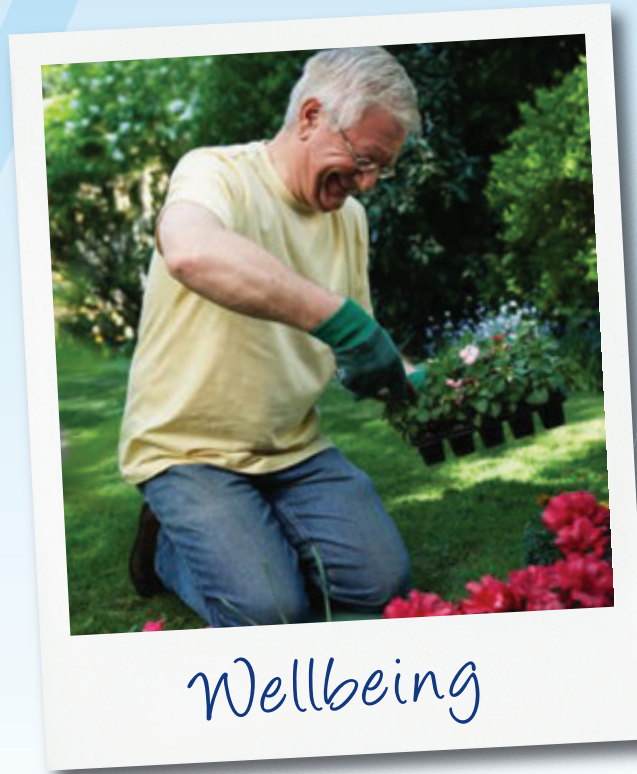




Support



Independence



Wellbeing



Health

**County Durham Joint Health
and Wellbeing Strategy
2013-2017**
Delivery Plan

“ Improve the health and wellbeing
of the people of County Durham
and reduce health inequalities ”

JOINT HEALTH & WELLBEING STRATEGY – DELIVERY PLAN 2013/2017

STRATEGIC OBJECTIVE 1: CHILDREN AND YOUNG PEOPLE MAKE HEALTHY CHOICES AND HAVE THE BEST START IN LIFE

| Strategic Actions/Sub-Actions | Lead | Timescale | | Link to Relevant Plan |
|--|---|---|---|---|
| | | Start | End | |
| <p>Improve support to women to start and continue to breastfeed their babies</p> <ul style="list-style-type: none"> • Undertake a social marketing campaign to support a change in breastfeeding attitudes and to promote the benefits of breastfeeding • Develop peer support programmes to provide information and listening support to women on low incomes in antenatal and postnatal periods to increase initiation and duration rates • Continue to commission the UNICEF Baby Friendly Scheme | <p>Public Health Portfolio Lead - Children and Young People</p> | <p>April 2013</p> <p>April 2013</p> <p>May 2013</p> | <p>March 2014</p> <p>June 2014</p> <p>March 2015</p> | <p>Council Plan</p> |
| <p>Improve support to families with children who are obese or overweight</p> <ul style="list-style-type: none"> • Develop a Healthy Weight Strategy that focuses on evidence based interventions around: <ul style="list-style-type: none"> ○ Parenting ○ Eating and feeding behaviour ○ Nutrition ○ Play and healthy activity, and ○ Enhance practitioners skills • Implement a Healthy Weight Strategy Delivery Plan | <p>Public Health Portfolio Lead – Children and Young People</p> | <p>April 2013</p> <p>March 2014</p> | <p>March 2014</p> <p>December 2014</p> | <p>Council Plan</p> |
| <p>Implement a single pathway for early intervention by midwives and health visitors in line with the Healthy Child Programme</p> <ul style="list-style-type: none"> • Ensure a shared agreement with the NHS England Area Team is put in place for the health of 0-5 year olds in County Durham • Implement the Healthy Child Programme for 5-19 year olds • Ensure a mental health clinician is available to work with midwives in antenatal clinics for pregnant women who either have a mental illness or are at risk of developing a mental illness after giving birth • Implement the Poorly Child Pathway • Implement a Children’s Respiratory Service pilot scheme to include offering an annual review to children under 8 with asthma and providing an Asthma Management Plan. | <p>Public Health Portfolio Lead – Children and Young People</p> <p>Tees, Esk & Wear Valley (TEWV) Trust - Director of Operations for Durham and Darlington</p> <p>Clinical Commissioning Groups (CCGs)</p> <p>Durham Dales Easington Sedgfield Clinical Commissioning Group (CCG)</p> | <p>April 2013</p> <p>April 2013</p> <p>April 2013</p> <p>April 2013</p> <p>April 2013</p> | <p>March 2014</p> <p>March 2015</p> <p>April 2014</p> <p>March 2015</p> <p>March 2014</p> | <p>Public Health core work</p> <p>Public Health core work</p> <p>TEWV Locality Business Plan for County Durham and Darlington</p> <p>CCG Clear and Credible Plans</p> <p>DDES CCG Clear and Credible Plan</p> |

