Durham County Council

Health Improvement Plan 2007 – 2012

Contents

1 Introduction

The health of the population of County Durham lags significantly behind that of England as a whole. We tend to live unhealthier lives and die younger than people living in other parts of the country. Furthermore, there are significant inequalities in health within the county, with a gap of up to 18 years in the life expectancy for women, and 12 years for men, between different parts of County Durham. Poor health is both a cause and a consequence of many of the challenges facing the county.

This is not an acceptable situation for the people of our county.

Health is not just the province of the NHS – many of the factors that influence health are very much the concern of local government: employment, education, access to services, the environment, housing, etc.

It is right that we in the County Council, the largest public sector organisation in the County, should recognise that our activities will have an impact on the health of the population we serve.

This plan aims to describe the contribution we make, and will make in the future, to the challenge to improve the health of the people of County Durham and to tackling inequalities in health locally. It covers the following issues:

- The health of children and young people
- Smoking
- Obesity
- Alcohol and substance misuse
- Mental Health and well-being
- The health of people aged 50+
- Adults with a variety of care and support needs, and carers
- Health Inequalities

We are publishing this plan in draft form in order to promote debate amongst our staff and services, as well as with our partners and local people, about this vital issue. We would welcome your comments, and look forward to hearing from you. Please let us have you views by the end of December 2007 – comments should be submitted to Grace Wali, Policy Officer Health Improvement (e-mail grace.wali@durham.gov.uk or tel 0191 383 3328)

Rachael Shimmin
Corporate Director of Adult and Community Services

2 Health In County Durham

The overall health of the population of County Durham is poor compared with the national picture and inequalities in health remain persistent and pervasive. The reasons for the differences in health between County Durham residents and the rest of England, and within County Durham, are complex.

Key measures of health for the County show the following:

- Life expectancy at birth is 75.7 years for men and 79.6 years for women in County Durham, compared with England which is 76.9 and 81.1 respectively;
- Health inequalities exist in County Durham. Life expectancy for men in Easington is 74.2 years; in Teesdale 77.1 years. For women the life expectancy is 78.4 years and 81.3 years respectively;
- At a more local level the gap in life expectancy is significantly greater: life expectancy for men in Chester Central ward is 68 years while in North Lodge ward, also in Chester-le-Street it is 79.9 years, a gap of 12 years. For women in Greenfield Middridge ward in Sedgefield life expectancy is 73.6 years, while in St Nicholas ward in Durham City it is 92 years, a gap of 18 years;
- Overall death rates for County Durham are significantly worse than for England, with the two major causes of death (cancer and heart disease) also significantly worse than England;
- It is estimated 30% of adults smoke compared with 26% for England;
- The under-18 conception rate for County Durham in 2005 was 48.9 per 1,000 girls aged 15 to 17 years compared to the England rate of 41.1.
- In 2006 56.6% of pupils in County Durham obtained five GCSE passes (A* to C grade), compared with 59.2% for England

The life expectancy gap between County Durham and England has decreased for males and increased for females over the period 1995-1997 to 2003-2005.

(See Appendix 1: Community Health Profile for County Durham, 2007)

