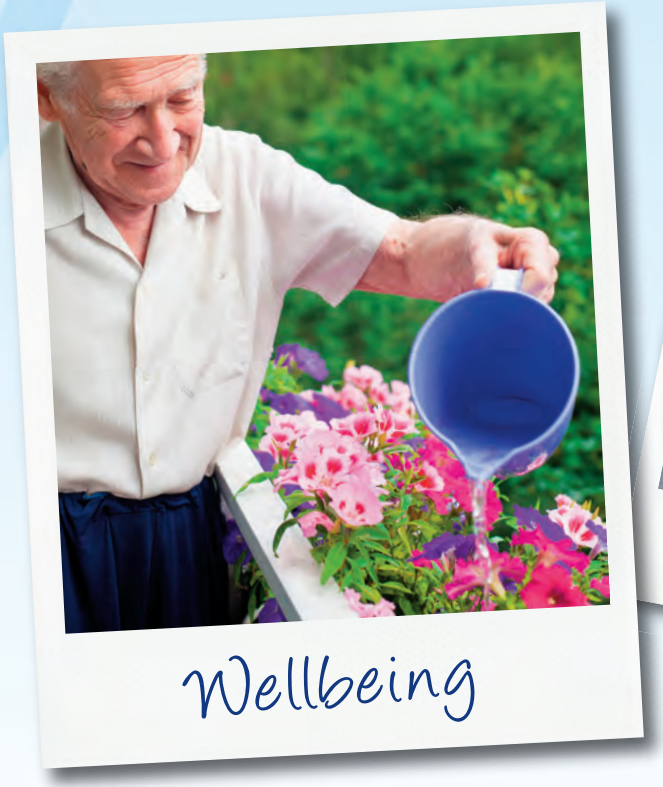
Support

Independence



Wellbeing

Health

County Durham Joint Health and Wellbeing Strategy 2015-2018

Delivery Plan

‘Improve the health and wellbeing of the people of County Durham and reduce health inequalities’

JOINT HEALTH & WELLBEING STRATEGY – DELIVERY PLAN 2015-2018

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

Outcome: Reduced Childhood Obesity

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Improve support to families and children to develop healthy weight			Council Plan
• Provide advice and support to schools to enable them to work towards actions identified through the National School Food Plan, such as provision of free school meals, healthy packed lunches, growing clubs, after-school cooking lessons for children and parents	**DCC (Public Health)**	March 2016	CCG Operational / Strategic Plans
• Enhance Tier 2 weight management service to comply with NICE guidelines	**DDES CCG**	March 2016	
• Commission psychology input into weight management service	**DDES CCG**	March 2016	
Improve support to women to start and continue to breastfeed their babies	**DCC (Public Health)**		Council Plan
• Council buildings to be breastfeeding-friendly		March 2016	
• Inform One Point staff of the benefits of breastfeeding through information provided by public health		March 2016	

Outcome: Improved early health intervention services for children and young people

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Continue to improve the Mental Health and emotional wellbeing of children and young people and ensure interventions and services are effective and available to those who need it			CCG Operational / Strategic Plans Better Care Fund Plan Children, Young People and Families Plan Council Plan
• Review health funded posts for Educational Psychologists and Advisory Teachers	**DCC (Public Health)**	April 2015	
• Implement recommendations from the review of universal, targeted and specialist Child and Adolescent Mental Health Services	**CCGs**	July 2015	
• Implement the Public Mental Health Strategy including identifying priority groups such as young carers and looked after children and focusing on: o Prevention o Promotion o Early Intervention o Recovery	**DCC (Public Health)**	December 2015	
• Develop the Children and Young People's Mental Health, Emotional Wellbeing and Resilience Plan 2015/18 ensuring it captures the 49 recommendations of the national taskforce report 'Future in Mind'	**DCC (Public Health) / CCGs**	December 2016	
• Roll out resilience programmes across 20 schools, to support young people who have emotional and mental wellbeing needs	**DCC (Public Health)**	August 2015	
• Implement a children and young people mental health and emotional wellbeing network aimed at sharing good practice and building capacity within the wider workforce including schools and the voluntary and community sector	**DCC (Public Health) / schools / Voluntary and Community Sector**	June 2015	

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan

Support the reduction of teenage pregnancies (under 18 conceptions) in County Durham by delivering interventions that are in line with evidence and best practice
• Undertake a comprehensive health needs assessment to ensure evidence based services are delivered across County Durham based on need
• Develop a model of delivery that will have an impact on teenage pregnancy and sexual health
• Develop the Teenage Pregnancy and Sexual Health Delivery Plan with a focus on:
  • Supporting young people to achieve and attain during school years to prepare them for relationships, sexual wellbeing and adulthood
  • Building resilience in children and young people to protect against engaging in risky behaviour
  • Raising self-esteem, aspirations and educational attainment of young people
  • Improving the outcomes for vulnerable young people including teenage parents and their children and those at risk of unplanned pregnancy
  • Supporting teenage parents to improve the outcomes for themselves and their children
• Review the 5-19 school nursing service and implement an improved service to ensure high quality service delivery which is value for money and meets the needs of children and young people:
  • Review complete
  • New specification in place
	DCC (Public Health)	July 2015
		August 2015
		March 2016
		May 2015
		April 2016
			Children, Young People and Families Plan
			Council Plan

Reduce the oral health inequalities faced by children within County Durham • Develop an Oral Health Strategy for County Durham	**DCC (Public Health)**	April 2016	

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan

Continue to implement the Healthy Child Programme
 	
• Implement statutory changes in relation to the 0-5 Healthy Child Programme, by:
  • Project-managing the transition to the council for the commissioning of health visitors and the Family Nurse Partnership
  • Planning the development of an integrated 0-19 Healthy Child Programme, working with One Point, to enable a whole systems approach to health improvement services and service delivery
	DCC (Public Health)	October 2015
		
