 'Everything in Place' project.

The AAP have been providing support through the steering group. They have also delivered engagement sessions with local groups to promote the work of the project, and to raise awareness of the support people can get at the end of their life.

The project supports people to put plans in place about their last wishes, funeral arrangements, wills, donor cards, power of attorney and other legal issues regarding property etc. All combined in a one stop shop booklet.

EverythinginPlace

Challenges for County Durham

Future work of the Health and Wellbeing Board

The Health and Wellbeing Board's work programme for 2017-18 will build on the progress made to date, and will include the following:

One of the greatest challenges facing the health service and providers of adult social care is how to respond to an **increasingly older population and its changing needs**. There is a clear consensus that reorganising services around people with increasingly complex health and social care needs will improve outcomes for people.

An **integrated whole system approach** is also expected to facilitate a move away from episodic ill health and care towards a greater emphasis on early intervention, prevention and promoting independence. This requires integrated care and support by a number of different disciplines and services which are fundamental to a person's good health and wellbeing, with the GP as the expert medical generalist at the centre of the process.

Integration of care is about placing patients at the centre of the design and delivery of care. It leads to better outcomes for patients, safer services, improved patient experience and can also result in more cost-effective care.

We are bringing together health, social care and voluntary organisations to achieve improved health and wellbeing for the people of County Durham through an Accountable Care Network.

County Durham Accountable care network

An Accountable Care Network brings together a number of providers who collaborate to meet the needs of the population they serve, by taking responsibility for the cost and quality of care for a defined population with an agreed budget.

The Accountable Care Network in County Durham represents a new way of working, to provide better healthcare and a better experience for patients, service users and carers. We will work together to avoid unnecessary duplication of services, so that people receive the right care, at the right time, in the right place.

A high proportion of Health and Social Care budgets are spent on treating ill health, yet 80% of heart disease, stroke and type 2 diabetes, and 50% of cancers could be avoided. Regionally prevention workstreams have been established as part of the **Sustainability and Transformations** to maximise opportunities to prevent ill health and improve health gain.

To **prioritise prevention**, a shift in focus is needed to ensure budgets are utilised to best effect and involves building community capacity and resilience, enabling people to maintain their independence and helping communities to help themselves to deliver solutions and scale up good practice.

Sustainability and Transformation Plans have been developed across the country to drive transformation in health care outcomes and tackle the three challenges identified by the Five Year Forward View:

- health and wellbeing of the population
- quality of care
- finance and efficiency

Nationally the NHS agreed that County Durham is covered by the footprint of two Sustainability and Transformation Plans (STPs) in the North East; the North STP covering Northumberland, Tyne and Wear and North Durham; and the South STP covering Durham, Darlington, Tees and Hambleton, Richmondshire and Whitby.

Formal consultation arrangements for the Sustainability and Transformation Plans will take place during 2017 and the Health and Wellbeing Board will be a key stakeholder in relation to these arrangements. The Health and Wellbeing Board will continue to receive regular updates and provide challenge on the **Sustainability and Transformation Plans for County Durham** to ensure that residents in County Durham will not be disadvantaged or experience any reductions in the availability of NHS services as a result of the Plans. Assurances will be sought in relation to ensuring that:

- As a result of the patient flow between the two STPs, colleagues work together to consider the impact for County Durham patients and for the workforce, to ensure that people in County Durham are not disadvantaged in any new acute hospital re-configuration
- STP's are clear and specific with regard to funding arrangements for the duration of the STP and that clarity is provided on how this funding compares with other areas within the country
- Communication is simple, clear and concise for people to understand so that local people are aware of the specific implications of STPs
- The large proportion of rural communities in County Durham are taken into account in relation to the importance of transport services, parking facilities and visiting arrangements to enable patients to access services

Undertake a **review of the priorities for the Health and Wellbeing Board** based on the evidence in the Joint Strategic Needs assessment to ensure a focus on improving the health and wellbeing of people in County Durham and reducing health inequalities.

Discuss spending plans for additional adult social care funding, known as the **Improved Better Care Fund**, to address the integration of health and social care and to alleviate pressures faced by the adult social care sector and NHS.

The implementation of the **oral health strategy** and improving oral health across the county presents some challenges. People living in deprived communities consistently have poorer oral health and in County Durham the gap in oral health inequalities between children living in deprived communities and those in less deprived communities needs to reduce. Targeted work must also continue with vulnerable groups such as those with poor physical and mental health and the complex oral health needs of an ageing population who are keeping their teeth longer.

Agree a streamlined approach to the range of **mental health and wellbeing** strategies currently in place, through the development of focused plans on a page with key actions to ensure that resources are targeted to services which meet the needs of people in County Durham.

As part of the statutory responsibilities of the HWB, agree the **Pharmaceutical Needs Assessment** which looks at the current provision of pharmacy services across County Durham, and whether there are any potential gaps to service delivery.

Health and Wellbeing Board Partners

Durham County Council

www.durham.gov.uk

Altogether healthier
County Durham Health and Wellbeing Board

www.countydurhampartnership.co.uk

NHS
North Durham Clinical Commissioning Group

www.northdurhamccg.nhs.uk

City Hospitals Sunderland NHS
NHS Foundation Trust

www.chsft.nhs.uk

NHS
Durham Dales, Easington and Sedgefield Clinical Commissioning Group

www.durhamdaleseasingtonsedgefieldccg.nhs.uk

healthwatch

www.healthwatchcountydurham.co.uk

County Durham and Darlington NHS
NHS Foundation Trust

www.cddft.nhs.uk

North Tees and Hartlepool NHS
NHS Foundation Trust

www.nth.nhs.uk

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

www.tewv.nhs.uk

RON HOGG
DURHAM POLICE, CRIME AND VICTIMS' COMMISSIONER
Putting victims first in County Durham and Darlington

www.durham-pcc.gov.uk

NHS
Harrogate and District
NHS Foundation Trust

www.hdft.nhs.uk

For information or queries about any of the Health and Wellbeing Board's work you can email us at HWB@durham.gov.uk

Adults Wellbeing and Health Overview and Scrutiny Committee

2nd October 2017

Durham Local Safeguarding Adults Board Annual Report 2016-17

Report of Jane Geraghty Independent Chair Durham Local Safeguarding Adults Board

Purpose of the Report

1. To present the Local Safeguarding Adults Board (SAB) Annual Report 2016-2017 and in doing so provide information on the current position of the County Durham Safeguarding Adults Board and outline achievements during 2016/17, and plans for 2017/18.

Background

2. Durham County Council (DCC) and its partner agencies continue with their commitment and membership of the SAB and this is reflected in compliance reporting into the SAB on a six monthly basis.

3. The Care Act 2014 placed SABs upon a statutory footing with a requirement to produce and publicise an annual report. Supplementary Care & Support Statutory Guidance informs that the SAB Annual Report should have prominence on each core member's website and be made available to other agencies.

4. It is expected that the SAB Annual Report evidences specific areas.These are covered by the Annual Report and include:-

    - Safeguarding in the national and local context.
    - Achievements and challenges during 2016/2017.
    - Community awareness.
    - Looking ahead, future actions and the refreshed Strategic Plan for the period 2017-2020.
    - Perspectives of the key partners.
    - Consultation with the local Healthwatch.
    - Key data on safeguarding activity and analysis in County Durham which is throughout the report.

Safeguarding in the national and local context

5. The Association of Directors for Adult Social Services (ADASS) continues to champion a personalised approach to the safeguarding of adults with a Making Safeguarding Personal (MSP) temperature check published in 2016.

The SAB will continue to review progress on its recommendations to inform its future plans and activities.

6. The Law Commission undertook a review of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act and published its findings together with new draft legislation in March 2017. Adult and health service staff and service providers have been updated of recent legal changes to DoLS with regards to coroner's rules relating to adults who die whilst subject to a DoLS authorisation. The local Clinical Commissioning Groups (CCGs) continue to work with the Continuing Health Care Team in North East Commissioning Support Unit to ensure delivery in relation to the Judicial DoLS agenda.

7. Since the implementation of the Care Act 2014, an increase in safeguarding enquiries has been evident across many local authority areas during 2016. There were 3,020 enquiries undertaken in Durham, 64 per cent related to people over the age of 65 years, 29 per cent of enquiries (1388) required further investigation and risks were subsequently removed or reduced in 67.5 per cent of these cases. This is slightly higher than the national average in 2015-2016 of 67 per cent. No action taken accounted for 21.2 per cent, 3.8 per cent lower than the reported annual national figure of 25 per cent.

8. An easy read version of the report (see Appendix 3) has been prepared in consultation with service user representatives.

Key Achievements in 2016-2017

9. The SAB refreshed its annual self-assessment tool to include MSP for partner completion and held an inter-agency peer challenge clinic to review submissions.

10. The SAB expanded upon the success of a previous national award winning regional radio campaign, focussed upon raising awareness. There were 1,333 website page views compared to 129 for the same period in 2015. The SAB worked with other local authorities in the region, coordinating and submitting a regional report to ADASS North East with evidence of the campaigns impact.

11. Annual monitoring of the evaluation and impact of training is undertaken. NHS England supported the work of the SAB by funding two dedicated Mental Capacity Act training sessions, 169 staff and volunteers from the wider workforce including service providers attending sessions.

12. Face to face training across the partnership for safeguarding adults related programmes were delivered to 7,256 staff, in comparison to 2,161 in 2015 – 2016. This is in part due to improved mechanisms for collating data across the partnership. 'Risk Factor' training was delivered to 350 DCC adult and health service staff and multi-disciplinary team staff.

13. A SAB newsletter has been introduced raising awareness of key related safeguarding issues, including the Prevent Agenda, Access to Advocacy, Be Fraud Aware and Beat the Scammers. Partner agencies including County Durham and Darlington NHS Foundation Trust (CDDFT), Tees, Esk and Wear Valleys NHS Foundation Trust, Durham County Council Housing Solutions

have utilised a dedicated space to raise the profile of their own organisations and key initiatives.

14. To support strengthened links with Healthwatch Durham, an overview of the SAB and of safeguarding adults from abuse and neglect was delivered to Healthwatch Board Members, friends and volunteers in March 2017.

15. A key safeguarding principle is the empowerment of adults to express what they would like to happen and the outcomes they would like to achieve. This is a focus for all SABs. In 2016-2017 95.8 per cent of adults either fully achieved or partially achieved their desired outcomes following safeguarding enquiries.

16. The SAB revisited its performance scorecard to reflect a multi-agency approach to the collation of safeguarding data strengthening the accountability arrangements of the partnership. The first revision was submitted to the SAB in January 2017 and this work continues to progress into 2017-2018.

Key Partner Perspectives

17. As part of the annual report process key partners are requested to offer a perspective of their own safeguarding activity and arrangements and their effectiveness for inclusion within the annual report. Submissions were received in 2016-2017 included:

- Durham County Council – Adult and Health Service
- Durham County Council – Housing Solutions
- North Durham Clinical Commissioning Group
- Durham, Dales, Easington & Sedgefield Clinical Commissioning Group
- County Durham and Darlington NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust
- Durham Constabulary

Areas of focus in 2017-2018

18. In developing and improving upon our performance reporting to ensure it is fully reflective of multi-agency working, and development of thematic audits that are supportive of a prevention agenda.

19. Continue our work in gaining the ‘voice’ of adults and carers to inform our work with a planned follow-up ‘seek your views’ event in July 2017.

20. Continue to strengthen relationships with Healthwatch Durham acting independently to support safeguarding survey activities.

21. In an initiative led by Durham Constabulary, the SAB will continue to explore and identify the prevalence of sexual exploitation for adults, developing the most appropriate pathways for early intervention and support of those adults.

22. In its development session of March 2017 the SAB reflected upon its progress to date, and its direction of travel in relation to setting future priorities. A key focus of those discussions were prevention and early intervention.

23. The Care and Support Statutory Guidance makes clear that SABs must understand the different concerns of the various groups that make up their local communities. In the year ahead, the SAB have agreed to place focus upon financial abuse as part of its preventative work, as well as exploring adults who choose to live in risky situations.

24. The SAB agreed to continue with its 'plan on a page' format, revisiting its priorities inclusive of meeting its statutory responsibilities. A refreshed plan has been produced to cover the period of 2017 to 2020. Identified areas of focus are as shown below.

- Prevention
- Early Intervention
- User/Carer Voice
- Awareness Raising
- Governance
- Performance and Quality
- Safeguarding Adult Reviews
- Learning Lessons and Improvement

25. The Annual Report 2017-18 will report on achievements and progress against the refreshed plan on a page this time next year

Recommendations and reasons

26. Adults Wellbeing and Health Overview and Scrutiny Committee are recommended to:

a) Receive the annual report and note the achievements made in 2016/17.

Background papers

SAB Annual Report 2016/17
SAB Easy Read Annual Report 2016/17

Contact: Andrea Petty, Strategic Manager – Policy, Planning & Partnerships
Tel 03000 267312

Appendix 1: Implications

Finance – S.A.B currently receives £93,780 via partner agencies in order to maintain its business functions. This is reviewed on an annual basis.

Staffing – The sustaining of adult safeguarding activities requires continued priority to staffing to ensure adequate resources are maintained. The continued contribution to staffing from partner agencies supports the sustainability of dedicated safeguarding adults posts/ functions.

Risk – The risks associated with not appropriately managing responses to safeguarding are extremely high and include risks of ongoing abuse and neglect and the risk of serious organisational damage to statutory and non-statutory agencies in County Durham.

The Safeguarding Adults Board puts considerable effort into training and awareness-raising to ensure that abuse and neglect is recognised and reported. All reports of concerns are screened and directed so they receive the most appropriate response. Any risks identified are included within risk arrangements under the umbrella of the Board reviewed quarterly, and the impact of training is regularly explored and reported upon annually.

Equality and Diversity – SAB policy and procedures are formulated with reference to statutory obligations in respect of equality and diversity and equalities impact assessments undertaken where appropriate.

Accommodation – N/A

Crime and disorder - Adult safeguarding is intrinsically linked, and this is covered in the SAB policies and procedures. There is a close working relationship to the Safe Durham Partnership, and annual review of the Safeguarding Framework outlining working arrangements across a range of partnerships. Durham Constabulary is a statutory partner of the SAB and prevention of harm is a key principle of the SAB.

Human rights – The prevention and protection of human rights is fundamental to the work of the SAB and its related partners in the context of safeguarding and adult protection.

Consultation – Report available for all partner agencies.

Procurement – The adoption of safeguarding principles in the procurement of health and social care services is essential. Further work has been undertaken by commissioners for monitoring and review of procured services which will support providing assurance to the board.

Disability issues – Safeguarding Adults procedures apply to ‘adults at risk’, who are adults with needs for care and support, whether or not the local authority is meeting those needs.

Legal implications – Publication of the SAB annual report as well as Safeguarding Adult Reviews (SARs) in that period, lessons learnt and any incomplete actions is in line with the requirements of the Care Act 2014.

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County Durham
SAFEGUARDING ADULTS
INTER-AGENCY PARTNERSHIP

Safeguarding Adults Annual Report 2016/2017

www.safeguardingdurhamadults.info

Working with The Safe Durham Partnership *Altogether safer*

Contents

Message from the Chair

As Independent Chair of the Durham Safeguarding Adults Inter-Agency Partnership Board I would like to thank you for taking an interest in our work and this annual report. As Chair, I have continued to review the work of the Board with independence, ensuring that all partners are able to evidence their progress against our vision.

This report, I hope will offer an insight into the work undertaken over the last year and the progress made since our last report in 2015 – 2016. I hope it demonstrates the openness and transparency with which our Safeguarding Adults Board (SAB) operates.

Each year as part of our continual review we undertake a stocktake of our achievements and challenges. Partners of the SAB are continually working within a challenging climate, so this year, the SAB took the time to consider its direction. We gave particular emphasis to how we can further support individuals and wider communities to keep themselves safe. Empowering and supporting individuals when they may need access to safeguarding services is a vital element of partnership working, and ensuring 'proportionate and good outcomes' for people is what we should do in line with our vision.

Prevention and early intervention are key areas that the SAB wish to take forward into 2017 – 2018. Our partners, councillors and wider communities all have a part to play in achieving that and in continuing to ensure people remain safe from abuse and neglect in Durham.

Over the last year we have strengthened our consultation and involvement with the local Healthwatch, and have improved our quality assurance processes to measure the effectiveness of what we do, and identify improvements. We will continue to monitor and question instances of poor service provision and service quality through our board reporting arrangements. This annual report should have prominence on each core member's website and be made readily available to other agencies. As Chair, I wish to thank everyone involved for their continued commitment this year and into the year ahead.

Jane Geraghty, Independent Chair

Messages from service users, carers and advocates

Effective safeguarding should always place the adult at the heart of what we do. Ensuring adults are empowered and supported to make their own decisions is essential whenever a safeguarding concern is raised. This should be our primary goal. In 2016 – 2017, we continued to explore the views of adults at risk and carers who received safeguarding responses, we also asked the advocates acting on their behalf what they thought of safeguarding practice.

> "The Adult Protection Officer and Case Worker were professional throughout, we felt what had happened to our father was taken seriously and investigated thoroughly"

> "Individuals were met on a one to one basis within their own home or familiar surroundings taking into account their needs"

> "We always felt that the process focussed on the needs of the clients and they were involved as much as possible in the process"

Making Safeguarding Personal was a key area of focus in 2016 – 2017, strengthening engagement and participation with adults and carers. Over the latter part of the year, a user/carer engagement forum led by our lay members has begun to take shape.

Our local Healthwatch is supporting the work of the SAB in 2017 – 2018, by undertaking independent consultation activities with specific groups Gypsy Roma Traveller (GRT) and Carers. The SAB is keen to seek the views of wider communities on its future work plans.

Our work

Since moving to a statutory footing, the SAB has a key role to assure itself that our partners and our local safeguarding arrangements are working harmoniously to protect adults in our area. We do this through our Board activity. The SAB continues to be supportive of the County Durham Sustainable Community Strategy for an **Altogether Better Durham** by 2030.

Our strategic plan for 2015-2018 outlined our priorities and how we aimed to achieve them and encompassed:

The promotion of health and wellbeing for adults with needs for care and support, and carers.

Communicating and engaging with wider agencies and communities of interest to help to make adults safer, and ensure the 'voice' of adults is heard.

Complying with local policy, monitoring that compliance and measuring its effectiveness.

Reviewing and analysing safeguarding activity across our partnership to identify and action improvements.

We also ensure that we:

- Monitor the impact **safeguarding training provision**;
- **Maintain and strengthen our links and reporting to relevant forums**, such as, the Local Safeguarding Children Board, Safe Durham Partnership, Health and Wellbeing Board and Overview and Scrutiny Committees;
- Work in cohesive and collaborative ways with statutory and non-statutory partners;
- Regularly **review** our **governance arrangements** and check we are meeting our statutory obligations.

Adults we support

Any adult with needs for care and support, who is experiencing, or is at risk of abuse or neglect, and as a result of those care and support needs is unable to protect themselves from either the risk of or experience of abuse or neglect.

The local authority has a statutory duty to undertake safeguarding enquiries for all adults who meet the criteria shown above. The SAB by working together in collaboration with partners supports the local authority to achieve that duty.

