



NHS County Durham and Darlington

INTEGRATED BUSINESS BOARD
Thursday 25 February 2010
Item No: IBB/10/43-4

NHS COUNTY DURHAM AND DARLINGTON INTEGRATED BUSINESS BOARD

A Report on National Support Team Visits to County Durham and Darlington

1. Introduction

National Support Teams (NSTs) were established by the Department of Health (DoH) to provide intensive, tailored support to primary care trusts (PCTs) and their partners to deliver against public health priorities. A number of NSTs are aligned to specific public health public service agreement (PSA) delivery areas including alcohol harm reduction, obesity, tobacco control and sexual health. NST visits take the form of a site visit by a team of experienced practitioners. A report of the visit findings is provided on the final day of the visit along with recommendations and offers re further facilitation and support.

The attached appendices provide a report on three NST visits in 2009:

Appendix one: Report on the Tobacco Control NST visit to County Durham in October 2009.

Appendix two: Report on the Alcohol Harm Reduction NST visit to Darlington in November 2009.

Appendix three: Report on the Sexual Violence NST visit to County Durham and Darlington in December 2009.

Each of the three attached reports follow a reporting format ie

- purpose of visit,
- overview of visit and stakeholder involvement,
- good practice identified

Document management				
Version	Date	Summary	Owner's Name	Approved
1.0	1/2/10	presented to senior team mtg	Miriam Davidson	By Acting Exec DPH
2.0	10/2/10	presented to mgt group	Miriam Davidson	
3.0	25/2/10	Presented to IBB	Miriam Davidson	

- overall strengths,
- key recommendations,
- implications for PCT,
- next steps.

2. Implications and risks

The three NST visits have resulted in sharing and highlighting good practice and recommendations on how to address gaps in planning and delivery have been translated into the relevant action plans.

The health benefits for the population of County Durham and Darlington, the financial impact and the outcomes and efficiencies for alcohol harm reduction and tobacco control are described in the “Pathways” section of the *Refreshed Five Year Strategic Plan* (NHS County Durham and Darlington). The Sexual Violence NST visit feedback commended the commitment of the PCTs to the sexual violence agenda. The impending guidance for the NHS to respond to the national strategy on *Violence Against Women and Girls* may have additional workforce and financial implications.

The PCT lead has agreed to review the current clinical governance arrangements for the Forensic Medical Examiner (FME) and undertake a needs assessment to assess capacity and demand.

3. Recommendations

The board is asked to

- receive the attached reports for information.

4. Author and sponsor director

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Locality Director: M.E. Davidson
Acting Executive Director: A. Lynch
Date: 1 February 2010

Purpose of paper	Information sharing <input checked="" type="checkbox"/> Development/discussion <input type="checkbox"/> Decision/action <input type="checkbox"/>
How does the paper support / have implications for:	
NHS County Durham's 4 Strategic Aims	E.g. Keep our public healthy, ensure high quality care. Value for money
Our Vision Our Future workstreams	Better Health: Fairer Health
World class commissioning competencies	Competencies 2, 5
Standards for better health	C22, 23
Use of resources	E.g. KLOE ...
Targets and Vital signs	<ul style="list-style-type: none"> • 4 week quitters • alcohol related hospital admissions
NHS Constitution	Right to access NHS services. NHS commitment to provide convenient easy access to services.
Darzi Principles	
Impact on / Involvement of partners	Recommendation will involve a range of partners.
Equality & Diversity	Implementing the recommendation will promote equity.
Other policies / Issues	Local Area Agreement, Comprehensive Area Assessment.

