



Health and Wellbeing Board

Date Monday 13 May 2024

Time 9.30 am

Venue Committee Room 2, County Hall, Durham

Business

Part A

Items which are open to the Press and Public

1. Apologies for Absence
2. Substitute Members
3. Declarations of Interest
4. Minutes of the meeting held 20 March 2024 (Pages 5 - 16)
5. Reducing Alcohol Harms Update: (Pages 17 - 56)
Report and Presentation of the Corporate Director of Adult and Health Services and the Director of Public Health, Durham County Council.
6. Poverty Issues Annual Report: (Pages 57 - 108)
Report and Presentation of the Corporate Director of Resources.
7. Health Protection Assurance Annual Report: (Pages 109 - 174)
Report of the Corporate Director of Adult and Health Services and the Director of Public Health, Durham County Council.
8. Durham County Council becoming signatories to the MIND Mental Health at Work Commitment: (Pages 175 - 192)
Joint Report of the Corporate Director of Resources, the Corporate Director of Adult and Health Services and the Director of Public Health, Durham County Council.

9. Oral Health Promotion and Community Water Fluoridation:
(Pages 193 - 232)
Presentation of the Director of Public Health, Durham County Council.
10. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration
11. Any resolution relating to the exclusion of the public during the discussion of items containing exempt information

Part B

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

12. Pharmacy Applications: (Pages 233 - 242)
Report of the Director of Public Health, Durham County Council.
13. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

Helen Bradley
Director of Legal and Democratic Services

County Hall
Durham
2 May 2024

To: **The Members of the Health and Wellbeing Board**

Councillors C Hood (Chair), R Bell and T Henderson

J Robinson	Adult and Health Services, Durham County Council
J Pearce	Children and Young People's Services, Durham County Council
A Healy	Public Health, County Durham Adult and Health Services, Durham County Council
M Kelleher	Regeneration, Economy and Growth, Durham County Council
M Laing (Vice-Ch)	Director Integrated Community Services
Dr J Carlton	North East and North Cumbria Integrated Care Board
D Gallagher	North East and North Cumbria Integrated Care System
S Jacques	County Durham and Darlington NHS Foundation Trust
M Graham	Harrogate and District NHS Foundation Trust
M Houghton	North Tees and Hartlepool NHS Foundation Trust
P Sutton	South Tyneside and Sunderland NHS Foundation Trust
J Todd	Tees, Esk and Wear Valleys NHS Foundation Trust
C Cunnington-Shore	Healthwatch County Durham
R Bacon	Durham Constabulary
A Petty	Office of the Durham Police and Crime Commissioner
K Carruthers	County Durham and Darlington Fire and Rescue Service
Prof. C Clarke	Durham University
K Burrows	Durham Community Action
F Jassat	Lay Member - County Durham Care Partnership

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DURHAM COUNTY COUNCIL

At a Meeting of **Health and Wellbeing Board** held in **Committee Room 2, County Hall, Durham** on **Wednesday 20 March 2024** at **9.30 am**

Present:

Councillor C Hood (Chair)

Members of the Committee:

Councillors R Bell and T Henderson, S Burns, K Burrows, K Carruthers, C Cunnington-Shore, M Edwards, A Healy, F Jassat, M Laing (Vice-Chair), J Pearce, A Petty, J Robinson, J Savage, A Smith and P Sutton

1 Apologies for Absence

Apologies for absence were received from Dr J Carlton, Prof C Clarke, D Gallagher, M Graham, S Jacques, M Kelleher, L Robertson and J Todd.

2 Substitute Members

There were the following substitutes: A Smith for M Graham; J Savage for J Todd; M Edwards for M Kelleher; and S Burns for D Gallagher.

3 Declarations of Interest

There were no Declarations of Interest.

4 Minutes

The minutes of the meeting held on 22 April 2024 were agreed as a correct record and signed by the Chair.

5 Tobacco Control; The Current Position and Next Steps

The Board received a report and update presentation from the Corporate Director of Adult and Health Services and Director of Public Health, presented by Katie Bewick and Andrea Bracewell, Public Health Advanced Practitioners, the current position and next steps (for copy see file of minutes).

The Director of Public Health, A Healy introduced the Public Health Advanced Practitioners and Alisa Rutter OBE, Director of Fresh and Balance, the regional programme dedicated to reducing the harm from tobacco and alcohol in the North East of England. She noted apologies from Councillor C Hunt and explained that there would be a video featuring Councillor C Hunt speaking at the All-Party Parliamentary Group (APPG) on smoking and health, held on 13 March, 'No Smoking Day'. She noted that the powerful videos produced telling Councillor C Hunt's personal story with cancer, had been used regionally and now being used nationally.

K Bewick and A Bracewell asked the Board a series of questions relating to smoking and health, namely: was smoking the largest factor in health inequality in England, yes; did stopping smoking benefit both the pregnant woman and unborn child, yes with immediate benefits; was vaping as harmful as smoking, no, however, it was not without risk and should not be encouraged in children and non-smokers; whether nicotine was harmful, no, rather it was addictive, the other chemicals in cigarettes being harmful; and that quitting smoking would result in people becoming stressed, false in fact overall stress levels were found to decrease if someone stopped smoking.

The Board noted a video of Councillor C Hunt speaking as regards her experiences with cancer as a consequence of smoking at a meeting of the APPG on smoking and health, 13 March 2024.

The Director of Fresh and Balance noted there were a number of people at the APPG event, with Parliament shown the campaign videos featuring Councillor C Hunt. She explained that Councillor C Hunt had spoken from the heart as regards her experiences. She reminded the Board that smoking was the single greatest cause of health inequality and early death in England. She noted the loss of her own father and the importance of ensuring that the issue of smoking and the impact on health was not forgotten amongst other important public health messages.

J Pearce entered the meeting at 9.50am

The Director of Fresh and Balance noted that partner organisations in Durham had responded in the Autumn on consultation in connection with age of consent for smoking, including Further and Higher Education organisations. She explained that the Government had published the Bill this morning at 9.30am, with the key aspects being that it was proposed that the age of sale be increased such that children born in 2009 would never be able to be legally sold tobacco products. She noted the importance of this, adding that currently 350, 18-24 year-olds became addicted every day, and with 200 people dying every day in England as a result of smoking-related illness. The Director of Fresh and Balance added that public response in the North East had shown that 72 percent supported the proposed age of sale restrictions. She added that the restrictions would significantly impact the prevalence of cancer and represented a once in a lifetime opportunity. She noted that Parliament would be voting on the matter, and it was important that young people were not criminalised. The Director of Fresh and Balance explained that there would be press releases and social media posts to coincide with the announcement of the Bill, and it was very important that all MPs, Councillors helped to publicise and support the Bill.

The Director of Fresh and Balance explained that while vaping had been a 'gamechanger' in terms of helping people to quit smoking, we did not want young people starting to smoke or vape, and it was hoped that changes would be made to packaging and flavours so as not to appeal to young people, with further consultation in this regard. She thanked the Director of Public Health and all her Team for their hard work over the years, noting the work had been 'a marathon not a sprint', adding that it would be important to ensure that there was no distraction from the tobacco industry in terms of the positive impact the Bill would have on people's health. She noted the excellent work of the Durham Youth Council and thanked them all for their contributions, with their personal stories of losing grandparents to smoking related illnesses, such as Chronic Obstructive Pulmonary Disease (COPD). The Director of Fresh and Balance noted that it was hoped that the Bill would be debated before the summer recess at the end of July 2024. She added that if any members of the Board had stories to share, they could with Fresh or the Public Health Team. She noted that the Chief Medical Officer had written to warn of the dangers of smoking and links with dementia, a risk that many were not aware of.

The Director of Fresh and Balance reiterated that the support of the Health and Wellbeing Board, as well as from Durham MPs in relation to the age of sale legislation was extremely helpful and if any Councillors wished to add their support to an open letter, in conjunction with Cancer Research UK, that would be very helpful. She also gave her thanks for the work of Durham Trading Standards in their campaign looking at illegal tobacco, adding that partners could use the materials used in the campaign if they thought it may be helpful.

K Bewick reiterated the thanks to the Board for their support for 'stopping the start', noting that to reach the target of five percent prevalence of smoking by 2030, then there needed to be around 49,600 fewer smokers. She added that there would be an increased push in terms of communications to help speak to those harder to reach individuals. She explained as regards the target of five percent smoking at the time of birth, adding that to reach zero, there would need to be 710 fewer mothers smoking at the time of birth. K Bewick noted that the percentage had already fallen to 14.2 percent from around 22 percent, however, it was still above the national average. She explained that while prevalence was decreasing, health inequalities were increasing. She noted the work with the NHS Trusts in our area to look at the cost implications in respect of neo-natal care, to help show the cost effectiveness of interventions to reduce smoking levels.

K Bewick explained as regards some national funding, around £800,000 over five years, to help those wishing to quit smoking. She asked the Board for support and suggestions and in respect of smoking at the time of delivery. A Bracewell noted that smoking was a modifiable risk factor and was routinely looked at as part of pre-birth care. She noted that this was included with other risks and therefore it was how to integrate into that care, and not to just signpost to other services, or note as a lifestyle issue.

The Director of Integrated Community Services, M Laing noted that within the report and the video shown, it was clear that people were more receptive to the idea of stopping smoking in and around major life events, such as the birth of a child, or a significant birthday. He noted that there had been a lot mentioned in respect of work and campaigns to reach women smokers, and asked how we could also target men at similar points in their lives. He suggested that Registrars could provide information, at the point births were registered, to include information within any packs they gave out and that women and their partners could be targeted, alongside anyone in the household where a newborn would be living.

A Bracewell noted the suggestion and reiterated that it recognised that smoking was a modifiable risk, and it was important to prevent smoking both pre and post pregnancy, to prevent risk to both unborn babies and young children in their homes. She added there was work ongoing with the Sexual Health Team, to include information on smoking harm in with the information they provided.

The Corporate Director of Children and Young People, J Pearce noted the importance of recognising the impact of smoking in a social care setting, and to be able to reach that cohort, as well as staff we employed or procured the services of. K Bewick explained it was one of the priorities identified, being able to reach two priority groups within one setting.

The Corporate Director of Children and Young People noted that the Council operated a 'Better Health at Work' scheme, and therefore there would be an element of targeting of our staff and their families in that way. K Bewick noted that from January 2024, one of the questions asked was 'do you work for Durham County Council' and therefore we would be able to track the impact year on year going forward in respect our staff.

P Sutton noted that smoking prevalence in North Tyneside of less than 10 percent and asked whether the difference was solely due to demographics, or whether there was some best practice that could be shared. A Bracewell noted that one aspect was the demographic difference, however, there was a lot of very good regional work carried out in relation to tobacco, and noted additional posts within anti-natal clinics in North Tyneside which were hoped to be replicated elsewhere in the region.

The Director of Fresh and Balance noted the work and campaigns carried out in Durham were exemplary and she felt that deprivation was a key factor in the county. She noted an example where financial incentives had made an impact in terms of encouraging pregnant women to quit smoking. She reiterated that she felt that age of sale legislation would make the largest impact and would represent a generational shift. She added that it was important to note that the responsibility did not fall solely to those mothers, but also for their whole family.

Councillor T Henderson noted he was the Portfolio Holder for Children and Young People and asked as regards smoking rates in our young people, the work we carried out within our schools, and the impact of vaping, especially in terms of those young people who would never have smoked. A Bracewell noted that the Team worked very closely with our schools and were consulted in terms of schools' relationships, sex and health education (RHSE) agenda. She noted that 2022 data showed both low numbers in terms of smoking and vaping, with 2023 data likely to repeat this trend. K Bewick noted that while smoking numbers had come down, while vaping numbers were low, vaping prevalence was increasing. She explained that there would be a survey carried out this year and that schools were been given a lot of information to not only target the school children, but also their wider families. Councillor T Henderson asked if stopping smoking and vaping on school sites would help, in terms of both staff and pupils. K Bewick noted that lots of schools already had policies in place, however, smoking and vaping were still visible. She added it was therefore how schools could be supported in their policies. The Director of Integrated Community Services noted that should the Tobacco and Vapes Bill come into effect, it would mean that many young people would never be able to legally buy cigarettes, and therefore could there be a shift to target those young people aged 17-22 who would still be able to buy cigarettes.

He asked about peer-mentoring and whether the additional central Government funding referred to could be utilised in this regard. K Bewick noted the approach of 'making every contact count' and the work to embed key health messages, such as at Durham University, with information being provided within sports and academic clubs and groups.

A Petty noted the Bill going through Parliament was very good and asked whether Officers wished for a call to action from the Board, sharing the presentation and information more widely. The Director of Fresh and Balance noted the Board's support on the proposed age of sale legislation would be helpful, as would partners from the Board sharing the information within their organisations, as well as on social media. A Petty noted as regards illegal vapes, including the use of some synthetic drugs via vaping, and referred to the work of the local and regional Police and Trading Standards in tackling the issue. The Director of Fresh and Balance noted that people should only buy regulated vapes.

Deputy Chief Fire Officer, K Carruthers explained that the cost of fire call outs from smoking associated incidents was estimated to be around £2.2million and noted the safety issues with illegal tobacco and vapes. He added that the Fire and Rescue Service carried out over 18,000 home fire safety visits each year and worked with Public Health colleagues and other partners in terms of information sharing. He added that the Fire and Rescue Service supported the Bill and would promote via their social media channels.

The Corporate Director of Children and Young People noted the fantastic progress that had been made on the issue of smoking, adding his daughter would be one of those young people that would, should the Bill be passed, not longer be able to purchase cigarettes. He added, however, that there needed to be clear messaging on vaping, and while it was encouraging that this was helping many people quit smoking it was clear that vapes were being mass-marketed towards children and young people. He noted feedback from schools and noted more work to be done in terms of the risks of vaping itself, noting a potential entry into smoking, albeit the evidence base was not yet there in terms of risk/harms. He added he felt that a significant number of people who were vaping had never smoked, and while much less harmful than smoking, messaging should not conflate vaping with being 'good'. He reiterated that vape advertising was very prominent and with flavours that would be attractive to young people.

The Director of Fresh and Balance agreed that a lot of the marketing around vapes was not suitable, and the packaging were in many cases 'sweet-like', and this was also an element of the Bill. She added that it was also associated with other 'risk-taking' behaviours, with Balance pushing nationally to recognise that alcohol is a Class 1 carcinogen.

She added that another element was mental health issues faced by many young people, with more research needed in tackling those types of issues. The Director of Public Health noted that the additional Government funding may be able to be used to look more in depth at schools in those sorts of issues. She too hoped that the Bill would pass and help provide that generational shift as described.

The Corporate Director of Children and Young People noted that for many young people vaping was novel and therefore it would be important to understand vaping from their perspective in order to prevent non-smokers from becoming vapers. The Corporate Director of Adult and Health Services, J Robinson noted that disposable vapes were also becoming an environmental issue, and therefore there was an opportunity to link in with the Environment and Climate Change in this regard. The Director of Fresh and Balance noted that the Department for Environment, Food and Rural Affairs (DEFRA) had announced the intention to ban single use vapes in England, with the Scottish and Welsh Governments looking to introduce similar proposals in the near future. She added the consultation on the proposed ban for England closed the following Monday, and therefore would encourage people to respond. She added Fresh had responded to the consultation, and noted she felt that there needed to be a robust response to the consultation in order to get a ban in place. She added that, in addition, there needed to be the correct sanctions in place from an Environmental Health perspective. She noted that many Mental Health Trusts had referred to disposable vapes as 'lifesavers' and therefore it was important to be clear on what was being supported in terms of a ban.

A Petty noted she would opt out of recommendation (e), in terms of the Office of the Police and Crime Commissioner not being required to seek approval from the Director of Public Health in respect of communications.

Resolved:

- (a) That the contents of the report and support a renewed emphasis on tobacco control work to address the smoking prevalence across the County be noted.
- (b) That the Board continues to support the work of the Tobacco Control Alliance to deliver on its actions, which include the recommendations from the government's plans regarding 'Stopping the Start'.
- (c) That the Board champion Tobacco Control to become everyone's business.
- (d) That the Board champion stop smoking advice and support to become a core part of all council directorates including, but not limited to, social care and housing.

- (e) That the Board support with the vaping agenda, ensuring that there is consistent communication and language used about vaping. Using the ADPH communications guidance, ensuring that all communications are approved in advance by the Director of Public Health to ensure that vapes are available as a tool to support adult smokers in County Durham to quit, including through the local Stop Smoking Service.
- (f) That the Board commit to conduct local research to ensure that we add to the evidence-base and continue to provide the best support to local smokers who are wanting to make a quit attempt.
- (g) That the Board commit to support the key recommendations from the quality improvement workshop regarding Treating Tobacco Dependency in Pregnancy to reduce preventable harms to mother and unborn baby.

6 Climate Emergency Response Plan 2 (CERP 2) 2022/23 Update

The Board received an update report from the Corporate Director of Neighbourhoods and Climate Change on the Climate Emergency Response Plan 2 (CERP 2), presented by Stephen McDonald, Net Zero Manager (for copy see file of minutes).

The Net Zero Manager noted key issues to highlight from the report included:

- In 2023, there was a 116-day streak of rising global daily temperature, with the trend continuing in 2024 with over 70 percent of days having a higher temperature;
- There was an associated knock-on effect from this climate change on agriculture, disease and health, with the UK and County Durham not being immune from such impacts;
- The World Health Organisation (WHO) states that climate change was the biggest health threat to humanity;
- Durham County Council (DCC) had called a Climate Emergency in 2019, with the Climate Emergency Response Plan (CERP) being currently within CERP 2, with preparation being made for CERP 3, which would be a three-year plan, rather than two-year as previous and have eight themes, rather than the ten previous themes.

The Board were asked to note the achievements and latest figures in relation to CERP 2, and noted that CERP 2 has around 150 actions, with many being DCC and County Durham focussed. The Net Zero Manager explained that there had been a 54 percent reduction in DCC carbon emissions since the 1990s baseline figure, in line with the region, however, not on track for net zero by 2040, in line with net zero by 2065, with Government noting the issue and the need to make changes at scale and pace to get back on track.

Members of the Board learned that heating was the biggest challenge, to be implemented without impacting up fuel poverty, with the work of registered social landlords being noted. It was explained that there was a challenge in terms of private landlords, with the Council's Housing Solutions Team working with landlords as well as tracking absentee landlords. The Net Zero Manager noted areas to be explored in relation to heating included district heating, delivery of a Heat Strategy, Heat Network Zones and referred the Board to the Seaham Garden Village with heating via mine water, in conjunction with the Coal Authority.

The Net Zero Manager noted other elements included food/agriculture and transport. He explained that the transport element also could impact upon air quality, an issue within Durham. The Board noted that DCC had also declared an ecological emergency, with a Nature Recovery Plan to be included within CERP 3. The Net Zero Manager noted as regards devolution, and that adaptation to climate change was a significant topic, with a funding bid having been made in relation to an adaptation plan.

Councillor T Henderson noted as regards the use of heat pumps in replacing gas boilers, however, he noted in more rural areas and with older properties such technology and other measures, such as cavity insulation, were not suitable. He noted many in his community used oil or solid fuel for heating and asked if there were any plans to look to help those types of communities in terms of more modern solutions. The Net Zero Manager noted every property was different and while cavity wall insulation was not possible for every dwelling, there were examples of external insulation used on properties at Craghead and Chilton. He noted that some older, more rural properties could also have issues in terms of Listed Building status, which could limit the types of works carried out. He added that air-source heat pumps could work with older buildings, with an important aspect being the airtightness of the building. He agreed that the cost needed to be approximately equivalent to those using gas or oil, and an example was to use solar panels to power an air-source heat pump to reduce ongoing costs. Councillor T Henderson noted that many grants for solar panels had disappeared. The Net Zero Manager noted that the cost of solar panels had reduced, however, still had a 'pay back' of around five to six years.

Councillor R Bell asked as regards what other links there were to public health objectives, for example our resilience plans and issues such as excessive heat stroke as an example. The Net Zero Manager noted primary impacts from climate change included increased flooding risks, storms and wildfires with their immediate impact upon welfare. He added that the secondary impacts from those included migration, increased disease, invasive species that then would impact upon health and wellbeing.

K Burrows noted she welcomed the focus on the wider determinants of health and noted that the Director of Public Health was a member of the Climate Change Board. She added that a focus on heating and fuel poverty would also be welcomed, noting the work of social landlords as a result of several high-profile cases nationally linked to poor conditions and associated mould growth. She added that it would be important within CERP 3 to link back the actions to people and their lives. She added if there was information as regards where to seek technical advice in terms of energy efficiency and newer technology that may be useful so that members of the Board could share across their partnerships.

The Net Zero Manager noted the work regionally, with the North East Combined Authority being successful in securing around £1 million for energy efficiency advisors, one each for the seven constituent Local Authorities. He reiterated as regards the work of Housing Solutions colleagues, as well as work carried out by volunteers.

The Director of Public Health noted she had attended an Environment and Climate Change Partnership meeting, where there had been a refresh of their priorities, with partners including the Council, Environment Agency, Durham University, NHS Foundation Trusts amongst others. She added that many of the priorities mirrored those of the Board in terms of air quality, mental health, food production. A Petty added she would check if the Police were represented within the Environment Partnership and asked if hydrogen was being looked at as an option to help tackle carbon emissions from transport, in the context of the Tees Green Hydrogen project. The Net Zero Manager noted the Council had been consulted on the project and responded.

Resolved:

- (a) That the significant progress made against delivering actions during the Climate Change Emergency Response Plan 2 be noted.
- (b) That the stronger working relationships between teams and the progress made to embed health principles into CERP3 be noted.

7 Health and Wellbeing Key Campaigns

The Board noted a presentation from the Director of Public Health on the following public health campaigns (for copy of presentation see file of minutes). The Board noted that questions could be directed to the Director of Public Health should any members require additional information on the key campaigns.

Resolved:

That the information contained within the presentation be noted.

8 Better Care Fund 2023-24 Quarter Three Report

The Board received an update report from the Director of Integrated Community Services on the Better Care Fund, presented by the Strategic Programme Manager Integration, Paul Copeland (for copy of report see file of minutes).

The Strategic Programme Manager Integration noted the key metrics and progress made in Quarter Three, in relation to: avoidable admissions; discharge to normal place of residence; falls; permanent admissions to care homes; and reablement.

The Deputy Chief Fire Officer, K Carruthers noted a recent increase in fatalities from house fires, with some of those having been recently discharged from hospital. He asked how the Fire and Rescue Service could be linked in in terms of understanding potentially vulnerable individuals. The Director of Integrated Community Services noted he could speak to the Deputy Chief Fire Officer on this matter.

Resolved:

- (a) That the contents of this report and the Better Care Fund 2023-24 Quarter Three submission, which was submitted to NHS England on the 9 February 2024, be noted.
- (b) That the Board agree to receive future Better Care Fund performance updates at Health and Wellbeing Board meetings for information.

9 Care Quality Commission (CQC) Self-Assessment Update

The Corporate Director of Adult and Health Services gave a verbal update on the Care Quality Commission (CQC) Self-Assessment. She explained the Council was informed on 30 January that the CQC Inspection would take place, with all relevant data having now been submitted, with no date yet as regards when the CQC would be on site, though it was thought to be before the end of July. She added that Northumberland and Gateshead Local Authorities had also received notification as regards their inspections. The Corporate Director of Adult and Health Services noted that work was ongoing in terms of preparations, with a key document being the Council's Implementation Plan.

A Petty asked as regards the Board's role and involvement with the inspection, when the CQC would be on site. The Corporate Director of Adult and Health Services noted that the Council has asked the CQC for a list of people they would wish to speak to, with Councillor C Hood as Chair and Portfolio Holder being listed rather than the Board. She added that while some health issues and challenges would be looked at, the usual focus would be on front line services we provided, with those staff having already been notified of the process.

Resolved:

That the verbal update be noted.

10 Exclusion of the Public

Resolved:

That under Section 100(A)(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involved the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A of the Act.

11 Pharmacy Applications

The Board considered a report of the Director of Public Health which presented a summary of Pharmacy Applications received from NHS England in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (for copy see file of minutes).

Resolved:

That the report be noted.

Health and Wellbeing Board

13 May 2024

Reducing Alcohol Harms Update



**Jane Robinson, Corporate Director of Adult and Health Services,
Durham County Council**

Amanda Healy, Director of Public Health, Durham County Council

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 This report provides the Health and Wellbeing Board an update on reducing alcohol harms within our local communities as part of one of the four Joint Local Health and Wellbeing Strategy priorities.
- 2 The report also includes an update on the activity being undertaken to implement the Dame Carol Black funding to help reduce alcohol harms and related outcomes from the Drug and Alcohol Recovery Service (DARS).

Executive summary

- 3 The County Durham Joint Local Health and Wellbeing Strategy (JLHWS) outlines the vision for improving health and wellbeing and tackling inequalities across the county. The strategy highlights four key priorities identified to tackle the major risk factors that affect health and wellbeing, reducing alcohol harms is one of these priorities. As part of the Joint Strategic Needs and Assets Assessment (JSNAA), alcohol misuse remains a significant area of concern when working to address health inequalities.
- 4 Following a two-phase independent drugs review by Dame Carol Black in 2021/22, the government published a new drugs strategy 'From harm to hope: A 10-year drugs plan to cut crime and save lives' in December 2021.
- 5 In response to government guidance, a new Combating Drugs and Alcohol Partnership (CDAP) working across County Durham and Darlington was initiated to coordinate a system-wide response to the implement the new strategy. It was agreed by all partners that alcohol

should remain a key focus for the work of the Strategic Group in response to the high levels of alcohol harm experienced by County Durham at a local level.

- 6 To implement the recommendations from the Dame Carol Black review, the government has made available several funding streams to support local authorities to enhance recovery and treatment services. This includes addressing the needs of those experiencing issues with alcohol.
- 7 Alcohol misuse is the biggest risk factor for death, ill-health, and disability among 15–49-year-olds in the UK. It's also the fifth biggest risk factor across all ages and is a causal factor in more than 60 medical conditions. The North East suffers disproportionately from alcohol harm with the highest rates of alcohol-related hospital admissions and alcohol specific deaths in England. Alcohol is estimated to cost North East public services and employers over one billion pounds a year.
- 8 In 2021/22 the rate of hospital admissions for alcohol specific conditions in County Durham was 849.5 per 100,000 population. This was significantly worse than England (626.1/100k) but better than the North East (991.4/100k). The admission episodes for alcohol-specific conditions for under 18's was 52.5 per 100,000 (2019/19-20/21) this was statistically significantly worse than England and statistically similar to the North East.
- 9 The impact of harmful drinking and alcohol dependence is much greater for those in the lowest income bracket and those experiencing the highest levels of deprivation. The highest levels of alcohol-related hospital admissions are registered in Durham City, Blackhall, Gilesgate Moor, Dawdon and Seaham Harbour, Chester-Le-Street West and Pelton Fell, Shildon and Horden. This highlights links between alcohol misuse and deprivation but also indicates how high levels of alcohol intake are also influenced by the night time economy.
- 10 County Durham continues to implement a range of population level approaches to help reduce the impact of alcohol misuse on local residents. The ongoing commissioning of Balance, as our alcohol office is overseen by County Durham on behalf of seven Local Authority areas. Campaign materials from Balance have been adopted by County Durham and cascaded to partners to amplify their impact at a local level. Balance continues to work with Public Protection to utilise innovative approaches to licensing, which promote public health objectives including the vision of an Alcohol-Free Childhood.

- 11 Durham County Council is the licensing authority for the Licensing Act 2003 and administers and enforces the law relating to the sale and supply of alcohol. There are currently 2232 premises licensed under the Licensing Act and in addition, in 23/24, a total of 755 notifications were received for occasional, one-off events. Applications were received for 54 new premises licences.
- 12 Dame Carol Black funding has increased the capacity within the Drug and Alcohol Recovery Service delivered by Humankind, Spectrum CIC and the Basement Recovery Project. The treatment population at any one time has been maintained at over 3,000 with a slight uplift from June 2022 until July 2023.
- 13 Training for partners, including MECC-plus for alcohol harms provides an opportunity to engage in effective conversations about safe levels of alcohol consumption and tools to help reduce risk. The level of unmet need for those who are alcohol dependent in County Durham requires the maintenance of a system-wide approach to help focus on those who drink at risky or hazardous levels and encourage those individuals to be refer into the DARS).
- 14 County Durham continues to make good progress on rates for Successful Completion rates for those in treatment with a rate of rate of 35.2% for those successfully completing treatment for alcohol. This positive outcome is only slightly below the rate for England (34.4%), but can only be maintained on the scale required if the national funding continues as part of the fulfilment of the of the 10-year Drug Strategy.

Recommendations

- 15 The HWB is recommended to:
 - (a) note to content of this report;
 - (b) maintain the reduction of alcohol harms within the community as a key priority of the HWB for ongoing action;
 - (c) encourage a system-wide, population health management approach to engage with those individuals who are alcohol dependent to access support. This starts with an effective conversation undertaken by health and social care professionals followed by a referral into the DARS;
 - (d) monitor the impact of Dame Carol Black funding on the rates of Successful Completions for alcohol seen within the DARS and recognise the potential for implication if the funding is withdrawn after 2025/2026.

Background

- 16 The County Durham Joint Local Health and Wellbeing Strategy (JLHWS) outlines the vision for improving health and wellbeing and tackling inequalities across the county. The strategy informs and influences decisions about health and social care services in County Durham, to ensure they are focused on the needs of the people and tackle the major risk factors that affect health and wellbeing. The JLHWS has prioritised, reducing harms from alcohol, tobacco control, promoting mental health, resilience and wellbeing, and healthy weight as the key priorities for action.
- 17 As part of the Joint Strategic Needs and Assets Assessment (JSNAA) work, alcohol misuse remains a significant area of concern when working to address health inequalities. County Durham has a long history of commitment to delivering system-wide approaches to address escalating levels of alcohol misuse within our place-based communities. The negative impact of Covid-19 has escalated levels of alcohol intake in high-risk drinkers and may impact on alcohol-related deaths, which remain higher than national averages.

From Harm to Hope 10-year Drugs Plan

- 18 Following a two-phase independent drugs review by Dame Carol Black in 2021/22, the government published a new drugs strategy 'From harm to hope: A 10-year drugs plan to cut crime and save lives' in December 2021. The national strategy is underpinned by a clear recognition that illegal drugs and alcohol use damage society.
- 19 The collective ambition is to achieve a generational shift in the country's relationship with drugs and alcohol, reduce overall substance misuse towards a historic 30-year low and reduce the harms that drug addiction and supply cause to individuals and neighbourhoods. The three key priorities of the national strategy are:
- to break the drugs supply chain;
 - deliver world-class treatment and recovery systems (including those for alcohol addiction);
 - achieve the shift in demand for recreational drugs.
- 20 In response to government guidance, a new Combating Drugs and Alcohol Partnership (CDAP) working across County Durham and Darlington was initiated to coordinate the work of the police, local authority, NHS, probation, social care and the community and voluntary sector to deliver a local plan for action. It was agreed by all partners that alcohol should remain a key focus for the work of the Strategic Group in

response for the high levels of alcohol harm experienced by County Durham at a local level.

- 21 The Combating Drugs and Alcohol Strategic Partnership is chaired by the Police and Crime Commissioner and is accountable to the County Durham Safe Durham Partnership and Darlington Borough Council's Community Safety Partnership. The operational partnership group helps the system respond to the findings and recommendations from the County Durham and Darlington Needs Assessment undertaken in September 2022.
- 22 A Power BI dashboard has been developed to monitor outcomes for the work of the partnership over time. This includes an overview of data relating to alcohol harms www.durhaminsight.info/alcohol-related-harm/
- 23 To implement the recommendations from the Dame Carol Black review, the government has made available several funding streams to support local authorities to enhance recovery and treatment services. This includes addressing the needs of those experiencing issues with alcohol. This brings added value to the core work of the DARS, commissioned by Public Health, and delivered by Humankind, Spectrum CIC, and the Basement Recovery Project. The County Durham DARS achieved 'Outstanding' status from the Care Quality Commission when they were inspected in 2021.
- 24 All work developed on alcohol harms across County Durham adheres to the Approach to Wellbeing to enhance positive outcomes.

Reducing Alcohol Harms

- 25 The North East suffers disproportionately from alcohol harm with the highest rates of alcohol-related hospital admissions and alcohol specific deaths in England. Alcohol is estimated to cost North East public services and employers over one billion pounds a year – around £1.01bn in 2015/16 – but this is likely to be an under-estimate with the pandemic and cost of living crisis fuelling higher levels of consumption and record deaths. Post pandemic, nearly half of adults in our region (47%) are drinking above recommended low risk guidelines, around 850,000 people and six out of ten men, and more people who drink are bingeing.
- 26 Alcohol misuse is the biggest risk factor for death, ill-health, and disability among 15–49-year-olds in the UK. It's also the fifth biggest risk factor across all ages and is a causal factor in more than 60 medical conditions, including:

- mouth, throat, stomach, liver and breast cancers;
- high blood pressure;
- cirrhosis of the liver;
- depression.

27 Alcohol related factors are found across all 4 of the domains in the Public Health Outcomes Framework for England:

- improving the wider determinants of health;
- health improvement;
- health protection;
- healthcare public health and preventing premature mortality.

28 Alcohol treatment for high levels of alcohol and alcohol dependency can contribute to making improvements in:

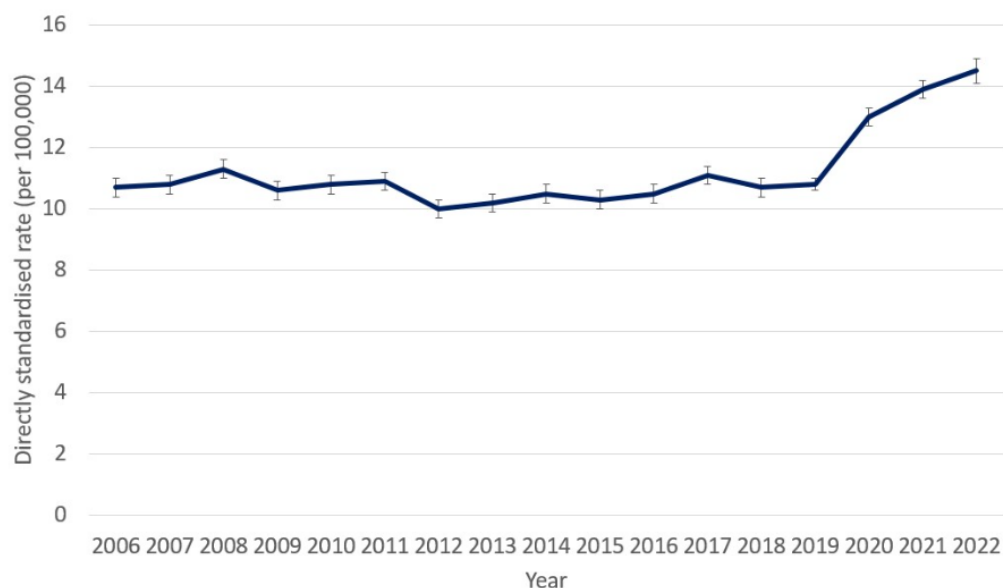
- hospital-related admissions;
- child poverty;
- employment for those with a long-term health condition;
- social isolation;
- falls and injuries in those over 65;
- self-harm;
- treatment completion for tuberculosis;
- premature mortality from liver disease;
- cardiovascular disease;
- cancer.

The Impacts of Alcohol Harms

29 In 2022, there were 7,912 alcohol-specific deaths (wholly due to alcohol) in England which was an increase of 56.7% from 5,050 deaths in 2006 and a 4.7% increase since 2021. The trends in alcohol-related deaths (deaths wholly or partly due to alcohol) and deaths from chronic liver disease are similar.

30 Nationally, the mortality rate between 2019 and 2022 increased by 34.5% for alcohol-specific mortality, 8.8% for alcohol-related mortality, and 20.5% for mortality from chronic liver disease.

Figure 1: directly standardised alcohol-specific mortality rate, all ages, England, 2006 to 2022



Source: calculated by OHID Population Health Analysis (PHA) team from Office for National Statistics (ONS) death registration data and ONS mid-year population estimates.

- 31 In 2022, the alcohol-specific mortality rate was highest in the North East region (21.8 per 100,000 population) and lowest in the East of England region (11.0 per 100,000 population). The inequalities by region were similar for mortality from chronic liver disease.

Alcohol Harms in County Durham

- 32 In 2021/22 the rate of hospital admissions for alcohol specific conditions in County Durham was 849.5 per 100,000 population. This was significantly worse than England (626.1/100k) but better than the North East (991.4/100k). Rates were significantly worst in males (1122.6/100k) than females (594.4/100k).
- 33 The admission episodes for alcohol-specific conditions for under 18's was 52.5 per 100,000 (2019/19-20/21) this was statistically significantly worse than England and statistically similar to the North East. Rates were higher in females (67.5/100k) than males (38.4/100k).
- 34 The rate of admission episode for alcohol related conditions for the Under 40's (all persons) was 283.3 per 100,000, this is 72.1% above England (164.6/100k) but is statistically better than the North East.

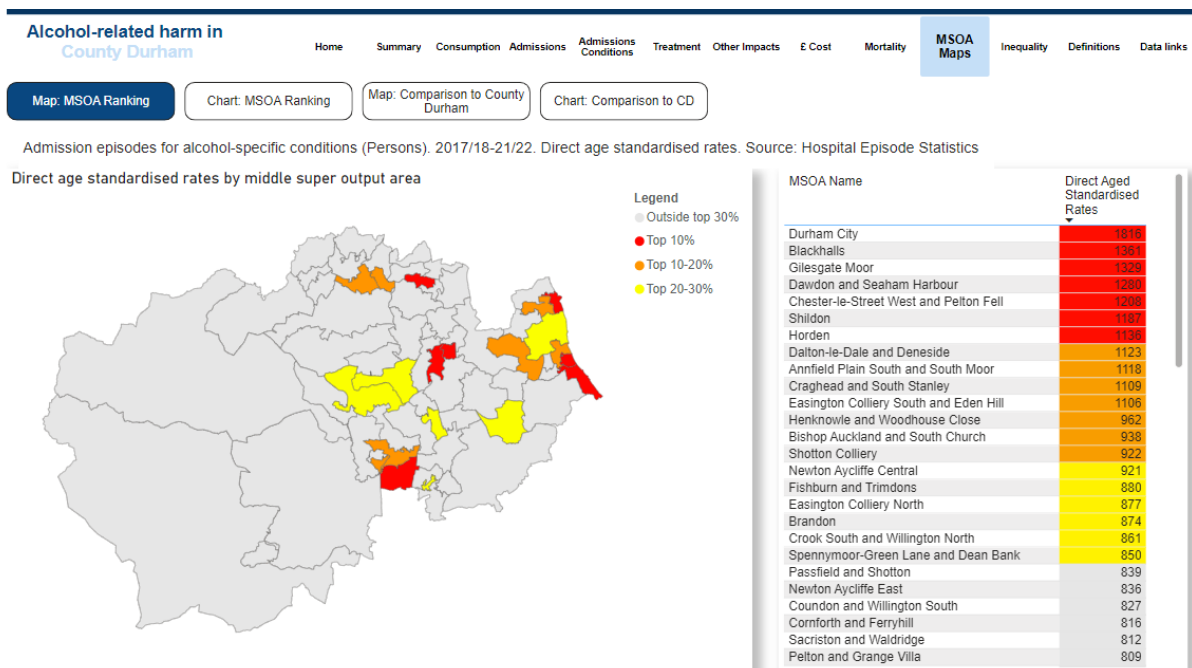
- 35 In 2021, the rate of alcohol related mortality was 55.4 per 100,000. This was statistically worse than England and statistically similar to the North east. Rates were higher in males (80.9/100k) than females (33.3/100k).
- 36 For further statistics about the impact of alcohol harms in County Durham, please refer to Appendix 2.

Inequalities

- 37 Although the volume of alcohol consumed is a clear indicator of potential harm to health, there are other factors that increase the relationship. They include:
- societal vulnerability factors such as alcohol pricing, drinking culture, and socioeconomic-status;
 - individual vulnerability factors such as age, gender, and mental health status.
- 38 The impact of harmful drinking and alcohol dependence is much greater for those in the lowest income bracket and those experiencing the highest levels of deprivation. The reasons for this are not fully understood since people on a low income do not tend to consume more alcohol than people from higher socioeconomic groups. This is known as the ‘alcohol harm paradox’. The increased risk is likely to relate to the combination of multiple risk factors affecting people in lower socioeconomic groups.
- 39 The areas with the lowest rates of alcohol related mortality are mainly found in the south of England. Councils with the highest rates are situated predominantly within the North West and North East. Tackling alcohol related harm is an important route to reducing health inequalities in general.
- 40 Latest figures from the Office for National Statistics show nationally, the number of women who lost their lives to alcohol increased 37% from 2,399 to 3,293 between 2016 and 2021 – the highest level since records began. Men saw a 29 per cent increase over the same period, from 4,928 deaths to 6,348.
- 41 The rise is being blamed on the “pinking up of drinks” when women are targeted through advertising and marketing with pink drinks, glitter and promises across social media of ‘mummy wine time’ and wine O clock. Women also turned to alcohol more often than men in the first lockdown.
- 42 Around 1 in 10 breast cancers are caused by alcohol according to [Cancer Research UK](#), while the [British Liver Trust](#) reports that death rates from liver disease are 4 times higher than they were in 1970.

Other major non-communicable diseases such as heart disease and lung conditions have seen a fall in death rates over the same period.

- 43 The infographic below highlights the rates of alcohol harm linked to hospital admissions within the Middle layer Super Output areas (MSOAs) of County Durham. These geographies are broken down by the census and are used when reporting is required for a small area of statistics.
- 44 The highest levels of alcohol related hospital admissions are registered in Durham City, Blackhall, Gilesgate Moor, Dawdon and Seaham Harbour, Chester-Le-Street West and Pelton Fell, Shildon and Horden (Durham Insight for 2017/18- 2021/22). This highlights the impact of alcohol misuse in areas of deprivation, but also indicates how high levels of alcohol intake is also influenced by the night-time economy with Durham City residents having the highest levels of hospital admissions.
- 45 Durham University continues to work closely with the council to reduce harm from alcohol with the student population and is currently reviewing their in-house alcohol harm reduction policy.
- 46 Reducing the impact alcohol harms on communities are recognised as a feature within the Safe Durham Partnership Plan and the Anti-Social Behaviour Strategy for the county.