Why we do it

The SAB aims to support all partners to keep adults at risk safe, and to meet statutory obligations. We promote collective accountability in all that we do, working together to prevent and stop all forms of abuse or neglect happening wherever possible.

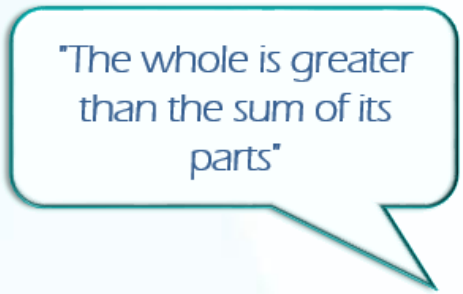
SAB working arrangements

The Care and Support Statutory Guidance describes the main objective of the SAB as "*to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area*" who meet the safeguarding criteria as set out in the Care Act 2014.

Following a review of its governance arrangements in 2015-2016 the SAB agreed a set of actions to take forward to strengthen its arrangements. A number of actions were completed which included:

- Improved connectivity with sub-group chairs by meeting with the Independent Chair on a quarterly basis;
- Held 'peer challenge clinics' in September 2016, following self-assessment by partners;
- Revised multi-agency performance data that is reflective of partnership working on a quarterly basis;
- Partner submissions of 'impact measures' during a regional radio campaign reported to SAB in January 2017;
- The SAB held an annual event in September 2016 commissioned by the Association of Directors of Adult Social Services, North East (ADASS, NE). Following an evaluation of the event, ADASS NE made some recommendations to the SAB. A full update was provided to the SAB in January 2017.
- Strengthened links with the local Healthwatch bringing independence to user/carer survey feedback activities.

SAB membership



The Care Act 2014 specifies that each SAB should have three core members, the local authority, clinical commissioning groups (CCGs) and the police. The SAB is made up of a wider membership, individual partner statements are outlined at the end this report.

SAB meetings

SAB meets on a quarterly basis, and continues to report upon the attendance of partners on a six monthly basis to the SAB providing evidence of the commitment of its members.

Independent chair engagement

The Independent Chair continues to meet regularly with the County Council's Chief Executive, Corporate Director of Adult and Health Services, and Chief Officers of the Clinical Commissioning Groups, NHS Foundation Trusts and Police. This forum offers further opportunities for challenge at the most senior level.

The Chair takes an active role in meeting partners of the SAB individually and engaging in a variety of board activities. In 2016 – 2017 the Chair attended a focus group of Her Majesty's Inspectorate of Constabulary, as well as Safeguarding, Care Act You and Mental Capacity Act training.

Agency	Number of Meetings
Durham County Council – Director of Adult & Health Service	1
Durham County Council Adult & Health Services Board Representatives	1
Durham County Council Adult Protection Lead Officer	2
Durham Constabulary	2
Lay Member	3
Healthwatch	1
Durham County Council – Housing	1
Durham County Council Chief Executive and Chief Officers (See opposite)	2
County Durham & Darlington Fire and Rescue Service	1
Her Majesty's Prison Service Board Representative	1
Named GP	1

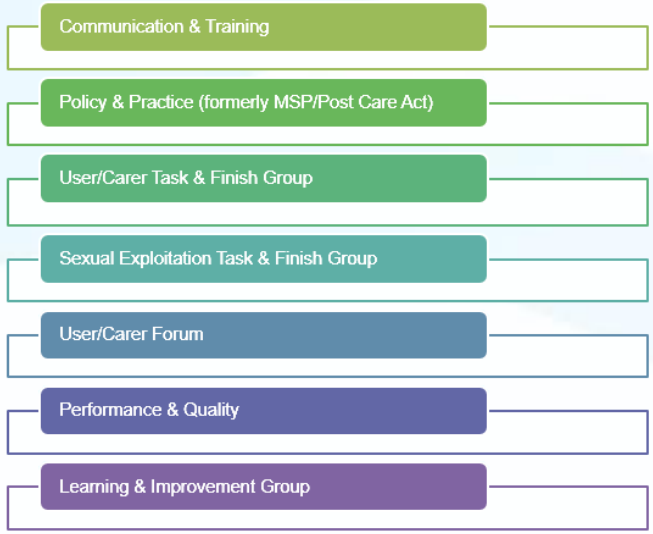
SAB relationships

The SAB continues to build and strengthen its linkage with other partnership boards. Not only is this key to ensuring effective safeguarding arrangements are in place, it is also essential in establishing efficient and collaborative arrangements, to meet our shared aims of prevention and early intervention.

Key 'safeguarding adult' messages and raising the profile of the SAB were delivered as part of 'learning lessons' events coordinated by the Local Safeguarding Children Board (LSCB) in October 2016 through joint working between the two boards following the learning and key actions related to adults from a serious case review.

Sub-groups

Our sub-groups continue to play a pivotal role in driving forward the work of SAB and its functions. For 2016-2017 the sub-groups were as shown below.



Notably, during this reporting period, the Making Safeguarding Personal (MSP) and Post Care Act task and finish group disbanded. Following significant progress, it was agreed that MSP should be embedded across all work streams of the SAB. A policy and practice group was reformed to take forward any outstanding actions. This year has also seen the formation of a user/carer forum, led and chaired by a lay member. The group is making progress in developing ways to consult and engage with users/carers in the work of the SAB. Demonstrating and evidencing that 'user/carer' voice is at the heart of everything we do, is a priority for the SAB. In addition, our last report noted that we would take forward an adult sexual exploitation task and finish group, its remit is to establish the nature of the problem in our locality and to identify the most appropriate pathways for support. The SAB in 2016 – 2017 had seven working groups in place inclusive of short life working groups. All groups working towards action plans to support the SAB in meeting its objectives. All of these groups were represented by a variety of key stakeholders. Contributions from partner organisations and public representation has continued to enhance the quality of the work undertaken.

National and local updates

Since the implementation of the Care Act 2014, an increase in safeguarding reports has been evident across many local authority areas. This may be as a direct result of the new statutory duties for safeguarding adults imposed by the Care Act. Within its remit the SAB must assure itself that it continues to remain informed of changes to practice, national and local developments and legislative updates.

- ADASS continues to strengthen and champion a personalised approach to the safeguarding of adults. Making Safeguarding Personal (MSP) was first introduced in 2010, and since then a number of key reports and guidance have been published. Research in Practice for Adults (RiPfA) published an evaluation report in 2015 for MSP. ADASS commissioned a temperature check as a result and published its findings in 2016. The Durham SAB will continue to review progress on its recommendations to inform its future plans and activities.

- Ensuring the wider multi-agency workforce is equipped with the necessary skills and knowledge plays a key part in ensuring safeguarding arrangements are effective. In the year ahead, the SAB will address a number of training requirements highlighted from its training needs analysis. Self-neglect in the context of safeguarding will be one such programme in order to ensure that the wider multi-agency workforce is competent in addressing and supporting adults who self-neglect. It will explore and inform the wider workforce of the legal frameworks that can be accessed, the links to safeguarding adults, and will draw upon the learning from Safeguarding Adult Reviews nationally.

- In March 2017, a press release highlighted the rise in financial fraud inparticular scams being carried out, and groups targeted. The article informs of future training activities for staff working in banks/building societies. The Care and Support Statutory Guidance (2016) makes clear that SABs must understand the different concerns of the various groups that make up their local communities. In the year ahead, the SAB have agreed to place focus upon financial abuse as part of its preventative work, for example by hosting a multi-agency event aimed at a range of professionals including financial services staff, police, trading standards and service providers.

- The Law Commission undertook a review of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act published its findings together with new draft legislation in March 2017.

Board assurance 2016-2017

In 2015 – 2016 we reported that the SAB would strengthen its reporting and assurance arrangements. Over the last year the SAB has received a range of reports and presentations from partners in relation to adults and the potential links to safeguarding, below are some examples:

- Durham Constabulary delivered a presentation on child sexual exploitation and how this links to adults with care and support needs. Research data was provided and suggested next steps for the SAB. A working group is in place to explore sexual exploitation of adults.
- NHS England Learning Disability Network (Cumbria and North East) provided information on the work of a steering group in understanding premature mortality.
- Durham County Council Consumer Protection told us about their work in relation to doorstep crime and scams. This will be an area of focus for the SAB given the links to financial abuse.
- Durham County Council Public Health updated about of the work being undertaken in relation to suicide prevention in Durham. A number of training events for suicide prevention in 2016 – 2017 were planned.
- North Durham, and Durham, Dales, Easington and Sedgefield Clinical Commissioning Groups provided an update of the local policy for the Management of General Practitioner Professional Performance and links to local safeguarding arrangements.
- County Durham Partnership Board gave a presentation highlighting the positive impact of partnership working in Durham. It highlighted the opportunities for improved working across all partnerships.

As part of its agreed reporting mechanisms the SAB receives partner activity reports which offer a level of assurance of the safeguarding activity of partner agencies. These arrangements encourage working with openness and transparency and offer all partners the opportunity to engage in meaningful dialogue and challenge about each agency's contribution to the work of the SAB. In this reporting period, the SAB received service assurance updates from the following partners:

- Her Majesty's Prison Service
- North Durham and Durham, Dales, Easington and Sedgefield Clinical Commissioning Groups
- Tees, Esk and Wear Valleys NHS Foundation Trust
- County Durham and Darlington NHS Foundation Trust
- Durham Constabulary

What we have achieved in 2016 – 2017

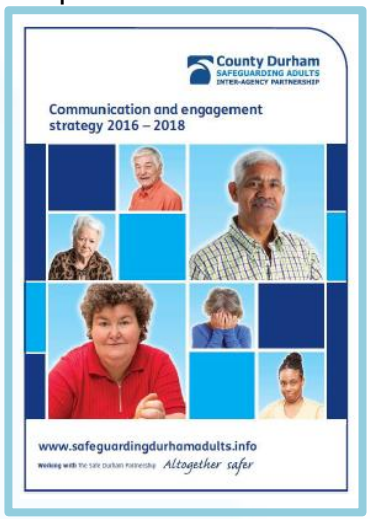
Each year the SAB reviews its strategic priorities against a 3 year plan. In 2015 – 2016 we reported upon the actions to be taken forward by our sub-groups as part of our refreshed strategic plan in line with our seven priorities (see opposite). In March 2017, the SAB held a development session delivered by an external facilitator. Recognition was given to the SAB for the significant progress that has been made since March 2016. A snapshot of our key achievements are outlined below.

Strategic Priorities

- Performance Framework
- Care Act/ Legislative Compliance
- Prevention
- User/ Carer Voice
- Awareness
- Partnership Engagement
- Learning Lessons and Improvement

We said we would…

- Revisit and revise the format of the performance report and incorporate partner data. We submitted the first revision to our scorecard in January 2017.
- Refresh the annual self-assessment tool to include MSP for partners to complete. Partners completed their self-assessments in August 2016.
- Plan inter-agency challenge events on an annual basis to peer review self-assessment tools. We held our peer clinic in September 2016.
- Distribute and analyse a Training Needs Survey (over 400 responses received) to establish a baseline for development of the multi-agency training strategy. A Training Strategy has been developed for 2017-2018.
- Expand upon the success of a previous national award winning regional radio campaign to reinforce key messages for safeguarding adults. Raising awareness of how to report abuse and neglect. There were 1,333 website page views compared to 129 for the same period in 2015. The SAB coordinated and submitted a regional report to ADASS NE with evidence of its impact.
- Launch a Communication and Engagement Strategy and recently issued a second edition.
- Complete a range of actions identified from our governance review in July 2016.
- Hold a SAB annual event. An event commissioned by ADASS NE, with a focus upon Care Act 2014 responsibilities for the SAB took place in September 2016. An evaluation and recommendations were produced and presented to SAB in January 2017.
- Monitor outcomes in line with national changes specifically in relation to whether risk is reduced, removed, or remains as a result of a safeguarding enquiry. This is to ensure the analysis of qualitative information captures the autonomy of individuals/choice and control in line



with MSP and the Care Act 2014. We undertook an audit of cases for 'risk remains' and 'self-neglect' and have highlighted some key learning points for future audits.

- Monitoring and evaluation of the impact of training to be included in an annual Training Report that illustrates and evidences wider workforce knowledge. The SAB agreed that report in July 2016.
- Rollout of an Advocacy survey to establish an illustration of advocacy views on safeguarding processes and achieving outcomes. The SAB received the findings of the survey in January 2017.
- Work with commissioners to develop safeguarding elements for provider self-audits. Safeguarding standards have been completed, and future updates of progress and findings are scheduled for 2017-2018 from commissioners.

We need to continue our work…

- In developing and improving upon our performance reporting to ensure it is fully reflective of multi-agency working and incorporates prevention and early intervention.
- In gaining the 'voice' of user/carers to inform our work and identify improvements. We will do this by building upon the work progressed in 2016-2017 to develop a user/carer forum. The forum will encompass the voice of adults and carers to inform future practice. We will continue to maintain our links with Healthwatch who will act independently to support our survey activities.
- In seeking feedback on our strategic plans and priorities by consulting with Healthwatch, the wider workforce and communities of interest.
- In continuing to work closely with the police in the development of performance reporting requirements to measure how well we are doing in relation to access to justice for adults and carers who have experienced abuse or neglect.
- In further developing bespoke audit activities, inclusive of thematic audits that can support preventative strategies.
- In identifying the prevalence and need of adults who may be sexually exploited and to develop the most appropriate pathways to support adults at risk of sexual exploitation or trafficking.
- To commission a 'peer review' of the SAB within this reporting period as outlined in our 2015-2018 strategic plan.

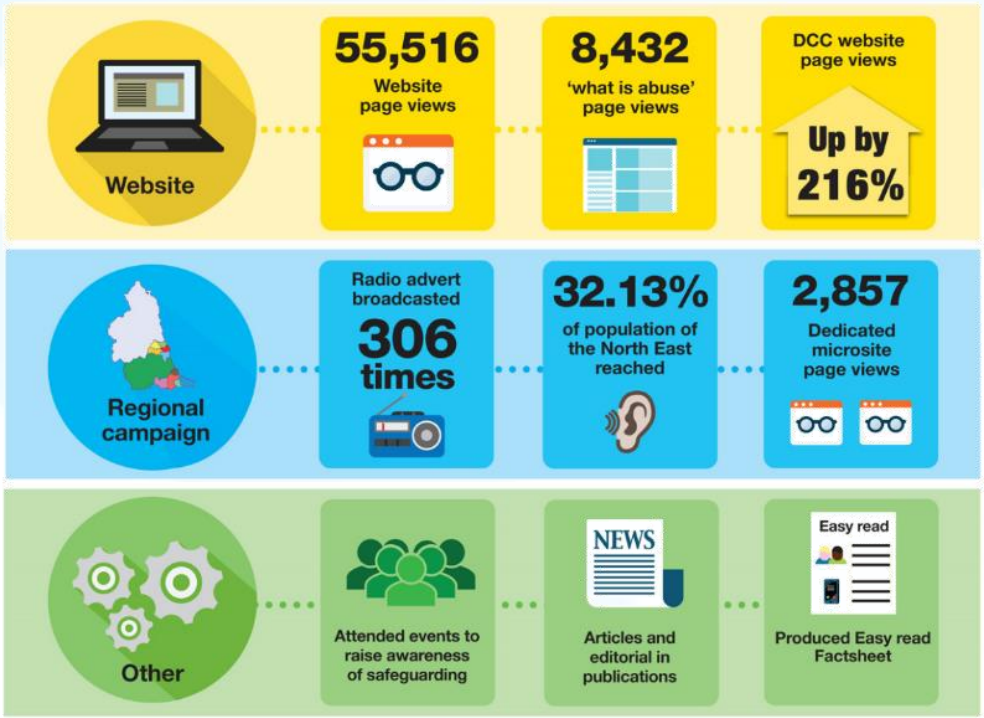
How we made a difference in 2016 - 2017

Raising awareness

The SAB has promoted safeguarding of adults through a range of activities over the last year. The illustration opposite notes some key successes.

Raising awareness of safeguarding adults has taken place at a number of events over the last year, coordinated by our partners or partnerships this included:

- Cyber-crime events
- CCG Patient Reference Groups
- Public Awareness Events
- Fulfilling Lives Event
- Big Tent Event
- Holocaust Memorial Event
- International Women's Day



The SAB issued its first newsletter in Spring 2016, publishing each quarter since. We have raised awareness of a range of key issues, including the Prevent Agenda, aimed at preventing adults being drawn into terrorist activities, Access to Advocacy, Be Fraud Aware and Beat the Scammers (Age UK). Partners of the SAB have a dedicated space in the newsletter each quarter to raise the profile of their own organisation work and key initiatives. To date, County Durham and Darlington NHS Foundation Trust, and Tees, Esk and Wear Valleys NHS Foundation Trust, Durham County Council Housing Solutions have included updates.

The following case studies illustrate how safeguarding processes in County Durham have made a real difference.

Mr D is an older man who lives alone with no family support. As a result of a Trading Standards initiative it was identified that Mr D had possibly been a victim of a postal scam. This happened over a 12 month period and resulted in excess of £1000 being taken from his bank account.

A capacity assessment was undertaken for Mr D who was reluctant to believe he was a victim of scams. The assessment determined Mr D was unable to manage his finances without some support. An interim order was put in place to support Mr D with management of his finances and reduce further risk.

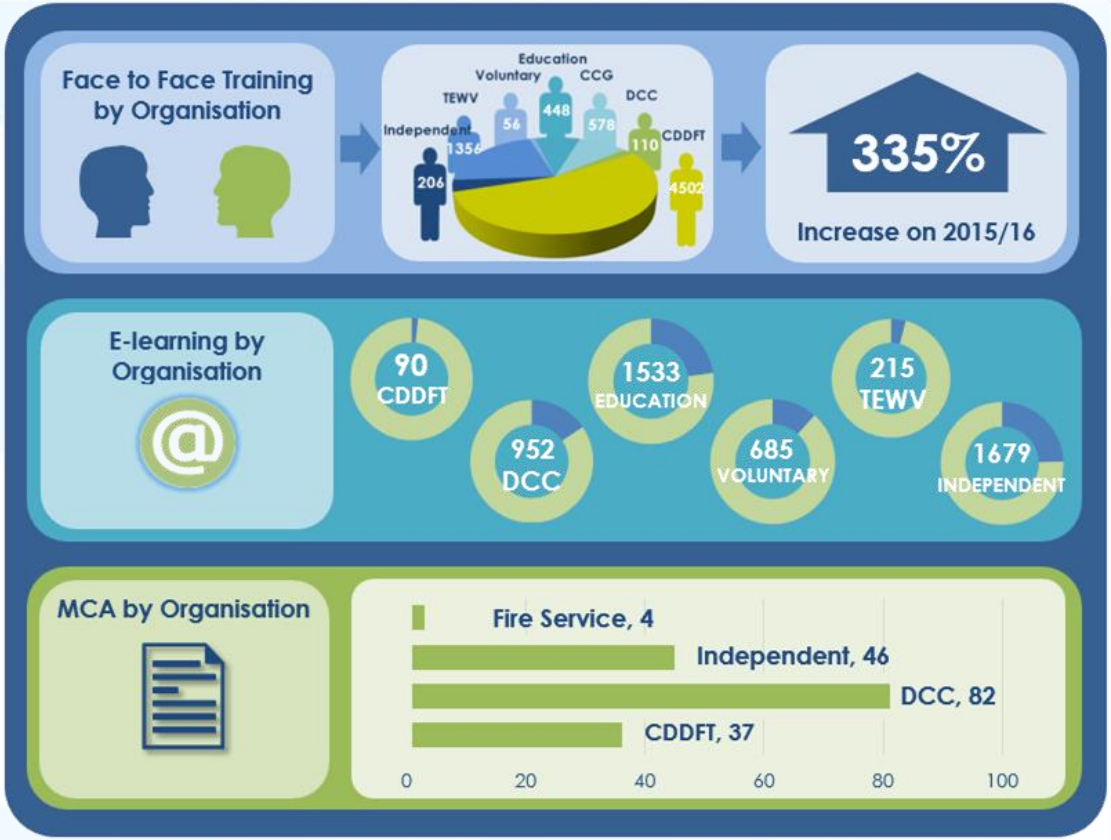
Information was shared with the police to help them to investigate. There were a number of agencies involved in safeguarding Mr D and his financial situation, including access to an advocate to support his best interests. Mr D continues to be supported by agencies and the positive outcome was the significantly reduced risk of further money being fraudulently taken from his bank account by working in partnership with the bank.

