

Report of Corporate Management Team

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Purpose of Report

1. The purpose of this report is to provide an update on recent developments related to NHS and public health reform.

Background

2. Cabinet agreed to receive quarterly update reports for a period of 12 months, from April 2013, on developments related to NHS and public health reform. This is the final report to be presented to Cabinet in this format. In future, a Health and Wellbeing Board Annual Report will be developed and presented to Cabinet.
3. This report provides an update on developments since the last report presented to Cabinet on 22nd January 2014.

National Developments

NHS England

4. NHS England has published a framework within which commissioners will need to work with providers and partners in local government to develop strong, robust and ambitious five year plans. "Everyone Counts": Planning for Patients 2014/15 to 2018/19, describes NHS England's ambition for the years ahead and its ongoing commitment to focus on better outcomes for patients. It describes the vision for transformed, integrated and more convenient services, set within the context of significant financial challenge. The planning guidance is accompanied by a suite of support tools intended to assist commissioners with their planning considerations to maximise the best outcomes for their local communities.
5. A new agreement between police and the NHS seeks to improve emergency support for people in mental health crisis care. The agreement - called the Crisis Care Concordat - has been signed by more than 20 national organisations in a bid to drive up standards of care for people experiencing crisis such as suicidal thoughts or significant anxiety. Locally, through the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS), Health and Wellbeing Boards should have an understanding of the current and future health and care needs of the local population. This should include people

experiencing mental health crisis. Health and Wellbeing Boards offer a forum for joining up local services and could coordinate the commissioning of services for people with multiple needs. As part of this, the Concordat suggests Health and Wellbeing Boards might like to review the care pathways from police custody suites and courts to make sure individuals with co-existing mental health and drug and alcohol issues can effectively access appropriate substance misuse services. It is also suggested Health and Wellbeing Boards review whether there are sufficient resources available to ensure patient safety, enable service user and patient choice to make sure individuals can be treated close to home, wherever possible.

Integrated Care and Better Care Fund

6. A new clause was added to the Care Bill which establishes the Better Care Fund to promote joint working between the NHS and care and support services. This will enforce the pooling of health and social care budgets and oblige councils and clinical commissioning groups to bring together £3.8bn in 2015-16 to integrate care. The Care Bill will receive Royal Assent in May 2014.
7. On 14th February 2014, Local Authorities submitted Better Care Fund Plans to their NHS England Area Team, which outlined how services would be transformed and integrated in their local area. Following this date, supplementary guidance on the Better Care Fund assurance process was issued and Better Care Fund plans were submitted to NHS England by Area Team on 4th April 2014.
8. Further information on the Better Care Fund can be found in paragraph 15.
9. The House of Commons Health Select Committee report, entitled 'Public expenditure on health and social care', concludes that the health and care system needs fundamental change so that services are joined up and focussed on the needs of patients. The Committee recognises that the problem at the heart of greater integration between health and social care is that the NHS, although coping with a static budget for the first time in its history, is better funded than social care. Improved integration requires a switch in funding from health services, particularly those in the acute sector, towards community-based services and social care. It recommends that the current level of real terms funding for social care should be ring-fenced. It also recommends that the role of health and wellbeing boards should be developed to allow them to become effective commissioners of joined-up health and care services.

Public Health

10. The report, "Public health transformation nine months on: bedding in and reaching out" commissioned by the Local Government Association (LGA) and Public Health England describes how public health in a number of councils has started to use the opportunities of a local government setting to improve health and wellbeing. Case studies show a range of ways in which the Public Health service in councils is approaching its new role. One of the case studies is Durham County Council. Here the report discusses how Public Health will lead on the Authority's ambition for all residents to enjoy health and wellbeing equal or better than the England average by: working across the council to ensure all opportunities are taken; ensuring action is based on research and best practice; working with partners such as the NHS and working with Area Action Partnerships (AAPs) to build on the assets of local communities.

11. The Government has announced that public health commissioning for 0-5 year olds will transfer from NHS England to local government on 1 October 2015. A national task and finish group with representation from the LGA and wider local government sector led bodies has been set up to take forward discussions on mandates, funding and other key issues. The Government will work closely with the Department of Health (DH) to ensure the transfer is proportionate and outcomes based and that councils are prepared for the transfer of commissioning. The Government will also work closely with the DH to confirm that sufficient funding is agreed and communicated early, to enable councils to plan effectively. It presents a crucial opportunity for local authorities and health partners to join up and continue the transformation of public health services across social care, education and other relevant services for all children and young people.