**A Report on National Support Team visits
to County Durham and Darlington**

**Tobacco Control National Support Team Visit to County Durham
12 – 15 October 2009**

Purpose of visit

Local tobacco alliances have existed in County Durham since 2005, each aligned to the former Districts of County Durham. The role of a tobacco alliance is to work with partners and partner agencies to develop local action plans based on the above areas of tobacco control activity. However as a result of Local Government Review and the reconfiguration of the former five PCTs of County Durham in 2006, the alliances merged in May 2009 to form one County Durham Tobacco Control Alliance. The high strategic level commitment to the alliance was variable, therefore, in October 2009 NHS County Durham invited the Department of Health's Tobacco Control National Support Team (NST) to look at current tobacco control activity and provide diagnostic and assessment methodology employed by the NST to identify the potential to improve multi-agency partnership working, commissioning, service modernisation and provision to meet the local needs. A key element of the Tobacco Control NST's approach involves analysing approaches and effectiveness across all of the essential elements of tobacco control at a local level, using the following seven strategic themes: Multi-agency partnership working; Planning and commissioning; Monitoring, evaluation and response; Normalising smoke-free lifestyles; Making it easier to Stop Smoking; Tackling illegal and underage availability; Communication.

Overview of visit and stakeholder involvement

The visit was held over four days 12 – 15 October. Prior to the visit information, documents, papers and reports were provided to the NST to evidence tobacco control activity. The first morning was the opening plenary where all stakeholders were invited and four presentations were given on an overview of health of County Durham, Stop Smoking Service provision, Partnership working and LA Regulatory services. Two and a half days of interviews and focus groups were then held. The last day was the feedback session where all stakeholders were invited to attend. Stakeholders involved PCT, LA, County Durham and Darlington Foundation Trust, Tees Esk Wear Valley Foundation Trust, Voluntary Sector, and primary care teams.

Good practice identified

- The contribution County Durham made to the campaigning for smokefree legislation
- Strong sense of injustice in relation to health inequalities
- Integration of Local Authority (LA) into one unitary creates opportunity
- LA strong approach to routine and manual staff to have smokefree lifestyle
- Fresh identified and used well as regional support
- Joint appointment of DPH (PCT/LA)
- Lead portfolio holder for healthier communities with a passion for tobacco control
- High level commitment to get commissioning right
- Mental Health Trust went smokefree 18 months before required by legislation

- Local stop smoking service (LSSS) staff are strongly committed, impressive past performances (with notably one of the highest CO monitoring validation rates in the country) and the service is well-resourced
- The LSSS has demonstrated some excellent examples of good practice, e.g. high levels of Varenicline use, good working between specialist service and intermediate service and strong community relationships
- There is a good awareness of national and regional communications campaigns and use of evidence-based approaches
- Local Enhanced Service (LES) providers (level 2) are making a good contribution to local quit targets
- The LA communications / marketing team won national No Smoking Day's 'newcomer of the year' award for their 2009 campaign
- NHS County Durham has won an award for being a 'high performing PCT'

Key Recommendations

The NST identified the County's **Top Five Take Home Messages**, which formed the basis for all the recommendations set out under the seven strategic themes (see appendix (i))

1. Using your recognition of the enormity of the health inequalities gap in County Durham, and the key role tobacco plays within this, to drive forward concerted action for TC
2. Turning your aspirations and passion for a healthier population into meaningful action led through a range of influential champions who are in a position to bring about real change
3. Establishing your TC Alliance as an effective means of implementing your strategic vision through partnership working
4. Ensuring that your commissioning arm has sufficient high-level support to deliver your TC strategy
5. Developing your Local Stop Smoking Service to work together effectively and be recognised as one service across County Durham

Implications /Risks for PCT

Smoking remains the major cause of the lower life expectancy and higher heart disease and cancer rates in County Durham compared with the national average. Reducing smoking is the most important step in narrowing the gap between life expectancy in County Durham and England as a whole. The harm caused by tobacco continues and those most vulnerable will be most affected:-

- Children are more likely to become smokers if their parents smoke
- Babies and children are still exposed to second hand smoke
- Smoking remains the main reason why people from poorer backgrounds have a lower life expectancy than those from affluent backgrounds

Investment in tobacco control needs to be sustained and where necessary increased to ensure tobacco control activity is delivered to drive down the burden smoking inflicts on our communities.

Increasing numbers of smoking quitters are a PCT World Class Commissioning priority outcome. Ambitious higher 4 week quitter targets have been set that are higher than the PCTs Vital signs 4 week targets. There is a risk that these targets may not be achieved.