Mrs M is a woman with mental health care and support needs. Mrs M was receiving support from a volunteer working for an organisation that helps people overcome their mental health problems. Following a report of a domestic dispute a concern was raised with the local authority.

The local authority undertook a safeguarding enquiry with the consent of Mrs M. Information was shared across agencies to establish the facts. There was a known history relating to the volunteer and concerns for Mrs M and her finances. It was found that Mrs M had given up her tenancy and had moved in with the volunteer. Working with Mrs M and with agencies actions were identified to safeguard Mrs M. As a result of the enquiries made the organisation reviewed its procedures for the safe recruitment of volunteers and standards of practice. The volunteer was referred to the Disclosure and barring service to prevent this happening again. Mrs M has since been supported to live independently again.

Training accessed (year-end data may be subject to change prior to publication)

2 specialist sessions on the Mental Capacity Act (MCA) delivered in 2016-2017 supported by NHS England funding. 2 additional dates for 2017-2018.
169 staff and volunteers from the wider workforce including service providers attended the MCA sessions.
7,256 attended face to face training across the partnership for safeguarding adults related programmes, in comparison to 2,161 in 2015 – 2016. An increase of 335 per cent.
350 DCC adult and health service staff and multi-disciplinary team staff attended 'Risk Factor' training
Staff from partner agencies were able to access a range of e-learning training which included, Sexual Exploitation, Human Trafficking, MCA and DoLS.



To support strengthened links with the local Healthwatch, an overview of the SAB and of safeguarding adults from abuse and neglect was delivered to **14** local Healthwatch Board Members, friends and volunteers in March 2017.

"The information given on adult safeguarding was excellent and I hadn't realised the implications of what this involved"

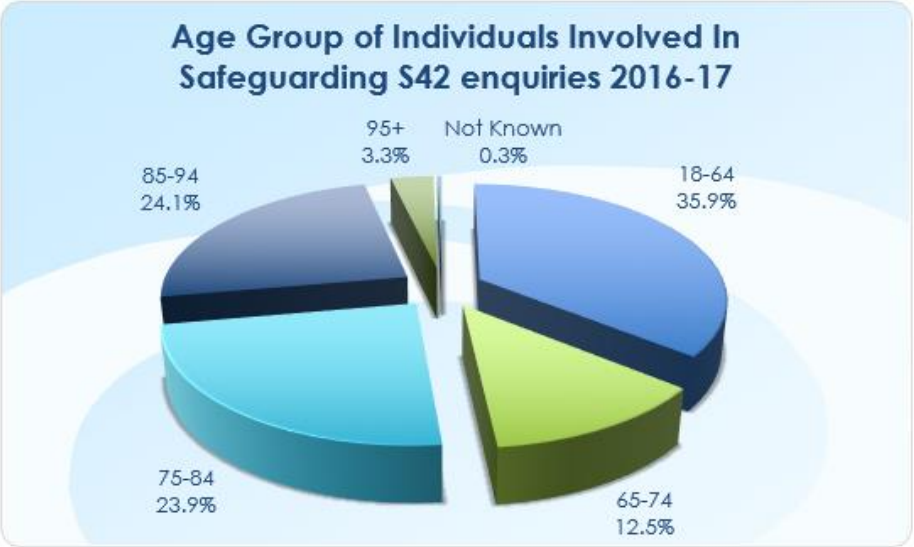
"Learning about the different types of abuse which I have not considered before."

Safeguarding Activity 2016 – 2017 (year-end data may be subject to change prior to publication)

7,018 concerns were reported and screened by Social Care Direct.

3,020 Section 42 enquiries undertaken.

64 per cent of S42 enquiries related to people over the age of 65 as shown opposite.

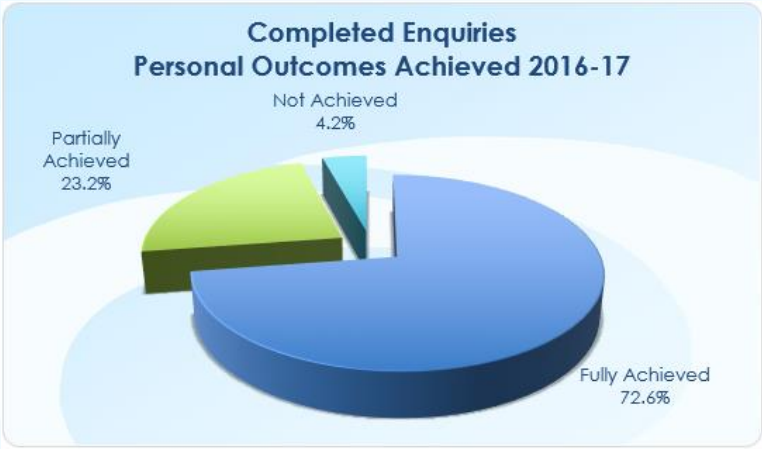


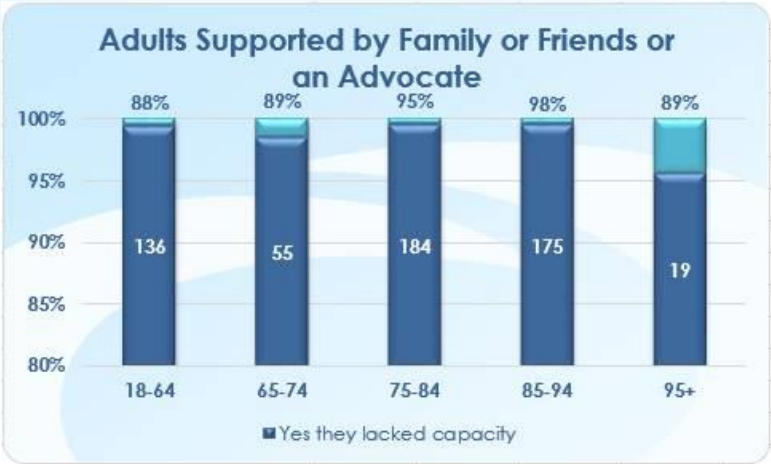
1,388 (67.5 per cent) safeguarding enquiries action was taken and risk was either reduced or removed. This is slightly higher than the national average of 67 per cent for 2015 – 2016.

435 (21.2 per cent) safeguarding enquiries no action was taken, 3.8 per cent lower than the reported national figure of 25 per cent for 2015 – 2016.

Making Safeguarding Personal (MSP) should take place when working with adults at risk and carers, the SAB is keen to ensure that this happens as a matter of course. Adults should be empowered to express what they would like to happen and the outcomes they would like to achieve.

1,522 (95.8 per cent) of adults 'desired outcomes' were fully achieved or partially achieved in 2016 – 2017.





Safeguarding enquiries should always consider the mental capacity of adults. The Care Act tells us that when safeguarding enquiries are undertaken, advocacy support should be offered to adults when needed. An adult's ability to contribute to decisions about their protection should always be recorded. The table opposite illustrates for all age groups and in the majority of instances adults are supported by family, friends or advocates.

Safeguarding adults should aim to prevent further risk to adults. Since 2011-2012 a concerted effort has been made to ensure repeat instances of abuse are maintained at the lowest possible levels. This is an indicator of the effectiveness of safeguarding interventions.

For 2016 – 2017, repeat instances accounted for 6.18 per cent of invoked referrals. The SAB receives audit information annually of all repeat instances.

Safeguarding Adult Reviews

The Care Act 2014 places statutory requirements upon Safeguarding Adult Boards in relation to Safeguarding Adults Review (SARs). The Act instructs SABs to undertake reviews when an adult in its area has died as a result of abuse or neglect, whether known or suspected, or is alive and suffered serious abuse or neglect, and there is concern for how the partner agencies have worked together to protect the adult.

The SAB must within its annual report provide details of any SAR's undertaken, the lessons learned and actions to be taken as a result of a SAR.

The Care and Support statutory guidance informs that wherever possible consideration should be given to parallel review processes, and also the exploration of joint reviews to prevent duplication. In our 2015-2016 report we informed of a case that had been considered against the local SAR protocol, taken forward by NHS England via the commissioning of a Mental Health Homicide Review. The review was published in November 2016, and a number of single agency actions were identified and taken forward. Durham County Council has reported about the progress made against recommendations of the review in relation to training provision, risk assessment and management and the revision to supporting tools.

Specific to the SAB there were two key recommendations. The first recommendation was to ensure that there was an escalation policy in place to deal with disputes and disagreements between agencies. This would address difficulties that had been encountered in relation to the cooperation, involvement and information sharing between agencies when working with vulnerable adults or children. It should be noted that there were no children identified within the review undertaken. The local Safeguarding Children Board and Safeguarding Adult Board have a collaborative information sharing protocol which was revised to meet this recommendation and endorsed by both the LSCB and SAB in October 2016.

A second recommendation related to communication of specific risk situations between agencies. It was suggested that the health and social care community in County Durham should consider how it could achieve a more robust approach to cross-agency communications. This work is being taken forward by a focus group, with support from NHS England. A pilot is planned for 2017-2018 for a common framework. The pilot will run for 6 months, with an evaluation of its impact at 4, 8 and 12 week intervals. A full report is to be made to NHS England before wider rollout with a further evaluation following the wider launch of the framework.

A challenge was raised at SAB in relation to the lack of SARs being undertaken and as a result the profile of SARs was raised through the SAB newsletter. Since that date, 3 SAR referrals have been received with a SAR Panel convened June 2017 to consider the requests (**note there will be additional update prior to final publication**). Initial decisions of the panel will be shared with the Chair for further consideration.

National SAR data for 2015 – 2016 tells us that there were five SARs reported for the North East region. This figure relates to 12 local authority areas for the North East region. It is illustrative that not all SABs have undertaken SARs within the region, this is reflective of the national picture.

Looking ahead 2017-2018

The SAB Development Session in March 2017 provided an opportunity to reflect on our 3 year strategic 'plan on a page' and related priorities.

The SAB agreed its current strategic plan in October 2015, adopting a plan on a page format, for the period 2015-2018. Key areas to take forward into the next reporting period have been identified earlier within this report.

A strong emphasis on the day was to use it as an opportunity to reflect and take stock of the progress made to date, and consider the direction of travel and to be ambitious in our approach.

As a collective the SAB considered what it had done well, areas requiring further development, and the personal contribution made by members.

There was an opportunity to reflect upon areas of significant progress with a view to considering future priorities.

Making Safeguarding Personal – a user and carer task and finish group undertook a range of actions within a limited timescale. A user/carer forum was developed to ensure that the voice of the adult at risk is heard during the safeguarding process, it is supportive of empowerment and prevention, two key principles of safeguarding practice. This forum will continue to lead on the future development of surveys and user/carer voice. MSP is embedded as 'core' business in the work of the SAB as a common thread in all working groups. Future national developments will continue to inform any actions moving forward.

Compliance with the Care Act/Legislation – a post implementation stocktake was undertaken of safeguarding adults' compliance with the Care Act. It included the SAB arrangements, and has evidenced there is a good level of compliance. Any future legislative changes will be addressed by the policy and practice group.

Partnership engagement – the work of the SAB is reliant upon partner engagement and attendance at meetings. To that end, SAB receives monitoring reports about attendance at board meetings and sub-groups.
Partner activity reporting and self-assessment processes are in place and feed into an annual governance review. Subsequent action plans are monitored through the performance and quality group. Peer review and challenge of a range of audit activities will continue to take place through the performance and quality group, with reports to SAB.

The SAB considered areas for future development and its priorities looking ahead into next three years and explored:

- Review of work streams and related groups including Communication and lessons learned led by the local authority.
- Prevention and early intervention with a focus upon hard to reach groups.
- Raising awareness of financial abuse through a multi-agency learning event, led by the police.
- Adults with capacity who remain in risky situations to be taken forward and led by the CCGs.
- Exploration of the transition arrangements across the partnership that are in place and that they are understood across all partners.

It was agreed that a new refreshed plan be devised outlining the priorities. The plan includes how the SAB will meet statutory responsibilities (See Appendix).

This report offers an illustration of the work undertaken during 2016-2017 for Safeguarding Adults. Our Board partners continue to remain committed to promoting the prevention of abuse or neglect of adults at risk and carers.

Partner statements

The following are statements provided by partners of the SAB outlining some of their key contributions to the work of the SAB and areas to take forward into 2017 – 2018.

Durham County Council Adult and Health Service and Housing Solutions

The Care Act 2014 and its guidance instruct the Council of its responsibilities for safeguarding adults with care and support needs. We have a duty to make enquiries or cause others to make them. All services within the Council have a responsibility to protect adults at risk of abuse and neglect.

The Adult and Health service takes the lead for safeguarding and supporting adults. A dedicated Safeguarding and Access service responds to instances that require a multi-agency adult protection response. Across the whole service an ethos of supporting adults to maintain choice and control over their lives is adopted which in turn should support adults in maintaining their own wellbeing.

The Safeguarding and Access Service continues to develop the knowledge and skills through ongoing training and team development.

Our Principal Social Worker has continued to deliver key messages to front line staff through a range of briefings and practitioner forums, for example;

- Sharing key messages from the Chief Social Worker for adult's annual report.
- World Social Worker Day e-magazine.
- Following the learning from a recent Mental Health Homicide Review, staff have accessed 'Risk Factor' training across the service. The purpose was to ensure a greater awareness of proportionate actions in relation to the reduction or prevention of risk in particularly complex cases. This was highlighted as part of the Mental Health Homicide Review but was also identified from wider learning instances within supported housing, multiple failings within a care establishment, and a carer breakdown resulting in serious assault.

Over the last year work has taken place for a new monitoring and review framework for commissioned services, soft intelligence collections and shaping escalations via an information sharing group. This work is pivotal in ensuring a high quality of service provision to adults with care and support needs and the outcomes that will be achieved. It further embeds fundamental principles of 'dignity in care', and 'safeguarding standards', two elements of that framework.

Adult and health service staff and service providers have been updated of recent legal changes to DoLS with regards to coroners rules relating to adults who die whilst subject to a DoLS authorisation.

Housing Solutions

Housing solutions have continued to move forward with improving safeguarding adults understanding and responses within the service. Strengthened links with SAB and Housing Provider forums are in place. The SAB Training & Development Officer has delivered briefing sessions to Housing Solution meetings in 2016-2017. Following the learning from a case a near miss procedure has been developed, its aim is to support front line staff to look at any incidents that have not been considered against safeguarding and to identify any significant events that may impact for an adult. The procedure was reviewed in the SAB learning and improvement group.

An audit of safeguarding information was undertaken by Housing Solutions and a number of key actions for improvement were identified, these were shared with the SAB performance and quality group and will be our progress will be reported. A survey was issued to all Housing Solutions staff, with 100% of responses achieved. A training need in relation to Mental Capacity Act was identified from the survey and is being addressed.

North Durham and Durham, Dales, Easington & Sedgefield Clinical Commissioning Groups

CCGs are statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards adults at risk of or experiencing abuse or neglect. North Durham (ND) and Durham, Dales, Easington and Sedgefield (DDES) CCGs are committed to the safeguarding agenda and work closely with provider organisations to ensure that robust systems and processes are in place.

Key Achievements - The CCGs support the work of the SAB in working towards achieving its strategic plan by active contribution and participation. It has further supported the SAB by means of contributions for staffing resources for the period 2016/2017. Over the last year the CCGs have worked with the local authority safeguarding staff in relation to Section 42 and adult protection investigations.

The CCGs actively participated and contributed to a user/carer task and finish group with a strong focus upon user/carer feedback.

The Director of Nursing supported by the Designated Nurse continues to take the strategic lead for safeguarding adults. As part of their statutory responsibilities the CCGs continue to play a key role in core board business, with the Designated Nurse actively participating in the working groups of the SAB, and taking on a role as Chair for the Communication and Training subgroup. Thus, supporting a clear commitment to continued partnership engagement**.** In line with the expectations of the Local Safeguarding Adults Board (LSAB) the CCGs are a key partner. The Durham executive LSAB representative is the Named GP for safeguarding adults.

The CCGs, through the contractual clinical quality review process and commissioner assurance visits, looks for assurance that providers are meeting their contractual requirements, safeguarding referrals are being received and acted upon and those without capacity are being care for in their best interest. Failure to comply with such standards is measured and acted upon through the quality requirements of the NHS contract schedule. Themed safeguarding reports, reflecting associated quality requirements are received into the quality review process as requested by the CCGs.

The CCGs continue to work with primary care colleagues to raise awareness through primary care practice development sessions which have been held throughout 2016/2017. Topics included;

- Mental Capacity Act update
- Workshop to Raise Awareness of Prevent (WRAP/PREVENT) training
- Care Act Update
- Self-neglect
- LSAB role and responsibilities
- Sexual Assault Referral Centre Update – forensic examinations
- HARBOUR – domestic abuse support service
- Multi-agency public protection arrangements

In 2017 – 2018 CCGs will:

- continue to work with the Continuing Health Care Team in North East Commissioning Support Unit to ensure delivery in relation to the Judicial DoLS agenda;
- continue to support primary care to strengthen their safeguarding practices and provide advice and guidance on training requirements;

- continue to work with the Local Safeguarding Adult Board Training and Development Officer and related working groups to inform multi-agency training programmes;
- continue to work with key providers to ensure information in relation to channel referrals is included in Quality Review Group reports;
- monitor and deliver the requirements of the Intercollegiate document once published.
- further promote the Designated Nurses role in relation to the commissioning of services within the CCGs.
- work with the local authority and Continuing Health Care team to ensure CCG funded individuals who are potentially subject to MCA DoLS are addressed in a timely manner.

Tees, Esk and Wear Valleys NHS Foundation Trust

Tees Esk and Wear Valleys NHS Foundation Trust provides a range of community and in patient specialist Mental Health and Learning Disability services across a large geographical area.

Our vision is to be a recognised centre of excellence with high quality staff providing high quality services that exceed expectations. Providing excellent services working with the individual users of our services and their carers to promote recovery and wellbeing.