Regional Developments

Public Health

12. Public Health England held an event titled “Transforming the public health system together” at the end of February 2014. This event showcased good practice across the North East, such as the “Men’s Sheds” programme in County Durham, which is funded through Public Health to reduce social isolation between men by creating a space for informal discussion and collaboration.
13. The North East Directors of Public Health are working collectively with Association of North East Councils (ANEC) to consider approaches to tackle alcohol-related issues. This work will initially focus on availability, price and advertising and is being progressed with support from Balance¹.
14. The North East Directors of Public Health, in collaboration with North East Public Health England Centre have planned a series of workshops that will support public health activity across the region. These include knowledge and intelligence, sexual health, workplace development, shared functions and alcohol.

Developments in County Durham

County Durham Health and Wellbeing Board

During the period January to March 2014 the Health and Wellbeing Board (HWB) focussed on the following areas:

Better Care Fund

15. At its meeting on 5th March the Health and Wellbeing Board ratified the joint Better Care Fund Plan. County Durham’s allocation of the £3.8 billion Better Care Fund (BCF) (formerly the Integration Transformation Fund) announced in the June 2013 spending review is £43.735m in 2015/16.
16. By ratifying the BCF Plan the Health and Wellbeing Board agreed:

¹ Balance is the North East of England’s Alcohol Office aiming to inspire changes to the way people in the North East think about and drink alcohol.

17. The vision for the BCF in County Durham: “**Improve the health and wellbeing of the people of County Durham and reduce health inequalities**”. This is the same vision for the Joint Health and Wellbeing Strategy.
18. The aim of the BCF will be to improve the health and wellbeing of the people of County Durham by innovating and transforming services with a focus on improved outcomes, prevention and integration, reducing reliance on long term health and social care, maintaining the independence of our population.
19. The objectives outlined in the BCF plan are the same as those identified in the Joint Health and Wellbeing Strategy.
20. There are five areas that have been identified for transformation:
 - Intermediate Care (support at home to prevent hospital admission, promote independence)
 - Support for care homes
 - Non Fair Access to Care Services (FACS) reablement (access to intervention services for those who require support to relearn or regain skills to help them maintain independence, for people without eligible critical or substantial needs)
 - Combating social isolation
 - Seven day services
21. To support the above priorities there will be seven work programmes:
 - **Short term intervention services** which includes intermediate care community services, reablement, falls and occupational therapy services
 - **Equipment and adaptations for independence** which includes telecare, disability adaptations and the Home Equipment Loans Service
 - **Supporting independent living** which includes mental health prevention services, floating support and supported living and community alarms and wardens
 - **Supporting Carers** which includes carers breaks, carer’s emergency support and support for young carers
 - **Social isolation** which includes local coordination of an asset based approach to increase community capacity and resilience to provide low level services
 - **Care home support** which includes care home and acute and dementia liaison services
 - **Transforming care** which includes maintaining the current level of eligibility criteria, the development of IT systems to support joint working and implementing the Care Bill
22. Each of the suggested work programmes have been developed based on a wide range of initiatives which meet the requirements of the Better Care Fund. The initiatives have also been aligned to the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
23. A number of performance indicators have been developed to measure a shift from acute to community care, carers satisfaction and those in receipt of telecare. They will also measure the admissions of older people to residential and nursing care homes, delayed transfers of care from hospital and avoidable emergency admissions.
24. Engagement has taken place with the main NHS provider organisations who provide services to County Durham’s population when developing the Better Care Fund plans to

ensure there is an understanding of the impact of the shift from the acute sector to community based care.

25. A programme approach is being used to support the delivery of the Better Care Fund transformational plan. For each of our seven programmes there is a senior sponsor and a project manager.
26. An assurance process has been undertaken of all Better Care Fund plans. In the North East this has been led by NHS England Area Team with local government regional peers (including the chair of the North East Association of Directors of Adult Social Services and Director of Public Health County Durham) who were responsible for assessing progress of Better Care Fund plans developed by local Health and Wellbeing Boards in the region and identifying areas in need of further support.