Balance

- 47 County Durham continues to implement a range of population level approaches to help reduce the impact of alcohol misuse on local residents. The ongoing commissioning of Balance, as our alcohol office is overseen by County Durham on behalf of seven Local Authority areas in the North East (County Durham, Gateshead, Sunderland, South Tyneside, Newcastle, North Tyneside, and Northumberland). Campaign materials from Balance have been adopted by County Durham and cascaded to partners to amplify their impact at a local level. Balance continues to work with Public Protection to utilise innovative approaches to licensing, which promote public health objectives including the vision of an Alcohol-Free Childhood.
- 48 A significant part of Balance's role is to maximise the impact of marketing and communications opportunities across the LA7 footprint. A full overview of Balance's campaigns and other local communication initiatives to support the reduction of alcohol harms in County Durham can be seen in Appendix 3.
- 49 Balance also continues to lobby on behalf of the LA7 to utilise the alcohol duty system in the UK to help better support public health to address the avoidable costs to society of dealing with alcohol related harms. Examples of recommendations from Balance to create reform and reduce alcohol harms would include;
- an increase in alcohol duty by 2% above inflation and to ensure that that all stronger alcohol products are always taxed at a higher rate than lower strength products. This will raise revenue, save lives by decreasing consumption, decrease broader alcohol health harms and ease the pressure that alcohol puts on public services;
 - the introduction of minimum unit pricing (MUP) for alcohol in England at a rate that is effective, to prevent the sale of cheap high strength drinks that lead to the greatest health harms and social costs;
 - commission an independent review of alcohol harms and subsequently develop an evidence based national strategy to respond to these harms, including the implementation of a healthier and fairer alcohol duty system and the delivery of campaigns to raise understanding of risk and prompt action to reduce alcohol consumption.

- 50 The evidence from Scotland indicates the policy of MUP has achieved its aim of reducing alcohol-related harm by both reducing population consumption and by targeting the consumption of people drinking at higher levels. It has also contributed to reducing alcohol-related health inequalities. Any negative unintended consequences have not been prevalent or typical.
- 51 Balance acknowledge MUP must be part of a wider package of measures to reduce alcohol consumption and harm, but the independent and exhaustive evaluation of the MUP policy found:
- a reduction of deaths directly caused by alcohol consumption by an estimated 13.4% and hospital admissions by 4.1%, with the largest reductions seen in men and those living in the 40% most deprived areas;
 - a 3% reduction in alcohol consumption at a population level, as measured by retail sales. The reduction was particularly driven by sales of cider and spirits through the off-trade (supermarkets and shops) products that increased the most in price;
 - evidence from a range of data sources shows that the greatest reductions were amongst those households purchasing the most alcohol, with little impact on households purchasing at lower levels;
 - for those people with severe alcohol dependence there was limited evidence of any reduction;
 - at a population level there is no clear evidence of substantial negative impacts on social harms such as alcohol-related crime or illicit drug use.

Licensing

- 52 Durham County Council is the licensing authority for the Licensing Act 2003 and administers and enforces the law relating to the sale and supply of alcohol, the provision of regulated entertainment and the provision of hot food after 2300 hours (i.e., takeaways).
- 53 Alcohol is available 24 hours a day, 7 days a week, 365 days of the year. It is often sold in inappropriate and untraditional locations such as petrol stations and soft play areas and is highly accessible: services such as 'Dial-a-Drink' deliver alcohol straight to households at any time of the day or night. More people are choosing to consume alcohol at home, rather than in a more traditional setting like the pub.

- 54 There are over 9,000 premises licensed to sell alcohol in the North-East, giving the region one of the highest outlet densities in the country. In County Durham there are currently 2232 premises licensed under the Licensing Act and in addition, in 23/24, a total of 755 notifications were received for occasional, one-off events. Applications were received for 54 new premises licences.
- 55 Three premises were prosecuted for breaches of their licence in 23/24 and nine licence reviews were carried out, including one expedited review for a premises associated with serious crime/disorder.
- 56 The licence reviews related to non-compliance with licence conditions, underage sales and possession of illegal vapes. These reviews were instigated by Durham County Council’s Trading Standards officers whose work includes monitoring compliance with underage sales legislation (i.e., alcohol, tobacco, vapes) by carrying out test purchases and tackling the trade in illicit tobacco.
- 57 The Licensing team has now begun its formal consultation on a review of Durhams Licensing Act policy which must be reviewed and published by the end of 2024.

The breakdown of on and off sales premise

- 58 Of the 2232 premises licences altogether, only 1650 of these authorise alcohol. The others will be takeaways or premises that just offer entertainment.

Alcohol Type	Number
On Alcohol Sales	343
Off Alcohol Sales	561
On & Off Alcohol Sales	746
Total	1650

Dame Carol Black Funding

- 59 The information highlighted below gives an overview of the funding streams successfully applied for by Durham County Council and wider partners referred to as Dame Carol Black funding which was made available to support the 10-year Drug Strategy.

Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) 2022-25

- 60 The SSMTRG replaced the additional drug treatment crime and harm reduction funding ('Universal Grant') that was available to all upper tier and unitary local authorities in 2021/22, except those selected to be Addiction, Diversion, Disruption, Enforcement and Recovery (ADDER) Accelerator areas.
- 61 In February 2022, OHID informed local authorities of their intention to award every local authority at least as much additional funding as in 2021/22 plus enhanced funding to support improvements in the quality and capacity of local drug and alcohol treatment systems in 2022/23 to 2024/25. County Durham was one of 50 areas selected to receive additional funding starting in 2022/23.
- 62 The SSMTRG allocations for County Durham are set out in Table 1.

Table 1: SSMTRG 2022-25 allocations for County Durham

Year	Allocation
2022/23	£1,452,381
2023/24	£2,380,175
2024/25	£4,593,370

- 63 During 2022/23, work was undertaken to allocate spend from the SSMTRG. Posts and interventions that were originally funded from the Universal Grant in 2021/22 continued to be funded by the SSMTRG in 2022/23. Work dedicated to address the reduction of alcohol harms on communities includes:
 - 14 posts that were incorporated within the DARS: a Harm Reduction Lead Practitioner and a Worker, two Criminal Justice Intervention Team workers, three Harm Minimisation Police Liaison Workers, three Integrated Offender Management (IOM)/Checkpoint Link Workers, a Women’s Recovery Worker, a Peer Led Communities Development Worker, a Lived Experience Peer Apprentice, and a Making Every Adult Matter (MEAM) Community Outreach Worker;
 - additional funding for residential rehabilitation placements was set to respond to the government’s trajectory of 2% of the treatment population starting a residential rehabilitation placement per annum. A higher percentage of these beds are used for clients with alcohol use;

- enhanced funding for the Women’s Recovery Academy Durham (WRAD).

64 Internal bids were also approved for:

- two social worker assistants within the Adult Care Substance Misuse Team at a cost of £67,954 from July 2022;
- An additional nurse provided by the 0-25 Family Health Service to support County Durham Youth Justice Service, with a specific focus on drugs and alcohol. The cost for Harrogate and District NHS Foundation Trust to employ the post from October 2023 to March 2025 is £98,929.

65 A procurement exercise was carried out and a contract awarded to Humankind for the period July 2022 to March 2025. Table 2 contains the contract cost and annual breakdown.

Table 2 SSMTRG contract with Humankind

Year	Cost
2022/23	£699,199
2023/24	£1,314,777
2024/25	£2,670,107
TOTAL	£4,684,083

66 During 2022/23 and 2023/24 there have been ongoing challenges with recruitment that resulted in underspends being reported to OHID, however DCC has been able to agree proposals with OHID to re-profile any underspend to try to ensure that as much of the SSMTRG allocation for the current financial year can be spent.

67 The ongoing work funded by the SSMTRG has enabled the DARS to significantly expand its capacity by funding a number of workstreams designed to address health inequalities by addressing identified local issues/unmet need and maximising opportunities for system-wide improvement. Delivery now includes:

- reducing drug/alcohol-related deaths: recruiting a Vulnerable Persons Coordinator to embed the Mortality Risk Assessment tool to identify individuals at increased risk, manage a Vulnerable Persons Register and providing dedicated support to vulnerable groups;
- reducing alcohol-related mortality/alcohol-attributable hospital admissions: developing a Drug and Alcohol Care Team with Tees Esk and Wear Valley NHS Trust (TEWV) providing enhanced drug

and alcohol support, increased community detox provision, prescribing and wraparound care;

- reducing antisocial behaviour/violence affecting communities: enhancing young people's criminal justice outreach, and building Alcohol Treatment Requirement (ATR) and Drug Rehabilitation Requirement (DRR) and prison pathways through our Prison Link/Pre-Sentence Worker roles;
- improving support for people with mental health needs: developing a Peer Support pathway and increasing engagement/targeted support, working collaboratively with TEWV to embed pathways;
- meeting unmet need amongst under-represented/under-served groups: targeted additional workforce/resources and dedicated pathways (e.g., tailored veterans' provision, increasing capacity/coverage within our Women's Recovery Academy Durham (WRAD)).

68 Work into 2023/24 has extended delivery of interventions that were previously approved by OHID. Examples include:

- use of the DARS' outreach vehicle to go out into communities to engage those with a treatment need who are currently not engaging to reduce unmet need and offer fibro scanning to detect the early onset of liver disease. This includes a pilot area within Bishop Auckland PCN to work directly with GPs to provide fibro scanning for those drinking at high-risk levels;
- 1.WTE Prison Link Worker to provide capacity to support an additional 40 clients with prison-to-community transitions, which will include in-reach wrap around support, links into treatment and sustained recovery services to improve engagement and retention of individuals leaving the secure estate.

69 Funding through regional Prevention Funding has also helped to implement a Drug and Alcohol Care team within County Durham and Darlington NHS Foundation Trust. Pathways are in development to ensure connections are made within the hospital-community pathway.

In-Patient Detoxification (IPD) Grant 2022-25

70 In February 2021, the Department of Health and Social Care wrote to all Directors of Public Health to advise that grants were to be provided to regional or sub-regional consortia of local authorities for commissioning

IPD beds. It was agreed locally that DCC would lead a sub-regional group of four local authorities (the “LA4” consortium), including Gateshead Council, South Tyneside Council and Sunderland Council.

- 71 The LA4 consortium commenced in November 2021. As DCC had recently procured a new provider panel for IPD, which commenced June 2021, it was agreed that the other three members of the LA4 consortium would access DCC’s provider panel to arrange placements. This arrangement however, meant that service users still had to travel outside of the North East to gain access to IPD facilities.
- 72 The IPD Grant was initially provided for 2021/22 and Quarter 1 2022/23 but subsequently extended to 31st March 2025 in line with the SSMTRG. The annual allocation for the LA4 consortium is shown in Table 3.

Table 3 LA4 Consortium IPD Grant Annual Allocation

Local Authority Area	Allocation
County Durham	£113,898
Gateshead	£62,984
South Tyneside	£35,317
Sunderland	£64,226
TOTAL	£276,425

Activity and spend during 2022/23

- 73 Table 4 shows the number of placements that started from 1 April 2022 to 31 March 2023 and the estimated total cost.

Table 4 IPD Placements 2022/23

Local Authority Area	Number	Estimated Cost*
County Durham	14	£52,201
Gateshead	15	£36,835
South Tyneside	10	£22,500
Sunderland	30	£72,706**
TOTAL	69	£184,242

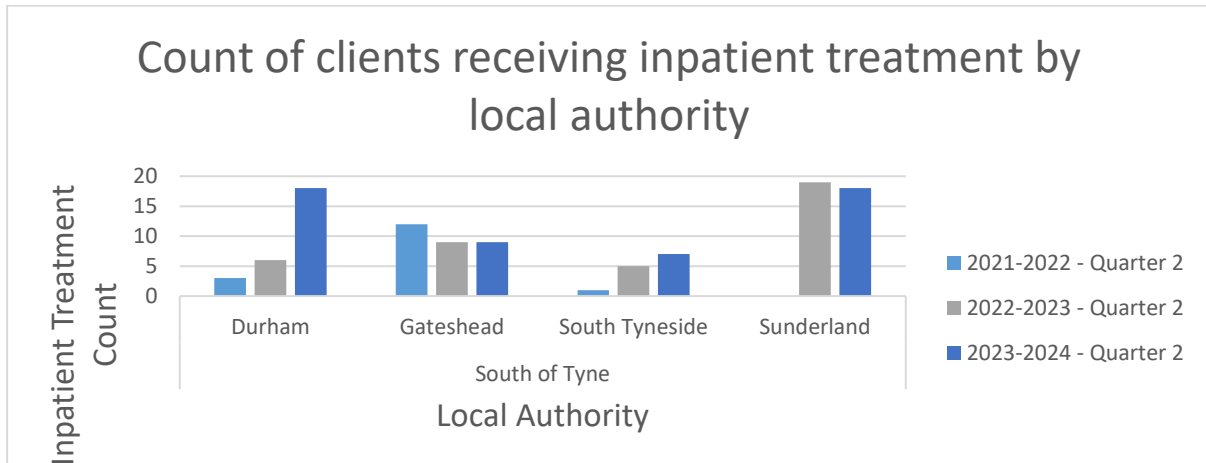
*Estimated costs as, where placements are still in progress, the cost may change if a service user leaves early or requires a longer-term placement.

**Sunderland Council’s spend during 2022/23 exceeded their annual allocation by £8,480. The authority is to reimburse DCC for this additional expenditure.

- 74 In 2023/24, work commenced to develop a North East regional community detox unit for the LA4 Consortium and Tees local authorities. Home Group have identified a building in Brotton, Redcar which will become the new IPD unit for treating both drugs and alcohol. The procurement for the new provision is currently being progressed. If this

initiative is successful it will be a positive development for service users in County Durham meaning they will no longer need to access care and support from outside the NE region.

Fig 2. Count of Clients Receiving Inpatient Detoxification across the South of Tyne Consortia (2021-2023)



National Performance Outcome Data for Substance Misuse 2022 - 2023

- 75 Nationally in 2022-23, there were 290,635 adults in contact with drug and alcohol services between April 2022 and March 2023. This is a small rise compared to the previous year (289,215).
- 76 The number of adults entering treatment in 2022 to 2023 was 137,749, which is higher than the previous 2 years' figures (130,490 and 133,704). The numbers of people entering treatment was relatively stable from 2016 to 2017 up to 2021 to 2022.
- 77 Nearly half (48%) the adults in treatment were there for problems with opiates. Despite the number of people in treatment for opiate use slightly decreasing from last year (from 140,558 to 138,604), this remains the largest substance group. However, people in treatment for alcohol alone make up the next largest group (30%) of all adults in treatment.
- 78 In County Durham the most commonly cited substances in drug treatment are cannabis, cocaine, and alcohol. Work progresses to help engage no-opiate users as part of a wider non-opiate campaign which was launched by Humankind in January 2024.

Fig 3. Most commonly cited substances used by adults in drug treatment in County Durham (NDTMS)

Performance Outcomes for the DARS

8.2 Most commonly cited substances by adults in drug treatment

Opiate
 Non-opiate
 Alcohol and non-opiate
 All drugs

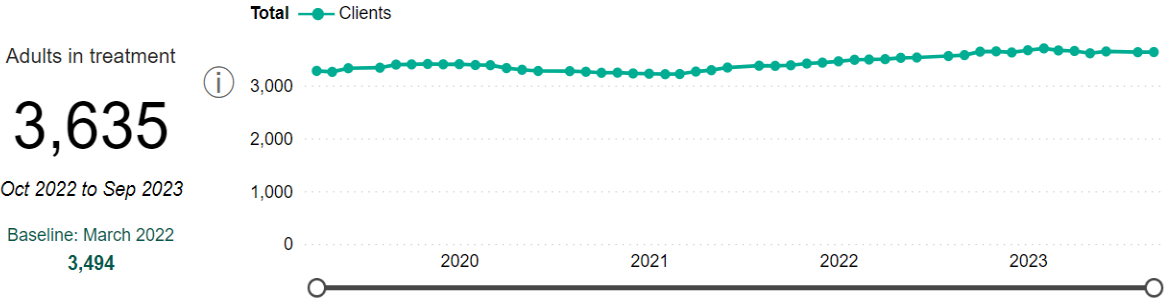
Table 8.2.4 Most commonly cited substance(s) of all adults in treatment for problems with all drugs for Durham and England, 2020-21.

Substances	Local (n)	Proportion of treatment population	England (n)	Proportion of treatment population
Alcohol	500	22%	54,651	27%
Amphetamine (other than ecstasy)	145	6%	7,569	4%
Benzodiazepines	238	11%	15,229	8%
Cannabis	615	28%	54,009	27%
Cocaine	518	23%	32,339	16%
Crack cocaine	228	10%	77,041	39%
Ectasy	9	0%	1,297	1%
Hallucinogens	9	0%	2,382	1%
New psychoactive substances	5	0%	2,394	1%

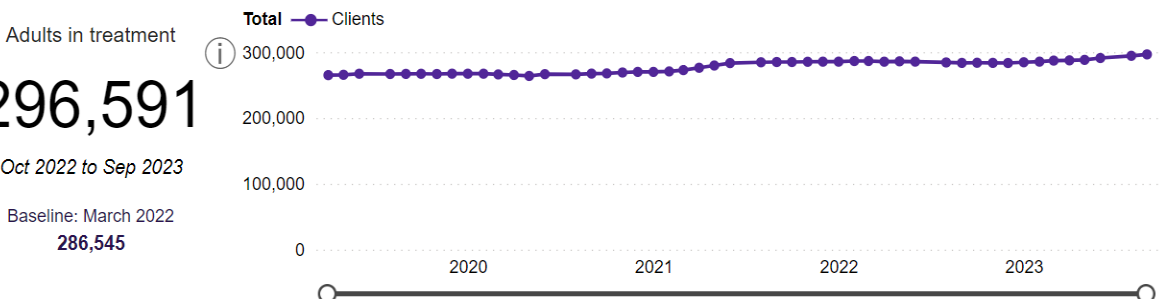
79 The treatment population remains stable in County Durham with monitoring submitted to the NDTMS on a monthly basis. The number of clients in treatment at any one time has been maintained at over 3,000 with a slight uplift from June 2022 until July 2023.

Fig. 4 Total Numbers of adults in treatment July 2022 – September 2023

Durham



England



80 The table below highlights the prevalence of drug and alcohol use within the county and those levels of unmet need in County Durham for Opiates and Crack Users (OCU), Opiates-only, Crack only and Alcohol only. This refers to those who do not currently access the DARS.

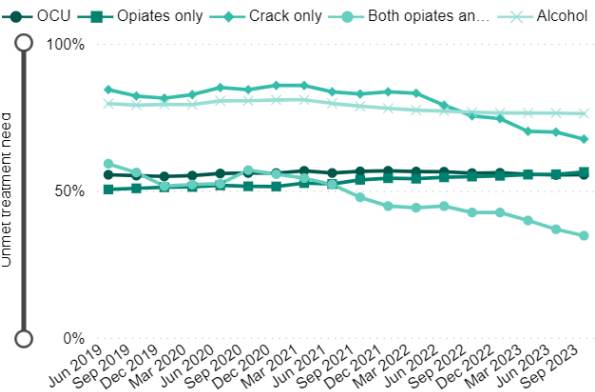
Fig. 5 Unmet treatment need in County Durham July 2022 to June 2023.

Durham

Oct 2022 to Sep 2023

Substance group	Unmet treatment need	Range	Numbers in treatment	Prevalence estimate (2019-20)
OCU	55.5%	52% - 61%	1,549	3,477
Opiates only	56.4%	52% - 61%	1,174	2,693
Crack only	67.6%	60% - 73%	135	416
Both opiates and crack	34.7%	30% - 46%	240	368
Alcohol	76.3%	71% - 81%	1,678	7,067

Unmet treatment need across substance groups

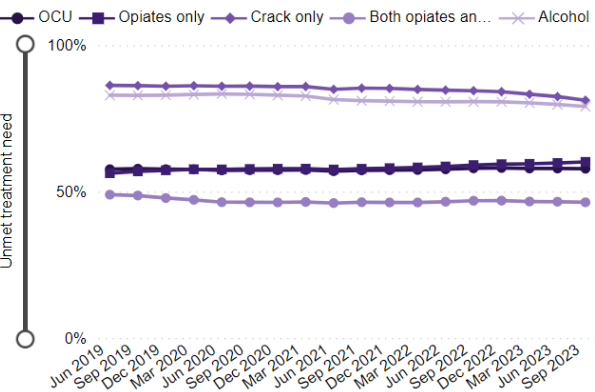


England

Oct 2022 to Sep 2023

Substance group	Unmet treatment need	Range	Numbers in treatment	Prevalence estimate (2019-20)
OCU	57.8%	54% - 61%	143,833	341,032
Opiates only	60.2%	57% - 63%	65,458	164,279
Crack only	81.2%	79% - 83%	8,868	47,168
Both opiates and crack	46.4%	43% - 50%	69,507	129,584
Alcohol	79.1%	75% - 83%	127,284	608,416

Unmet treatment need across substance groups



- 81 Prevalence estimates for alcohol and unmet treatment need is 76.3%, which is lower than the percentage in England (79.1%), but still reflects a prevalence of 7,067 of people with an alcohol dependency not accessing treatment.
- 82 This level of unmet for those who are alcohol dependent requires the maintenance of a system-wide approach to help focus on those who drink at risky or hazardous levels and encourage those individuals to be referred into the DARS. Training for partners, including MECC-plus for alcohol harms provides an opportunity for us all to engage in effective conversations about safe levels of alcohol consumption and tools to help reduce risk. This also extends to the system-wide workforce itself, which may rely on alcohol to deal with work volume, money worries, relationship difficulties and mental health concerns.

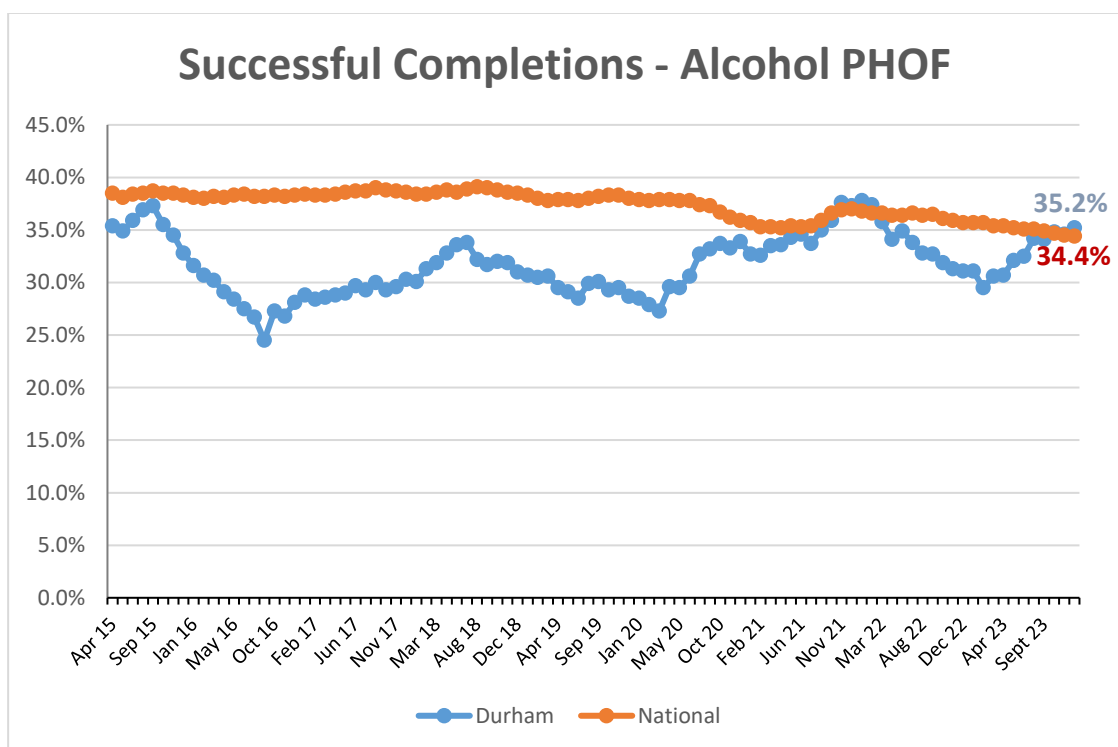
Successful Completions

- 83 The Office for Health Improvement and Disparities (OHID) collects information about the outcomes for people who use drug and alcohol treatment services. This includes the [treatment outcome profile](#), which measures change and progress in important areas of their lives.
- 84 On a national basis people in treatment for alcohol-only dependency reported a fall in the number of days that they used alcohol. When they started treatment, they reported an average of 21.3 days drinking in the

previous 28 days, but at their 6-month review, this number had fallen to 11.9 days.

- 85 The Successful Completion outcome is broadly defined as a successful response to drug and alcohol related issues stated in a clients' treatment plan. This outcome is determined by clinical judgement that the individual no longer needs structured treatment.
- 86 The following tables below highlight the rate of Successful Completions for Alcohol Only in County Durham.

Table 5 Successful Completions Alcohol only (August 2015-December 2023)



- 87 County Durham has a rate of 35.2%% for Successful Completing for Alcohol clients in September 2023 which is slightly below the rate for England (34.4%).

Conclusion

- 88 There has been significant change in the field of substance misuse with the advent of the 10-year drug plan from Harm to Hope (2021). This new strategy has been accompanied by the availability of new funding to support the 3 key priorities of breaking the drugs supply chain, delivering world-class treatment and recovery systems, and striving to achieve the shift in demand for recreational drugs, which also includes alcohol.

- 89 A new Combating Drugs and Alcohol Partnership working across County Durham and Darlington has been initiated to coordinate and refresh the work of partners to reduce the impact of alcohol-harms on our communities.
- 90 In 2021/22 the rate of hospital admissions for alcohol specific conditions in County Durham remain significantly worse than England rates, and worryingly hospital admission episodes for under 18's also remain higher than England rates, but lower than North East rates. This highlights the trend within the North East for alcohol harm remaining a significant intergenerational issue within our local communities.
- 91 To reduce alcohol harms an ongoing population health management approach is required to tackle this entrenched behaviour. The ongoing commissioning of Balance helps to focus our approach and maximises outcomes across the LA7 footprint. However, further government lobbying is required to effect change on the drinking culture, helping to draw attention to the impact on the health and societal harms caused by alcohol.
- 92 The ability to refocus the work of the providers of the DARS on reducing alcohol harms has been enhanced by the SSMTRG funding, IPD provision, initiatives to support Rough Sleepers. Numbers in treatment have remained stable over time, however the unmet need for people with alcohol dependency (76%), whilst lower than England rates requires a sustained focus to support more people into treatment.
- 93 County Durham continues to make good progress on Successful Completions rates for those in treatment with a rate of 35.2% for those Successful Completing for alcohol. This positive outcome is only slightly below the rate for England (34.9%), but can only be maintained on the scale required if the funding initiated by the Dame Carol Black funding as part continue as part of the fulfilment of the of the 10-year Drug Strategy

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Appendix 1: Implications

Legal Implications

Plans submitted to OHID for the Dame Carol Black (DCB) grant funding for 2024/25 are still being considered. There is also a stipulation that funding supplied by the DCB grants cannot be used to reduce any allocation in the core budget funded by the Public Health grant.

Finance

Core funding for the DARS has been maintained throughout 2021/22, 2022/23, 2023/24. Future SSMTR funding has been confirmed for 2024/25, but we still require confirmation of the amounts, although indicative allocations have been given within a rolling programme.

Consultation and Engagement

Public Health will continue to consult with partners in the development and delivery of the actions identified as part of the DCB funding. The voice of service users is within client satisfaction questionnaires is engaged with on an annual basis. A recent review of the DARS also used staff and client focus groups to understand the effectiveness of pathways linked to outcomes. The CQC outcome reflects the culture of the service user being embedded within the decision-making process of the DARS.

Equality and Diversity / Public Sector Equality Duty

Actions from this report are targeted to reduce the health inequalities of these people suffering from or impacted by alcohol related health harms.

Human Rights

No issues Identified.

Crime and Disorder

Actions highlighted in this report are targeted to reduce alcohol-related crime and disorder.

Staffing

The ability of the DARS to deliver on the DCB funded workstreams model has been dependent on the ability of the service to recruit to posts. This has been highlighted within Humankind's risk register and will be monitored over time within contract monitoring arrangements.

Accommodation

No other venues have been required to deliver on the DCB workstreams.

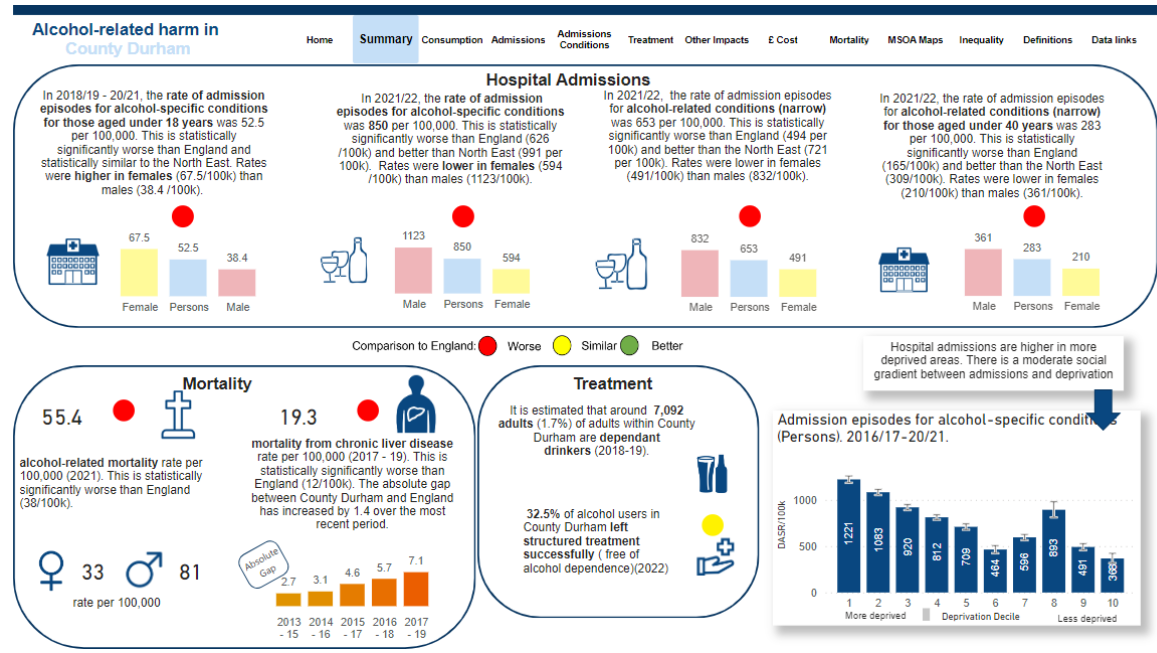
Risk

No corporate risk issues Identified.

Procurement

The work of the DARS continually encourages working to economies of scale and make the best use of available resource and capacity.

Appendix 2: Alcohol-related Harm in County Durham



Appendix 3: Alcohol Harm Reduction Media and Communications

What's the Harm

- 1 Balance provides a denormalization programme called “What’s the harm?”, this campaign is aimed at helping North-East parents to understand Chief Medical Officer guidance around children and alcohol.
- 2 This campaign was launched 10th July 2023 and raises awareness of the dangers of underage drinking, alcohol in childhood increases the risks of accidents, injuries, smoking, and drug taking, and can affect children’s mood and mental health. Highlighting 70% of alcohol drunk by children comes from the family home. The campaign was promoted via key stakeholders including school during July 2023, with key messages highlighting how alcohol consumption before age 18 can harm the developing body and brain, raise depression and anxiety and lead to risk taking behaviour.

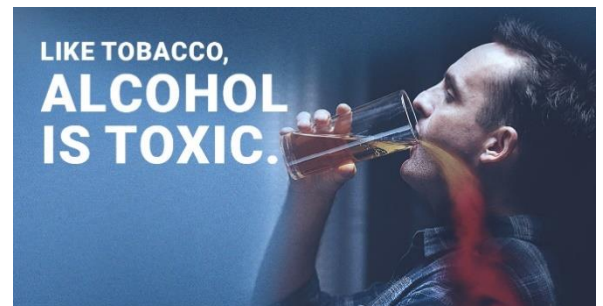


- 3 Public health support the County Durham licencing team providing resources for them to share with retailers of alcohol. Licensing and Trading Standards teams place the Balance suite of information resources at key points with retailers who wish to engage with this **What's the Harm** campaign. They share the resources with pub staff to highlight the importance of complying with licencing objective to Protect Children from Harm.



Alcohol is Toxic

- 4 Balance launched their new campaign Alcohol is Toxic on 13th November for 4 weeks across LA7 region of Northumberland, North Tyneside, Newcastle, Sunderland, South Tyneside, Gateshead, and Co Durham. The campaign was co-branded with Cancer Research UK and was promoted via TV on demand, radio (Greatest Hits/ Smooth/ Metro / Capital), Cinemas / outdoor and Facebook and Instagram.
- 5 Physical resources included posters, leaflets and business cards and pocket-sized cards promoting CMO alcohol unit guidance. Community engagement using these resources was carried out countywide by County Durham Drug and Alcohol Recovery Service, Cancer Awareness and Wellbeing for Life services, the Community Action Team, Durham Employability team and the Community Champions, all of whom had one to one conversation with people and disseminated the resources into the local community.
- 6 This campaign's key audience is all adults, especially those aged 35 plus, who are most likely to be drinking at higher levels. Targeting is weighted especially towards C2DE households with a view to tackling health inequalities.
- 7 **Key Messages:** Alcohol is toxic and is a group one carcinogen. Alcohol can cause cells in your body to mutate, and these mutations can lead to cancer.
- 8 Alcohol causes at least seven types of cancer including bowel, breast, throat, and mouth cancer... and the risk increases with any amount of regular drinking. Alcohol causes over 200 medical conditions including 7 types of cancer, liver disease, heart disease and stroke.
- 9 The Chief Medical Officer's guideline is that men and women are safest not to drink regularly more than 14 units per week. The guideline states that a good way to cut down on alcohol consumption is to have several drink-free days each week. 14 units of alcohol is equivalent to six pints of average-strength beer or six medium glasses of wine. If you reduce your drinking...you can reduce your risk.
- 10 County Durham public health communications team supported and localised the campaign launched 13 November for four weeks which took us into December which is the heaviest period for alcohol advertising.

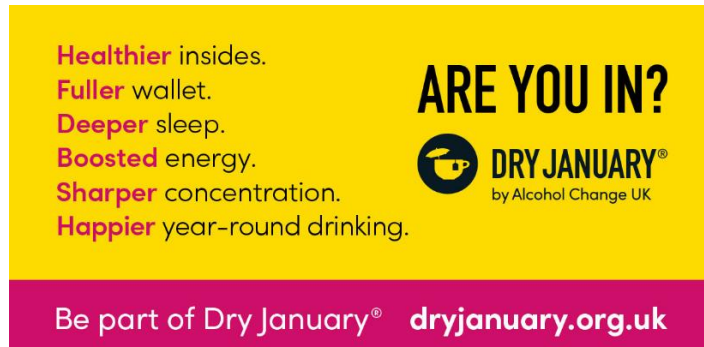


- 11 **Alcohol is Toxic** was re-launched on 28th December across Northumberland, Tyne and Wear and County Durham for six weeks on ITVX (catch up ITV), radio, out of home and Facebook. This time the campaign to raise awareness that alcohol is a direct cause of seven types of cancer - including breast, bowel, mouth, and throat cancer.
- 12 DPH Amanda Healy provided a quote in support of this campaign.
- 13 Marketing was via TV on demand, ITV (ITVX) providing an estimated reach of 750,000 people. Via radio, (Greatest Hits/ Smooth/ Metro / Capital) hosting two radio ads covering health risks and benefits of cutting down. Via Facebook and Instagram PR, which featured voices of medics and alcohol support services.
- 14 Balance tested a range of messages and themes, and cancer came out again with the greatest impact, especially among those drinking at the highest levels and men. Tying in with research showing only around 1 in 3 are aware.... evaluation from previous campaigns has shown a strong link between awareness of the risks, cutting down and more likelihood of taking periods off alcohol like Dry January.
- 15 For both campaigns social marketing included, flyers, leaflets, posters, promotion via DCC digital screens, Durham City digital totems, and conducted a social media campaign across several platforms, sharing the toolkit via Combatting Drugs and other healthcare service partnership boards. There was ongoing community engagement using the tangible resources from DCC community champions, Wellbeing for Life, cancer awareness team, community action team, health squad housing and licencing teams.



Dry January

- 16 This campaign promotes 31 days without alcohol gives amazing obvious benefits, like more energy, a chance to save some money, improved concentration, boosted mood and so much more. By signing up and doing Dry January people can double their chances of completing an alcohol-free month with a range of helpful tools from Alcohol Change UK, including Try Dry® app, daily coaching emails, a private Facebook community, dedicated web content and inspirational social media throughout January and beyond.



17 This campaign was promoted on DCC digital screens, Durham City digital totems, the Dry January social media toolkit which was shared via Combatting Drugs Partnership. There was very active community engagement via Business Durham event in CLS, events hosted by DCC BHAW advocates, community champions, WBFL, CDDARS, Cancer awareness and Health Squad.

County Durham Primary Care Alcohol Related Risk Reduction Scheme

18 The GP leaflet was redesigned adopting learning from the Alcohol Can Cause Cancer communication and engagement campaign to include the QR codes signposting users to the County Durham Drug and Alcohol Recovery Service and the DrinkCoach App.

19 This approach aims to make the recovery service website and Drink Coach app quick and easy for GP patients to access when looking for support to aim their alcohol recovery journey.

In Patient Detox

20 After gathering both professional and service user insights DCC led on the development of informative awareness raising leaflets promoting support to help people reduce and stop their alcohol intake. The leaflets highlighted the in-patient detox (IPD) offer. Both the public and professional leaflets promoted the fully funded IPD offer and signposted local people to County Durham Drug and Alcohol Recovery Service to receive guidance about the options the recovery team can offer to support service users into the most appropriate detox pathways. These leaflets have been utilised across the LA4 consortium.

To find out more about how you can stop drinking or taking drugs get in touch with your local team today.

Durham
 03000 266 666
 DurhamContact@humankindcharity.org.uk
 Centre for Change, 81-88 Whinney Hill, Durham DH1 3BQ
 Peterlee Health Centre, Bede Way, Peterlee SR8 1AD
 Saddler House, Saddler Street, Bishop Auckland DL14 7BH
 Horden Recovery Centre, Sunderland Road, Horden SR8 4NU

Recovery Partnership
Gateshead
 0191 594 7821
 grp.referrals@cgl.org.uk
 Gateshead Recovery Partnership, 47 Jackson Street, Gateshead, NE8 1EE
 www.changegrowlive.org/recovery-partnership-gateshead/info

humankind®
South Tyneside
 0191 917 1160
 humankind.stadtlrecovery.service@nhs.net
 Cookson House, River Drive, South Shields NE33 1TL

Recovery Partnership
Sunderland
 0800 234 6788
 SunderlandSMS.info@cgl.org.uk
 Houghton Health Centre, Church Street, Houghton Le Spring DH4 4DN
 Riverview Health Centre, Borough Road, Handon SR1 2HJ
 Washington Health Centre, The Galleries, Washington NE38 7ND

These services are brought to you by a partnership between the following local authorities: Durham, Gateshead, South Tyneside and Sunderland.

Do you need help with drugs or alcohol?

We can help you for free. We work with you to find the best option for you. This can include offering support

To find out more about how you can stop drinking or taking drugs get in touch with your local team today.

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 Washington Health Centre, The Galleries, Washington NE38 7ND

These services are brought to you by a partnership between the following local authorities: Durham, Gateshead, South Tyneside and Sunderland.

Are you a professional who supports someone experiencing problems with drugs and/or alcohol?

You can refer them to your free local Drug and Alcohol Recovery Service for help with a detox.

If you need help with drugs or alcohol, you might be offered what's called a detox programme. The detox will be part of a bigger recovery plan, and you will get support throughout your journey from your drug and alcohol worker.

Is a detox right for me?
 Detox isn't right for everyone and you need to decide if it is right for you.
 You will be given a personal drug and alcohol worker, who will sit down with you, face to face, to chat about the options and help you decide if detox is right for you.

What are the options?
Community Detox - You can do your detox at home, with support from us and your friends and family around you, or you may do this in a centre in your local area. You are sometimes offered medication to help you do this.
In-Patient Detox - This is where you go to stay in one of our centres, to get more intensive help. It is usually a short stay of between one week and one month.

Getting started
 Our staff will help get you ready to take part in your detox, so that you have the best chance of success. They will chat about who you have around you to help support you. They will help you decide which treatment you have. They will see if it can be done near where you live, or somewhere outside of the area where you would stay over.

Doing your detox at home

We are here to help people with a safe and steady reduction of their use of drugs and/or alcohol with a view to helping them stop their use altogether where possible.
 A detox will be part of a bigger recovery plan, and we offer service users support throughout their journey from a dedicated drug and alcohol worker.

Is a detox the right path?
 Detox isn't right for everyone, which is why we offer advice and guidance to help people decide if it is the right choice for them.
 We allocate people an individual drug and alcohol worker who will meet with the person to chat about their options and help decide if detox is right for them.

Getting started
 Once a referral has been made, our staff are there to help people get ready to take part in the detox and to offer them the best chance of success. They will:
 1. Chat about who the person has around them to offer support.
 2. Help the person decide which treatment to have.
 3. See if it can be done near where they live, or somewhere outside of the area where they would stay over.

The medication also helps with the side-effects while you cut down. You will need a prescription and our staff will make sure you are on the right type of medication at the right strength for you. We will only suggest reducing or stopping your medication if you are ready and it is safe to do so.

Staying in one of our centres to detox
 If you decide the best thing for you is a more intensive treatment, then we will help you get booked into one of our detox centres - this is called In-Patient Detox.
 There are five centres, which are spread around the country, so you might not be somewhere close to your home.
 Most people stay for between one week and one month, while they do their detox.

What happens at a detox centre
 Just like detox at home, you will be offered support, medication, activities and therapy - all in a more intense way than if you were doing it at home.
 At our centres there are staff around 24/7 to keep you safe, well and comfortable. You will get support when you are ready to leave as well, to help you stay off drugs and alcohol when you get back home.

What happens next?
 Detox is just the start of your journey on the road to recovery. We will help support you after your detox too. You will have a key worker, who will show you what support is available after your detox. This will include things like "Peer Support" which helps people support each other.

What are the options?
Community Detox - This is when someone chooses to either do their detox at home, with support from the friends and family around them or at a centre in their local area. Their support worker might also suggest things like going to a support group or taking part in activities to help distract them from wanting to drink or take drugs. Medication is sometimes offered to help reduce the desire to drink or take drugs and help with the side-effects while they are cut down.
 A prescription is required and our staff will make sure they are on the right type of medication at the right strength for them.
 We will only suggest reducing or stopping your medication if a person is ready and it is safe to do so.
In-Patient Detox - If someone decides they would benefit from a more intensive treatment, then we will book them into one of our detox centres - this is called In-Patient Detox.
 There are five centres, which are spread around the country, so they might not be staying somewhere close to their home.
 Most people stay for between one week and one month, while they do their detox.

What happens at a detox centre
 Just like detox at home, they will be offered support, medication, activities and therapy - all in a more intense way than if they were doing it at home.
 At our centres there are staff around 24/7 to keep people safe, well and comfortable. They will continue to get support when they are ready to leave, to help them stay off drugs and alcohol when they get back home.

