



Health and Wellbeing Board

Date Tuesday 20 March 2018
Time 9.30 am
Venue Committee Room 2, County Hall, Durham

Business

Part A

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

1. Apologies for Absence
2. Substitute Members
3. Declarations of Interest
4. Minutes of the meeting held on 25 January 2018 (Pages 5 - 14)
5. Active Durham Partnership Update - Report and Presentation of Active Durham Partnership Independent Chair and Strategic Manager, Culture and Sport, Durham County Council (Pages 15 - 16)
6. Sustainability and Transformation Plans Update: Northumberland, Tyne and Wear and North Durham and Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby Draft Sustainability and Transformation Plans - Verbal update of Chief Operating Officer, North Durham and Durham Dales Easington and Sedgefield Clinical Commissioning Groups and Chief Clinical Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group
7. South Tyneside and Sunderland Path to Excellence Programme - Verbal update of Director of Contracting and Informatics, NHS Sunderland Clinical Commissioning Group and Path to Excellence Programme Manager, South Tyneside and Sunderland Healthcare Group

8. Primary Care Navigation - Report and Presentation of Director of Primary Care, Partnerships and Engagement, North Durham and Durham Dales Easington and Sedgefield Clinical Commissioning Groups (Pages 17 - 22)
9. Children and Young People's Services Management of Child and Adolescent Mental Health Service Waiting Times - Report of Director of Operations, Durham and Darlington Children and Young People's Services, Tees, Esk and Wear Valley NHS Foundation Trust (Pages 23 - 26)
10. Pharmaceutical Needs Assessment 2018-21 - Report of Director of Public Health County Durham, Adult and Health Services, Durham County Council (Pages 27 - 36)
11. Healthwatch County Durham Work Plan 2018-19 - Report of Chair of Healthwatch County Durham (Pages 37 - 44)
12. Public Health Marketing Campaigns 2018 - Report and Presentation of Director of Public Health County Durham, Adult and Health Services, Durham County Council (Pages 45 - 52)
13. Adult Autism Self-Assessment Implementation Update - Report of Strategic Commissioning Manager, Adult and Health Services, Durham County Council (Pages 53 - 62)
14. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration
15. Any resolution relating to the exclusion of the public during the discussion of items containing exempt information

Part B

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

16. 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
12 March 2018

To: The Members of the Health and Wellbeing Board

Durham County Council

Councillors L Hovvels, O Gunn and J Allen

J Robinson	Adult and Health Services, Durham County Council
M Whellans	Children and Young People's Services, Durham County Council
A Healy	Public Health, County Durham Adult and Health Services, Durham County Council
N Bailey	North Durham and Durham Dales Easington and Sedgefield Clinical Commissioning Groups
Dr D Smart	North Durham Clinical Commissioning Group
Dr S Findlay	Durham Dales, Easington and Sedgefield Clinical Commissioning Group
Dr J Smith	Durham Dales, Easington and Sedgefield Clinical Commissioning Group
S Jacques	County Durham and Darlington NHS Foundation Trust
J Gillon	North Tees and Hartlepool NHS Foundation Trust
C Martin	Tees, Esk and Wear Valleys NHS Foundation Trust
C Harries	City Hospitals Sunderland NHS Foundation Trust
B Jackson	Healthwatch County Durham
S Lamb	Harrogate and District NHS Foundation Trust
L Jeavons	North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups and Durham County Council
A Reiss	Office of the Police, Crime, and Victim's Commissioner
C Bage	County Durham and Darlington Fire and Rescue Service

Contact: Jackie Graham

Tel: 03000 269704

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DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in Committee Room 2, County Hall, Durham on **Thursday 25 January 2018 at 9.30 am**

Present:

Councillor L Hovvels (Chairman)

Members of the Board:

Councillors J Allen and O Gunn and N Bailey, Dr. S Findlay, C Harries, A Healy, B Jackson, L Jeavons, J Robinson, Dr. D Smart and Dr. J Smith

1 Apologies for Absence

Apologies for absence were received from C Bage, J Gillon, S Jacques, S Lamb, C Martin, A Reiss and M Whellans

2 Substitute Members

G Curry for S Jacques, G O'Neill for M Whellans, J Parkes for J Gillon, P Scott for C Martin, A Smith for S Lamb and K Wanley for C Bage

3 Declarations of Interest

There were no declarations of interest.

4 Minutes

The minutes of the meeting held on 27 November 2017 were agreed as a correct record and signed by the Chairman.

5 Sustainability and Transformation Plans Update Report: Northumberland, Tyne and Wear and North Durham and Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby Draft Sustainability and Transformation Plans

The Board received a verbal update from the Chief Operating Officer, North Durham and Durham Dales Easington and Sedgefield Clinical Commissioning Groups in respect to the Sustainability and Transformation Plans for Northumberland, Tyne and Wear and North Durham and Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby Draft Sustainability and Transformation Plans.

The Board received a verbal update from the Chief Operating Officer, North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups in respect to the Sustainability and Transformation Plans for Northumberland, Tyne and Wear and North Durham and Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby Draft Sustainability and Transformation Plans.

The Chief Operating Officer advised that the 'plans' would also be called 'partnerships' and that work was taking place to amalgamate the local three into one, however NHS England confirmation was awaited.

In terms of acute services the south of the County had the Better Health Programme (BHP) and to the north of the County had an acute workstream. The BHP outcomes and clinical networking discussions in relation to what specialist services will work across a wider footprint will be brought to a future meeting.

The Board were informed that governance work had commenced and were looking at community and engagement issues. The Director of Public Health and the Corporate Director of Adult and Health Services were involved in the workstreams.

The Chief Operating Officer explained that a Health oversight group had been established and would involve the local authority. A report would come back to the board on integration.

The Chief Operating Officer outlined that CCGs were looking at their operating procedures and where they can streamline and will bring information back to the Board at a future meeting.

Prevention was a key workstream across the north east and the Board were made aware of the all parliamentary launch on tobacco.

Resolved:

That the update be noted.

6 Local Maternity System Prevention Priorities

The Board received a report and presentation from the Director of Public Health County Durham, Adult and Health Services, Durham County Council on the local maternity system (LMS) plans for prevention and how the ambitions would be achieved (for copy see file of Minutes).

The Consultant in Public Health highlighted the following points from the presentation:-

- Better births – prevention
- What are we preventing?
- What is our aim?
- 7 key prevention must dos and the level of ambition
- Challenge areas, comments and how to overcome

The next steps were highlighted as:

- Funding secured from two LMS boards
- Continue to embed within 'Saving Babies Lives' work – clinical and safety outcomes critical
- Collating baseline audit (include workforce and resource issues)

- Plan Regional LMS prevention conference
- Further engagement with local authority, primary care and VCS colleagues to consider interdependencies and end to end pathways
- Recruit 12 month prevention coordinator secondment to support implementation in all maternity care pathways across 8 Foundation trusts

The Chairman of Healthwatch County Durham asked what vaccinations expectant mothers were advised to have, and was informed that this would be for flu, depending on the time of year, and for whooping cough. The Chief Clinical Officer confirmed that only those women who would be pregnant during flu season were approached about this vaccination.

The Chairman said that it was important to ensure that communications gave reassurance around the maternity service and that it was fit for purpose. The Consultant in Public Health explained that the two LMS boards had representation from lay members and that they did have a strong voice. A conference was being planned in June to better engage with GPs and the voluntary and community sector.

Councillor Allen was advised that unexpected infant deaths would be reported through the Child Death Overview Panel, further to a question about stillbirths reporting and causes.

Councillor Gunn asked if there were links with pre-birth intervention. The Consultant in Public Health advised that there was a Best Start to Life group and that the Local Maternity services were aligned to that.

Resolved:

That all HWB partner organisations actively support the successful implementation of the seven prevention must do areas of work at a County Durham level.

7 Area Action Partnership Links - 6 Month Update Report

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

The Area Action Partnership Coordinator advised that the Chairman had attended a meeting with the County Durham Dementia Action Alliance (CDDAA) to raise awareness of plans around the County. The Board were informed that the contract with the Alzheimer's Society had been extended and that AAPs were looking at redeveloping plans to look at schools and isolation. The Chairman added that it had been a very useful meeting and asked that the board members undertake dementia friends training at one of their next meetings. She commented that everyone could make small changes that would make a big difference. She advised of the taxi driver training that had taken place in the County and meetings that had taken place with the business sector. She went on to suggest that an audit of buildings would be useful to see if they were dementia friendly. The Chairman was also aware of some

car parks that had forget-me-not bays and suggested that some empty shops spaces could be used as a quiet areas.

The Corporate Director of Adult and Health Services, DCC said that the blue badge scheme as looking to be extended to further support those with dementia.

The Area Action Partnership Coordinator went on to inform the Board that the social isolation would be looked at by all AAPs and that they would manage a fund to support community led initiatives. The Board were also informed that Age UK had put forward a strong bid for Social Action Funding and were awaiting the outcome.

Councillor Gunn praised the excellent work carried out by the AAPs in the local communities and with the voluntary sector. With regards to social isolation funding she had concerns that young people were also vulnerable and often isolated.