Section 256 agreement

27. Section 256 of the 2006 NHS Act allow for an agreement to transfer funds from NHS England (changed to reflect the Health and Social Care Act 2012) to Local Authorities. The funds must be used to support adult social care services and also must have a health benefit. Health and Wellbeing Boards are the forum for discussions between the NHS England Area Teams, Clinical Commissioning Groups (CCGs) and local authorities on how the funding should be spent.
28. At the meeting on 15th November 2013, the Health and Wellbeing Board agreed the transfer of social care funds of c. £10.1m for 2013/14 and c. £10.5m for 2014/15 from NHS England under a Section 256 Agreement. They agreed that the funding for 2013/14 would be used under the following broad headings:
 - Eligibility
 - Prevention
 - Short term assessment & intervention
29. It was also noted that the Council and the CCG's agreed in principle that the Section 256 agreement could be extended to cover the financial period 2014/15 as the proposed spending plans would not vary significantly.
30. Since the November Health and Wellbeing Board meeting, Section 256 funding for 2014/15 has been confirmed as £12.936 million. The Section 256 agreement schedule for 2014/15 was updated to reflect this. This will be taken forward by the Corporate Director for Children and Adults Services, Chief Clinical Officer (Durham Dales, Easington and Sedgefield Clinical Commissioning Group) and Chief Operating Officer (North Durham Clinical Commissioning Group and Durham Dales, Easington and Sedgefield Clinical Commissioning Group) in conjunction with the Chair of the Health and Wellbeing Board.

Special Educational Needs and Disability Reforms

31. In January 2014, the Health and Wellbeing Board received a report with the overview of the significant reforms for children, young people and adults with special educational needs between the ages of 0 – 25 years, with a highlight of the risks and implications for the NHS and local authority.
32. An Action Plan has been developed covering each aspect of the reforms and will be reviewed regularly. A multi-agency steering group has been established since September

2013 to identify and address cross cutting issues and monitor progress in planning for the implementation of the reforms including:

- An Education Health and Care assessment process, which is nearing completion
- An audit of information on services to inform future IT developments for the Local Offer, which requires Local Authorities to publish in one place information about the services available in their area for children and young people 0 - 25 who have special educational needs and/or disabilities

33. The reforms will be implemented from September 2014.

Adult Autism Strategy

34. A draft Local Autism Action Plan for 2014/15 was presented to the Health and Wellbeing Board in January 2014. The action plan addresses the areas highlighted for further development in the Autism Strategy self-assessment, particularly those issues relating to increasing the number of people with autism in employment, and ensuring people with autism are dealt with appropriately in the criminal justice system. Detailed work will be co-ordinated through a Local Autism Strategy Implementation group and the regional Association of Directors of Adult Social Care (ADASS) sponsored Regional Autism Group.

Joint Health and Wellbeing Strategy 2014-17 and Joint Strategic Needs Assessment

35. The Joint Strategic Needs Assessment (JSNA) key messages were received by the Health and Wellbeing Board on 21st January 2014 and the Joint Health and Wellbeing Strategy (JHWS) was approved by the Health and Wellbeing Board on 5th March 2014.

36. The Joint Health and Wellbeing Strategy has been received and endorsed by North Durham Clinical Commissioning Group at their Governing Body meeting, and Durham Dales, Easington and Sedgefield will also endorse through their Governing Body on 13th May 2014.

37. The Joint Health and Wellbeing Strategy 2014/17 informed the development of the refreshed Sustainable Community Strategy 2010-30 and is aligned to the "Altogether Healthier" section of the Strategy.

38. Extensive consultation has taken place on the JSNA and JHWS between October 2013 and February 2014 with over 400 people from different backgrounds taking part in the process.

39. A number of documents have influenced the development of the JHWS including the Annual Report of the Director of Public Health County Durham, the Better Care Fund plans and the Clinical Commissioning Group plans.

40. The strategic objectives of the JHWS are:

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

41. The JHWS includes a number of Strategic Actions that identify the key areas of work for the Health and Wellbeing Board, linked to objectives and outcomes. More detailed actions outlining the work taking place to achieve the Strategic Actions will be included in the JHWS Delivery Plan. This will be presented to the Health and Wellbeing Board for agreement on 3rd July 2014.