| Strategic Actions/Sub-Actions | Lead | Timescale | | Link to Relevant Plan |
|--|---|------------|-------------|--|
| | | Start | End | |
| <p>Continue to improve the emotional wellbeing of children and young people and provide effective, high quality mental health services to those who need it</p> <ul style="list-style-type: none"> Continue the development of emotional wellbeing provision with secondary schools (Year 10 – age 14/15) Decommission children's Occupational Therapy and Speech and Language Therapy services and re-commission for 2014/15 following reviews Increase targeted Child and Adolescent Mental Health (CAMHs) service provision for North Durham Further develop and rollout Autistic Spectrum Disorder pathway and post diagnosis Decommission and re-commission redesigned children's community nursing service | Clinical Commissioning Groups (CCGs) | April 2013 | March 2014 | CCG Clear and Credible Plans |
| <p>Develop and provide a range of interventions to reduce the availability and access of age restricted products (e.g. tobacco and alcohol) to children and young people</p> <ul style="list-style-type: none"> Ensure intelligence and data is shared to enable an integrated model for a programme of enforcement Provide awareness courses for retailers Undertake an intelligence-led approach to tackling cheap and illicit tobacco and alcohol <ul style="list-style-type: none"> Work in partnership with Durham Constabulary to reduce proxy sales (alcohol) | Tobacco Control Alliance for County Durham | April 2013 | March 2014 | Tobacco Control Alliance Plan |
| | Alcohol Harm Reduction Group | April 2013 | March 2014 | |
| | Alcohol Harm Reduction Coordinator | April 2013 | August 2014 | Children, Young People and Families Plan |
| <p>Support children and young people to take part in positive activities which are appropriate for their age and reduce negative and sexual health risk taking behaviours e.g. smoking, drinking alcohol, teenage conceptions</p> <ul style="list-style-type: none"> Implement a programme of work in schools to tackle perceptions of risk taking behaviour e.g. smoking, alcohol use, sexual health Implement the Risk and Resilience Strategy to enable children and young people to cope better with difficult situations and make healthier choices | Locum Public Health Consultant | April 2013 | March 2017 | Children, Young People and Families Plan |
| | Locum Public Health Consultant in partnership with Public Health England | April 2013 | March 2015 | N/A |

| Strategic Actions/Sub-Actions | Lead | Timescale | | Link to Relevant Plan |
|--|---|------------|------------|-------------------------------|
| | | Start | End | |
| <p>Implement the ‘baby clear’ initiative (first phase of a North East project that aims to increase the uptake of stop smoking services for pregnant women) to reduce the number of women who continue to smoke during pregnancy</p> <ul style="list-style-type: none"> Implement training to midwives/specialist stop smoking advisors to develop a new referral pathway Support pregnant women to stop smoking by offering interventions in hospitals | <p>Tobacco Control Alliance for County Durham in collaboration with CCGs</p> | April 2013 | March 2014 | Tobacco Control Alliance Plan |
| | | April 2013 | March 2014 | CCG Clear and Credible Plans |
| <p>Develop a process to implement and measure exposure of children to second hand smoke in line with the Smoke Free Families initiative</p> <ul style="list-style-type: none"> Establish a baseline for County Durham of how many children are exposed to second hand smoke in the home and in the car Public health through their smoking cessation and smoke free family initiatives to work with CCGs to reduce the number of children developing lower respiratory tract conditions | <p>Tobacco Control Alliance for County Durham in collaboration with CCGs</p> | April 2013 | March 2014 | Tobacco Control Alliance Plan |
| | | April 2013 | March 2014 | CCG Clear and Credible Plans |

Performance Indicator Table

Indicators in bold are in the partnership basket of indicators

| Indicator | Description | Targets | | | |
|----------------|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| | | 2013/14 | 2014/15 | 2015/16 | 2016/17 |
| Tracker | Breastfeeding initiation | | | | |
| Tracker | Prevalence of breastfeeding at 6-8 weeks from birth. | | | | |
| Tracker | Percentage of children in reception with height and weight recorded who have excess weight | | | | |
| Tracker | Percentage of children in year 6 with height and weight recorded who have excess weight. | | | | |
| Tracker | Children and young people's participation in out of school sport (year 6 and year 9). | | | | |
| Tracker | Percentage of children and young people who report that they are happy (year 6 and year 9). | | | | |
| Tracker | Percentage of children and young people who report that they feel lonely (year 6 and year 9). | | | | |
| Target | Number of new referrals to Child and Adolescent Mental Health Services (CAMHS). | 10% increase from previous year | 10% increase from previous year | 10% increase from previous year | 10% increase from previous year |
| Tracker | Percentage of children and young people who report that they drink alcohol (year 9). | | | | |
| Tracker | Percentage of children and young people who report that they take drugs (year 9) | | | | |
| Target | Number of young people in Tier 3 treatment for drugs and alcohol with 4Real. | 295 | | | |

| Indicator | Description | Targets | | | |
|----------------|---|---------|---------|---------|---------|
| | | 2013/14 | 2014/15 | 2015/16 | 2016/17 |
| Tracker | Alcohol specific hospital admissions for under 18's. | | | | |
| Target | Percentage of exits from young person's treatment that are planned discharges. | 79% | | | |
| Tracker | Under 16 conception rate | | | | |
| Tracker | Under 18 conception rate | | | | |
| Target | Percentage of mothers smoking at time of delivery | 20.6% | | | |
| Tracker | Infant mortality rate, per 1,000 live births and still births | | | | |
| Tracker | Stillbirth and neonatal mortality rate per 1,000 live births and stillbirths. | | | | |
| Tracker | Emotional and behavioural health of Looked After Children | | | | |
| Tracker | Emergency admissions for children with lower respiratory tract infection (Directly age and sex standardised rate of children under 19 (0-18 years) admitted to hospital with lower respiratory tract infections as an emergency admission during the respective financial year) | | | | |