Over the last year areas of good practice identified within the Trust in relation to users and carers are:

- CQC inspection of Adult Mental Health services highlighted that all in-patients said they felt safe.
- MSP questionnaire offered to all patients willing to feedback their experience of the safeguarding adults' procedures (SGA). Audit findings indicated 100% of patients who completed the questionnaire felt they received a good experience in using the SGA procedure.
- TEWV staff contributed to public Safeguarding awareness work with partner agencies across the Trusts catchment area.

Key Achievements - The Trust's safeguarding activity continues to be monitored internally by the Safeguarding and Public Protection Sub Group chaired by the Executive Director of Nursing and Governance which reports to the Trust's Quality Assurance Group, which in turn reports to the Trust Board. The Trust's safeguarding adults performance is regularly monitored by Clinical Commissioning Groups via the Clinical Quality Review Group meetings and by the Board.

The Trust attends and actively participates in the work of the Safeguarding Adults Board and associated sub groups.

The Trust Safeguarding Adults' team is made up of; 1x Associate Director of Safeguarding, 2x Named Nurses for SGA, 2x SGA Senior Nurses and 2x SGA Advisors as well as 2x MARAC Advisors who provide specialist safeguarding and Domestic Abuse support, advice, supervision and training to all Trust staff.

At the end of 2016/17 compliance rates of Trust Staff meeting the mandatory training requirements for Level 1 training was 97% and Level 2 training compliance was 91%.

Introduction of new SGA electronic recording which in turn provides more comprehensive and accurate SGA activity/ performance reports.

Our challenges into 2017 – 2018 include:

- Ensuring the Trust is able to implement safeguarding adult priorities of all 5 Safeguarding Adult Boards within its geographical boundaries.
- Review of the current specialist SGA supervision system to evidence compliance and effective outcomes Further embed Making Safeguarding Personal by emphasising in SGA training, improved information on Trust website and Intranet and posters in all clinical and reception areas. Routine monitoring via patient feedback systems.
- Undertake revision of SGA mandatory training to integrate SGA & SGC training at Level 1 and to develop SGA Level 2 refresher training programme. Incorporate changes to all the training programmes in response to feedback from staff evaluations of current training programme.
- Improve SGA communications through the use of social media.

County Durham and Darlington NHS Foundation Trust

Who we are;

- 8,000 dedicated staff
- 8 Hospital Sites
- A foundation trust since 2007
- Serving a population of 650,000

Our Mission: With you all the way (this means)

- a warm welcome from staff
- Treating patients and relatives and carers as they would like to be treated
- Respecting privacy, dignity and confidentiality
- Being looked after by staff who inspire confidence
- Always striving for excellent standard of service
- Always revolving around patient and carer needs

Our vision: to be right first time every time

What we do each year:

- **2,034,389 patient contacts**
- 129,670 A&E attendances
- 662,467 district nurse appointments
- 578,646 out-patient appointments
- 42,810 operations
- 5,275 births
- 67,524 emergency admissions
- 387 radiology scans

How we do it:

An overarching clinical services strategy unpinned by our improvement strategies including;

- Quality Matters
- Staff Matters
- Health Informatics

Areas of Good Practice:

Making Safeguarding Personal

- Following the self-assessment review earlier in the year one of the areas for development highlighted staff understanding of making Safeguarding Personal. This prompted a review of the training programme and presentations were change to highlight what this actually means for staff on the front line.

Quality Matters

- On a monthly basis the ward and departments undertake audits in relation to Safeguarding Adults and vulnerable patient groups. Compliance with the audits is consistently high and has been validated by Commissioner Visits. However, where areas have lower than expected compliance they produce improvement plans to demonstrate how the will achieve compliance with the required standards.

Audit Findings/ Policy Implementation

- As an organisation we recognise that staff still struggle with the complexities of the Mental Capacity Act, so in December the team presented some of the initial findings from audits and concerns to key groups within the organisation such as executive and clinical leads, senior nurse & midwifery group and sisters and department managers. The sessions covered mental capacity, Deprivation of Liberty Safeguarding and Restraint. The aim was to improve understanding and advocate the need for staff to seek advice and support and also take the opportunity for additional training that will be supported from the safeguarding boards later this year.

Key Achievements:

- The Trust supports campaigns and events throughout the year and actively promotes safeguarding adults in line with Local Authority.
- The Trust actively participates in SAB. The Safeguarding Adult Lead has supported the sub groups of the board and actively promotes safeguarding within the culture of the organisation providing support to staff and patients.
- The Associate Director of Nursing has taken an active role as chair of Policy & Practice Group.

Our challenges into 2017 – 2018 include:

Resources

- This has been a challenging year and work is underway to anticipate the impact of the implementation of intercollegiate document on the Trust. Work is already underway to see if we can augment existing arrangement within the Trust but this will be a challenge. Although, we have recognised a need for change and have started to look at adult safeguarding supervision model to support staff and the process within the trust.

Training

- Training compliance remains a challenge however; we can't detract from the work and effort that has been out in to achieve the improvements made this year. Although we need to ensure that staff achieve the relevant level of training to safeguard vulnerable patient groups.

Mental Capacity Act

- Mental Capacity awareness and the complexities of the act remain a challenge and from discussion with other colleagues it is clear that it is not just within CDDFT, how as an economy, we can support staff to use this in their working practice. However, we will aim to ensure the appropriate staff are released to attend the series of training around MCA in the next year.

Durham Constabulary

Durham Constabulary is a leading force which delivers excellent policing to the people of County Durham and Darlington, inspiring confidence in victims and our communities, by:
Protecting Neighbourhoods, Tackling Criminals and Solving Problems.
Durham Constabulary continues to meet a growing demand in the safeguarding arena through dedicated Safeguarding Adult Teams staffed by qualified and experienced detectives.

Key Achievements:

The force continues to have a designated D/Supt and DCI for safeguarding. The force has increased its number of investigative safeguarding officers and Detective Inspectors to manage demand effectively and efficiently. In addition, the force has moved to investigative teams that cover all safeguarding issues to ensure investigations are timely.

In conjunction with the PCC Durham Constabulary has commissioned a piece of work to understand exploited adults, in part adults exploited through the sex trade. The profile of Durham and Darlington is complete and looks towards multi-agency processes to safeguard these individuals. As a starting point the force has agreed the ERASE team will work with adults who have just crossed over into adulthood until the risk is reduced. This work is continuing and we now have a dedicated PC to conduct this work.

The force continues to use Leicestershire police to carry out victim satisfaction surveys in regard to sexual/domestic assaults and feedback from these surveys is used to improve our response to victims.

Durham now have a top 10 complainants address list that is looked at and issued to localities for vulnerability issues in those calling for a service, in order for NPT to use Problem Orientated Policing. This will identify vulnerable adults that are calling police on numerous occasions or where others are calling regarding them and are intended to establish a safety net to prevent serious harm to those individuals.

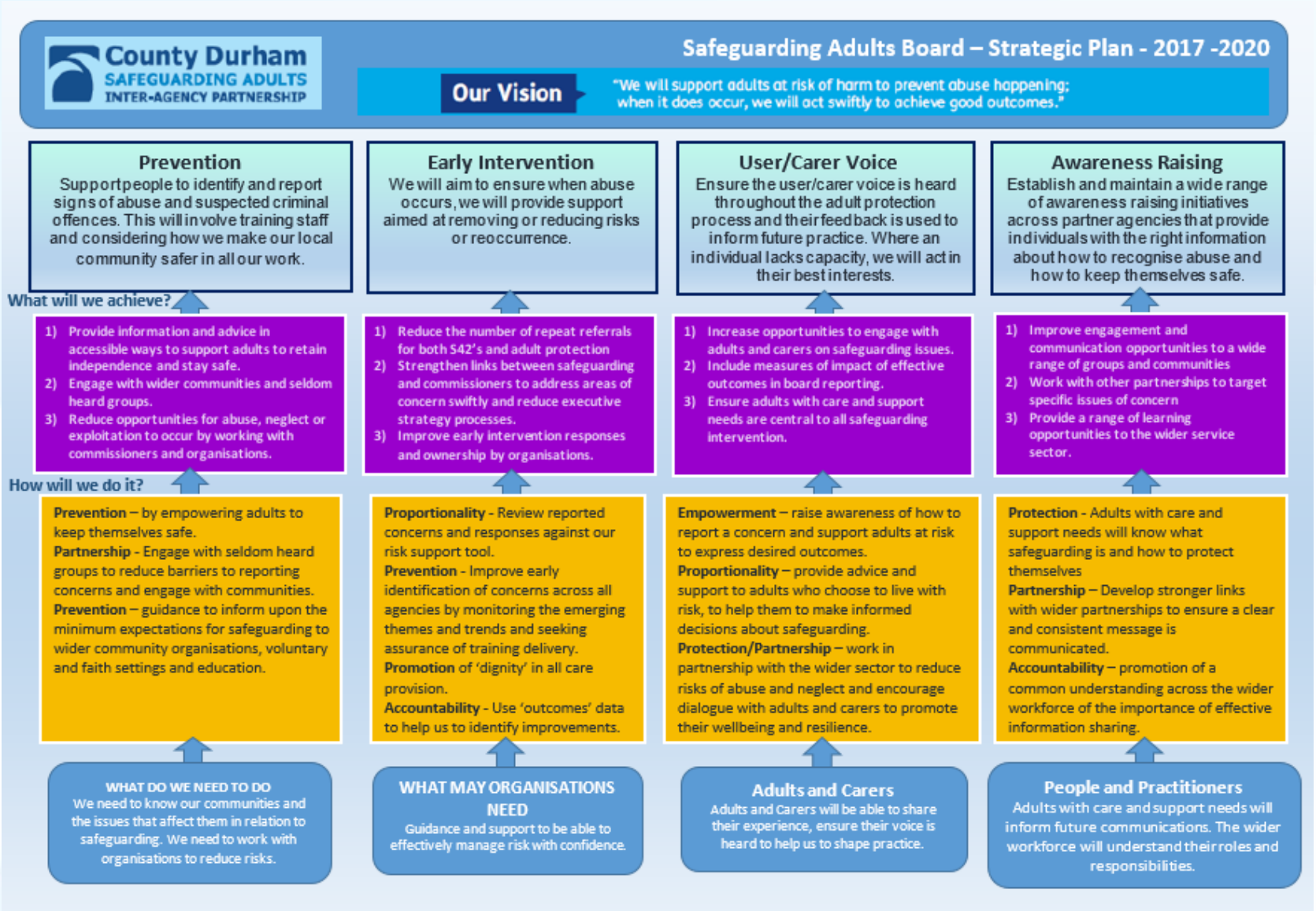
Our challenges into 2017 – 2018 include:

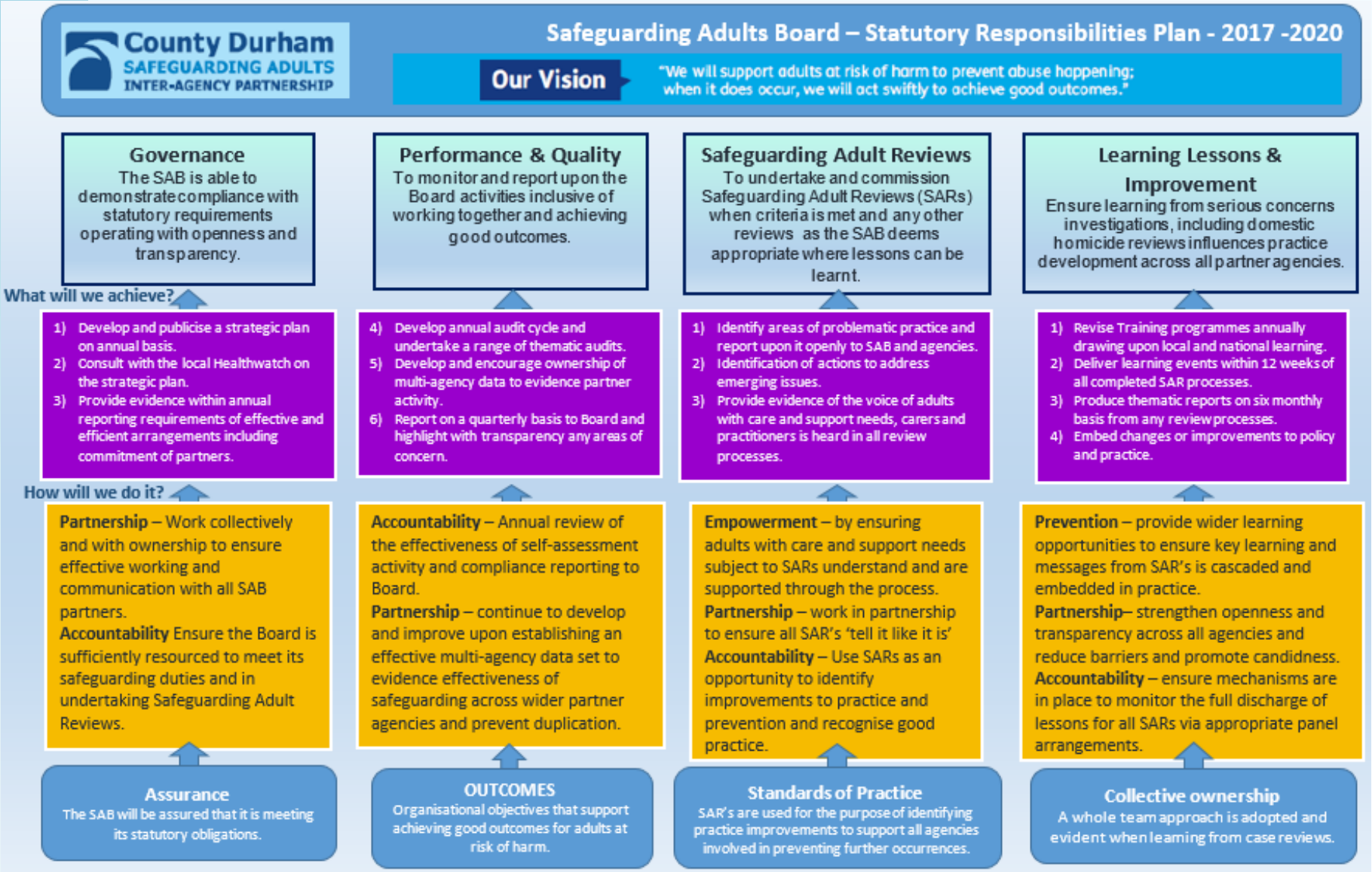
- Managing increasing demand in times of austerity – it is likely further financial cuts will be made and looking for further innovative and collaborative approaches to how we conduct business and safeguard the communities will be important.
- Implementation of the Child Advocacy bid – we are in the final year of this project and are looking to secure premises to enable this project to become a reality to deal therapeutically with children and adults who have been victims in the most acute abusive/violent cases.

Areas of Good Practice:

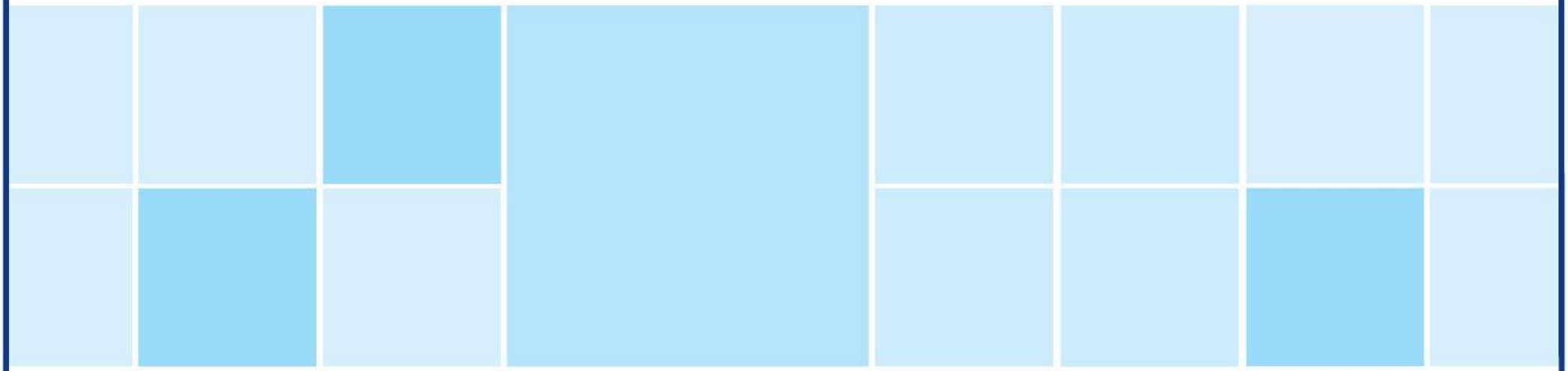
- Our victim-focussed investigations continue to gain praise from our HMIC inspections ensuring we listen to the victim, identify their vulnerabilities early so they can be supported through the process.
- Good practice and highlighted by HMIC as excellent is the victim and ASB 7 day ring-backs we conduct with service users, enabling us to identify good practice or areas for improvement and implement change at an early stage.
- Our response to vulnerable adult missing from homes that ensures we identify early vulnerability and identify support agencies to reduce likelihood of going missing in the future.

Appendix – Refreshed Plan on a Page 2017-2020




County Durham
SAFEGUARDING ADULTS
INTER-AGENCY PARTNERSHIP
Safeguarding Adults Board – Statutory Responsibilities Plan - 2017 -2020
Our Vision
"We will support adults at risk of harm to prevent abuse happening; when it does occur, we will act swiftly to achieve good outcomes."
Governance
The SAB is able to demonstrate compliance with statutory requirements operating with openness and transparency.
Performance & Quality
To monitor and report upon the Board activities inclusive of working together and achieving good outcomes.
Safeguarding Adult Reviews
To undertake and commission Safeguarding Adult Reviews (SARs) when criteria is met and any other reviews as the SAB deems appropriate where lessons can be learnt.
Learning Lessons & Improvement
Ensure learning from serious concerns investigations, including domestic homicide reviews influences practice development across all partner agencies.
What will we achieve?
1) Develop and publicise a strategic plan on annual basis.
2) Consult with the local Healthwatch on the strategic plan.
3) Provide evidence within annual reporting requirements of effective and efficient arrangements including commitment of partners.
4) Develop annual audit cycle and undertake a range of thematic audits.
5) Develop and encourage ownership of multi-agency data to evidence partner activity.
6) Report on a quarterly basis to Board and highlight with transparency any areas of concern.
1) Identify areas of problematic practice and report upon it openly to SAB and agencies.
2) Identification of actions to address emerging issues.
3) Provide evidence of the voice of adults with care and support needs, carers and practitioners is heard in all review processes.
1) Revise Training programmes annually drawing upon local and national learning.
2) Deliver learning events within 12 weeks of all completed SAR processes.
3) Produce thematic reports on six monthly basis from any review processes.
4) Embed changes or improvements to policy and practice.
How will we do it?
Partnership – Work collectively and with ownership to ensure effective working and communication with all SAB partners.
Accountability Ensure the Board is sufficiently resourced to meet its safeguarding duties and in undertaking Safeguarding Adult Reviews.
Accountability – Annual review of the effectiveness of self-assessment activity and compliance reporting to Board.
Partnership – continue to develop and improve upon establishing an effective multi-agency data set to evidence effectiveness of safeguarding across wider partner agencies and prevent duplication.
Empowerment – by ensuring adults with care and support needs subject to SARs understand and are supported through the process.
Partnership – work in partnership to ensure all SAR's 'tell it like it is'
Accountability – Use SARs as an opportunity to identify improvements to practice and prevention and recognise good practice.
Prevention – provide wider learning opportunities to ensure key learning and messages from SAR's is cascaded and embedded in practice.
Partnership– strengthen openness and transparency across all agencies and reduce barriers and promote candidness.
Accountability – ensure mechanisms are in place to monitor the full discharge of lessons for all SARs via appropriate panel arrangements.
Assurance
The SAB will be assured that it is meeting its statutory obligations.
OUTCOMES
Organisational objectives that support achieving good outcomes for adults at risk of harm.
Standards of Practice
SAR's are used for the purpose of identifying practice improvements to support all agencies involved in preventing further occurrences.
Collective ownership
A whole team approach is adopted and evident when learning from case reviews.