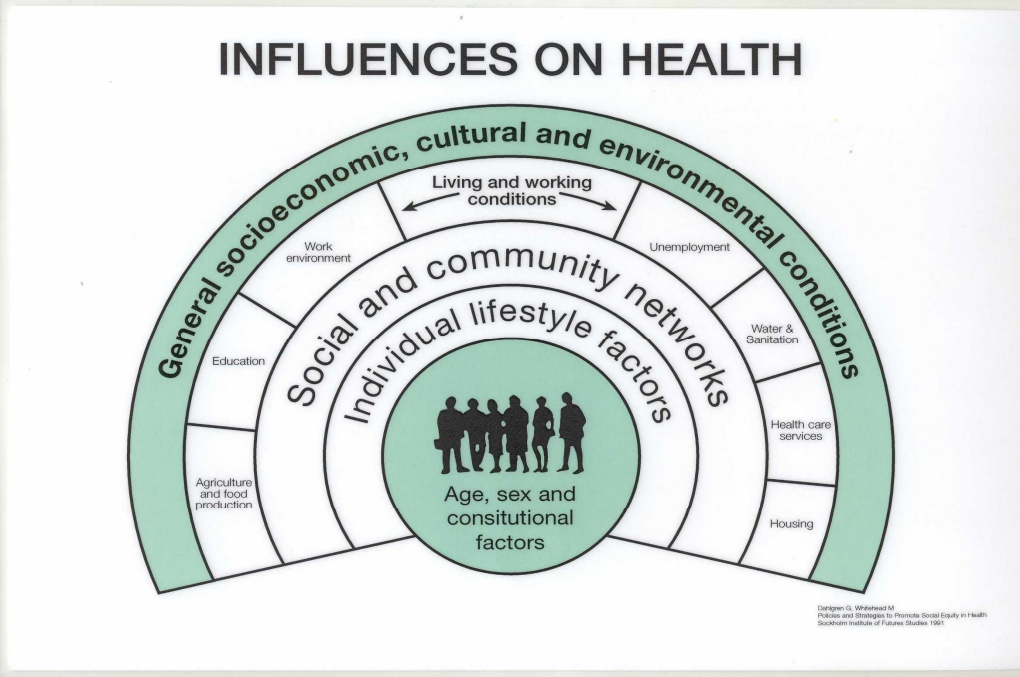
3 Policy Context

A definition of Health

The World Health Organisation has defined health as:
"A state of complete physical, mental and social well-being and not merely the absence of disease and infirmity" (WHO)
This definition of health is at the heart of this plan.

Influences on health

People's health is determined by a multitude of factors, some of which are fixed – such as gender, age and genetic inheritance – and some of which are variable. These variable factors, described in the diagram[1] below, are a combination of factors that the individual can control to some extent and many wider determinants over which the individual has little or no control.



The reasons inequalities in health arise can be summarised as:

- Inequalities in opportunity – poverty, family, education, employment and environment (the wider determinants of health).
- Inequalities in lifestyle choices – smoking, physical activity, food, drugs, alcohol and sexual activity.
- Inequalities in access to services for those who are already ill or have accrued risk factors for disease (health inequity).

Lifestyle choices are influenced by the opportunities that individuals have, and one of the key challenges for the County Council and its partners locally is to improve these opportunities.

[1] Dahlgren G, Whitehead M: "Policies and Strategies To Promote Equity In Health"; Stockholm Institute of Futures Studies, 1991.

National Policy Context

The government has set Public Service Agreement (PSA) targets to reduce health inequalities in health outcomes. The over-arching target for government is

> *PSA Target – By 2010 to reduce inequalities in health outcomes by 10% as measured by infant mortality and life expectancy at birth.*

This target is underpinned by two more detailed objectives, defined in 2004:

- *Starting with local authorities, by 2010 to reduce by at least 10% the gap (in life expectancy) between the fifth of areas with the worst health and deprivation indicators (the Spearhead Group) and the population as a whole.*
- *Starting with children under one year, by 2010 to reduce by at least 10% the gap (in infant mortality) between the 'routine and manual' socio-economic group and the population as a whole.*

There are five "spearhead" areas within the County Durham PCT – the Derwentside, Chester Le Street, Easington, Sedgefield and Wear Valley Districts – which are recognised as having significant levels of deprivation and health inequalities.

The past decade has seen the publication of a number of policy and strategy documents concerned with health improvement and health inequalities including:

- The Acheson Report: *'Independent Inquiry into Inequalities in Health'* (1998)
- The Wanless reports: *"Securing Our Future Health"* (2002) and "*Securing Good Health for the Whole Population"* (2004)
- *"Tackling Health Inequalities, A Programme For Action"* (2003)
- *"Choosing Health: Making Healthy Choices Easier"* (2004)
- *"Our Health, Our Care, Our Say*" (2006) and
- *"Creating Strong and Prosperous Communities"* (2006)

The Local Government Act 2000 provided significant new powers for local government to promote and improve the economic, social and environmental well-being of their area. This empowers the Council to look beyond immediate service delivery to wider issues affecting County Durham as an area to live and work.

Local Policy Context – Partnerships

County Durham Strategic Partnership developed a community strategy in 2003 which reflects partners' long-term aspirations for social, economic and environmental well-being. Within the strategy a number of challenges were set out to deliver change: Challenge 7 "Seamless service delivery and healthy communities to improve health to match the national average, by tackling the underlying causes of poor health which include poverty, and unemployment, poor housing and environment, educational under-achievement, unhealthy lifestyles and poor access to services.