The Corporate Director of Adult and Health Services, DCC explained that the funding through the improved BCF was for adult social care and currently the fund was for those aged 60+, although the criteria was still being developed. The Area Action Partnership Co-ordinator advised of a Youth Fund that encouraged positive activities and that could target children and young people who may be isolated.

The Area Manager Community Risk Management, County Durham and Darlington Fire and Rescue Service explained that as part of the safe and wellbeing assessment they could identify socially isolated people but he pointed out that that they were not always elderly people. He advised that often people who did not have any family were isolated at a younger age.

Resolved:

- (i) That the work taking place be noted;
- (ii) That the improved alignment of work of the AAPs to the Health and Wellbeing Board be noted;
- (iii) That the work by the AAPs during 2017/18 on addressing the Health and Wellbeing agenda be noted;
- (iv) That the shared work that AAPs and partners are currently working on be noted.

8 Healthy Child Programme Board Update

The Board received a report and presentation of the Director of Public Health County Durham, Adult and Health Services, Durham County Council that provided an update on the progress made and next steps for the County Durham Healthy Child Programme Board (HCPB) (for copy see file of Minutes).

The Consultant in Public Health, DCC highlighted the following points from the presentation:-

- Benefit of Healthy Child Programme Board
- HCP 10 Priorities
- HCP 7 Principles
- Current State

- Future State
- HCPB Transformational Route Map

The Director of Public Health, DCC added that children's commissioning arrangements were complex and were challenging.

The Chief Operating Officer, ND CCG said the Integration Board now covered children and young people as well as adults and an Integration Steering Group for Children and Young would take forward the joint work with health, social care and public health involvement.

Resolved:

- (i) That the progress made by the HCPB and give the mandate to continue the work to progress towards the defined future state as articulated in paragraph 11 and in appendix 2 of the transformational route map, be acknowledged.
- (ii) That how chief officers are best sighted on the work of the HCPB to ensure governance and accountability is transparent and work remains targeted to the most important priorities be considered.

9 Health Protection Assurance 2017/18

The Board received a joint report of Director of Public Health County Durham, Adult and Health Services, Durham County Council, the Deputy Director of Health Protection, North East Public Health England and the Consultant in Health Protection, North East Public Health England that set out the means by which the Director of Public Health was assured that the health of the population is protected. In doing this, it lays out the statutory duty placed on Local Authorities for health protection and outlines the role of the Director of Public Health (DPH). It also presents the health protection plan on a page which draws together key health protection programmes and identifies where assurance has been sought in this area of key responsibility. Finally, the paper will identify areas where this assurance could be strengthened (for copy see file of Minutes).

The presentation highlighted the following points:-

- Statutory responsibilities/ mandated functions of the Director of Public Health
- The key elements of health protection
- Health Protection in practice 2017
- Health Protection – draft plan on a page
- Assurance Dashboard
- Screening and Immunisations – good news and issues
- Prevention and Management of Communicable Diseases – good news and issues
- Emergency planning, resilience, response and recovery – good news and issues

The Deputy Director of Health Protection, North East Public Health England shared further background information to the Board on the day to day jobs where the team

were continually responding to outbreaks, raising the profile of the work carried out and providing an assurance process. Strong relationships had been built up with partner organisations and the involvement of the Environmental Health teams were considered to be a critical part in helping to protect the public. National priorities including eliminating TB, tackling anti MR resistance, air quality and the impact on public health. These were very difficult challenges. Some technical developments had occurred with genetic sequencing and understanding the recent flu season, which would help determine the vaccines required for the future.

Councillor Allen asked if there were any plans to communicate with the public on the health protection issues and was advised that this was part of the national communications service division. He added that flu messages would come out nationally and anything urgent would go to the press with intervention being delivered locally.

Dr Smart was concerned that young women were not presenting for cervical screenings and felt that this may be partly attributable to them thinking they were immunised following the HPV vaccine at school.

As this was dealt with by a separate team the Chairman suggested that a representative be invited to a future meeting. The Director of Public Health, DCC added that there were mixed messages and that further clarity was required. Healthwatch were undertaking a survey to look at why women did not come forward.

Councillor Gunn welcomed the report and presentation but would like to receive further details at a future meeting. She was pleased that the importance of the Environmental Health team had been outlined.

The Chief Clinical Officer, DDES CCG enquired about the flu vaccine used by GPs this year and was informed that there would be a change for 2018/19.

Resolved:

- (i) That the report's content and development of the surveillance dashboard and health protection plan on a page be noted;
- (ii) That the areas of assurance and further action be acknowledged.

10 Working Towards a Healthy Weight in County Durham

The Board received a report and presentation of the Director of Public Health County Durham, Adult and Health Services, Durham County Council that presented 'Working towards a healthy weight in County Durham' 2018 and provided an update on the work of The Healthy Weight Alliance which was accountable to the Board and to seek support for this document to be publicly available in hard copy format and electronically via Durham County Council website (for copy see file of Minutes).

The Consultant in Public Health, DCC highlighted the following points from the presentation:-

- Long term vision
- Obesity – the context

- What was happening nationally and locally
- Scale of the issue in County Durham
- What we had achieved –
 - Leading by example
 - Best start in life
 - Increasing play
 - Engaging the whole system
- Long term goals
- Short and medium goals
- Working towards a healthy weight in County Durham 2018

Councillor Gunn welcomed the report and would like to see engagement with school governing bodies, as she felt that they could play a part in the work of schools. As most councillors were on a governing body she suggested that they could help raise the profile of this work. She also asked that issues around planning and licensing with regards to the number of takeaways and fast food outlets should be investigated further.

The Consultant in Public Health welcomed the support and advised that as quality standards were being established, governing bodies would be part of that. She also advised that engagement with the planning team as part of the County Durham Plan was taking place which would address the fast food aspect.

The Director of Public Health, DCC added that this was a challenge in terms of hot food outlets and an evidence base would need to be gathered. She welcomed the support of councillors and the public.

Dr Smith commented that the Active Durham partnership were already having these discussions as part of a nutritional board.

Councillor Allen suggested that councillors could also support schemes to help children become more active and one way of doing this would be to help fund Fitbits. She added that activity could be monitored as part of science and PE lessons.

The Chairman asked how we compared to other authorities and was advised that we were significantly above the England average.

Councillor McKeon asked how the potential relationship between mental health and obesity was being addressed and was advised that the person was looked at as an individual including all the factors that affected them.

Resolved:

- (i) That the content of 'Working towards a healthy weight in County Durham' 2018 be noted.
- (ii) That to provide commitment to and support for the ongoing work to address obesity across County Durham be continued.
- (iii) That the publication and wider circulation of 'Working towards a healthy weight in County Durham' 2018 be endorsed.

11 Prevention at Scale

The Board considered a joint report and presentation of the Corporate Director Adults and Health Services and the Head of Partnerships and Community Engagement, Transformation & Partnerships, Durham County Council that informed of the prevention at scale work (for copy see file of Minutes).

The Head of Partnerships and Community Engagement highlighted the following information from the presentation:-

- Prevention – primary, secondary and tertiary prevention
- CDP Focus
- Steering Group
- Progress to date
- Targeted proposal – mental health at scale
- Mental plan on a page
- Areas of focus
- Next Steps

Councillor Gunn commented that it was important to engage with children and young people whose parents were living with mental health and that support should be available at school. She added that the AAPs should also play a key part.

The Director of Public Health, DCC informed the board that children and young people were involved in meetings and although looking at mental health issues were already taking place it could be built upon. The Consultant in Public Health, DCC informed the Board that the Children and Families Partnership had contacted the Durham Association of head teachers to talk about the green paper and future plans for children's mental health, looking at a whole school approach.

On answering a question from Councillor Allen about how key partners would be involved, the Corporate Director of Adult and Health Services, DCC advised that there had been a level of interest expressed across all key partners. She added that the thematic partnership would continue to engage throughout the whole process.

Councillor Allen said that it was important to share good practice and learn from that, including support received from the LGA.

Referring to helping and supporting children in schools, Councillor Gunn commented that it was difficult to find suitable material to use and that books on certain subject areas were not available at all in schools. She added that a life book had been produced for the child from the looked after children service that explained things in a non-judgemental way.

The Area Manager Community Risk Management, County Durham and Darlington Fire and Rescue Service suggested that they look at the development of education information across a whole range of prevention issues including healthy weight management and mental health that schools and partner agencies could access. He

added that there could be 2 levels, 1 for the deliverer and 1 for the child/ young person and information could be available on where to access books and materials.

Resolved:

That the report and presentation be received.

12 Fast Track Plan - Transforming Care for People with a Learning Disability

The Board considered a report of Commissioning and Delivery Manager, NHS North Durham CCG & NHS Durham Dales, Easington and Sedgefield CCG that provided an update on the Transforming Care Programme and local implementation (for copy see file of Minutes).

Resolved:

- (i) That the content of the report and local progress be noted.
- (ii) To continue to support the collaborative development of new models of community care and support for this client group.

13 North Durham Clinical Commissioning Group, Durham Dales Easington and Sedgefield Clinical Commissioning Group and Tees Esk Wear Valley NHS Foundation Trust - Partnership for Learning Disabilities and Mental Health

The Board considered a report of Director of Corporate Programmes, Operations and Delivery, NHS North Durham Clinical Commissioning Group that provided an update on the progress of the development of the Accountable Care Partnership (ACP) for Learning Disabilities (Health funded) (for copy see file of Minutes).