Annual Report of the Director of Public Health for County Durham

42. At its meeting on the 5th March 2014 The Health & Wellbeing Board received the 2012/13 Annual Report of the Director of Public Health for County Durham. This is the first annual report produced and is a requirement of the Health and Social Care Act 2012. The Annual Report focuses on tackling health inequalities in County Durham and proposes the actions that need to be put in place by a range of partnership agencies.

North Durham Clinical Commissioning Group (NDCCG) and Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDESCCG) Planning progress update

43. The Health and Wellbeing Board received an update on the progress of the planning round for both NDCCG and DDESCCG.
44. As a part of the NHS 'A Call to Action' programme each of the Clinical Commissioning Groups (CCGs) within the Durham, Darlington and Tees area have worked jointly with the Local NHS England Area Team utilising the North of England Commissioning Support (NECS) communication and engagement teams. Through this engagement process, both NDCCG and DDESCCG gathered views from these events into the draft commissioning plans.
45. In Durham, the CCG's already have in place five year "Clear & Credible Plans 2012/13 – 2016/17" that describes the strategic direction for the CCGs. In addition, the revised planning framework requires CCG's to produce detailed two year operating plans and a five year strategic plan. These plans have been aligned to the Joint Health and Wellbeing Strategy.
46. Running in parallel and interacting with the development of the planning requirements is the NHS contracting process. The aim of this process is to secure the services from providers that meet the needs of the CCGs in terms of activity levels, quality and affordability.
47. In the 2014/15 planning guidance CCGs are only expected to develop one local quality premium priority. In County Durham the area chosen is an increase in the identification of patients at the end of their lives and will be measured through GP practice end of life registers. It is anticipated that approximately 1% of a practices population will die every year. The considerable benefits of identifying these patients include providing the best health and social care to both patients and families and avoiding crises, by prioritising them and anticipating need. Identifying patients in need of palliative care, assessing their needs and preferences and proactively planning their care, are the key steps in the provision of high quality care at the end of life in general practice. This indicator set is focused on the maintenance of a register (identifying the patients) and on regular multidisciplinary meetings where the team can ensure that all aspects of a patient's care have been assessed and future care can be co-ordinated and planned proactively.

Local Safeguarding Children's Board Annual Report

48. The Health and Wellbeing Board received the Local Safeguarding Children's Board (LSCB) Annual Report which outlined LSCB achievements in 2012/13 and priorities for 2014/15.
49. The LSCB continues to work on a range of issues as part of its ongoing work but has agreed to focus additional work in 2014/15 on the following priorities;
 - Information sharing – as this remained a critical issue from Serious Case Reviews both nationally and locally.
 - Early Help – the LSCB recognised early help as the key priority area for making significant impact on outcomes for children.
50. Protecting vulnerable people from harm is a key strategic objective for the Health and Wellbeing Board through the Joint Health and Wellbeing Strategy and close links have been forged between the Health and Wellbeing Board, Safeguarding Adults Board and the Local Safeguarding Children's Board.

Safeguarding Adults Board Annual Report

51. The Health and Wellbeing Board received a report with information about the current position of the County Durham Safeguarding Adults Board (SAB) and plans for 2014/15.
52. The HWB noted the graduated approach to safeguarding adults based on risk, the work taking place in relation to the low level of conviction rates, the support being provided to vulnerable adults who had been victims of abuse and recognised the co-ordinated partnership working taking place between the local authority and NHS.

Implementation of the Integrated Short-term Intervention Service (ISIS)

53. The Health and Wellbeing Board received an update on progress relating to the implementation of the transformation of former intermediate care services within County Durham.
54. The Responsive Integrated Assessment Care Team service has been renamed Integrated Short-term Intervention Service (ISIS). ISIS will provide one route into all intermediate care services following discharge from hospital. A single point of access has been created to enable all health and social care professionals from the acute and community setting to make a referral for an assessment.
55. This service has incorporated the ISIS Single Point of Access and three ISIS Multi-disciplinary Teams and will have access to a wide range of services incorporated into the wider ISIS model to facilitate maximum independence and sustainable recovery.