What happens next?
 Detox is just the start of a person's journey on the road to recovery. We support them after their detox, too. This includes things like peer support, one-to-one meetings with their personal worker, counselling, and support groups to help people in their new way of life.

Drink Spiking Awareness leaflet

- 21 An awareness raising campaign developed with support from the police, Durham University and County Durham Drug and Alcohol Recovery Service to raise awareness of support available if people believed they had been spiked.
- 22 The campaign posters and animations were disseminated and promoted in pubs across the county. Support was gained via Pub Watch Group and Safer Women at Night hub.
- 23 An informative webpage is hosted by DCC; [What to do if your drink is spiked - Durham County Council](#)
- 24 Spiking awareness was raised in Freshers week and free glass covers given out to students.

HOW TO GET TESTED IF YOU THINK YOU'VE BEEN SPIKED

If you start to feel strange and you think you or your drink may have been spiked, tell someone and get help. Stay with your friends and keep safe. If you, or someone you are with require urgent medical help, call 999. If you believe that your drink has been spiked and you would like to know for sure there are things you can do to find out. It is important to access drug testing to see if you have been spiked, it is free and available at the below locations.

HELP FROM THE DRUG AND ALCOHOL RECOVERY SERVICE

If you believe you have been spiked, please contact the Drug and Alcohol Recovery Service in County Durham as soon as possible, the service will get back to you to arrange an appointment for testing to see if you have been spiked. Due to the nature of the testing this will be arranged for shortly after you believe you have been spiked. Email: cddars@humankindcharity.org.uk or Phone: 03000 256 666.

Services operate Monday to Friday between the hours of 9am and 5pm. They will discuss your circumstances and develop a plan for you to attend for testing at the local centre. This is a non-judgemental, free and confidential service that will provide you with testing, information and advice. You can go along with someone that you trust such as a friend or family member.

SPIKING AND SEXUAL VIOLENCE

If you have been subjected to sexual assault or rape or suspect this may have happened after being spiked, you can access support and testing through either the Police or the North East SARC Support Service which is a 24/7 free and confidential service.

You do not have to report to the police to access this service. You can access advice and support by calling the 24/7 helpline (03333 448 283) or by scanning the QR code to visit our website ([sarc-support.uk](#)). You can use these services without the records being uploaded to your medical file.



HELP FROM EMERGENCY SERVICES

- Call 999 - If you require urgent medical assistance, or if you have just been spiked, or witnessed a spiking, and the perpetrator is still present within the area.
- Call NHS 111 - For medical advice.
- Call Police 101 - For Police support.



Alcohol Recovery Support in County Durham - Awareness raising resources for County Durham housing teams

- 25 Housing teams are a useful asset to help public health to raise awareness of the wider ranging support County Durham Drug and Alcohol Recovery Service (CDDARS) provide. Implementing co-production methodology between public health communications lead, housing team lead and CDDARS training lead a comprehensive service promotion leaflet and two videos have been developed. DCC Housing Solutions team and partners have also received Identification and Brief Advice training from CDDARS and continue to raising awareness of the harm minimisation support available to help residents reduce and/or enable abstinence from drinking alcohol.

What can we offer you?

Call us on 03000 256 666 and select the option for the recovery centre in your area. We are open Monday to Friday, 9am until 5pm. Late night appointments are also available!

All of our recovery centres provide support to people with drug and/or alcohol problems and their families.

We can help you to reach your recovery goals.

County Durham drug and alcohol recovery services

How to access support from CDDARS

- Call us on 03000 256 666 and select the option for the recovery centre in your area.
- We are open Monday to Friday, 9am until 5pm. Late night appointments are also available!

What happens next?

We will assess your needs

We will contact you within 48 hours of your initial contact. We will ask you a few questions to complete our assessment on what support you need. You will then be allocated a named worker who will complete the assessment within a recovery centre and support you to reach your recovery goals. During this process, if you need clinical support, an appointment with a clinician will be made.



We will agree your treatment pathway

We offer a variety of treatment pathways at our recovery centres. These include:

- Alcohol Pathway** - 12 week structured programme working to reduce or stop problematic alcohol use to improve quality of life. This could include inpatient or community detoxification.
 - Opiate Treatment** - This can include opiate substitute medication - the aim of the opiate treatment is to stabilise and reduce use alongside psychological interventions.
 - Non Opiate Pathway** - 12 week structured programme working to reduce or stop problematic substance use to improve quality of life. This will include psychosocial interventions.
 - Aftercare** - Aimed at low-level substance misuse or those who are substance free for relapse prevention. We offer a selection of therapeutic groups (based to face and online) that are open for all clients who can participate safely.
- Once we have a treatment pathway in place, we can also help you to overcome any social, emotional or personal difficulties to further support your recovery.
- The following services support people who are on, or have completed a recovery pathway:
- Hope Team (hospital liaison)** - First point of contact for those clients who require short term interventions.
 - Young person's worker** - Support for young people under the age of 21.
 - Recovery Academy Durham** - Offers a 12 week structured abstinence based day programme.
 - Women's only Recovery academy** - Offers a 12 week structured abstinence based day programme for Women only.
 - Criminal Justice Team** - support you through the criminal justice system.
 - Domestic Abuse Worker** - for those experiencing domestic abuse and using substances.
 - Individual Placement Support Service (IPS)** - Supporting anyone with employment who has previously or is currently accessing treatment.
 - Residential Rehabilitation** - We can support service users into accessing residential rehabilitation throughout the UK.

Further information

You can contact us by:
 Calling us on 03000 256 666 and select the option for the recovery centre at your area.

Attend one of our recovery centres:
 Durham Centre for Change, DH1 3BQ
 Bishop Auckland Selsider House, DL14 7BH
 Horden Sunderland Road, SR9 4NU

Visit our website at: cddars@humankindcharity.org.uk



Find us on:

- County Durham Drug and Alcohol Recovery Services
- Durham Recovery

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Alcohol Harms Data Set update

Rachel Osbaldeston
Public Health Advanced Practitioner

Sue Taylor
Head of Alcohol Policy- Fresh and Balance



Better for everyone



Key Findings - ONS Data

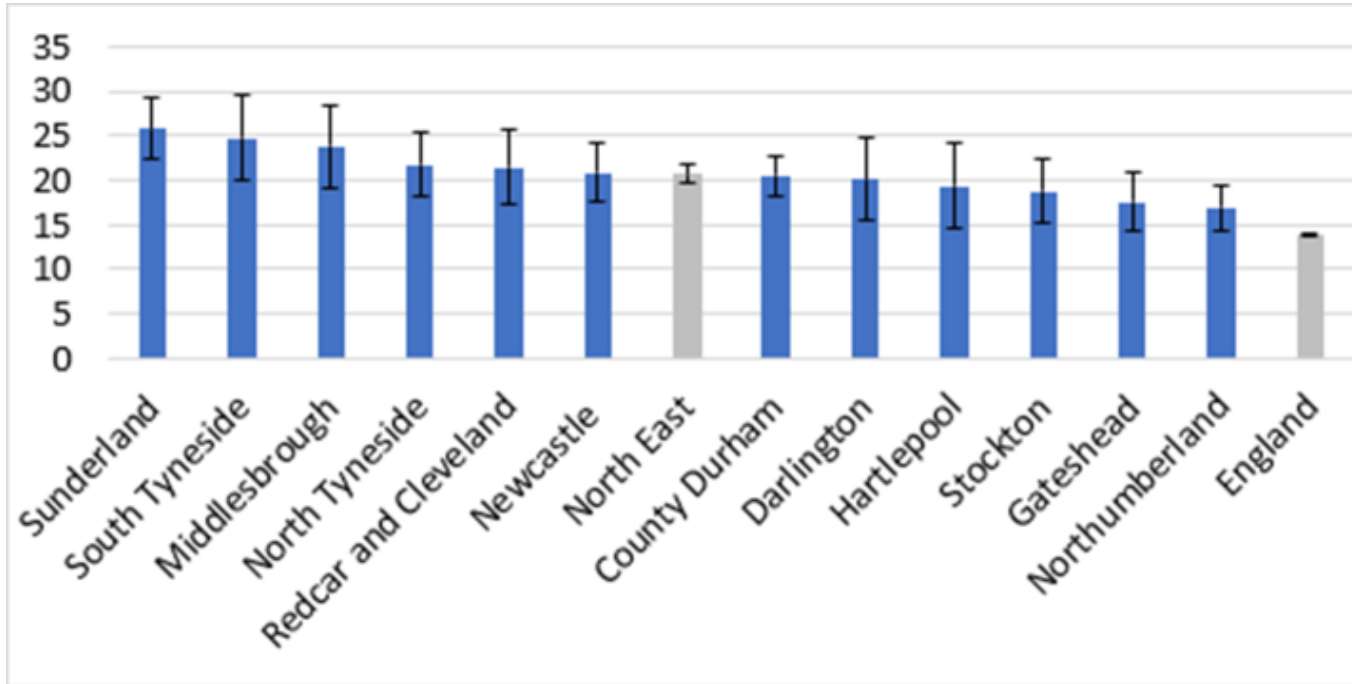
- **The North East had the highest rate of alcohol-specific deaths of any English region in 2022 (21.8 deaths per 100,000) and a total of 576 deaths – 374 men and 202 women.**
- The number recorded in 2022 was 4.2% higher than in 2021 (9,641 deaths; 14.9 per 100,000) and 32.8% higher than in 2019 (7,565 deaths; 11.8 per 100,000), the last pre-coronavirus (COVID-19) pandemic year.
- Rates nationally are rising faster among women – a 37% increase in alcohol deaths women and 31% among men since 2019.
- Consistent with previous years, the rate of alcohol-specific deaths for males in 2022 nationally remained around double the rate for females (22.3 and 11.1 deaths per 100,000 people, respectively), a trend which is reflected in North East figures (29.0 and 15.0 deaths per 100,000 respectively).
- Compared with 2019, there have been statistically significant increases in the alcohol-specific death rate in England, Wales, and Scotland.

Alcohol Related Deaths

Year	UK	Co.Durham
2022	10,048 (Highest on Record)	108
2021	9,641	117
2019	7,565	88

- ONS states there are some substantial geographical differences in alcohol-specific mortality rates across England. The areas with the highest overall rates (the NW & NE) aren't the areas that have seen the biggest relative increase during the pandemic [2020-22] (the E&W Midlands).

Alcohol-related Mortality Rates LA Comparators across the NE



Health Behaviour in School-aged Children (HBSC)

Europe, central Asia and Canada

WHO Report: Alcohol, e-cigarettes, cannabis: concerning trends in adolescent substance use (25th April 2024)

- Alcohol is by far the most commonly used substance among adolescents.
- More than half (57%) of 15-year-olds have tried alcohol at least once (56% of boys and 59% of girls)
- 40% reported drinking alcohol in the past 30 days (36% of boys and 38% of girls).
- Roughly 1 in 10 (9%) adolescents across all age groups have experienced significant drunkenness – being drunk at least twice – in their lifetime.
- Rate climbs from 5% at age 13 to 20% by age 15,

This demonstrates an escalating trend in alcohol abuse among youth. Recent patterns reveal that the incidence of drunkenness within the past 30 days also increases with age, jumping from 5% among 13-year-olds to an alarming 15% among 15-year-olds

Alcohol and Economic Crisis (Alcohol Studies 2024)

Report looks at how alcohol consumption and harm change during economic crises, such as the 2008 Recession and the COVID cost of living crisis.

Findings:

Economic crises can affect population health outcomes in several ways, including impacting health behaviours such as alcohol consumption.

Evidence indicates that population-level alcohol consumption decreases during economic crises, but with increases in high-risk alcohol use seen among some subgroups.

Suffering a more severe economic loss, being a man, being unemployed, and being less well educated may increase the likelihood of engaging in more/higher-risk drinking during an economic crisis.

Mechanisms for increasing/decreasing alcohol consumption include psychological distress and tighter budget constraints.

Targeted support for people experiencing unemployment, and population-wide measures to improve access to treatment and support, restrict marketing, and raise the prices of the cheapest alcohol could reduce levels of alcohol harm.

Challenge to the HWB

How do we support the wider system to engage in addressing health behaviours to help reduce alcohol harms?

Is Minimum Unit Price one of the solutions?

Where do we go next to reduce alcohol harms?

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Health and Wellbeing Board**13 May 2024****Poverty Issues Annual Report****Report of Paul Darby, Corporate Director of Resources, Durham County Council****Electoral division(s) affected:**

Countywide

Purpose of the Report

- 1 To provide the Health and Wellbeing Board with an update on:
 - (a) The most recent welfare, economic and poverty indicators for the county;
 - (b) Core expenditure (funded by both central government and from council budgets) which specifically supports poverty related activities and enables support to be delivered to vulnerable households by the council and key partners;
 - (c) Progress of the council and partners in addressing and alleviating poverty, including actions delivered in line with our poverty action plan and the support given in response to the financial impact of the cost-of-living crisis on our vulnerable households; and
 - (d) Priority actions to be progressed during 2024/25, as previously approved by Cabinet, which continue to reflect changes in the current poverty landscape, intelligence / learning over the last year and build on successful delivery to date.

Executive summary

- 2 Poverty is multi-faceted. It comes in many shapes and forms and varies both in terms of duration and severity. Poverty is not just about money, it relates to opportunity, participation, and access to services. Its impacts are felt at an individual, household, and community level.
- 3 Although many of the drivers of poverty, such as the strength of the economy, employment, wage rates, national welfare provision and inflation, are beyond the council's direct control, the council remains committed to tackling all aspects.
- 4 The council continues to provide effective 'core' financial support mechanisms to low-income households, as well as supporting advice

provision across the county. Support mechanisms include the Local Council Tax Reduction Scheme (LCTRS), Discretionary Housing Payments (DHP) scheme, and the Welfare Assistance Scheme (WAS) for those in crisis.

- 5 The council also provides additional investment and support to residents needing financial help, through the work of the Poverty Action Steering Group (PASG).
- 6 The work of the PASG is directed by the Poverty Strategy and Action Plan with the overarching vision of working together with partners and stakeholders so fewer people will be affected by poverty and deprivation in the county, structured around four key objectives:
 - (a) Objective 1: use intelligence and data to target support to low-income households.
 - (b) Objective 2: reduce the financial pressures on people facing or in poverty.
 - (c) Objective 3: increase individual, household and community resilience to poverty.
 - (d) Objective 4: reduce barriers to accessing services for those experiencing financial insecurity.
- 7 Since the most recent plan was adopted by Cabinet in November 2022, and considered by Corporate Overview and Scrutiny Management Board in December 2022, several projects, all designed to “wrap around” government schemes, together with broader council strategies providing a more comprehensive package of support for residents have been delivered.
- 8 The council has drawn on national funding sources and leveraged in additional monies to sustain existing work and develop new programmes. Funding from the Household Support Fund, Department for Education and UK Shared Prosperity Fund (UKSPF) has been identified and utilised where possible in addition to Council resources.
- 9 The Poverty Action Steering Group has continued to develop and build on partnership working with the VCS and other public sector organisations to maximise resources, ensuring a common approach and draw on a wide range of expertise to help develop programmes and projects.
- 10 This is in addition to the management, ongoing implementation and further development of the Poverty Action Plan and delivery of a range of initiatives.

- 11 Over the last year work has concentrated on protecting our most vulnerable communities through the cost-of-living crisis. Initiatives have focused on mitigating the impact of food and fuel poverty, ensuring access to welfare advice and guidance services, promoting financial inclusion, and supporting vulnerable groups.
- 12 Progress has also been made on projects to enhance access to data and intelligence and determine key measures that will enhance the council's understanding of our residents and their financial issues, as well as supporting the development of mechanisms to assess and evaluate the impact and outcomes of PASG work and the Poverty Strategy over its lifetime.
- 13 Activity to increase awareness and maximisation of benefit entitlements and the council's 'first point of contact' offer has been extended to include more detailed conversations to help those in financial difficulty as well as the continued provision of training to local Voluntary and Community Sector organisations to enable them to identify residents in need of financial support and signpost them to appropriate help.
- 14 We have continued to support young people as they prepare to progress further into education, employment, or training and supported programmes which help people access and sustain suitable employment.
- 15 We also continue to work with a wide range of organisations to provide a joined-up cohesive approach to tackling issues. For example, with private and social landlords to understand issues in the housing market, and support rough sleepers, ex-offenders, and vulnerable people into accommodation; educational settings to understand the scale and impact of poverty on young people and 'cut the cost of the school day'; and NEFirst Credit Union to provide interest free loans to families in need of financial assistance.
- 16 Focus has been placed on building on the success of previous initiatives. This has included developing the 'warm spaces' project into 'welcome spaces' to reflect the social inclusion benefits. The evaluation of the 2023/24 programme evidenced the wider social wellbeing benefits that people experienced and this year's programme will look to enhance these even further with an independent evaluation carried out before the 2024/25 phase is developed.
- 17 The evaluation report, provided by County Durham Community Foundation (CDCF), at the end of the first year of delivery showed that circa 17,000 people attended a Warm Space which equated to an average of 140 people per Warm Space. This results in an average cost per Warm Space attendee of approximately £8.50. As many people

attended Warm Spaces multiple times, the cost per visit will be lower than this. Over 1,000 volunteers have been involved with running Warm Spaces, with over 100 of these volunteers new to the organisations they supported.

- 18 'The Bread and Butter Thing' food hub network has also been expanded to 15 hubs which support around 1,200 families each week with low-cost food and access to advice (including financial support).
- 19 Whilst the council has supported its most vulnerable residents over recent years and has further increased support provision during the last year, the data presented in this report indicates that the risk of poverty and severe hardship increasing remains high in County Durham, and across the UK, driven by the increasing cost of living.
- 20 The impact of the strategy must be understood in the context of the ongoing cost of living crisis, which continues to impact our families, communities, and public services. Over the past year the focus has been on protecting our most vulnerable residents by providing a safety net. This has been done by drawing on the extension of the Household Support Fund and a range of other funding sources, and by working in partnership to sustain existing programmes and develop new ones.
- 21 The adoption of the strategy provides a joined-up framework for developing our longer-term goals and the locally led actions described in this report are a critical and effective part of helping lift people and communities out of poverty.
- 22 The Poverty Strategy aligns with existing strategies and plans in place across the county, including council documents such as the County Durham Plan and Digital Strategy as well as the County Durham Joint Health and Wellbeing Strategy.
- 23 Furthermore, the Strategy was developed alongside the Inclusive Economic Strategy to ensure that at the same time as responding on the immediate challenges in front of us, we are focused on building a stronger County Durham, one where everyone reaches their potential, and we have a future focused economy.
- 24 The Inclusive Economic Strategy is fundamental to the success of the Poverty Strategy. The IES will support the generation of jobs, growth and opportunities that will enable pathways out of poverty to be built and prevent people falling into poverty in the longer term.
- 25 However, this report recognises that the major tools needed to address this challenge remain with national governments, in the form of social security, tax, and regulatory powers. There is much still to do to promote social inclusion and support people and their families over the

coming months and years, particularly given the ongoing challenges of the current economic situation.

- 26 By maintaining our partnership-based approach to delivering the Poverty Action Strategy and action plan, we continue to make it everyone's business to respond to poverty and the risk to financial exclusion and delivery in line with the poverty action plan will continue to be closely monitored during 2024/25.

Recommendations

- 27 Health and Wellbeing is recommended to note:
- (a) the progress being made by the council and its partners in addressing the impacts of poverty and the wider issues including the ongoing impacts of the cost-of-living crisis;
 - (b) the actions for priority progress during 2024/25 detailed within the report and previously approved by Cabinet, which continue to reflect changes in the current poverty landscape, learnings in the last year and build on successful delivery to date.

Background

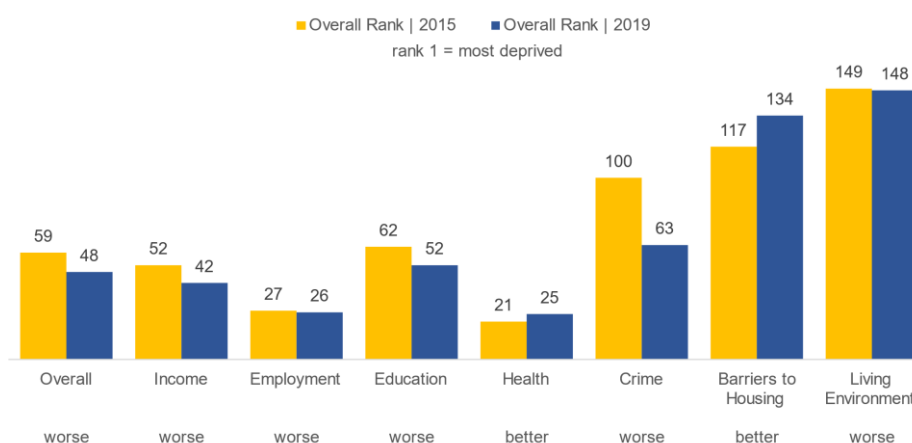
- 28 Poverty is multi-faceted. It comes in many shapes and forms and varies both in terms of duration and severity. Poverty is not just about money, it relates to opportunity, participation, and access to services. Its impacts are felt at an individual, household, and community level.
- 29 Although many of the drivers of poverty, such as the strength of the economy, employment, wage rates, national welfare provision and inflation, are beyond the council's direct control, the council remains committed to tackling all aspects of poverty.
- 30 This is the latest update report setting out the progress being made by the council and its partners in tackling and supporting people who are affected by poverty across the county.
- 31 It builds on previous update reports, and includes an overview of the 'core' financial support mechanisms the council has in place as well as progress of the actions included in our poverty action strategy 2022-26, adopted by Cabinet in November 2022 and considered by Corporate Overview and Scrutiny Management Board in December 2022.
- 32 The council continues to provide effective 'core' financial support mechanisms to low-income households, as well as supporting advice provision across the county. Support mechanisms include the Local Council Tax Reduction Scheme (LCTRS), Discretionary Housing Payments (DHP) scheme, advice, support, and guidance, including an in-house Welfare Rights team, and the Welfare Assistance Scheme (WAS) for those in crisis.
- 33 The council co-ordinates its efforts to tackle poverty across council services through the Poverty Action Steering Group (PASG). This is a senior officer group, chaired by the Corporate Director of Resources and attended by the portfolio holder for social inclusion. We also work closely with our key partners to ensure that we share intelligence on emerging issues.
- 34 The poverty action strategy sets out the council's strategic approach to addressing the issues surrounding poverty. The action plan not only sets out the short-to-medium term initiatives and investments we are taking to help our residents recover from the pandemic and navigate through the cost-of-living crisis, but the longer-term action that we hope will manifest into a changed and improved situation, helping to break the cycle of poverty.
- 35 It is important to note that the issues and challenges highlighted in this report cut across the key objectives in the Council Plan and as such the strategy aligns with existing strategies and plans in place across the

county, including council documents such as the County Durham Plan and Digital Strategy as well as the County Durham Joint Health and Wellbeing Strategy.

- 36 Furthermore, the Poverty Strategy was developed alongside the Inclusive Economic Strategy to ensure that at the same time as responding on the immediate challenges in front of us, we are focused on building a stronger County Durham, one where everyone reaches their potential, and we have a future focused economy.
- 37 The Inclusive Economic Strategy is fundamental to the success of the Poverty Strategy. The IES will support the generation of jobs, growth and opportunities that will enable pathways out of poverty to be built and prevent people falling into poverty in the longer term.

National, Regional and Local Picture

- 38 Across County Durham, poverty issues are exacerbated by high levels of deprivation. The county is ranked the 48th most deprived area in England (from 151 upper tier local authorities¹) with almost half of residents living in the 30% most deprived areas.
- 39 Further analysis shows the county to be the 26th most deprived for employment and the 42nd most deprived for income. The situation has deteriorated since the last survey in 2015.



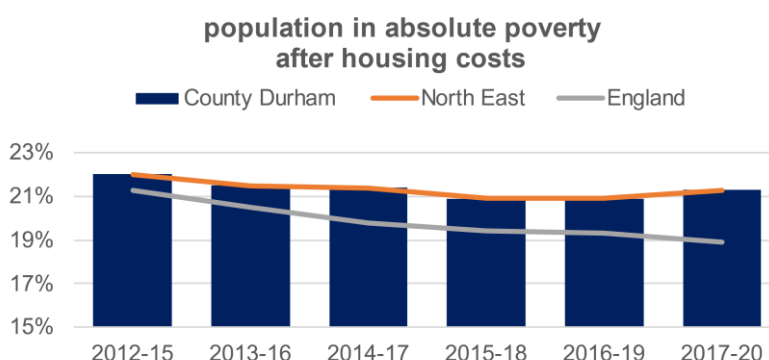
- 40 Although the amount of money that a County Durham household has available for spending or saving after all direct and indirect taxes have been paid and any direct benefits received (gross disposable household income) is increasing, it remains lower than the wider North East and the rest of England.

	2020	2021	Change

¹ [2019 Indices of deprivation](#)

County Durham	£16,362	£17,228	+ £866
North East	£16,935	£17,563	+ £628
England	£21,414	£22,213	+ £799
Gap with England	£5,052 24% lower	£4,925 22% lower	improving

- 41 Whilst it is difficult to evidence the drivers for this improved position between 2020 and 2021 Business Register and Employment Survey (BRES) data indicates an increase in jobs in the county, particularly full-time position. This period also covers a time of Universal Credit (UC) uplift which may have had an impact, particularly given we have a higher percentage of the working age population claiming UC than the rest of England.
- 42 We estimate that just over 112,000 of our residents (21.3%) live in absolute poverty² after housing costs. This is on par with the rate across the North East but is worse than the UK average (18.9%). The absolute poverty gap between County Durham and England has widened in recent years.



- 43 Latest data for the North East region suggests that around 56% of working-age adults with relative low income³ are living in households where at least one adult works.
- 44 In work poverty is further reflected in recent data relating to Universal Credit⁴ (UC). Across County Durham, the number of people claiming UC has increased in recent years, but the increase has been greater across those in work than those not in work.

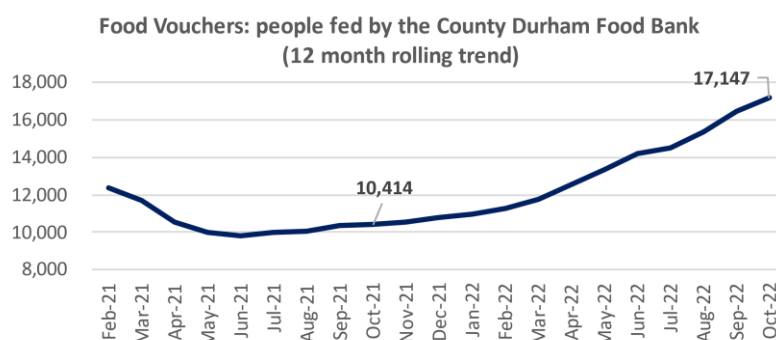
² Data relates to 2017/20 and reports people living in households with income below 60% of the 2010/11 median (adjusted for inflation). Median is the point which half of households have lower income and half higher income.

³ Data relates to the average of 2019/20 and 2020/21 and relates to income below 60% of the median for that year. Median is the point which half of households have lower income and half higher income.

⁴ UC is a single payment replacing the following benefits - income based job seekers allowance, income related employment and support allowance, income support, working tax credit, child tax credit, housing benefit.

	UC Claimants	UC Claimants in work	% of UC claimants in work
Mar-20	32,870	9,500	29%
Sep-23	58,729	19,909	34%
Change	+25,859 (+79%)	+10,409 (+110%)	+5 percentage points

- 45 The next iteration of national poverty data will be updated in February / March 2024 and once available will be analysed and presented in future reporting.
- 46 It has been suggested⁵ that the poorest quarter of households are set to see their incomes fall further. This marks a significant decline in wealth for a proportion of the UK compared to 10 years ago, with more people falling into absolute poverty⁶.
- 47 Much of this fall is due to the cost-of-living crisis and more specifically the impact of inflation on energy, food, and fuel. Lower-income households have been hit particularly hard. This impact is evident when looking at the numbers of people accessing food hubs / food banks, children, and young people eligible for free school meals (FSM) and households in fuel poverty.
- 48 During the 12 months ending 31 October 2022, the County Durham Food Bank issued just over 17,000 food vouchers – 65% more than the previous year. The ratio of adults to children has remained consistent over the last three years, with children making up 35 to 37% of the demand.

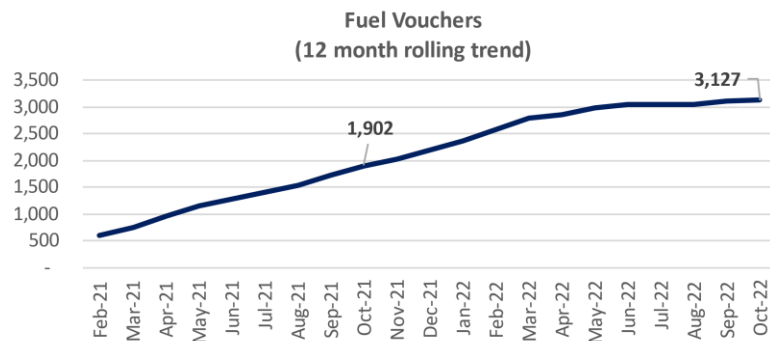


- 49 86% of vouchers issued during the 12 months ending 31 October 2022 were due to one of three reasons: low income (17%), benefit changes and delays (17%) and debt (14%).

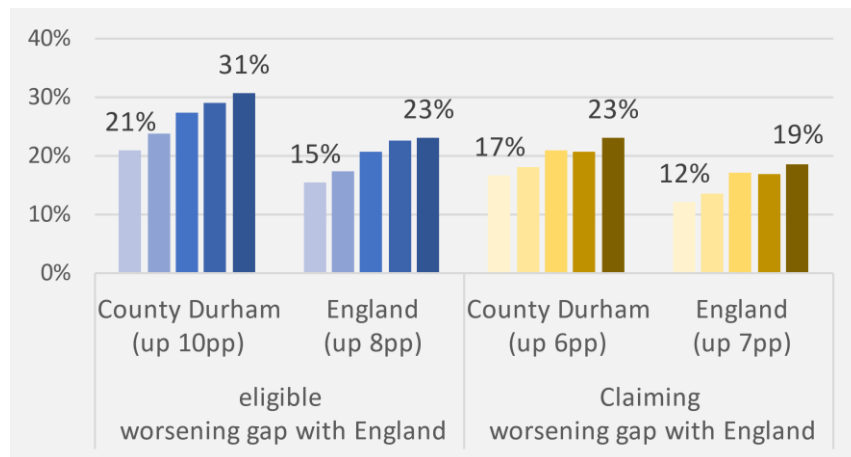
⁵ 2022 report by the Resolution Foundation

⁶ people living in households with income below 60% of the 2010/11 median (adjusted for inflation)

50 Over the same period, just over 3,100 fuel vouchers were issued, again 65% higher than the same period the previous year.

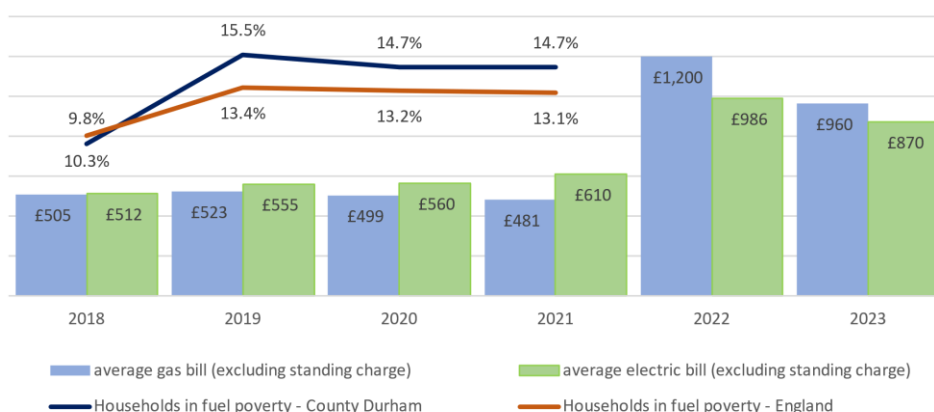


51 The proportion of children and young people eligible for FSM across the county has steadily increased over the last five years – and at a faster rate than the England average. In terms of claiming, the proportion has also increased – but at a slower rate than the England average.



52 Although the cost-of-living crisis is a major factor in the increase in FSM, it is also linked to Universal Credit roll-out (and the associated protections).

53 The most recent data (2021) suggests 35,210 households across the county are in fuel poverty⁷. However, this data does not include the impact of the cost-of-living crisis, which started in late 2021 and caused energy prices to increase significantly.



⁷ Living i
home, w

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- 54 Therefore, we expect to see a greater proportion of households in fuel poverty when more up-to-date national data is released in February / March 2024.
- 55 With the increase in cost of living due to the inflationary rate of food and fuel we have seen a dramatic increase in people who are in employment finding themselves struggling financially and at risk of falling into poverty.
- 56 This was highlighted by the changes to the Household Support scheme in 2023 where the DWP specified that part of the fund had to be available to those people who were not receiving other forms of additional help but were still struggling with the day to day living expenses.
- 57 This group have been referred to as ‘just about managing,’ as the household income tends to just cover the basic household expenses but leaves little surplus for any increases or unforeseen expenses while the income is normally too high to qualify for any traditional benefits support.
- 58 Durham is particularly at risk of this due to the type of work which is predominantly available in our area which is normally lower paid, has less reliable hours and not always of a fixed term nature.
- 59 On the ground our VCS and public service partners continue to report the following:
- (a) Rising demand at food banks is impacting capacity.
 - (b) More people in work are using food banks.
 - (c) More families are struggling to get by and afford essential basics.
 - (d) Debt problems are rising.

Rural Proofing and Digital Inclusion

- 60 When considering the national, regional, and local picture, it is important to recognise the geography of the county. County Durham is largely rural with some of the lowest population densities in the country – of the 300 recognised settlements, only 23 have a population of 5,000 or more⁸.

⁸ 2011 census

Land Type	Area of county	Population	Population density per hectare
Rural	57%	7%	0.3
towns and villages in a rural setting	32%	37%	2.7
Urban	11%	56%	12.1

- 61 The A68 splits the county. 90% of the population live to the east of the A68 in 40% of the geographical area. 10% live to the west in 60% of the geographical area.
- 62 The character of our rural areas and settlements vary, from the more remote locations in the Pennine Dales in the west of the county, to the larger villages in former coal mining communities in the centre and east of the county.
- 63 It is important to recognise that the needs of residents in rural areas differ from those in non-rural areas. Although all people living in poverty can expect to pay more for almost everything they buy, this is exacerbated in rural areas where the cost of food and fuel can be higher, houses can be more difficult to insulate (and therefore more expensive to heat), and where reduced public transport links puts increased emphasis on having a private car.
- 64 Lack of transport can prevent people accessing services, education, and employment. Cost, poor availability and long journey times have disconnected less affluent areas and rural communities from their wider labour markets.
- 65 We continue to deliver rural proofing activity to ensure the differing needs and issues affecting residents in rural areas are considered. This remains a priority in 2024/25.
- 66 Furthermore, the ability to interact digitally, essential to addressing social and economic inequalities and levelling up our communities remains a challenge for our rural communities.
- 67 Many of the cheapest ways of accessing goods and services are only available online, mainstream banking has disappeared from many of our highstreets (especially in rural areas) and many educational courses and job applications are restricted to online access. In addition, people who are not using online services can lack a voice and visibility in the modern world, as government services and democracy increasingly move online.

- 68 However, some people can afford neither the equipment nor the broadband required to get online. When the pandemic hit in March 2020, around 51% of households with an income of less than £10,000 had home internet access, compared to 90% of households with an income of more than £40,000. Even when poorer households were physically able to access the internet, they were less likely to have the skills to utilise it. In rural areas levels, digital inclusion may be further reduced by poorer quality broadband and mobile connections.
- 69 The council continues its delivery of the Digital Durham programme working with partners to further develop our digital infrastructure and increase the number of properties able to access full fibre to the premise broadband services at an affordable cost.
- 70 Coverage for super-fast broadband is currently 97% for County Durham (circa 240,000 households), with gigabit capable broadband currently at 59% coverage (circa 144,000 households).
- 71 Additionally, a multi-agency steering group has been created under the County Durham Together Partnership to consider the digital inclusion landscape. The group intends to support a more strategic and joined up approach to digital inclusion, explore opportunities to mitigate digital inclusion gaps.

Area Action Partnerships

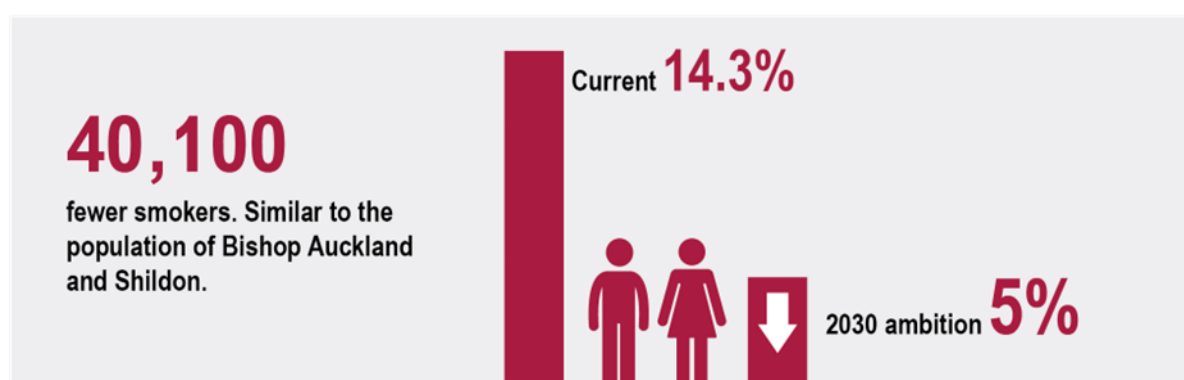
- 72 Area Action Partnerships (AAPs) are partnerships that consist of members of the public, representatives for Durham County Council, town and parish councils, police, fire, health, housing, business, university, and voluntary organisations.
- 73 AAP's give local people and organisations a say on how our services are provided. There are 14 AAPs in the county.
- 74 For the last few years, each of the 14 AAP have been allocated £10,000 to support projects tackling poverty. The £140,000 allocation to AAPs in 2023/24 has, to date, been matched with an additional £195,265 Area Budget as well as £252,444 in external match funding which has supported 20 projects aimed at reducing the impact of poverty on our local communities.

Tobacco Dependency in County Durham

- 75 Tobacco dependency, and the loss of income it causes, can exacerbate and lock people into poverty. Tackling tobacco dependency is one of the most effective ways of eliminating health inequalities. Research has found people who smoke from low socio-economic groups are less likely to succeed in their attempts due to facing greater barriers to

quitting, including dealing with increased stress related to material hardship/poverty.

- 76 The average smoker spends approximately £2,000 per year on tobacco. Smoking rates across the county are much higher among low-income groups. Smoking costs currently contribute to approximately 25,000 households living in poverty and 16,000 children living in poverty.
- 77 Tobacco dependency further locks children from low-income backgrounds into a cycle of inequality, by increasing their likelihood of smoking in later life and furthermore, children with a parent who smokes are more likely to go on to smoke (NHS, 2017).
- 78 It is estimated that each year at least 23,000 young people in England and Wales start smoking by the age of 15 because of exposure to smoking in the home (RCP, 2010).
- 79 Higher rates of exposure to smoking in childhood maintains disproportionately high rates of smoking and tobacco addiction among low socio-economic groups (by leading to long-term tobacco dependency).
- 80 More than two thirds of those who try smoking go on to become regular smokers, developing an expensive and often lifelong addiction causing disease, disability, and premature death.
- 81 Most adults who smoke want to stop. Work to reduce levels of smoking are having positive results, but there remains more for us all to do to achieve our ambition to make smoking history, as demonstrated by the infographic below.



National Policy Update

- 82 There have been changes to national policy (both welfare and cost-of-living related) since the last update was presented which have or will have an impact the financial position of residents across the county during 2024/2025 and beyond. The main changes are listed below:

Cost-of-Living Payments (2023 to 2024)

- 83 The government is funding extra cost-of-living payments to help people on certain benefits or tax credits with their daily expenses. This has led to reduced demand for wider support through the council's financial support schemes.
- 84 The payments are available across three key areas:
- (a) *Low-income benefits and tax credits*: available to people on means tested benefits (such as Universal Credit or Pension Credit) or who are claiming tax credits, the payments will be paid in three instalments: £301 (April / May 2023), £300 (October / November 2023) and £299 (Spring 2024).
 - (b) *Disability*: available to people in receipt of a qualifying disability benefit, the single £150 payment was paid in June / July 2023.
 - (c) *Pensioner*: available to people receiving Winter Fuel payments, the additional payment is worth between £150 and £300 and was paid in November 2023.
- 85 Durham residents have received over **£80 million** of these support payments which equates to additional income of up to £900 per eligible individual.

Increase to the National Living Wage (NLW)

- 86 Around 30,000 employees in County Durham currently earn less than the NLW. Women are the hardest hit, with around 19% being paid less than the living wage, compared to around 14 percent of men. This equates to around 17% of employees in County Durham, which is worse than the England average of around 12 percent.
- 87 The NLW increased by 9.7 percent in April 2023 to £10.42 an hour, and from 1 April 2024, it will increase further by an additional 9.8 percent to £11.44 an hour. The age threshold will also be lowered from 23 to 21 years old from April 2024.

Reduction in National Insurance Contributions (NICs)

- 88 From 6 January 2024, the main rate of Class 1 employees' NICs will be reduced from 12% to 10%, a tax cut of £450 per annum for the average worker.
- 89 From 6 April 2024, NICs for the self-employed will be reduced. The fixed weekly Class 2 contribution will be abolished, and the Class 4 contribution rate will be reduced from 9% to 8%.

The Back to Work Plan

- 90 From 6 April 2024 the welfare system will be reformed focusing on the long-term sick and disabled, and long-term unemployed. Sanctions will be strengthened for those who choose not to engage with measures that help them find work.

Increase in benefit payments.

- 91 For those who cannot work for legitimate reasons, the government will uprate all 2024/25 working age benefits, by the September 2023 CPI inflation of 6.7%, and will continue to protect pensioner incomes by maintaining the Triple Lock and uprating the basic State Pension, new State Pension and Pension Credit standard minimum guarantee for 2024/25 in line with average earnings growth of 8.5%.

- 92 Local Housing Allowance rates will be raised to the 30th percentile of local market rents.

Increase in free childcare for working parents.

- 93 Currently, eligible working parents of three- and four-year-olds receive 30 hours a week of free childcare.

- 94 From April 2024, working parents of two-year-olds will be able to access 15 hours of free childcare.

- 95 From September 2024, 15 hours of free childcare will be extended down to the age of nine months for working parents.

- 96 From September 2025 working parents will be able to access 30 hours of free childcare per week for 38 weeks per year from when their child is nine months old, to when they start school.