Councillor Allen enquired as to when the issues identified in the case reviews would be addressed and was informed that this was already taking place.

Resolved:

That the progress of the ACP, with particular focus on the outputs of the workstreams and outcomes of the case review process to date be noted.

14 Winter Pressures

The Board received a verbal update of Chief Clinical Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group about Winter Pressures (for copy see file of Minutes).

The presentation highlighted the following points:-

- System Pressures
- OPEL – NE Region
- North East Regional A&E Performance (All Types)
- Type 1 A&E Activity (1)
- Type 1 A&E Activity (2)
- Local Situation – A&E Performance (All Types)
- Winter spend – secondary care, community and additional spend for NEAS
- Ambulance Performance

- Handover time lost in hours
- Handover delays by hospital
- Primary care
- Flu
- Staff immunisation rates
- Summary of impact
- What went to plan
- Future actions

The Corporate Director of Adult and Health Services, DCC commented that a similar presentation had been received at the County Durham Partnership meeting. In relation to advice about people staying away from GPs and hospitals with flu symptoms, she asked if this could be making people worse. The Chief Clinical Officer said that information was still in the process of being analysed.

Resolved:

That the presentation be noted.

Health and Wellbeing Board

20 March 2018



Active Durham Partnership Update

Report of Annie Dolphin (OBE), Independent Chair, Active Durham Partnership and Julie Russell, Strategic Manager, Culture and Sport, Durham County Council

Purpose of the Report

- 1 The purpose of this report is to inform the Health and Wellbeing Board of the forthcoming presentation on the Active Durham Partnership. Annie Dolphin, Independent Chair, will deliver a presentation to the Health and Wellbeing Board meeting on 20th March 2018, supported by officers from both Culture and Sport and Public Health.

Background

- 2 The Active Durham Partnership is the county's multi-agency partnership to help tackle physical inactivity in County Durham.
- 3 In 2016, when the reviewed direction of the partnership was established, it was agreed that the Active Durham Partnership would provide an update to the Health and Wellbeing Board, on its partnership work and progress.

Recommendations

- 4 The Health and Wellbeing Board is recommended to:
 - a) Receive the forthcoming presentation at the HWB meeting on 20th March 2018.

Health and Wellbeing Board Sponsor: Amanda Healy

**Contact: Julie Russell, Strategic Manager, Culture and Sport
Tel: 03000 264560**

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

Health and Wellbeing Board

20 March 2018

Primary Care Navigation



Report of Joseph Chandy, Director of Primary Care and Engagement, NHS North Durham and Durham Dales, Easington and Sedgfield CCGs

Purpose of the Report

- 1 The purpose of this report is to inform the Health and Wellbeing Board of the presentation regarding the development and implementation of Primary Care Navigation for County Durham. Joseph Chandy, Director of Primary Care and Engagement will be delivering a presentation on this subject to the Health and Wellbeing Board on 20 March 2018.

Background

- 2 The two CCGs in County Durham are establishing Primary Care Navigation locally as part of their implementation of the GP Forward View (published in 2016).
- 3 Primary Care Navigation involves members of the practice team 'Care Navigators' being trained to support patients by signposting them quickly to the most appropriate professional or service, to ensure they receive the right care, first time. This includes signposting them to a person or service within the practice as well as other NHS organisations, Social Care or support in the community.
- 4 Primary Care Navigation is being implemented to help improve access to General Practice as well as releasing GP time to be able to care for patients with long term conditions and complex needs.
- 5 Care Navigation has been successfully implemented in other parts of the country already (e.g. West Wakefield and South Tees). Through direct dialogue with staff who have already been through the process of establishing Care Navigation, the CCGs in County Durham and our General Practice providers are learning from and building upon their experiences.

Recommendations and reasons

6 The Health and Wellbeing Board is recommended to:

- (a) Receive the forthcoming presentation at the HWB meeting on 20 March 2018.
- (b) Comment on the suitability of the term 'Care Navigators' for the staff involved.
- (c) Comment on the information included in the Primary Care Navigation Briefing Draft (appendix 2).

Health and Wellbeing Board Sponsor: Nicola Bailey

Contact: Gail Linstead, Head of Primary Care Development and Engagement

Tel: 0191 371 3232

Appendix 1: Implications

Finance – Funding for this programme is part of GP forward view clerical and admin monies available.

Staffing – None.

Risk – None.

Equality and Diversity / Public Sector Equality Duty – None.

Accommodation– None.

Crime and Disorder– None.

Human Rights– None.

Consultation– On-going engagement with Primary Care staff (clinical and non-clinical), patient representative groups as well as wider stakeholders as part of development and implementation plans.

Procurement– None.

Disability Issues– None.

Legal Implications– None.

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What is Care Navigation?

Care Navigation is a person-centred approach which uses signposting and information to help primary care patients and their carers move through the health and social care system



Why use Care Navigation?

- We want patients to see the right person, to provide the right care, in the right place, at the right time as efficiently as possible
- To improve access to General Practice
- Release GP time to care for patients with long term conditions or complex needs
- To improve the job satisfaction for frontline staff in General Practice
- As part of national plans from the *GP Forward View* published in 2016

Patient

Navigator



External Navigation EXAMPLE ONLY



Community
pharmacy



Stop
Smoking
Service



Sexual
health



Optician

Internal Navigation EXAMPLE ONLY

Practice
Nurse



GP



How does it work?

- If you contact your practice you will speak to a navigator
- They will ask you for a brief outline of the reason for you contacting the practice if you permit
- Following training, the navigator will be able to offer you choice regarding appropriate services you can access, but it's still your choice
- This choice may be in relation to the appropriate member of staff within the practice
- The choice may also be with an alternative service who can meet your needs such as community pharmacy, stopping smoking or sexual health
- Where appropriate the navigator may be able to book an appointment for you directly
- This is not clinical advice or triage
- You do not have to accept the choice provided by the navigator
- You can still request to see your GP if you wish

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Health and Wellbeing Board

20 March 2018



Children and Young People's Services Management of Children and Adolescent Mental Health Service Waiting Times

Report of Patrick Scott, Director of Operations, Durham and Darlington Children and Young People's Services, Tees, Esk and Wear Valley NHS Foundation Trust

Purpose of the Report

- 1 The purpose of this report is to update the Health and Wellbeing Board on progress made in reducing waiting times for children and young people accessing Tees, Esk and Wear Valley (TEWV) Children and Adolescent Mental Health Service (CAMHS).

Background

- 2 The Board has received previous reports regarding the work under way to address concerns regarding excessive waits within CAMHS. This report includes the position reported to February 2018 and a narrative regarding the key areas of action that have been completed and/or are under way.

General Waiting Times

- 3 The following relates to general waiting times:
 - (a) The service continues to achieve the four week waiting time target; with young people offered an initial assessment within four weeks of referral. This is monitored closely as part of daily lean management.
 - (b) Following the initial appointment, young people are allocated onto the most appropriate clinical pathway. The intervention at the second appointment will vary dependent on presenting needs. This could include further specific diagnostic assessment, psychological interventions and liaising with schools to ensure appropriate educational support is accessed (usually via the local offer) if required.
 - (c) The service has a KPI that 90% of young people must have a second appointment within nine weeks of referral, with current attainment of 87%.
 - (d) The services monitors this closely, breaches are usually related to any delay in first appointment and capacity within the team.
 - (e) The service continues to experience high levels of referrals. On average we receive around 850 referrals each month with seasonal variation.

- (f) The service has seen a marked increase in referrals over the last quarter, with a peak in November 2017, where we received 1005 referrals; this was 215 more referrals than November 2016.
- (g) The service has reviewed referrals to look at trends. However referrals were shared across all Clinical Commissioning Groups (CCGs) and there were no changes to referrer source.
- (h) GP's remain the highest referrer however we are aware that this is an inflated rate as schools continue to ask parents to seek GP referrals.
- (i) TEWV CAMHS works closely with partners to support delivery of the local transformation plan. This partnership working is supporting a better understanding of what CAMHS does to facilitate appropriate referrals.
- (j) We are currently working with school leads to encourage schools to refer directly to the single point of access (SPA). This will improve timely access and provide SPA an opportunity to check what intervention schools have offered prior to referral.
- (k) The service is also participating in the school links mental health programme which will help to develop closer working with schools and identify targeted work to support schools.
- (l) The service has seen benefits from the introduction of the resilience nurses in relation to appropriate referrals and pathways into CAMHS. However this resource is yet to make an impact on referral rates.
- (m) The service has reviewed the green paper and supports the strategic direction to include mental health leads in schools and develop CAMHS around schools.

Conclusion

- 4 The service monitors waiting times closely and takes corrective action to ensure young people are not experiencing long waits for a CAMHS intervention. We have sustained an improvement in waiting times for generic CAMHS since October 2016.
- 5 TEWV/CAMHS remain an active partner in the Children and Young People Mental Health Local Transformation Plan Group which is working as a local system to transform the mental health offer to children, young people and families in County Durham.

Recommendations

- 6 The Health and Wellbeing Board is recommended to:
 - a) Note the content of the report.