STRATEGIC OBJECTIVE 2: REDUCE HEALTH INEQUALITIES AND EARLY DEATHS

| Strategic Actions/Sub-Actions | Lead | Timescale | | Link to Relevant Plan |
|---|---|--|--|--|
| | | Start | End | |
| <p>Develop joint action plans with partners that will reduce the number of people who have cancer, heart disease and strokes through the implementation of systematic approaches to primary and secondary prevention</p> <ul style="list-style-type: none"> • Use CCG health profiles to inform future commissioning • Review joint action plans based on CCG health profiles <ul style="list-style-type: none"> • Implementation of the Experience Led Commissioning Stroke Prevention and management strategy and action plan <ul style="list-style-type: none"> • Further develop the heart failure service in community/primary care, including a review of pulmonary rehab <ul style="list-style-type: none"> • Commission pathway improvements to the community stroke service | <p>Public Health Consultant responsible for Cancer and CVD</p> <p>Durham Dales Easington Sedgefield Clinical Commissioning Group (CCG)</p> <p>North Durham Clinical Commissioning Group (CCG)</p> <p>North Durham & Durham Dales Easington Sedgefield Clinical Commissioning Group (CCG)</p> | <p>April 2013 November 2013</p> <p>April 2013</p> <p>April 2013</p> <p>April 2013</p> | <p>November 2013 March 2014</p> <p>March 2014</p> <p>March 2015</p> <p>March 2015</p> | <p>Council Plan</p> <p>DDES CCG Clear and Credible Plan</p> <p>ND CCG Clear and Credible Plan</p> <p>ND CCG Clear and Credible Plan</p> |
| <p>Work with Clinical Commissioning Groups to ensure universal access to the Health Check Programme in County Durham</p> <ul style="list-style-type: none"> • Increase uptake of Health Checks from community providers by: <ul style="list-style-type: none"> ○ Developing the capacity of existing Check4Life providers through an enhanced service level agreement ○ Commissioning new Check4Life providers including more community pharmacies and voluntary sector organisations ○ Conducting a social marketing campaign promoting heart health | <p>CCG's in collaboration with Public Health Consultant responsible for CVD</p> | <p>April 2013</p> | <p>March 2014</p> | <p>Public Health Core Offer to CCGs/ Council Plan/CCG Clear and Credible Plans</p> |

| Strategic Actions/Sub-Actions | Lead | Timescale | | Link to Relevant Plan |
|---|---|--|--|--|
| | | Start | End | |
| <p>Raise the profile of cancer awareness and earlier diagnosis and encourage the uptake of cancer screening programmes from communities where take up is low</p> <ul style="list-style-type: none"> Review implementation of National Cancer Strategy locally for County Durham Targeted work on earlier diagnosis of cancer to improve patient outcomes Implement cancer awareness measurement tool as a measure of cancer awareness | Public Health Consultant responsible for Cancer | April 2013 April 2013 January 2014 | March 2014 March 2014 March 2014 | Council Plan CCG Clear and Credible Plans Council Plan |
| <p>Use all available tools to identify areas and groups at risk of poor health outcomes and intervene appropriately to reduce the widening gaps in life expectancy</p> <ul style="list-style-type: none"> Develop a programme of health equity audits Undertake a Cardiovascular Disease (CVD) health equity audit | Public Health Epidemiologist in collaboration with Clinical Commissioning Groups (CCGs) | April 2013 April 2013 | March 2014 March 2014 | Public Health Core Offer to CCGs |
| <p>Work with the community and voluntary sector to offer interventions to people who do not engage well with mainstream health services</p> <ul style="list-style-type: none"> Use results from Health Equity Audits and associated Public Health Intelligence to target Health Trainer Services Apply an asset based approach which involves communities in relation to the commissioning of the Health Trainer Programme including Health Trainer Champion provision | Health Improvement Partnership | April 2013 February 2014 | January 2014 March 2014 | Health Improvement Plan |
| <p>Work together to reduce the number of people who misuse drugs and alcohol</p> <ul style="list-style-type: none"> Develop a Drugs Strategy for County Durham Undertake further work to understand alcohol misuse in particular groups such as older people, pregnant women, those with dual diagnosis and veterans Support Health Networks and the Voluntary and Community Sector to implement local alcohol related activities Commission alcohol liaison nurses in Emergency Departments | Public Health Consultant responsible for Alcohol and Drugs Alcohol Commissioning Manager | April 2013 April 2013 April 2013 April 2013 | March 2014 March 2014 March 2014 March 2014 | N/A Alcohol Harm Reduction Strategy CCG Clear and Credible Plans |
| <p>Develop a comprehensive partnership approach to wider tobacco control actions to reduce exposure to second hand smoke, helping people to stop smoking, reduce availability (including illicit trade), reduce promotion of tobacco, engage in media and education and support tighter regulation on tobacco</p> <ul style="list-style-type: none"> Undertake a tobacco control alliance plan self-assessment exercise | Tobacco Control Alliance for County Durham | April 2013 | July 2013 | Tobacco Control Alliance Plan |