Increase in the Energy Price Cap

- 97 From 1 January 2024, the annual energy price cap will rise from £1,834 to £1,928. This means that energy bills of a typical household who use gas and electricity and pay by Direct Debit will increase by £94.

Government Funding

- 98 This section describes the government funding which is currently in place to support lower-income households and those in financial difficulty, and how that funding has changed and /or will change.

Household Support Fund (HSF)

- 99 The Household Support fund is a government funded grant which has been awarded to local authorities on an annual basis since 2020. It is to support people struggling with food, energy, and water costs, or who need essential household items. In cases of genuine emergency, it can also be used to support housing costs if existing housing support schemes do not meet this need.
- 100 The amount of funding and the criteria for the scheme can vary. Previous iterations of the scheme were funded for a period of six months. In 2023/24 this changed to 12 months, providing more flexibility and more strategic approach to be delivered by local authorities.
- 101 The total value awarded to Durham since October 2020, including the 23/24 HSF4 round is £25,903,983.95 and the fund has supported approximately 52,000 individuals and their families with financial support per annum.
- 102 In the 23/24 iteration of the scheme (HSF4) the council was allocated £9.3 million, covering the 12-month period of April 23 to March 24.
- 103 £4.5 million was issued in food vouchers to those who receive free school meals - £2.25 million was awarded in June/July 2023 with a further award of the same amount in November/December. A further cost of £112,00 covers the cost of producing these vouchers.
- 104 Each child claiming free school meals was awarded a £75 voucher in each period - a total of £150 per child over the two periods.
- 105 £1.1 million was awarded to schemes directed at households with children, including Safe Sleeping arrangements, a direct allocation to schools to make award to those who may not be eligible for Free School Meals but may be on low incomes, kinship carer award during winter and a care leavers award was also issued during the winter to support with food and fuel.
- 106 £1.7 million was awarded to County Durham Community Foundation (CDCF). Circa £1 million of was awarded to Durham Christian Partnership and East Durham Trust to provide food and fuel for the 12-month period. £700,000 was awarded to 26 grass root organisations and 2 further anchor organisations (Durham Carers and Age UK). These are small community groups supporting identified individuals as appropriate.
- 107 A further £1 million was transferred to CDCF during the final six months of the 23/24 period to continue to expand the delivery of direct support

to individuals. Demand for furniture and white goods has been particularly high across all organisations.

- 108 £50,000 was awarded to Housing Solutions to support individuals at risk of homelessness.
- 109 £133,000 was allocated to the Welfare Assistance scheme to support the increased demand for crisis support and settlement grants.
- 110 £270,000 was allocated to the application process for adults within the Adult Social Care Service and those in receipt of Housing Benefit only who are not eligible for the DWP Cost of Living Payments.
- 111 A further direct application process was open during the winter months to support individuals on low income struggling with costs during the colder periods. This included furniture/white goods and/or food/fuel where they were not eligible for other mainstream grants.
- 112 £100,000 was awarded to The Bread-and-Butter Thing to support with fuel during the winter months.
- 113 A contingency of circa £50,000 was also held from the fund to enable continued review of demand and to ensure resources were deployed where most required.
- 114 The council has been allocated further funding of £4,676,099.65 from the Government as Household Support Fund (HSF 5). This funding will be used to provide support to vulnerable households over the period 1 April 2024 to 30 September 2024.
- 115 HSF 5 provides a continuation of previous funding and although the value of funding mirrors the previous allocation of funding for HSF 4, it comes with new grant conditions.
- 116 The DWP have stated that the expectation is that HSF5 funding should primarily be used to support households in the most need who would otherwise struggle with energy bills, food, and water bills.
- 117 Energy bills may be of particular concern to low-income households during the period of the scheme and Local Authorities (LAs) should especially consider how they can support households with the cost of energy, food, and wider essentials.
- 118 HSF5 can also be used to support households with essential costs related to these items and with wider essential costs. The scheme can also be administered on behalf of the Council by third parties and should include an element of an application process. This can also include the ability to self-refer to a third party.

- 119 To ensure that the support is targeted at vulnerable households needing assistance and that this support is tapered to meet their needs; it is proposed that the council continues its previous approach.
- 120 This involves a range of support mechanisms being put into place, with delivery through both key Council services and partner organisations supporting the vulnerable and the third sector approach co-ordinated through a lead provider approach, namely County Durham Community Foundation.
- 121 This will see one voucher payment for those in receipt of free school meals, an application process eligible for those who have not received other forms of cost-of-living support and application from community based third party organisations, administered through the County Durham Community Foundation.
- 122 This scheme will run alongside the Council's Fun and Food initiative provided through Children and Young People's Services (CYPS) during the main school holidays, utilising the Government's funding for Holiday Activities with Food (HAF).
- 123 UK Shared Prosperity Funding and a contribution from HSF5 will support those families not eligible for FSM but who may be struggling with food costs during the extended summer holidays.
- 124 A robust communications plan will support effective rollout of this support and referral pathways to ensure access for those households needing it.
- 125 There has also been no confirmation of a continuation to the cost-of-living payments into 2024/25 which, alongside the reduction in the Household Support Fund, could lead to the withdrawal of additional support for people who are struggling with the continued increased cost of food and fuel from 01 April 2024.
- 126 With demand for local welfare provision, food and fuel help increasing year on year because of the cessation of this additional funding, is likely to have significant implications.
- 127 However, circa £1,000,000 to deliver additional initiatives with a focus on food poverty alleviation, the provision of cost-of-living advice and guidance and fun and food with half term activities has been secured through UK Shared Prosperity Funding.
- 128 All proposals will build upon the significant work already successfully delivered by the council and coordinated via the Poverty Action Steering Group and are proposed in response to the evidence and need and

demand that has been identified but cannot be funded by the council moving forward.

'Fun and Food' in County Durham

- 129 The council was allocated £2.3 million by the Department for Education to co-ordinate and deliver free holiday activities and healthy food for children eligible for free school meals during the Easter, Summer, and Christmas holiday periods in 2022.
- 130 Additional funding was secured to cover the remaining school holiday periods with Public Health providing £80,000 for February half term 2022 and the Poverty Action Steering Group providing £150,000 for May and October half terms 2022.
- 131 The programme has a dedicated webpage⁹ and Facebook group¹⁰, and each event also had effective signposting for families to access further advice and support. From summer 2023, representatives from the NEFirst Credit Union were in attendance to help families maximise income and encourage responsible borrowing and saving.
- 132 46,000 children and young people engaged with the 2022 programme and participated in activities such as arts and crafts, environmental and wildlife activities, STEM activities, sports and physical activity, and yoga and wellbeing. Healthy meals and snacks were provided with each activity.
- 133 In recognition of lower numbers of older young people attending previous Fun and Food provision, a new programme targeting 11 to 16-year-old children and their families has been developed. We are also expanding specialist provision for children and young people with Special Educational Needs and Disabilities (SEND).
- 134 £2.3 million was allocated by the Department for Education to co-ordinate and deliver free holiday activities and healthy food for children eligible for free school meals during the Easter, summer, and Christmas holiday periods in 2023. In addition, the Poverty Action Steering Group has allocated £425,000 for half-term holidays.
- 135 As part of the Fun and Food programme, free swim sessions (including Splashability sessions for children with SEND) continue to be provided for children aged 18 and under at weekends and during school holidays. 1,067 free weekend swims were recorded between April and June and almost 20,700 during the April, May, and summer holiday periods. Bottles of water and healthy snacks were provided at all sessions. The

⁹ www.durham.gov.uk/funandfood

¹⁰ [Fun and Food County Durham | Facebook](#)

scheme has also provided 92 free gym memberships to targeted young people over the age of 11.

Family Hubs

- 136 The council has been allocated £4.4 million covering the period 2022 to 2025 to develop its family hub and start for life offer (the funding is allocated annually over the three years). The three-year programme provides 'one stop shop' access to family support which includes debt and welfare support, alongside other support such as access to pre-loved clothing, food, personal hygiene packs, citizen advice and credit union support, and holiday activities with healthy food.

Employability Support Programmes

- 137 The Council has secured Shared Prosperity funding of £4.9 million pounds to continue to develop and embed the employment support programmes previously funded through European Social Fund.
- 138 These programmes make significant contributions to the reduction of youth and adult unemployment in the county and enable the council to take a strategic lead in the employability sector.
- 139 These programmes include Durham Works, Durham Enable, Durham Directions Reengagement and Adult employment support through the Employability team.
- 140 These programmes all operate a key worker model providing a dedicated point of contact for residents seeking support. Each programme directs support at discrete target groups including NEETs/Young People, over 50s, those with health conditions, those with a disability and those residents in temporary or insecure employment. These key vulnerable groups remain a focus for support through the efforts outlined in the emerging Inclusive Economic Strategy.

Single Homelessness Accommodation Programme

- 141 The council has been awarded just over £4.4 million to purchase 32 bedspaces (rooms) for rough sleepers or people at risk of sleeping rough, and to procure 24/7 wrap-around support to address substance misuse, domestic violence and abuse, wellbeing, and mental health.

Council Response

142 The council has adopted a strategic and co-ordinated approach to addressing the impact of poverty, changes to the welfare system and the cost-of-living crisis on our residents.

143 A range of policy interventions that support vulnerable low-income households are in place, including:

- (a) **Local Council Tax Reduction Scheme (LCTRS)** – there are currently just over 53,500 LCTRS claimants across the county, of which 20,467 (38 percent) are pensioners and 33,226 (62 percent) are working age claimants. Almost 80% of all working age claimants receive maximum help, leaving them with no council tax to pay. LCTRS support is forecast to be around £63.3 million this year.

Residents who do not qualify for 100% council tax reduction could be eligible for an additional payment of £50 – to date, 26,386 payments have been made equating to almost £1.4 million this year.

- (b) **Discretionary Housing Payments (DHP) scheme** – each year the council receives a specific grant from the Department for Works and Pensions (DWP) to fund a local scheme which provides top up payments to those in receipt of the housing benefit element of Universal Credit to meet any shortfall in housing rental costs. The total allocation for 2023/24 is £836,254 with a total of 1,232 awards made between 1 April and 3 December 2023, with a total spend and commitments to year end totalling £912,460. The current shortfall in the scheme will be offset by an element of the council's HSF 4 allocation.

- (c) **Welfare Support, advice, and Guidance** – the council recognises that effective advice and information services play a critical role in enabling residents to access available financial support, deal with issues of indebtedness and promote sound money management and is committed to ensuring that those in need of advice and information have access to suitable services across the county at a local community level.

The council supports and funds welfare support and debt management advice and guidance provision for residents via several routes.

Durham County Council is in the minority of councils that offer an in-house Welfare Rights team. The team offer a fully encompassing service providing welfare and benefits' advice to

customers, from responding to the initial inquiry about entitlement to benefits through to representation and advocacy at appeals and ultimately, Upper Tribunals with the aim of maximising benefit entitlement.

The team also provide training to both internal staff and external partners and lead on a range of benefit take up campaigns.

In 2022/23 the team worked with 5,900 new service users, maximised income to a value of circa £15.5 million and saw 88% of claims achieve a successful outcome.

During quarters 2 and 3 of 2023/24 the team have worked with 3,282 new service users maximised income to the value of £7.7 million and 86% of claims have received a successful outcome.

To further contribute towards its strategic aims and objectives, the council partners with Citizens Advice County Durham (CACD) to provide advice services to residents within County Durham.

The council provides funding to CACD to support the provision of a free, independent, impartial, high quality service offering information, advice, and casework services to residents of County Durham to maximise entitlement to and raise awareness of benefits, debt advice and a wide range of advice services to facilitate sustainable applications and where necessary, appeals.

- (d) **Welfare Assistance Scheme (WAS)** - as part of Welfare Reform Act 2012, the discretionary elements of the DWP social fund transferred to local authorities and from April 2013, councils became responsible for adopting a local policy and for providing support to people in crisis through daily living expenses and settlement grants.

The annual WAS budget is £1.013 million – of which £849,580 is available for spending on awards and £163,420 is a contribution to the administration costs of the scheme. The funding available for direct awards is allocated as follows:

- I. Area Action Partnership - £140,000 (£10,000 per AAP)
- II. The Durham Foodbank - £50,000
- III. FEED Project (East Durham Trust) - £5,700
- IV. Daily Living Expenses and Settlement Grants - £ 653,880

Any underspend against this budget is retained in an earmarked reserve that is overseen by the Poverty Action Steering Group to

help fund a range of interventions set out in the Poverty Action Plan. This has included the following:

Scheme	Funding amount	Funding agreed date
NE First Credit Union - Interest Free Loans	£30,000	20/01/22
NE First Credit Union – Business Development Manager	£85,000	15/05/22
Educational Experiences/Fun Fund	£15,000	20/10/22
Financial Inclusion Support Officer – Schools	£31,249	26/04/23
Schools Work Place Project	£656,862	15/09/23
The Bread-and-Butter Thing	£125,000	22/11/22
Holiday Activities with Health Food – Half Terms	£425,000	22/09/22
Advice/Crisis Recovery Fund	£378,000	23/06/23
Advice – Age UK	£73,900	15/12/22
Warm Spaces	£148,200	15/09/22
Welcome Spaces	£150,000	18/10/23
CACI Datasets	£21,994	7/11/23

The reserve was further augmented with £1 million of funding from the Hardship Fund government grant received in 2020/21.

Over the last five years the Welfare Assistance Scheme payments have totalled £2,966,551. In the current year it is forecast that £728,000 will be spent on this scheme.

The forecast earmarked reserve balance that will be carried over to next year is £1,040,386.

- (e) **Council Tax Exemption for Care Leavers** – from 1 April 2017 the council implemented a policy of exempting care leavers from council tax up to the age of 25. This policy offers additional support to those leaving care to facilitate their transition to independent living. The current cost of the scheme for 23/24 is £241,417, subject to Council Tax annual increases.

- 144 As detailed previously the council's Welfare Assistance Scheme, to which demand has increased year on year has run in conjunction with HSF. The HSF has enabled the council to support this increased demand for those eligible to a sum of approximately £150,000 per

annum. For those not eligible for support, HSF has enabled local food and fuel banks to meet the increased demand that has been seen despite the wider support available from Government's cost of living payments.

- 145 Without this additional funding, the gap in provision will be keenly felt by those low-income families who most need as well as driving a significant increase in demand on internal and external provision for the coming year with considerable resource and financial implications.
- 146 From a welfare assistance scheme perspective without the £150,000 HSF top up if funding, criteria, and demand remained at current increased levels, this fund would be fully spent during Q3 2024/25.
- 147 However, if demand increases beyond current levels due to the end of HSF and the end of the DWP cost of living payment, the fund is likely to be fully spent during Q2 2024/25.
- 148 Given the uncertainty over the future of the Household Support Fund that existed during Q4 23/24 a review the eligibility criteria, award levels and recurrence of applications for the council's Welfare Assistance Scheme was conducted.
- 149 The activity also included a review of how support is provided for Welfare Assistance alongside our foodbank provision to enable a larger number to access essential services and ensure that support is delivered throughout the year without an increase to the budget already allocated.

DCC Employee Support

- 150 The council also continues to support employee financial wellbeing as part of our wider approach to workforce health and wellbeing.
- 151 We continue to increase employee awareness and education around financial wellbeing by running regular workplace campaigns, including Talk Money Week; offering learning opportunities, such as our free Financial Ability workshops; and providing information and signposting to helpful resources on our employee wellbeing portal.
- 152 Our Employee Assistance Programme provides psychological support and counselling services for a variety of personal or professional issues that may impact employee wellbeing. Employees and their immediate family members can access support via the telephone helpline, online portal, or mobile app, if struggling with financial concerns, family issues, life-events, bereavement, health concerns or legal matters.

- 153 We have refreshed and improved access to our employee benefits package to help employees make the most of the schemes available. Our employee benefits package features a range of voluntary salary sacrifice and payroll deduction schemes than can help employees to spread the cost of travelling to work, put away more money for retirement, help to build a savings pot, or make small charitable donations. A new employee discount scheme launched in December 2023, helping employees to make their money stretch further.

Poverty Action Strategy and Plan

- 154 The overarching vision of our Poverty Action Strategy and Plan is ‘to work together so fewer people will be affected by poverty and deprivation in the county.’ The document describes the extent to which poverty impacts the prosperity of the county and its residents and outlines the action we will take to improve the situation.
- 155 We know that tackling poverty takes time so the action plan not only sets out the short-to-medium term initiatives and investments we will take to help our residents recover from the pandemic and navigate through the cost-of-living crisis, but the longer-term action that we hope will manifest into a changed and improved situation, helping to break the cycle of poverty.
- 156 The strategy and plan are structured around the following four objectives:
- (a) Objective 1: use intelligence and data to target support to low-income households.
 - (b) Objective 2: reduce the financial pressures on people facing or in poverty.
 - (c) Objective 3: increase individual, household and community resilience to poverty.
 - (d) Objective 4: reduce barriers to accessing services for those experiencing financial insecurity.
- 157 Since the strategy and plan were adopted by Cabinet (November 2022) significant progress in line with our action plan has been made. The strategy and action plan are living documents. They are designed to change as the poverty landscape changes, new funding opportunities and programmes arise, and existing programmes end or are further developed. Some of the programmes in the action plan have now ended or have been redeveloped as detailed in the action plan update, attached at appendix 2.

158 A summary of the breadth of work undertaken over the past year developing and delivering the strategy and action plan in line with each objective is presented below.

Objective 1: use intelligence and data to target support to low-income households.

159 Being able to access and utilise both the council's and partners' data and intelligence is incredibly important. It will allow us to identify vulnerable low-income households, target help toward them, and monitor (and learn from) the effectiveness of our initiatives and programmes.

160 We have invested significant time and effort improving access to data and intelligence, determining key measures that will allow us to better understand our residents and their financial issues, and developing mechanisms to assess the impact of our work. This has included:

- (a) The expansion of the council's 'multiple social vulnerabilities' dataset to include gas and electric priority register data, with work ongoing to complete the same process for water.
- (b) The completion of a thematic needs index for the local area (Durham Index of Need) and its use for targeted action. For example, we are working with the enforcement team to identify those most at risk financially so we can provide appropriate support and appropriate recovery actions.
- (c) The development of performance dashboards that 'describe' the impact of poverty and cost-of-living across the county and continued development of a bespoke performance dashboard (made up of internal and external datasets) that will support targeted benefit take-up activity and assess the of impact interventions.
- (d) Continued activity to increase awareness of benefit entitlements and programmes which help people access and sustain suitable employment. This includes a widened 'first point of contact' offer to include more detailed conversations to help those in financial difficulty and provision of training to local Voluntary and Community Sector organisations to enable them to identify residents in need of financial support and provide appropriate advice and support.
- (e) Registrations onto employability programmes and clients moving into employment, education or training are both better than target. Funding has been approved to extend programmes beyond December 2023 to March 2025.

- (f) The Kinship Care Team now has a dedicated Welfare Rights Officer and bespoke web pages to support carers and the children placed with them, and we have promoted the childcare support available for children placed under a Special Guardianship Order / Child Arrangement Order.

Objective 2: reduce the financial pressures on people facing or in poverty.

- 161 Between October 2022 and April 2023, a network of 175 warm spaces, funded by the Welfare Assistance Reserve (£148,200) and the County Durham Community Foundation (£74,100), welcomed 17,000 people. Evaluation shows the network not only achieved its primary purpose of helping people stay well through staying warm, but it also connected attendees to support services, including financial advice, housing support and advice, bereavement support, mental health and well-being and drug and alcohol support. In addition, many people benefited significantly from the social connection found at the Warm Spaces.
- 162 The PASG has agreed to support the continuation of the initiative in 23/24 and 24/25 under the programme title of 'Welcome Spaces', to reflect the social inclusion benefits. The initiative will also be expanded to as many community assets as possible, including the recently established family hubs. Funding is being provided by PASG (£150,000), Public Health (£100,000) and the County Durham Community Foundation (£175,000).
- 163 An allocation from the UK Shared Prosperity Funding is being sought for 2024/25. This is part of a larger initiative around communities and place including social action and energy efficiency, together with community hubs. An expression of interest has been approved with a final decision pending.
- 164 Since the last report, we have added an additional five operational hubs to the TBBT food hub network taking the total to 15. This was possible due to welfare assistance funding (£150k) purchasing an additional refrigerated van.
- 165 The hubs, collectively supporting around 1,200 families each week with low-cost food and access to advice (including financial support), continues to provide a stepping stone from the crisis support through food banks and through the Welfare Assistance Scheme.
- 166 All hubs are regularly operating to full capacity (approximately 80) for every weekly slot with some members unable to obtain a weekly slot. This regular weekly over-subscription means weekly slots are having to be rotated leading to some households only benefiting from the low-cost shop on a fortnightly basis.

- 167 During September 2023, free school meals and healthy start-up vouchers will be promoted in all operational hubs, with staff available to help people apply.
- 168 A mapping exercise has been undertaken around services offered by Registered Providers of social housing (RPs), and a new procedure introduced whereby a customer who has contacted the council for financial support through welfare assistance and has been unsuccessful in their claim, will be signposted to their landlord for support if they are a social housing tenant.
- 169 We are also working to understand the wider issues in the housing market. As part of the development work of the Homelessness and Rough Sleeping Strategy 2024/29, we investigated the reasons why people were presenting to the Housing Solutions Service from the private rented sector. Detailed analysis concluded that reduced availability of accommodation in the private rented sector is the main reason people are presenting as homeless or at risk of being homeless. Recent interest rate rises are impacting landlords who are either selling properties or increasing rents. This is driving an increase in evictions and is making the sector less affordable for those on lower incomes.
- 170 The Housing Poverty Group is working collaboratively on the issue of affordability in the current climate. A new money management and financial inclusion practitioners' group has been set up with local RPs to discuss the challenges faced by front line advisors and share good practice. An action plan is being developed to drive forward improvements.
- 171 The 'Cutting the Cost of the School Day' (CCSD) continues to provide training to educational settings which aim to gain a deeper insight into the scale and impact of poverty on children and young people, to challenge the stigma associated with living in poverty and support settings to develop practical steps in which to cut the cost of the school day.
- 172 Although the programme was suspended between 2020 and 2022 due to the pandemic, it allowed the programme to be revised and a bespoke programme for nursery schools to be developed. Revised training has been delivered to 16 schools (nine primary, six secondary and one special school) and five early years settings,
- 173 The council is working in partnership with NEFirst Credit Union to provide interest free loans of up to £500 to qualifying residents. Council staff working with children can refer families who they feel might meet the requirements for the loan. We have developed a webpage on the

DCC website to advise families of the support available when buying school uniforms.

- 174 We continue to promote the period poverty scheme to all pupils and schools through campaigns and our frontline staff - the latest campaign was at the start of the Autumn term 2023.

Objective 3: increase individual, household and community resilience to poverty.

- 175 Discovery activity to support the development of an accessible digital repository of services, enabling people to access the appropriate services, support and activities at the right place and time has been delivered with the project now moving to soft market testing stage.
- 176 We continue to deliver initiatives to support rough sleepers, ex-offenders, and other vulnerable people into accommodation. Accommodation officers are continuing to build links with letting agents and independent landlords and 26 properties have been secured for ex-offenders.
- 177 We continue to support Children Looked After (CLA) who are aged 17.5 years and transitioning to independent living and have developed a new 'skills for life' booklet which contains valuable information relating to understanding what skills young people have and what they need for the future.
- 178 A cost-of-Living support project was financed to be delivered by East Durham Trust, Citizens Advice County Durham, Age UK, and Durham Christian partnership which saw nearly 10,000 residents supported with advice, guidance or information, households' income increased by £802k and nearly £2million wrote off in debt.
- 179 Due to the success of this project, a bid from the Shared Prosperity Fund to continue this project through 2024/25 has been submitted to continue to provide this vital support to the residents of County Durham.
- 180 We continue to deliver training programmes to equip our frontline staff and volunteers with the skills to help increase resilience to poverty. For example, financial literacy and budgeting training, mental health awareness, and identifying financial abuse (as a form of domestic abuse) and the support available within communities.
- 181 We continue to support young people as they prepare to progress further into education, employment, or training.
- (a) DurhamWorks Programme for Schools. Supports young people in years 10 and 11 who have been identified as being at risk of

becoming NEET (Not in Education, Employment or Training). The programme includes careers advice, one-to-one mentoring support, and various activities focused on transition support, improving motivation, and Work-Related Learning and Enterprise.

- (b) The Workplaces Project. Helps young people in years 10 and 12 gain an insight into the world of work through visits to workplaces. They learn about specific employment sectors, the different job roles, as well as recruitment processes.
- (c) DurhamWorks, DurhamWorks 3 and DurhamWorks Futures. These programmes all provide support to young people aged 16-24 who are NEET. It includes one-to-one transition support, help to access learning (including English and maths qualifications), and securing employment within a defined timeframe.

Objective 4: reduce barriers to accessing services for those experiencing financial insecurity.

- 182 The council has refreshed and implemented its first point of contact offer at the Customer Access Points – focusing on digital inclusion and self-serve and continues to raise awareness of the availability of social tariffs through communication with a range of stakeholders, customer touch points and support organisations.
- 183 The Digital Durham website has been updated with further digital inclusion information, e.g., where to get free internet access and cheaper deals available to those on low incomes and an online postcode checker has been developed to help direct people to local digital inclusion related support.
- 184 Good Things Foundation have joined forces with several mobile providers to launch the National Databank which aims to tackle data poverty by providing free mobile data, texts, and calls to people in need. The Digital Durham Team are proactively seeking hyperlocal distributors for the DataSIMs.
- 185 Additionally, the availability of social tariffs, DataSIMs and new postcode checker has been proactively communicated to stakeholders, support organisations and a range of customer touchpoints.

Participation, Voice, and Advocacy

- 186 The council continues to work with a range of partners on the ground in communities and through a wide range of partnerships to ensure the voice of those living in poverty is heard.

- 187 Currently, a focus is being placed on poverty proofing, partnership working, advocacy and lobbying, and locality-based provision as ways of promoting participation and voice.
- 188 A key role of the PASG is to raise awareness of socio-economic inequalities through the promotion of poverty proofing. Members of the group act as champions in their own services and through interactions with other organisations to promote the adoption of poverty proofing in new policy and strategy development as well as new projects, programmes, and initiatives.
- 189 The PASG aim to ensure the Durham voice is heard in regional and national policy and have continued to contribute to regional and national consultations and participated in local and national studies including studies from the North East Child Poverty action group and contributed to national studies.

Partnership Working

- 190 Much of the work of the PASG including delivery of the Strategy and programmes and projects detailed within the Poverty Action Plan are dependent on partnership working.
- 191 Through partnership working, the PASG continues to raise awareness of poverty across the county, advocate for improving the life chances of those living in poverty and connect with our communities on the ground.
- 192 This has included local work with the Advice and County Durham Partnership supporting access to welfare advice, support and guidance, participation in regional LA officer groups, as well as supporting regional cross-sector stakeholder networks such as the North East Child Poverty Commission. Briefing papers have been provided to national consultations advocating for better cost of living support and additional work has been conducted with HEI partners on projects such as Child of the North.

Challenges and Opportunities

Local Authority/Statutory/Wider Funding

- 193 The impact of inflationary pressures on the Council, other public sector services and the VCS pose threats to our ability to sustain key services and infrastructure. Inflationary costs far outstrip government funding and council tax increases and the rise in demand outstrips capacity. It is critical that moving forward strategy maximises the benefits of working in partnership to deliver outcomes for residents.

- 194 Many support programmes are government funded, and this poses challenges. Firstly, delivering these programmes depends on drawing on the resource and skills of Council staff alongside our partners and delivery of these programmes is time and resource intensive, requires a range of governance and delivery systems to be established and draws on a variety of funding streams. This places further strain on limited resources.
- 195 Secondly, the programmes are often short term and ad hoc with limited longer-term funding security.
- 196 The PASG continue to advocate for local welfare funding, currently delivered in the form of Household Support Fund and Discretionary Housing Payment, to be put on a permanent, sustainable footing with a greater emphasis on preventative services and the promotion of households' financial resilience.

National Strategy/Policy

- 197 Many key policy decisions that determine levels of poverty are set nationally. The PASG must work in the context set by national policy. A key priority for the PASG is raising awareness of the extent and impact of poverty across the county to advocate for better anti-poverty policy.

Economic Uncertainty

- 198 The current economic landscape presents several challenges interest rate rises are impacting mortgage holders and renters as well as impacting businesses and may well reduce investment and reduce consumer demand.
- 199 Whilst inflation could fall substantially over the coming year and real wages rise it is unlikely that falling inflation will reduce the price of basics such as food and energy and is likely to mean the price of these basics is now rising less quickly.
- 200 It is also noted that the rise in real wages may not benefit the lowest wage earners and as such living standards look set for a continued squeeze. The impact on our residents, communities, public services, businesses, and VCS will continue against the backdrop of uncertainty and reduced resilience.

Setting Realistic Expectations

- 201 As previously noted, while there is much that can be done locally, many of the policies that determine poverty levels are set nationally and the socio-economic profile of the county leaves increases the potential impact of the cost-of-living crisis.

- 202 Setting realistic expectations, focussing activity on where local services can make the most difference and adopting a pragmatic approach to the evaluation of poverty alleviation strategic activity requires us to be open about the scale of the challenge, the impact that local policy can have and the challenges local services face.

Evaluating the Impact of the Poverty Action Strategy and Plan

- 203 A key challenge currently being considered by the PASG is how to evaluate the strategy. Practical issues such as real time data not available for key indicators such as the number of people in poverty and joining up local data sets remain an ongoing challenge.
- 204 Additionally, poverty is an entrenched problem with systemic causes which take time to enact change. Poverty is not solely or even primarily determined by policy at local level. Changes in key indicators such as the number of people in poverty are dependent on national economic and social policies. These indicators could improve or deteriorate regardless of the success or failure of the strategy and associated policies and programmes.
- 205 Given the fact that the strategy has only just moved into its second year, combined with issues around data availability, it is too early to present before and after data on its impact on levels of poverty across the County. Official poverty statistics are only available for 2021-22 and the impact of the cost-of-living crisis means that the strategy is operating against a challenging backdrop. It is therefore important to note that in this context, more people could fall into poverty despite the strategy.
- 206 To fully understand the impact of the Poverty Strategy and Action Plan an evaluation programme that can help identify which policies and programmes are working, who they are working for, and in what contexts, is required.
- 207 This will require three phases of work. The first will involve mapping how the poverty profile of the county changes over the five-year life of the strategy. The second, will include evaluating how the Poverty Strategy is impacting on policy and practice. The third, will require evaluation of the specific impacts of the policies and programmes in the action plan to figure out which programmes and project deliver the greatest impact and should be continued.
- 208 The PASG will continue to work with stakeholders and partners to explore the feasibility of providing enhanced real time data and a robust evaluation strategy.

Moving Forward

- 209 Whilst the Council has supported its most vulnerable residents over recent years and has further increased support provision during the last year, the data presented in this report indicates that the risk of poverty and severe hardship increasing remains high in County Durham, and across the UK, during late 2023 and into 2024, driven by the increasing cost of living.
- 210 The locally led actions described in this report are a critical and effective part of helping lift people and communities out of poverty. But the report recognises that the major tools needed to address this challenge remain with national governments, in the form of social security, tax, and regulatory powers. There is much still to do to promote social inclusion and support people and their families over the coming months and years, particularly given the ongoing challenges of the current economic situation.
- 211 By maintaining our partnership-based approach to delivering the Poverty Action Strategy and action plan, we continue to make it everyone's business to respond to poverty and the risk to financial exclusion.
- 212 Progress in line with the poverty action plan will continue to be monitored and actions for priority progress during 2024/25 are detailed at appendix 2.
- 213 Over the coming year a focus will remain on protecting our most vulnerable residents and providing a safety net in the context of available resources.
- 214 The Council, working with our partners across the public, private and VCS sectors and, most importantly, working with our communities, can ensure that the services we provide, the strategies and policies we develop, the decisions we make and the ways in which we work together help promote our Poverty Strategy and Action Plan vision and objectives.
- 215 The PASG focus on what works to reduce poverty and health inequalities alongside collaboration with health partners and academic research colleagues, will result in new programmes being developed and the building of an evidence base on what works and this will feed into the ongoing development of the action plan.
- 216 Opportunities for place and locality based working and co-production are being developed and implemented and despite the challenges of the cost-of-living crisis, the council and partners are maintaining and developing the range of programmes which help provide support for our

most financially vulnerable residents and help provide essential support. For example, through the cost of living and financial wellbeing support initiative, provision of welfare advice services and welcome spaces programme.

- 217 Protecting our most vulnerable communities will remain a priority but wider work will continue with programmes such as regeneration and skills, education, health, and housing. Over the longer term, these programmes are fundamental to support prevention, pathways to support and participation from communities.

Conclusion

- 218 Poverty is multi-faceted. It comes in many shapes and forms and varies both in terms of duration and severity. Poverty is not just about money, it relates to opportunity, participation, and access to services. Its impacts are felt at an individual, household, and community level.
- 219 Whilst the council has supported its most vulnerable residents over recent years and has further increased support provision during the last year the data presented in this report indicates that the risk of poverty and severe hardship increasing remains high in County Durham, and across the UK, driven by the increasing cost of living.
- 220 The locally led actions described in this report are a critical and effective part of helping lift people and communities out of poverty however, the major tools needed to address this challenge remain with government, in the form of social security, tax, and regulatory powers. There is much still to do to promote social inclusion and support people and their families over the coming months and years, particularly given the ongoing challenges of the current economic situation.
- 221 By maintaining our partnership-based approach to delivering the Poverty Action Strategy and action plan, we continue to make it everyone's business to respond to poverty and the risk to financial exclusion and progress in line with the poverty action plan will continue to be monitored during 2024/25.

Background papers

[Poverty Action Strategy and Plan 2022-26](#)

[Poverty Issues – Cabinet: December 2021](#)

[Poverty Issues – Cabinet: November 2020](#)

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Appendix 1: Implications

Legal Implications

There are no direct legal implications arising out of this report, which is provided to give members an overview of the current situation regarding poverty issues and to update on the progress of the council and partners in addressing and alleviating poverty across the county.

Finance

The council supports welfare provision and poverty alleviation through several service budgets across the council, such as the Welfare Assistance Fund and Discretionary Housing Payments (DHP) policy which are administered by the council's Revenues and Benefits Service. The council also offers discretionary Council Tax relief to individuals and households in financial hardship and has protected residents from government reductions in Council Tax Benefit through the approach it has taken to local Council Tax Support. The longer-term financial implications for the council are at this stage difficult to quantify.

Consultation

The Poverty Action Plan and Strategy was informed by feedback and engagement through consultation with council services and partners.

Equality and Diversity / Public Sector Equality Duty

The council's Welfare Assistance Scheme, Discretionary Housing Payments policy, and Local Council Tax Support Scheme, have been subject to equality impact assessments where appropriate.

Climate Change

Not applicable.

Human Rights

Not applicable.

Crime and Disorder

Not applicable.

Staffing

There are no staffing implications.

Accommodation

Not applicable.

Risk

Not applicable.

Procurement

All procurement guidelines are adhered to in the delivery of the poverty strategy and action plan.

Appendix 2: Poverty Action Strategy: current position of the action plan

OBJECTIVE 1: USE INTELLIGENCE AND DATA TO TARGET SUPPORT TO LOW INCOME HOUSEHOLDS.

Actions / projects / programmes completed to date:

- Completed a feasibility study and pilot of delivering Mental Health Awareness Training at scale to staff and volunteers who work with people experiencing poverty to help address the known impacts of poverty on mental health.
- Explored how Making Every Contact Count (MECC) with financial wellbeing and referring and/or signposting individuals to financial support can be embedded into a range of health pathways, for example community connectors.
- Initiated project to support the development of measures to evaluate and measure the impact and outcomes of the work being delivered by the council and partners in line with the strategy and action plan.
- Reviewed the Special Guardianship Order policy to meet the needs of kinship carers, identifying access to a wide range of support/services and financial support.
- Reviewed the healthy start vitamin programme delivery and implemented a phased distribution process to ensure eligible families have access free vitamins and are aware of the benefits of healthy eating.
- Widened the 'First Point of Contact' offer to include more detailed support conversations to help those in financial difficulty.
- Delivered annual programme of 'Benefit Awareness Training' to DCC service teams.
- Carried out workshops to give staff the skills and confidence to identify customers who are potentially vulnerable (through bereavement, mental health ill-health, relationship breakdown) and signpost them to available support (annual programme).
- Provided training to local Voluntary and Community Sector (VCS) organisations to enable them to identify residents in need of financial support and provide appropriate advice and support to maximise their benefit entitlement (annual programme).
- Worked with communities and partners to review and reframe communication and engagement plans to reduce stigma around poverty, support access to information on available financial support. and increase uptake of financial entitlements.
- Increased awareness of benefit entitlements and programmes which support people into suitable employment.
- Promoted the availability of lower cost digital connectivity services such as social tariffs for those in receipt of certain benefits.
- Promoted, with childcare providers and families, the support available to help with childcare.

Actions / projects / programmes to be completed by 31 March 2024:

- Work with partners to identify locations that can act as community hubs for residents to obtain financial advice/ information and help to improve their digital skills.

Priority actions / projects / programmes to be completed during 2024/25:

- Continue to develop a joined-up Business Intelligence approach to managing poverty data and to identify and engage with people who are entitled to benefits but are not claiming.
- Enhance understanding of the housing market to help people struggling with their housing costs to remain in their homes through implementation of the council's new Housing Strategy.
- Understand the levels of reported financial abuse within specialist domestic abuse services and partners.
- Work with partners to strengthen the process for identifying people who are vulnerable, a) financially, b) in relation to health and well-being.
- Ensure public health contracts maximise opportunities to refer and/or signpost individuals and families to financial support.
- Work with external partners such as the DWP to provide support to those who are impacted by the transition to Universal Credit.

Actions / projects / programmes to be completed during 2025/26:

- Improve data capture and intelligence which informs the work and reporting mechanisms of the Poverty Action Steering Group and wider partners.
- Develop an approach for using confidential datasets, ensuring the data can be shared, joined-up and used without compromising data protection legislation.
- Use national and local data to inform initiatives and projects aimed at addressing poverty; this includes predictive modelling to develop effective, targeted approaches when needed to address emerging issues affecting households.
- Continue delivery programme of targeted campaigns to increase the number of people undergoing benefit checks, for example, holiday hunger campaign, over-75s, Care Connect users, women, and pensioners.
- Review DCC funded welfare advice and guidance services across County Durham focusing on location, accessibility, and quality of service.
- Development of a programme to give people who are in poverty a voice to tell their story and change the narrative to reduce stigma which can be associated low income.

OBJECTIVE 2: REDUCE THE FINANCIAL PRESSURES ON PEOPLE FACING OR IN POVERTY.

Actions / projects / programmes completed to date:

- Continued to provide effective support mechanisms for more vulnerable households, through the Local Council Tax Reduction Scheme (LCTRS), Discretionary Housing Payments and Partnership support arrangements.
- Completed evaluation activity to ensure the mechanisms in place to support those in crisis remain effective, including the council's Welfare Assistance Scheme.
- Supported the Advice in County Durham Partnership to ensure their referral pathways are effective.

- Developed an evidence-based approach to ensuring that food provided through food inequality initiatives work with government recommendations on healthy eating and adopt the Eatwell Guide as the standard they work towards achieving for their food offer.
- Supported the Durham Food Partnership to deliver its strategy to alleviate food insecurity.
- Delivered a range of initiatives to alleviate food inequality including the expansion of the Bread-and-Butter Thing programme which effectively distributes surplus foodstuffs, at competitive prices, to individuals and families in need.
- Initiated a scoping exercise to inform options to implement wrap-around support (financial engagement - e.g., benefits advice) as part of 'Bread and Butter Thing' provision.
- Improved the service offer provided by Housing Solutions to better assist households struggling with their housing costs and work with the wider council services.
- Developed a joint action plan for the housing poverty group with regular updates provided to the poverty action steering group.
- Developed an incentive scheme to enable Ukrainian guests to access private rented houses at the end of their accommodation with UK hosts.
- Worked with partners to ensure a consistent approach to debt advice provision across the county supporting a national review through money advice and debt service.
- Raised awareness of illegal doorstep lending through targeted campaigns (annual programme).
- Improved access to, and encourage more people to use, credit unions to obtain low-cost credit.
- Reviewed the Healthy Start Programme offer for County Durham and provided recommendations to improve uptake and reduce inequalities.
- Delivered a range of initiatives to alleviate fuel poverty (Annual Programme)
- Developed and implemented 'Cutting Cost of the Pre-school Day' to 50 nurseries and pre-school settings.
- Delivered 'Cutting the Cost of the School Day' programme to an additional 75 schools/colleges across the county, focusing on communities top 30%.
- Explored a model to further extend 'Cutting the Cost of the School Day' to include audit of impact.

Actions / projects / programmes to be completed during 2024/25:

- Use the approach to wellbeing to scope how to create financial wellbeing at community level to help people feel more secure and in control of their finances, both now and in the future, knowing that they can pay the bills today, can deal with the unexpected, and are on track for a healthy financial future.
- Expand the use of the benefit calculator to other services across the council.

OBJECTIVE 3: INCREASE INDIVIDUAL, HOUSEHOLD AND COMMUNITY RESILIENCE TO POVERTY.

Actions / projects / programmes completed to date:

- Set up a new service (young person project) to support young people aged 17.5 years transitioning from children's services and Children Looked After to help prepare them with skills for independent living at 18 years and assist with finding suitable accommodation post 18 years (pilot for 18 young people).
- Explored the feasibility of delivering Mental Health Awareness Training at scale to staff and volunteers who work with people experiencing poverty to help address the known impacts of poverty on mental health.
- Explored the feasibility of delivering Tobacco Awareness Training at scale to staff and volunteers who work with people experiencing poverty. Stopping smoking can increase family income, reduce the impact of absenteeism from the workplace and helps to reduce long term health conditions which can lead to the inability to engage in employment.
- Developed a business case and recommendations for an accessible digital repository of services, enabling people to access the appropriate services, support, activities at the right place and right time in line with the County Durham Together Programme.
- Increased awareness of adult commissioned services which support vulnerable people to access housing, maximise income, reduce debt, provide employability support, and reduce social isolation. Completed a review of current drop in venues across the county to ensure inclusion of difficult to reach communities.
- Joined up the Financial Ability project (formerly Durham Savers initiative) with 'money matters and advice' provision programme.
- Delivered three training programmes about financial literacy and budgeting to frontline practitioners working with children, young people, and families.
- Improved the referral pathways in relation to financial advice and support for frontline staff in Children's Social Care and the One Point Service.
- Delivered financial support initiatives to people who are homeless, leaving care or veterans.
- Raised awareness of financial abuse as a form of domestic abuse and what support is available for victims/survivors within communities.
- Delivered proposals linked to the Bus Service Improvement Plan which includes a cap on bus fares, especially for young people, demand responsive bus services in rural areas and tailored routes to meet the specific requirements of rural communities.
- Joined up work being delivered on green spaces with food poverty / food resilience /sustainable low-cost food.
- Delivered employability programmes that assist residents to access and sustain job opportunities, for example, Durham Advance, LINKCD, CLLD projects, Refugee Resettlement Programme extended and the FLEX programme.
- Arranged a jobs fair to introduce Ukrainian guests living across the County to potential employers.