Next Steps

A further meeting has been held in Jan 2010 with the NST to:

- Review what has happened since the October visit
- Membership of the alliance to ensure appropriate level of seniority
- Letters to be sent senior level stakeholders
- Next Alliance meeting 04 March 2010
- Develop action plan

A new national Tobacco Control strategy is to be launched and a regional consultation to develop a regional strategy. The County Durham Alliance will meet in March to commence the way forward with the development of the tobacco control action plan. In summer of 2010 a robust tobacco control alliance action plan will be developed with key stakeholder signage.

Dianne Woodall
Public Health Portfolio Lead Tobacco Control and Physical Activity
NHS County Durham and Darlington
January 2010

Recommendations for each of the seven Strategic Themes

1. Multi-agency partnership working

- Executive and Director level development of a joint strategic objective on tobacco control
- Dedicated alliance co-ordinator, with DPH and portfolio holder for health's Trust and healthier communities as joint co-chair
- Using the power of the local economy to demonstrate an understanding that TC is 'everybody's business'. Strengthen existing partnerships Acute Trust, Children Trust at middle to senior level
- Using opportunities presented by the new LA's new unitary status and refresh the alliance to ensure agenda is embedded
- Work with Fresh and regional partners to align regional forums

2. Planning and commissioning

- Use the upcoming new national TC strategy to develop an evidence based commissioning framework to enhance the current PCT Public Health commissioning delivery plan
- Public Health and commissioners work together to negotiate TC commissioning quality and innovation (CQUIN) indicators e.g. mental health
- PCT and LA develop a Health Gain Schedule, making at least tobacco, alcohol and weight management everybody's business, e.g key screening questions, brief intervention training, referral pathways, an activity monitoring system. There is an opportunity through housing and regeneration
- Use of Area Action Partnerships for community engagement

3. Monitoring, evaluation and response

- The TC delivery plan needs to have clear outcomes measures based on objectives, goals, initiatives and monitoring metrics (OGIM) template with performance managed by the Health and Well-being Partnership
 - Stop smoking service collection data needs review to include collection of occupational data to support targeting of routine and manual workers
 - Evaluation of service users experience
 - Use of prescribing data to ensure consistency of prescribing
 - Combining local service data and insight from AAPs to identify those not accessing services
 - Build an audit for monitoring pharmacy and GP to ensure appropriateness of claims

4. Normalising smokefree lifestyles

- LA's previous successful activity provides a solid foundation for building on the cultural change around social norms of tobacco.

- Ensure local strategic partners are aware of programmes such as the smokefree families programme, to encourage participation from front line staff
- Measures to protect children from exposure to tobacco promotion, marketing and access e.g. helping to engage private sector on impact of the Health Bill
- Consider public sector as role models for health promoting smokefree employees

5. Making it easier to stop smoking

- Review and consolidation of the stop smoking service, bring three delivery areas in line to one central service.
 - Appoint Head of service to pull together, shared administration function, central point of contact
 - Alignment of medicines management processes. E.g. voucher scheme county wide
 - More proactive in case findings e.g. disease registers
 - All activity should be robustly monitored e.g. referrals, quits, lost to follow up, therefore investigate adoption of an enhanced electronic data system that is used by all providers to provide one recording and collection system that can monitor/track
 - TC alliance better support links to stop smoking service
 - Review of allocation of resources across the system, e.g. prison
 - Maximise opportunity to improve stop smoking for all pregnant smokers through maternity service CQUIN
 - Develop champions and senior management commitment as part of the wider infant mortality agenda
 - Co-ordinate and track referrals, quitters, non quitters and lost to follow up.
 - Develop high level commitment from partners within secondary care and Mental health

6. Tackling illegal and underage availability

- Current restructuring of Regulatory services could become a model of good practice, key aspects of future delivery would include:-
 - Maintenance of smokefree compliance
 - Monitor of underage sales and vigilance around young people's purchasing behaviour
 - Supportive work to prepare business around point of sales and vending machines
 - Sharing intelligence resources to facilitate information-led interventions re enforcement
 - Integration of illicit tobacco work as part of the North of England programme
 - Work with the TC alliance in preparation for the forthcoming review of smokefree legislation
 - Building on existing collaboration with partners and extending further TC joint work e.g. police, fire service