| Strategic Actions/Sub-Actions | Lead | Timescale | | Link to Relevant Plan |
|---|--|---|--|---|
| | | Start | End | |
| <p>Provide a wide range of physical activity opportunities across County Durham to support more active lifestyles</p> <ul style="list-style-type: none"> Review the Physical Activity Delivery Plan delivering a greater range of opportunities to increase participation and activity levels in County Durham Develop and provide a community core offer for physical activity across the County with additional targeted opportunities based on geography/health need Develop high quality, accessible and affordable facilities to encourage participation in physical activity e.g. cycle and walk routes/legacy gyms | <p>Public Health Portfolio Lead - Physical Activity/ Obesity in partnership with DCC Culture and Sport</p> | <p>April 2013</p> <p>April 2013</p> <p>April 2013</p> | <p>March 2014</p> <p>March 2014</p> <p>March 2014</p> | <p>Sport and Leisure Service Strategy 2011-14</p> |
| <p>Develop a Healthy Weight Alliance for County Durham; bring all key elements of an obesity strategy together and strengthen work programmes</p> <ul style="list-style-type: none"> Develop a Healthy Weight Strategy and Delivery Plan Implement a Healthy Weight Strategy Delivery Plan | <p>Public Health Portfolio Lead – Childhood Obesity/ Adult Obesity</p> | <p>April 2013</p> <p>March 2014</p> | <p>March 2014</p> <p>December 2014</p> | <p>Council Plan</p> |
| <p>Produce a Food and Nutrition Plan for County Durham to include work around policy, food provision and access</p> <ul style="list-style-type: none"> Develop a food and health needs assessment to inform future procurement and commissioning of services Ensure national food and health campaigns are a visible part of health promotion strategies Develop food and nutrition plan | <p>Public Health Portfolio Lead – Physical Activity/ Obesity & Food and Health</p> | <p>April 2013</p> <p>April 2013</p> <p>April 2014</p> | <p>June 2014</p> <p>March 2014</p> <p>October 2014</p> | <p>Public Health Delivery Plan</p> <p>Public Health Delivery Plan</p> <p>Council Plan</p> |
| <p>Develop and implement primary prevention programmes to improve health outcomes in general practice and save costs around quitting smoking, reducing problem drinking and improving exercise take up</p> <ul style="list-style-type: none"> Review Exercise Referral Pathway and implement recommendations Review the alcohol Local Enhanced Service (LES) in consultation with GP's, which will offer GP's the opportunity to screen and deliver alcohol brief interventions Continue to develop weight management and stop smoking services | <p>Public Health Portfolio Lead – Physical Activity/ Obesity /Tobacco Control</p> <p>Clinical Commissioning Groups (CCGs)</p> <p>Public Health Consultant responsible for Alcohol and Drugs</p> | <p>April 2013</p> <p>April 2013</p> <p>April 2013</p> | <p>March 2014</p> <p>August 2013</p> <p>March 2015</p> | <p>Council Plan</p> <p>CCG Clear and Credible Plans</p> <p>Council Plan</p> |

| Strategic Actions/Sub-Actions | Lead | Timescale | | Link to Relevant Plan |
|--|---|----------------------------------|----------------------------------|-----------------------|
| | | Start | End | |
| <p>To integrate and roll out interventions to address the impact of fuel poverty on excess mortality and morbidity</p> <ul style="list-style-type: none"> Identify strategic leadership and pool resources to 'streamline' services Collect a baseline of current activity within County Durham | <p>Partnership Board for Older Adults in partnership with Public Health Consultant responsible for Winter Deaths</p> | <p>April 2013 April 2013</p> | <p>March 2014 March 2014</p> | <p>Council Plan</p> |

Performance Indicator Table

Indicators in bold are in the partnership basket of indicators

| Indicator | Description | Targets | | | |
|-----------|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| | | 2013/14 | 2014/15 | 2015/16 | 2016/17 |
| Target | Mortality from all cardiovascular diseases (including heart disease and stroke) for persons aged under 75 years per 100,000 population | 62.9 (2012) | 58.8 (2013) | 54.9 (2014) | 51.3 (2015) |
| Target | Mortality from cancer for persons aged under 75 years per 100,000 population | 116.1 (2012) | 113.9 (2013) | 111.8 (2014) | 109.7 (2015) |
| Tracker | Slope Index of Inequality. | | | | |
| Target | Take up of the NHS Health Check programme – by those eligible (percentage of eligible people who receive a NHS Health Check) | (20% of eligible population) | (20% of eligible population) | (20% of eligible population) | (20% of eligible population) |
| Target | Mortality from liver disease for persons aged under 75 years per 100,000 population | 18.5 (2010-12) | 18.8 (2011-13) | 19.1 (2012-14) | 19.4 (2013-15) |
| Target | Mortality from respiratory diseases for persons aged under 75 years per 100,000 population | 28.5 (2010-12) | 27.8 (2011-13) | 27.1 (2012-14) | 26.4 (2013-15) |
| Target | Mortality for persons aged under 75 years per 100,000 population | 296.8 (2011) | 288 (2012) | 279.5 (2013) | 271.2 (2014) |
| Target | Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis (decision to treat date). | 96% | | | |
| Target | Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer. | 85% | | | |
| Tracker | Male life expectancy at birth (years) | | | | |