Actions / projects / programmes to be completed by 31 March 2024:

- Fully understand the findings from the latest 'left behind communities' research and identify appropriate actions to address some of the issues highlighted.
- Support the smooth transition from European Funding Streams to the Shared Prosperity Fund and finalise poverty alleviation funding proposal.
- Deliver initiatives that support rough sleepers, ex-offenders, and other vulnerable people into accommodation.
- Implement and evaluate the impact of the new Durham Help service offering mental health support to residents who are looking for employment, education, and training through the various DCC employment programmes.

Actions / projects / programmes to be completed during 2024/25:

- Provide targeted and engaging delivery of numeracy and literacy to improve the levels of basic skills across the county (through the Multiply programme and mainstream Adult Education Budget).
- Evaluate the delivery of support to 1,300 school pupils in years 10 and 12 who are classed as vulnerable and at risk of not making a successful transition into education, employment, and training.

Actions / projects / programmes to be completed during 2025/26:

- Investigate the possibility of expanding/duplicating the Mental Health Hospital Discharge Scheme (dispersed accommodation – housing first model) to support people leaving services and increasing throughput to support more vulnerable people.
- Support Inclusive Economic Strategy Delivery Plan activity.

OBJECTIVE 4: REDUCE BARRIERS TO ACCESSING SERVICES FOR THOSE EXPERIENCING FINANCIAL INSECURITY.

Actions / projects / programmes completed to date:

- Refreshed the first point of contact offer at the Customer Access Points to focus on digital inclusion and self-serve with support, access to the internet and a device being at the forefront of service delivery. Extended to include more detailed conversations to help those in financial difficulty.
- Continued annual programme of provision of training to local Voluntary and Community Sector organisations to enable them to identify residents in need of financial support and signpost them to appropriate help.
- Reviewed the findings from consultation which asked children, young people, and adults, many of whom currently do not participate in leisure activities, about the barriers preventing them from becoming more physically active and identified actions to address some of the issues highlighted (including a review of concessions, new pricing options and the launch of new products which will offer more cost-effective options for families).
- Promoted the availability of lower cost connectivity services such as social tariffs for those in receipt of certain benefits.
- Used data and intelligence to identify our most vulnerable communities to support access to public transport and developed proposals linked to the Bus Service

Improvement Plan including a cap on bus fares, especially for young people, demand responsive bus services in rural areas and tailored routes to meet the specific requirements of rural communities.

Actions / projects / programmes to be completed during 2024/25:

- Further develop online postcode checker to facilitate signposting to digital inclusion related support in terms of access to devices, connectivity, and training/skills.
- Explore opportunities to develop a digital inclusion strategy which supports a strategic and joined up approach to digital inclusion and mitigates the digital inclusion gaps.

Actions / projects / programmes to be completed during 2025/26:

- Investigate the feasibility of broadband providers, working with social housing providers, to provide social tariffs for those in receipt of certain benefits.
- Continue delivery of the Digital Durham programme working with partners to further develop our digital infrastructure and increase the number of properties able to access gigabit-capable broadband services and improved connectivity at an affordable cost. County Durham gigabit coverage is currently 59%, and expected to increase as the rollout progresses.

Poverty Action Strategy and Action Plan – Progress Update

13 May 2024



Better for everyone



Poverty Action Strategy and Plan

The overarching vision of our Poverty Action Strategy and Plan is ‘to work together so fewer people will be affected by poverty and deprivation in the county.’

We know that tackling poverty takes time so the action plan not only sets out the short-to-medium term initiatives and investments we will take, but the longer-term action that we hope will manifest into a changed and improved situation, helping to break the cycle of poverty.

Objective 1 Use intelligence and data to target support to low-income households

Objective 2 Reduce the financial pressures on people facing or in poverty

Objective 3 Increase individual, household and community resilience to poverty

Objective 4 Reduce barriers to accessing services for those experiencing financial insecurity



Objective 1: Use intelligence and data to target support to low-income households

Multiple Social Vulnerabilities dataset now includes Gas and Electric Priority Services Register Data

Completion of Durham Index of Need

Poverty dashboard and Cost of Living dashboard developed for Durham Insight

Development of an evidence based approach to ensure food inequality initiatives follow the Eatwell Guide

Identification of areas at most risk financially identified to target support with data dashboard requirements being considered in line with the corporate business intelligence programme.

DWP permission granted to support re-use of data for the purpose of benefit maximisation and take up activity.

Baseline review of welfare advice and guidance services delivered and funded by DCC underway.



Better for everyone

Objective 2: Reduce the financial pressures on people facing or in poverty

Continued provision of effective support to vulnerable households through CTR, housing payments and partnership support arrangements

Funding an additional TBBT van has increased food hubs to 15 (1200 residents a week)

Financial support (e.g. benefits advice) now part of TBBT provision

Debt Review complete – will inform wider review of advice services

Landlord incentive scheme developed (Homes for Ukraine)

Employability Fair delivered to introduce Ukrainian guests to potential employers

Work being delivered with private and social landlords to understand issues in the housing market

Review of support available to tenants in the private rented sector who are struggling to pay their rent underway in line with wider strategy review re. homelessness)

Pilots of the revised 'Cutting Cost of the School Day' programmes underway



Objective 3: increase individual, household and community resilience to poverty

Introduction of financial support initiatives to people who are homeless, leaving care or veterans

Dedicated Welfare Rights Officer aligned to the Kinship Care and Support Team

Ongoing support to Children Looked After (CLA) aged 17.5 years and transitioning to independent living

Financial literacy and budgeting training sessions delivered to frontline staff working with children and young people.

Mental Health Awareness Training delivered to staff and volunteers working with those experiencing poverty

Development of Making Every Contact County (MECC) within the financial wellbeing programme

Awareness sessions highlighting financial abuse as a form of domestic abuse and the support available within communities

Pilot to expand the Mental Health Hospital Discharge Scheme to assist people requiring financial support

Objective 4: reduce barriers to accessing services for those experiencing financial insecurity

Implementation of a first point of contact offer at the CAPs with a focus on digital inclusion and self-serve

Exploration of opportunities to remove barriers to becoming more physically active through the launch of new pricing options and new products.

Digital Durham website updates with digital inclusion information, e.g. where to get free internet access and cheaper deals available to those on low-incomes (an online postcode checker is being developed to further enhance)

Availability of mobile call and data social tariffs communicated to stakeholders, customer touch points and support organisations.

Digital Inclusion workstream established within County Durham Together Programme to support a partnership and community-based intervention approach to successfully tackle digital exclusion.



Next steps



Continued monitoring of action plan delivery via Poverty Action Steering Group



Continue to work with partners and communities to promote the Poverty Strategy and Action Plan vision and objectives



Develop and implement opportunities for place and locality-based working.



Prioritise protecting our most vulnerable communities whilst delivering regeneration and skills, education, health, and housing programmes.



Ongoing review and evaluation of the Strategy and Action Plan (2022-26)



Better for everyone

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Health and Wellbeing Board

13 May 2024

Health Protection Assurance Annual Report

**Jane Robinson, Corporate Director of Adult and Health Services,
Durham County Council**

Amanda Healy, Director of Public Health, Durham County Council

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 The purpose of this report is to provide members of Health and Wellbeing Board with an update on the health protection assurance arrangements in County Durham and health protection activities over the course of the year.

Executive summary

- 2 The Health Protection Assurance and Development Partnership (HPADP) meets bimonthly and seeks assurance on five main strands of health protection activity, in addition to data and communications which are threaded throughout:
 - (a) screening programmes;
 - (b) immunisation programmes;
 - (c) outbreaks and communicable diseases;
 - (d) strategic regulation interventions;
 - (e) preparedness and response to incidents and emergencies.
- 3 Key issues identified in and addressed since last year's report include:
 - (a) collaborative work with Harrogate and District Foundation Trust, NHSE and schools, including addressing issues of equity of access resulting in improved uptake across all the school aged immunisation programmes;
 - (b) successful planning and delivery of the targeted 2–3-year flu pilot programme delivering the vaccinations within the nursery to raise

uptake rates. County Durham achieved the highest uptake for ages 2 and 3 years in the North East region;

- (c) work with system partners to deliver improved uptake rates for bowel and cervical cancer screening and abdominal aortic aneurysm screening and shingles and pneumococcal polysaccharide (PPV) vaccinations;
- (d) partners participated in the multi-agency delivery of several well received 'Table Top' exercises to 'operationalise' plans and protocols with partners from across the Local Resilience Forum (LRF), providing assurance of emergency preparedness during a period of significant organisational change. Further exercises are planned for the future;
- (e) the publication of the Sexual Health Strategy for County Durham and the development of the action plan to address key objectives identified in the strategy.

4 Additional achievements in the last year include:

- (a) collaborative work with UK Health Security Agency (UKHSA) to address emerging health protection concerns including a complex outbreak of Group A Streptococcus (GAS) infections in a special educational needs school, planning and maximising measles, mumps, and rubella (MMR) vaccination uptake to protect the population from the predicted measles case increases and continued work with the trust to address health care associated infections (HCAI);
- (b) flu vaccination rates in County Durham have continued to be favourable and in every major target group, exceeding the rates for England;
- (c) completion of the Breast Screening Health Equity Audit and forward programme of work led by NHSE working with local partners;
- (d) development and implementation of the North East North Cumbria ICB anti-viral prescribing pathways facilitating the provision of medication to those identified as contacts to prevent transmission of these communicable diseases;
- (e) implementation of Community Protection Service (CPS) Workforce Development and Staff Retention Plan 2021-2026;

- (f) development and support for a network of 'warm spaces' across the county in winter 2022/23 and their development into 'welcome spaces' as centres providing more holistic support in winter 2024/25.
- 5 The in full list of recommendations are detailed in the Health Protection Assurance Annual Report. Particular areas for improvement and further assurance in 2024 are highlighted below and include:
- (a) work with the County Durham sexual health service to increase communication, testing, treatment and partner notifications of STIs with a particular focus on syphilis and gonorrhoea in the context of local epidemiology;
 - (b) continue ongoing system working with County Durham and Darlington Foundation Trust (CDDFT) and key stakeholders to support high quality infection prevention and control measures;
 - (c) continuing to progress the collaborative work with IntraHealth, NHSE and schools, including addressing issues of equity of access, to maximise uptake of all school-aged vaccinations;
 - (d) maximise the uptake of MMR vaccination across County Durham to provide the best protection to residents from the national increase in measles cases;
 - (e) work collaboratively with partners to expedite improvements and amplify local communications to increase uptake rates for breast cancer screening, diabetic eye screening, chlamydia detection rates and HIV testing coverage within County Durham;
 - (f) support the development of LRF 'Table-top' exercises to 'operationalise' plans to ensure staff are knowledgeable and competent to contribute to future incidents.

Recommendations

- 6 Health and Wellbeing Board is recommended to:
- (a) note the content of the report;
 - (b) note that the report provides broad assurance that effective processes are in place for each of the key strands of health protection activity;

- (c) note and support the areas for improvement and further assurance, particularly the school-aged immunisation service contract and sexual health contract. Both of these contracts are priority areas of work for improvement, development and assurance.

Background

- 7 The protection of the health of the population is one of the five mandated responsibilities given to local authorities as part of the Health and Social Care Act 2012. The Director of Public Health (DPH) for County Durham is responsible under legislation for the discharge of the local authority's public health functions.
- 8 The health protection element of these statutory responsibilities and the mandatory responsibilities of the DPH are as outlined below:
 - (a) the Secretary of State's public health protection functions;
 - (b) exercising the local authority's functions in planning for, and responding to, emergencies that present a risk to public health;
 - (c) such other public health functions as the Secretary of State specifies in regulations;
 - (d) responsibility for the local authority's public health response as a responsible authority under the Licensing Act 2003, such as making representations about licensing applications;
 - (e) a duty to ensure plans are in place to protect their population including through screening and immunisation.
- 9 The delivery of robust health protection functions relies on effective partnership working between several local, regional, and national agencies. These include Local Authority (Public Health, Civil Contingencies Unit and Community Protection), UK Health Security Agency (UKHSA), North East and North Cumbria Integrated Commissioning System (ICS), Integrated Care Board (ICB) Central, NHS England and Improvement (NHSE&I), County Durham and Darlington Foundation Trust, Local Resilience Forum (LRF) Voluntary and Community Sector organisations. This report reflects the contributions that all partner agencies make towards the health protection agenda.

Main implications

- 10 It is critical that the DPH receives assurance in relation to the health protection functions of screening; immunisation; outbreaks and communicable disease management; strategic regulation interventions and preparedness and response to incidents and emergencies.

- 11 The recommendations detailed in the Health Protection Assurance Annual Report 2023 are areas for development in the coming year. These recommendations inform the HPADP action plan and the forward plan for the meetings held bimonthly and reports to the HWB. The action plan is actively updated by key partners providing assurance and detailing progress on current priorities and actions.
- 12 County Durham benefits from the strong collaborative working relationships in place with key stakeholders. During the current review and restructuring of the ICS, ICP and ICB, there are ongoing discussions emphasising the importance of clear lines of sight, escalation and governance arrangements to ensure continued health protection assurance and maximising opportunities for improved population health outcomes.
- 13 Health protection is a dynamic discipline, with new and emerging threats affecting the population of County Durham. Ongoing work across system partners seeks to ensure arrangements are in place to prevent, assess and mitigate risks and threats to human health arising from communicable diseases and exposure to environmental hazards. Investment in staff and their training is key to ensure a competent workforce with capacity to respond.
- 14 This report demonstrates areas of innovation, data-led interventions, local research activity and sharing of best-practice contributing to improving the quality of evidence underpinning the delivery of health protection services and interventions.

Conclusion

- 15 The health protection functions delivered by a range of organisations in County Durham continue to demonstrate good overall performance.
- 16 Good communication exists between the commissioners of the various programmes and the DPH; remedial and corrective interventions are instigated when necessary. Escalation procedures are in place in the event the DPH needs to raise concerns.
- 17 There remain areas for improvement and increased assurance. These recommendations are listed in full in the attached Health Protection Assurance Annual Report.

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Appendix 1: Implications

Legal Implications

Section 2B NHS Act 2006 places a duty on each local authority to take such steps as it considers appropriate for improving the health of the people in its area.

The steps that may be taken include:

providing information and advice; providing services or facilities designed to promote healthy living; providing services or facilities for the prevention, diagnosis or treatment of illness; providing financial incentives to encourage individuals to adopt healthier lifestyles; providing assistance (including financial assistance) to help individuals to minimise any risks to health arising from their accommodation or environment; providing or participating in the provision of training for persons working or seeking to work in the field of health improvement; making available the services of any person or any facilities; providing grants or loans (on such terms as the local authority considers appropriate

Finance

This report has no implications for finance.

Consultation and Engagement

There is no requirement for consultation in relation to this report.

Equality and Diversity / Public Sector Equality Duty

There are no implications in relation to the Public Sector Equality Duty in relation to this report.

Climate Change

Exposure to potential harms arising from the effects of climate change would fall within the umbrella of health protection, for example severe weather patterns.

Human Rights

This report has no implications for human rights.

Crime and Disorder

This report has no implications for crime and disorder.

Staffing

This report has no implications for staffing.

Accommodation

Not applicable.

Risk

No risks are identified for the Council.

Procurement

Not applicable.

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County Durham Health Protection Assurance Annual Report 2023- 2024

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1. Introduction

The protection of the health of the population is one of the five mandated responsibilities given to local authorities as part of the Health and Social Care Act 2012. The Director of Public Health (DPH) for County Durham is responsible under legislation for the discharge of the local authority's public health functions.

The health protection element of these statutory responsibilities and the mandatory responsibilities of the DPH are as outlined below:

- (a) the Secretary of State's public health protection functions;
- (b) exercising the local authority's functions in planning for, and responding to, emergencies that present a risk to public health;
- (c) such other public health functions as the Secretary of State specifies in regulations;
- (d) responsibility for the local authority's public health response as a responsible authority under the Licensing Act 2003, such as making representations about licensing applications;
- (e) a duty to ensure plans are in place to protect their population including through screening and immunisation.

The delivery of robust health protection functions relies on effective partnership working between several local, regional, and national agencies. These include Local Authority (Public Health, Civil Contingencies Unit and Community Protection), UK Health Security Agency (UKHSA), North East and North Cumbria Integrated Care System (ICS), Integrated Care Board (ICB), NHS England (NHSE), County Durham and Darlington Foundation Trust (CDDFT), Local Resilience Forum (LRF) voluntary and community sector (VCS) organisations. This report reflects the contributions that all partner agencies make towards the health protection agenda.

This report provides a summary of the assurance functions of the County Durham Health Protection Assurance and Development Partnership (HPADP) and reviews performance for the previous year for the County Durham Health and Wellbeing Board.

Data provided within this report are collated from numerous sources. The health protection scorecard is attached at Appendix 1 and compiles the latest publicly available data. It is presented by financial year (2022/23) or calendar year (2023), depending on the reporting arrangements for each programme which is determined nationally. Where possible the most up to date and timely data is used, however, there is a known lag in data being quality assured, benchmarked and published for all local authorities. Some

data is confidential and not in the public domain and therefore not included in this report.

2. Executive Summary

County Durham benefits from the strong collaborative working relationships in place with key stakeholders to ensure there are clear lines of sight, escalation and governance arrangements in place to provide continued health protection assurance which seek to reduce health inequalities and maximise opportunities for improved population health outcomes.

2.1 Key achievements

There are a number of significant improvements and achievements to be highlighted in this report, these include:

- (a) Improved uptake in a number of screening programmes including bowel and abdominal aortic aneurysm (AAA) screening;
- (b) Sustained performance across all but one of the 0-5 year old childhood vaccinations (>95% coverage);
- (c) Co-ordinated approach to the oversight, management and control of outbreaks of communicable diseases including Group A Streptococcal (GAS) infections and invasive pneumococcal disease (IPD), both in vulnerable and high-risk population groups;
- (d) Significant work to progress the inclusion of health in the climate change agenda, leading to increased reference to the adaptations needed to mitigate the impact of climate change on health in the revised Climate Emergency Response Plan (CERP 3);
- (e) The inclusion of Community Resilience within this report, reflecting the developments in this area most notably the Community Champions and Welcome Spaces programmes.

2.2 Risks

Whilst the health protection functions delivered by a range of organisations in County Durham continue to demonstrate good overall performance, this report identifies the following areas for improvement and increased assurance, these include:

- (a) HIV testing and chlamydia screening rates are both significantly worse than the England average, remedial work is needed to improve performance;
- (b) The breast screening programmes continue to be below the acceptable level of 70%. This programme was significantly affected by the pandemic and there is ongoing work across partners to address this;
- (c) The uptake of the second dose of the MMR vaccine has dipped to 94% and below the required 95% coverage for herd immunity. The report highlights ongoing work to address this especially in light of the resurgence of measles cases;
- (d) The reduction in the uptake of adolescent vaccinations is a major cause for concern and risk for the coming year. The performance of the new school aged immunisation service (SAIS) has been escalated to NHS England as commissioners of the service and public health is seeking to work closely with all parties to increase uptake;
- (e) There is ongoing work to understand and address the increased incidence of syphilis and gonorrhoea in County Durham. This remains a priority area of work in the coming year with both a strategic group convened to understand patterns of transmission of infections across the region and a local operation group established within County Durham;
- (f) The increase in healthcare associated infections (HCAI) particularly in the CDDFT hospital estate continue to be closely monitored. Recent escalation of these concerns has led to a meeting with external partners to seek support and the agreed recommendations are to be presented via the appropriate governance arrangements.

3. Health Protection Assurance Arrangements

3.1 Organisation roles and responsibilities

The roles of the UKHSA, local government and the NHS in the public health system are complementary. The organisations work closely as part of a single public health system to deliver effective protection for the population from health threats.

UKHSA's core functions include protecting the public from infectious diseases, chemicals, radiation, and environmental hazards and supporting emergency preparedness, resilience, and response. Through its consultants in health protection the agency leads epidemiological investigations and specialist health protection response to public health outbreaks or incidents. They have responsibility for declaring a health protection incident, major or otherwise and are supported by local, regional, and national expertise. UKHSA is neither a healthcare provider nor a healthcare commissioning organisation.

NHSE is responsible for commissioning and quality assuring population screening and immunisation programmes. This includes a team covering Cumbria and the North East. NHSE are also responsible for the management and oversight of the NHS response to any health protection incident and ensuring that their contracted providers deliver an appropriate clinical response.

The **ICB** is responsible, through contractual arrangements with provider organisations, for ensuring that healthcare resources are made available to respond to health protection incidents or outbreaks (including screening, immunisations, diagnostic and treatment services). ICBs are responsible for ensuring that appropriate standard operating procedures and governance arrangements are in place to enable provider organisations to respond urgently to health protection cases/incidents (both during and outside of normal working hours) and that there is adequate supply and arrangements for dispensing of any antimicrobial treatment or vaccination required.

Local Authorities through the Directors of Public Health or their designate have overall responsibility for the strategic oversight of an incident or outbreak which has an impact on their population's health. The DPH must be assured that the local health protection system response is robust and that risks have been identified, mitigated against, and adequately controlled.

The Civil Contingencies Act 2004 places a duty on local authorities to cooperate with other agencies including emergency and health services, to assess risk and maintain plans to prevent emergencies and reduce, control and mitigate their effects, including risks which pose a threat to human life. As a 'category 1' responder under the Act, local authorities are required to share information and co-operate with other organisations which may respond to emergencies. To facilitate this, the Act established multi-agency LRFs, co-terminus with police force areas. Durham is covered by the County Durham and Darlington LRF and the council plays a full and active part in the LRF and its various planning and working groups. Threats to

public health from disease, infection and adverse weather are considered and assessed through the LRF's Risk Assessment Standing Group and coordinated with the work of the HPADP and its Winter Pressures Planning Group.

The **Civil Contingencies Unit (CCU)** is the local authority's point of contact for emergency planning and business continuity both internally and externally in response to incidents and emergencies. The CCU is also a conduit for information for multiple agencies through the LRF and have a duty officer on call at all times.

The LRF holds a community risk register which provides assurance to the DPH about key risks to the community including: pandemic influenza; flooding; adverse weather; emerging infectious disease; fuel shortage; widespread long duration electricity network failure; animal disease and building collapse.

The CCU produce extensive emergency preparedness plans which are shared on 'Resilience Direct' and work with the LRF to co-ordinate training and exercising of these plans. The unit also provides training and exercising to local organisations including schools, housing providers, the university and community groups.

All internal plans are reviewed on a regular basis. The DPH is involved in the initial development of relevant plans and is sent updates once plans are reviewed. Access to LRF plans is through 'Resilience Direct' from the LRF or the CCU. The DPH is a member of the LRF strategic board.

The **Community Protection Service (CPS)** provides assurance to national regulators including Department for Environment, Food and Rural Affairs (DEFRA), Food Standards Agency (FSA) and Health and Safety Executive (HSE) through the implementation and regular reporting on their air quality strategy; contaminated land strategy; food safety plan; food hygiene plan; annual enforcement programme; various licensing and enforcement policies and disease contingency plans. Services provided by CPS are regulated nationally by the FSA, HSE and DEFRA to provide further assurance on the quality of service provision.

An Annual Status Report (ASR) is produced to determine whether specific areas of the county meet National Air Quality Standards for various air pollutants including nitrogen dioxide and particulates. In addition, a Local Air Quality Management Area currently exists within Durham City. Air Quality action and implementation plans are in place to reduce nitrogen dioxide emissions and improve air quality standards within that area.

The **Health, Safety and Wellbeing Safety Strategic Group (HSWSG)** is in place in DCC to ensure that suitable priority is given to the management of health, safety and wellbeing across the Council. This includes representation from Public Health.

3.2 Health inequalities

Health protection issues, such as low vaccine uptake, infectious diseases (e.g., Tuberculosis (TB) and Hepatitis C) and antimicrobial resistance (AMR), disproportionately affect those living in deprived communities and inclusion health groups (e.g. some migrant groups, people in contact with the criminal justice system, those who are homeless) or other at-risk groups who already experience health inequities (e.g. based on ethnicity or sexual orientation). In regards to health protection and environmental hazards, vulnerable populations are at greater risk, due to where they live or behavioural risk factors.

The HPADP and wider system partners recognise their fundamental role in understanding and addressing the health needs of deprived communities and inclusion health groups. Achieving health equity requires identifying and addressing inequalities and inequities, wherever they exist. It is complex process, requiring system-wide solutions and innovative thinking, examples of how this has been applied locally are included in this report.

4. Governance and Interdependencies

4.1 Health Protection Assurance and Development Partnership (HPADP)

The HPADP provides assurance to the County Durham Health and Wellbeing Board that adequate arrangements are in place for the prevention, surveillance, planning and response to communicable diseases, environmental hazards and emergency preparedness.

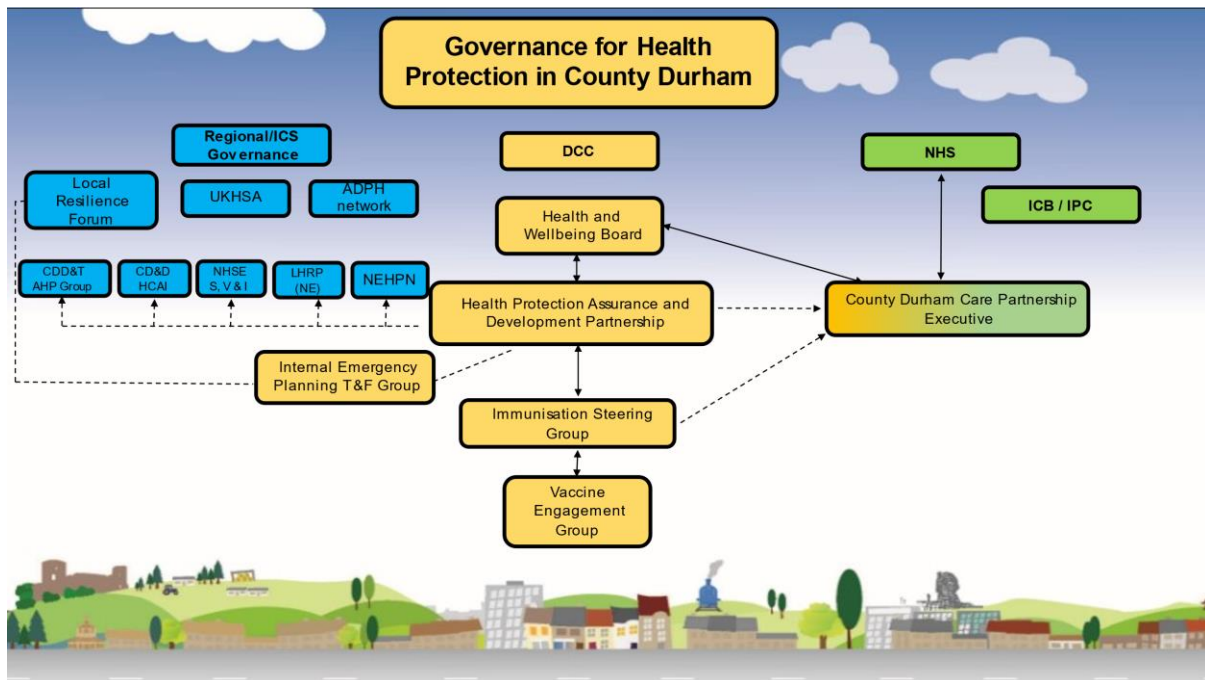
The HPADP's work is outlined in a detailed action plan built on five pillars of health protection, in addition to data and communications, which are threaded throughout:

- (f) Screening programmes;
- (g) Immunisation programmes;
- (h) Outbreaks and communicable diseases;
- (i) Strategic regulation interventions (management of environmental hazards);
- (j) Preparedness and response to incidents and emergencies.

The action plan is supported by a scorecard that includes a range of appropriate health protection indicators and outcomes (see the health protection scorecard attached in Appendix 1). The HDADP also receives a regular data update to monitor in-year trends and inform the action plan. These data updates can contain sensitive data and usually consist of quarterly updates to key indicators, provider Key Performance Indicators and where available, within county variation.

This report is informed by updates from the implementation of the health protection action plan, which is overseen by the HPADP.

Figure 1: Governance: Health Protection in County Durham



4.2 Interdependencies

The North East, including County Durham, benefits from strong, collaborative working arrangements across the health protection system. Regular liaison between Directors of Public Health (DsPH) and the North East Centre Director of UKHSA occurs via the fortnightly North East ADPH Network. There is a lead DPH for Health Protection. The NHSE Screening and Immunisation Lead (who is a Consultant in Public Health) in Cumbria and the North East also attends as required.

The roles of local authorities and UKHSA are complementary, and both are needed to ensure an effective response. In practice this means that there must be early and ongoing communication between the HPT, environmental health officers and DPH regarding emerging health

protection issues to discuss and agree the nature of response required and who does what in any individual situation.

Regular communication between the HPT and relevant LA teams is also facilitated via a range of groups (detailed in Figure 1 above) including:

- ADPH NE network – UKHSA attend to provide a regular update on any key issues. The DPH has become the Policy Advisory Group Lead for ADPH for Health Protection and took an active role in the development of the new National Vaccination Strategy updated policy position statement for ADPH and is also contributing to whole system design for health protection.
- County Durham, Darlington and Tees Area Health Protection Group (CDD&T AHP) – whose role it is to ensure that appropriate operational arrangements remain in place for outbreak response, learn from lessons identified; provide a forum where cross-boundary and cross-organisational issues can be discussed and solutions identified, and identify any joint training and development needs.
- County Durham and Darlington Health Care Associated Infections (CD&D HCAI) Group – is chaired by a DPH, enabling them to have a clear line of sight to all providers in County Durham and Darlington. HCAI information is also reported directly to the ICBs at Place level where action plans are put in place to address identified issues. These are reported to the ICBs' Governing Bodies as part of the regular quality reports.
- Local Health Resilience Partnership (LHRP) - chaired by an Executive Director of the ICB and the County Durham DPH is vice-chair, the partnership provides a strategic forum for local organisations to facilitate health sector preparedness and planning for emergencies at Local Resilience Forum (LRF) level.
- North East Health Protection Network (NEHPN) - bi-monthly meetings provide regional oversight of health protection multi-agency response and consider Sector Led Improvement activities as part of its role in system-wide working to strengthen health protection.
- NHSE work and communicate with the DPH at a number of levels to enable the DPH to be assured across the wide range of screening and immunisation programmes. These include: programme-specific programme boards covering North East and North Cumbria; notification of serious incidents to the DPH; publication of NHSE

Screening Quality Assurance Reports; annual learning and sharing events for screening and immunisations; regularly sharing data on screening and immunisations; attendance at local health protection and other screening or immunisation groups; and providing assurance on specific topics as necessary.

4.3 Infection Prevention and Control Team

County Durham ICB Place has retained an in-house team of Infection Prevention and Control nurses. The Infection Prevention and Control Team (IPCT) provide a service to County Durham to support both Primary Care and Social Care within residential settings, and, since September 2020, the service has been extended to schools providing for children with Special Educational Needs and Children's Residential Homes in outbreak to bolster their Infection Prevention and Control Support in County Durham.

The IPCT works with partners to coordinate and undertake actions to achieve the NHSE gram-negative blood stream infection (GNBSI) targets for all acute trusts. Significant work is ongoing locally captured in a detailed action plan. The team are members of the Hydration Improvement Network, a key prevention activity.

The IPCT is notified of all alert organisms reported to UKHSA affecting residents in care homes and offers the appropriate advice to the staff to help manage the resident safely.

The IPCT support and work with colleagues in the local authorities' adult social care commissioning team, escalating concerns observed during visits to care homes, delivering both planned and opportunistic training to this sector.

All work undertaken by the IPCT is reported back through the County Durham and Darlington Health Care Associated Infections Group. The IPCT annual report details the range of support and interventions initiated to reduce HCAI and reports in year activity details. This report also includes the work plan for the IPCT for the upcoming year.

5. Increase equitable uptake of screening programmes

Screening remains one of the most effective public health interventions for protecting individuals and the community from serious illness. Following the transition of responsibilities from Public Health England (PHE) to NHS England (NHSE) in October 2021, publication of screening data for the 11

NHS Screening Programmes is now predominantly carried out by NHS England. In addition to the routine antenatal and newborn screening programme, selective screening programmes are offered to individuals reaching a certain age or with underlying medical conditions or lifestyle risk factors such as abdominal aortic aneurysm (AAA) and bowel, breast, cervical and diabetic eye screening.

It should be noted that access to sub-county level data is limited to GP practice variation. This does highlight that there is variation in coverage and uptake within County Durham communities. The HPADP and Cancer Locality Groups provide the opportunity to analyse and address any within County Durham variation. This issue of lack of data by patient residence has been escalated nationally to support the increased availability of this data.

5.1 Organisation roles and responsibilities

NHSE is responsible for the routine commissioning of national screening programmes under the Section 7a agreement of the Health and Social Care Act 2012. They commission services provided through regional screening centres, general practice, school nurses, and maternity services to deliver the complete routine screening schedule. They are responsible for ensuring local providers deliver against the national service specification and meet agreed population uptake and coverage levels as specified in the Public Health Outcomes Framework and Key Performance indicators.

The Director of Public Health is responsible for monitoring local screening uptake rates and providing independent scrutiny, where necessary challenging local arrangements and providers to increase equitable uptake among their local populations.

PCN and General Practice continues to play a key role in the delivery of screening programmes, including education, promotion and delivery for patients.

NECS is responsible for the Cervical Screening Administration Service and supports the National Cervical Screening Programme by providing Prior Notification Lists (PNLs) of patients eligible for screening to GP practices, sending out call and recall letters to patients eligible for cervical screening tests and notifying patients of test results once received from laboratories. Sexual Health Services also carry out cervical screening.

5.2 Antenatal and newborn screening programmes

Antenatal screening programmes aim to detect genetic disorders and infectious diseases (such as HIV, Hepatitis B and Syphilis) that can be passed on to the unborn baby, along with foetal anomalies. Following the birth babies are screened to assess the wellbeing (hearing, physical examination and blood spot). The aim of antenatal and newborn screening is to spot any problems early so that treatment can be started as soon as possible.

- **Newborn Hearing** shows sustained achievement above national efficiency standards with a coverage for 2022/23 of 98.2%. **Newborn and Infant Physical Examination** (within 72 hours of birth) screening coverage shows that the efficiency standard (95%) was not met for this screening at 94.6% for 2022/23 and this is statistically significantly below the England coverage of 96.2%. County Durham is one of three local authorities in the region with coverage significantly lower than the North East average of 95.8%. Key Performance Indicator reports for our local maternity provider CDDFT show that performance increased to above 95% in the second half of 22/23 and has been maintained for Q1 23/24 (96.2%).
- Screening coverage for **infectious diseases in pregnancy (hepatitis B, syphilis and HIV), sickle cell and thalassaemia and newborn blood spot** screening show sustained achievement across the North East in 2022/23. Please note as these indicators are not included in the scorecard as they are only available at regional level. Quarterly screening KPI reports are published on provider performance and as at Q4 2022/23 CDDFT and County Durham CCG met the standard for the aforementioned indicators.

5.3 Adult Screening Programmes

Men and women aged 60-74 years are currently invited to participate in the national **bowel screening programme** every 2 years. This is gradually being extended to include everyone aged 50 to 59 years by April 2025. In 2023, bowel screening coverage rates were statistically significantly higher compared to England 74.6% compared to a national average of 72.0% and continuing to exceed the national efficiency standard.

Women aged 50-71 are currently invited to participate in the national **breast screening programme** every 3 years. In County Durham breast screening coverage in 2023 was 69.4%. Falling below the acceptable level of 70%, and a decrease of -0.7 percentage points compared to the

previous year (70.1%). Coverage for 2023 is statistically significantly higher than the England (66.2%) and North East (67.1%) averages, County Durham had the sixth highest coverage in the North East region out of 13 local authorities. Of those 13, County Durham is one of nine where the 70% standard was not met. “Coverage” in breast screening is a combined function of improved timeliness of screening within the three yearly round length and uptake of offers.

Women aged 25-49 are currently invited to participate in the national **cervical screening** programme every 3 years. In 2023, coverage in County Durham was 74.8% compared to a national average of 65.8%. Women aged 50-64 are currently invited to participate in the national cervical screening programme every 5 years. In 2023, coverage in County Durham (50-64 years) was 76.6% compared to a national average of 74.4% (both coverage rates were statistically significantly higher compared to England and exceeded efficiency standards).

Health equity audits for both breast and cervical screening for the North-East and North Cumbria have recently been published, lead by colleagues in the Office for Health Improvement and Disparities (OHID) and NHSE respectively. These audits recommend actions at national, regional and local level actions to tackle issues that pose a challenge and will inform the HPADP action plan for the coming year.

Abdominal Aortic Aneurysm (AAA) screening is offered to men aged 65, the screening detects weakness in aorta (the main blood vessel that runs from the heart through your abdomen), which can then be treated to prevent the vessel bursting and causing death. Abdominal Aortic Aneurysm screening coverage has improved for the second year in a row. This signals a recovery to pre-pandemic levels and achievement above the efficiency standard of 75% and this is also the case for national and regional averages. Between 2021/22 and 2022/23 in County Durham there was an increase of over ten percentage points and 81.7% of eligible men were screened. Across the North East coverage for 2022/23 was 77.7% and for England was 78.3%.

Everyone with diabetes who is 12 years old or over is invited for **diabetic eye screening**. If diabetic retinopathy is not found at the preceding two tests, those eligible are then invited every 2 years. Those with diabetic retinopathy will be screened at more regular intervals. DES uptake has slightly increased regionally and nationally in 22/23 compared to the previous year. For the North East, coverage of 77.6% is above the efficiency standard of 75% however screening remains significantly below

the national average and below pre-pandemic levels of 81.6% or more. Please note this indicator is not included in the scorecard as it is only available at regional level. To note, the quarterly KPI provider performance reports for the County Durham and Darlington Diabetic Eye Screening Programme shows coverage at 80.4% for quarter 4 2022/23 (annual rolling figure).

6. Increase equitable uptake of immunisation programmes

Immunisation remains one of the most effective public health interventions for protecting individuals and the community from serious infectious diseases. The national routine childhood immunisation programme currently offers protection against 13 different vaccine-preventable infections. In addition to the routine childhood programme, selective vaccinations are offered to individuals reaching a certain age or with underlying medical conditions or lifestyle risk factors.

In February 2023, the North East and North Cumbria (NENC) ICB allocated funding for local areas to address health inequalities in vaccine uptake. Durham County Council received £55,000 which has been used to support the delivery of vaccine pop-up clinics to low uptake areas, 2–3-year nurse-led pilot clinics and pop-ups, learning disabilities insight work and vaccination engagement training for adult social care staff.

6.1 Organisational roles and responsibilities

NHSE is responsible for the routine commissioning of national immunisation programmes under the Section 7a agreement of the Health and Social Care Act 2012. They commission services provided through general practice, school aged immunisation services, pharmacies and maternity services to deliver the complete routine immunisation schedule. NHSE is responsible for ensuring local providers deliver against the national service specification and meet agreed population uptake and coverage levels as specified in the Public Health Outcomes Framework and Key Performance indicators.

The Director of Public Health is responsible for monitoring local vaccine uptake rates and providing independent scrutiny, where necessary challenging local arrangements and providers to increase equitable uptake among their local populations.

PCN and General Practice continues to play a key role in the delivery of vaccination programmes, including education, promotion and delivery for patients.

Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. Each year from September through to March the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations. Regarding COVID-19 vaccinations, the majority of community pharmacies have been vaccinating patients and health and care workers under a Local Enhanced Service against coronavirus alongside hospitals, and GP and PCN sites.

Other key partners who contribute to the delivery of immunisations include school aged immunisation service, sexual health service and occupational health services.

6.2 Childhood vaccinations

Overall, the universal 0-5 years childhood immunisation programmes demonstrate high uptake rates across County Durham, with rates above the national averages. Coverage met the performance standard (95%) for all except two doses on MMR by 5 years old for 2022/23 (see Appendix 1). This includes the following coverage:

- (a) 96.6% of the combined diphtheria, tetanus, whooping cough, polio and Haemophilus influenzae type b (Dtap / IPV / Hib) vaccine at 1 year
- (b) 97.8% of the Dtap / IPV / Hib vaccine at 2 years
- (c) 96.3% of the PCV booster at 2 years
- (d) 96.3% for one dose of MMR at 2 years
- (e) 96.3% for the Hib / Men C booster at 2 years
- (f) 97.0% for one dose of MMR at 5 years
- (g) 94.0% for two doses of MMR at 5 years

In light of the predicted (and now present) measles outbreaks in England and informed by a previous study within County Durham of variation in MMR2 vaccine uptake and the publication of the [Measles: risk assessment for resurgence in the UK - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/92422/Measles_risk_assessment_for_resurgence_in_the_UK.pdf), the Director of Public Health requested an MMR rapid assurance exercise be completed for County Durham. This work reviewed and shared current best practice within primary care noting the significant effort to encourage vaccine

uptake and engage those hardest to reach. It also recommended targeted work to under-vaccinated and susceptible cohorts within the population, these include the Gypsy Roma and Traveller community (GRT), asylum seekers and recent migrants, students, prison populations and maintaining high 0-5 years vaccination coverage.

In January 2024, due to rising measles case numbers in England the UKHSA declared a national incident. The above work was a timely intervention and has informed further local enhanced work. Significant work is ongoing across system partners to prevent and ensure preparedness to respond to cases. Locally, the public health team is working closely with NHSE, NHS, UKHSA, School Aged Immunisation Service (SAIS) and community partners via a coordinated communications and engagement plan to raise public awareness and maximise MMR uptake amongst residents.

6.3 Adolescent vaccinations

This year NHSE completed the procurement of the SAIS contract. This resulted in a change of provider from Harrogate and District Foundation Trust (HDFT) to IntraHealth on 1st September 2023.

The school age immunisation programme delivers three routine immunisations to adolescents. The human papilloma virus (HPV) vaccine is offered in two doses in Year 8 pupils (dose 1) and Year 9 (dose 2) to protect against different types of cancers and genital warts (please note below the change to one dose). Year 9 pupils are offered the final booster for diphtheria, tetanus and polio vaccine and they are also offered the Meningitis vaccine (MenACWY) to protect against strains A, C, W, & Y of the disease.

HPV vaccination coverage for females and males has increased compared to last year for 1 dose for 12-13 year olds although remains below the optimal performance target (90%) and efficiency standard (80%) for the period 2022/23. In 2022/23 the coverage for females was:

- (a) 68.6% for one dose at 12-13 years (10.8 percentage point increase on previous year);
- (b) 43.6% for two doses at 13-14 years.