- b) Agree for the Children and Young People Mental Health Local Transformation Plan Group to provide an update against key actions and the process to re-fresh the current plan at the May HWB.

HWB Sponsor: Colin Martin, Chief Executive, TEWV

Contact: Donna Sweet, Head of Service, Children and Young People's Services, TEWV

Tel: 0191 5945770

Appendix 1: Implications

Finance - No implications

Staffing - No implications

Risk - No implications

Equality and Diversity / Public Sector Equality Duty - No implications

Accommodation - No implications

Crime and Disorder - No implications

Human Rights - No implications

Consultation - No implications

Procurement - No implications

Disability Issues - No implications

Legal Implications - No implications

Health and Wellbeing Board

20 March 2018



Pharmaceutical Needs Assessment 2018-21

Report of Amanda Healy, Director of Public Health, Adult and Health Services, Durham County Council

Purpose of the Report

- 1 Under the Health and Social Care Act (2012), the Health and Wellbeing Board (HWB) is responsible for the production of a Pharmaceutical Needs Assessment (PNA) every 3 years.
- 2 The purpose of this report is to:
 - Present the HWB with the final draft of the PNA to sign off. This final draft incorporates all the comments received during the statutory 60 day public consultation. The final version of the PNA is due for publication by the HWB by 1st April 2018 at www.countydurhampartnership.co.uk/article/17588/Pharmaceutical-Needs-Assessment.
 - Ask the HWB to comment on the resulting action plan for pharmaceutical services 2018-21 (see Appendix 2). This action plan is based on the key statements in the PNA 2018-21 and additional key comments received during the public consultation.

Background

- 3 A PNA considers the health needs of the population and the provision of pharmaceutical services (i.e. community pharmacies and dispensing GP practices), and therefore whether there are any potential gaps in pharmaceutical service delivery. It is used by NHS England in its consideration of applications to join the pharmaceutical list, and by commissioners of pharmaceutical services. The PNA links to the health needs identified in the Joint Strategic Needs Assessment (JSNA), and the priorities in the Joint Health and Wellbeing Strategy (JHWS).
- 4 A draft PNA was presented to the HWB in November 2017 before undergoing the statutory 60 day public consultation. As part of this public consultation the Adult, Wellbeing and Health Overview & Scrutiny Committee (AWHOSC) was consulted, and the consultation was flagged with the Area Action Partnerships (AAPs). In addition, and as required by Regulation, the draft PNA was also sent to neighbouring HWBs for comment (Note: No comments were received from neighbouring HWBs).

- 5 All the comments received during the statutory public consultation have been incorporated into the final draft of the PNA. These comments do not change the key statements/conclusions in the draft PNA that was first presented to the HWB in November 2017, however they have been used to develop the resulting PNA action plan.
- 6 The key conclusion of the final draft PNA 2018-21 is that there are still sufficient pharmaceutical services across County Durham. This can be demonstrated with the following points:
 - (a) There is a good distribution of pharmaceutical services in areas of high population density, and in areas with more significant health needs (i.e. areas with a high population density of older people, and in areas of deprivation).
 - (b) A reasonable distribution of pharmacies exists with extended and weekend opening hours in all localities. However, this may need to be reviewed as the development of urgent care services proceeds.
 - (c) The estimated builds of future housing developments by 2021 will not require new pharmaceutical services.
 - (d) County Durham has 24 pharmacies per 100,000 population. This is higher than the England average of 21 per 100,000.
- 7 This conclusion will be kept under review by the HWB particularly as urgent care services develop, and as part of the HWB ongoing responsibility to continue to assess the impact of future changes to pharmaceutical services.
- 8 The other key conclusion is that there is still scope to further develop locally commissioned services from the existing pharmacies in order to further support priorities in the JHWS. These services should particularly focus on:
 - (a) The growing older population, the health and social care integration agenda, and incorporating pharmacy services into Teams Around Patients (TAPs).
 - (b) The further expansion of community pharmacy based public health services now that every pharmacy is working towards becoming a Healthy Living Pharmacy (HLP) as part of the national pharmacy contract introduced in December 2016.
 - (c) Continuing to ensure that pharmacy supports key priorities in the Sustainable and Transformation Plans (STPs) around prevention and self-care.
- 9 In order to achieve these developments the public need to be made aware of what pharmacy can do, by all stakeholders working together to promote the role of pharmacy by providing information, advertising, and education to targeted populations in County Durham.

Recommendations

- 10 The HWB is asked to:
 - (a) Sign off this final draft PNA for publication by 1st April.
 - (b) Comment on the resulting action plan for pharmaceutical services 2018-21 in Appendix 2.

Background Papers

The final draft PNA 2018-21.

Contact: Claire Jones, Public Health Pharmacist
Tel: 03000 267662

Appendix 1: Implications

Finance – No significant implications within the current public health financial arrangements for public health pharmacy services

Staffing – No implications with the current public health staffing structure

Risk – No significant implications since the HWB will be fully supported to consider the implications of any future changes to pharmaceutical services

Equality and Diversity/Public Sector Equality Duty – No implications

Accommodation – No implications

Crime and Disorder – No implications

Human Rights – No implications

Consultation – Statutory 60 day consultation December 2017 – January 2018

Procurement – No significant implications within the current procurement arrangements for public health pharmacy services

Disability Issues – No significant implications

Legal Implications – No significant implications

Introduction

The key statements in the PNA are:

- 1 There are sufficient pharmaceutical services in the 6 localities across County Durham.
- 2 There is still scope to further develop locally commissioned services from the existing service providers in order to further support targets in the JHWS. These services should particularly focus on:
 - The growing older population, the integration agenda, and incorporating pharmacy services into TAPs.
 - The further expansion of community pharmacy based public health services now that every pharmacy is working towards becoming a HLP.
 - Continuing to ensure that pharmacy supports key priorities in the STPs around the promotion of self-care, a more appropriate use of health services, and the development of urgent care services.
- 3 In order to achieve these developments the public need to be made aware of what pharmacy can do, by all stakeholders working together to promote the role of pharmacy by providing information, advertising, and education to targeted populations in County Durham.

A summary of the key comments received from the public before (via Healthwatch) and during the public consultation also appear in Appendix (i).

Key Statement 1: There are sufficient pharmaceutical services in the 6 localities across County Durham

Access to services

- **HWB action:** HWB to keep this key statement under review as urgent care primary care services develop, and as part of its ongoing responsibility to assess the impact of ongoing changes to pharmaceutical services, e.g. pharmacy closures or consolidations¹, in order to determine if these changes are significant and would therefore be relevant to the granting of future pharmaceutical applications.

Dispensing GP practices

- ***AWHOSC comments during the public consultation:*** Following the recent closure of the St John's Chapel dispensary, the Committee has previously expressed its concerns at the way in which this was handled particularly regarding engagement with the local community, the OSC, and the HWB.
- **CCG action:** In 2017, the CCG has plans to support business planning in GP practices in order to, e.g. prevent future closures of GP practice dispensaries.

¹ Consolidation applications were introduced in 2016 as part of the new national pharmacy contract and allow for the consolidation of two or more pharmacies on a single existing site where such a change will not create a gap in provision (as described by a supplementary statement that the HWB must then produce on receipt of such an application).

Delivery of medication in rural areas²

- *Lartington Parish Council comments during the public consultation:* On the occasional lack of access to urgent medication following GP home visits, consideration should be given to the provision of an emergency delivery service on those occasions when it is clear that a medicine is urgently needed but cannot be easily obtained.
- *AWHOSC comments during the public consultation:* It is essential that there is a good distribution of pharmaceutical services in the County and for patients to access services including extended opening hours and delivery services for those rural communities.
- HWB action: HWB to recommend that options for medicines delivery in the Dales should be explored, taking into account the concerns expressed in Teesdale and Weardale.

eRepeats

- CCG and LPC action: All stakeholders to continue to work together to support the ongoing utilisation of eRepeats in order to support convenience and ease of access to pharmaceutical services for patients across County Durham.

Disability issues³

- *AWHOSC comments during the public consultation:* There are some concerns within the report of some pharmacies being inaccessible to wheelchair users. This must be addressed by pharmacies.
- *Healthwatch report comments during the public consultation:* Specific issues were raised by blind and partially sighted customers. To address these issues respondents said that brail dots on medication and being made aware of any changes to packaging would support these customers.
- LPC action: LPC to work with local contractors to highlight the simple practical steps that can be followed for blind and partially sighted customers when dispensing medicines; and to explore the feasibility of improving unaided pharmacy wheelchair access across the County.

Young people

- *Healthwatch report comments during the public consultation:* The LPC should lead on developing a strategy that encourages younger users to access pharmacy services. This could increase the uptake of particular services e.g. emergency contraceptive services and sexual health testing.
- LPC action: LPC to consider this recommendation.

Confidentiality

- *Healthwatch report comments during the public consultation:* Facilities to enable customers to talk to the pharmacist without being overheard should be clearly advertised. This may mean the better signage of existing facilities or verbally informing the customer that a private space is available when it becomes clear that the advice being sought is of a personal/confidential nature.
- LPC action: LPC to pass these recommendations onto pharmacy businesses.

²Pharmacy delivery services are non-commissioned goodwill services. In the May 2017 community pharmacy survey, there are generally one to two pharmacies in each locality that do not provide a delivery service.