County Durham and Darlington NHS Foundation Trust's (CDDFT) Evolving Clinical Strategy

56. The Evolving Clinical Strategy builds on discussions with staff and stakeholders and work that has been carried out with clinical teams. It considers why the trust needs to do more to provide a truly integrated service which meets the needs and expectations of local people.
57. The CDDFT outlined the principle of the strategy including:

- Delivering core acute specialties across both acute sites (University Hospital of North Durham and Darlington Memorial Hospital)
- Consultant delivered care
- Patients in homes not hospital - clinicians to patients
- Care closer to home where safe, effective and efficient
- Older people at the heart of service delivery being supported in the community

58. The importance of working as a wider health and social care system was recognised by the Health and Wellbeing Board as well as the joint working with primary care in order to relieve the pressure currently presented to Accident and Emergency departments.

Future work programme for the Health and Wellbeing Board

Over the coming months the Health and Wellbeing Board will consider a number of joint areas of work, including:

Public Health Wellbeing Service

59. At its meeting in May the Health and Wellbeing Board will receive information on a new wellbeing service that is to be commissioned by Public Health. The new service model will have a life-course approach for children, young people, families and adults and build upon the adult wellbeing model.
60. The wellbeing service will adopt a whole family-centred approach to recognise the complex nature of children and young people's lives and the need to secure the support of parents, family members, carers and the communities in which young people live.
61. There is a strategic action in the Joint Health and Wellbeing Strategy to develop an integrated and holistic Wellbeing Service to improve health and wellbeing and tackle health inequalities in County Durham.
62. It is anticipated that the service will be commissioned by 1 September 2014 with a six month developmental phase. There will be three stages before the service is fully implemented.

Cardiovascular Disease Prevention Strategic Framework

63. Cardiovascular Disease (CVD) is the second largest cause of death in County Durham. The Health and Wellbeing Board will be requested to agree the CVD Framework which will include targeted interventions for people most at risk including those people who smoke.

Drugs Strategy

64. Work has taken place to develop and consult on the Drugs Strategy for County Durham. The key objectives identified in the Strategy are:
- Preventing Harm
 - Restricting Supply
 - Building Recovery in communities
65. The Health and Wellbeing Board will be requested to agree the Drugs Strategy at its meeting in July.

Healthy Weight Strategy

66. The Healthy Weight Strategy for County Durham will address obesity issues for both children and adults. Consultation on the strategy will end in September 2014. The Health and Wellbeing Board will then be requested to agree the strategy.

Offender Health

67. The Health and Wellbeing Board will receive a presentation on the work of the North East Offender Health Commissioning Unit in the North East and Cumbria.

Health and Wellbeing Board Annual Report

68. The Annual Report for the Health and Wellbeing Board will identify progress made in its first year. This will be presented to the Board at its meeting in July. The report will then progress to Cabinet.

Recommendations

69. Cabinet is recommended to:

- Accept this report on developments related to NHS and public health reform and receive the Annual Report of the Health and Wellbeing Board in September 2014.

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Appendix 1 - Implications

Finance – The Better Care Fund (BCF) national allocation, which has been top sliced from existing funding streams, received by local authorities and Clinical Commissioning Groups (CCG's), is £3.8 billion. For DCC, the revenue element of the BCF in 2015/16 (which includes the 2015/16 Social Care Funding, through the Section 256 agreement, of £12.936m) was confirmed as being £39.193m. Indicative 2015/16 capital allocations for Disabled Facilities Grant (£2.970m) and Community Capacity Grant (£1.572m), which also form part of the pooled budget, have been released. The BCF planning total is therefore £43.735m in 2015/16.

Staffing – There are no direct implications.

Risk – There are no direct implications.

Equality and Diversity / Public Sector Equality Duty – Under provisions in the Health and Social Care Act, the Secretary of State, NHS England, Local Authorities and Clinical Commissioning Groups have a duty to reduce health inequalities.

Equality Impact Assessments are carried out as part of the development of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.

Accommodation – There are no direct implications.

Crime and Disorder – The Joint Strategic Needs Assessment considers the wider determinants of health and wellbeing within a local authority's area, including crime and disorder issues and signposts to the Safe Durham Partnership Strategic Assessment.

The Director of Public Health County Durham has a role to work with the Police and Crime Commissioner to promote safer communities.

Human Rights – There are no direct implications.

Consultation – The government continues to consult with patients and professionals on NHS and public health policy.

Procurement – There are no direct implications.

Disability Discrimination Act – There are no direct implications.

Legal Implications – There are no direct implications.