		March 2017
			Council Plan

Implement the Early Help Strategy to better support families who have additional needs at an earlier point
 	
• Implement the Children's Social Care Innovation Project and the Early Help Strategy, by:
  • Creating 10 integrated early help and social work teams across the county to significantly increase the range, access, quality and effectiveness of services for the whole family across the continuum of need
  • Creating and developing third sector alliances in all areas of the county to bring about sustainable change for families
 	
  • Implement an intensive workforce development programme to support the new teams and the whole workforce
  • Provide significantly enhanced service user engagement to change the relationship between professional and service user
	DCC (CAS – Children's Services)
	
	DCC (CAS – Children's Services) / Voluntary and Community Sector
	DCC (CAS – Children's Services)
	DCC (CAS – Children's Services)
		November 2016
		
		November 2016
		
		November 2016
		November 2016
			Council Plan
			
			Children, Young People and Families Plan

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Work together to reduce incidents of self-harm by young people			Council Plan
• Clarify safe and effective support pathways, and raise awareness of key professionals that can be involved in complex cases	**DCC (Public Health)**	July 2015	Children, Young People and Families Plan
• Evaluate the sheds model for young people	**DCC (Public Health)**	March 2016	
• Review the pathway for paediatric self-harm admissions	**CCGs**	March 2016	
• Implement the plan to reduce incidents of self-harm and improve health, educational and social outcomes for children and young people, enabling them to cope better with difficult situations	**ND CCG**	December 2016	
• Adopt a better use of technology by CAMHS services, for example Skype	**TEWV**	March 2016	
• Develop the knowledge and skills of school based staff to identify and support vulnerable young people engaging in self-harm behaviours	**DCC (Public Health)**	October 2015	
Implement the Special Educational Needs and Disability Strategy 2014-2018, based on the findings of the SEND Review, to enable joint commissioning of services and support for individual children across education, health and social care			Children, Young People and Families Plan Better Care Fund Plan
• Further develop the Local Offer to include feedback from service users and young people	**DCC (Education)**	March 2016	Council Plan
• Review the educational placement process for children with special educational needs, including those in the non-maintained and independent sector	**DCC (Education)**	March 2016	
• Develop a strategy and joint commissioning plan that meets the local needs of children and young people with autism spectrum disorder and assures local compliance with NICE Guidance	**CCGs**	March 2016	
Ensure health, social care and third sector organisations work together to identify and support young carers			Children, Young People and Families Plan
• Brief Senior Managers and undertake training with First Contact / Social Care Direct staff to ensure that children and adult services are aware of the Memorandum of Understanding for young carers to enable them to continue to work together to identify inappropriate caring roles	**DCC (Commissioning)**	September 2015	Council Plan
• Implement the young carers action plan to provide support to young people in their caring role, by reviewing the carer's card to give young carers access to a wider range of services		March 2016	

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Work in partnership to increase awareness and provide education to young people and their parents on the risks of alcohol and ensure that adequate control on the sale of alcohol is in place and effective treatment services are available			Children, Young People and Families Plan Association of Police Officer (ACPO) Standards
• Support schools, colleges and youth settings to provide effective education on alcohol to children and young people as part of the resilience framework	**DCC (Public Health) / Durham Constabulary**	March 2016	
• Work with retailers to restrict the products that appeal to children and young people and to restrict advertising of such products	**Durham Constabulary / DCC (Trading Standards)**	March 2016	
• Develop support pathways for children and young people and for parents/carers who have alcohol problems	**DCC (Public Health)**	March 2016	
• Carry out test purchase operations and age verification compliance testing on both on and off-licence premises	**DCC (Public Health)**	March 2016	
• Provide targeted interventions and consistent messages to young people who already drink alcohol and around the hidden use of alcohol	**DCC (Public Health)**	March 2016	
• Develop an engagement network with children and young people aged 10-24 to provide an avenue for seeking information and giving young people a voice	**Durham Constabulary**	March 2016	

PERFORMANCE INDICATORS

Indicator	2015/16 Target	2016/17 Target	2017/18 Target
Breastfeeding initiation	Tracker indicator - no target required		
Prevalence of breastfeeding at 6-8 weeks from birth	Tracker indicator - no target required		
Percentage of children aged 4-5 classified as overweight or obese	Tracker indicator - no target required		
Percentage of children aged 10-11 classified as overweight or obese	Tracker indicator - no target required		
Number of young people referred to CAMHS who are seen within 9 weeks	Tracker indicator - no target required		
Alcohol specific hospital admissions for under 18's (per 100,000 under 18 years population)	Tracker indicator - no target required		
Percentage of exits from young person's substance misuse treatment that are planned discharges	83%	Not set	Not set
Under 16 conception rate	Tracker indicator - no target required		
Under 18 conception rate	Tracker indicator - no target required		
Percentage of mothers smoking at time of delivery	18.2%	17.2%	16.6%
Infant mortality rate	Tracker indicator - no target required		
Emotional and behavioural health of Looked After Children	Tracker indicator - no target required		
Emergency admissions for children with lower respiratory tract infection	Tracker indicator - no target required		
Young people aged 10-24 admitted to hospital as a result of self-harm per 100,000 population	Tracker indicator - no target required		