| Indicator | Description | Targets | | | |
|-----------|--|---------------------------------|---------|---------|---------|
| | | 2013/14 | 2014/15 | 2015/16 | 2016/17 |
| Tracker | Female life expectancy at birth (years). | | | | |
| Target | Successful completions as a percentage of total number in drug treatment - Opiates | 11% | | | |
| Target | Successful completions as a percentage of total number in drug treatment - Non Opiates | 48% | | | |
| Tracker | National alcohol-related admissions to hospital indicator (exact definition to be agreed by the Department of Health). | | | | |
| Target | Percentage of all exits from alcohol treatment that are planned discharges. | 2 %points above England average | | | |
| Target | Four week smoking quitters per 100,000 population. | 1193 per 100,000 (5,066) | | | |
| Tracker | Estimated smoking prevalence of persons aged 18 and over | | | | |
| Tracker | Proportion of physically active and inactive adults. | | | | |
| Tracker | Excess weight in adults. (Proportion of adults classified as overweight or obese) | | | | |
| Target | The percentage of women in a population eligible for breast screening at a given point in time who were screened adequately within a specified period. | 70% | | | |

| Indicator | Description | Targets | | | |
|-----------|--|---------|---------|---------|---------|
| | | 2013/14 | 2014/15 | 2015/16 | 2016/17 |
| Target | The percentage of women in a population eligible for cervical screening at a given point in time who were screened adequately within a specified period. | 80% | | | |
| Target | Percentage of people eligible for bowel cancer screening who were screened adequately within a specified period. | 60% | | | |
| Tracker | Reduce excess winter deaths. | | | | |

| Strategic Actions/Sub-Actions | Lead | Timescale | | Link to Relevant Plan |
|---|---|--|--|---|
| | | Start | End | |
| <p>Maintain people's independence at home and reduce unplanned admissions by expanding the use of self management programmes and technology</p> <ul style="list-style-type: none"> Evaluate the impact of Telehealth and Telecare pilots and consider mainstreaming if successful | Community Services and Care Closer to Home Group | April 2013 | March 2014 | CCG Clear and Credible Plans |
| <p>Improve the support to people on their return home from hospital, to enable them to recover more quickly, through better co-ordination of care</p> <ul style="list-style-type: none"> Evaluate the effectiveness of Home from Hospital service pilot to inform future commissioning Roll out improvements to care planning and case management in nursing homes Improve health related quality of life for people with long term conditions by reducing unplanned hospitalisation for chronic ambulatory sensitive conditions | Community Services and Care Closer to Home Group | April 2013 April 2013 April 2013 | March 2014 March 2014 March 2014 | CCG Clear and Credible Plans |
| <p>Improve people's ability to reach their best possible level of independence by providing more short term care (reablement/ intermediate care) in different settings</p> <ul style="list-style-type: none"> Increased access to independent and short term care over a 24 hours a day, 7 days a week timeframe Help people to manage their own long term conditions through self-management Commission robust community nursing services for better management of patients with long term conditions living in the community Working jointly with County Durham and Darlington NHS Foundation Trust to progress co-ordinated services across the whole care pathway, including rapid response and the step up and step down model of care for intermediate care beds | Community Services and Care Closer to Home Group | April 2013 April 2013 April 2013 April 2013 | January 2014 March 2014 March 2014 March 2015 | CCG Clear and Credible Plans |
| <p>Provide more co-ordinated hospital discharge planning to avoid people returning back to hospital</p> <ul style="list-style-type: none"> Continue 30 day re-admission pilots, including evaluating their effectiveness Scope and commission improved discharge planning arrangements Support people who have frequent A&E attendances Improve case management of patients with long term conditions | Community Services and Care Closer to Home Group | April 2013 April 2013 April 2013 April 2013 | March 2014 March 2014 March 2014 March 2015 | CCG Clear and Credible Plans |
| <p>Improve the way services work together to support people who have had a fall, and identify those who are at risk of falling</p> <ul style="list-style-type: none"> Extend the falls pathway including improved opportunities for assessment on admission to hospital | Community Services and Care Closer to Home Group | April 2013 | April 2014 | CCG Clear and Credible Plans/CAS Service Plan |