Furthermore, the Local Area Agreement for 2007-09 has identified the following as key outcomes:

- *Improved Health and Reduced Inequalities*
  All local people live longer and healthier lives, with the greatest improvements seen in the County's most disadvantaged areas

- *Improved Health In Disadvantaged Neighbourhoods*
  Reduce premature mortality rates and reduce inequalities in premature mortality rates between wards/ neighbourhoods with a particular focus on reducing the risk factors for heart disease, stroke and related diseases (CVD) (smoking, diet and physical activity)

The Healthy Communities and Older People block of the LAA is essentially built around the outcomes from "Our Health Our Care Our Say", and the health improvement agenda is also fundamental to a number of other outcomes in this block, including "Improved Quality of Life" and "Increase Choice and Control".

The Children and Young People block has a strong focus on health improvement, both directly – for example the target to reduce the teenage pregnancy rate – and in terms of the wider determinants, for example the target to reduce the proportion of 16-18 year olds not in education, employment or training.

The LAA also includes targets across all blocks that reflect the wider public health agenda – for example, in the Economic Development & Enterprise Block, a target to reduce worklessness; and in the Safer & Stronger Communities Block, the target to reduce the number of families experiencing homelessness.

The Partnership is in the process of developing a new Sustainable Communities Strategy and Local Area Agreement to take effect from April 2008. This includes a review of thematic partnership arrangements, including the establishment of a Health and Well-Being Partnership, which will drive forward improvements.

The County Council recognises its leadership role in shaping the partnerships and influencing their agenda.

Under the seven Local Strategic Partnerships (LSPs) in the county there are a number of local planning groups which have a significant impact on health, including local health improvement groups, environment sub-groups, local children's boards and Crime and Disorder Reduction Partnerships. The County Council is an active member of all LSPs and support the sub-groups.

Local Policy Context – Durham County Council

The County Council's corporate plan 2007-10 includes the aim:
To promote strong, healthy, safe communities

In support of this, one of the priorities for improvement is:
To help to improve the health of local people by:

- *More children eating and drinking healthily and regularly involved in physical activity inside and outside school*
- *Reduction in teenage pregnancies*
- *Reduction in the number of people smoking*
- *Reduction in the mortality rate for all circulatory diseases and Cancers*
- *Reduction in County Council sickness absence*

We are tracking our performance on these issues through measures such as the standardised under 75 mortality rate for all circulatory diseases and cancers (these are LAA targets). This plan captures the actions we have in place to contribute to these targets.

PCT Strategy

County Durham Primary Care Trust (PCT) exists to

- Improve health
- Reduce health inequalities
- Ensure safe and sound services

for the people of County Durham.

The County Durham PCT is currently consulting on its 5-year strategic plan, and has identified an initial set of issues and priorities including:

- Greater focus on prevention and reducing inequalities
- Focus on health needs and services (not buildings)
- Improving access to primary care

The outcome of the wider consultation the PCT is planning will be:

- A wider understanding of the context in which the PCT is working among partners
- A sharing of the need to shift the balance towards improving health and reducing inequalities.
- A strategy for continued engagement with public, carers and patients.

"Better Health, Fairer Health"

The Regional Director of Public Health has published "Better Health, Fairer Health", a consultation document on a draft "Strategy for 21st Century Health and Well-Being in North East England". This calls for a joined-up response from the NHS, Local Authorities and others, to the health challenges facing the region, and advocates a number of specific areas of action. It also emphasises the points that the North East as whole needs **better health**, and there is a very strong argument for **fairer health** because of the differences in health that exist between groups within the region. The same is very much true in County Durham.

Joint Health Overview and Scrutiny Committee.

The power of "health scrutiny" was given to local authorities with social service responsibilities in January 2003. Health Scrutiny works to bring the views of local communities into the processes of planning and delivering health services, to work in partnership with the NHS to discuss plans for "substantial" changes at an early stage.

The County Council's Joint Health Overview and Scrutiny Committee has as its focus strategic issues facing the NHS in an attempt to:-

a. Better understand the complexity of NHS planning so that Members contribute from an informed position on NHS matters;
b. Challenge and hold the NHS to account on behalf of local communities so that health improvement and health service delivery meets the needs of the communities we serve, is timely and provides a quality service.