STRATEGIC OBJECTIVE 2: REDUCE HEALTH INEQUALITIES AND EARLY DEATHS

Outcome: Reduced levels of tobacco related ill health

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Implement a comprehensive partnership approach to wider tobacco control actions to reduce exposure to second hand smoke, help people to stop smoking, reduce availability (including illicit trade), reduce promotion of tobacco, engage in media and education and support tighter regulation on tobacco	**Tobacco Control Alliance for County Durham**		
• Implement the Tobacco Alliance Action Plan		March 2017	
• Review and modernise stop smoking services to reduce tobacco related ill health, by:			
◦ Carrying out a review of the current stop smoking service		June 2015	
◦ Development of service specification and market testing		July 2015	
◦ Procurement of the service		Dec 2015	
◦ Implementing modernised service		March 2016	
• Train fire crews in level 1 brief intervention on smoking cessation and deliver during Fire and Rescue Service home fire safety visits	**County Durham and Darlington Fire and Rescue Service**	March 2016	
Implement local awareness-raising campaigns to support the Smokefree Families Initiative, by targeting specific age groups on the health issues related to second hand smoke and by encouraging smoke free play areas across the county			
• Link Smokefree Families Initiative to Wellbeing for Life Service and deliver targeted training sessions	**Tobacco Control Alliance for County Durham**	March 2016	
• Ensure council play areas have appropriate smoke free signage	**DCC (Neighbourhoods)**	March 2016	

Outcome: Reduced obesity levels

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Implement the Healthy Weight Strategic Framework to develop and promote evidence based multi-agency working and strengthen local capacity and capability			CCG Operational / Strategic Plans
• Develop a performance and reporting process in order to make relevant data available to all partners	**DCC (Public Health)**	March 2016	Council Plan
• Improve access to physical activity and encouraging greater use of the natural environment	**DCC (Public Health)**	March 2016	
• Implement with partners the Healthy Weight Strategic Framework, to develop and promote evidence-based multi-agency working and improve support to children and adults so that they can have a healthier lifestyle:			
◦ Develop a checklist of risk indicators which have an influence on behaviours and impact on healthy weight, to be taken into account when writing strategy / policy	**DCC (Public Health)**	March 2016	
◦ Develop and complete an equity audit / needs assessment of healthy weight provision	**DCC (Public Health)**	March 2016	
Implement a Food and Health Action Plan for County Durham			
• Facilitate development of new food growing projects and provide support to existing projects	**Durham Community Action**	March 2017	
• Enable networks to be developed via Community Growing sub group of Sustainable Food Partnership	**Durham Community Action**	March 2017	
• Evaluate participant impact utilising the Warwick Edinburgh Mental Wellbeing tool	**Durham Community Action**	March 2017	

Outcome: Reduced levels of alcohol and drug related ill health

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Work together to reduce the harm caused by alcohol to individuals, families and communities in County Durham while ensuring that people are able to enjoy alcohol responsibly			Council Plan
• Implement with partners the Alcohol Harm Reduction Strategy 2015/18, to reduce the harm caused by alcohol to individuals, families and communities:			
• Undertake social marketing campaigns to raise awareness about the harms of alcohol	**DCC (Public Health)**	December 2015	
• Increase the awareness of Foetal Alcohol Spectrum Disorder (FASD) with people who are pregnant, their partners or those who are trying to conceive	**DCC (Public Health)**	March 2016	
• Encourage midwifery and obstetric services to ensure that all pregnant women are offered information and, if appropriate, advice about drinking during pregnancy, and social welfare services should implement support to help	**DCC (Public Health)**	March 2016	
• Train all health and social care professionals are trained in Identification and Brief Advice (IBA) for alcohol	**DCC (Public Health)**	March 2016	
• Promote, monitor and quality assure the take up of IBA amongst primary care, secondary care and social care	**DCC (Public Health)**	March 2016	
• Train fire crews in IBA for alcohol and deliver during Fire and Rescue Service home fire safety visits	**County Durham and Darlington Fire and Rescue Service**	March 2016	

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Implement the Drugs Strategy to prevent harm, restrict supply and sustain a future for individuals to live a drug free and healthy life, whilst minimising the impact of drugs on communities and families			Council Plan

• Implement with partners the County Durham Drug Strategy 2014/17, to prevent harm, restrict supply, minimise the impact and build recovery within communities and families:
  • Implement a social marketing plan to raise awareness of the harm caused by drugs through targeting schools, families and training professionals to be able to offer advice and support
  • Provide specific targeted training and education to support individuals, professionals, communities and families to address the harm caused by drugs and sustain a future for individuals to live a drug-free and healthy life
	DCC (Public Health)	March 2016
		March 2017	

Implement new specialist joint drug and alcohol service for children and adults			
• Implement the Dual Needs Strategy for individuals of all ages who have a learning disability, mental or behavioural disorder or dementia alongside a substance misuse issue	**DCC (Public Health)**	May 2015	
• Evaluate the Lifeline (joint drug and alcohol) service that went live in April 2015	**DCC (Public Health)**	September 2016	

Outcome: Reduced mortality from cancers and circulatory diseases

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Work in partnership to develop effective preventative and treatment services for cancers			CCG Operational / Strategic Plans
• Raise the profile of cancer awareness and earlier diagnosis and encourage the uptake of cancer screening programmes from communities where take-up is low, through the Wellbeing for Life service	**DCC (Public Health)**	March 2016	Council Plan
• Review pathway to delivery improvements required in cancer 62 day performance improved diagnosis rates and mortality	**DDES CCG / NECS**	August 2015	
• Review diagnostics services to ensure resilience and capacity for increased demand during campaigns	**DDES CCG / NECS**	June 2015	