Performance Indicator Table

Indicators in bold are in the partnership basket of indicators

| Indicator | Description | Targets | | | |
|---------------|--|---------------|------------|------------|------------|
| | | 2013/14 | 2014/15 | 2015/16 | 2016/17 |
| Target | Percentage of carers assessments as a proportion of all social care assessments | 37% | | | |
| Tracker | Carer reported quality of life | | | | |
| Target | Overall satisfaction of carers with social services | 82.6% | | | |
| Placeholder | Estimated diagnosis rate for people with dementia | | | | |
| Target | Social care related quality of life - the percentage of service users reporting that the help and support they receive has made their quality of life better | 92% | 92% | 92% | 92% |
| Target | Proportion of people who use services who have control over their daily life | 80.1% | | | |
| Target | Proportion of people using social care who receive self-directed support, and those receiving direct payments | 55% | 60% | | |
| Target | Adults aged 18-64 per 100,000 population admitted on a permanent basis in the year to residential or nursing care | 0.14 per 1000 | | | |
| Target | Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care | 8.5 per 1000 | | | |
| Target | Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services | 85% | 85% | 85% | 85% |

| Indicator | Description | Targets | | | |
|-----------|---|---------|---------|---------|---------|
| | | 2013/14 | 2014/15 | 2015/16 | 2016/17 |
| Target | Percentage of people who have no ongoing care needs following completion of provision of a reablement package | 55% | | | |
| Tracker | Emergency readmissions within 30 days of discharge from hospital (NB this is broader than long term conditions) | | | | |
| Tracker | Delayed transfers of care from hospital per 100,000 population | | | | |
| Tracker | Delayed transfers of care from hospital which are attributable to adult social care per 100,000 population | | | | |
| Tracker | Falls and injuries in the over 65s. (Age-sex standardised rate of emergency hospital admissions for falls or falls injuries in persons aged 65 and over) | | | | |
| Tracker | Hip fractures in over 65s. (Age-sex standardised rate of emergency admissions for fractured neck of femur in persons aged 65 and over per 100,000 population) | | | | |

STRATEGIC OBJECTIVE 4: IMPROVE MENTAL HEALTH AND WELLBEING OF THE POPULATION

| Strategic Actions/Sub-Actions | Lead | Timescale | | Link to Relevant Plan |
|---|--|--------------|----------------|------------------------------|
| | | Start | End | |
| Develop and implement programmes to increase resilience and wellbeing through practical support on healthy lifestyles <ul style="list-style-type: none"> Progress the development of a more intensive integrated primary care mental health service Develop an evidence based pilot programme to increase resilience to improve wellbeing | Clinical Commissioning Groups (CCGs) | April 2013 | March 2015 | CCG Clear and Credible Plans |
| | Health Improvement Partnership | July 2013 | March 2014 | Health Improvement Plan |
| Work together to find ways that will support ex-military personnel who have poor mental or physical health <ul style="list-style-type: none"> Consider re-commissioning and extending interventions that support ex-military personnel based on evaluation of pilot projects Ensure that staff are aware of the specific needs of ex-military personnel through training Actively engage with existing programmes that support ex-military personnel (Veterans Wellbeing Assessment and Liaison Service (VWALS)) Provide a forum where the voice of the service and ex-armed service personnel can be heard and can help influence service development Enable partners working with service and ex-armed service personnel to come together to influence priorities through the County Durham Partnership | CCGs with County Durham Partnership support | October 2013 | March 2014 | CCG Clear and Credible Plans |
| | | April 2013 | March 2014 | |
| | | April 2013 | March 2014 | |
| | | April 2013 | March 2017 | |
| | | April 2013 | March 2017 | |
| Ensure that people using mental health services who are in employment have a care plan that reflects the additional support needed to help them retain this employment <ul style="list-style-type: none"> Implement the recommendations of the review of the Care Programme Approach (CPA) to address employment needs Embed the recovery approach within secondary mental health services | TEWV NHS Foundation Trust | April 2013 | March 2014 | TEWV Quality Account |
| | | April 2013 | September 2015 | |
| Improve access to psychological therapies | Clinical Commissioning Groups (CCGs) | April 2013 | March 2014 | CCG Clear and Credible Plans |

| Strategic Actions/Sub-Actions | Lead | Timescale | | Link to Relevant Plan |
|---|--|--|--|---|
| | | Start | End | |
| <p>Develop and implement a multi-agency Public Mental Health Strategy including Suicide Prevention for County Durham</p> <ul style="list-style-type: none"> • Develop a Public Mental Health Strategy • Implement the Public Mental Health Strategy | <p>Public Health Portfolio Lead - Mental Health</p> | <p>April 2013 September 2013</p> | <p>September 2013 March 2017</p> | <p>Council Plan</p> |
| <p>Develop a more integrated response for people with both mental and physical health problems, in particular supporting people with common mental health problems (such as depression or anxiety)</p> <ul style="list-style-type: none"> • Review and re-commission out of area Mental Health placements • Subject to a positive evaluation to commission an acute hospital liaison service (Adult Mental Health and Older People Services) • Develop integrated care pathways to address physical and mental health needs where appropriate • Implement joint working arrangements with GPs & TEWV to ensure that primary care and secondary care pathways are inter-linked to address mental health and physical health needs | <p>TEWV NHS Foundation Trust/CCG's</p> | <p>April 2013 April 2013</p> <p>April 2013</p> <p>April 2013</p> | <p>March 2014 March 2014</p> <p>December 2015</p> <p>December 2015</p> | <p>TEWV Trust Business Plan/ CCG Clear and Credible Plans</p> |