Safeguarding Adults Annual Report 2016/17



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Safeguarding_training@durham.gov.uk
03000 268870

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Appendix 3

Safeguarding Adults Annual Report 2016/17

Message from Jane Geraghty

My name is Jane Geraghty and I am the independent chair of Durham Safeguarding Adults Board.

The board is made up of people from different organisations including the council, the police and health services who work together to stop abuse from happening.

This is our annual report that says what we have been doing and what we will do next year to make sure that people are safe and not abused or neglected, this is called safeguarding.

Abuse is when someone hurts you or makes you feel upset or frightened.

Neglect is when the people do not look after you properly.

What did we do in 2016/17?

We went to events to tell people about safeguarding.

We asked people to fill in surveys to find out what they know about safeguarding.

75% of the people we asked knew what to do if they had a safeguarding concern.

We played an advert on Smooth radio to tell people how to report a safeguarding concern.

We printed an Easy Read leaflet.

We checked how well we are working together. This is called a Governance Review.

We set up a user/carer forum and asked people what we can do to help us improve what we do.

We continued to train staff and volunteers.

What we will do in 2017/18

We will look at feedback and make our website better.

We will hold a financial abuse event for staff, people and organisations we work with.

We will make sure advocacy support is available for people who need it.

We will work together to support adults who live in risky situations. This could be an adult who lives independently who neglects themselves and their own home.

Sometimes adults are unable to protect themselves and will sometimes need support to keep themselves safe.

We will talk to adults, carers and minority groups to improve what we do.

We will work with services to make sure they are provided to a good standard and are safe.

We will continue to ask people to fill in surveys to help us do things better.

We will continue to train staff and volunteers.

We will continue to go to events to tell people about safeguarding.

Case study

Joan lives in her own home and has care workers to help her. Someone told us that they thought a care worker was taking Joan's money.

We went to see Joan and she said she had told her care worker her bank PIN number. The carer was stealing Joan's money.

We told the police and the care worker can't work with vulnerable people any more.

We talked to Joan about keeping her details safe so that no one can take her money.

What to do if you are worried that someone is being abused or neglected

If abuse is happening to you, or if someone tells you they have been abused call Social Care Direct on **03000 26 79 79.**

Social Care Direct will listen to you and you will be taken seriously, please don't worry your details will be kept private.

If you are in danger call **999** first before calling Social Care Direct.

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Adults, Wellbeing and Health Overview and Scrutiny Committee

2 October 2017

Adult and Health Services Update

Report of Jane Robinson, Corporate Director of Adult and Health Services

Purpose of the Report

1 The purpose of this report is to provide an update to Adults, Wellbeing and Health Overview and Scrutiny Committee on developments across Adult and Health Services.

Background

2 This report outlines progress on a number of key areas across Adult and Health Care Services including the Accountable Care Network and the review of the Social Services Information Database (SSID). The report also provides an update on our approach to Prevention and the North East and Cumbria Learning Disability Transformation Programme including the development of an Accountable Care Partnership alongside work currently taking place within Commissioning.

3 National policy context, including changes the Care Quality Commission (CQC) are planning to the way they regulate health and adult social care services as part of their Shaping the Future Strategy 2016-2021 alongside details of the CQC's programme of local system reviews of health and social care across 20 local authority areas, is attached at Appendix 2.

County Durham Accountable Care Network (ACN)

4 Integration of health and social care services is a key consideration for County Durham and work is being undertaken in conjunction with NHS partners, facilitated through the joint appointment of the Director of Integration. Our vision for integrated care is to bring together health, social care and voluntary organisations to achieve improved health and wellbeing for the people of County Durham.

5 In County Durham agreement has been reached that the new integrated models of care will progress as part of an Accountable Care Network arrangement. An Accountable Care Network (ACN) is a group of organisations which are not formally enshrined, but work as a network to deliver joined up care. Its work, including progressing opportunities for further integration is overseen by the Integration Board which provides strategic leadership to the integration of health and social care for County Durham.

6 A Memorandum of Understanding (MoU) for the County Durham ACN has been agreed by the Integration Board. The Memorandum of Understanding (MoU) establishes a framework for collaboration between the following organisations with regard to integrated care in County Durham:

- Durham County Council
- North Durham NHS Clinical Commissioning Group
- Durham Dales, Easington and Sedgefield Clinical Commissioning Group
- County Durham and Darlington NHS Foundation Trust
- Tees, Esk and Wear Valley NHS Foundation Trust

7 Organisations within the ACN will work together to ensure the delivery of efficient, high quality care which meets the needs of the population. These organisations retain their own governance arrangements, but work as a network to improve flow into Primary Care Home (PCH) and deliver joined up care into Primary Care Home and Team Around the Patients (TAPs).

Primary Care Home (PCH)

8 Primary Care Home (PCH) is a joint programme launched in 2015 by the National Association of Primary Care and the NHS Confederation. The model aims to re-shape the way primary care services are delivered, based on local population needs.

9 PCH focuses on healthcare teams from primary, secondary and social care areas working together, including Teams Around Patients (TAPs). The key benefit for patients is a multi-disciplinary team (MDT) approach which provides comprehensive, personalised and consistent care for individuals.

10 This is a similar model to Teams Around Patients (TAPs) but focuses on all activity, both elective and non-elective, across primary care. Durham Dales, Easington and Sedgefield (DDES) CCG has modelled its clinical leadership in line with PCH and a launch event took place in May 2017.

11 In support of the PCH TAP model, an MDT approach is being applied across three levels:

- GP practice-based MDT (micro level)
- TAP level MDT (intermediate level)
- Primary Care Home meeting (macro level)

12 Work is currently underway to develop a similar model of clinical leadership in the North Durham Clinical Commissioning Group, as it enhances clinical engagement across primary care.

Teams Around Patients (TAPs)

13 A total of 13 Teams Around Patients (TAPs) covering 69 GP practices are currently being rolled out across County Durham. Team configurations and staff alignment have been confirmed.

14 Given the different size and scale of TAPs across County Durham it has been easier for some areas to mobilise more quickly than others. Further development sessions to move forward with TAP implementation are being planned.

15 TAP's utilise NHS community services which provide a wide range of care, from supporting patients to manage long-term conditions, to treating those who are seriously ill with complex conditions. Most of this community healthcare takes place in people's homes or in community clinics or health centres.

16 The new GP Clinical Leadership model recently championed by North Durham area will be important in advancing TAPs development and implementation across North Durham with support from members of the Integration Steering Group.

17 It is recognised that a new approach is needed to bring positive benefits in terms of improving people's health, wellbeing and experience of care, particularly in wrapping services around people's needs and shifting the focus to keeping people well and happy at home with reduced demand for hospital and other health and care services. The specification(s) for the current NHS community services have been reviewed and views on current service delivery have been sought to identify improvements to be made.

18 These improvements as such would not constitute significant changes to service delivery, but aim to reduce duplication, improve patient experience and to ensure services operate at maximum efficiency, which will help to enable service to be sustainable in future years. Services are delivered by a number of different providers which is some cases leads to fragmentation of care. CCGs are considering whether a procurement exercise is pursued to enable the necessary changes to services to be made. Such procurement exercises are not unusual.

19 As part of this process the CCGs and DCC have been working together to ensure that governance arrangements for community services will support the future integration of health and social care services. The inclusion of community services in any model of health and social care model is vital given the important role that community services play in avoiding admission and supporting discharge from hospital at an early a point as possible.

20 The TAPs model will directly contribute to improving the following outcomes:

System Outcomes	Person Centred Outcomes
Effective use of Discharge to Assess approach	People who use services have positive experiences of care.
Less presentation at A&E	Maintaining or improving the quality of life for people.
Improved Primary Care access	People with disabilities or long-term conditions are supported to live at home for as long as possible.
Reduced admissions and readmissions to hospital	People are helped to look after and improve their own health and wellbeing.
Reduction in hospital bed days	People who use services are treated with dignity and are safe from harm.
Less people in residential and nursing care	Helping people to recover from episodes of ill health or injury.
Prevention through risk stratification	People who provide unpaid care are supported to look after their own health and wellbeing.

21 To assist the TAPs a comprehensive toolkit has been developed and includes a Statement of common purpose, Operating principles and values, Terms of reference, Clinical scenarios, Agenda templates, Staffing lists, Multi-disciplinary team levels and frequently asked questions.

22 In order to ensure that the voluntary and community sector (VCS) are engaged in the development of the TAPs, a VCS Delivery Plan is being implemented. Priorities include supporting the VCS in influencing commissioning decisions on a locality basis and identifying commissioning issues for consideration by TAPs, with a specific focus on frail elderly people and those with long term conditions.

23 Through the Advice in County Durham Partnership, the Advice Referral Portal will be tested to ensure a 'no wrong door' policy for clients. In effect this will simplify referral routes for front line health and social care practitioners into the voluntary sector, making the best use of partnerships and networks.

24 To help familiarise health and social care professionals with the work of the VCS across County Durham and to introduce them to the Advice Partnership network four workshops were held during the summer 2017. More detailed consultations will be held with the TAPs during autumn to help inform and shape engagement between VCS providers and health and social care professionals.

Prevention

25 The County Durham Partnership (CDP) has agreed to develop a more proactive approach to prevention across the Partnership and drive a decisive shift in all parts of the system through a Prevention Steering Group and three workstreams:

- Building on Best Practice
- Maximising Funding
- Preventing Demand for Services

26 In addition, the County Durham Partnership Forum and Thematic Partnerships have held discussions in relation to identifying three or four areas for focused prevention work. This information will be provided to the County Durham Partnership in November 2017 and agreement will be reached on the areas to be focused upon, using relevant criteria for prioritisation.

27 The Local Government Association (LGA) Prevention at Scale offer provides 20 days of a Support Manager and expert advice and support focused on supporting a local area to deliver at scale a preventative approach for a particular condition or risk factor that will have a significant impact on health improvement for the local population and add value to existing interventions.

28 Timescales for the LGA project are from September 2017 – September 2018. There are 10-15 sites chosen for this prevention at scale work and it is an opportunity for Durham to share best practice with other areas, following completion of the project.

29 The chosen prevention area will be evaluated to see what impact on health outcomes there has been and will be required to produce two outputs:

- A report on the effectiveness of the logic model to deliver prevention at scale, (effective logic models make an explicit statement of the activities that will bring about change and the results expected for the community and residents).
- Case studies providing a commentary if there has been any measurable impact on outcomes and any financial benefit, as well as capture any other social and economic impact.

30 An outline planning form has been submitted to the LGA in relation to mental health as a key prevention priority that cuts across a number of partnerships. The project sponsor for this work is the Director of Adult and Health Services as chair of the Prevention Steering Group.

31 The Health and Wellbeing Board leads the work on mental health and wellbeing, as a priority within the Joint Health and Wellbeing Strategy and regular updates on progress on the prevention at scale work will be reported to the Mental Health Partnership Board through to the Health and Wellbeing Board.

32 The LGA is due to attend the next Prevention Steering Group on 19 October 2017 to discuss the prevention offer in further detail.

North East and Cumbria Learning Disability Transformation Programme

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

34 North East and Cumbria is one of five fast track sites selected because of high numbers of people with learning disabilities in hospital settings. Fast track areas have access to a share of a £8.2 million transformation fund to accelerate service redesign. An overarching North East & Cumbria (NE&C) plan was submitted with each of the 13 Local Authority areas presenting their own plans alongside it, which outline local initiatives that reduce the need for admission to hospital.

35 Representations have been made regarding the financial barriers to delivering the new Transforming Care Programme, particularly from the North East Region, led by Adult Social Care in County Durham. Limited capital funds have been made available and a bid for £1.2m Transformation Funding for 2017/18 and 2018/19 has been submitted for the North East Region. Regional representatives are currently in discussion regarding the affordability of the overall programme including the level available for individual care dowry payments. An interim dowry proposal has been identified and is currently being reviewed and considered via the relevant approval streams within each partner authority.

36 Across the North East and Cumbria there are a number of different commissioning arrangements that are being reviewed with the aim of establishing further pooled budget arrangements, joint contracts and alternative commissioning models to support delivery of this transformation plan.

Accountable Care Partnership (ACP) for Health Funded Learning Disability Services across Durham and Teesside

37 An Accountable Care Partnership (ACP) is being developed between CCG's in the region and Tees, Esk and Wear Valley Foundation Trust for NHS funded learning and disability services across County Durham and Teesside to improve the lives of people living with learning disabilities.

38 The Partnership brings together expertise from providers and commissioners with the aim of enhancing the quality of care packages and services, maximising and controlling spend on these packages and services and delivering the Transforming Care agenda. This will be delivered through a phased development of the ACP for learning disabilities across Durham,

Darlington and Teesside Clinical Commissioning Groups (CCGs) allowing greater ability to influence and manage the specialist learning disability hospital bed configuration and deliver better quality outcomes.

39 The phased introduction of an ACP model will initially include services and packages delivered through Tees Esk and Wear Valleys NHS Foundation Trust (TEWV), Northumberland Tyne and Wear NHS Foundation Trust (NTW) and specialist packages in the Independent Sector, expanding to all other learning disability services provided for people within the CCGs' responsibility.

40 There is an option for further expansion with CCGs including Mental Health Services into the ACP project, while there are benefits for this to be across the full Durham/Tees areas it could be delivered on a different footprint.

41 The development of the ACP will be undertaken through a series of key stages delivered over the course of 2017/18, essentially a soft launch that will demonstrate that new ways of working are in place and this will lead to full development of the ACP by March 2018.

42 Throughout 2017/18 the intention will be to look to expand the scope to include Continuing Health Care (CHC), joint funded packages, Section 117 (After Care) agreements and mental health services in general; the range of this development will be dependent upon the size of the geographical footprint based on the number of CCGs included. Engagement with local authorities is a critical factor in this expansion of scope and this has already begun.

43 The Accountable Care Network will oversee the work of the ACP for County Durham residents.

Commissioning Developments

44 Durham is leading regional work to better co-ordinate social care strategic commissioning between local authorities in the North East (NE). This activity aims to drive how commissioners can share best practice and market information, develop single approaches to contracting to avoid duplication and unnecessary burden on providers and establish more consistent dialogue with the independent provider sector. The Corporate Director of Adult & Health Services chairs the NE Association of Directors of Adult Services (ADASS) group and is a member of the national ADASS commissioning network.

45 A considerable amount of partnership work with adult safeguarding and the regulator the Care Quality Commission (CQC), led by commissioning, is already taking place in Durham to ensure an effective and best quality provision in the County. Performance and capacity, particularly of key services such as care home placements and domiciliary care, is being monitored and any exits as well as new entrants into the market are overseen with service users and families being supported through transition.

46 A new risk-based contract review mechanism is being introduced to ensure monitoring is actively aligned to identification of any early possible signs of provider difficulties.

47 In County Durham through the Joint Commissioning Group, Adult Care Services and the County Durham CCGs have successfully collaborated on a number of areas, most recently procuring transport provision. This joint working continues to progress opportunities to integrate commissioning functions and produce an overarching commissioning plan.

48 At the Health and Wellbeing Board held in July 2017 it was reported that there had been a rise in the rate of emergency admissions in both falls and injuries and hip fractures in the over 65s in 2015/16, higher than the national average for the same period and an increase from the rate in 2014/15 period. It was agreed that the Joint Commissioning Group establish a Task and Finish Group to investigate and report on this issue to the Health and Wellbeing Board in March 2018.

49 The Better Care Fund Plan (BCF) 2017-19 was signed off by the Corporate Director, Adult and Health Services, the Chief Clinical Officer, Durham Dales, Easington and Sedgefield (DDES) CCG and the Chief Operating Officer, North Durham and DDES CCGs in consultation with the chair of the Health and Wellbeing Board, prior to submission to NHS England on 11 September 2017. The final BCF plan was presented to the Health and Wellbeing Board meeting on 25 September 2017 for ratification. Approval of BCF plans are expected on 6 October 2017. The Joint Commissioning Group will be responsible for monitoring performance of the BCF programmes and projects.

50 The BCF Plan complements the approaches taken by the ACN, PCH and TAP's identifying how pooled funding will be utilised to enhance the range of community services the Council commission in conjunction with the NHS to achieve savings associated with keeping patients out of hospital.

51 The BCF Plan also contains the improved Better Care Fund (iBCF); providing additional monies direct to the local authority from April 2017 to support the Council to meet social care needs, maintain provision in the provider market and alleviate pressure on the NHS.

Review of the Social Services Information Database (SSID)

52 The Social Services Information Database (SSID) is one of the core systems of the Council and has been used by both Adult Social Care Services and Children's Services in Durham since the early 1990's.

53 Over this time period, the Council has invested significantly in the system to support the development and delivery of social care services in Durham. SSID has often been at the leading edge of Social Care IT developments nationally, e.g. payments to Residential, Nursing and Domiciliary Care Providers and information-sharing developments, etc., which have been recognised at national, regional and local awards.

54 SSID has been modernised over the years, including the development of the system into a windows type interface. However, whilst SSID has delivered many successes over this period, feedback from frontline staff, managers and regulators indicate that the system is cumbersome and is not keeping pace with the systems available in the commercial marketplace in terms of the functionality offered.

55 A SSID Review Project Board was established in June 2016 with representatives from all relevant services across the Council. In October 2016 it was agreed to undertake separate system procurements for Adult and Health Services and Children and Young People's Services.

56 A preferred systems options report for an Adults social care system was presented to the SSID Project Board on 6 December 2016. The full business case to replace the Adults element of SSID with a commercial 'off the shelf system' was approved by the SSID Board and Corporate Management Team in February 2017.

57 Until such time as the Adults social care system is awarded it has been agreed to maintain a single Programme Board, at which point a review of the governance arrangements will take place.

58 The Adults Project Team is currently in the procurement preparation phase and to date:

- The project structure has been finalised and work stream leads appointed
- A soft market testing questionnaire has been issued to inform understanding of the functionality offered by commercial systems.
- A series of user engagement sessions have been delivered.
- Five system soft market testing demos have taken place, with involvement from frontline and service support officers. Responses from staff to these demos have been very positive.
- Several visits and conference calls have taken place with other local authorities to learn from their experiences of the various social care systems.
- A regional local authority group is being formed to share experiences from implementation of social care systems.

59 The Project Team is:

- Continuing to engage with frontline and support staff from across Adult and Health Services, as well as partners and stakeholders.
- Undertaking further soft market testing activities to clarify key elements of the system requirements.
- Developing the detailed user requirements for the procurement activity
- Defining the final procurement approach to be used.
- Developing a programme of business process reviews.
- Reviewing the approach to document management and options for future document storage.