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Work in partnership to develop effective preventative and treatment services for circulatory diseases			Council Plan CCG Operational / Strategic Plans
• Implement a targeted approach to the Health Check programme in County Durham, by:			
• Expanding the locally developed version of health checks (Check4Life) to all GP practices in County Durham	**DCC (Public Health)**	March 2016	
• Implementing a call and recall system based on the GP practice clinical systems	**DCC (Public Health)**	March 2016	
• Identifying those people on the practice systems who are eligible for a health check and stratifying them by estimated CVD risk using information already available	**DCC (Public Health)**	March 2016	
• Targeting those individuals with the highest estimated risk of CVD and type 2 diabetes	**DCC (Public Health)**	March 2016	
• Following social marketing campaigns, targeting those at highest risk in areas of lower than expected take-up	**DCC (Public Health)**	March 2016	
• Appoint a Diabetes Specialist Nurse to deliver Primary Care Clinics, as part of service redesign	**DDES CCG**	July 2015	
• Implement an integrated model of care for diabetes	**ND CCG**	March 2016	
• Review current patient pathway for cardiac services including electrocardiograms (ECGs) and palpitations	**ND CCG**	March 2016	
• Develop a community service for diabetes moving services out of hospital into the community through the development of a lead provider model	**CCG's**	April 2016	
Implement an integrated and holistic Wellbeing for Life service to improve health and wellbeing and tackle health inequalities in County Durham	**DCC (Public Health)**		Council Plan
• Work with partners to develop specific interventions around social determinants of health, eg housing, adult education and learning and employment		September 2015	
• Implement the Wellbeing for Life service within the 30% most deprived geographies of County Durham, to address the factors which influence health and wellbeing, by working in partnership to ensure that the social determinants of health, eg housing and employment, are embedded into the service		September 2016	

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Reduce the inequalities between people with learning disabilities and the general population			CCG Operational / Strategic Plans
• Develop pathways to ensure that individuals with learning disabilities and behavioural problems have access to appropriate services to improve their physical health and wellbeing	**DCC (Public Health)**	March 2016	CAS Service Plan
• Implement the national Autism Strategy action plan, by supporting adults with autism to access preventative services and remain independent in their own home	**DCC (Commissioning)**	March 2016	
• Improve the uptake of Annual Health Checks for people with learning disabilities through sharing best practice and supporting practices to make reasonable adjustments for patient access	**ND CCG**	March 2016	
• Review uptake of an eye care service for adults and young people over 14 with learning disabilities	**DDES CCG**	December 2015	
• Hold 2 workshops to better inform work around hydrotherapy and the work of the Profound and Multiple Learning Disability (PMLD) pathway	**DCC (Adult Care)**	March 2016	

Outcome: Reduced excess winter deaths

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Integrate and roll out interventions to address the impact of fuel poverty on excess mortality and morbidity			Council Plan CCG Operational / Strategic Plans

• Implement with partners the Affordable Warmth Strategy Action Plan, to address the impact of fuel poverty and target people who have a health condition:
  • Deliver a briefing programme for health and social care staff
  • Manage 100 referrals a year from health and social care professionals
	DCC (Public Health)	March 2016	

• Review pilot boilers on prescription scheme for patients with diseases that are exacerbated by living in cold damp conditions	**DDES CCG**	March 2016	

PERFORMANCE INDICATORS

Indicator	2015/16 Target	2016/17 Target	2017/18 Target
Mortality rate from all causes for persons aged under 75 years	Tracker indicator - no target required		
Mortality rate from all cardiovascular diseases (including heart disease and stroke) for persons aged under 75 years	Tracker indicator - no target required		
Mortality rate from all cancers for persons aged under 75	Tracker indicator - no target required		
Percentage of eligible people who receive an NHS health check	8%	8%	8%
Mortality rate from liver disease for persons aged under 75 years	Tracker indicator - no target required		
Mortality rate from respiratory diseases for persons aged under 75 years	Tracker indicator - no target required		
Potential years of lives lost through causes considered amenable to healthcare – DDES & ND	To be confirmed		
Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis	96%	96%	96%
Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer	85%	85%	85%
Male life expectancy at birth	Tracker indicator - no target required		
Female life expectancy at birth	Tracker indicator - no target required		
Successful completions as a percentage of total number in drug treatment – Opiates	9.4%	Not set	Not set
Successful completions as a percentage of total number in drug treatment – Non Opiates	41.7%	Not set	Not set
Alcohol-related admissions to hospital per 100,000 population	Tracker indicator - no target required		
Successful completions as a percentage of total number in treatment – Alcohol	39.5%	Not set	Not set
Four week smoking quitters per 100,000 smokers aged 16+	2,939	Not set	Not set

Indicator	2015/16 Target	2016/17 Target	2017/18 Target
Estimated smoking prevalence of persons aged 18 and over	Tracker indicator - no target required		
Proportion of physically active adults	Tracker indicator - no target required		
Excess weight in adults	Tracker indicator - no target required		
Percentage of women eligible for breast screening who were screened adequately within a specified period	70%	70%	70%
Percentage of women eligible for cervical screening who were screened adequately within a specified period	80%	80%	80%
Percentage of people eligible for bowel screening who were screened adequately within a specified period	Indicator under development		
Excess winter deaths	Tracker indicator - no target required		
Percentage of people with learning disabilities that have had a health check	Tracker indicator - no target required		

STRATEGIC OBJECTIVE 3: IMPROVE THE QUALITY OF LIFE INDEPENDENCE AND CARE AND SUPPORT FOR PEOPLE WITH LONG TERM CONDITIONS

Outcome: Adult care services are commissioned for those people most in need

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Implement The Care Act to promote integration between care and support provision and health services			Council Plan
• Implement the specific requirements of the Care Act 2014 for adult social care, by:	**DCC (Adult Care)**		
◦ Implementing an integrated transitions team		September 2015	
◦ Reviewing the assessment process to take into account additional demand from self-funders		March 2016	
• Review the Care Act documentation for adult and young carers	**DCC (Commissioning)**	February 2016	
• Complete the review of specialist residential care, to ensure that there is capacity to deal with complex needs	**DCC (Commissioning)**	March 2016	
• Develop preventative services in conjunction with key partners to meet gaps in provision	**DCC (Commissioning)**	March 2016	
Support people with caring responsibilities to identify themselves as carers so they can access the information, advice and support that is available			
• Hold a consultation event with carers to identify the barriers for hidden carers (with support from Area Action Partnerships)	**DCC (Commissioning) / Area Action Partnerships**	August 2015	
• Hold 2 engagement forums per year to engage with carers, people with a learning disability and partners on issues that have an effect on their lives	**DCC (Adult Care)**	March 2016	
• Work with carers to understand carers views of respite	**DCC (Adult Care)**	March 2016	
• Hold 2 engagement forums per year to engage with carers and older people on issues that have an effect on their lives	**DCC (Adult Care)**	March 2016	