Key Statement 2: There is still scope to further develop locally commissioned services from the existing service providers in order to further support targets in the JHWS.

Develop locally commissioned services to particularly focus on the growing older population, the integration agenda, and incorporating pharmacy services into TAPs.

LPC action:

- LPC to continue to input into the Integration Steering Group to ensure that community pharmacy is involved in the patient pathways of care.
- For advanced pharmacy services, LPC to scope local training packages for the Appliance Use Review Service and the Stoma Customisation Service, the provision of which by community pharmacy is still very minimal in each locality.
- If the pharmacy anticoagulation monitoring service is expanded, the LPC will support pharmacies through the 'any qualified provider' process.

NHS England and CCG action:

- Commissioning of services to further support medicines optimisation should be considered, particularly with the growing elderly population in County Durham. This should include commissioning of enhanced services by NHS England, and take into consideration other medicines optimisation services e.g. clinical pharmacists working in GP practices and in care homes.

LPC action:

- LPC to continue to work with all stakeholders to support the ongoing utilisation of Post-Discharge Medicines Use Reviews through the Transfer of Care pathway⁴.

Develop locally commissioned services to particularly focus on the further expansion of community pharmacy based public health services

LPC action:

- For advanced pharmacy services, LPC to continue its work to encourage all contractors to provide the annual flu vaccination service.

Public Health action:

- Commissioners to increase the provision of the community pharmacy needle exchange service.
- Commissioners to continue to promote community pharmacy signposting to the *Wellbeing for Life Service*, and the forthcoming *Macmillan Joining the Dots Service*.
- HLPs to continue to be supported now that attainment of the Level 1 Award is part of the quality criteria in the national pharmacy contract⁵, and as part of the local drive to expand community pharmacy based public health services particularly in the deprived areas across the county.
- It is important that commissioners work across borders to ensure that service developments do not disadvantage those living in cross boundary areas. This has been flagged by service providers in the Fencehouses area of the Chester-le-Street locality.

⁴ This pathway is essentially a communication template operating between local hospital Trusts and County Durham pharmacies.

⁵ At the end of 2017, approximately 85 out of 120 eligible pharmacies in County Durham have achieved a level of HLP Award.

Develop locally commissioned services to particularly focus on continuing to ensure that pharmacy supports key priorities in the STPs around the promotion of self-care, a more appropriate use of health services, and the development of urgent care services

Urgent care⁶

- All stakeholder action: CCGs to continue to monitor the nature of the prescribed medication (i.e. whether the prescribed medication is urgent or could be dispensed at that person's usual pharmacy the following day) and the distances that people travel to receive any urgent medication in order to make a judgement as to whether there continues to be an adequate provision of pharmaceutical services across all localities. LPC to then work with the HWB, the CCGs, and existing local pharmacies to look at the feasibility of increasing the opening hours of existing providers should a demand for this be identified; whether this arises as a consequence of extended GP access or any other reason.

Appropriate use of NHS services

- LPC action: For advanced pharmacy services, LPC to consider the potential of improving and extending the national pilot, the NHS Urgent Medicine Supply Advanced Service, to also include a walk-in service.
- CCG and LPC action: A consistent approach to a minor ailment scheme across the North-East region would deliver greater benefits in terms of a consistent formulary of product choices and promotion of the scheme to patients. This is particularly important with the national drive to better utilise community pharmacy to more widely support self-care and to become the first port of call for minor ailments, hence moving appropriate patient consultations away from GP practices.

Other service implications

Asthma patients

- CCG action: The appropriate links between the quality criteria in the new pharmacy contract⁷ and the ongoing CCG medicines optimisation respiratory work stream to continue.

Advanced pharmacy services

- CCG and LPC action: The advanced pharmacy services, the Medicines Use Reviews, and the New Medicines Service, to be further developed to enhance feedback mechanisms to GP practices in order to improve patient care and free up GP time. The LPC and CCGs to continue to work together to facilitate this.

⁶ People requiring urgent medication from primary care services are generally directed to a 100-hour pharmacy open in that locality. There are 13 100-hour pharmacies across 5 County Durham localities.

⁷ Quality criteria in the new national pharmacy contract includes to provide evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6

Key Statement 3: The public need to be made aware of what pharmacy can do by all stakeholders working together to promote the role of pharmacy by providing information, advertising, and education of targeted populations

- *PNA statement:* All stakeholders to work together to promote the role of pharmacy by providing information, advertising, and education to targeted populations in County Durham.
- *Healthwatch report comments during the public consultation:* Although the public are very aware of some services pharmacies offer, others with a lower profile should be more clearly displayed as this could reduce pressure on other parts of the health care system. Similarly, consideration should be given to increase the uptake of certain services specifically medicine reviews, minor ailments scheme, adult flu vaccination, dispensing appliances, smoking cessation, emergency contraceptive service, alcohol consumption advice and sexual health testing. These service are used by less than 30% of the respondents.
- LPC action: LPC to work with all stakeholders to consider a local publicity campaign to raise the awareness of pharmacy services alongside the current national campaigns.

Action Plan Appendix (i): Summary of key comments received from the public before (via Healthwatch) and during the public consultation

Healthwatch carried out an online survey in the summer of 2017 with a view to gaining an initial insight into how a small sample of the public (n = 164) access pharmaceutical services and their overall views of the services they receive:

- 93% of people who responded to the survey can easily access pharmaceutical services.
- From the additional general comments received a common theme was that, in some cases, pharmacy opening hours do not match those of GP practices.
- When asked which other services could be provided through pharmacy, answers included:
 1. Extended opening hours
 2. Health checks
 3. Pharmacy blood pressure monitoring
 4. Basic first aid type of service
 5. Making it more of a health hub rather than just a pharmacy
 6. Family planning rather than go to the doctors for the contraceptive pill
 7. Holiday jabs
 8. Disposal of used needles and yellow boxes

From the additional 19 Survey Monkey responses received during the public consultation:

- 89% felt that pharmacies or GP practice dispensaries were easily accessible in their area.
- 68% agreed with the overall conclusion that there are sufficient pharmacy and GP practice dispensary services across County Durham (with 32% neither agreeing nor disagreeing).
- When asked which other services could be provided through pharmacy, answers included:
 1. Blood tests
 2. Asthma clinic
 3. Healthy start vitamins
 4. Health check/ healthy heart
 5. Mental health advice: suggestions for supporting wellbeing whilst waiting for support from mental health services. Staff should be mental health trained

Health and Wellbeing Board**20 March 2018****Healthwatch County Durham Work Plan
2018-19**

Report of Brian Jackson, Chair of Healthwatch County Durham

Purpose of the report

- 1 The purpose of the report is to provide the Health and Wellbeing Board with the proposed priorities for the Healthwatch Work Plan 2018-19 which are currently out to public vote, to request that members promote the public vote through their networks and consider additional areas of work for possible inclusion.

Background

- 2 Healthwatch County Durham (HWCD) is the consumer champion for Health and Social Care, gathering the views of the public about services they use to share with the people who have the power to influence and make changes.
- 3 We deliver an evidence based work plan which is agreed by our independent board, who base their decisions on greatest need and potential for impact as well as the capacity of the team.
- 4 Topics include the priorities told to us by the public through our signposting and information service, and work plan requests received from organisations such as Durham County Council (DCC), both Clinical Commissioning Groups (CCGs), Public Health and the Local Pharmaceutical Committee (LPC) to support patient and service user engagement.
- 5 Standard work plan items include Enter and View visits, volunteer support and the provision of a professional signposting and information service.

2017-18 work plan

- 6 2017-18 work plan included; barriers to learning disability health checks, barriers to bowel, breast and cervical screening programmes, use of pharmacy services, people with a learning disability living in a care home, access to support services for stroke patients, understanding of safeguarding and access to health screening by vulnerable women, observations on Sustainability and Transformation Plan engagement events, accessibility of care home websites and maternity support services (smoking in pregnancy and support with feeding choices).

- 7 A report with patient and service user feedback, trends and recommendations is produced for each work plan item, shared with stakeholders and published on our website <http://www.healthwatchcountydurham.co.uk/reports>.
- 8 Commissioners and providers respond to our recommendations. Successful outcomes include the CCGs including our recommendations in the Stroke Association's new contract to ensure all patients have a care plan and access to patient friendly information. Following our recommendation that all patients with a learning disability should receive an easy read invite to their annual health check, we worked with DCC engagement team and the CCG learning disability lead to agree an invitation which has gone to all practices to use.
- 9 DCC's contract specification requirement for care home providers has been updated to ensure information is kept up to date on Locate following our research and recommendations into the accessibility of information on care homes. We are also supporting one provider, Kayar, to develop a new website based on our recommendations which DCC have agreed to share with the provider network as an example of good practice.
- 10 The feedback we received from mums about smoking in pregnancy and feeding their baby has been considered by the CCGs and influenced the maternity specification including signposting women to external support groups and education. Our work with barriers to the uptake of screening programmes highlighted many people don't think they need to be screened if they are already undergoing treatment for another cancer or condition. Public health are keen to look at our findings and use our recommendations in their cancer awareness raising work, such as addressing these misconceptions.
- 11 We recommended the Local Pharmaceutical Committee do more to encourage young people to use their services. They have recognised the potential of this suggestion and will include it as a workstream item in their 2018 plans.