As part of the Joint Health Overview and Scrutiny Committee (JHOSC) councillors have a key role to play in ensuring the health needs of communities are effectively addressed by the council and its partner agencies. The JHOSC has the power to scrutinise both local authority and local NHS services, ensuring those bodies are publicly accountable for the decisions made.

Often decisions about the health and well being of communities are complex and statutory agencies are often required to address competing priorities. The move away from hospital based services into local community and primary care is sometimes contentious as the public often focus on the loss of traditional hospital services rather that the development of less tangible community care. JHOSC has a key role in providing a link between communities and public bodies to ensure that the public are able to question these decisions through their democratically elected representatives. However councillors also have a key role in supporting NHS and other partners in delivering the policy goals set out in the white papers 'Our health, our care, our say' and 'Strong and prosperous communities' which requires local authorities and the NHS to re-focus resources on health improvement, early intervention and community based service delivery.

Joint Strategic Needs Assessment

The Local Government and Public Involvement in Health Bill, due to receive Royal Assent before the end of 2007, places a duty to co-operate between Durham County Council and the PCT in preparing a joint strategic needs assessment.
This will describe the future health, care and well-being needs of residents of County Durham and should ensure that the health and social care response more closely meets the needs of local people. It will provide an opportunity to look ahead jointly, and support and direct the change in local service systems so that:

- Services are shaped by local communities
- Inequalities are reduced
- Social inclusion is increased

As the needs assessment is not yet available, this plan will need to be flexible in order to incorporate any new issues that emerge from it.

4 DCC's Health Improvement Plan

Case For Action

The above sections demonstrate that there are a number of drivers for a Health Plan for the County Council:

- The poor health overall of the local population and the extent of health inequalities;
- Local Government's role as community leader;
- The County Council's lead responsibility for tackling many of the wider determinants of health; and
- Health Improvement is already a DCC priority.

The County Council recognises it has a significant contribution to make to the improvements that are required in the health of the local population. Many of the strongest influences on health and wellbeing come from outside the NHS, so effective action to sustain and improve the population's health is the responsibility of all sectors. Health is created in communities (through the opportunities people have to live healthier lives, through the choices they make in the context of those opportunities, and through the services they access) and thus every function of Durham County Council can have an impact.

The Council has therefore decided that we will develop a health improvement plan to focus on improving health overall and tackling inequalities: as part of this we will review and revise as necessary our current improvement priorities.

In preparing the plan the Council undertook a self-assessment of our current activities and plans to support action on health improvement, using the "Self-Assessment Tool-kit for Local Authorities" published by the Health Development Agency. This self-assessment has been used to gather information on current activities from across the Council and to inform the areas we highlight for further action.

Purpose

The purpose of the plan will be to:

- Enhance and focus the Council's leadership on health improvement and tackling health inequalities in and between our communities
- Ensure that the Council's role in improving the health and wellbeing of the people in Durham is more fully recognised;
- Set out DCC's clear contribution to partnership work to support and secure health improvement;
- Ensure our activities are directed towards a clear set of health improvement priorities
- Ensure evidence based activities which can demonstrate improved outcomes and value for money

The plan will set out the Council's existing and proposed action on a number of key areas for health.

The Health Improvement Plan will support councillors in their overview and scrutiny role by providing a framework for the Council's contribution to action on health improvement and inequalities.

All DCC councillors will be able to comment on this document during consultation. Members of the JHOSC will have the opportunity for a full discussion and have been invited to take a key role in the development of the plan.

Role of DCC's Health and Well-Being Team

Within the Council's Social Inclusion Service (part of Adult and Community Services) there is a Health and Well-Being team which will support individual services in implementing this plan, where required. The team will also take overall lead on working with partners in the health sub-groups of LSPs.

Durham County Council working with the PCT have appointed a joint Locality Director of Public Health, who is line-managed by the Director of Adult and Community Services for the Council and the Executive Director of Public Health for County Durham and Darlington PCTs.

The Head of Social Inclusion and the Locality Director of Public Health will share overall responsibility for the delivery of this plan.