Outcome: Increased choice and control through a range of personalised services

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Work together to give people greater choice and control over the services they purchase and the care that they receive			Council Plan Better Care Fund
• Increase the number of personal health budgets administered through the direct payments process, by working with health partners to join up social care and health budgets, increasing efficiency and offering more choice and control to the service user	**DCC (Commissioning)**	March 2016	CCG Operational / Strategic Plans
• Develop a regional approach to developing personal health budget protocols and procedures	**NECS on behalf of CCGs**	March 2016	
• Increase capacity in the operational teams, to enable closer working with local authority partners on managing the applications and administration requirements of personal health budgets	**NECS on behalf of CCGs**	March 2016	

Outcome: Improved independence and rehabilitation

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Develop a new model for Community Services for the Frail Elderly that incorporates a whole system review that cuts across health, social care and the third sector; whilst delivering person centred care and placing early identification, timely intervention and prevention at its core			CCG Operational / Strategic Plans
• Increase community services that provide support to people in their homes and in the community to enable patients to leave hospital sooner or avoid admission	**CCGs**	June 2015	
• Review and evaluate current frail elderly services to ensure continued quality and value taking learning from other areas to implement and improve	**DDES CCG**	June 2015	

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Maintain people's independence at home and reduce unplanned admissions by expanding the use of self-management programmes and technology			CCG Operational / Strategic Plans
• Review Telecare Service	**DCC (Commissioning)**	June 2015	Better Care Fund Plan
• Agree scope for review of Handyvan/Handyperson service	**DCC (Commissioning)**	September 2015	
• Implement a new home equipment loans service	**DCC (Commissioning)**	July 2015	CAS Service Plan
• Identify opportunities for minor adaptations, through the assessment process, to support more people at home	**DCC (Commissioning)**	March 2016	
• Implement recommendations from wheelchair service review	**CCGs**	March 2016	
Improve people's ability to reach their best possible level of independence by implementing the Intermediate Care Plus Service and other effective alternatives to hospital and residential care admission	**DCC (Commissioning) / CCGs**		Council Plan
• Implement Intermediate Care Plus		March 2016	
• Increase the number of service users who are supported through a reablement service, to help them recover from illness or disability, re-learn skills necessary for daily living and improve their independence		March 2016	
• Help people to manage their own long term conditions through self-management programmes		April 2016	
Provide safe, high quality 7 day integrated services across the health and social care economy			CCG Operational / Strategic Plans
• Implement phase 1 of the extension of the DDES weekend opening scheme	**DDES CCG**	June 2015	
• Extend access to primary care at weekends through the development of a new service, providing a wrap-around service for the most vulnerable patients	**ND CCG**	September 2015	
• Implement the recommendations of the review of weekend opening	**ND CCG**	March 2016	

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Implement the Urgent Care strategy to ensure that patients are seen by the right health/social care professional, in the right setting, at the right time, to the highest quality and in the most efficient way providing the best outcome for the patient			CCG Operational / Strategic Plans
• Improve ambulance performance issues and response times by implementing recommendations of Clinical Senate review of proposals to change staffing structure across Teesdale and Weardale	**DDES CCG**	March 2016	
• Agree divert policy and commission additional bed capacity within Gateshead Foundation Trust	**ND CCG**	April 2015	
• Implement contractual arrangements in relation to changes to Shotley Bridge UCC Injuries	**ND CCG**	December 2016	
• Review all urgent care services (in and out of hours and minor injuries)	**CCGs**	March 2017	
• Complete review of Urgent Care and unplanned discharge transport and implement recommendations	**CCGs**	March 2017	
• Roll out of the NHS 111 remote appointments booking process to all GP practices	**ND CCG**	March 2016	
• Incentivise Primary care to allow NHS 111 to remotely book appointments both during the week and over the weekend	**DDES CCG**	July 2015	

Outcome: Improved joint commissioning of integrated health and social care

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Implement the agreed framework for Clinical Commissioning Group decision-making in relation to continuing health care and integrated packages in mental health and learning disability, including personal health budgets			
• Refresh framework and formalise agreement through DCC and CCG	**DCC (Commissioning) / CCGs**	February 2016	
• Agree jointly commissioned services through the Joint Decision Making Validation Forum	**DCC (Commissioning) / CCGs**	March 2016	

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Implement the Better Care Fund Plan to integrate health and social care services			Council Plan
• Implement the Better Care Fund Plan with partners to improve integration of health and social care services in County Durham, with a focus on the seven local key work programmes	**DCC (Adult Care) / CCGs**	March 2016	
Work together to ensure a more localised approach to enable Clinical Commissioning Groups to set priorities based on local evidence			CCG Operational / Strategic Plans
• Work with GP Practices to improve outcomes for patients through increasing access to primary care, appropriate referral and pathway management to reduce avoidable referrals and unplanned admissions to secondary care and more effective management of long term conditions	**ND CCG**	March 2016	
• Improve health and wellbeing outcomes for residents by working with Clinical Commissioning Groups and Public Health to identify key local areas of concern whilst collectively developing and evaluating programmes to address these	**Area Action Partnerships**	March 2016	