7. Communication

- To get the message across for a tobacco-free County Durham, there needs to be a mission statement which is owned corporately and is communicated internally and to the wider public
- The development of a communications programme as a key component to help deliver the wider TC delivery plan
- Make full use of local health profiles and insights within the PCT and LA to access local communities with particular attention to travellers, black and minority ethnic populations, migrant workers, students and seldom-seen, seldom-heard individuals
- Investigate external resources E.g. DH recommendation of EMO marketing to improve on local understanding of local needs and wants and support market segmentation
- Develop local leaders and champions for TC to mobilise community support, increase local action and improve intelligence sources

Alcohol Harm Reduction National Support Team visit to Darlington 10–13 November 2009

Purpose of visit

The National Support Team (NST) for Alcohol Harm Reduction (AHR) offers support to local area partnerships to ensure effective alcohol harm reduction across eight themes:

- Vision, strategy and commissioning
- Data
- Communication and social marketing
- Alcohol intervention and treatment
- Targeted interventions
- Criminal justice, licensing and availability
- Workforce training and awareness
- Work with children, young people and families.

The context for offering support via the NST included hospital admissions rates for alcohol related harm, the rate of hospital admissions for young people (<18 years) and the inclusion of Darlington as an Early Implementer (E1) site for tackling NI39.

Overview of visit and stakeholder involvement

The visit was held over four days, 10–13 November 2009. A comprehensive range of documentation was forwarded to the NST in advance of the visit e.g. the Alcohol Harm Reduction Strategy, the Implementation Plan, relevant partnership meeting minutes, to evidence progress on implementing the Government's key deliverables for alcohol harm reduction and the position in relation to local initiatives and plans.

Partners involved in the visit included NHS Darlington, NHS County Durham (on behalf of Darlington), Darlington Borough Council (DBC), Darlington Constabulary, the Probation service, voluntary sector, County Durham and Darlington NHS Foundation Trust, Tees, Esk Wear Valley NHS Foundation Trust and County Durham and Darlington Fire and Rescue Services. In excess of 30 contacts were interviewed during the visit.

Good practice identified and overall strengths

- Partnership alcohol strategy with clear objectives and performance measures
- There is a communication plan to accompany the alcohol strategy
- Applied for and awarded Early Implementer (E1) status
- Significant PCT investment in alcohol treatment
- N139 is a priority in the Local Area Agreement (LAA) and PCT Strategic Plan
- Strong commitment to the diversity agenda
- Clear multi-agency partnership structure for alcohol
- An acknowledgement of the contribution that the voluntary sector make to the agenda
- Partnership model for delivery of adult alcohol treatment

- Model of delivering Tier 2 alcohol interventions within front-line children and young people's services
- Widespread understanding and sign up to the 'One Darlington; Perfectly Placed' vision
- There is a strong ethos of consultation and involvement across Darlington including service users and carers
- There is a Hidden Harm sub group of the Local Safeguarding Children's Board (LSCB)
- Multi-agency 'Summer Nights' and 'Stay Safe' work to reduce alcohol related anti-social behaviour and promote positive activities
- Involvement of Army in supporting town centre management
- Good relationship with local media and innovative use of alternative media in communication methods, for example 'My Song' and Young People Review Project
- In-depth analysis of NI39 data and sharing in partner friendly formats which is being used to effect change
- Identification of a County Durham and Darlington Foundation Trust alcohol champion, with investment to support alcohol activity
- Social norms work with schools
- Development of 'healthy standards' for early years and youth work to mirror Healthy Schools approach to whole service improvement
- Progress in implementing the High Impact Changes (HIC), for example working in partnership, identification of champions, increase capacity in treatment, A&E alcohol worker, social marketing and Identification and Brief Advice (IBA)
- Strong culture of rigorous evaluation and research to inform service development
- Inclusion of IBA in new specifications of homelessness services.