For 2022/23 the coverage for males was:

- (a) 60.4% for one dose at 12-13 years (15.1 percentage point increase on previous year);

(b) 31.8% for two doses at 13-14 years.

Please note these figures do not appear in Appendix 1. The data had been published by UKHSA on the GOV.UK website. At the time of writing, they have not been updated on OHID's Fingertips platform which is the data source for the scorecard.

In August 2022, the Joint Committee on Vaccination and Immunisation (JCVI) recommended that, following a detailed review, the evidence is now very strong that one dose provides similar protection to that induced by 2 doses. Therefore, from 1 September 2023, **the HPV vaccine programme** changed from a 2 dose to a one dose HPV vaccine schedule for eligible adolescents.

The latest available data for the **Meningococcal groups A, C, W and Y (MenACWY) vaccine** is for the academic year 2021/22. The coverage figure provided is for the eligible cohort who in 2021/22 were 14-15 years, this means they have been eligible for the routine and catch-up programmes. County Durham achieved coverage of 73.0%. This is the lowest coverage achieved to date for the County and is below the England average of 79.6% and the efficiency standard for the programme.

The latest data for the **tetanus, diphtheria and polio (Td/IPV) adolescent vaccine** (also known as the 3-in-1 teenage booster) is again 2021/22. The coverage figure provided is for the eligible cohort who in 2021/22 were 14-15 years, this means they have been eligible for the routine and catch-up programmes. County Durham achieved coverage of 73.0%. This is the lowest coverage achieved to date for the County and is below the England average of 79.5%. Please note these figures do not appear in Appendix 1 as the data has been published by UKHSA on the GOV.UK website rather than OHID's Fingertips platform, which is the data source for the scorecard.

The lag in the publication of more recent data for both MenACWY and Td/IPV is to be noted and within the pandemic period which had a significant impact on vaccination uptake. However, unpublished data shows that coverage for latest year for these vaccinations has increased.

Throughout 2023 public health worked closely with NHSE, the previous SAIS provider HDFT, now IntraHealth, and schools to identify and address the concerns regarding low rates of vaccine coverage in the school aged vaccination programmes. Key learning from the previous contract with HDFT included increased frequency of meetings with data collection and

analysis with commissioners and with local partners, web-based and paper-based consent processes, increasing the number of accessible, community catch-up clinics and enhanced communications with school via the Headteacher briefings were all shared with the new provider. However, during the transition period the new providers experienced some challenges including staffing and the development of new delivery models. Public health has escalated these concerns to the commissioner and remedial actions are in place to improve performance going forward.

6.4 Flu vaccinations

Seasonal influenza (flu) is an unpredictable but recurring pressure that the NHS faces every winter. Vaccination offers the best protection. For most healthy people, flu is an unpleasant but usually self-limiting disease with recovery generally within a week. However, there is a particular risk of severe illness from catching flu for older people, the very young, pregnant women, those with underlying disease or long-term conditions and those who are immunosuppressed. It is those at-risk cohorts who are offered the free flu vaccine each year between September and February.

Provisional **flu vaccination** rates for the 2022/23 season were reported last year. The confirmed coverage figures are provided below. For adults, in County Durham coverage has continued to be favourable and achieved rates which were significantly higher than for England as follows:

- (a) Over 65s 83.6%
- (b) Under 65s in clinical risk groups 54.1%

For children and young people, 2-3 year old coverage was significantly higher than England however the proportion vaccination has fallen since the peak achieved in 2020/21. Coverage amongst primary school aged children increased in 2022 compared to 2021, is similar to England and also remains below the peak achieved in 2020.

- (g) 2-3 year-olds 49.2%
- (h) Primary school (age 4 to 11 yrs) 56.5%

The leaving no-one behind approach informed the 2–3-year flu vaccination pilots, testing a more flexible delivery model. Flu vaccination clinics were located in 15 nurseries as well as in community venues in areas of low uptake or areas of deprivation. 308 vaccinations were given at these clinics, with nurseries being the most effective model for delivering vaccinations. Uptake increased for this age group compared to the previous year, the highest performing in the region.

Case Study: Horden Nursery School Flu Clinic

In October 2023 we welcomed the opportunity to hold a 2-3 year flu clinic on site within the nursery, located in an area of consistently low flu vaccine uptake. We worked closely with the Early Years team in Durham County Council, Public Health, ICB Place and Durham Dales Health Federation to organise a vaccination clinic in our nursery. This provided us with the opportunity to talk positively to the parents and children to alleviate any concerns, talk about the benefits of the vaccine, what was going to happen, and it really put them at ease.

We got a great response - 38 children vaccinated. Parents fed back that having the clinic at nursery was very convenient as they had found it difficult to get appointments and didn't want to take their child out of nursery to attend. It was also a really good way to support our working parents.

Children who had additional needs were able to have the vaccination in an environment that they knew and felt comfortable in. This was a really positive experience, and we would welcome the opportunity to continue to hold the clinic again next year.

The **Durham County Council staff flu vaccination** implemented a number of improvements informed by the Better Health at Work Group's review of the 2022-23 programme. This resulted in an increase in uptake in 2023/24 to 2764 (2319 onsite, 445 pharmacy site) from 2163 (1823 onsite, 340 pharmacy site) the previous year. The changes included increased efforts to improve ease of access and widespread and effective communications.

The three main elements of flu programme are; an occupational health offer to staff teams that routinely provide personal care to vulnerable clients; an NHS offer to adult social workers co-located with NHS staff; and a community pharmacy offer to staff aged 18-64 years (including to DCC-maintained schools and onsite offers at DCC buildings).

6.5 Older Adults Immunisations

Coverage for the **pneumococcal polysaccharide (PPV) vaccine** for those aged 65 years and over is achieving the standards set and increasing over time. In 2022/23 the level of coverage achieved in County Durham was the highest achieved to date:

- (a) 74.6% for County Durham;
- (b) 75.1% for the North East NHS Commissioning Region;
- (c) 71.8% for England.

The routine shingles vaccination programme in 2022/23 was available to those aged 70 years, and they remain eligible until their 80th birthday (please note that the eligibility has changed in 2023 and people turning 65 will also be able to get the vaccine after their birthday from 1st September 2023). The latest data shows coverage has improved compared to the previous year and has met the efficiency standard of 50%, signalling the continued recovery of the programme, improvements include increasing capacity and successful communications at place. Coverage is measured in those aged 71 and for this cohort in 22/23 the following coverage was achieved:

- (d) 52.8% for County Durham;
- (e) 54.6% for the North East NHS Commissioning Region;
- (f) 50.8% for England.

Please note both the shingles and PPV coverage figures do not appear in Appendix 1. The figures have not yet been published by UKHSA and have been provided to Durham County Council by the national vaccination team for use in this report.

7. Prevention of communicable disease and outbreak management

7.1 Roles and responsibilities

UKHSA are the lead agency for communicable disease and outbreak management. UKHSA are responsible for the surveillance, including receipt and analysis of formal 'notifications of infectious diseases'. All registered medical practitioners must notify UKHSA when they suspect cases of notifiable diseases. Laboratories performing primary diagnostics must notify UKHSA when they confirm the presence of a notifiable organism. UKHSA collects these notifications and analyses them to detect anomalies which may represent an outbreak, such as more cases being reported than would be expected, or multiple cases of the same infection with exposure to the same venue.

Local authorities have a mandated function to provide, or secure the provision of, open access sexual health services in its area. This means that Durham County Council are responsible for screening and treatment for Sexually Transmitted Infections (STI's) and HIV, partner notifications, contraceptive services and some elements of Psychosexual Counselling.

Integrated Care Boards (ICB) are responsible for commissioning Termination of Pregnancy services, sterilisation and vasectomy, non-

clinical aspects of Psychosexual Counselling, maintaining the infrastructure of Primary Care and providing direct communication with GPs and Pharmacy.

Health protection system partners also provide support as detailed in section 2.1 above.

7.2 Surveillance arrangements and notification pathways

UKHSA North East's bespoke surveillance system for communicable diseases produces daily and weekly alerts for exceedances and identification of linked cases. The DPH is informed of outbreaks, incidents, and exceedances via email alerts. The DPH is represented at all local outbreak control meetings and outbreak reports are also shared.

Throughout the past year the Local Authority has worked closely with colleagues at UKHSA, in their lead role, to address a number and range of non-Covid infections including flu, invasive pneumococcal disease (IPD), Group A strep, scabies, syphilis and gastrointestinal infections.

7.3 Group A Streptococcal (GAS) infections

During winter 2022/23 there was a significant increase in the number of scarlet fever and **Group A Streptococcal (GAS) infections**. Although scarlet fever is usually a mild infection, the high prevalence gave rise to a greater number of severe infections, and sadly, nationally, a small number of children died. In County Durham, the learning and processes developed during the pandemic were used to share public health advice, support and control measures with parents, schools and children's services.

The Public Health Team worked closely with the UKHSA Health Protection Team (HPT), ICB Place and education colleagues to manage and control an outbreak of GAS within a group of vulnerable and high-risk children at a special educational needs school in the county.

7.4 Invasive pneumococcal disease (IPD)

An outbreak of **invasive pneumococcal disease (IPD)** in a County Durham care home in January 2024 required significant support from the health protection system partners. The regional HPT led the management and response as per agreed processes. Public Health supported both the HPT, social care commissioning and the care home as appropriate. This outbreak tested the new ICB anti-viral pathway in the provision of medication for the identified cohort. Pneumococcal vaccination, required

for all those in receipt of antibiotic prophylaxis, was provided by primary care and the IPCT also provided advice.

7.5 Scabies

Scabies is not a notifiable infection, however, there have been a number of outbreaks reported in care homes in County Durham in the past year. At times, due to the numbers implicated within the care homes and a shortage of the treatment, oversight of these outbreaks has been a challenge. Strong system working arrangements and relationships helped to swiftly resolve issues and access the required treatment in a timely manner.

7.6 Tuberculosis

The **Tuberculosis (TB)** contact tracing service within County Durham and Darlington is experiencing increased demand due to an increased number of new entrants to the UK post pandemic, resulting from international migration including asylum seekers, refugees students and international staff recruitment exercises. The Public Health team worked collaboratively with colleagues in both UKHSA and the ICB to understand the epidemiology of TB in County Durham and the current service provision and future demand. This will be used to inform the NENC ICB wide review which is currently underway to ensure optimal levels are in place.

7.7 Avian influenza

Agencies have also monitored the spread of **avian flu** across the country and provided advice to the farming and poultry industries on human health risks in commercial farming, restriction zones and to the public in relation to coming into contact with dead wildfowl. Outbreak management meetings have been held between the Director of Public Health, UKHSA, Community Protection and CCU and a local Avian Influenza Framework has been developed including the production of a range of communications materials to display at affected sites and locations.

7.8 Prisons

The presence of several **prison** establishments in Durham presents challenges in the management of infectious diseases, particularly respiratory viruses (including flu and COVID-19), blood borne viruses and tuberculosis. The Public Health team continues to work collaboratively with UKHSA and the NHSE Health and Justice team to support both proactive and responsive work in these settings.

Regular outbreak meetings have been held throughout the year which include CDDFT, UKHSA, IPC and Public Health to support and

strengthen the delivery of the IPC action plan to address the clusters of health care acquired infection reported over the last 12 months.

7.9 Migration, asylum seekers and refugees

Regionally, the North East Migrant Health and Well Being Group has been established, DCC Public Health are a member. The purpose of the group is to provide regional coordination and expertise on migrant health and promote an understanding of the healthcare needs and responses for asylum seekers and refugees in the North East region, and to seek to foster ways of working to secure adequate access and services for migrants, including health prevention, protection, and wider integration.

Locally, the Public Health team have worked together with partners across DCC, UKHSA and the ICB to meet the health and wellbeing needs of Ukrainian arrivals, asylum seekers and refugees, including documents supporting GP registration, pathways to vaccination and screening programmes and mental health and trauma support and services, now included in the 'arrivals pack'.

7.10 University

The UKHSA HPT, DCC Public Health and Durham University continue to work collaboratively to plan, prepare and respond to any health protection related outbreaks or incidents. This year has included ongoing work to increase GP registration amongst students, awareness raising of scabies, and measles and meningitis campaigns to increase awareness of symptoms and vaccination and culminated in the successful delivery of the tabletop exercise detailed below.

Case Study: Durham University Meningitis Response Exercise

Durham University worked alongside Public Health and UKHSA to produce and implement a response process for managing cases of invasive meningococcal disease. In December 2023, an outbreak incident response tabletop exercise was held to embed and validate these plans.

An exercise planning group, involving representatives from Durham University, Public Health, UKHSA, DCC communications, and the Claypath and University Medical Group was established to produce and facilitate the half-day exercise. The exercise was attended by over 50 DU colleagues and provided an opportunity to establish better understanding of the meningitis response process across the University, including those in operational, wellbeing, senior and executive roles. The importance of cross-partnership response was noted and reinforced and feedback following the exercise noted how the expertise and engagement between local agencies and key partners was invaluable.

7.11 County Durham and Darlington Foundation Trust

Throughout 2023, CDDFT have experienced challenges with higher than target case numbers and rates of healthcare associated infections including CPE, MRSA bacteraemia and Clostridium difficile. Regular outbreak meetings have been held which include CDDFT, UKHSA, IPC and Public Health to support and strengthen the delivery of the IPC action plan over the last 12 months.

A further meeting was held in early 2024 with the above key stakeholders and including ICB colleagues to examine the concerns, identified issues and actions in place to address these challenges. A joint report is to be written following this, highlighting positive developments to date and areas for further improvement.

7.12 Sexual Health

As **sexually transmitted infections (STIs)** are often asymptomatic, frequent STI screening of groups with greater sexual health needs is important and should be conducted in line with national guidelines. Early detection and treatment can reduce important long-term consequences, such as infertility and ectopic pregnancy. Vaccination is an intervention

that can be used to control genital warts, hepatitis A and hepatitis B. However, control of other STIs relies on consistent and correct condom use, behaviour change to decrease overlapping and multiple partners, ensuring prompt access to testing and treatment, and ensuring partners of cases are notified and tested.

High levels of **gonorrhoea and syphilis** infections are considered a marker of risky sexual behaviour and a cause for concern. In County Durham, diagnosis rates of these infections in 2022 have risen to their highest ever recorded but remain significantly lower than England and the North East:

- (a) Gonorrhoea diagnostic rate of 103 per 100,000 in County Durham compared to 146 per 100,000 across England as a whole;
- (b) Syphilis diagnostic rate of 11.1 per 100,000 in County Durham compared to 15.4 per 100,000 across England as a whole.

Chlamydia is the most commonly diagnosed bacterial STI in England and the rates are substantially highest amongst young adults. As part of the National Chlamydia Screening Programme (NCSP) Local Authorities are monitored on their chlamydia detection rate for young people aged 15-24 years. A benchmarking goal for females was set in June 2021 as it was announced that the focus of the NCSP was changing to reducing reproductive harm of untreated infection in young women. Many local authorities in the North East and wider, including County Durham need to work to increase the detection rate of chlamydia amongst young women to a new benchmark of 3,250 per 100,000 for 2022 onwards. In 2022 the County Durham detection rates were:

- (a) For females aged 15-24 years, 1,953 per 100,000, significantly worse than the England average of 2,110 per 100,000;
- (b) For all aged 15-24 years, 1,182 per 100,000, significantly worse than the England average of 1,334 per 100,000;

A Chlamydia Care Pathway workshop, which includes a data audit, is being facilitated by UKHSA and attended by the public health team and the CDDFT sexual health service. This will support local action planning around the optimisation of population chlamydia care and local service improvement. The workshop is scheduled for April 2024.

In County Durham both the prevalence rate of people diagnosed with **HIV** and the rate of new HIV diagnoses each year is low compared to England and has seen no significant change over time.

Reducing late diagnosis is key to improving the morbidity and mortality of those with HIV infection and can indicate that HIV testing access needs to be improved. The rate of late diagnoses for the time period 2020-2022 in County Durham was 27.8% which is statistically similar to that across the North East (42.1%) and England (43.3%) as a whole. There is a national ambition to reduce this to a benchmark of less than 25% however only 11 out of 152 upper tier local authorities met this ambition in the latest time period.

The number of new diagnoses is related to testing rates. The testing of those accessing specialist sexual health service (SHSs) and therefore increased knowledge of HIV status is vital to improve survival rates and reduce the risk of onward transmission. This in an area that requires improvement in County Durham. HIV testing coverage across England, including the North East was impacted by the reconfiguration of sexual health services during the COVID-19 pandemic and has not recovered to date. Between 2021 and 2022 coverage increased by 4.8% locally to 35.6%. This remains significantly lower than the North East (55.5%) and England (48.2%) averages and the pre-pandemic local level of 67.1% in 2019. County Durham is the only local authority in the North East with testing coverage for all persons and women significantly below the England average.

CDDFT have investigated the low HIV testing uptake and coverage in their clinics. They have identified a coding issue in relation to defining patients where a HIV test offer is appropriate or not. Training has been delivered to staff in one area and this will be rolled out to all other areas in 2024. Monthly audits have shown improvements in the data.

The County Durham Sexual Health Strategy was approved by the Health and Wellbeing Board and recognised as a best practice exemplar strategy, noting the high-quality literature review and the consultation with the public, key stakeholders and experts which informed the strategy. The resulting action plans to implement the identified objectives of the strategy are being developed with multi-agency partners.

Case Study: County Durham Sexual Health Strategy

Public Health co-ordinated a multi-agency group of key stakeholders to develop the County Durham Sexual Health Strategy. The group included representatives from across the sexual health system including CDDFT, NENCICB, UKSA and the Voluntary and Community Sector (VCS).

The group worked closely with DCC's Consultation Officers Group (COG), utilising County Durham's Approach to Wellbeing Principles, to develop and implement a comprehensive 6-week public consultation that had a focus on ensuring the lived experiences of vulnerable and/or underrepresented groups were captured and used to inform strategy priorities for example focus groups were held with Age UK, local LGBTQ+ Health and Wellbeing Service and a number of youth projects across the County. The process was widely regarded as an example of good practice and received positive feedback from a number of community groups for its inclusive approach.

7.13 Antimicrobial resistance (AMR)

Antimicrobial resistance (AMR) continues to be a growing threat to public health. County Durham Sub-ICB location is one of the highest prescribing area in the country for antibiotics, although levels have decreased compared to last year, and inappropriate use of antibiotics is known to be a risk factor for AMR development.

It is recognised that many factors may impact on antibiotic prescribing levels, including factors that require a systemic response, including smoking levels, long term conditions and temperature, and as such the region may not meet national targets. However ongoing reductions are being seen in County Durham in-line with national trends.

AMR is included on the risk register for the ICB, and as such local implementation of regional workstreams has continued to support appropriate use of antibiotics in County Durham, in both primary and secondary care. System-wide working at a local level in County Durham has also continued, and a 'Plan on a Page' has also been developed with the local authority public health team and CDDFT to support systemwide AMS.

National priorities have been implemented in both primary and secondary care, including work encouraging appropriate course lengths in primary

care with a move to encourage 5 rather 7-day courses in many indications as per national guidance. This work will be continued in 2024-25 with the setting of regional ambitions. In secondary care work has been ongoing to reduce volumes of certain antibiotics to reserve them for urgent need, and to switch patients from intravenous to oral treatment where possible.

Ongoing work has taken place during World Antimicrobial Resistance Awareness Week in November 23 to raise awareness of the risk of AMR and the importance of appropriate prescribing across all stakeholders of the ICB. These messages were shared within County Durham by the Trust, primary care organisations and the local authority to ensure a consistent message, and with patients with a regional comms campaign "Seriously Resistant" during World Antibiotic Resistance Awareness week.

As the majority of prescribing takes place in primary care nationally (72%) the ICB medicines optimisation (MO) team have submitted additional bids to the ICB for funding to further support appropriate use of antibiotics in primary care in the NENC ICB, including the wider rollout of CRP machines and to consider the availability of additional point of care testing to support clinical consultations for infections and the roll-out regionally of the Decreasing Antibiotic Prescribing (DAP) reports that have previously been utilised in County Durham.

8 Protection from Environmental Hazards

The focus of previous annual reports on strategic regulation intervention has been expanded to encompass wider mitigation and adaptation work in protecting health from environmental hazards. This includes the work of the Community Protection Service, climate change, air quality, housing standards, contaminated land, control of environment, food safety and food borne infections and the Safety Advisory Group.

8.1 Roles and Responsibilities

The Community Protection Service (CPS) delivers key frontline services which are mainly regulatory in nature and encompass environmental health, trading standards and licensing functions. The service is adopting a more strategic and risk-based approach to regulation and works closely with a range of key partners to achieve better regulatory outcomes which protect and promote the health and wellbeing of local communities. The Service is now responsible for community safety, including Anti-Social behaviour and Local Multi Agency Problem Solving Groups (LMAPS).

CPS services deliver a variety of statutory functions including food safety and wellbeing, occupational safety and health, pollution prevention and control, private sector housing standards and other health protection interventions.

In relation to service priorities, as well as maintaining the Council's statutory functions around food safety and wellbeing, occupational safety and health, pollution prevention and control, private sector housing standards and other health protection interventions, the CPS has been an integral part of the Council's outbreak management and emergency response.

As part of our graduated approach to compliance and enforcement, some enforcement actions will need to be escalated to the specialist CP teams as and when necessary. The Community Protection Service Teams have a range of enforcement powers and civil sanctions to deal with non-compliance issues associated with current restrictions and other matters which may be related to local restrictions including:

- Fixed Penalty Notices;
- Prohibition Notices;
- Improvement notices;
- Abatement Notices;
- Community Protection Notices;
- Directions to close premises, events, or public places;
- Initiation of formal criminal proceedings leading to formal caution, fine and/or imprisonment.

8.2 CPS Workforce Development

The CPS team has had long term capacity issues which has been further compounded over recent years by the COVID-19 response and increasing demands for service. This coincides with national shortages of suitably qualified Environmental Health and Trading Standards professionals which has presented difficulties with ongoing recruitment as well as staff retention and succession planning.

A Workforce Development and Staff Retention Plan 2021-2026 has been developed and was implemented as from May 2023. In addressing the growing skills and expertise gap the plan focusses on three key areas for actions namely RETAIN, RECRUIT and TRAIN and will provide an essential framework to support the development of all CPS employees. The plan has supported workforce development through upskilling existing staff

as well as recruit new trainees and graduates into difficult to fill posts within the service.

The CPS continues to provide advice and guidance to businesses to promote better compliance with current legislation. The Better Business For All team provides enhanced business advice services to support start-ups and diversification as well as premises audits and training. The team works closely with public health practitioners in the design and delivery of targeted campaigns including Allergens and the Healthy Options Takeaway.

8.3 Climate change and health

Climate change is an environmental and population health threat operating on a global scale, with international, national and local implications.

The negative impact of human activity on the environment is recognised worldwide. The United Nations (UN) state that ‘Human-induced climate change is the largest, most pervasive threat to the natural environment and societies the world has ever experienced.’

To tackle the local impact of human activity on the environment the County Durham Environment & Climate Change Partnership (ECCP), part of the County Durham Partnership, working strategically with other organisations and partners declared a climate emergency in 2019. This resulted in a Durham County Council (DCC) Climate Emergency Response Plan (CERP); the development of the ECCP vision and objectives; and the County Durham Climate Agreement.

Collaborative working has been strengthened in 2023 with colleagues in the Neighbourhoods and Climate Change directorate, advocating the co-benefits to climate and health. The work undertaken this year has driven strategic and operational public health actions in the CERP; the ECCP vision and objectives; and the County Durham Climate Agreement.

The negative environmental impacts on human health are also recognised worldwide. The World Health Organisation (WHO) reports that ‘Climate change is the single biggest health threat facing humanity, and health professionals worldwide are already responding to the health harms caused by this unfolding crisis.’

Nationally, a new Centre for Climate and Health Security was launched within UKHSA, in October 2022, to lead efforts to protect health in the context of a changing climate and provide a focus for partnerships and collaborations with academia, local authorities and other public sector organisations. The [Climate change: health effects in the UK - GOV.UK](#)

www.gov.uk report provides information, evidence, analysis and recommendations based on climate change projections for the UK.

There is an indisputable evidence base documenting the threats posed by climate change, these are inextricably linked to human health and wellbeing and climate change is happening more quickly than previously feared. Environmental impacts on health have been recognised as contributing to the burden of disease and the quality of the health of the population.

Since the refresh of the Public Health Strategic Plan in 2022 the Protecting Health Team have taken on this strategic responsibility. The team have taken forward the development and delivery of actions to:

- Support the local climate change emergency plan/response with actions that contribute to carbon reduction plans across the whole system and reduce the impact of human activity on the environment.
- Introduce mitigation and adaptations actions to protect local population health from the effects of climate change, in a way that addresses public health challenges and improves local population health.
- Pro-actively influence and contribute to national strategies for climate change and health.

To support and be assured of climate change and health work the Health Protection Assurance Delivery Partnership is recommended to add this key area as a standing agenda item.

8.4 Air quality

The outdoor air we breathe contains harmful air pollutants, chemicals and particulate matter (PM10 and PM2.5), with the potential of severely damaging health if left untreated. Outdoor air quality in County Durham is good with the exception of a main throughfare through Durham from Neville's Cross junction through the city centre to Gilesgate, as a result of traffic congestion. This area of work is managed by the Corporate Air Quality Steering Group under an Air Quality Action Plan (AQAP). In October 2022 public health became a member of the group, contributing public health advice and expertise.

The Chief Medical Officer's (CMO) annual report 2022: Air Pollution highlights the positive improvements in outdoor air quality due to robust national actions. Conversely this then places a greater emphasis on indoor

air pollution as it becomes an increasing proportion of the air pollution problem, over 80% of a typical adult day is spent indoors.

Reducing emissions and concentrations of known pollutants and identifying other chemical indoor pollutants with significant health harms is an important public health intervention. Given the county's cultural and rural environment and areas of social deprivation, reducing indoor air pollutants from domestic heating, including burning of solid fuels, cooking, damp, mould, and poor ventilation could have a significant impact on health.

Public health will work with a range of DCC services to develop actions to raise awareness and reduce indoor air pollutants this will include a social marketing campaign to raise awareness of air quality and the impact on health.

8.5 Safety Advisory Group (SAG)

SAGs provide a forum for advising on public safety at organised events. The aim is to help organisers with the planning, and management of an event and to encourage cooperation and coordination between all relevant agencies. The SAG is made up of members from Durham County Council, the police, fire and rescue service and the ambulance service along with any other appropriate agency relating to the event being discussed.

Public health advice and support is routinely provided to event organisers through SAG meetings via a list of advice via email, that event organisers should consider as part of their preparations to protect the health of both staff running the event and of those attending. The Public Health team continue to monitor planning for the event and will work with organisers as appropriate.

8.6 Horden Together

The CPS leads the Horden Together Partnership which provides locality based services in the village of Horden on the East Coast of County Durham which is ranked in the top 2% of the most deprived areas in England and Wales and classified as a 'Left Behind Neighbourhood'.

The work of the Horden Together Partnership focusses on addressing the needs of individuals and the community as a whole. Taking a problem solving approach in addressing wider determinants of health and working collaboratively with others the focus is on prevention of crime and disorder and the promotion of better health and wellbeing.

Over 60 services / organisations are involved including local councils, the Voluntary and Community Sector, Central Government departments,

Policing and Criminal Justice, Primary and Secondary Health providers amongst many others. An added dimension of this approach is our focus on wider community engagement and restoration of cultural and social norms, promotion of inclusivity and building a sense of belonging.

This work is centred around the Making Every Adult Matter (MEAM) framework the principles of the County Durham Together initiative which will provide a new way of working with our communities towards achieving the County Durham Vision 2035.

Community Navigators within Horden Together have developed pathways which enable clients to access voluntary and community sector and public sector services; aiming to connect people to the right help at the right time, they support and handhold clients to stabilise behaviours and emotions and break the cycle of crisis intervention.

Horden is just one of a number of villages which are seen as left behind and its issues are replicated to a greater or lesser extent in many other local communities within County Durham. Following an interim review of the project, it has been agreed to extend the scheme until 2027 and roll out the approach over the next 3 years into neighbouring villages.

9 Preparedness and response to incidents and emergencies

Partner organisations involved in public health have continued to play a major role in preparing for and responding to public health incidents and the public health aspects of emergencies this year.

Outbreak management and business continuity plans were reviewed as part of the council's COVID-19 transition plan which sets out how we will maintain key aspects of local outbreak management and control as 'business as usual' activities within the context of the winding down of national emergency response and controls in relation to COVID-19.

De-commissioning of UKHSA COVID-19 testing sites has been completed and a legacy store of PPE for use by the LRF has been established.

9.1 Adverse Weather Protecting Health Plan

Partners have also been involved in responding to other major incidents which have impacted on public health. Following the winter storms which affected the county during winter 2021/22 and the heatwave excessive temperatures experienced in summer 2022, partners contributed to the review of the county's response and the development of corporate and

multi-agency improvement plans to improve preparedness and response to these types of incidents. This included a review of the LRF's multi agency incident procedures and severe weather protocol and the development by the council of a new Adverse Weather Protecting Health Plan helping to reduce the demand on health care services and to improve service and community resilience to adverse weather events.

Partners have also come together again as a Winter Planning Group. This multi-agency task and finish group has been convened over the last two winter seasons to oversee system preparedness for winter, reduce the impact of cold related ill-health on vulnerable individuals and identified groups, protect against surges in winter illnesses; prevent severe illness and hospitalisation and reduce the demand on healthcare and social care services.

Partners use a MECC approach and have developed and utilise a range of communication materials to prompt winter wellness discussions as part of their day-to-day interactions with vulnerable people to support them through the winter period.

Case Study: Winter wellness webinar

In addition to the winter wellness webpage, animation and communication materials, this year saw the delivery of a local winter wellness webinar attended by over 60 frontline staff and volunteers covering:

- *Forecasts and projections for the season ahead;*
- *Information on how cold weather affects health;*
- *Identification of priority locations and areas of highest need*
- *Available welfare and financial support*
- *A call to action and how frontline workers can help*
- *A refresh of the winter wellness and warm, well and well hydrated assets and materials*

We received some great feedback from frontline staff

'Really interesting and some useful information that we can share with our communities. Thank you.'

'Excellent session and to be able to know the priority locations to target work in the east is so useful.'

'Really informative people friendly media campaigns, video, postcard and webpages. The welcome spaces, the help for homes, this all holds interest and can be easily shared and people can relate to it.'

A 'lessons learned' meeting is part of the planned process to inform future delivery and ensure learning opportunities and sharing of best and/or good practice are developed into actions for the following winter season.

9.2 Plans and Exercises

Following lessons learnt from the COVID-19 pandemic, a revised excess deaths framework has been developed for the county and greater regional collaboration and coordination is being achieved through a North East regional excess deaths group.

In March 2023, the council and other multi-agency partners took part in a UKHSA exercise on widescale water contamination in the region (Exercise Lynx) and also a tier 1 national emergency planning exercise on national power outage (Exercise Mighty Oak).

A key role for the council, alongside other category 1 and category 2 responders, is supporting vulnerable people in incidents, many of whom are vulnerable due to existing health-related conditions. The council have developed the multiple social vulnerabilities (MSV) dataset, which is a collection of data and indicators that can be used to inform the local authority and partners in preparation for planning and response such as natural disasters, epidemics, major industrial accidents and business interruptions and will support the prioritisation of support to our most vulnerable populations.

The council and CDDLRF are participating in a regional project (VIPER) supported by the Local Digital Fund to join-up and improve real-time access to different lists/registers of vulnerable people held by different organisations. Scoping work was undertaken in 2023 and this year the project is now moving towards the development of a prototype system, capable of wider roll-out, nationally.

The Directors of Public Health across the North East are trained and competent to operate at Strategic Command Group (SCG) level and understand the working arrangements of Scientific and Technical Advice Cell (STAC) and the SCG. The DsPH provide expert support to the STAC when responding to a major incident as required.

10 Community Resilience

The CCU works with local communities and town and parish councils to develop local community resilience and emergency plans. During 2023/24, the unit has engaged with over 40 communities and groups. Initial meetings

have been held with 25 groups; 16 groups are being supported to develop community-led emergency plans; and a further nine groups have completed their plans and are at different stages of training and exercising.

The unit has also engaged with 32 town and parish councils and the County Durham Association of Local Councils on community-level emergency planning.

In addition, the unit has worked with Durham Community Action to advise the owners/managers of community venues on how they could use their buildings as local welfare and coordination hubs in the event of an emergency. This has included providing community venues with emergency support packs and equipment to support local community-led response.

This year, the council has also introduced a community resilience small grants scheme to help local community groups and organisations implement community resilience plans and has made three grant awards so far.

10.1 County Durham Together Partnership

County Durham Together is about working with communities, especially those most in need, making sure they are at the heart of decision making, building on their existing skills, knowledge, experience and resources to support everyone to thrive and to live happy, healthy and connected lives.

The partnership is built around the County Durham Approach to Wellbeing. Two key aspects of this work that support the health protection agenda are outlined below (9.2 and 9.3).

10.2 Making Every Contact Count (MECC)

Making Every Contact Count (MECC) is an evidence-based approach to behaviour change that utilises the everyday interactions that organisations and individuals have with residents to help support them to make positive changes to their health and wellbeing. There is a focus on addressing lifestyle behaviours (e.g. smoking, physical inactivity) as well as wider social determinants of health (finance, housing etc).

Together with partners, Durham County Council has developed a number of training modules to provide people with the tools and confidence to begin those conversations, these include health protection topics including flu, COVID-19 vaccination and cancer awareness enabling the opportunistic delivery of consistent and concise healthy lifestyle information.

10.3 Community Champions

The Community Champions programme (originally the Covid Champions) has been refreshed and relaunched during this year. Health protection guidance, information, and promotional messages continue to be provided to Community Champions, through monthly meetings, for dissemination across their communities or organisations.

This volunteering programme provides Community Champions with access to MECC training programmes to develop public health skills, including training in mental health, financial management, dealing with cancer, and the importance of vaccination and other subjects, making sure the Community Champions have the appropriate skills and knowledge for the role.

Community Champions played an invaluable part in the COVID-19 response and this continues, the Community Champions are currently key assets in the measles communication plan.

11. Communications

In addition to the work detailed in this report, marketing and communications play a key role in the planning and delivery of health campaigns. Joint communications are established across regional and localised partners to enhance the health protection programme's proactive and reactive response.

An annual campaign planner is used to plan proactive campaigns that support the five key areas of; public health protection, healthy start, living and ageing well, healthy settings and County Durham Together. A coordinated and consistent approach to communications allows planned UKHSA/NHS campaigns, such as warm and well, flu, COVID-19, and reactive information to the public including MMR, HIV, and meningitis to be distributed more widely, reach a greater audience and influence behaviours.

These campaigns have been shaped by behavioural insights work that inform the design, message, and mode of delivery of messages ensuring relevance to the target audience and facilitating community-based asset approaches to be strengthened.

Communication Examples

- National UKHSA and NHS campaign materials were used widely across County Durham this year in the response to measles.
- Collaborative regional work across vaccine and immunisation networks produced a highly successful 'Be Wise. Immunise' campaign.
- Local work to support the Winter Wellness campaign produced 'Warm, Well and Well Hydrated' postcards that are used as conversation starters and a MECC resource for frontline staff.



12. Recommendations for health protection in County Durham

The Health Protection Assurance Annual Report sets out the current situation with regards to communicable diseases, immunisations and screening programmes, environmental issues and community resilience, the following are recommendations for work to be commenced across the local system during 2024.

Prevention of communicable diseases and outbreaks

- a) Work with the County Durham sexual health service to increase communication, testing, treatment and partner notifications of STIs, with a particular focus on syphilis and gonorrhoea in the context of local epidemiology.

- b) Support the implementation of the County Durham Sexual Health Strategy and action plan.
- c) Continue ongoing system working with County Durham and Darlington Foundation Trust (CDDFT) and key stakeholders to support high quality infection prevention and control measures.
- d) Provide support to system partners to meet the newly set national ambitions to reduce prescribing levels and increase anti-microbial resistance awareness.

Increase equitable uptake of immunisations

- a) Complete the behavioural insights pilot work into adolescent immunisations with Belmont Academy and implement the findings of this work to maximise access to and uptake of school aged immunisations.
- b) Continue to progress the collaborative work with IntraHealth, NHSE and schools, including addressing issues of equity of access, to ensure that at least the efficiency standard (80% coverage) required to control disease and ensure patient safety is achieved across all programmes, and ambition to achieve the optimal performance standard (90% coverage).
- c) Collaborate with Maternity Services at County Durham and Darlington Foundation Trust Hospitals and the other NHS Foundation Trusts providing maternity services to County Durham to implement the new NENC maternity vaccination pathway to increase uptake of pertussis and flu vaccinations in pregnant women.
- d) Maximise the uptake of MMR vaccination across County Durham to provide the best protection to residents from the national increase in measles cases.

Increase equitable uptake of screening programmes

- a) Work collaboratively with partners to implement the local actions identified in the (regional) Health Equity Audits on nationally led screening programmes to ensure health inequalities are being addressed through behavioural insights informed interventions.
- b) Work collaboratively with NHSE as commissioners, providers and community partners to expedite improvements and amplify local communications to increase uptake rates for breast cancer screening, diabetic eye screening, chlamydia detection rates and HIV testing coverage within County Durham.

Protection from environmental hazards

- a) To support and be assured of climate change and health work, Climate Change and Health to be included as a key element of the HPADP standing agenda.
- b) Following approval by Cabinet, implement the actions in the Climate Emergency Response Plan 3 (CERP 3).
- c) Review and update the Adverse Weather and Protecting Health Plan with all key stakeholders and partners.

Community resilience

- a) Review, update and offer immunisation and screening training to MECC champions.
- b) Continue to provide Community Champions with resources providing advice, education and training to maximise opportunities to share health protection information across all County Durham communities and particularly targeted work to the most vulnerable communities and cohorts.
- c) Support the development of LRF 'Table-top' exercises to 'operationalise' plans to ensure staff are knowledgeable and competent to contribute to future incidents.

13. Glossary

AAA	Abdominal Aortic Aneurysm
ADPH	Association of Directors of Public Health
ADPH NE	Association of Directors of Public Health North East
AMR	Antimicrobial Resistance
AMS	Antimicrobial Stewardship
AQAP	Air Quality Action Plan
ASR	Annual Status Report
CCU	Civil Contingencies Unit
CDDFT	County Durham and Darlington Foundation Trust
CDDHCAI	County Durham and Darlington Health Care Associated Infections Group
CDDTAHP	County Durham, Darlington and Tees Area Health Protection Group
CDHWB	County Durham Health and Wellbeing Board
CERP	Climate Emergency Response Plan
CMO	Chief Medical Officer
CP	Community Protection
CPS	Community Protection Service
CRP	C-Reactive Protein
DAP	Decreasing Antibiotic Prescribing
DCC	Durham County Council

DEFRA	Department for Environment, Food and Rural Affairs
DES	Diabetic Eye Screening
DPH	Director of Public Health
DsPH	Directors of Public Health
ECCP	Environment & Climate Change Partnership
FSA	Food Standards Agency
GNBSI	Gram-Negative Blood Stream Infection
GP	General Practice
GRT	Gypsy Roma Traveller
GAS	Group A Streptococcal
HCAI	Health Care Associated Infections
HDFT	Harrogate and District Foundation Trust
HIV	Human Immunodeficiency Virus
HPADP	Health Protection Assurance and Development Partnership
HPT	Health Protection Team
HPV	Human Papilloma Virus
HSE	Health and Safety Executive
HSWSG	Health, Safety and Wellbeing Safety Strategic Group
ICB	Integrated Care Board
ICS	Integrated Care System
IPC	Infection Prevention and Control
IPCT	Infection Prevention and Control Team

IPD	Invasive Pneumococcal Disease
JCVI	Joint Committee on Vaccination and Immunisation
KPI	Key Performance Indicator
LA	Local Authorities
LHRP	Local Health Resilience Partnership
LMAPS	Local Multi Agency Problem Solving Groups
LRF	Local Resilience Forum
MEAM	Making Every Adult Matter
MECC	Making Every Contact Count
MMR	Measles, Mumps and Rubella
MO	Medicines Optimisation
MSV	Multiple Social Vulnerabilities
NCSP	National Chlamydia Screening Programme
NECS	North of England Commissioning Support Unit
NEHPN	North East Health Protection Network
NENC	North East and North Cumbria
NHS	National Health Service
NHSE	NHS England
OHID	Office for Health Improvement and Disparities
PCN	Primary Care Network
PCV	Pneumococcal Conjugate Vaccine

PHE	Public Health England
PM	Particulate Matter
PNL	Prior Notification Lists
PPE	Person Protective Equipment
PPV	Pneumococcal Polysaccharide Vaccination
SAG	Safety Advisory Group
SAIS	School Aged Immunisation Service
SCG	Strategic Command Group
SHS	Sexual Health Service
STAC	Scientific and Technical Advice Cell
STI	Sexually Transmitted Infection
TB	Tuberculosis
UKHSA	UK Health Security Agency
UN	United Nations
VCS	Voluntary and Community Sector
WHO	World Health Organisation

Health Protection Assurance & Development Partnership Scorecard

The scorecard provides the partnership and the Health and Wellbeing Board with an overview of the key indicators relevant to health protection and specifically the domains of:

- screening;
- vaccination and immunisation;
- sexual health;
- infectious disease; and
- health care associated infection.

For each domain, the latest data is available on Fingertips* is shown. The County Durham values are benchmarked against targets where appropriate or in terms of a comparison to England and the North East. The England and North East region figures are provided for context. A trend over time, based on the most recent five time points, is also displayed.

All data is publicly available and can be shared.

*Fingertips is a large public health data collection developed by the Office for Health Improvement & Disparities.