Performance Indicator Table

Indicators in bold are in the partnership basket of indicators

| Indicator | Description | Targets | | | |
|----------------|--|------------|------------|------------|------------|
| | | 2013/14 | 2014/15 | 2015/16 | 2016/17 |
| Tracker | Self-reported wellbeing | | | | |
| Tracker | Gap between the employment rate for those with a long term health conditions and the overall employment rate | | | | |
| Target | Proportion of adults in contact with secondary mental health services in paid employment | 9% | | | |
| Target | Patient experience of community mental health services | 87 | | | |
| Tracker | Number of suicides | | | | |
| Tracker | Hospital admissions as a result of self-harm. (Age-sex standardised rate of emergency hospital admissions for intentional self-harm per 100,000 population) | | | | |
| Target | Percentage of adults receiving secondary mental health services known to be in settled accommodation at the time of their most recent assessment, formal review or multi disciplinary care planning meeting | 85% | 85% | 85% | 85% |
| Tracker | Excess under 75 mortality in adults with serious mental illness | | | | |

STRATEGIC OBJECTIVE 5: PROTECT VULNERABLE PEOPLE FROM HARM

| Strategic Actions/Sub-Actions | Lead | Timescale | | Link to Relevant Plan |
|---|--|--|---|--|
| | | Start | End | |
| <p>Work together to provide support to victims of domestic abuse from partners or members of the family</p> <ul style="list-style-type: none"> • Commission a countywide specialist domestic abuse Outreach Service • Increase awareness of domestic abuse across services, organisations and the general public, through awareness raising campaigns • Provide training to all relevant staff across all appropriate agencies and organisations in order to recognise and identify signs and indicators of abuse, know how to deal with disclosure and understand what constitutes significant concern • Continue to develop service delivery across agencies in line with lessons learned from Domestic Homicide reviews | <p>Safe Durham Partnership</p> | <p>April 2013 April 2013</p> <p>April 2013</p> <p>April 2013</p> | <p>July 2013 March 2015</p> <p>March 2015</p> <p>March 2015</p> | <p>Safe Durham Partnership/ Domestic Abuse Strategy/Council Plan</p> |
| <p>Work in partnership to support vulnerable adults and children at risk of harm and work to stop abuse taking place</p> <ul style="list-style-type: none"> • All partner agencies to have a strategic role in relation to safeguarding and promoting the welfare of children and adults within their organisation | <p>Local Safeguarding Children's Board/ Safeguarding Adults Board</p> | <p>April 2013</p> | <p>March 2014</p> | <p>Local Safeguarding Children's Board Plan/ Safeguarding Adults Board</p> |
| <p>Ensure policies and procedures are in place to make it easier for individuals to highlight concerns of abuse, such as more efficient whistle blowing</p> <ul style="list-style-type: none"> • Ensure all partners are aware of overarching safeguarding procedures by ensuring they are represented on the Safeguarding Adults Board | <p>Local Safeguarding Children's Board/ Safeguarding Adults Board</p> | <p>April 2013</p> | <p>March 2014</p> | <p>CAS Service Plan</p> |
| <p>Work in partnership to identify signs of family vulnerability and to offer support earlier</p> <ul style="list-style-type: none"> • Implement Think Family Programme to identify vulnerable families and provide intensive support | <p>Think Family Board</p> | <p>April 2013</p> | <p>March 2014</p> | <p>Children, Young People and Families Plan</p> |

Performance Indicator Table

Indicators in bold are in the partnership basket of indicators

| Indicator | Description | Targets | | | |
|---------------|---|---------------|---------------|---------------|---------------|
| | | 2013/14 | 2014/15 | 2015/16 | 2016/17 |
| Target | Repeat incidents of domestic violence | Less than 25% | Less than 25% | Less than 25% | Less than 25% |
| Target | The proportion of people who use services who say that those services have made them feel safe and secure | 75% | 75% | 75% | 75% |
| Tracker | Percentage of children and young people reporting that they are bullied when they are at school and when not at school (year 6 and year 9) | | | | |
| Target | Percentage of children becoming the subject of a Child Protection Plan for a second or subsequent time | 15% | 14% | 13% | 12% |
| Tracker | Number of Initial Child Protection Conferences relating to children becoming the subject of a Child Protection Plan where parental substance misuse/ parental alcohol misuse/ domestic abuse has been identified as a risk factor | | | | |
| Tracker | Number of children with a Child Protection Plan per 10,000 population | | | | |
| Tracker | Percentage of adult safeguarding referrals substantiated or partially substantiated | | | | |
| Tracker | Number of Looked After Children per 10,000 population | | | | |
| Target | Percentage of children in need referrals occurring within 12 months of previous referral | 21% | 20% | 18% | 16% |