Key recommendation

The NST made recommendations across the eight themes (see Purpose of visit) the full details are available as per the report "*Feedback to Darlington from the Alcohol Harm Reduction National Support Team (13 November 2009)*". Priority actions for Darlington were recommended as follows:

- Review the alcohol strategy implementation plan to maximise the contribution that all partners can make through their mainstream activities and future plans
- Review and communicate the commissioning arrangements for alcohol
- Develop a clear commissioning cycle for alcohol, with service level agreements, performance targets, and contracts for integrated services rather than individual posts
- Conduct a financial stock-take to map investment against impact. In respect of the LAA priorities, examine the use of the Area Based Grant and Basic Command Unit funding to support the delivery of the alcohol strategy and the achievement of NI39
- Design and commission Tier 2 provision based on your needs assessment
- Commission specialist provision for alcohol inpatient detoxification to reduce admissions for primary inpatient detox to the Darlington Memorial Hospital and the impact on NI39

Implications for PCT

Alcohol harm is a contributory factor to the gap in life expectancy and health equality across Darlington. The Darlington DAAT is the joint commissioning body for substance misuse and alcohol. The PCT has invested recurrently in alcohol treatment services and non-recurring funding from both the PCT and via the Early Implementation grant has secured a range of pilot initiatives. Alcohol related harm impacts on all NHS organisations and other public sector organisations. The Darlington Alcohol Strategy Steering Group includes representatives of the above as well as other relevant stakeholders.

Sustained investment in alcohol treatment provision is required to address issues of access and quality.

Next Steps

The report from the NST visit has been presented at the Healthy Darlington group (policy sub-group of the LSP), the Darlington Children's Trust, the DAAT Board and Safer Darlington (Crime and Disorder Reduction Partnership Board) group.

The full list of recommendations (54 in total) have been incorporated into an action plan for progress. A performance monitoring framework is assimilating the NST action plan and the alcohol strategy implementation plan. The NST follow up visit took place at the end of January 2010 during which time they commended progress to date and identified areas they would support.

Kate Martin
Darlington DAAT/Joint Commissioner
NHS County Durham and Darlington
February 2010

**Sexual Violence National Support Team Visit to
County Durham and Darlington
1-2 December 2009**

Purpose of visit

NHS County Durham and Darlington is a Responsible Authority under the Crime and Disorder Act 2004 in relation to partnership working with the Crime and Disorder Reduction Partnerships (CDRPs). The NHS Operating Framework 2009/10 encourages PCTs to collaborate with the CDRPs to reduce crime including sexual violence.

Across the Department of Health and the Home Office, there is ministerial level commitment to the delivery of the sexual violence agenda and the development of Sexual Assault Referral Centres (SARCs). SARCs are a beacon for the specialist and integrated care that is required by people who have experienced sexual assault. A SARC is a one-stop location where female and male victims of rape and serious sexual assault can receive medical care and counselling, and have the opportunity to assist a police investigation, including undergoing a forensic examination. The National Support Team (NST) for Response to Sexual Violence (RSV) offers support to local area partnerships to ensure effective SARC provision.

Background to SARC provision in County Durham and Darlington

Durham Constabulary introduced SARCs to be used by victims of sexual assault in September 2005. The Meadows is based on the outskirts of Durham city (Meadowfields) in local authority premises, and currently has a satellite suite located in Darlington centre (Blacketts GP practice). The Meadows is currently providing services for victims (over the age of 13) of sexual violence across the County Durham and Darlington area. It provides a 24/7 service for police referrals, with some forensic medical examination (FME) being conducted at the Blacketts suite between 6pm and 8am. The Meadows is open to self-referrals during office hours. A telephone answer phone is available out of hours for those wishing to self-refer.

There is one FME suite at the Meadowfield suite, with an alternative examination suite located at Blacketts. There is an intention to cease using Blacketts in the near future as this is considered no longer fit for purpose in relation to providing SARC services. FMEs are provided by Reliance who have recently been contracted by Durham Constabulary.

A full-time Centre Manager is employed for the day-to-day operation of the Meadows, with one Independent Sexual Violence Advisor (ISVA) who provides victims with advocacy and access to support services. There are a number of specially trained Sexual Offence Liaison Officers (SOLOs) to provide support to victims of sexual violence. They report to the police and organise the FME at the Meadows. There is access to one counsellor, provided by Rape and Sexual Abuse Counselling Centre (RSACC), a local third sector organisation. The counsellor provides therapeutic support to both female and male victims of sexual violence.