'Office for Health Improvement & Disparities. Public Health Profiles. [20/02/2024]

<https://fingertips.phe.org.uk> © Crown copyright [2024]'



To view this scorecard in a browser please visit:
[Health Protection Assurance and Development Partnership Scorecard](#)



Antenatal and newborn screening

Indicator Name	Time period	County Durham	North East region	England
C24n - Newborn and Infant Physical Examination Screening Coverage	2022/23	94.6	95.8	96.2
C24m - Newborn Hearing Screening: Coverage	2022/23	98.2	99.0	98.5

Adult screening

Indicator Name	Time period	County Durham	North East region	England
C23 - Percentage of cancers diagnosed at stages 1 and 2	2021	53.5	51.4	54.4
C24a - Cancer screening coverage: breast cancer	2023	69.4	67.1	66.2
C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	2023	74.8	70.8	65.8
C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	2023	76.6	75.6	74.4
C24d - Cancer screening coverage: bowel cancer	2023	74.6	74.0	72.0
C24e - Abdominal Aortic Aneurysm Screening Coverage	2022/23	81.7	77.7	78.3

Key - significance

Compared to England

Worse

Similar

Better

Not compared

Key - trend over time

Recent Trend

Cannot be calculated

Decreasing and getting worse

Increasing and getting better

No significant change



Babies and children aged 0-5 years

Indicator Name	Time period	Sex	County Durham	North East region	England
D03b - Population vaccination coverage: Hepatitis B (1 year old)	2022/23	Persons	100.0 ○		
D03c - Population vaccination coverage: Dtap IPV Hib (1 year old)	2022/23	Persons	96.6 →	95.1	91.8
D03d - Population vaccination coverage: MenB (1 year)	2022/23	Persons	96.2 →	94.4	91.0
D03e - Population vaccination coverage: Rotavirus (Rota) (1 year)	2022/23	Persons	94.8 →	92.9	88.7
D03h - Population vaccination coverage: Dtap IPV Hib (2 years old)	2022/23	Persons	97.8 ↓	96.1	92.6
D03i - Population vaccination coverage: MenB booster (2 years)	2022/23	Persons	96.1 →	93.4	87.6
D03j - Population vaccination coverage: MMR for one dose (2 years old)	2022/23	Persons	96.3 →	94.6	89.3
D03k - Population vaccination coverage: PCV booster	2022/23	Persons	96.3 ↓	94.0	88.5
D03m - Population vaccination coverage: Hib and MenC booster (2 years old)	2022/23	Persons	96.3 ↓	94.0	88.7
D04a - Population vaccination coverage: DTaP and IPV booster (5 years)	2022/23	Persons	93.7 ↓	89.4	83.3
D04b - Population vaccination coverage: MMR for one dose (5 years old)	2022/23	Persons	97.0 ↓	95.5	92.5
D04c - Population vaccination coverage: MMR for two doses (5 years old)	2022/23	Persons	94.0 ↓	90.4	84.5

Teenage children

Indicator Name	Time period	Sex	County Durham	North East region	England
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old)	2021/22	Female	57.8 ↓	64.3	69.6
		Male	45.3 ○	56.6	62.4
D04f - Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 years old)	2021/22	Female	44.7 ↓	60.5	67.3
		Male	38.1 ○	55.1	62.4
D04g - Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	2021/22	Persons	73.0 →	78.5	79.6

Target information:

The coverage target for routine childhood vaccinations up to 5 years old is **90%** (efficiency standard) and **95%** (optimal standard).

The coverage target for HPV vaccination coverage is **80%** (efficiency standard) and **90%** (optimal standard).

Key - benchmark against target

Compared to goal

Not compared

Green

Amber

Red

Key - trend over time

Recent Trend

Cannot be calculated ○

Decreasing and getting worse ↓

Increasing and getting better ↑

No significant change →



Adults

Indicator Name	Time period	County Durham	North East region	England
D06b - Population vaccination coverage: PPV	2020/21	72.8	73.7	70.6
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years)	2021/22	48.9	49.9	44.0

Target information:

The coverage target for PPV is **75%**.

The coverage target for Shingles is **60%**

Flu

Indicator Name	Time period	County Durham	North East region	England
D03I - Population vaccination coverage: Flu (2 to 3 years old)	2022/23	49.2	45.0	43.7
D04d - Population vaccination coverage: Flu (primary school aged children)	2022	56.5	58.2	56.3
D05 - Population vaccination coverage: Flu (at risk individuals)	2022/23	54.1	51.6	49.1
D06a - Population vaccination coverage: Flu (aged 65 and over)	2022/23	83.6	82.5	79.9

Target information:

The Flu coverage targets for particular risk groups are:

- **65%** for 2 to 3 years olds and primary school aged children
- **55%** for at risk individuals
- **75%** for those aged 65 and over

Key - trend over time

Recent Trend

Cannot be calculated

Decreasing and getting worse

Increasing and getting better

No significant change

Key - benchmark against goal

Compared to goal

Not compared

Green

Amber

Red



Key - significance

Compared to England

Not compared

Better

Similar

Worse

Target information:

The target for the proportion of people with a late HIV diagnosis is less than **25%**.

The target for the female Chlamydia detection rate is at least **3,250 per 100,000**.

Key - trend over time

Recent Trend

Cannot be calculated

Decreasing and getting better

Decreasing and getting worse

Increasing and getting better

No significant change

Key - benchmark against goal

Compared to goal



Amber

Green

Not compared

Red

Indicator Name ▲	Time period	County Durham	North East region	England
Chlamydia detection rate per 100,000 aged 15 to 24	2022	1604.3 →	1896.9	1680.1
Gonorrhoea diagnostic rate per 100,000	2022	103.0 →	117.5	146.1
HIV testing coverage, total	2022	36.4 ↓	55.5	48.2
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2022	321.7 ↓	368.2	495.8
Syphilis diagnostic rate per 100,000	2022	11.1 →	14.8	15.4

Indicators with a target

Indicator Name ▼	Time period	Sex	County Durham	North East region	England
HIV late diagnosis in people first diagnosed with HIV in the UK	2020 - 22	Persons	27.8	42.1	43.3
Chlamydia detection rate per 100,000 aged 15 to 24	2022	Female	1953.0	2375.4	2110.0



Vaccine preventable diseases

Indicator Name	Time period	County Durham	North East region	England
Pertussis incidence rate/100,000	2021	0.0 ↓	0.1	0.1
Mumps incidence rate/100,000	2018	1.3 →	1.6	1.9
Measles incidence rate/100,000	2021	0.0 →	0.0	0.0
Invasive Meningococcal Disease (IMD) confirmed cases rate/100,000	Jul 2020 - Jun 2021	0.0 →	0.1	0.1

Respiratory infection

Indicator Name	Time period	County Durham	North East region	England
Legionnaires' disease confirmed incidence rate/100,000	2020	0.4 →	0.4	0.6
Proportion of drug sensitive TB notifications who had completed a full course of treatment by 12 months	2020	57.1 →	68.1	84.2
Proportion of pulmonary TB notifications starting treatment within four months of symptom onset	2020		76.5	67.9
Proportion of TB notifications offered an HIV test	2020	85.7 ○	90.9	97.8

Indicator Name	Time period	County Durham	North East region	England
D08b - TB incidence (three year average)	2020 - 22	1.5	3.0	7.6

Gastrointestinal infection

Indicator Name	Time period	County Durham	North East region	England
Typhoid & paratyphoid incidence rate/100,000	2021	0.0 →	0.0	0.3

Key - significance

Compared to England

Not compared

Better

Similar

Worse

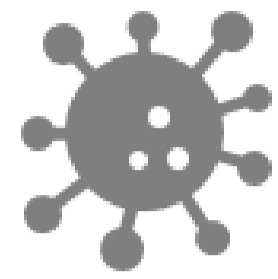
Key - trend over time

Recent Trend

Cannot be calculated ○

Decreasing and getting better ↓

No significant change →



Hepatitis

Indicator Name	Time period	County Durham	North East region	England
Acute hepatitis B incidence rate/100,000	2021	0.0 →	0.2	0.3

Other

Indicator Name	Time period	County Durham	North East region	England
Acute Lyme disease laboratory confirmed incidence rate/100,000	2022	0.6 →	0.9	1.5
Scarlet fever notification rate/100,000 aged 0-9 yrs	2021	77.7 ↓	54.0	32.4

Key - significance

Compared to England

Not compared

Better

Similar

Worse

Key - trend over time

Recent Trend

Cannot be calculated ○

Decreasing and getting better ↓

No significant change →



Indicator Name	Year	Area Name Month	NHS County Durham CCG		Cumbria and North East	England
			Value	Value	Value	
C. difficile infection counts and 12-month rolling rates all cases, by CCG and month	2023	November	154	28.9 →	33.6	28.1
E. coli bacteraemia counts and 12-month rolling rates, by CCG and month	2023	November	389	73.0 →	89.8	71.6
Klebsiella spp. bacteraemia counts and 12-month rolling rates, by CCG and month	2023	November	121	22.7 →	28.4	22.2
MRSA bacteraemia cases all counts and 12-month rolling rates, by CCG and month	2023	November	9	1.7 →	1.5	1.5
MSSA bacteraemia cases counts and 12-month rolling rates, by CCG and month	2023	November	143	26.8 →	31.8	23.6
P. aeruginosa bacteraemia counts and 12-month rolling rates, by CCG and month	2023	November	39	7.3 →	8.5	7.8

Key - trend over time

Recent Trend

Cannot be calculated ○

No significant change →

- 1) [Fingertips](#) home page
- 2) [Public Health Outcomes Framework profile](#)
- 3) [Health Protection profile](#)
- 4) [Sexual and Reproductive Health profile](#)
- 5) [AMR local indicators profile](#)

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Health and Wellbeing Board

13 May 2024

Durham County Council becoming signatories to the MIND Mental Health at Work Commitment



Jane Robinson, Corporate Director of Adult and Health Services, Durham County Council

Paul Darby, Corporate Director of Resources, Durham County Council

Amanda Healy, Director of Public Health, Durham County Council

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 To provide Health and Wellbeing Board with an overview of the ongoing good work to improve mental health and wellbeing.
- 2 To provide Health and Wellbeing Board with an overview of the Mind Mental Health at Work Commitment.
- 3 To celebrate Durham County Council becoming a signatory to the Commitment.
- 4 To publish a call to action to the Health and Wellbeing Board and its representative organisations

Executive summary

- 5 Improving mental health, resilience and wellbeing is one of the four key priorities of the County Durham Joint Local Health and Wellbeing Strategy 2023-28. Work is a key influence on health, and being in good work has a positive impact on mental health and wellbeing.
- 6 Previously Durham County Council was a signatory of the Time to Change Employer Pledge, which was a commitment by organisations to change the way we all think and act about mental health in the workplace. The pledge was underpinned by a 12-month Employer Action plan that was founded upon the principles of the Thriving at Work

Report (2017)¹. It attracted signatories from a range of County Durham organisations and became a locally recognised approach to improving workplace mental health and wellbeing. It was also complemented by annual ‘Time to Talk’ campaigns that brought people together to normalise mental health conversations.

- 7 Time to Change (the charity) closed in March 2021; however, signatory organisations were allowed to continue to use the pledge. Mind has committed to carry on the pledge work through the Mind Mental Health at Work Commitment, which is based on the following ‘Thriving at Work’ core standards:
- produce, implement, and communicate a mental health at work plan;
 - develop mental health awareness among employees;
 - encourage open conversations about mental health and the support available when employees are struggling;
 - provide your employees with good working conditions;
 - promote effective people management;
 - routinely monitor employee mental health and wellbeing.
- 8 The council demonstrates its commitment to employee health and wellbeing, through mandatory training for managers, supportive policies and practices, the Employee Assistance Programme, and other good people management initiatives as well as our workplace champions. Signing the commitment will help us move forward in a supported, structured way, enhancing current provision.
- 9 ‘Stamp It Out’ is a local charity that is commissioned by Durham County Council to deliver work to address mental health stigma and discrimination. As part of this work, it co-ordinates and oversees the Mind Mental Health at Work Commitment in County Durham and to date, 25 local organisations have become signatories.
- 10 The commitment comes at no cost, and by becoming a signatory, the council would not only demonstrate a corporate commitment to mental health and wellbeing in the workplace, but it would also benefit from the quality, evidence-based resources provided by Mind.

¹ Stevenson, D and Farmer, P (2017) ‘Thriving at Work: The Stevenson/Farmer review of mental health and employers’. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf

- 11 Signatory organisations receive access to a range of communication and marketing material, this includes the Mental Health at Work Commitment logo (see appendix 2), internal communications templates, news items, staff emails, a power-point for staff briefings/meetings, guidance for producing blogs, external communications templates, including templates for media releases, recruitment webpage copy and guidance for social media posts.
- 12 Progress against core standards would be monitored through the Better Health at Work group that is chaired by the Corporate Director of Adults and Health Services.
- 13 The proposal for Durham County Council to become signatories has been supported by the Better Health at Work group, Corporate Management Team, and the Trade Unions.
- 14 Durham County Council will celebrate Mental Health Awareness Week during the 13 – 19 May 2024. This important event is one of the UK’s biggest annual mental health awareness campaigns. The theme of this year’s campaign chosen by the Mental Health Foundation is *“Movement: Moving more for Mental Health.”* Partners and organisations are invited to join the campaign to improve public understanding of mental health.
- 15 An important part of this celebration will see Durham County Council sign the Mind Mental Health at Work Commitment. Followed by a programme of *“moving more for mental health”* activities across the week. This will be accompanied by communications/promotion.
- 16 A key objective of marketing this celebration is to raise awareness of protective factors that support good mental health and promote the commitment to encourage other County Durham organisations to follow suit.
- 17 The call to action for all Health and Wellbeing Board organisations to promote the commitment within their respective organisations as an approach to developing and improving staff mental health and wellbeing.

Recommendation

- 18 Health and Wellbeing Board is recommended to:
 - (a) note the contents of this report and the call to action.

Background

- 19 Good mental health is fundamental to functioning well, it enables individuals to cope with the normal stressors of life, work productively, maintain healthy relationships, actively participate in the community, and reach their potential.
- 20 Work is a key influence on health, there is strong evidence to support being in good work has a positive impact on a person's health, wellbeing, and productivity.
- 21 Improving mental health, resilience and wellbeing is one of the four priority areas of the County Durham Joint Local Health and Wellbeing Strategy 2023-28. Identified from the evidence base in the Joint Strategic Needs and Assets Assessment as one of the biggest contributors to people in County Durham dying early, living in poor health or with illness.

The County Durham picture

- 22 Durham Insight information, data, and research show:
 - Around 72, 302 (15.7%) people in County Durham are diagnosed as having depression (2022/23). This is higher than the England average (13.2%) and higher than the North East (15.0 %);
 - 3.6 % of school pupils in County Durham have social, emotional, and mental health needs (2022/23). This is statistically significantly worse than England (3.3%) and similar to the North East (3.6%);
 - Around 20.0% of adults have self -reported high anxiety (2022/23). This is similar to England (23.3%) and the North East (23.0%);
 - In 2022/2023, there were around 270 hospital admissions for self-harm (10 – 14-year-olds), that is 276.0 per 100, 000. This is better than England, (319 per 100, 000) and the North East (461 per 100, 000);
 - Between 2019-21 and 2020-22 (three year rolling average) the death rate for suicide has increased by 3.7%. This is higher than both the England and North East averages;
 - People in County Durham with severe mental illness are six times as likely to die prematurely than people who do not have severe mental illness (2018 – 20). This is statistically significantly worse than England averages and similar to the North East average;

- In 2019/20, there were 40, 125 new referrals into secondary mental health services, this is a rate of 7,691 per 100, 000. This is higher than England (6,897 per 100, 000) and similar to the North East (7672 per 100, 000) (All ages).

The national picture

- 23 The UK Health and Safety Executive (2022/23) reports that 1.8 million working people were suffering from a work-related illness, of which 875,000 reported work-related stress, depression, or anxiety.
- 24 This report also noted that 338,000 workers suffered from a new case of work-related stress, depression, or anxiety in 2022/23.

The County Durham Joint Local Health and Wellbeing Strategy 2023-28

- 25 This strategy is the overarching health and wellbeing place-based plan for County Durham and its vision is that County Durham is a healthy place, where people live well for longer.
- 26 It recognises that both mental and physical health are equally important and one of its four key priorities is to improve mental health, resilience, and wellbeing.

Mental Health Strategic Partnership

- 27 In County Durham, partners work together to improve mental health, resilience, and wellbeing, through the Mental Health Strategic Partnership focusing on the following key priorities:
- Improving the mental health of children and young people;
 - Suicide prevention;
 - Developing robust system responses for urgent and emergency mental health care;
 - Develop and implement a consistent dementia strategy;
 - Resilient communities;
 - Deliver and embed new transformed models of care for adults with serious mental health issues.
- 28 The partnership is developing fresh approaches to enable local residents to gain access to mental health support within their communities. The Mental Health and Wellbeing Strategic Plan 2023 –

2026 has five streams: children and young people, suicide prevention, urgent care, dementia, and resilient communities.

Children and Young Peoples Mental Health

- 29 The Health and Wellbeing Framework has been developed to provide structure and guidance to support schools and education settings in County Durham to improve the overall health and wellbeing of their children, young people, and staff.
- 30 Emotional Wellbeing Locality Forums, bring together mental health leads from education settings, and professionals from the wider mental health support system, to share knowledge, best practice and raise awareness the support available locally.
- 31 Durham County Council has adopted the THRIVE framework, an integrated, person centred, and needs led approach to organise support and deliver mental health services for children, young people, and their families. Examples of mental health and wellbeing support for children and young people in County Durham includes the; Anxious About School Project, Youth Aware of Mental Health programme, Nurturing Our Wellbeing programme, Emotional Health and Resilience team, the Piece of Mind team.

Workplace Mental Health and Wellbeing

Wider Workplace

- 32 Durham County Council commissions the Pioneering Care Partnership, a local charity, to deliver the County Durham Workplace Health Programme.
- 33 This delivery includes the provision of information, advice, guidance, training and support to local public, private and voluntary sector organisations who want to improve workplace and workforce health. It offers a wide range of mental health and wellbeing training, such as Mental Health First Aid, mental health awareness and mental health training for managers.

Community Wealth Building

- 34 Durham County Council leads a project to develop 'Community Wealth Building' approaches across County Durham in collaboration with other local anchor organisations including County Durham and Darlington NHS Foundation Trust, and Tees Esk and Wear Valleys NHS Foundation Trust.

- 35 A key focus of this work is to provide good quality, well paid job opportunities to those who are economically inactive or who have otherwise been disengaged or disenfranchised from the labour market (including those with long-term health conditions).
- 36 A 'jobs to communities' pathway are in development as well as a Durham Council 'pre-employment programme' that will help people develop the skills they need to be 'jobs ready.'

Durham County Council Workplace

- 37 The council has continued to prioritise and promote its workplace health and wellbeing agenda. In January 2024, the council was assessed for the Better Health at Work Award and has retained 'maintaining excellence' status.
- 38 The Better Health at Work strategic group is chaired by the Corporate Director of Adult and Health Services, adding accountability, corporate endorsement, and ambassadorship.
- 39 The council-wide staff engagement "Working Well" survey to assess workforce wellbeing and work-related stress was completed at the end of 2022. Consultation on the outcomes of survey has taken place and an action plan has been developed which identifies key priority areas. The results from the survey were very positive in the main, indicating much of the work related to employee wellbeing is making a difference. Progress against the action plan is monitored via the Better Health at Work group.
- 40 Sickness absence associated with mental health and statistics from occupational health continue to be monitored on an ongoing basis and significant effort continues in relation to prevention of poor health and sickness absence in addition to providing good oversight, management, and support where ill health does occur.
- 41 Deep Dive analysis of sickness absence is now provided enabling a targeted approach to areas of significant concern.
- 42 The council has continued to progress with supporting the organisation, and developing our comprehensive health and wellbeing offer to employees.
- 43 Workplace champions have been fully trained and recruited across the organisation, (currently there are 97 mental health first aiders, 60 health advocates, and 114 domestic abuse champions.)
- 44 The corporate wellbeing portal has been enhanced with a range of resources and signposting information.

- 45 The mandatory training and the wider learning and development offer relating to wellbeing been subject to ongoing review and monitoring.
- 46 The Employee Assistance Programme has been made available to all staff to compliment occupational health service provision.
- 47 The financial ability team provide advice, guidance, and training to support financial wellbeing.
- 48 The staff networks (Disability, Carers, Menopause, Armed Forces, LGBT+, Race Equality and Diversity) are administered by the Equality and Diversity and Human Resources Teams. The Chairs and Co-Chairs of the networks are staff who have volunteered to undertake the role.
- 49 The networks are a valuable source of support and community for employees, providing expertise and insight to the Corporate Management Team through engagement and consultation. Integral to the review, development and creation of training and guidance to foster an inclusive workplace environment.
- 50 These initiatives provide multiple established points of contact for staff to address any mental health and wellbeing needs.
- 51 The Time to Change employer pledge provided a framework that accelerated good work improving employee mental health.

Time to Change Employer Pledge

- 52 The Time to Change Employer Pledge was a commitment to changing the way we all think and act about mental health in the workplace. It supported employers to create a more open and understanding culture around mental health in the workplace, and tackle the stigma and discrimination generally associated with poor mental health.
- 53 Durham County Council became signatories of the employer pledge in 2018. This was supported by an action plan to improve workplace mental health, as well as annual campaigns to tackle stigma associated with mental health. These campaigns were supported by corporate champions and heads of service and engaged staff from across the council. Furthermore, these campaigns often saw many staff getting together and normalising mental health conversations.
- 54 As a result of funding issues, the Time to Change charity closed in March 2021.
- 55 In May 2021, a scoping paper was presented to the Public Health Senior Management Team that outlined three potential means of bridging this gap:

- the Mental Health at Work Commitment;
- the Mindful Employer Scheme;
- the Better Health at Work Award.

56 It was agreed that the Mind Mental Health at Work Commitment was the preferred choice due to similarities with the original Time to Change Employer Pledge. However, this was not progressed due to priorities relating to COVID.

The Mental Health at Work Commitment

57 The commitment is a roadmap to achieving better mental health outcomes for employees. It comprises a set of six key standards and supporting actions that any organisation can follow to improve and support the mental health of their people. The Commitment's ambition is to encourage employers of all sizes to join this national movement and improve standards of mental health care among the workforce. The key standards are:-

- prioritise mental health in the workplace by developing and delivering a systematic programme of activity;
- proactively ensure work design and organisational culture drive positive mental health outcomes;
- promote an open culture around mental health;
- increase organisational confidence and capability;
- provide mental health tools and support;
- increase transparency and accountability through internal and external reporting.

58 Promotion, co-ordination, and oversight of the commitment is undertaken by 'Stamp it Out,' a County Durham charity committed to eliminating the stigma and discrimination associated with mental health. There are currently 25 signatory organisations in County Durham.

59 The proposal for Durham County Council to become signatories has been supported by the Better Health at Work group, Corporate Management Team, and the Trade Unions.

Main Implications

What does the commitment involve?

- 60 The commitment is free to sign up (no subscription or administration costs) and demonstrates an organisation's public commitment to improving employee mental health. It is not an accreditation and there is no assessment; therefore, organisations are not asked to provide or submit any evidence on an ongoing basis.
- 61 The purpose of the commitment is to signal an organisation's intention to improve employee mental health and provide a framework to support organisations on that journey. There are six standards (see above) underpinned by twenty-one supporting actions, with guidance for implementation, and signposting to useful resources (see appendix 3).
- 62 The framework does not dictate any mandatory activity or processes under which the actions are delivered. The commitment is nationally recognised and evidence-based with many locally and nationally recognised organisations as current signatories.

Requirements

- 63 One person can sign up on behalf of an organisation and an appointed representative will receive email communication from Mind. The signatory must have the authority to commit the organisation to the commitment. Signing up requires the support of senior leadership to implement the standards and underpinning activity.

Monitoring and Tracking Progress Against the Standards

- 64 Signatories to the commitment receive an action plan template, to help assess organisational activity and map existing work against the standards. The action plan can be used to identify gaps and areas requiring new interventions or support.
- 65 Mental Health campaigns promoted throughout the year include:
- Time to Talk Day in February;
 - Mental Health Awareness Week in May;
 - World Mental Health Day in October.
- 66 These campaigns, subsequent evaluations of their effectiveness, and results of the Better Health at Work Award bi-annual Health Needs Assessment survey, will provide a means to assess employee needs, measure outcomes and monitor progress.

- 67 The Durham County Council staff ‘Working Well Survey,’ annual sickness deep dive, and quarterly report from the Employee Assistance Programme provided by Health Assured provide useful insight into workplace mental health and wellbeing. The data from these pieces of work, as well as those data gathered from workplace health surveys, will inform, and support the work undertaken by Durham County Council against the Commitment and its core standards.
- 68 The Working Well Survey and its accompanying action plan are a standard agenda item on the Better Health at Work group, and it is proposed that this group will monitor progress.

Launch

- 69 During the 13th – 19th May 2024, Durham County Council will celebrate Mental Health Awareness week. This is an important, national mental health awareness raising campaign.
- 70 An important part of this celebration will see Durham County Council launch signing the Mind Mental Health at Work Commitment.
- 71 The theme for this year’s campaign is “*Movement: Moving More for Mental Health*”. Throughout Mental Health Awareness Week, a programme of activities will be offered for council employees to promote good mental health.

Examples include “movement themed activities”, “walk and talks”, a celebration and networking event that will bring together mental health first aiders, health advocates, anti-mental health stigma ambassadors and staff networks, training and awareness sessions to challenge stigma and discrimination associated with mental ill health.

Durham County Council’s Mental Health Awareness Week programme is provided in the following table:

Monday 13 May
Promotional Launch Mind Mental Health at Work Commitment. “Walk and talk” around County Hall grounds
Tuesday 14 May
Stamp It Out -Understanding Challenging Mental Health Stigma and Discrimination Training at County Hall Seated exercise online Lunchtime Walk and Talk Green Lane Council Offices
Wednesday 15 May
Networking and Celebration Event Hardwick Park Walk and Talk (Hardwick Park Grounds)

Guests/speaker - Stamp It Out/Ant stigma Ambassadors
Thursday 16 May
Online seated exercise Lunchtime Walk and Talk Green Lane Council Offices
Across the week
Workplace champions to organise activities within their teams and promote Mental Health Awareness Week. Durham County Council Move Walks – will promote Mental Health Awareness Week in the community. Promotion of local activities and walks on staff intranet. Promotion of the Make Every Ride Count – May Bike Month Challenge
Friday 17 May
News Item - round up on what's happened over the course of the week.

- 72 The launch will be supported by local communication and promotion which will not only raise awareness of the commitment as a means to improving workplace health and wellbeing, but also encourage other County Durham organisations to follow suit. This was a successful means of promoting the previous Time to Change Employer Pledge, which saw engagement by County Durham Partnership organisations, as well as other public, private, and voluntary sector organisations.

Conclusion

- 73 Durham County Council continues to challenge mental health stigma and discrimination as part of its ongoing commitment to improving workplace health and wellbeing.
- 74 Good work to improve the health and wellbeing of employees started with Time to Change, and the Mind Mental Health at Work commitment will continue this good work.
- 75 Becoming a signatory to the commitment firmly demonstrates Durham County Council's ongoing commitment to ensuring a healthy and happy workplace and workforce.
- 76 Promoting the council becoming a signatory will raise awareness of the commitment as a framework that other County Durham organisations can adopt to both improve employee mental health and wellbeing and tackle the stigma associated with mental health.

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Appendix 1: Implications

Legal Implications

None.

Finance

None. The Mental Health at Work commitment is free of charge.

Consultation and Engagement

This matter has been discussed between report authors and Stamp It Out as the coordinators of the Mind Mental Health at Work Commitment in County Durham. Furthermore, Trade Unions have been updated and consulted on these proposals. Recommendations have been agreed for consideration by CMT.

Equality and Diversity / Public Sector Equality Duty

A mental health condition is considered a disability if it has a long-term on normal day to day activities. Disability is one of the protected characteristics of the Equality Act 2010, which states that public authorities must comply with the public sector equality duty.

Climate Change

None.

Human Rights

Mental health is a fundamental human right.

Crime and Disorder

None.

Staffing

The proposals set out in the report support our commitment to be a good employer as part of the Durham County Council Workforce Strategy.

Accommodation

None.

Risk

None.

Procurement

None.

Appendix 2: Mental Health at Work Commitment logo

Thank you for signing up to the Mental Health at Work Commitment. As a signatory, you are permitted to make use of the Mental Health at Work logo in digital materials and physical collateral with reference to your having taken the Commitment, for two years beginning on the date on which you signed up.

You will find more details, and full terms and conditions, in the guidelines below.

- [Download the guidelines](#) for using the Mental Health at Work brand in your materials.
- [Download a high-resolution copy of the Mental Health at Work Commitment logo](#), for use as specified in the guidelines.

**MENTAL
HEALTH
AT WORK
COMMITMENT**

[The Mental Health at Work Commitment: using our logo – Mental Health At Work](#)

Appendix 3: Standard implementation resources

The Mental Health at Work Commitment

STANDARD 1

1. Prioritise mental health in the workplace by developing and delivering a systematic programme of activity

A mental health at work plan; Senior ownership and board-level accountability; Routine monitoring of employee wellbeing; Feedback from employees driving improvements.

Some resources to get you started:

[People managers' guide to mental health](#)

[The Acas framework for positive mental health at work](#)

[How to implement the Thriving At Work mental health standards in your workplace](#)

2. Proactively ensure work design and organisational culture drive positive mental health outcomes

Good physical workplace conditions, Employee feedback on work design conditions and culture, Attention to job design organisational structure working patterns and expectations, Work life balance and flexibility, Openness during recruitment and throughout employment.

Some resources to get you started:

[Wellbeing in small business: how you can help](#)

[Wellbeing at work](#)

[Managing mental health in changing business models](#)

[Employing disabled people and people with health conditions](#)

3. Promote an open culture around mental health

Increased awareness and stigma being challenged, Empowered employees as champions and role models, open two-way conversations, and clear support.

Some resources to get you started:

[This is Me](#)

[Take 10 Together: Starting the conversation](#)

[The importance of Time To Talk Day](#)

4. Increase organisational confidence and capability

Mental health literacy and opportunities to learn, Staff prepared for effective mental health conversations and signposting, Line managers trained in all aspects of workplace mental health, Employee mental health built into all managers' roles.

Some resources to get you started:

[Talking toolkit: preventing work-related stress](#)

[People managers' guide to mental health](#)

[Approaching a sensitive conversation around mental ill health](#)

[Suicide prevention training from the Zero Suicide Alliance](#)

[Training, support, and consultancy services](#)

[Leadership Insights: How can you create a more mentally healthy workplace?](#)

5. Provide mental health tools and support

Staff aware of resources and tools available, Tailored in-house support and signposting to further options, Targeted help for particular issues.

Some resources to get you started:

[Every Mind Matters](#)

[Employee assistance programme standards framework](#)

[Find more resources to suit your organisation on Mental Health at Work](#)

6. Increase transparency and accountability through internal and external reporting

Internal and external reporting on key measures, Activities and impact measured using standardised frameworks.

Some resources to get you started:

[Mind's Workplace Wellbeing Index](#)

[Responsible Business Tracker](#)

[Voluntary reporting framework on disability, mental health, and wellbeing](#)

[CMHA Guide: Thriving at Work](#)

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North East Water Fluoridation Briefing

1. Purpose of briefing

This briefing note can be used by Local Authority teams, the Integrated Care Board (ICB) and dental professionals as a source of information on water fluoridation. It aims to provide: a collation of key reference sources that can be used for information; and provide granular local evidence that can be used to inform a consultation response. The following information will be provided in this briefing paper:

- Summary of the evidence base of the benefits of fluoridation. **For Reference**
- Local epidemiology data detailing the clinical impact of water fluoridation on North East communities. **Can be used in consultation response**
- Summary of the evidence base on potential adverse health outcomes linked to fluoridation **For Reference**
- Summary of the evidence base on dental side-effects e.g. fluorosis **For Reference**
- Cost effectiveness evidence **Can be used in consultation response**
- Local support for fluoridation including quotes of support from system leaders. **Can be used in consultation response**

2. Background

A number of local authorities in the North East have already explored the potential for extending community water fluoridation programmes as a public health response to improving oral health and reducing health inequalities, including those in Tees Valley, County Durham, Sunderland, South Tyneside and parts of non-fluoridated Northumberland. The Government's proposal to extend water fluoridation is consistent with local oral health strategies.

Water fluoridation has the benefit of successfully reducing caries prevalence in all sectors of society irrespective of age, and, importantly does not require sustained behavioural change at the individual level. As a community based oral health intervention, it benefits individuals from deprived backgrounds the most thereby reducing inequalities. Water fluoridation alone, will not eliminate dental decay, but will as part of a suite of prevention strategies (i.e. supervised tooth brushing programmes) reduce decay levels and the impact of dental disease in the North East.

As, the North East already benefits from water fluoridation, local epidemiology data analysis is available that demonstrates the reduced decay levels in fluoridated communities. Comparisons in oral health data between from fluoridated Hartlepool and non-fluoridated Middlesbrough will be presented to demonstrate this beneficial effect.

3. Areas of fluoridation in the North East

The North East has a long history of fluoridation, both natural and artificial. The areas of the North East that benefit from natural fluoridation are: Hartlepool, parts of Durham (Peterlee, Easington) and parts of Sunderland, however, only Hartlepool and Easington have naturally fluoridated water at or near the optimum level for dental health (1 ppm).

In addition, Northumbrian Water has supplied artificially fluoridated water to the North East from the late 1960s, these supply areas are: Northumberland (Alnwick, Hexham, Cramlington), North Tyneside, Newcastle, Gateshead, and Durham, (Chester le Street, Consett, and Stanley). Water supplies are monitored to ensure provision at the optimal of 1mg/l which is below the WHO recommended upper limit of 1.5mg/l.

Levels of fluoride in water supplies can be found from the Northumbrian water website, by inputting a postcode and reviewing the associated water quality report. [What's going on in your area? \(nwl.co.uk\)](https://www.nwl.co.uk/what-s-going-on-in-your-area/)

4. UK and International Evidence: Dental Benefits of Water Fluoridation

Studies conducted in the UK and internationally over many years have reported:

- strong evidence that water fluoridation is associated with **less dental caries**
- an **increase in the number of individuals with no caries**
- an increase in caries prevalence when fluoridation schemes are discontinued.

The studies below may be a good source of reference for information and signposting.

- A UK [review in 2000](#) found evidence that water fluoridation reduced caries prevalence by a median of **2.25 decayed missing and filled teeth (dmft)/DMFT** and also increased the number of caries-free children by **14.6%**.
- A 2013 update to the UK review by the [Community Preventative Services Task Force](#) in the US showed a median decrease of 15.2% in caries after community water fluoridation began and **an increase in caries when water fluoridation schemes were terminated**
- A 2014 review undertaken by the [Royal Society of New Zealand](#) found that 12-13-year-olds from non-fluoridated areas were less likely to be caries-free than their counterparts in fluoridated areas (45.1% vs 56.2%) and more likely to have higher DMFT scores (1.7 vs 1.2).
- A 2015 [Cochrane review](#) found a reduction in caries prevalence in children by a median of 1.81 dmft and DMFT 1.16 (a **35 and 26% reduction compared to the median control group mean values**), and with a **roughly 15% increase in the number of caries free children and adults**.

- The [National Health and Medical Research Council](#) (2016) review in Australia found that water fluoridation **reduces the incidence of dental caries in primary teeth by approximately 35% compared to un-fluoridated water and increases the proportion of children who have no dental caries by approximately 15%.**
- The 2023 CATFISH study (Cumbrian Assessment of Teeth a Fluoride Intervention Study for Health) reported reductions in the prevalence of dental decay by **4% in the birth cohort when compared to a control group (17.4% versus 21.4% of children had decay into dentine).** However, there was no significant difference in older children. It also concluded that water fluoridation was likely to be a cost-effective intervention. **It should be noted there was a cessation of water fluoridation of 1 year for half the children in the intervention group.**
 - [Evaluation of water fluoridation scheme in Cumbria: the CATFISH prospective longitudinal cohort study \(nihr.ac.uk\)](#)
 - [Comments on recent community water fluoridation studies | British Dental Journal \(nature.com\)](#)
- The 2022 OHID water fluoridation monitoring report for England [*Water fluoridation health monitoring report 2022 \(publishing.service.gov.uk\)](#) reported the following benefits:
 - Overall, five-year-olds in areas with higher fluoride concentrations **were less likely to experience dental caries, and less likely to experience severe dental caries,** than in areas with low fluoride concentrations:
 - The prevalence of dental decay in 3 and 5 year olds **reduced by 4% and 5% in fluoridated areas.**
 - Overall, the relative reductions of dental decay in 3 and 5 year old children are **35% and 19%** respectively (given an increase in fluoride concentration from 0.1mg to >0.7mg fluoride).
 - Children and young people in the most deprived areas benefited the most from fluoridation.
 - In the most deprived 20% of areas, the odds of experiencing caries was **25%** lower in areas with a fluoridation scheme than in areas without.
 - **56%** of general anaesthetics rates in the most deprived 20% of areas with fluoride concentrations < 0.2mg/l would be prevented if these areas received fluoridated water.

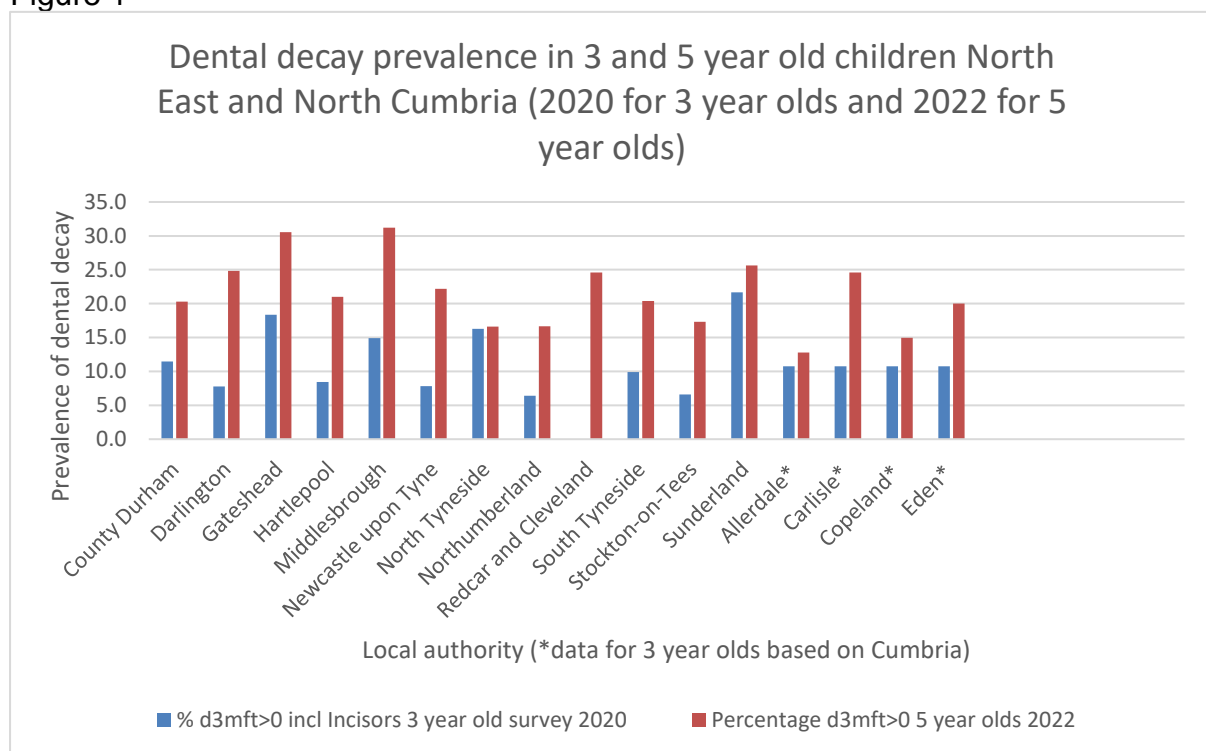
5. Local epidemiology data: benefits of water fluoridation (Can be used in fluoridation consultation response)

The national consultation pack will have regional data, however, data analysis at a local authority level has not been undertaken. Therefore, the local epidemiology analysis in this section can be used to add to the evidence-base in your response.

5.1. Prevalence and impact of dental caries: fluoridated versus non-fluoridated areas

Figure 1 shows the prevalence of dental caries across the North East and North Cumbria in three (2020) and five- year-olds (2022). It can be seen that in general, fluoridated areas of the North East have a lower caries prevalence than non-fluoridated areas.

Figure 1



Two areas within the North East: fluoridated Hartlepool and non-fluoridated Middlesbrough highlight stark differences in oral health. These areas have been chosen because they are statistical neighbours (with comparator characteristics), with the lowest local authority rankings for the Index of Multiple Deprivation (IMD), thereby controlling for the effects of deprivation (Table 1).

Key points to note are:

- In 3-year-old-children: **the prevalence of dental caries is 6% less** in fluoridated Hartlepool (8.5%) v non-fluoridated Middlesbrough (14.9%).
- In 5-year-old children: **the prevalence of dental caries is 10% less** in fluoridated Hartlepool (21%) v non-fluoridated Middlesbrough (31%).
- Fluoridation benefits are greater in more deprived population groups: Middlesbrough and Hartlepool are in the top 10 of most deprived LAs based on their IMD score.
- In 5-year-old children: **the proportion of children with experience of extractions is 3 times less** in fluoridated Hartlepool (1.8%) v non-fluoridated Middlesbrough (5.8%). Extractions for children in this age group will usually involve either a general anaesthetic or sedation. Both procedures will have significant morbidity and are preventable.
- **Lower sedation rates** in Hartlepool demonstrate children need less complex treatments to treat their dental disease. Treatment under sedation for children is usually undertaken for anxious children requiring a high volume of treatment e.g. extractions that cannot be undertaken with local anaesthetic alone.

Table 1 shows the health impact of dental caries between fluoridated Hartlepool and non- fluoridated Middlesbrough in 2022/23.

Category	Hartlepool Fluoridated	Middlesbrough Non-fluoridated
Local Authority deprivation ranking based on score (IMD 2019)	10/317	5/317
Prevalence of dental decay 3-year-olds (2020)	8.5%	14.9%
Prevalence of dental decay 5-year-olds (2022)	21%	31%
Proportion of 5-year-olds with experience of tooth extractions (2022)	1.8%	5.8%
Sedation rates* per 1,000 (22/23)	14.5	21.5

Sources: *Business Services Authority data request
[Oral health - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

5.2. Reduction in inequalities

- The most recent dental survey of 5-year-old children (2022) [Oral health - GOV.UK \(www.gov.uk\)](https://www.gov.uk) shows that there is a **5 fold difference** in the prevalence of dental decay between the most and least deprived children **across the North East.**

- Figure 2 shows that even in non-fluoridated Stockton where the average dental health of 5-year-old-children was better than the England average in 2022 there is a **ten-fold difference in prevalence of dental decay across wards associated with deprivation**.
- Reducing inequalities in oral health is a priority for the NHS and Local Authorities. Table 1 clearly shows that despite Hartlepool children living in the most deprived areas of England, there is a significant improvement in oral health compared to Middlesbrough.
- Figure 3 shows fluoridation reduces the severity of dental decay (decayed, filled and missing teeth, dmft rates) across all wards in Hartlepool compared to Middlesbrough, but more importantly **reduces the gap in oral health between the most and least deprived wards**.