STRATEGIC OBJECTIVE 6: SUPPORT PEOPLE TO DIE IN THE PLACE OF THEIR CHOICE WITH THE CARE AND SUPPORT THAT THEY NEED

| Strategic Actions/Sub-Actions | Lead | Timescale | | Link to Relevant Plan |
|--|--|---|---|--|
| | | Start | End | |
| <p>Adopt and implement the North East charter relating to a ‘good death’ which aims to provide a guide to those people who are involved with people who are approaching the end of their life, to ensure the right services are available at the right time for individuals who are dying, their families and carers</p> <ul style="list-style-type: none"> • Develop primary care mechanisms for identifying end of life patients • Progress advanced/anticipatory care planning for end of life patients • Incorporate requirements for quality monitoring of end of life care in residential and nursing home contracts | <p>Community Services and Care Closer to Home Group</p> | <p>April 2013 April 2013 April 2013</p> | <p>March 2014 March 2014 April 2015</p> | <p>CCG Clear and Credible Plans/ NHS North East ‘Good Death’</p> |
| <p>Reduce the number of emergency admissions to hospital for people who have been identified as approaching their end of life by providing services in the community</p> <ul style="list-style-type: none"> • Roll out of ‘Deciding Right’ • Expand the End of life learning development pathway training • Roll out of guide to help GP’s maximise the potential of the GP palliative care registers | <p>Community Services and Care Closer to Home Group</p> | <p>April 2013 April 2013 April 2013</p> | <p>March 2014 March 2014 March 2014</p> | <p>CCG Clear and Credible Plans</p> |

Performance Indicator Table

Indicators in bold are in the partnership basket of indicators

| Indicator | Description | Targets | | | |
|-----------|---|---------|---------|---------|---------|
| | | 2013/14 | 2014/15 | 2015/16 | 2016/17 |
| Tracker | Percentage of all deaths that occur in hospital, own home, hospice, care home. | | | | |
| Tracker | Percentage of hospital admissions ending in death (terminal admissions) that are emergencies. | | | | |

GLOSSARY & ABBREVIATIONS

| | | | |
|-----------------------------|--|--|--|
| A&E | Accident and Emergency | 'Deciding Right' | Deciding right is a north east wide initiative - the first in the UK - to integrate the principles of making advance care decisions for all ages. It brings together advance care planning, the Mental Capacity Act, cardiopulmonary resuscitation decisions and emergency healthcare plans. |
| Asset based approach | Using the skills and knowledge of individuals within a community, rather than focusing on the problems within a community. This approach aims to empower individuals. | DDES | Durham Dales, Easington and Sedgefield |
| CAMHS | Child and Adolescent Mental Health Services | DIG | Durham Information Guide |
| Carers Assessment | The draft Care Bill gives local authorities responsibility to assess carer's own needs for support, regardless of level of support provided. | GP | General Practitioner |
| CAS | Children and Adults Services | Healthy Child Programme | The healthy child programme sets out the good practice framework for prevention and early intervention services for children and young people and recommends how health, education and other partners working across a range of settings can significantly enhance a child's or young person's life chances. |
| CCG | Clinical Commissioning Groups are clinically-led groups that include all of the GP groups in their geographical area. The aim of this is to give GPs and other clinicians the power to influence commissioning decisions for their patients. | Health Trainer Champion / Service | Health Trainer Champions work with Health Trainer services. They help Health Trainers engage with individuals and communities. Health Trainer Champions have a good understanding of their communities and help people to appropriately access services (NHS and non NHS). |
| CPA | A Care Programme Approach is provided to people with severe mental health problems or a range of different needs | ND | North Durham |
| CVD | Cardiovascular Disease | North East Charter for a Good Death | North East charter, which will guide health, social care, community, voluntary and other organisations, groups or individuals who plan, develop and provide end of life care or support. It will help to ensure the right services are available at the right time for individuals who are dying, their families and carers. |
| CYP | Children and Young People | Poorly Child Pathway | The Poorly Child Pathway is a plan to ensure that when children require medical intervention they receive it in the right place at the right time. |
| DCC | Durham County Council | Telehealth | Telehealth is the delivery of health-related services and information via telecommunications technologies. |

GLOSSARY & ABBREVIATIONS

| | | | |
|-----------------|---|------------------------------------|---|
| Telecare | Telecare is the term for offering remote care of elderly and physically less able people, providing the care and reassurance needed to allow them to remain living in their own homes eg fall detectors, smoke detectors, bed occupancy sensor. | UNICEF Baby Friendly Scheme | The Baby Friendly Initiative is a worldwide programme of the World Health Organisation and UNICEF to encourage maternity hospitals to implement the 'Ten Steps to Successful Breastfeeding' and to practise in accordance with the 'International Code of Marketing of Breast Milk Substitutes' as well as work to implement the 'Seven Point Plan for Sustaining Breastfeeding in the Community' and ensure quality training and professional standards for midwifery and health visiting staff. |
| TEWV | Tees, Esk and Wear Valley NHS Foundation Trust | VWALS | Veterans Wellbeing Assessment and Liaison Service |
| UNICEF | United Nation's Children's Fund (formerly United Nation's International Children's Emergency Fund) | | |




County Durham Health
& Wellbeing Partnership



Durham Dales, Easington and Sedgefield
Clinical Commissioning Group



North Durham Clinical Commissioning Group

County Durham
and Darlington 
NHS Foundation Trust

Tees, Esk and Wear Valleys 
NHS Foundation Trust

North Tees and Hartlepool 
NHS Foundation Trust

City Hospitals Sunderland 
NHS Foundation Trust

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County Durham Joint Health and Wellbeing Strategy

2013-2017

Delivery Plan

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