The funding to maintain the Meadows is provided by mainstream contributions from 4 key partners; Durham Constabulary, NHS County Durham and Darlington, Durham County Council and Darlington Borough Council.

The running cost of the Meadows is approximately £135,000 for 2009/10. A SARC Steering Group has been established to provide leadership for the Meadows.

Overview of visit and stakeholder involvement

The visit was held over two days 1-2 December 2009. Prior to the visit information, documents, papers and reports were provided to the NST to evidence the work on Sexual Health, Sexual Violence and the SARC. Partners involved in the visit included colleagues from the PCTs, Durham Constabulary, SARC, Crown Prosecution Service, Local Authorities and the third sector.

Two VIPs were also in attendance, Sir George Alberti who is the Chair of the Taskforce on the health aspects of Violence Against Women and Girls and Baroness Stern, an independent peer, who is undertaking a rape review which is examining how rape complaints are handled.

Good practice identified in Durham and Darlington

Overall the NST was delighted by the motivation and commitment of hardworking staff. The facility at the Meadowfield suite is welcoming and comfortable. They recognised the extensive work that Durham Constabulary had undertaken to lead the way to develop the Meadows. There were three national examples of good practice identified:

1. The GUM pilot initiative that had recently been established within the Meadows, led by the PCT.
2. The attendance of the designated child protection nurse at strategy meetings.
3. The Meadows' provision of temporary mobile phones for victims of sexual violence whose own phone has been retained as part of the evidence gathering process.

Strengths of NHS County Durham and Darlington

1. The PCTs invested in both a local and regional social marketing campaign, which has raised the profile of the Meadows. This has contributed to an increase in self-referrals, which have doubled in twelve months.
2. The Meadows has developed good joint working arrangements with local sexual health services (see above).
3. There is a clear commitment from the PCTs to the sexual violence agenda and improve the quality of health aspects of the Meadows.
4. The PCTs have expressed a willingness to support the clinical governance arrangements of the Meadows and the Forensic Medical Provider (Reliance).
5. There is mainstream annual investment by the PCTs to the SARC (£69,500).

Key Recommendations

1. The NST recommends that the Meadows is developed to meet all of the minimum elements for a SARC, as set out in the Revised National Service Guide – A Resource for Developing Sexual Assault Referral Centres (2009) to ensure it meets both criminal justice and victim-centred outcomes.
2. The NST recommends the development, as a matter of urgency, of a specific sexual violence strategy within which the vision for the SARC is set out.
3. The NST recommends the establishment of a separate senior level Strategy Group for sexual violence, including a sub-group to address the needs of child victims of sexual violence. The NST recommends that the Strategy Group reports to the two Crime and Disorder Reduction Partnerships (CDRPs) for County Durham and Darlington.
4. The NST recommends the establishment of an Operational Group to focus on the implementation of the strategy for sexual violence and the detailed operation of the SARC. This group should report to the recommended Strategic Group.
5. The Operational Group should establish suitable protocols for the retention, secure storage, disclosure and disposal of medical notes and photo-documentation.
6. The NST recommends that the Operational Group review the staffing requirements of the Meadows.
7. The 72-hour time limit in relation to acute child examination should be reviewed immediately in order to ensure both the medical and therapeutic needs of the child and the maximum potential forensic recovery.

Implications for PCT

Current investment in the SARC needs to be sustained. The forthcoming guidance for the NHS to respond to the national strategy on Violence Against Women and Girls may have further financial and workforce implications. Discussions are already underway nationally for the NHS to provide the funding for the FME rather than the police.

The PCT have agreed to review the current clinical governance arrangements for the FME and undertake a comprehensive needs assessment to assess capacity and demand.

Next Steps

The written report from the NST has been circulated to stakeholders (attached). The full list of recommendations (47 in total) have been incorporated into a local action plan which is currently being populated to identify lead officer, timeframe and resource implications.

It has been agreed that the Vulnerability Group within County Durham will become the strategic group for the SARC, accountable to the Safe Durham Partnership. Discussions are underway to identify a similar arrangement within Darlington.

A follow up visit with the NST is planned in the coming months to discuss progress and identify areas for further support from the NST.

Claire Sullivan
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NHS County Durham and Darlington
February 2010