The development of the 2018-19 work plan

- 12 The HWCD Board met November 2017 to consider ten areas of intelligence received from our signposting and information service and the networks that we attend, as well as research carried out by the HWCD Research and Intelligence Officer, which included cross referencing with the Joint Health and Wellbeing Strategy.
- 13 The Board selected six potential topics for the public to vote on, based on greatest need and potential impact. The top four will be guaranteed to be included in this year's work plan.
- 14 They agreed that around 50% of the work plan will be driven by this public vote, leaving capacity for us to respond to work plan requests from stakeholders and partners throughout the year to support them with patient, user and public engagement as priorities emerge.

- 15 Work plan requests from stakeholders and partners can be received up to two weeks before each Board meeting for consideration. The workplan requests form is attached in appendix 2. The Board meets six times per year and the dates are available on our website.
- 16 The public vote was launched January 2018 and will close end March 2018.
- 17 The survey is promoted in our newsletter, on social media and will be in County Durham News March 2018. People can vote online at <http://www.healthwatchcountydurham.co.uk/have-your-say>, via our Freephone number 0800 3047039 and by post.
- 18 Our volunteers and the team are carrying out face to face engagement, giving people the opportunity to vote in person by completing a questionnaire. Promotion includes children and young people's groups such as Investing in Children, young carers, young parents and students.
- 19 The survey is being widely promoted by our partners including Durham Community Action (DCA) and County Durham Citizen Advice (CDCA).

The topics

- 20 The six topics being voted on are:

Mental health support services

- 21 To investigate the experience of patients referred to mental health therapies, either through self-referral or referral from their GP. To find out if the right services are available, how long patients have to wait to access them and if there are any gaps in services for patients with anxiety, stress or depression.

Appointment systems in GP surgeries

- 22 To look at the different ways in which GP surgeries are managing their appointment systems to compare triage systems where a GP will call back patients for a telephone consultation versus a navigator type role where trained appointment staff, talk to patients and determine a referral pathway. To find out from patients their experience of these systems identifying good practice and things that could be better.

Dementia support

- 23 Find out from patients with dementia and their carers if they were referred to support services at the right time for emotional/ practical support. To look at the number of patients referred to support services by GP's across the county to identify good practice which can be shared.

Transition support

- 24 To talk to young people and carers about their experience of transition from children's to adult services. To find out how well it is working, whether they are supported through the process and if they believe the right services are available. To share our findings with Children's and Adults Services in County Durham.

Patient transport

- 25 To investigate the patient transport options available in County Durham, to find out how easy it is to get useful information for patients and carers. To work with LOCATE at Durham County Council to advise them of our findings and what we believe can be improved, based on what patients tell us.

Dental charges and treatment

- 26 To find out from dental patients how easy it is to understand the cost of their dental treatment, including whether they are exempt from charges, and what constitutes a course of treatment. Healthwatch will use the information gathered to determine whether it can make recommendations to help patients understand the dental charging.

Topic already agreed

The topic already agreed as part of our work plan 2018-19 is:

Enter and View

- 27 Enter and View visits are where our team of Authorised Representatives can go and see services for themselves and gather the views of patients, service users, carers and family members and report their findings and recommendations to providers and commissioners. These can be used when there is a problem but more often in HWCD, where there are examples of good practices to learn from and share.
- 28 We will carry out a pilot of Enter and View visits for DCC in two care homes that have received good CQC reports, to help them gather feedback from residents and their families and learn from and share good practice through the provider network.
- 29 We will offer Enter and View visits to GP practices as part of their continuous improvement plans following our successful pilot visits to Silverdale and Great Lumley in 2017.

Recommendations

30 The Health and Wellbeing Board is recommended to:

- a) Receive the proposed work plan priorities in the report.
- b) Promote the public vote through their networks until 31 March.
- c) Consider areas of patient, user and public engagement that would support the Joint Health and Wellbeing Strategy and submit related work plan requests to the HWCD Board for consideration.

Contact: Marianne Patterson, Programme Manager, Healthwatch County Durham

Tel: 0191 3781037

Appendix 1: Implications

Finance - The work plan has been prepared within budget and is monitored by Pioneering Care Partnership (PCP)

Staffing - There are no staffing implications

Risk - There are no risk implications

Equality and Diversity / Public Sector Equality Duty - PCP's Equality and Diversity policy is adhered to by HWCD Board, staff and volunteers in the delivery of this plan

Accommodation - There are no accommodation implications

Crime and Disorder - There are no Crime and Disorder implications

Human Rights - Human Rights have been considered in the development of this plan

Consultation - Engagement and consultation are incorporated throughout the HWCD work plan

Procurement - There are no procurement implications

Disability Issues - Issues in relation to disability have been considered throughout the development of the work plan

Legal Implications - Local Healthwatch are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities. This plan has been approved by an Independent Board of local people and includes the provision and development of a professional signposting service. Board members and Authorised Enter and View Representatives have been recruited and details are published on the HWCD website. The Chair of the HWCD Board is a member of HWBB and Safeguarding Adults Board.

Appendix 2: Work Plan Requests Form



Work Plan Request Form

Date:

A: Proposal	<i>Details of the proposal</i>
B: Rationale for Inclusion on Work Plan	<i>To include where and from who the work has originated; trends which support the work – both local and national; any other data intelligence from local or national sources. This section will include the evidence base from HW Data Collection which will highlight why this issue is important to the people of each local HW area.</i>
C: Resourcing	<i>Lead Board Member: Staff Team:</i>
D: Method	<i>Step by step plan to outline how the work will be delivered Who will be involved What the outputs of the work will be This list is not exhaustive and will be unique to each separate piece of work</i>
E: Timescale	<i>Start: Date Final Report: Date Summary / Article / Case Study: Date These are minimum requirements – high level milestones / deadlines should be included</i>
F: Outcomes	<i>This section should cover how this piece of work will make a difference to the people of each HW area – and be categorised in line with the 4 Strategic Objectives detailed in HW Outcomes Voice: Influence: Inform: Effective:</i>

This template represents an outline of what is required at Stage 2 of the Workplan Process and must be followed prior to the team commencing any work. Once the Board has agreed the work a final version of this document will be prepared to confirm the final agreed version, reflecting any comments / amendments the Board have made.

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Health and Wellbeing Board

20 March 2018

Public Health Marketing Campaigns 2018



Report of Amanda Healy, Director of Public Health, Adult and Health Services, Durham County Council

Purpose of the Report

- 1 This report is to update the Health and Wellbeing Board on the planned public health marketing campaigns for 2018.
- 2 To obtain agreement from all partners within the Health and Wellbeing Board to commit to supporting priority campaigns.

Background

- 3 Public Health England, together with its partner NHS England, have a planned programme of marketing activity each year. The calendar is subject to change at short notice. The current programme of planned activity has recently been updated to cover the period until March 2019. There is also a North East communications network, which is co-chaired by the local authority, and includes representation from local authorities, Public Health England, NHS England and North East Commissioning Support (NECS) to coordinate and share good practice.
- 4 The Public Health England branding and key messages are based on the most up to date public health evidence and are extensively tested on the audience the messages are intended to reach prior to dissemination. PHE utilise segmentation tools to profile the target population for campaigns. Segmentation moves beyond demographics factoring in attitudes and motivations data. Nationally, campaigns are targeted towards people who are in lower socio-economic groups and interventions are targeted to encourage real behaviour change.
- 5 Fresh and Balance are commissioned by local authorities across the North East to support sustained action on reducing the harm caused by tobacco and alcohol. Campaigns run by Fresh and Balance are also extensively segmented, researched and tested on the intended audience prior to campaign launch and have significant reach and impact which we could not achieve on our own.

- 6 Locally, public health campaigns are predominantly aligned to the Public Health England (PHE) campaigns calendar and “uplifted” through social media, press releases and activity in commissioned services to ensure consistent, and appropriate messages for our communities. Using the PHE materials for promotions ensures maximum coverage in our area with minimum investment. PHE materials are free to use and can be ordered directly from PHE by local authorities or NHS organisations. Development of bespoke/independent campaigns is, at this time, cost prohibitive and unlikely to get the coverage required for significant awareness raising and/or behaviour change.
- 7 Recently, partners have actively supported national and regional campaigns around Stay Well this Winter which supports the Health and Wellbeing Board’s priority for reducing excess winter deaths by tackling issues such as flu and winter pressures; Stoptober and Dry January which support the Board’s priorities for reducing tobacco and alcohol related ill-health.