PERFORMANCE INDICATORS

Indicator	2015/16 Target	2016/17 Target	2017/18 Target
Carer reported quality of life	Tracker indicator - no target required		
Overall satisfaction of carers with support and services they receive	48-53%	Not set	Not set
Percentage of service users reporting that the help and support they receive has made their quality of life better	90%	90%	90%
Proportion of people using social care who receive self-directed support	90%**	90%**	90%**
	***NEW definition in Adult Social Care Outcomes Framework*		
Adults aged 65+ admitted on a permanent basis in the year to residential or nursing care per 100,000 population	710.4	Not set	Not set
Proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	85.7%	Not set	Not set
Emergency readmissions within 30 days of discharge from hospital	Tracker indicator - no target required		
Delayed transfers of care from hospital per 100,000 population	Tracker indicator - no target required		
Falls and injuries in the over 65s	Tracker indicator - no target required		
Hip fractures in the over 65s	Tracker indicator - no target required		
Proportion of people feeling supported to manage their condition	Tracker indicator - no target required		
Avoidable emergency admissions per 100,000 population	2,884 (Apr-Jun15) 2,864 (Jul-Sep15)	2,916 (Oct-Dec15) 2,756 (Jan-Mar16)	
Number of people in receipt of Telecare per 100,000	225	Not set	Not set
Prevalence of diabetes	Tracker indicator - no target required		
Antibiotic prescribing in primary and secondary care -	To be confirmed		

Indicator	2015/16 Target	2016/17 Target	2017/18 Target
% of patients on a diabetes or COPD register that have received a flu immunisation **and** % of patients on a COPD register that have received Pneumovacc – DDES and ND	To be confirmed		

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

Outcome: Increased physical activity and participation in sport and leisure

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Provide a wide range of physical activity opportunities across County Durham to support more active lifestyles and contribute towards tackling 'lifestyle conditions' • Implement the refreshed Physical Activity Framework	**DCC (Neighbourhoods)**	March 2016	Council Plan
Establish a wide and large scale intervention approach across agencies to support increased participation in physical activity through culture change • Instigate a top leader's summit on the Physical Activity Framework development to seek wide ownership • Establish an inclusive approach to the development of a new framework across sectors • Agree and develop the mechanism/forum for the coordination of the Physical Activity Framework long term • Establish a single metric for the measurement and evaluation of progress in tackling physical inactivity	**DCC (Neighbourhoods)**	July 2015 March 2016 March 2016 March 2016	

Outcome: Maximised independence

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Work together to support people who have dementia to live in their own home for as long as possible			CCG Operational / Strategic Plans
• Implement the National Dementia Strategy and other national, regional and local dementia initiatives giving particular attention to:			Better Care Fund Plan
◦ Producing a dementia health needs assessment	**DCC (Public Health)**	July 2015	Council Plan
• Implement the Dementia Strategy for County Durham and Darlington 2014/17, to support people who have dementia to live in their own home for as long as possible, help them to maintain independence and provide them with end of life / palliative care which ensures dignity and respect:			
◦ Review provision of memory cafes across the county to ensure that coverage is appropriate and the service is meeting the needs of both people living with dementia and their carers	**DCC (Commissioning)**	September 2015	
◦ Carry out the accreditation process for dementia friendly communities in both the identified pilot sites – Barnard Castle and Chester-le-Street	**Alzheimer's Society / AAPs / DCC (Commissioning)**	March 2017	
• Support practices that have not yet signed up to the Dementia Enhanced service or have a low uptake and share best practice	**DDES CCG**	March 2016	
• Undertake a review and complete a scoping exercise to understand the post-diagnostic dementia service provision in North Durham	**ND CCG**	March 2016	
• Establish communications task group to engage with dementia stakeholders	**DDES CCG**	March 2016	
• Train fire crews on 'Dementia Friends' to assist with early identification and referrals to relevant agencies	**County Durham and Darlington Fire and Rescue Service and Alzheimer's Society**	March 2016	

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Develop and implement programmes to increase resilience and wellbeing through practical support			CCG Operational / Strategic Plans
• Undertake a review of Recovery College	**CCGs**	March 2016	Better Care Fund Plan
• Implement national and local requirements defined by the crisis care concordat	**CCGs**	March 2016	
• Improve ambulance response times for mental health patients	**ND CCG**	March 2016	
• Develop and implement CQUIN re physical health checks for mental health patients	**CCGs**	March 2016	
• Evaluate place of safety (adults and children) to determine further investment required	**CCGs**	March 2016	
Work together to find ways that will support the armed services community who have poor mental or physical health			CCG Operational / Strategic Plans
• Invite representatives from key organisations and services to the biannual County Durham Armed Forces Network to share research and information about their activities and services and take forward any identified recommendations as required	**DCC (Public Health) / DCC (Assistant Chief Executive's)**	September 2015 & March 2016	
• Implement the Durham County Council policy for reservists	**DCC (Public Health) / DCC (Assistant Chief Executive's)**	October 2015	
• Encourage practices to identify armed services community	**DDES CCG**	March 2018	
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			TEWV Quality Account
• Embed the recovery approach within secondary mental health services	**TEWV**	September 2015	
• Implement the recommendations of the review of the Care Programme Approach (CPA) to address employment needs	**TEWV**	October 2015	

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Continue to improve access to psychological therapies			
• Review IAPT services	**CCGs**	March 2016	
• Review counselling services and implement new specification re: service improvements including information governance and data capture	**CCGs**	March 2017	