60 It is anticipated that the contract award will be between April-June 2018 with system ‘go live’ planned for August-September 2019. These dates may be subject to change following the procurement exercise and discussions with the successful provider as to their recommended approach to system implementation.

Recommendations

61 Adult Wellbeing and Health Overview and Scrutiny Committee is recommended to:

a) Note the contents of this report.
b) Agree to receive further updates in relation to Adult and Health Service developments on a six monthly basis.

Contact: Lee Alexander, Interim Head of Adult Care Tel: 03000 267354

Appendix 1: Implications

Finance – No direct implications.

Staffing – The delivery of adult and health services will depend upon a suitably trained and skilled workforce.

Risk – No direct implications.

Equality and Diversity / Public Sector Equality Duty – Equality Impact Assessments are carried out as part of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.

Accommodation – No direct implications.

Crime and Disorder – No direct implications.

Human Rights – No direct implications.

Consultation – Proposals relating to the development of adult and health services would be the subject of consultation with stakeholders.

Procurement – No direct implications.

Disability Issues – No implications at this stage.

Legal Implications – There are a number of key legislative and policy developments/initiatives that have led the way and contributed to developments within adult and health services. All changes must be compliant with legal requirements.

Appendix 2: Policy Context

Learning Disabilities Transforming Care Programme – January 2015 - The Learning Disabilities Transforming Care Programme aims to reshape services for people with learning disabilities and/or autism with a mental health problem or behaviour that challenges, to ensure that more services are provided in the community and closer to home rather than in hospital settings. It arose as a result of Sir Stephen Bubb's review of the Winterbourne View concordat. The Transforming Care guidance highlights the importance of local partnership working between commissioners from local government and the NHS with an emphasis on the oversight and support of Health and Wellbeing Boards.

Social Care - Queens Speech – June 2017 - The Government will consult on options to improve the social care system and to put it on a more secure financial footing, supporting people, families and communities to prepare for old age, and address issues related to the quality of care and variation in practice.

Adult Social Care: Quality Matters – July 2017 - sets out a single view of quality and a commitment to improvement, an initiative which is co-led by partners from across the adult social care sector. The summary action plan sets out 6 priority areas to make progress on improving quality in the first year:

1. Acting on feedback, concerns and compliments
2. Measuring, collecting and using data more effectively
3. Commissioning for better outcomes
4. Better support for improvement
5. Shared focus areas for improvement
6. Improving the profile of adult social care

As the plan develops, updated versions will be published so everyone can see how partners are working to translate the ambition of *Quality matters* into real action.

Your Data: Better Security, Better Choice, Better Care – July 2017 - is the Government's response to the National Data Guardian for Health and Care's Review of Data Security, Consent and Opt-Outs and the Care Quality Commission's Review 'Safe Data, Safe Care'. A response to the National Data Guardian Review was submitted by Adult and Health Services in December 2015.

The Government accepts the recommendations in both the National Data Guardian Review and the Care Quality Commission Review. The commitments made by the Department of Health and its partners to ensure the health and social care system in England realises the full benefits of sharing data in a safe, secure and legal way, and, that complements the existing Caldicott principles include:

1 **Protect information through system security and standards:**

- The Government agrees to adopt and promote the 10 data security standards, as proposed by the NDG's review.
- The Government also agrees to adopt the CQC's recommendations on data security.

- Boost investment in data and cyber security above the £50 million identified in the Spending Review to address key structural weaknesses, such as unsupported systems. The Government will target an initial £21 million of capital funding to increase the cyber resilience of major trauma sites as an immediate priority, and improve NHS Digital's national monitoring and response capabilities.
- The NHS Standard Contract 2017/18 requires organisations to implement the NDG review recommendations on data security.

2 **CQC will enable informed individual choice on opt-outs:**

- By December 2018, people will be able to access a digital service to help them understand who has accessed their summary care record. By March 2020, people will be able to use online services to see how their personal confidential data collected by NHS Digital has been used for purposes other than their direct care.
- NHS Digital will develop and implement a mechanism to de-identify data on collection from GP practices by September 2019.
- Give people the choice to opt out of sharing their data beyond their direct care, which will be applied across the health and social care system.
- In moving to the national opt-out, honour existing type 1 opt-outs (the option for a patient to register an objection with their General Practitioner, to prevent their identifiable data being released outside of the GP practice for purposes beyond their direct care) until 2020 and consult with the NDG before confirming their removal.

3 **CQC will apply meaningful sanctions against criminal and reckless behaviour:**

- Implement the UK data protection legislation in May 2018, which will provide a framework to protect personal data and also impose more severe penalties for data breaches and reckless or deliberate misuse of information.

4 **CQC will protect the public interest by ensuring legal best practice and oversight:**

- Put the National Data Guardian role and functions on a statutory footing.
- The Information Governance Alliance (IGA) will publish anonymisation guidance based on the Information Commissioner's Office (ICO) Code of Practice on Anonymisation in 2018.
- Clarify the legal framework by working with the Confidentiality Advisory Group (CAG) to ensure its approvals process under Section 251 of the NHS Act 2006 enables organisations to access the information they need, for example for invoice validation.

Shaping the Future – Care Quality Commission's Strategy for 2016 to 2021 - The Care Quality Commission (CQC) recently published two consultations on its future strategy for 2016 to 2021. Responses to these consultation were submitted by Adult and Health Service in March 2016 and August 2017. These follow a series of consultations on Shaping the Future (March 2015) and Building on Strong

Foundations (October 2015), in which CQC asked for views on their approach to the quality and regulation of health and social care services.

The focus of CQC's strategy 2016 to 2021 is to build on the current regulatory approach and further improve efficiency while adapting to changes in the health and care sectors. CQC's ambition for the next 5 years is to deliver a more targeted, responsive and collaborative approach to regulation, so more people receive high quality care. CQC will achieve this by focusing on four priorities:

- **Priority 1: encourage improvement, innovation and sustainability in care** - work with providers to support improvement.
- **Priority 2: deliver an intelligent driven approach to regulation** - use intelligence and information to more effectively target resources to where the risk to the quality of care provided is the greatest.
- **Priority 3: promote a single shared view of quality** - work with organisations to agree a consistent approach to defining and measuring quality.
- **Priority 4: improve efficiency and effectiveness** - achieve savings each year while improving the quality of service to the public and providers by working more efficiently.

Registered services will still be required to meet the fundamental standards of quality and safety which will be achieved through CQC's registration, monitoring, inspection and rating of services. CQC will also continue to work with the public to understand and focus on what matters most to them and will continue to use a full range of enforcement powers, such as restrictions or closure of services, fixed penalty notices or prosecution where poor care below the fundamental standards is found. CQC's role in protecting and promoting equality and human rights, including for people being cared for under the Mental Health Act or the Mental Capacity Act Deprivation of Liberty standards will also remain.

CQC will:

- Improve information and analysis of local services to inform inspection, including self-evaluation by providers and encouraging more people to share their experiences of care.
- Respond to risk and improvements in quality through timely inspection which will be determined by the rating of the service and the likelihood of quality having changed:
    - newly registered locations inspected within 12 months;
    - services rated as inadequate inspected every 6 months;
    - services rated as requires improvement inspected annually;
    - over time CQC will move to longer intervals between inspections for services rated as 'good' or 'outstanding' as CQC develop better access to intelligence and information; and
    - during 2016-17 CQC will work with partners and people who use services to agree appropriate timescales for inspections.
- Update ratings on the basis of inspection, and clarify where services are 'good' with 'outstanding' features and where services that 'require improvement' are not meeting fundamental standards.

- Work with local authorities and Clinical Commissioning Groups to develop more consistent quality frameworks and expectations on providers, based on the five key question.
- Improve understanding of the quality of services delivered in people's own homes by requiring providers to share their call monitoring data, in particular, numbers of missed or late visits, lengths of stay and how many different carers are visiting individuals.
- Inspection reports will be shorter and produced and published more quickly.
- For corporate providers, improve local activity by better understanding the head office leadership and how this impacts on quality through culture and policies.

Local system reviews of health and social care – July 2017 - The Secretaries of State for Health and Communities for Local Government have asked CQC to undertake a programme of local system reviews of health and social care in 20 local authority areas. These reviews, exercised under the Secretaries of State's Section 48 powers, will include a review of commissioning across the interface of health and social care and an assessment of the governance in place for the management of resources.

CQC will look specifically at how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old. This is a review of the interface across the whole system with all partner organisations, primary and secondary health care, CCGs, and the local authority in an area involved. The reviews will not include mental health services or specialist commissioning but, through case tracking, will look at the experiences of people living with dementia as they move through the system.

The purpose of the reviews is to provide a bespoke response to support those areas facing the greatest challenges to secure improvement. On completion of the review CQC's findings will be reported to each local authority area's Health and Wellbeing Board.

The first tranche of reviews includes the 12 local authority areas of: Birmingham, Bracknell Forest, Coventry, East Sussex, Halton, Hartlepool, Manchester, Oxfordshire, Plymouth, Stoke, Trafford, York, and are expected to be completed by December 2017. The first local authority area under review is Halton. These areas have been chosen from a ranked list and determined through a 'dashboard' set of Department of Health metrics. The remaining 8 areas, which have yet to be announced, are scheduled to be completed by April 2018.

Whilst the metrics that have been used to populate the dashboard and draw up the list are more narrowly focused, in the lead up to CQC undertaking the reviews a much broader set of metrics from the geographical area subject to the review (as part of the 6 week lead in time) will be gathered. This is to support the focus areas of; people being maintained in their usual place of residence, crisis management (admission to hospital or alternative response), and, return to usual residence and the interface between those areas, for example, access to GP, ambulance transfers, discharge planning. Relationships across the system will also be 'measured'.

Once all 20 reviews have been completed CQC will publish a national report of their key findings and recommendations.

Adults, Wellbeing and Health Overview and Scrutiny Committee

2 October 2017

Quarter One 2017/18 Performance Management Report

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

Purpose of the Report

1 To present progress against the council's corporate performance framework for the Altogether Healthier priority theme for the first quarter of the 2017/18 financial year.

Background

2 The council's partnership led Sustainable Community Strategy, setting out the vision for the county, and supporting council plan and service plans are due for review this year. There is a strong commitment to progressing the council's transformation programme, driven by a focus on delivering the best possible outcomes within available resources, and Cabinet agreed that an outcome based approach to planning is adopted. 2017/18 is a transition year as we review our vision, planning framework and associated performance management arrangements to ensure that they operate efficiently and are fit for purpose in the current climate.

Performance Reporting Arrangements for 2017/18

Key Performance Questions

3 A review of our performance reporting arrangements has led to the development of a series of key performance questions (KPQs). These questions are aligned to the 'Altogether' framework of six priority themes, and are designed to facilitate greater scrutiny of performance.

Key Performance Questions
Altogether Wealthier
1. Do residents have good job prospects?
2. Do residents have access to decent and affordable housing?
3. Is County Durham a good place to do business?
4. Is it easy to travel around the county?
5. How well does tourism and cultural events contribute to our local economy?

Key Performance Questions
Altogether Better for Children and Young People
6. Are children, young people and families in receipt of universal services appropriately supported?
7. Are children, young people and families in receipt of early help appropriately supported?
8. Are children and young people in receipt of social services appropriately supported and safeguarded?
9. Are we being a good corporate parent for looked after children?
Altogether Healthier
10. Are our services improving the health of our residents and reducing health inequalities?
11. Are people in need of adult social care supported to live safe, healthy and independent lives?
Altogether Safer
12. How effective are we at tackling crime and offending?
13. How effective are we at tackling antisocial behaviour?
14. How well do we reduce the misuse of drugs and alcohol?
15. How well do we tackle abuse of vulnerable people including domestic abuse, child sexual exploitation and radicalisation?
16. How do we keep our environment safe including roads and waterways?
Altogether Greener
17. How clean and tidy is my local environment?
18. Are we reducing carbon emissions and adapting to climate change?
19. How effective and sustainable is our collection and disposal of waste?
Altogether Better Council
20. How well do we look after our people?
21. Are our resources being managed for the best possible outcomes for residents and customers?
22. How good are our services to customers and the public?
23. How effectively do we work with our partners and communities?

4 A more focused set of performance indicators has been developed to provide evidence to help answer these questions for those with corporate governance responsibilities. Development of performance reporting will continue throughout the year in particular to enhance reporting of qualitative aspects of performance as highlighted in the 2016 Ofsted inspection.

5 There are other areas of performance that are measured in more detailed monitoring across service groupings and if performance issues arise, these will be escalated for consideration by including them in the corporate report on an exception basis.

6 The performance indicators are 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 is tracked but no targets are set for indicators which are long-term and/or which the council and its partners only partially influence.

7 This report sets out our key performance messages from data released this quarter and a visual summary for the Altogether Healthier priority theme that presents key data messages from the new performance framework showing the latest position in trends and how we compare with others.

8 A comprehensive table of all performance data is presented in Appendix 3.

9 An explanation of symbols used and the groups we use to compare ourselves is in Appendix 2.

10 To support the complete indicator set, a guide is available which provides full details of indicator definitions and data sources for the 2017/18 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.

Key Performance Messages from Data Released this Quarter

11 Positive progress has been made across health measures including 2,841 smoking quitters over 2016/17 exceeding the contracted target, although fewer quitters than 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.

12 Mothers smoking at time of delivery has also reduced from last year and achieved the annual target but it is still higher than national rates. Durham Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group (CCG) has the third highest rate in the North East and fifteenth highest of all CCGs in England. A steering group has been established to deliver an incentive scheme on behalf of DDES CCG. Women are registered through health professional referral, based on a specified criteria and can receive shopping vouchers if they successfully quit smoking. The government has set out an ambitious plan to make England, in effect, smoke-free in the next few decades. The new Tobacco Control Plan aims to significantly reduce smoking rates for the population by 2022, paving the way to a smoke-free generation. The plan also specifically aims to lower the smoking in pregnancy rate.

13 In relation to our adult social care support, our reablement and rehabilitation service is improving with a higher percentage of older people still at home three months after discharge from hospital. People who have achieved their desired outcomes from the adult safeguarding process remains high. Carers' satisfaction with the support and services they have received has fallen from 84.9% (2014/15) to 75.5%, in line with regional and national trends. Durham remains better than the national average but lower than the North East.

14 Four issues to highlight this quarter are:

a. Inequality in life expectancy and healthy life expectancy
b. Mortality rate for deaths related to drug misuse
c. Breastfeeding prevalence
d. People receiving an assessment or review every 12 months

15 Life expectancy and mortality can be used as important measures of the overall health of County Durham's population and as an indicator of inequality both between and within areas.[1] The data for the period 2013 to 2015 show that although people in County Durham are living longer they are spending more time in poor health. Healthy life expectancy has not been rising over time and locally, between 2009 to 2011 and 2013 to 2015, it fell for both men and women. In terms of HLE the absolute gap between County Durham and England for men and women both increased (3.5 years to 5.4 years for men; 4.0 years to 7.1 years for women). There is significant inequality in LE and HLE within County Durham. The gap in LE between the most deprived and least deprived areas is 7.9 years for men and 7.7 years for women and these have not changed significantly over time. The gap in HLE between the most deprived and least deprived areas is greater for men (13.8 years) and women (14.5 years). Healthy life expectancy and premature mortality are closely linked with long-term conditions such as congenital heart disease, stroke and cancer being among the leading causes of premature mortality in County Durham. These make a major contribution to the life expectancy gap between County Durham and England as a whole.

16 Recent published information shows that the mortality rate for deaths related to drug misuse for the period 2014 to 2016 is significantly higher in the North East and in County Durham than England. National data show the highest number of deaths since comparable records began in 1993. Of the deaths, more than two-thirds were due to misuse of drugs[2], and two-thirds of the deaths were men, in line with previous years. Those in their 40s have overtaken people in their 30s as being the age group with the highest mortality rate from drug misuse. This breakdown of gender and age is not yet available for County Durham.

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[1] Life expectancy (LE) tells us how long a child born today would be expected to live if they experienced the current mortality rates of the area they were born in throughout their lifetime. Healthy life expectancy (HLE) at birth is the average number of years a person would expect to live in very good or good health.

[2] Drug misuse is a subset of drug poisoning and is either: a death where the underlying cause is drug abuse or drug dependence, or a death where the underlying cause is drug poisoning and where any of the substances controlled under the Misuse of Drugs Act 1971 are involved.

17 Breastfeeding prevalence still requires improvement, being significantly lower than nationally and slightly below the North East rates. A multi-agency action plan to increase breastfeeding rates has been developed involving public health, health visitors, midwifery and children's centre colleagues. Models of best practice are being looked at from other areas who have improved their rates. The implementation will require a wider system approach to tackle the social norms relating to breastfeeding in County Durham. The Best Beginnings Baby Buddy app has been created to help provide reliable and accurate information that is available 24 hours a day.

18 Adults in receipt of social care services should receive an assessment or review every 12 months. Between April and June 2017 performance was 87% and this needs further improvement, in particular within learning disability services. A deep dive analysis is currently being undertaken to look into this in more detail.

19 The CQC are to undertake a programme of local system reviews of health and social care in 20 local authority areas. Reviews are initially happening in twelve challenged areas and the identification of these areas is principally based on a dashboard of six key metrics from across the sector where health and social care work most closely together, and assesses local areas against their statistical nearest neighbours (CIPFA) and nationally. The dashboard will be reviewed in the autumn. A further eight sites for review are to be identified in the coming months. These reviews will include a review of commissioning across the interface of health and social care and an assessment of the governance in place for the management of resources and will look specifically at how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old.

20 Durham is performing well on the majority of the six metrics (see Table 1 below) and the combined national ranking (based on the same 6 key indicators), where we rank 31 out of 152.

Table 1 Performance dashboard: Six key metrics

Metric	National Rank (out of 152)	Nearest Neighbour rank (out of 16)
Emergency Admissions (65+) per 100,000 65+ population	75	5
90th percentile of length of stay for emergency admissions (65+)	32	7
TOTAL Delayed Days per day per 100,000 18+ population	5	2
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services *	64	8

Proportion of older people (65 and over) who are discharged from hospital who receive reablement/rehabilitation services	76	6
Proportion of discharges (following emergency admissions) which occur at the weekend	133	15

*based on 2016/17 data

21 The current measure for delayed transfers of care (DTOC) from hospital shows Durham perform well with consistently low levels. The new Better Care Fund guidance has introduced a number of new proposals, including expectations about to what extent these would have to be reduced in the interface between health and social care, linking this target to the possibility of review of improved Better Care Fund funding in 2018/19 for areas that are performing poorly against the DTOC target. The Local Government Association does not support these proposals, in particular the targets, as this does not take into consideration the overall volume of discharges (which are rising), the extreme financial pressures on councils, and the need for local flexibility. There will also be a change in the way this data is reported for 2017/2018 to make it more representative of the entire month instead of a snapshot of days. NHS Digital are undertaking work to investigate the impact of this change on the measure and will keep us informed of progress. As a result there is no data currently available for quarter one.

Risk Management

22 Effective risk management is a vital component of the council's agenda. The council's risk management process sits alongside our change programme and is incorporated into all significant change and improvement projects.