Figure 2

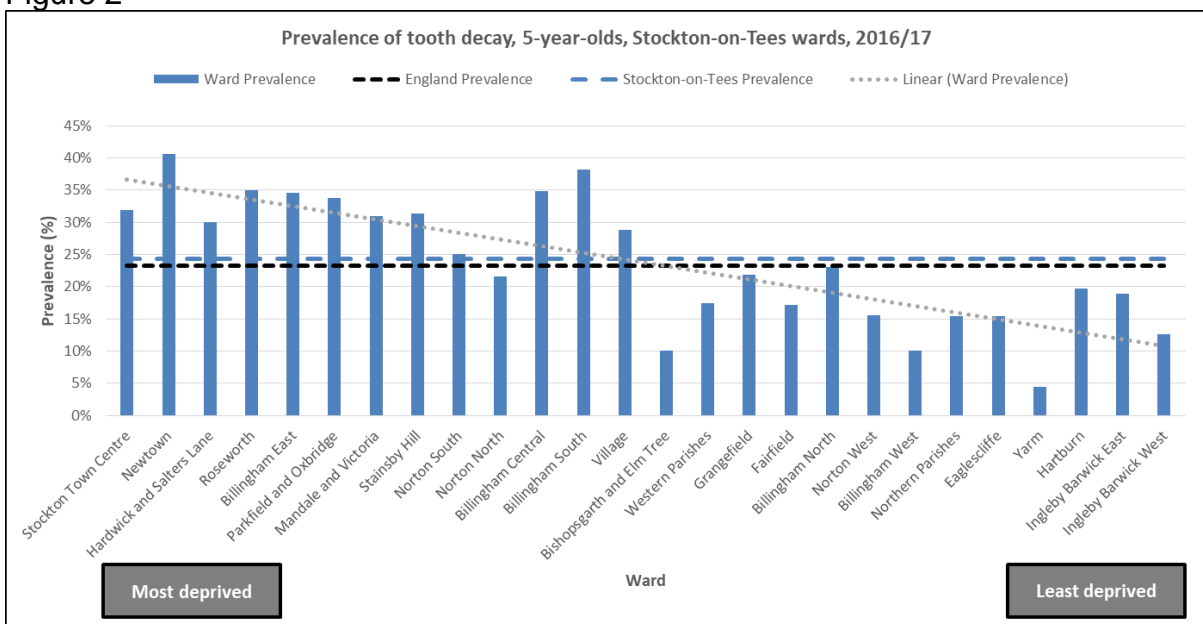
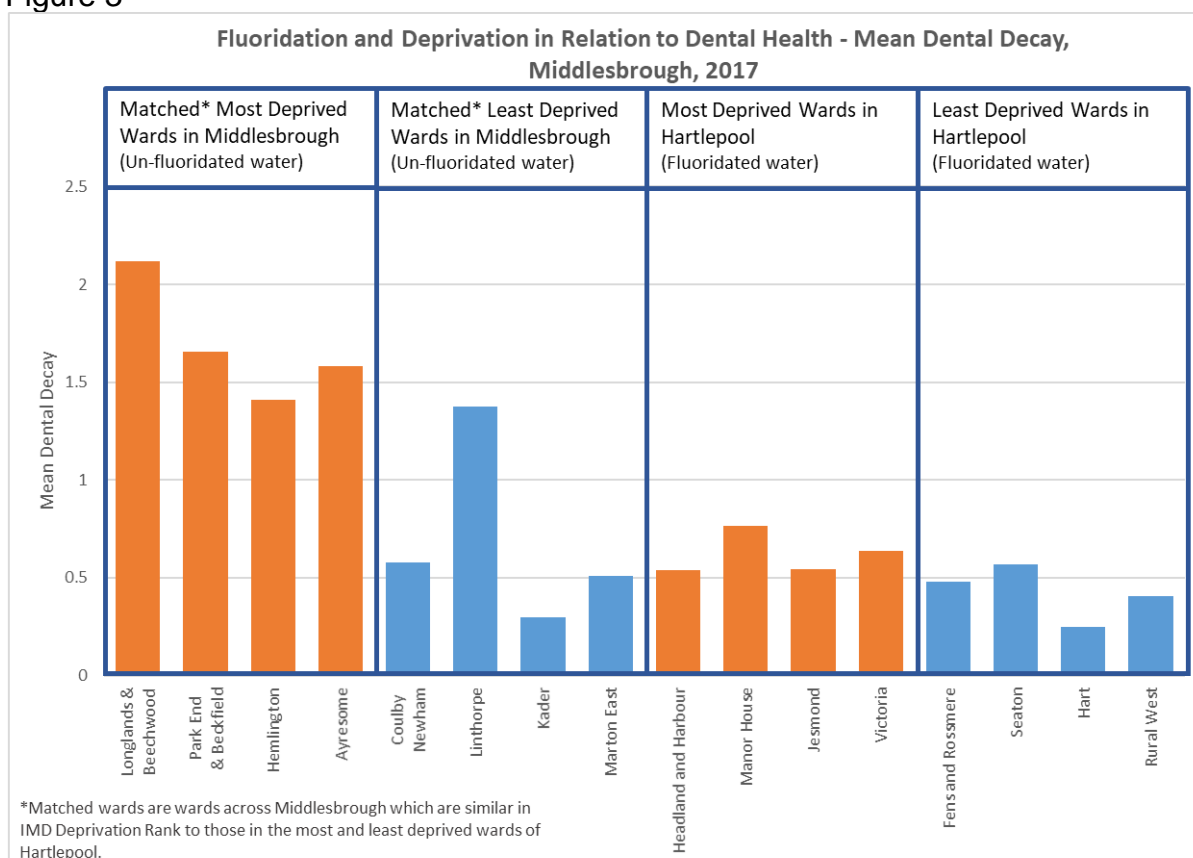


Figure 3



5.3 General anaesthetic (GA): rates and health impact

Tooth decay is still the most common reason for hospital admission in children aged between 5 and 9 years. **Every general anaesthetic poses a health risk to children, therefore, if dental decay rates can be reduced, we could prevent some hospital admissions.**

- Table 2 shows in 2022/23, the North East (397 per 100,000) had the second highest rates of GA (0-19 year olds) which are almost twice the national average (237 per 100,000) [Hospital tooth extractions in 0 to 19 year olds: short statistical commentary 2023 - GOV.UK \(www.gov.uk\)](#).
- The decay-related tooth extraction episode rate for **children and young people living in the most deprived communities was nearly 3 and a half times** that of those living in the most affluent communities.
- Table 3 shows **Middlesbrough has 3 times the rate of GA compared to Hartlepool** although they both have similar deprivation levels and service provision.

Table 2: Decayed tooth extraction episode rate per 100,000 population of 0 to 19 year olds by region for the financial year 2022 to 2023

Region	Decayed tooth extraction episode rate per 100,000 population, 0 to 19 year olds, (22-23)
Yorkshire and the Humber	405
North East	397
North West	341
London	333
South West	240
ENGLAND	236
West Midlands	178
South East	112
East of England	99
East Midlands	80

Source: [Hospital tooth extractions in 0 to 19 year olds: 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/hospital-tooth-extractions-in-0-to-19-year-olds-2023)

Table 3: Decayed tooth extraction episode rate per 100,000 population of 0 to 19-year-olds in Hartlepool and Middlesbrough 2022/23

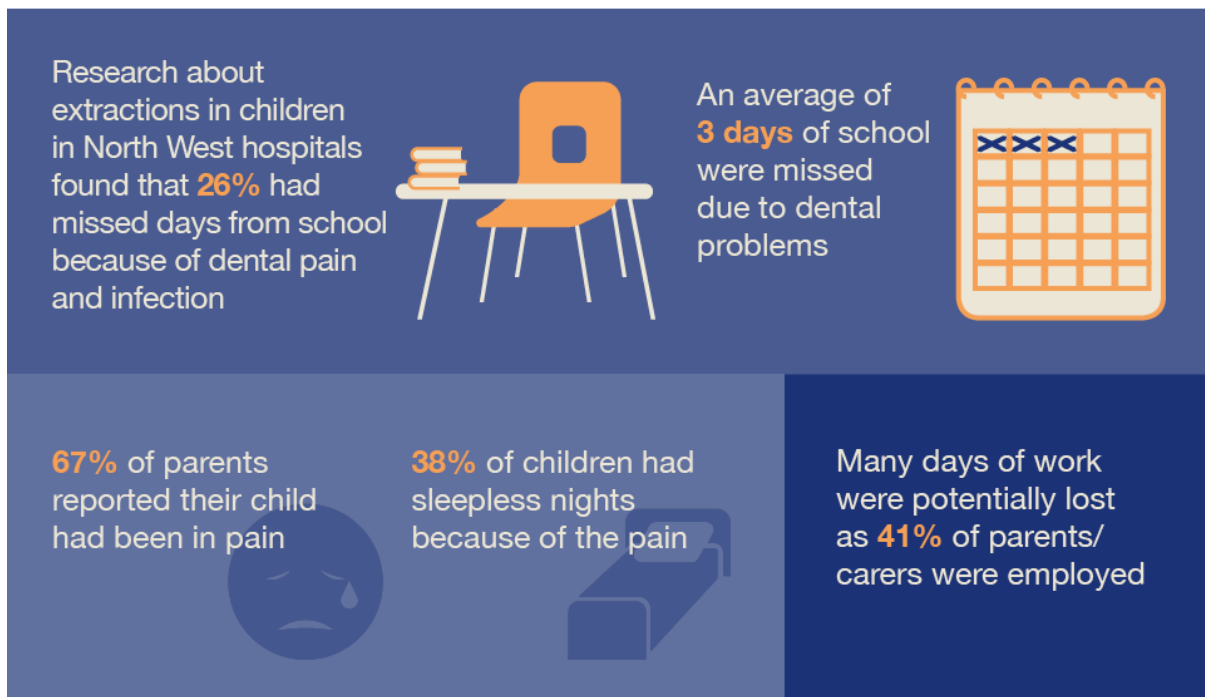
Local Authority	GA activity 0-19 year-old-children (22/23)	GA rates per 100,000 0-19 year-old-children (22/23)
Hartlepool (Fluoridated)	30	135
Middlesbrough (Non-fluoridated)	120	319

Source: [Hospital teeth extractions 0-19Y 2022-2023.ods \(live.com\)](https://live.com/hospital-teeth-extractions-0-19y-2022-2023.ods)

Impact of General Anaesthetics for children

Not only does GA pose a health risk to children, but there are wider health impacts for children with severe dental decay. Research about GA hospital extractions in children in the North West report:

- 26% had missed days from school
- 3 days of school were missed due to dental problems
- 67% of parents reported their child had been in pain
- 38% had sleepless nights because of pain



Source: [Health matters: child dental health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/health-matters/child-dental-health)

5.4. Reduction in dental disease in adults

- Austin et al. (2022) [CDH | Community Dental Health Journal \(cdhjournal.org\)](https://cdhjournal.org/) concluded adults living in local authorities with fluoridation schemes had better dental health supporting the continued use of the intervention as a dental public health measure
- [The LOTUS Study: Fluoridation for Adults | The University of Manchester](https://www.manchester.ac.uk/lotus/) (2023) reported over 10 years, people receiving optimally fluoridated water experienced 3% less NHS invasive dental treatments such as fillings and extractions, and had 2% fewer decayed, missing, and filled teeth, compared to those who received non-optimally fluoridated water.

6. Adverse Health Effects

The findings of the 2022 health monitoring report (OHID 2022) are consistent with the view that water fluoridation at levels within the UK regulatory limit (<1.5mg/l) is an effective, safe, and equitable public health intervention to reduce the prevalence, severity, and consequences of dental caries, without any convincing evidence of adverse health outcomes. This report finds the same as many international studies and reviews with regards to adverse health outcomes. Table 4 is an **exact copy** of the conclusions of the 2018 Health Monitoring Report (PHE, 2018) on adverse health effects included for reference and information.

Key point to note:

“Taken alongside the existing wider research, our results do not provide convincing evidence of higher rates of hip fracture, Down’s syndrome, kidney stones, bladder cancer, or osteosarcoma (a cancer of the bone) due to fluoridation schemes” [*Water Fluoridation \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/671222/water-fluoridation-report-2018.pdf)

Table 4 Conclusions of the 2018 Health Monitoring Report (PHE, 2018) on adverse health effects of water fluoridation

Adverse Health effect	Conclusion of PHE Health Monitoring Report (2018)
Renal calculi	The 2018 report found inconsistent results when fluoride was considered as a range of concentrations and as a binary exposure. There was evidence of a positive association between fluoride and hospital admissions for renal calculi at low to midrange concentrations compared to the lowest concentration, but no dose-response relationship was observed.
Down’s syndrome	The 2018 report found no convincing evidence of an association between fluoride and Down’s syndrome. There was evidence of an association at some concentrations, but without a dose-response relationship.
Bladder cancer	The 2018 report found weak evidence of a protective association between fluoride and bladder cancer and suggested a threshold effect at ≥ 0.7 mg/l. There was no evidence of adverse impact. The most common cause of bladder cancer is tobacco smoking (31), which cannot be sufficiently accounted for in an ecological study.

Osteosarcoma	The 2018 report found no evidence of an association between fluoride and new diagnoses of osteosarcoma. All cancers, the 2014 report found no evidence of an association between fluoride and new diagnoses of all cancers.
Thyroid outcomes	Evidence reviews have concluded that the evidence of an association is inconclusive.

6.1. Adverse Dental Effects

Fluorosis is a dental side effect of water fluoridation. In mild cases it appears as white flecks on teeth. Fluorosis of aesthetic concern is generally associated with the appearance of anterior teeth. In the UK because the levels of fluoride are regulated, and closely monitored the effects of fluorosis generally only cause mild aesthetic concern. In a study of 4 English cities (2 fluoridated and 2 non-fluoridated) [Prevalence and severity of dental fluorosis in four English cities - PubMed \(nih.gov\)](#) the below key points are note-worthy.

Key points to note:

- Fluorosis is greater in the fluoridated cities (Newcastle and Birmingham 61%) compared to the non-fluoridated cities (Manchester and Liverpool, 37%)
- The rate of fluorosis causing at least mild aesthetic concern in 11-12 year olds was 10.3% in the 2 fluoridated cities and 2.2% in the non-fluoridated cities. However, when children were asked to score their appearance there was no significant difference in the mean aesthetic score between respondents from fluoridated and non-fluoridated cities ($p=0.572$), and it is therefore unlikely that there would be a difference in treatment sought for correction of fluorosis.
- **The risks of fluorosis need to be balanced against the health risks of severe dental decay: pain causing loss of sleep in young children, acute infections sometimes needing antibiotics, and increased GA rates.**

7. Cost Effectiveness

A return on investment tool, commissioned from the York Health Economics Consortium in 2016 and developed in partnership with PHE, estimated the economic benefits associated with reducing dental caries in five-year-old children. **The estimated return for £1 investment into a water fluoridation scheme would be £12.71 after 5 years and £21.98 after 10 years.** In areas of high deprivation where dmft is greater than the average for England, the return on investment will be greater.

The 2023 **LOTUS study** by the University of Manchester reported between 2010 and 2020, optimal water fluoridation had a cost of £10.30 per person, NHS treatment costs were £22.26 lower per person (5.5%), and patients paid £7.64 less (2%) in dental charges. It estimated that if 62% of the adults and teenagers in England attended NHS dental services at least twice within 10 years, the total return on investment would have been £16.9 million between 2010 and 2020. This meant that the costs of water fluoridation would be recovered, and £16.8 million saved on top as a result of lower NHS dental treatment costs. [The LOTUS Study: Fluoridation for Adults | The University of Manchester](#)

7.1 General Anaesthetic Potential Cost savings to the local NHS

Each episode of GA costs £1387. Reducing rates of GA can generate cost savings to the local health economy which could be invested in prevention initiatives to further reduce decay levels. Table 5 shows the potential to generate cost savings if the rate of GAs in fluoridated Hartlepool (GAs per 100,000 in 0-19 child population) is replicated in non- fluoridated areas of the North East. A potential of **£731,200** could be saved. To be noted: Sunderland has a lower rate of GA than Hartlepool, therefore no cost savings can be generated.

Table 5 General anaesthetic rates and potential cost savings to the NHS

Locality	Rate of general anaesthetics (GA) per 100,000 population (22/23)	Finished Consultant episodes with caries as the primary diagnosis (22/23)	Potential Cost Savings* to the NHS based on Hartlepool's GA rate per 100,000
Hartlepool (Baseline)	135	30	Baseline
Middlesbrough	319	120	£96,013
Redcar and Cleveland	284	85	£62,036
Stockton	241	115	£70,234
Darlington	366	90	£78,874
County Durham	348	400	£339,858
South Tyneside	319	105	£84,185
Sunderland	106	65	-£23,971
Total NHS Cost Savings			£731,200

Source: [Hospital teeth extractions 0-19Y 2022-2023.ods \(live.com\)](#) * based on NHS reference costs 2020/21 for multiple extractions for under 18s at £1387

8. North East Oral Health Improvement Programmes

Reviews of evidence by NICE (PH55) and PHE (Commissioning Better Oral Health for Children and Young People 2014) have found that in addition to water fluoridation the following targeted programmes reduce dental decay in 5-year-old children: supervised toothbrush, fluoride varnish, and provision of dental packs by post or by Health Visitors. North East Local Authorities and the NHS have invested heavily in these community based oral health programmes, **however, despite reductions in dental decay rates associated with these prevention initiatives, dental disease remains persistently high in deprived non-fluoridated areas.** Table 6 shows the oral health improvement programmes already implemented across non-fluoridated areas of the North East.

Table 6 Oral Health Improvement programmes in non-fluoridated areas of the North East

Local Authority	Supervised Toothbrushing Programmes	Fluoride Varnish programmes	Provision of toothbrush and toothpaste packs
South Tyneside	No	No	No
Sunderland	Targeted schools	No	No
County Durham	Targeted pre-schools and schools	No	No
Darlington	Universal schools	No	No
Stockton-on-Tees	Universal pre-schools and schools	Paused due to COVID	Yes universal
Middlesbrough	Universal pre-schools and schools	Paused due to COVID	Yes universal
Redcar and Cleveland	Universal pre-schools and schools	Paused due to COVID	Yes universal

9. Sustainability

All community level prevention programmes have an environmental cost but water fluoridation has the least impact on environmental sustainability.

<https://www.nature.com/articles/s41415-022-4251-5>

10. Public Opinion

In England, a [recent study published in June 2021](#) assessed public attitudes in five areas in the North East of England, and found that **60% of respondents were in favour of adding fluoride to the water supply** to prevent dental decay, while 16% were opposed.

11. National Support for Water Fluoridation

Numerous health organisations support water fluoridation as a public health intervention to improve oral health and reduce inequalities. The below are just a few examples of stated support and useful references:

- The four Chief Medical Officers of the UK [Water fluoridation: statement from the UK Chief Medical Officers - GOV.UK \(www.gov.uk\)](#)
- The Chief Dental Officer [NHS England » Statement of support for water fluoridation by the Chief Dental Officer for England](#)
- The British Dental Association [Dentist say seize the moment as CMOs back water fluoridation \(bda.org\)](#)
- The BMA strongly supports water fluoridation on the grounds of effectiveness, safety and equity. [bma-consultation-response-prevention-green-paper-oct-2019.pdf](#)
- The British Association for the study of Community Dentistry [BASCD 2023 Statement on Community Water Fluoridation is launched! - BASCD](#)
- The British Fluoridation Society [Fluoridation of Drinking Water - British Fluoridation Society \(bfsweb.org\)](#)
- Royal College of Paediatrics and Child Health [The case for fluoridation to protect children's oral health | RCPCH](#)
- The British Society of Paediatric Dentistry Position Statement in support of fluoridation [Microsoft Word - Fluoridation position statement August 2016.docx \(bspd.co.uk\)](#)

12. Local Support for Water Fluoridation

As an Integrated Care System, there is unanimous support for the extension of water fluoridation. The Regional Local Dental Committee, the ICB and the Association of Directors of Public Health North East have expressed their support for the Government's proposal to extend fluoridation. Health and Wellbeing Boards and/or Health Scrutiny Committees have recognised the clinical impact water fluoridation can have to improve oral health and wellbeing.

The following are quotes from local system leaders in support of water fluoridation:

David Gallagher, executive area director with the North East and North Cumbria Integrated Care Board said:

"There is strong clinical evidence that fluoridation can have significant benefits in tackling dental disease. As an ICB we are fully supportive of proposals to expand the fluoridation of water across the North East, in line with our ambitions to help address long standing health inequalities and improve oral health"

Dr Alexandra Kent, a local GP and medical director with NHS North East and North Cumbria Integrated Care Board said:

"Fluoridation is a safe and effective intervention and has the potential to have a positive impact on so many people across the North East. Tooth decay is still the most common reason for hospital admission in children aged between 5 and 9 years. There is good evidence that fluoridation helps to reduce this risk."

Professor Chris Vernazza, Head of School of Dental Sciences, Newcastle University, Professor of Oral Health Services and Honorary Consultant in Paediatric Dentistry said:

"In my clinical work, I see the devastating impact of dental decay on children and their families and every time I remove multiple teeth from a child under general anaesthetic, I am deeply saddened. There is good evidence for the benefits and safety of water fluoridation and the economic arguments stack up too. I fully support implementation of fluoridation in our region as a key part of the package required to prevent this widespread disease".

Tom Robson and Simon Taylor, Local Dental Network Chairs in the North East said:

"Dental decay causes misery pain and suffering to all those who experience it. Seeing children in particular suffering from an avoidable disease is particularly tragic. For those of us clinicians that work across the locality the obvious benefit of optimal fluoride levels in the public water supply is striking. As a society we have an obligation to protect those who are most vulnerable and community water fluoridation schemes that are both safe and effective do just that".

Kamini Shah, David Landes, Martin Ramsdale, Consultants in Dental Public Health in the North East said:

"Preventing children from suffering unnecessary pain, sleepless nights and missing time off schools due to dental decay, should be a priority. Despite investment in prevention programmes, there are parts of the North East that continue to persistently have some of the worst dental disease rates in the country. Evidence shows water fluoridation could change this, it is safe and effective and makes the biggest difference to those who need it the most".

Jennifer Owen, Chair of the Regional Local Dental Committee said:

“Fluoride makes enamel stronger and more stable, making it less susceptible to tooth decay. As a dentist we will always actively encourage brushing twice a day and reducing sugary foods and drinks, but, by making our enamel stronger, and reducing the ability of bacteria to produce tooth decay we are benefiting the whole population. How can we ethically deny this huge health benefit to so many, when we have the means and infrastructure to provide it?”

Amanda Healy, Chair of the Association of Directors of Public Health North East said:

“Oral health is an integral part of overall good health and wellbeing that allows our residents to eat, speak, smile, and socialise. Tooth decay is the most common oral disease affecting our children and young people, and although largely preventable, a significant proportion of our residents still have tooth decay. Across the North East, water fluoridation is the most effective way of improving the oral health of all communities as everyone drinks water. We are responsible for oral health promotion and while water fluoridation alone, will not eliminate tooth decay, it is a key part of wider oral health programmes that when combined will reduce decay levels and the impact of dental disease for our residents.”

Sir Liam Donaldson, Chair of the North East and North Cumbria Integrated Care Board (ICB) said:

“Oral health is a vital part of achieving good health, well-being and freedom from pain. Water fluoridation, the process of adjusting the amount of naturally occurring fluoride to a level to prevent tooth decay, is a long-standing goal of public health programmes around the world.

“This is so important as children grow and develop. It is a vital part of tackling inequalities, as children in poorer areas of our region suffer most from the painful and disfiguring impact of dental decay.

“Worldwide fluoride coverage is estimated to benefit 400 million people. As an Integrated Care Board, we are right behind the effort to extend the benefit of community water fluoridation to the North East. In so doing we will be making history by introducing what has been called 'One of the top 10 public health achievements of the 20th century,' along with tobacco control, vaccination and safer healthier foods.”

Dr Kamini Shah, Consultant in Dental Public Health, NHS England

Professor Chris Vernazza, Head of School of Dental Sciences, Newcastle University, Professor of Oral Health Services and Honorary Consultant in Paediatric Dentistry

13.3.2024

Oral Health Promotion and Community Water Fluoridation

Health and Wellbeing Board 13 May 2024

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Aims of the Presentation

- Provide information on the Department of Health and Social Care (DHSC) consultation process to expand community water fluoridation schemes across the NE of England
- To update on the current position in relation to oral health
- To provide advice on next steps
- To seek multiple responses to the consultation

Statutory Responsibilities

- Primary care dental services are currently commissioned directly by NHS England and local authorities are statutorily required to provide or commission oral health promotion programmes (The Health and Social Care Act, 2012).
- Prior to 2022 local authorities had statutory responsibility and decision-making responsibilities for any new or varied water fluoridation schemes. This was included in our previous oral health strategy.
- The new Health and Care Act 2022 transferred responsibility for water fluoridation from LAs to the Secretary of State (SoS) in central government. The SoS now has responsibility for establishing any new water fluoridation schemes, or for varying or terminating existing water fluoridation schemes in England. This includes the cost of the scheme.

County Durham's Oral Health Promotion Strategy 2023-2028

- In 2023 the [Oral Health Promotion Strategy](#) for County Durham was updated with water fluoridation being identified as an effective way of reducing inequalities in dental health.
- Water fluoridation alone, will not eliminate tooth decay but it is a key part of wider oral health programmes that when combined will reduce decay levels and the impact of dental disease for our residents.
- The updated strategy was supported by the Health and Wellbeing Board in 2023.



County Durham's Oral Health Promotion Strategy 2023-2028

The strategy aims to:

- Improve oral health of everyone living in County Durham.
- Reduce oral health inequalities
- Create supportive environments, working with communities and partners to promote oral health
- Contribute to good oral health across the lifecycle.

“Water fluoridation should be part of an overall oral health strategy, it is one intervention which should run alongside others and offers the best return on investment of oral health initiatives.”



Water fluoridation provides a universal programme



£1 spent = £12.71 (after 5 years)

£1 spent = £21.98 (after 10 years)



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Community Water Fluoridation The Evidence Base



What we know

- Community Water Fluoridation **is effective.**
- Community Water Fluoridation **is safe.**
- Community Water Fluoridation **reduces inequalities.**
- Community Water Fluoridation **is cost effective.**
- Community Water Fluoridation **is sustainable.**

What we know

- Oral health is an integral part of overall good health and wellbeing.
- The impact of severe tooth decay has wide implications for children and families: pain, hospital admissions, and missed days from school.
- Tooth decay is the most common oral disease affecting children and young people with lifelong impacts. However, the benefits are across the all ages.
- Although largely preventable, a significant proportion of our residents still experience poor oral health.

What we know

- Strong evidence over many years that water fluoridation is associated with less dental caries and increase in the number of individuals with no caries. Also, an increase in the number of individuals with dental caries in areas where water fluoridation schemes are discontinued.
- Ensuring drinking water contains the recommended level of fluoride is an effective way to prevent tooth decay.
- Water fluoridation at levels within the UK regulatory limit (<1.5mg/l) is effective, safe, without any convincing evidence of adverse health outcomes.
- [Fluorosis](#) is a dental side effect of water fluoridation. In mild cases it appears as white flecks on teeth.
- The risks of fluorosis need to be balanced against the health risks of severe dental decay.

The Common Myths and Concerns

Fluoride is a poison/pesticide

Fluoride is naturally present in water and in some areas of the UK it is naturally at levels similar to, or even slightly higher than, those seen in fluoridation schemes. Fluoride is a common element (the 13th most common element in the earth's crust). Fluoride sources originate with fluoride-bearing rocks which are then processed to produce a variety of materials. Fluoride does not change the taste of drinking water.

Is fluoridation mass medication?

A medication is typically used to relieve symptoms. Fluoride is a mineral, not a medication. It is proven by decades of research to prevent tooth decay.

Why is fluoride being added to my water when it is used in toothpaste?

Fluoridation works in addition to fluoride in toothpaste. It is a public health measure endorsed by the 4 UK Chief Medical Officers.

Why do some non-fluoridated areas have better children's dental health than some fluoridated ones?

Fluoridation is effective, but the prevalence of tooth decay depends on a wide range of factors including deprivation, dietary habits and regular tooth brushing with a fluoride toothpaste.

Is there any risk to pregnancy with fluoridated water?

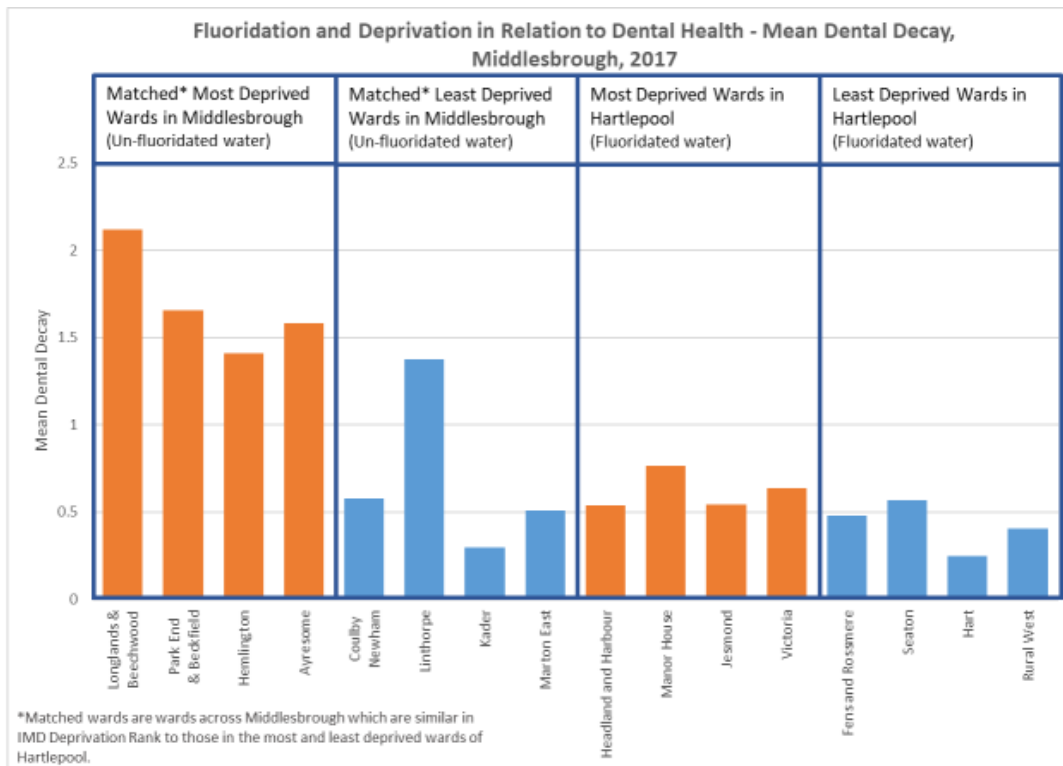
There is no evidence that fluoridated water at controlled levels has a negative impact on fertility, conception, pregnancy, perinatal health, childbirth or mother and baby wellbeing. There are benefits to developing children (which is a major reason for implementing fluoridation). Indeed, fluoridated water is the preferred method of getting the benefits of fluoride in the diet to other alternatives (for example supplements, toothpaste).



Areas of Fluoridation in the NE

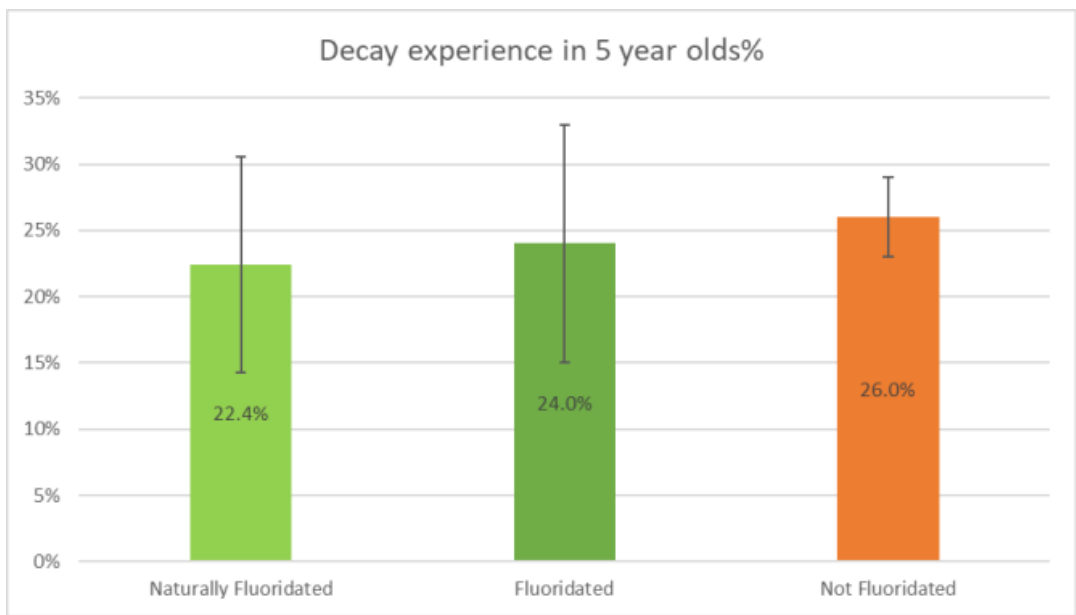
- The North East has a long history of fluoridation, both natural and artificial.
- The areas of the North East that benefit from natural fluoridation are Hartlepool, parts of east Durham and parts of Sunderland, however, only Hartlepool and parts of east Durham have naturally fluoridated water at or near the optimum level for dental health.
- Northumbrian Water has supplied artificially fluoridated water to the North East from the late 1960s including County Durham, (Chester le Street, Consett, and Stanley) Northumberland (Alnwick, Hexham, Cramlington), North Tyneside, Newcastle, Gateshead.

The gap in oral health between the most and least deprived wards (NE region)



County Durham – tooth decay, 5 year old

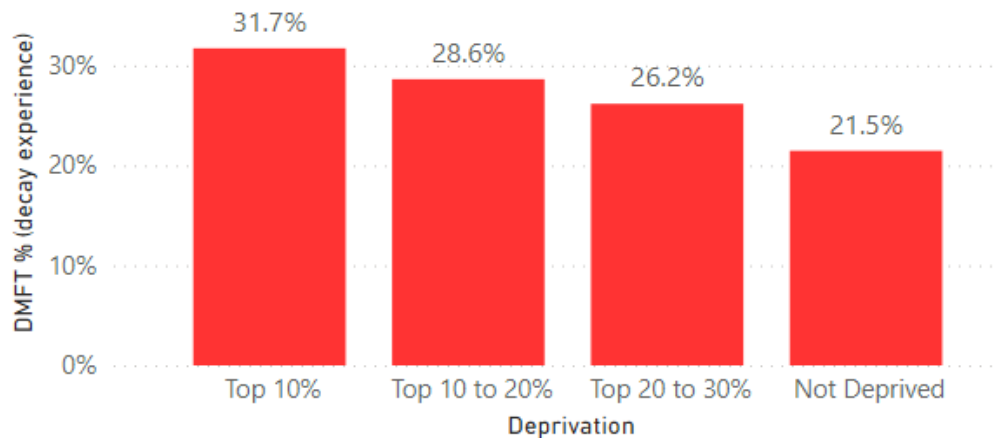
26% of 5 years old children living in non-fluoridated areas have decay experience. This is 2% higher than those living in fluoridated (24%) and 3.6% higher than those living in naturally fluoridated areas (22.4%).



County Durham - Inequalities

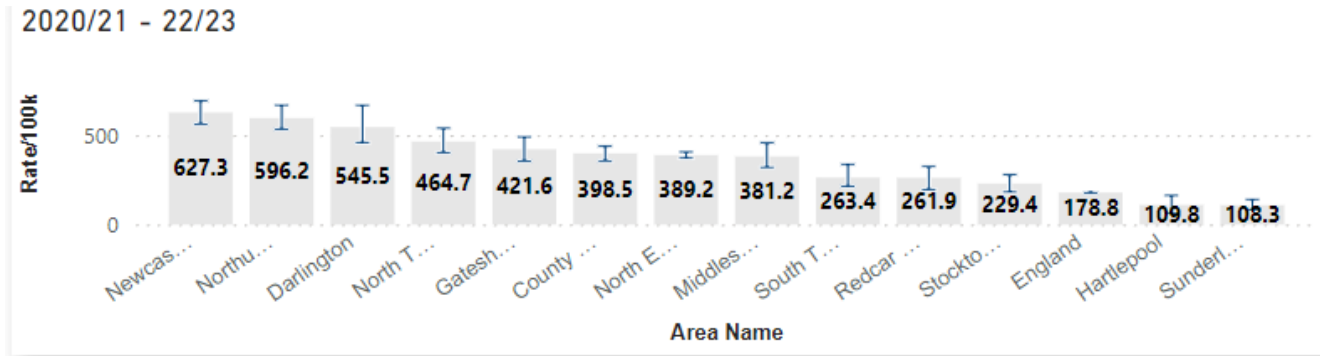
In County Durham the prevalence of experience of dental decay was 21.5% in 5-year-olds living in the least deprived areas compared with 31.7% in those living in the most deprived areas.

% DMFT by Deprivation Decile



County Durham Hospital Admissions for Dental Caries (0-5 years)

- 2020/21 – 22/23 shows County Durham’s hospital admission rate for tooth decay requiring tooth removal (0-5 yrs) was 398.5 per 100,000. That’s 120 children per year.
- These children are receiving general anaesthetic which has inherent risks for what is a preventable disease.



Cost Effectiveness

The economic benefits associated with reducing dental caries in five-year-old children:

- The **estimated return for £1 investment into a water fluoridation scheme would be £12.71 after 5 years and £21.98 after 10 years.**
- In areas of high deprivation where decayed missing or filled teeth (DMFT) is greater than the average for England, the return on investment will be greater.
- The 2023 **LOTUS study** optimal water fluoridation had a cost of £10.30 per person, NHS treatment costs were £22.26 lower per person (5.5%), and patients paid £7.64 less (2%) in dental charges.
- Estimated that if 62% of the adults and teenagers in England attended NHS dental services at least twice within 10 years, the total return on investment would have been £16.9 million between 2010 and 2020.
- The costs of water fluoridation would be recovered, and £16.8 million saved on top as a result of lower NHS dental treatment costs. [The LOTUS Study: Fluoridation for Adults | The University of Manchester](#)

General Anaesthetic Potential Cost savings to the local NHS

- Each episode of GA costs £1387
- Reducing rates of GA can generate cost savings to the local health economy which could be invested in prevention initiatives to further reduce decay levels.
- The potential cost savings if the rate of GAs in fluoridated Hartlepool (GAs per 100,000 in 0-19 child population) is replicated in non-fluoridated areas of the North East. A potential of **£731,200** could be saved. (County Durham - £339,858)

Source: [Hospital teeth extractions 0-19Y 2022-2023.ods \(live.com\)](https://live.com) *
based on NHS reference costs 2020/21 for multiple extractions for under 18s at £1387

DHSC Consultation

- [Faster, simpler and fairer: our plan to recover and reform NHS dentistry](#) sets out a focus on prevention of tooth decay. This includes the long-term ambition to systematically bring water fluoridation to more of the country, with a particular focus on the most deprived areas, which stand to benefit most. Government policy.
- There is a legal duty on the Secretary of State to undertake a formal public consultation before entering into new fluoridation arrangements, or varying existing agreements to community water fluoridation schemes across the NE of England.
- <https://www.gov.uk/government/consultations/community-water-fluoridation-expansion-in-the-north-east-of-england>

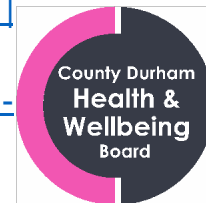
Consultation Process

1. Led by the DHSC and follows the UK CMO's position that it is a complementary strategy to other effective ways of increasing fluoride use.
2. Expansion of fluoridation in the NE is the current priority.
3. Statutory 12-week consultation 25 March 2024 -17 June 2024.
4. Concerns or enquiries can also be raised via a dedicated DHSC email address waterfluoridationconsultation@dhsc.gov.uk
5. Water fluoridation was part of the oral health strategy 2023, consulted upon locally.
6. Local authority role to ensure residents and key stakeholders are encouraged to provide their feedback on the proposals for expansion to community water fluoridation for County Durham and the NE.
7. A local consultation and engagement plan has been developed.

National Support for Water Fluoridation

Numerous health organisations support water fluoridation as a public health intervention to improve oral health and reduce inequalities. The below are just a few examples of stated support and useful references:

- The four Chief Medical Officers of the UK [Water fluoridation: statement from the UK Chief Medical Officers - GOV.UK \(www.gov.uk\)](#)
- The Chief Dental Officer [NHS England » Statement of support for water fluoridation by the Chief Dental Officer for England](#)
- The British Dental Association [Dentist say seize the moment as CMOs back water fluoridation \(bda.org\)](#)
- The BMA strongly supports water fluoridation on the grounds of effectiveness, safety and equity. [bma-consultation-response-prevention-green-paper-oct-2019.pdf](#)
- The British Association for the study of Community Dentistry [BASCD 2023 Statement on Community Water Fluoridation is launched! - BASCD](#)
- The British Fluoridation Society [Fluoridation of Drinking Water - British Fluoridation Society \(bfsweb.org\)](#)
- Royal College of Paediatrics and Child Health [The case for fluoridation to protect children's oral health | RCPCH](#)
- The British Society of Paediatric Dentistry Position Statement in support of fluoridation [Microsoft Word - Fluoridation position statement August 2016.docx \(bspd.co.uk\)](#)



Regional and Local Support for Water Fluoridation

- The dental profession, medical colleagues, the ICB and all 12 Local Authorities in the North East have expressed their support for the Government's proposal to extend fluoridation.
- Health and Wellbeing Boards and/or Health Scrutiny Committees have recognised the impact water fluoridation can have to improve oral health and wellbeing.
- North East North Cumbria Integrated Care Board support for the extension of water fluoridation across the NE.
- The Association of Directors Public Health NE (ADPHNE) and the Regional Dental Committee all support water fluoridation.

Professor Chris Vernazza, Head of School of Dental Sciences, Newcastle University, Professor of Oral Health Services and Honorary Consultant in Paediatric Dentistry:

"In my clinical work, I see the devastating impact of dental decay on children and their families and every time I remove multiple teeth from a child under general anaesthetic, I am deeply saddened. There is good evidence for the benefits and safety of water fluoridation and the economic arguments stack up too. I fully support implementation of fluoridation in our region as a key part of the package required to prevent this widespread disease".

The regional Local Dental Committee

The regional Local Dental Committee have expressed their full support to extend water fluoridation, recognising that:

- Tooth decay is largely preventable but remains a serious public health problem in the NE
- Water fluoridation is an effective and safe public health measure
- Water fluoridation can reduce the prevalence, severity and impact of tooth decay
- Water fluoridation reduces health inequalities, and the greatest reductions in tooth decay are seen in areas with high levels of deprivation
- Water fluoridation significantly reduces hospital admissions for tooth extractions
- Water fluoridation is a very cost-effective public health intervention

Next Steps

1. Seek response from Health and Wellbeing Board on the DHSC consultation on the expansion of the community water fluoridation scheme.
2. The consultation will also be presented to Overview and Scrutiny Committees, County Durham Care Partnership and with constituent organisations.
3. Individual professional responses.
4. Any further suggestions for consultation responses.

Any Questions?



By virtue of paragraph(s) 1, 2 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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