Forthcoming campaigns

- 8 To be effective in behaviour change and/or awareness, public health communications should be undertaken as part of a comprehensive sustained approach to tackling the issue. It should not be done in isolation but combined with other activities and actions. These actions are taken forward through alliances and partnerships such as the Tobacco Alliance and Alcohol Harm Reduction Groups.
- 9 A more coordinated approach across partners in implementing campaigns and ensuring maximum impact for our communities locally would be beneficial. It is recommended that the Board agree to collectively support the following campaigns:
 - (a) The Health and Wellbeing Board, together with County Durham Partnership are promoting prevention at scale with particular focus on **Mental Health**. Campaigns which support this priority are Time to Change, Mental Health Awareness Week (May), One You: Mental Health Campaign (September), World Mental Health Day (October) and Time to Talk Day (February);
 - (b) A priority for the Board is Best Start in Life where support is required to focus on **Breastfeeding**. Campaigns which support this priority are PHE Breastfeeding campaign (March), Breastfeeding Friendly County (May), National Breastfeeding Week (June), World Breastfeeding Week (August);
 - (c) The single most effective thing an individual can do to improve their health is to stop smoking **Tobacco**. Campaigns which support this priority are facilitated through Fresh and include Secondhand Smoke is Poison (March), Smokefree NHS (TBC), Stoptober (October);

- (d) **Alcohol** remains a significant challenge for the County. Campaigns which support this priority are facilitated through Balance and include One You: Days Off (February), Foetal Alcohol Spectrum Disorder Day (September) Alcohol Awareness Week (November), Dry January (December/January);
 - (e) **Stay Well This Winter** runs from November to February and includes messages around flu, winter pressures and extreme weather.
- 10 A current campaigns calendar can be seen in appendix 2. There are also many other awareness days organised by charities throughout the year (appendix 3). In order to ensure effectiveness, it is recommended that these awareness days are promoted only:
- (a) If they align with the health and wellbeing board priorities;
 - (b) If the messages are tested and based on the most up to date evidence;
 - (c) If they are implemented as part of a wider plan of action on the topic and not stand alone.

Financial commitment

- 11 Utilising existing campaigns reduces the cost to partners significantly. Financial commitment to support the campaigns will be minimal – funding will only be required if partners individually need to print out physical materials such as posters and leaflets.

Measuring the impact

- 12 The impact of each campaign should be measured based on the anticipated outcomes of the campaign. It is generally difficult to dissect marketing campaigns away from other activities that occur as part of the wider actions to address behaviour change. For PHE campaigns, however, we are able to get a Durham URL (Uniform Resource Locator) which can measure traffic driven to national campaign websites from the Durham marketing. In order for this to be effective all partners would need to agree to utilise the URLs on materials and social media posts.

Recommendations and reasons

- 13 The Health and Wellbeing Board is recommended to:
- (a) Note the content of this report;
 - (b) Discuss and agree the proposed themes for sustained effort across all partners across the year 2018/19;
 - (c) Agree to the development of coordinated multi-agency communications plans for the agreed priorities and facilitate a mechanism by which communication specialists from partner agencies are able to come together to achieve this;

- (d) Begin discussion with other partnerships such as Safe Durham Partnership and the Children and Families Partnership, particularly around vulnerabilities and children to agree a composite calendar of public health campaigns across the year.

Contact: Kirsty Wilkinson, Public Health Portfolio Lead

Tel: 03000 265445

Appendix 1: Implications

Finance – printing of materials locally, over and above our allocation from PHE will require a small amount of funding.

Staffing – Existing communications staff from partner organisations may need to provide some time to develop multi-agency plans

Risk – No implications

Equality and Diversity / Public Sector Equality Duty – No implications

Accommodation– No implications

Crime and Disorder– No implications

Human Rights– No implications

Consultation– No implications

Procurement– No implications

Disability Issues– No implications

Legal Implications– No implications

Appendix 2: Public health marketing campaigns 2018

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		Start 4 Life: Breastfeeding	Start 4 Life: Breastfeeding		National Breast-feeding Week			Weaning	Weaning		
			Change 4 Life Physical Activity	Change 4 Life Physical Activity		Change 4 Life Physical Activity - aimed at parents to keep kids active over summer	Change 4 Life Physical Activity - aimed at parents to keep kids active over summer	Change 4 Life: 100 Calorie Snacks			
     	One You: Alcohol: Days Off NHS: Stroke Act FAST NHS: Be Clear on Breast Cancer	One You: Meals on the go Fresh: Secondhand Smoke is Poison	One You: Nutritional Campaign NHS: Type 2 Diabetes Prevention Programme	One You: Blood Pressure Heart Age Tool One You: Brisk Walking			Be Clear on Cancer: TBC focus	Be Clear on Cancer: TBC focus	One You: Stoptober Health Check Toolkit Stay Well this Winter: Flu Antibiotic Resistance		Health Harms New Year, New You
								FASD Day	Fresh: Stoptober	Balance: Alcohol Awareness Week	Balance: promotion of Dry January
	Time to Change Day	International Women's Day		Oral Health: National Smile Month	Child Safety Week	NHS Turns 70		Sexual health: Sexual Health Awareness Week	Mental Health: World Mental Health Day	Domestic Abuse: International Day for the Elimination of Violence Against Women	Sexual health: World AIDS Day
Other				Mental Health: Mental Health Awareness Week							
				Mental Health: Dementia Awareness Week							

Appendix 3: Awareness Days 2018

2018											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Dry January	Raynaud's Awareness month	Ovarian Cancer Awareness Month	Bowel Cancer Awareness Month	National Walking Month	Scleroderma Awareness Month	Health Information Week	World Breast Feeding Week	Urology Awareness Month	Lupus Awareness Month	November Men's Health Awareness Month	World Aids Day
National Obesity Awareness Week	World Cancer Day	Prostate Cancer Awareness Month	World Health Day	Action on Stroke Month	Wear it, Beat it	World Hepatitis Day		National Blood Cancer Awareness Month	National Work Life Week	Lung Cancer Awareness Month	
Cervical Cancer Prevention Week	OCD week of action	No Smoking Day	Parkinson's Awareness Week	World Asthma Day	Wear Purple for JIA			Migraine Awareness Week	Back Care Awareness Week	COPD Awareness Month	
	Eating Disorders awareness week	Nutrition and Hydration Week	European Immunisation week	Sun Awareness Week	Carers Week			Organ Donation Week	National Dyslexia Week	National Stress Awareness Day (NSAD)	
	Rare Disease Day	Brain Awareness Week	Allergy Awareness Week	World Lupus	BNF Healthy Eating Week			National Dementia Carers Day	Women's Sports Week	National Pathology Week	
	Time to Talk Day	World Sleep Day	MS Awareness Week	National Epilepsy Week	Diabetes Week			World Suicide Prevention Day	OCD Awareness Week	World Diabetes Day	
		Epilepsy Awareness Purple Day	On your Feet Britain	Death Awareness Week	Men's Health Week			Know Your Numbers! Week	National Arthritis Week	Alcohol Awareness Week	
				Mental Health Awareness Week	Cervical Screening Awareness Week			Sexual Health Week	World Mental Health Day	National HIV Testing Week	
				Deaf Awareness Week	World Blood Donor Day			National Eye Health Week	World Thrombosis Day	International Day for the Elimination Against Domestic Violence	
				Put the Kettle on for Antenatal Results and Choices	National Clean Air Day			Jeans for Genes Day	National Adoption Week	Mouth Cancer Action Month	
				World No Tobacco Day	Child Safety Week			Worlds Largest Coffee Morning	World Osteoporosis Day		
								Foetal Alcohol Spectrum Disorder	Psoriasis Awareness Week		
									National Infertility Awareness Week		

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Health and Wellbeing Board

20 March 2018



Adults Autism Self-Assessment Implementation Update

Report of Tricia Reed, Strategic Commissioning Manager, Adult and Health Services, Durham County Council

Purpose of the Report

- 1 The purpose of this report is to provide a progress update on the delivery of the 14+ Autism Strategy Implementation Action Plan and provide feedback from the statutory self-assessment for County Durham.

Background

- 2 There is an Autism Strategy for County Durham which commences from age 14. A Multi-Agency Implementation Group is in place to ensure delivery and monitoring through an action plan which is developed and refreshed with stakeholders.
- 3 The Local Authority and NHS are required to carry out a national statutory self-assessment against priorities set out in the 2010 Adult Autism Strategy and as updated by Think Autism 2014.
- 4 The Autism self-assessment allows local autism strategy groups to review their progress and revisit future planning with partners including people with autism and their families. The exercise is also a key means for the Government to identify progress across the country in the implementation of the Strategy. Whilst the focus of implementation of the Autism Strategy is at a local level, the Government has a duty to monitor progress towards implementation of its goals nationally. The information provided is analysed by the Public Health England learning disabilities observatory and will help in this process.

Current Position

- 5 Findings of the North East Self-Assessment 2016 have been collated and shared by Public Health England in October 2017.

Key Findings

6 A number of key findings from the self-assessment are summarised below:

- a) Planning - Areas of improvement were demonstrated in relation to reasonable adjustments of general Council Services and access to health and social care information, support and advice. However, these areas are ranked amber so remain as areas for focused improvement. Data collection in relation to adults with autism across services remains an area for improvement.
- b) Training - There are high levels of Autism Awareness training across health and social care and training has commenced for adults over 65, self-advocates with autism and/or family carers included in the design of training. However, an area for improvement has been highlighted for those staff members who are carrying out statutory assessments in particular.
- c) Diagnostic Pathways – this is an area of concern in relation to development of a local autism pathway and the ability to meet the NICE recommended waiting time remains in the red.
- d) Post-Diagnosis – reasonable adjustments for people with autism who have a learning disability in relation to Speech and Language Therapy Services (SALT), psychology assessments and Occupational Therapy (OT) assessments remains positive, however for those who do not have autism without a learning disability this is an area of concern. Identification of those with autism in crisis services requires improvement.
- e) Care and Support – the level of assessment offered to carers continues to perform well in County Durham. Improvements have been demonstrated moving from amber to green for advocates' autism training, advocates available for adults with autism for those not participating in needs assessment, care and support planning, appeals, reviews or safeguarding processes. There is some further improvement work to do in relation to information on local support available. This will be improved with the continuing development of the County Councils website Locate and information distributed through Provider Forums.
- f) Accommodation – There has been an improvement with some Housing Strategies in County Durham considering Autism and this work should continue to demonstrate improvements and wider inclusion.
- g) Employment – there has been improvements moving into green performance in promoting employment for people with autism and employment focus in transition to adulthood.