23 There are no key risks in delivering the objectives of the Altogether Healthier theme.

Key Data Messages by Altogether Theme

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

[3] Images designed by Freepik from Flaticon

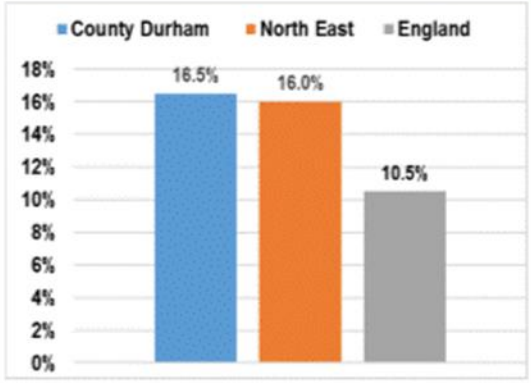
Altogether Healthier

Health of our residents

Smoking in County Durham

Mothers smoking at time of delivery 2016/17 - 16.5%

- ✓ Improvement from 2015/16 figure (18.2%)
- ✓ Achieved annual target (17.2%)
- × but still worse than North East (16%) and England (10.5%)
- × DDES CCG rate is poor (19.1%)
- ♦ Incentive scheme for DDES area introduced



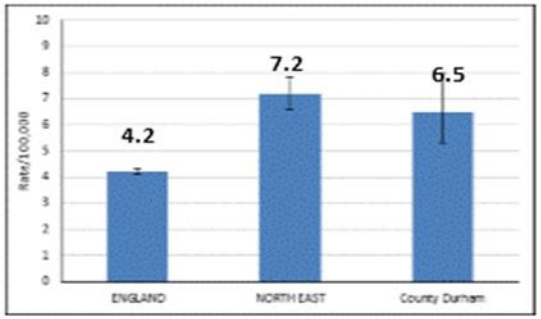
Smoking quitters - 2016/17

✓2,841 people quit smoking following support during 2016/17, exceeding the target of 2,311

Breastfeeding at 6 - 8 weeks from birth (Apr - Jun 2017)

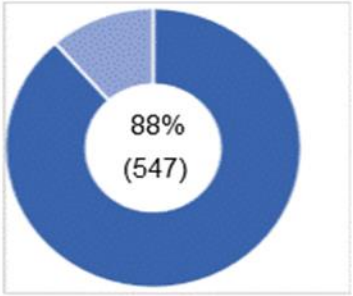
- × 28.2% (down from 28.8% in Q1 2016/17)
- × Lower than England (44.3%)
- × Lower than North East (30.6%)

Mortality rate (per 100,000) deaths for drugs misuse 2014 - 2016



Adult social care support

Reablement Service - people still at home 91 days after discharge from hospital Jan - Mar 2017



✓ Better than same period last year (85.2%)

↑ % of total people receiving reablement where no further service was required: 82.6% (from 81.7%)

↓ % of total people completing reablement who require no ongoing care/ reduced care: 86.3% (from 88.5%)

87.2% (7,259) of people received an assessment (within 12 months) in the year ended June 2017, slightly higher than the same period last year of 87%

% of people who achieved their desired outcomes from the adult safeguarding process	96.1% (307/321 people) (Apr - Jun 2016)
	95.6% (422/439 people) (Apr - Jun 2017)

Adults 65+ admitted to care on a permanent basis

181 admissions (172.0 per 100,000 population) (Apr - Jun 2017)

177 admissions (168.1 per 100,000 population) (Apr - Jun 2016)

Number of bed days commissioned

234,350 (Apr - June 2016)

218,918 (Apr - June 2017)

Survey of Adult Carers in England 2016/17

75.5% of carers satisfied with support and services (down from 84.9% in 2014 -15)

✓ Higher than England (71%) × Lower than North East (77.5%)

Recommendations and reasons

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

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

Appendix 1: Implications
Appendix 2: Report Key
Appendix 3: Summary of key performance indicators

Appendix 1: Implications

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

Staffing - Performance against a number of relevant corporate health 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

Appendix 2: Report key

Performance Indicators:

Direction of travel/benchmarking		Performance against target
Same or better than comparable period/comparator group	GREEN	Meeting/Exceeding target
Worse than comparable period / comparator group (within 2% tolerance)	AMBER	Getting there - performance approaching target (within 2%)
Worse than comparable period / comparator group (greater than 2%)	RED	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.

Appendix 3: Summary of Key Performance Indicators

Table 1: Key Target and Tracker Indicators

Ref	PI ref	Description	Latest data	Period covered	Period target	Data 12 months earlier	Performance compared to 12 months earlier	Performance compared to National figure		Performance compared to *North East or **Nearest statistical neighbour figure	
Altogether Healthier **1. Are our services improving the health of our residents?**											
61	AHS 12	Percentage of mothers smoking at time of delivery	16.5	2016/17	17.2	18.1	GREEN	10.5	RED	16*	RED
62	AHS 13	Four week smoking quitters per 100,000 smoking population	3,010	2016/17	2,449	3,076	RED	No Data		No Data	
63	AHS 7	Male life expectancy at birth (years) [2]	78.1	2013-2015	Tracker	78.0	GREEN	79.5	AMBER	77.9*	GREEN
64	AHS 8	Female life expectancy at birth (years) [2]	81.2	2013-2015	Tracker	81.3	AMBER	83.1	RED	81.6*	AMBER
65	AHS 9	Healthy life expectancy at birth [Female]	57	2013-2015	Tracker	New indicator	NA	64.1	RED	60.1*	RED
66	AHS 10	Healthy life expectancy at birth [Male]	58	2013 - 2015	Tracker	New indicator	NA	63.4	RED	59.6*	RED
67	AHS 14	Excess weight in adults (Proportion of adults classified as overweight or obese)	67.6	2013-15	Tracker	69	GREEN	64.8	RED	68.6*	GREEN

Ref	PI ref	Description	Latest data	Period covered	Period target	Data 12 months earlier	Performance compared to 12 months earlier	Performance compared to National figure		Performance compared to *North East or **Nearest statistical neighbour figure	
68	AHS 11	Suicide rate (deaths from suicide and injury of undetermined intent) per 100,000 population	15.7	2013 - 2015	Tracker	14.8	RED	10.1	RED	12.4*	RED
69	AHS 38	Prevalence of breastfeeding at 6-8 weeks from birth	28.2	Apr - Jun 2017	Tracker	28.8	RED	44.3	RED	30.6*	RED
70	AHS 40	Estimated smoking prevalence of persons aged 18 and over	17.9	2016	Tracker	19.0	GREEN	15.5	RED	17.2*	RED
71	AHS 41	Self-reported wellbeing - people with a low happiness score	11.4	2015/16	Tracker	New indicator	NA	8.8	RED	10.2*	RED
72	NS20	Participation in Sport and Physical Activity: active	62.2	2015/16	Tracker	New indicator	NA	65.4	RED	No Data	
73	NS21	Participation in Sport and Physical Activity: inactive	25.4	2015/16	Tracker	New indicator	NA	22	RED	No Data	

Ref	PI ref	Description	Latest data	Period covered	Period target	Data 12 months earlier	Performance compared to 12 months earlier	Performance compared to National figure		Performance compared to *North East or **Nearest statistical neighbour figure	
2. Are people needing adult social care supported to live safe, healthy and independent lives?											
74	AHS 18	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care	172.0	Apr - Jun 2017	TBC	168.1	RED	628.2		843*	
75	AHS 20	Proportion of older people who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	88.5	Jan - Mar 2017	TBC	85.2	GREEN	82.7	GREEN	85.5*	GREEN
76	AHS 16	Percentage of individuals who achieved their desired outcomes from the adult safeguarding process	95.6	Apr - Jun 2017	Tracker	96.1	AMBER	No Data		No Data	

Ref	PI ref	Description	Latest data	Period covered	Period target	Data 12 months earlier	Performance compared to 12 months earlier	Performance compared to National figure		Performance compared to *North East or **Nearest statistical neighbour figure	
77	AH17	Percentage of service users receiving an Assessment or Review within the last 12 months	87.2	Jul 2016 - Jun 2017	Tracker	87.0	GREEN	No Data		No Data	
78	AHS 21	Overall satisfaction of people who use services with their care and support	63.6	2016/17	Tracker	New indicator	NA	64.4	AMBER	67.2*	RED
79	AH22	Overall satisfaction of carers with the support and services they receive	75.5	2016/17	Tracker	New indicator	NA	41.2	GREEN	49.3*	GREEN
80	AHS 23	The proportion of adult social care service users who report they have enough choice over the care and support services they receive	73.1	2016/17	Tracker	New indicator	NA	No Data		No Data	

Table 2: Other additional relevant indicators

Ref	PI ref	Description	Latest data	Period covered	Period target	Data 12 months earlier	Performance compared to 12 months earlier	Performance compared to National figure		Performance compared to *North East or **Nearest statistical neighbour figure	
Altogether Better for Children and Young People **1. Are children, young people and families in receipt of universal services appropriately supported?**											
31	AHS 1	Under 18 conception rate per 1,000 girls aged 15 to 17	25.9	2015/16	Tracker	27.5	GREEN	20.4	RED	27.5*	GREEN
32	AHS 2	Proportion of five year old children free from dental decay	64.9	2014/15	Tracker	New indicator	NA	75.2	RED	72*	RED
33	AHS 3	Alcohol specific hospital admissions for under 18's (rate per 100,000)	67.5	2013/14 - 2015/16	Tracker	72.8	GREEN	37.4	RED	66.9*	AMBER
34	AHS 4	Young people aged 10-24 admitted to hospital as a result of self-harm	489.4	2011/12 - 2013/14	Tracker	504.8	GREEN	367.3	RED	532.2*	GREEN
35	AHS 5	Percentage of children aged 4 to 5 years classified as overweight or obese	24.3	2015/16 ac yr	Tracker	23.0	RED	22.1	RED	24.6*	GREEN
36	ASH 6	Percentage of children aged 10 to 11 years classified as overweight or obese	37	2015/16 ac yr	Tracker	36.6	AMBER	34.2	RED	37*	GREEN

Ref	PI ref	Description	Latest data	Period covered	Period target	Data 12 months earlier	Performance compared to 12 months earlier	Performance compared to National figure		Performance compared to *North East or **Nearest statistical neighbour figure	
Altogether Safer **3. How well do we reduce misuse of drugs and alcohol?**											
89	AHS 31	Percentage of successful completions of those in alcohol treatment	28.6	Oct 2015 - Sep 2016 (represents to Mar 2017)	38.3	30.2	RED	38.3	RED	33.2*	RED
90	AHS 32	Percentage of successful completions of those in drug treatment - opiates	6.2	Oct 2015 - Sep 2015 (represents to Mar 2017)	8.0	6.0	GREEN	6.6	RED	5.4*	GREEN
91	AHS 33	Percentage of successful completions of those in drug treatment - non-opiates	26.9	Oct 2015 - Sep 2016 (represents to Mar 2017)	49.1	33.0	RED	37.1	RED	29.2*	RED

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Adults Wellbeing and Health Overview and Scrutiny Committee

2 October 2017

AHS - Revenue and Capital Outturn 2016/17

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

Purpose of the Report

1. To provide the committee with details of the actual outturn budget position for the Adult and Health Services (AHS) service grouping, highlighting major variances in comparison with the (revised) budget for the year, based on the final position at the year end (31 March 2017) as reported to Cabinet in July 2017.

Background

2. County Council approved the Revenue and Capital budgets for 2016/17 at its meeting on 24 February 2016. These budgets were subsequently revised to take account of transfers to and from reserves, grant additions/reductions, budget transfers between service groupings and budget reprofiling between years. This report covers the financial position for:
   - *AHS Revenue Budget - £161.407 million (original £153.586 million)*
   - *AHS Capital Programme – £0.895 million (original £1.036 million)*

3. The original AHS revenue budget was revised to incorporate a number of budget adjustments in year, as summarised in the table below:

	£'000
Original Budget	153,586
Reason For Adjustment	
Transfer from Contingencies	1,101
Transfers from / to Earmarked Reserves	1,135
Transfer from CYPS	174
Transfer from Neighbourhood Services (EHCP)	5,211
Transfers to other services	(58)
Use of Corporate Reserves (ERVR)	258
Revised Budget	**161,407**

4. The use of / contribution to AHS reserves consists of:

Reserve	£'000
Social Care Reserve	1,482
Public Health Reserve	(347)
Total	**1,135**

5. The summary financial statements contained in the report cover the financial year 2016/17 and show: -

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

Revenue Outturn

6. The AHS service had a cash limit underspend of £4.746 million against a revised budget of £161.407 million in 2016/17, which is a 2.9% underspend.

7. The tables below show the revised annual budget, actual expenditure in 2016/17 and variance at year end. The first table is analysed by Subjective Analysis (i.e. type of expense) and shows the combined position for AHS, and the second is by Head of Service.

Subjective Analysis (Type of Expenditure)

	Revised Annual Budget £000	Actual 2016/17 £000	Variance £000	Items Outside Cash Limit £000	Cont. To / (From) Reserves £000	Cash Limit Variance 2016/17 £000	MEMO – Cash Limit Outturn QTR3 £000
Employees	56,605	54,805	(1,800)	(41)	(2,157)	(3,998)	(3,733)
Premises	2,521	2,323	(198)	(161)	-	(359)	(145)
Transport	3,333	2,955	(378)	-	-	(378)	(289)
Supplies and Services	6,118	5,792	(326)	102	(3)	(227)	(381)
Third Party Payments	216,422	220,141	3,719	-	10	3,729	3,296
Transfer Payments	12,166	11,356	(810)	-	-	(810)	(519)
Central Support and Capital	34,037	32,744	(1,293)	207	538	(548)	(1,257)
Income	(169,794)	(171,031)	(1,237)	498	(1,416)	(2,155)	(1,975)
TOTAL	**161,407**	**159,085**	**(2,322)**	**605**	**(3,028)**	**(4,746)**	**(4,512)**

Analysis by Head of Service Area

	Revised Annual Budget £000	Actual 2016/17 £000	Variance £000	Items Outside Cash Limit £000	Cont. To / (From) Reserves £000	Cash Limit Variance 2016/17 £000	MEMO – Cash Limit Outturn QTR3 £000
Central/Other	9,756	9,297	(459)	394	(50)	(115)	(134)
Commissioning	5,594	5,541	(53)	51	(1,078)	(1,080)	(833)
Environment, Health & Consumer Protection	5,196	5,244	48	(3)	(303)	(258)	(200)
Head of Adults	126,823	125,793	(1,030)	61	(1,601)	(2,570)	(2,490)
Planning & Service Strategy	10,894	10,597	(297)	106	(534)	(725)	(854)
Public Health	3,144	2,611	(533)	(4)	537	-	-
TOTAL	**161,407**	**159,085**	**(2,322)**	**605**	**(3,028)**	**(4,746)**	**(4,512)**

8. The table below provides a brief commentary of the actual cash limit variances in 2016/17, analysed by Head of Service. The table identifies variances in the core budget only and excludes items outside of the cash limit (e.g. central repairs and maintenance) and technical accounting adjustments (e.g. capital charges):

Service Area	Description	Cash Limit Variance £000
Head of Adults		
Ops Manager LD /MH / Substance Misuse	£329,000 under budget on employees, due to careful vacancy management. £1.867 million net over budget on care provision, in part due to the Transforming Care agenda. £165,000 over budget in respect of premises/transport/supplies and services.	1,703
Safeguarding Adults and Pract.Dev.	£66,000 over budget on employee costs. £66,000 under budget on non-staff costs. £96,000 additional income, mainly to support SPA activity.	(96)
Ops Manager OP/PDSI Services	£320,000 under budget due to effective management of vacancies. £1.965 million net under budget on direct care-related activity. £155,000 under budget in respect of premises/transport/supplies and services/other costs.	(2,440)
Ops Manager Provider Services	£1.698 million under budget on employees, mainly in respect of early achievement of future MTFP savings. Circa £300,000 of this figure is due to a change in accounting treatment for 2016/17 only £39,000 under budget on non-staff costs, mainly in respect of future MTFP savings.	(1,737)
		(2,570)

Service Area	Description	Cash Limit Variance £000
Central/Other		
Central/ Other	£23,000 under budget on employee-related costs, mainly in respect of future MTFP savings. £52,000 over budget on premises/transport/other costs. £144,000 additional income mainly in respect of salary recharges.	(115)
		(115)
Commissioning		
Commissioning	£403,000 under budget on employees in respect of early achievement of future MTFP savings. £734,000 net under budget on non-staff costs in respect of early achievement of future MTFP savings. £57,000 under recovery of income.	(1,080)
		(1,080)
Environment, Health & Consumer Protection		
Environment Protection	£6,000 under budget on employee budgets. £46,000 under budget on non-staff costs. £5,000 over achievement of income.	(57)
Consumer Protection	£144,000 under budget on employees mainly in respect of future MTFP savings. £18,000 under budget on non-staff costs. £92,000 under achievement of income mainly in respect of reduced markets income and multi-year licence agreements achieving less income than annual licences.	(70)
Health Protection	£2,000 under budget on employee budgets. £77,000 under budget on non-staff costs, partly to achieve future MTFP savings. £52,000 over achievement of income	(131)
		(258)
Planning & Service Strategy		
Performance & Information Mgmt	£116,000 under budget on employees re effective vacancy management/early achievement of future savings. £55,000 under budget on non-staff costs. £6,000 under achievement of income	(165)
Policy Planning & Partnerships	£66,000 under budget on employees, mainly re future MTFP savings. £12,000 over budget on transport/supplies and services/other budgets. £20,000 over achievement of income.	(74)
Service Quality & Development	Future MTFP savings linked in the main to employees.	(152)
Service Support	£268,000 under budget on employees, mainly re future MTFP savings. £66,000 under budget on transport/supplies and services/other budgets towards future MTFP savings.	(334)
		(725)

Service Area	Description	Cash Limit Variance £000
Public Health		
Cancer Vulnerable Groups and Sexual Health and Domestic Violence	Activity in relation to sexual health services overspent by £69K against the £4.5m budget available. This was due to increased activity related to fees and drugs costs associated with contraceptive implants. A further variance of £180k relates to the extension of two commissioned services, one dealing with the health of Gypsy Romany Travellers and one in relation to Pharmacy support both funded from Public Health Reserves	259
Drugs and Alcohol Health Checks and Smoking Cessation	Alignment of reserves has contributed to the overall position in this area.	2,011
Public Health CVP Services Oral Health Obesity and Physical Activity	As part of the 0-19 contract, £200k non recurrent funding has being used to support mental health resilience training. In order to free up office accommodation for the 0-19 service additional ICT equipment was requisitioned .This is partially offset by income from the 0-19 provider for use of DCC premises. Also non recurrent funding of £35k has been used to support the Beat the Streets initiative tackling obesity.	165
Public Health Grant and Reserves	Alignment of reserves has contributed to the overall underspend in this area.	(2,167)
Public Health Team	Employee related expenditure was £445k lower than the core team salary budget of £2m due to vacancies. Expenditure on non-staffing expenditure also underspent by £137k. Unbudgeted income from secondment arrangements achieved £69k.	(651)
Social Determinants/wellbeing and Adult Mental Health	The variance of £383k against a current budget of £7m relates primarily to the extension of a number of commissioned services, including, Workplace Health £88k, Targeted Wellbeing £81k, Adult Wellbeing variation to contract (£130k), Patient Transport £152k, Waddington Street Health Trainer £30k, Warm and Healthy Homes £25k. All of which are funded from Public Health Reserves.	383
		-

9. In summary, the AHS service maintained spending within its overall cash limit. The outturn position incorporated the achievement of MTFP savings built into the 2016/17 budgets, which for AHS in total amounted to £11.812m.