Outcome: Increased social inclusion

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
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)			CCG Operational / Strategic Plans Better Care Fund Plan
• Develop integrated care pathways to address physical and mental health needs where appropriate	**CCGs**	March 2016	
• Implement Health Trainer model aimed at people with poor mental health	**DCC (Public Health)**	March 2016	
• Introduce Community Psychiatric nurses into general practice to better integrate primary and secondary care mental health services and reduce demand on secondary care	**DDES CCG**	March 2016	
• Work with CDDFT to ensure parity and what the pathway looks like for patients who are residing in hospital for a period of time following life changing conditions such as cancer, stroke, cardiac arrest and other long term conditions	**ND CCG**	March 2016	
Work in partnership to identify those who are, or who are at potential risk of becoming socially isolated to support people at a local level and to build resilience and social capital in their communities			Council Plan
• Implement the 2014/17 County Durham Implementation Plan of the 'No health without mental health' national strategy, to improve mental health and wellbeing across all age groups within the county and to identify those at risk of social isolation:			
◦ Undertake an assessment of the mental health needs of the population of County Durham	**DCC (Public Health)**	December 2015	
◦ Develop a mental health navigation model and ensure that these are accessible for each general practice within County Durham	**CCGs**	March 2016	

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Work in partnership to support the building of improved connectedness in communities in order to protect those most at risk of social isolation			CCG Operational / Strategic Plans
• Implement a volunteer service for mental health	**Social Care Reform Board / CCGs**	March 2016	Better Care Fund Plan
• Implement programmes with partners to address social isolation which will be community based and owned	**AAPs**	March 2016	
Work together to address the health and social needs of vulnerable people who come into contact with the Criminal Justice System			
• Ensure that young people with mental health needs who offend receive a robust, high quality service through the secondment of mental health professionals to CDYOS	**CDYOS**	March 2016	
• Implement the screening, by CDYOS, of all young people who offend for substance misuse and mental health needs, through the implementation of Asset Plus (the national assessment tool for young people who offend)	**CDYOS**	March 2016	

• Ensure all referrals to the Liaison and Diversion Service are screened by skilled multi-disciplinary professionals to determine whether assessment is needed for service users of all ages who have been identified as potentially having the following:
  • Mental Health / Learning Disability / Substance Misuse / Autism / Physical Health / Acquired Brain Injury / Physical Disability / Safeguarding issues
  • For children and young people there is the addition of – emerging symptoms and risk factors for Mental Health / ADHD / speech and language communication needs/child protection issue/looked after status
	NHS England Sub-Regional Team (Health and Justice)	March 2016	

Work together to reduce the health inequalities between the Gypsy Roma Traveller community and the general population	**DCC (Public Health) / CCGs**		
• Provide a targeted Health Trainer service for this community		April 2015	
• Produce health related information in a format appropriate for the community		April 2015	
• Provide cultural awareness training through an identified program		April 2015	
• Provide a specialist Health Visitor for the community		June 2015	

Outcome: Reduced self-harm and suicides

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Implement the multi-agency Public Mental Health Strategy for County Durham including the self-harm and suicide plan	**DCC (Public Health) / CCGs**	March 2017	CCG Operational / Strategic Plans
• Develop plan to make County Durham a Suicide Safer County		April 2015	Better Care Fund Plan
• Evaluate suicide bereavement services		December 2015	
• Implement Mental Health preventative services		March 2016	Council Plan
• Develop an accessible 24-hour support service to enable services and the community to access advice on locally based services appropriate to their needs		April 2015	
• Develop a bereavement support service pathway to ensure that accessible information and timely support is available		September 2015	
• Review and potentially expand current pilot of the Primary Care Suicide Model	**CCGs**	March 2016	

PERFORMANCE INDICATORS

Indicator	2015/16 Target	2016/17 Target	2017/18 Target
Gap between the employment rate for those with long term health conditions and the overall employment rate	Tracker indicator - no target required		
Proportion of adults in contact with secondary mental health services in paid employment	Tracker indicator - no target required		
Number of people with severe mental illness who are currently smokers	To be confirmed		
Health related quality of life for people with a long term mental health condition	To be confirmed		
Suicide rate (deaths from suicide and injury of undetermined intent) per 100,000 population	Tracker indicator - no target required		
Hospital admissions as a result of self-harm	Tracker indicator - no target required		
Excess under 75 mortality rate in adults with serious mental illness	Tracker indicator - no target required		
Percentage of people who use adult social care services who have as much social contact as they want with people they like	50%	50%	50%
Estimated diagnosis rate for people with dementia	Tracker indicator - no target required		

STRATEGIC OBJECTIVE 5: PROTECT VULNERABLE PEOPLE FROM HARM

Outcome: Provide protection and support to improve outcomes for victims of domestic abuse and their children

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Work together to provide support to victims of domestic abuse from partners or members of the family • Pilot an integrated model to work with families affected by domestic abuse and conduct a robust evaluation to identify what works • Procure a countywide domestic abuse outreach service which supports individuals who have experienced domestic abuse and children who have witnessed it • Develop and roll out a multi-agency e-learning training package in relation to domestic abuse which includes signposting to the County Durham Domestic Abuse Referral Pathway to enable professionals to identify domestic abuse and support individuals experiencing it	Domestic Abuse and Sexual Violence Executive Group (DASVEG)	March 2016 October 2016 March 2016	

Outcome: Safeguarding children and adults whose circumstances make them vulnerable and protect them from avoidable harm

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Work in partnership to identify signs of family vulnerability and to offer support earlier			Council Plan
• Implement the first strategic plan for the new statutory Safeguarding Adults Board, in line with the requirements of the Care Act 2014:			
• Revise safeguarding policy and procedures to be compliant with the Care Act	Safeguarding Adults Board (SAB)	March 2016	
• Ensure that the 2015/16 business plan addresses Care Act requirements	Safeguarding Adults Board (SAB)	April 2015	
• Establish methods of consulting with the public to influence the development of the plan	Safeguarding Adults Board (SAB)	May 2015	
• Develop and deliver awareness sessions on child sexual exploitation and offer to all taxi drivers in County Durham	Safeguarding Adults Board (SAB)	January 2016	
• Deliver Child Sexual Exploitation Conference to year 9 pupils in north of county	LSCB	October 2015	
• All front-line Trading Standards, Licensing and Environmental Health professionals to undertake Level 1 and Level 2 child sexual exploitation training	Area Action Partnerships DCC (Environmental Health)	July 2015 July 2015	
Support families using a Think Family approach to address their needs at the earliest opportunity			Children, Young People and Families Plan
• Embed the phase 2 Stronger Families Programme by rolling-out the use of the Family Outcome Plan through delivering to partner agencies:	DCC (Children's Services)	March 2016	
• staff engagement sessions;			
• briefings; and			
• Learning Network events			