- h) Criminal Justice – an area of improvement demonstrated now in green is in relation to police, Probation and Court Services working in partnership and Appropriate Adult Services available for people with autism.

Progress since the self-assessment

- 7 The Clinical Commissioning Groups (CCGs) are working with Tees Esk and Wear Valley NHS Trust (TEWV), and other partners involved, to address the waiting times for Autism Spectrum Disorder (ASD) assessments, which have been a result of increased demand over the years leading to delays in care and support pathways.
- 8 The project is a two-pronged approach aiming to reduce the waiting list to an acceptable level and secondly designing a pathway to ensure all patients receive the level of assessment appropriate to their individual needs and that there is a graduated approach to meeting need and diagnosis. This work is in early planning stages but is being addressed as a priority.
- 9 CCGs are exploring the possibility of an ASD dedicated team for assessments and are in the early stages of considering models and funding required. In the meantime, with some short-term funding, TEWV have a team to deliver a 5 day assessment to get as many people through the assessment process as quickly as possible as an interim measure. There is recognition that a longer term solution is required to assess people thoroughly in their own environments rather than in a clinical setting. Discussions between CCGs and TEWV are ongoing.

Next Steps

- 10 The existing implementation action plan 14+ (appendix 2) has been updated. A new three-year action plan is being developed through a multi-agency/stakeholder approach, in line with self-assessment feedback and the latest national guidance, to ensure prioritisation and continuous improvement.
- 11 The implementation action plan 14+ will also consider the findings of the Strategic Review of Autism conducted by Children's Services across 0-25 to ensure a joint approach and smooth transition. A joint action plan will be developed for the Health and Wellbeing Board to consider.
- 12 Once a new all age draft action plan has been approved at the Autism Strategy Implementation Group the Autism Strategy Project Group (0-25) and Autism Review steering group (0-18), this will be forwarded for approval by the Health and Wellbeing Board as part of a comprehensive update report.

Recommendations

13 The Health and Wellbeing Board are recommended to:

- a) Note the contents of this report and agree proposed next steps.
- b) Receive a comprehensive joint report in May 2018, which will incorporate an update in relation to performance and developments for children, young people and adults with autism.

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Appendix 1: Implications

Finance – No implications identified at this stage. Funding will need to be identified to develop comprehensive assessment and treatment pathways, with Health leading.

Staffing – staff capacity to deliver the action plan- addressed through new Commissioning Policy and Planning Officer.

Risk – if sufficient progress is not made with implementation of the Autism strategy priority actions within agreed timescales, performance against the self-assessment, as reported to the Department for Education, could be jeopardised.

Equality and Diversity/Public Sector Equality Duty – the action plan sufficiently identifies the council's obligations in relation to Equality and Diversity, specifically for adults with autism, including those with learning disabilities and mental health issues.

Accommodation – the action plan considers the accommodation needs of those with autism, which could impact on future commissioning arrangements.

Crime and Disorder - the action plan includes an element of criminal justice to be delivered and monitored against, involving key partners.

Human Rights - encompassed within the action plan.

Consultation – the action plan is being developed in partnership with key stakeholders including parent/carers and service users with autism.

Procurement – no implications identified at this stage.

Disability Issues – the action plan sufficiently identifies the council's obligations in relation to adults with autism, learning disabilities and mental health.

Legal Implications – statutory guidance is incorporated within the considerations of the action plan

“Fulfilling and Rewarding Lives” in County Durham County Council

Action Plan for 2017/18

	Quality Outcome/Service Ambition	Action	Lead Person	Date for completion	Progress Monitoring/Outcome Indicator
1.	Adults with autism achieve better health and social outcomes.	Develop a mental health Autism pathway Autism to be included/incorporated into the development of County Durham Mental Health Promotion, Prevention and Wellbeing model	L Dunn/J Dyson L Dunn/T Reed	Ongoing Ongoing	Continue with multidisciplinary meetings with Tees Esk and Wear Valley Trust Offer Autism Awareness to Talking Changes
2a	Adults with autism access a range of mainstream accommodation options.	Link with County Durham Housing Strategy Explore and establish referral pathways with a range of relevant organisations, e.g. Homegroup, Moving On, DISC Provide bespoke training for housing professionals	L Dunn L Dunn/M Webb MAIN	Ongoing Ongoing Summer 2017	Completed

2b	Adults with autism access a range of specialist accommodation options.	Development of specialist packages and accommodation for people in hospital as part of the Transforming Care programme	T Reed	Ongoing	L Dunn to liaise with Tricia Reed for progress reports/updates
3	Adults with autism are dealt with appropriately/effectively in the local Criminal Justice Services.	Continue to liaise with partners within Criminal Justice to ensure prisoners with Autism are appropriately supported	L Dunn	Ongoing	Link with NHS England around prison health services' service specifications to ensure prisons appropriately support prisoners with Autism. Link with TEWV prison health service to ensure the assessment, diagnosis, treatment and support of prisoners with Autism
		Prisoners with Autism are supported with their move back to County Durham on release	L Dunn/N Newman	Ongoing	Link with the Social Care Prisons Social worker to signpost and support
4	Adults with autism are able to access employment opportunities.	Continued involvement with the Stakeholders' Autism Employment Group	L Dunn	Ongoing	Support families with the Autism Employment Group Support families in their work to develop a social enterprise
		Work in partnership with DCC's HR department to improve Recruitment and Selection processes	L Dunn	Ongoing	Support to develop Autism Checklist for interview process Liaise with Corporate HR and Learning and Development to develop e learning course

		Establish links to ATOS and provide feedback on identified issues - liaise with Chris Graham, Welfare Rights, re update on provision of feedback	MAIN and service users L Dunn	May 2017 June 2017	Offer ATOS staff Autism Awareness training MAIN service users to provide MAIN with written account of their experiences to be shared with L Dunn
5	Staff working with people with autism have appropriate skills, knowledge and training.	Work with MAIN trainer to ensure appropriate training opportunities	L Dunn MAIN	ongoing	Identify key services requiring training to be delivered in order for the needs of women with ASC to be considered. Identify other training gaps and request bespoke training as appropriate
6	Adults with autism and Carers receive regular information about autism support services in County Durham	MAIN to facilitate quarterly stakeholder events MAIN to seek service user and parent representation to replace previous stakeholder representatives Stakeholder representatives to attend ASIG meetings Improve joint working with carers Develop a more effective system to signpost service users and families to available resources	MAIN L Dunn L Dunn S Garrett L Dunn	Ongoing ASAP ongoing Ongoing Ongoing	L Dunn to attend quarterly stakeholder events and act as the link with Autism Strategy Implementation Group (ASIG). Completed CD Carers to facilitate Carers Peer Support Group L Dunn to liaise with Locate to provide feedback from users and families to improve/develop the service

7	Older adults with autism receive appropriate support	Arrange Autism Awareness training sessions for social care staff involved in assessing need	L Dunn/L Edwards	Ongoing	Lyndsey Edwards to liaise with MAIN and Older Persons service to arrange and publicise 2 training events for 2017
8	Younger adults with autism have access to social activities and achieve greater social inclusion	Develop socially inclusive activities across County Durham	MAIN	Ongoing	MAIN to continue to provide a programme of social opportunities for people with ASC
		Maintain links with Recovery College to encourage user participation and the development of contacts/links/relationships	MAIN	Ongoing	Publicise the launching of the Virtual College in April 2017
		Promote activity programme for Healthy Bodies Healthy Minds project	MAIN	Ongoing	
		Promote information and opportunities with the countywide Active Durham Partnership.	L Dunn	Ongoing	
9	Improved engagement with service users and carers in service planning.	Continued use of the quarterly Stakeholder events and the inclusion of representatives with Autism and their families at ASIG meetings	L Dunn	Ongoing	As no 6
		DCC to facilitate a market place event for families – families to provide guidance on areas to cover.	T Reed /Susan Garrett	Summer 2017	

10	Clear Council policy covering reasonable adjustments to statutory and other wider public services	Work with partners to identify where reasonable adjustments can be made to improve access to wider services	L Dunn/MA IN	ongoing	Continue to promote reasonable adjustments within statutory and wider public services
11	Improve data collection	Work with operational colleagues to ensure the recording of data	L Dunn/ Louise Dauncey	Ongoing	Continue to promote data collection via Local Authority, CCG's and TEWV
12	Autism work to continue to be monitored by the Health and Wellbeing Board	Minimum of 1 report a year to be completed and presented at Wellbeing Board	T Reed	Annually	March 2018 report in progress