Capital Programme

10. The AHS capital programme was revised in the year to take into account budget reprofiling from 2015/16 following the final accounts for that year. This increased the 2016/17 original budget.

11. Further reports to MOWG during the year included revisions to the AHS capital programme. The revised capital budget totalled £0.895 million in 2016/17, with summary financial performance shown below.

AHS	Actual Expenditure 31/03/2017 £000	2016-17 Revised Budget £000	(Under) / Over Spending £000
LD Provider Services	46	50	(4)
Planning & Service Strategy (PSS)	3	159	(156)
Public Health	583	686	(103)
Total	**632**	**895**	**(263)**

12. Unspent monies have been carried forward to future years with PSS monies allocated to support future SSID replacement project expenditure.

Recommendations:

13. It is recommended that Adults Wellbeing and Health Overview and Scrutiny Members note the revenue and capital outturn included in the report, which are summarised in the outturn report to Cabinet in July.

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

Appendix 1: Implications

Finance

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

Staffing

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

Risk

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

Equality and Diversity / Public Sector Equality Duty

There are no implications associated with this report.

Accommodation

There are no implications associated with this report.

Crime and Disorder

There are no implications associated with this report.

Human Rights

There are no implications associated with this report.

Consultation

There are no implications associated with this report.

Procurement

There are no implications associated with this report.

Disability Issues

There are no implications associated with this report.

Legal Implications

There are no implications associated with this report.

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Adults Wellbeing and Health Overview and Scrutiny Committee

2 October 2017

Quarter 1: Forecast of Revenue and Capital Outturn 2017/18

Report of Paul Darby, Head of Finance and Transactional Services

Purpose of the Report

1. To provide the committee with details of the forecast outturn budget position for the Adult and Health Services (AHS) service grouping, highlighting major variances in comparison with the budget for the year, based on the position to the end of June 2017 as reported to Cabinet in September 2017.

Background

2. County Council approved the Revenue and Capital budgets for 2017/18 at its meeting on 22 February 2017. These budgets have subsequently been revised to take account of transfers to and from reserves, grant additions/reductions, budget transfers between service groupings and budget reprofiling between years. This report covers the financial position for:

    - *AHS Revenue Budget - £144.834 million (original £151.581 million)*
    - *AHS Capital Programme – £0.318 million (original £0.318 million)*

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

Reason For Adjustment	**£'000**
Original Budget	151,581
Transfer From Contingency - Additional Inflation	45
Transfers to other services – Corporate Restructuring	(7,523)
Use of (+)/contribution to CAS reserves (-)	691
Use of (+)/contribution to Corporate reserves (ERVR) (-)	40
Revised Budget	**144,834**

4. The use of / contribution to AHS reserves consists of:

Reserve	**£'000**
AWH - Social Care Reserve	245
Public Health Reserve	385
Tobacco Control Reserve	61
Total	**691**

5. The summary financial statements contained in the report cover the financial year 2017/18 and show: -

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

Revenue Outturn

6. The AHS service is reporting a cash limit underspend of £2.599 million against a revised budget of £144.834 million which represents a 1.8% underspend. The outturn position does not factor in any variances against the iBCF allocations at this stage.

7. The tables below show the revised annual budget, actual expenditure to 30 June 2017 and the updated forecast of outturn to the year end, including the variance forecast at year end. The first table is analysed by Subjective Analysis (i.e. type of expense) and the second is by Head of Service.

Subjective Analysis (Type of Expenditure)

	Revised Annual Budget	YTD Actual	Forecast Outturn	Variance	Items Outside Cash Limit	Cash Limit Variance
	£000	£000	£000	£000	£000	£000
Employees	46,893	10,979	44,792	(2,101)	0	**(2,101)**
Premises	2,252	74	2,478	226	0	**226**
Transport	3,019	438	2,768	(251)	0	**(251)**
Supplies & Services	4,654	842	4,346	(308)	0	**(308)**
Third Party Payments	224,636	37,454	223,564	(1,072)	0	**(1,072)**
Transfer Payments	11,380	1,940	10,914	(466)	0	**(466)**
Central Support & Capital	28,037	1,207	28,194	157	0	**157**
Income	(176,037)	(33,286)	(174,821)	1,216	0	**1,216**
Total	**144,834**	**19,648**	**142,235**	**(2,599)**	**0**	**(2,599)**

Analysis by Head of Service Area

	Revised Annual Budget £000	YTD Actual £000	Forecast Outturn £000	Variance £000	Items Outside Cash Limit £000	Cash Limit Variance £000
Central/Other	7,568	102	7,551	(17)	0	**(17)**
Commissioning	6,077	(6,886)	5,847	(230)	0	**(230)**
Environment, Health & Consumer Protection	4,900	953	4,631	(269)	0	**(269)**
Head of Adults	124,419	30,079	122,336	(2,083)	0	**(2,083)**
Public Health	1,870	(4,600)	1,870	0	0	**0**
Total	**144,834**	**19,648**	**142,235**	**(2,599)**	**0**	**(2,599)**

8. The table below provides a brief commentary on the forecast cash limit variances against the revised budget, analysed by Head of Service. The table identifies variances in the core budget only and excludes items outside of the cash limit (e.g. central repairs and maintenance) and technical accounting adjustments (e.g. capital charges):

Service Area	Description	Cash limit Variance £000
Head of Adults		
Ops Manager LD /MH / Substance Misuse	£416,000 under budget on employees, mainly due to effective vacancy management. £1.346 million net over budget on care provision. £92,000 over budget in respect of premises/transport/supplies and services.	1,022
Safeguarding Adults and Pract.Dev.	On budget.	-
Ops Manager OP/PDSI Services	£213,000 under budget due to effective management of vacancies. £1.465 million net under budget on direct care-related activity. £479,000 under budget in respect of premises/transport/supplies and services/other costs.	(2,157)
Ops Manager Provider Services	£0.933 million under budget on employees in respect of early achievement of future MTFP savings. £15,000 under budget on non-staff costs in respect of early achievement of future MTFP savings.	(948)
		(2,083)
Central/Other		
Central/ Other	£81,000 over budget on employee-related costs, partly offset by additional income. £5,000 over budget on premises/transport/other costs. £103,000 additional income mainly in respect of salary recharges.	(17)
		(17)
Commissioning		

Service Area	Description	Cash limit Variance £000
Commissioning	£233,000 under budget on employees in respect of early achievement of future MTFP savings. £3,000 over budget on non-staff costs/income.	(230)
		(230)
Environmental, Health & Consumer Protection		
Environment Protection/Other	£76,000 over budget on employee budgets. £2,000 net under budget on non-staff costs. £12,000 over achievement of income.	62
Consumer Protection	£243,000 under budget on employees mainly in respect of future MTFP savings. £20,000 under budget on premises costs. £21,000 over budget on other non-staff costs. £7,000 additional income received.	(249)
Health Protection	£69,000 under budget on employee budgets. £30,000 under budget on non-staff costs, partly to achieve future MTFP savings. £17,000 under achievement of income.	(82)
		(269)
Public Health		
Cancer Vulnerable Groups and Sexual Health and Domestic Violence	On budget.	-
Drugs and Alcohol Health Checks and Smoking Cessation	Break-even position. D&A contract extended until January and funded from reserves. New GP and Community Health checks contract now in place.	-
Public Health CVP Services Oral Health Obesity and Physical Activity	On budget.	-
Public Health Grant and Reserves	A number of contract extensions reliant on reserve funding. D&A contract £137,000. Wellbeing and associated contracts £244,000.	363
Public Team	Current forecast underspend primarily related to income from secondments and vacancies in the team.	(328)
Social Detriments/wellbeing and Adult Mental Health	Contracts extended for Health Trainers until March 2018 and the Patient Transport schemes until June 2017- all funded from reserves. The suicide prevention - Crees grant is expected to overspend by £45,000 but this will be offset by the end of the Living Mindfully contract (£79,000).	(35)
		-
AHS Total		**(2,599)**

9. In summary, the service grouping is on track to maintain spending within its cash limit. It should also be noted that the forecast outturn position incorporates the MTFP savings built into the 2017/18 budgets, which for AHS in total amounted to £6.353 million.

Capital Programme

10. The AHS capital programme comprises four schemes, LD Provider Services, Drugs Commissioning, Drug and Alcohol Premises Upgrade and Public Health, and the capital budget currently totals £318,000.

11. Summary financial performance to the end of June is shown below.

AHS	Actual Expenditure 30/06/2017 £000	Current 2017-18 Budget £000	(Under) / Over Spending £000
LD Provider Services	17	15	2
Public Health – Drugs Commissioning DACT	-	32	(32)
Public Health – Drug & Alcohol Premises	-	200	(200)
Public Health -	77	71	6
	94	**318**	**(224)**

12. Officers continue to carefully monitor capital expenditure on a monthly basis. £94,000 has been incurred to date. This is 30% of the total estimated spend in the year. At year end the actual outturn performance will be compared against the revised budgets and service and project managers will need to account for any budget variance.

Recommendations and reasons

13. It is recommended that Adults Wellbeing and Health Overview and Scrutiny Members note the financial forecasts included in the report, which are summarised in the Quarter 1 forecast of outturn report to Cabinet in September 2016.

Contact: Andrew Gilmore – Finance Manager **Tel: 03000 263 497**

Appendix 1: Implications

Finance

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

Staffing

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

Risk

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

Equality and Diversity / Public Sector Equality Duty

There are no implications associated with this report.

Accommodation

There are no implications associated with this report.

Crime and Disorder

There are no implications associated with this report.

Human Rights

There are no implications associated with this report.

Consultation

There are no implications associated with this report.

Procurement

There are no implications associated with this report.

Disability Issues

There are no implications associated with this report.

Legal Implications

There are no implications associated with this report.

Adults Wellbeing and Health Overview and Scrutiny Committee

2 October 2017

Path to Excellence Consultation – Proposed response by the Adults Wellbeing and Health OSC

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

Purpose of the Report

1 To invite members of the Adults Wellbeing and Health Overview and Scrutiny Committee to consider and agree the proposed draft response to the Path to Excellence consultation currently being undertaken by South Tyneside and Sunderland NHS Partnership.

Background

2 South Tyneside and Sunderland NHS Partnership launched a public consultation on 5th July 2017 asking for views and ideas on potential options for changes proposed for stroke; maternity (obstetrics); women's healthcare (gynaecology) and children and young people's healthcare (urgent and emergency paediatrics) hospital-based services in South Tyneside and Sunderland.

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

The Path to Excellence Public Consultation

4 Copies of the Path to Excellence public consultation document and the public questionnaire have been placed on deposit in the Members Library.

5 Representatives of South Tyneside and Sunderland NHS Partnership will attended the Committee's meeting held on 6 September 2017 to provide members with information detailing:-

- The rationale for the review of stroke; maternity (obstetrics); women's healthcare (gynaecology) and children and young people's healthcare (urgent and emergency paediatrics) services ;
- The proposed options for future configuration of the services being consulted upon; the number of people from County Durham affected by the proposed changes including admission rates from County Durham for each service;

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

- The decision making timelines proposed for each service change.

6 The consultation process commenced on 5th July 2017 and lasts until 15 October 2017.

7 At the Committee's meeting there were a number of comments, questions and concerns expressed on behalf of the Committee which have been formulated into a proposed response to the consultation. A copy of the proposed response is attached to this report. (Appendix 2)

8 The Committee have been informed that the feedback obtained during the consultation process will be considered alongside the proposals to assist the CCGs in making a final decision. The Committee have within its response asked that this feedback be reported back to Committee prior to the CCGs making their final decision.

Recommendation

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

1. receive this report;

2. consider, comment and, subject to any amendments, agree the proposed response to the Path to Excellence consultation attached as Appendix 2;

3. agree to a further report being brought back to the Adults Wellbeing and Health Overview and Scrutiny Committee detailing the feedback from the communication and engagement activity prior to a final decision being made by the CCGs in respect of the proposals.

Background papers

None

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

Appendix 1: Implications

Finance - None

Staffing - None

Risk - None

Equality and Diversity / Public Sector Equality Duty – Independent, Integrated, Equality, Health and Health Inequalities Impact Assessments have been undertaken.

These reports have been prepared by an independent public health specialist for the Path to Excellence Programme to ensure impartiality.

Health Inequalities Impact Assessment (HIIA) is a tool used during NHS service reform planning to assess the potential of any policy, plan, proposal or decision to reduce or increase health inequalities. Many policies have the potential to impact on health inequalities and this is critical information that the NHS will need to consider in making their final decision. These are substantial documents and can be found through the following links:-

Stroke Impact Assessment (114 pages)
https://pathtoexcellence.org.uk/wp-content/uploads/2016/11/FINAL-Stroke-IIA-080617.pdf

Obstetrics and gynaecology Impact Assessment (112 pages)
https://pathtoexcellence.org.uk/wp-content/uploads/2017/08/FINAL-OG-IIA-250617.pdf

Paediatrics Impact Assessment (95 pages)
https://pathtoexcellence.org.uk/wp-content/uploads/2016/11/FINAL-IIA-Paeds-110617.pdf

Accommodation - None

Crime and Disorder - None

Human Rights - None

Consultation – The proposed consultation, communications and engagement plan for the review have been placed on deposit in the member's library.

Procurement - None

Disability Issues - None

Legal Implications – None

Contact: Cllr John Robinson
Direct Tel: 03000 268140
e-mail:
Your ref:
Our ref:

The Path to Excellence South Tyneside
and Sunderland Consultation,
Freepost RTUS-LYHZ-BRLE,
North of England Commissioning Support,
Riverside House,
Goldcrest Way,
Newcastle-upon-Tyne.
NE15 8NY

October 2017

Dear Sir,

South Tyneside and Sunderland NHS Partnership - Path to Excellence Consultation

I would like to thank the representatives of the South Tyneside and Sunderland NHS Partnership for attending special meeting of Durham County Council's Adults Wellbeing and Health Overview and Scrutiny Committee on 6 September 2017 to discuss the statutory consultation being undertaken in respect of the proposed changes to stroke; maternity (obstetrics); women's healthcare (gynaecology) and children and young people's healthcare (urgent and emergency paediatrics).

Following consideration of the strategic context for the NHS, the Path to Excellence proposals and the impact upon County Durham patients, the Committee wish to make the following comments as their formal response to the statutory consultation.

Strategic context and rationale for change.

The Committee notes that the rationale for change is largely based upon two factors. Firstly, there are increasing workforce pressure across the NHS and which are being experienced within the South Tyneside and Sunderland NHS Partnership. These relate to an insufficient number of senior staff being available to cover services on a 24/7 basis across multiple sites and which has led to an overreliance on locum staff at a higher cost. Secondly, royal colleges across health service professions have stressed the importance of having centres of excellence within which there is an optimum level of throughput in terms of patient numbers and procedures undertaken to ensure required

standards of professional competencies are maintained. These in turn make such centres more attractive to potential new employees.

The Committee is concerned at the lack of robust workforce planning at a national level for which the Secretary of State for Health should bear some responsibility. Across the breadth of NHS Services, the Committee has consistently been advised that service change is necessary in order to address staffing shortages and enable viable shifts/rotas to be maintained. This must be addressed urgently. The Committee also believe that action should be taken at a local level by NHS Foundation Trusts and Clinical Commissioning Groups working with the region's Universities to examine how health professional qualifications can be made more attractive as a career choice.

General comments on the Path to Excellence Programme proposals

The Committee has received presentations earlier this year in respect of draft Sustainability and Transformation Plans that have been developed covering Northumberland, Tyne and Wear and North Durham (NTWND STP) footprint and the Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby (DDTHRW STP) footprint. In respect of the NTWND STP, the Committee has been advised that this was a series of pre-existing plans for service change, of which the Path to Excellence programme appears to be one such plan. Whilst acknowledging the work undertaken to date in respect of the programme, the Committee are concerned that service changes agreed under the Path to Excellence programme will be implemented without recourse to any potential impact upon other areas within the two STP footprints. Accordingly, the Committee would seek assurances that dialogue is taking place across STP boundaries and that any cross boundary implications of service changes are fully explored and mitigated against.

Members are also aware that frequently service changes within the NHS may have an impact upon local authority health and social care services and associated budgets. The Committee would seek assurances that appropriate dialogue takes place with affected local authorities including Durham County Council on any unintended consequences of the any service changes agreed following the Path to Excellence programme consultation.

In terms of the potential impact of the Path to Excellence programme proposals on residents of County Durham, it appears that the options across all four service areas appear to favour centralisation on the Sunderland Royal Hospital site. As a consequence of this the Committee acknowledges that there should be little adverse impact upon the residents of County Durham.

Stroke Services

Whilst accepting that the number of County Durham residents treated for stroke within the Sunderland and South Tyneside is relatively small, there will be a

potential impact upon the local authority in terms of discharge planning arrangements post-acute treatment. It is therefore essential that whichever option is agreed, Durham County Council adult and social care staff are involved in any discharge planning processes subsequently developed.

The Committee notes the recent poor performance of South Tyneside District Hospital and Sunderland Royal Hospital in terms of their Sentinel Stroke National Audit report scores and welcomes the recent improvements that have been demonstrated following the temporary changes made to stroke services in January 2017 and which form the basis for the model proposed in Option 1.

During consideration of the stroke service proposals, there were concerns raised by the Committee that stroke service patients would continue to be triaged in A&E by specialist stroke staff rather than being directly admitted to a dedicated stroke ward (which the Committee is aware happens within County Durham and Darlington NHS Foundation Trust at University Hospital North Durham). The Committee would welcome assurances that whatever the model implemented, stroke patients would be admitted directly to a dedicated stroke ward/unit, bypassing A&E and ensuring that they receive the necessary treatment as quickly as possible.

The Committee appreciates that the centralisation of stroke services on a single site, whilst delivering better potential outcomes for patients, may result in increased travel times to services for some patients. The existing pressure upon the North East Ambulance Service in terms of ambulance response times and transfer delays are well documented and known to the Committee. It is considered vital that the views of NEAS on the proposed options for stroke services are known and that any potential increase in ambulatory travel times are factored into the decision making process.

Proposed development of Durham Treatment Centre, Belmont

In November 2016, the Committee received information regarding the development of a Treatment Centre at Belmont Durham by Sunderland City Hospital's NHS FT which would provide services such as Renal services, Ophthalmology and Urology services to patients including County Durham residents. Whilst noting that these services are not part of the current Path to Excellence programme, the Committee seeks assurances that the proposed development will not be compromised in any future service reconfigurations.

Finally, the Committee requests that a further report detailing the results of the Path to Excellence consultation process be brought back to the Adults Wellbeing and Health Overview and Scrutiny Committee scheduled for 19 January 2018 before a final decision is taken by South Tyneside and Sunderland CCGs.

Yours faithfully,

Cllr John Robinson
Chair of the Adults, Wellbeing and Health Overview and Scrutiny Committee
Durham County Council