PERFORMANCE INDICATORS

Indicator	2015/16 Target	2016/17 Target	2017/18 Target
Percentage of repeat incidents of domestic violence	Less than 25%	Less than 25%	Less than 25%
Proportion of people who use services who say that those services have made them feel safe and secure	90%	90%	90%
Number of children's assessments where risk factor of parental domestic violence is identified	Tracker indicator - no target required		
Number of children's assessments where risk factor of parental mental health is identified	Tracker indicator - no target required		
Number of children's assessments where risk factor of parental alcohol misuse is identified	Tracker indicator - no target required		
Number of children's assessments where risk factor of parental drug misuse is identified	Tracker indicator - no target required		
Number of children with a Child Protection Plan per 10,000 population	Tracker indicator - no target required		
Percentage of adult safeguarding referrals substantiated or partially substantiated	Tracker indicator - no target required		

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

Outcome: Improved End of Life Pathway

Strategic Actions/Sub-Actions	Lead	Timescale	Link to Relevant Plan
Ensure the care and provision meets the individual requirements of people identified with palliative needs and those living with increased need in their last year(s) of life and support is provided to families and carers			CCG Operational / Strategic Plans
• Incorporate requirements for quality monitoring of end of life care in residential and nursing home contracts	**DCC (Commissioning)**	(tbc in July 2015)	
• Commence implementation of the Improving Palliative Care and End of Life Commissioning Plan including agreeing changes to the core community contract in relation to Palliative Care rehabilitation	**DCC (Commissioning) / CCGs**	April 2015	
• Employ Palliative care consultants and specialist nurses to support 24/7 access to advice and face to face assessments	**CCGs**	March 2016	
• Re-Procure rapid response service	**CCGs**	March 2016	
• Recruit to specialist Lymphoedema Practitioner post as part of the existing specialist community Lymphoedema service provided by CDDFT	**ND CCG**	March 2016	
• Establish community based Lymphoedema clinics within the North Durham CCG area	**ND CCG**	March 2016	

PERFORMANCE INDICATORS

Indicator	2015/16 Target	2016/17 Target	2017/18 Target
Proportion of deaths in usual place of residence	Tracker indicator - no target required		
Percentage of hospital admissions ending in death (terminal admissions) that are emergencies	Tracker indicator - no target required		
Number and percentage of patients in need of palliative care/support as recorded in practice disease registers – DDES & ND	To be confirmed		

GLOSSARY

ABBREVIATION	DESCRIPTION
ADHD	**Attention deficit hyperactivity disorder** Attention deficit hyperactivity disorder (ADHD) is a group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness
CAS	**Children and Adults Services** Children and Adults Services bring together a number of council functions which contribute to the County Durham Partnership vision of Altogether Better Durham In particular, the relevant themes are: • Altogether better for children and young people • Altogether healthier • Altogether safer • Altogether wealthier
CCG	**Clinical Commissioning Groups** 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
CDDFT	**County Durham and Darlington NHS Foundation Trust** CDDFT is an integrated acute and community Trust providing healthcare across County Durham and Darlington and surrounding areas, in hospital, at home and in community settings
CDYOS	**County Durham Youth Offending Service** County Durham Youth Offending Service works with young people and partner agencies to prevent re-offending
COPD	**Chronic Obstructive Pulmonary Disease** Chronic obstructive pulmonary disease (COPD) is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease.

ABBREVIATION	DESCRIPTION
CQUIN	**Commissioning for Quality and Innovation** The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals
CVD	**Cardiovascular Disease** Cardiovascular disease (CVD) is a general term that describes a disease of the heart or blood vessels. There are four main types of CVD. They are: • coronary heart disease • stroke • peripheral arterial disease • aortic disease
DASVEG	**Domestic Abuse and Sexual Violence Executive Group** DASVEG is a multi-agency sub-group of the Safe Durham Partnership
DCC	**Durham County Council** Local authority which performs all council functions in the County Durham area
DDES	**Durham Dales, Easington and Sedgefield** The name of the Clinical Commissioning Group operating in the South and East and West of the County
GP	**General Practitioner** A General Practitioner is a medical doctor who treats acute and chronic illnesses and provides preventive care and health education to patients
IAPT	**Improving Access to Psychological Therapies** The Improving Access to Psychological Therapies (IAPT) programme supports the frontline NHS in implementing National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders

ABBREVIATION	DESCRIPTION
ND	**North Durham** The name of the Clinical Commissioning Group operating in the North of the County
NICE	**National Institute for Health and Care Excellence** The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care
SEND	**Special Educational Needs and Disability** Children who have needs or disabilities that affect their ability to learn, for example: • Behavioural/social (eg difficulty making friends) • Reading and writing (eg dyslexia) • Understanding things • Concentrating (eg Attention Deficit Hyperactivity Disorder) • Physical needs or impairments
TEWV	**Tees, Esk and Wear Valleys NHS Foundation Trust** Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) provides a range of mental health, learning disability and eating disorders services for the 1.6 million people living in County Durham, the Tees Valley, Scarborough, Whitby, Ryedale, Harrogate, Hambleton and Richmondshire

North Durham Clinical Commissioning Group

Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

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2015-2018

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