Introduction to the Plan

Given our understanding of the major health challenges facing the County, and our self-assessment, the plan will focus on the following issues:

- Children and young people;
- Tackling obesity;
- Smoking;
- Alcohol and substance misuse;
- Mental health and well-being;
- Adults with a variety of care and support needs, and carers; and
- Health inequalities

The plan will not seek to set out all the action will take forward in addressing the health of the County – for example our efforts to raise educational attainment, to reduce crime and concern about crime, or to improve the local economy and tackle workless-ness will not be covered here, although all these are clearly key in improving communities' opportunities to improve their health and well-being. Further detail on these issues can be found in:

- the Children and Young People's Plan
- the new Economic Development Strategy 2007-10 which will be out for consultation in the near future
- local Crime and Disorder Reduction plans

The work the Council is taking forward in improving the health of its own workforce is to be covered in a separate Workforce Health and Well-Being strategy.

Furthermore, at this stage no new resource commitments are being made – we will initially seek to implement the actions in this plan through prioritisation of activities and by improving how we work together within the Council, with local communities and with partner organisations. Where it becomes clear that specific investment is required, this will be taken forward through our usual planning processes.

Consultation questions

- *Do you support the development of a health plan for the County Council?*
- *Are these the right issues for the plan to focus on?*
- *Should our workplace health agenda be covered in this plan?*
- *Should we provide fuller coverage of related work on the wider determinants?*
- *What should we call this plan?*
- *Does the plan fulfil the purpose we have set for it? If not, what changes should we make?*

5 Children and Young People

The County Council has played a lead role in establishing the Children's Trust for County Durham, bringing together a range of partners who are working to improve the Every Child Matters outcomes, following an extended period of joint work and consultation.

We want all children to have the best possible start to life. Our focus is on public health for the whole community. Working through our universal services such as Children's Centres, schools and libraries (as well as health services), we aim to educate and support parents and children and young people to make healthy choices. The National Healthy Schools Programme reaches all children and young people and promotes healthy lifestyles and sport. Children's Centres focus for example on supporting breastfeeding and smoking cessation during pregnancy.

We recognise that health outcomes for some vulnerable groups are not good and we are targeting our services to Looked After Children, those who misuse substances, young people who offend and those who have mental health needs. Our teenage pregnancy strategy aims to encourage young people to have high aspirations for their own lives as well as to make positive sexual health choices.

One of the most fundamental issues that contributes to better health is educational attainment. County Durham's performance in the number of young people leaving school with 5 GCSE's (A* – C) has improved significantly in recent years, so that our position is now close to the national average. This will have long-term benefits because of the contribution it will make to the opportunities these young people will have in future to make healthier choices. Further information on the work the Council is leading to improve attainment can be found in the Children and Young People's Plan (2006/09).

This section of the Health Plan does not focus however on this wider issue, but briefly describes the work partners are committed to in delivering the Every Child Matters "Be Healthy" outcome.

The key improvement priorities, together with the supporting measures of success are:

- Reducing obesity:
    - Halt year on year rise in the incidence of obesity among children under 11 by 2010;
    - Increased number of primary schools that have achieved the new National Healthy Schools Status;
    - Increased number of children and young people (7 – 14) taking up sporting opportunities; and
    - Increased percentage of children in that age group who spend a minimum of 2 hours per week on high quality PE and sport, both within and beyond the school curriculum.
- Reducing teenage pregnancy:

    - Reduced number of teenage pregnancies per 1000 population 15-17 year olds.
- Reducing young people's use of alcohol:
    - Reduced % of children and young people misusing alcohol and drugs; and
    - Increased % of young people under 18 who misuse alcohol and substances accessing drug treatment services; i.e. entering, receiving, and completing treatment – measured using the National Drug Treatment Monitoring System.
- Improving children and young people's emotional well-being and access to Child and Adolescent Mental Health Services:
    - Increased number of children and young people year-on-year participating in programmes to develop self esteem and emotional well-being; and
    - Increased numbers of young people describe themselves as being happy.
    - Increased numbers of young people describe themselves as being able to make friends easily.
    - All young people who are assessed by ASSET as manifesting acute mental health difficulties are referred by YES to CAMHS for a formal assessment within 5 working days of receipt of referral.
    - All non acute mental health concerns are referred by YES for assessment and engagement by appropriate CAMHS tiers 1-3 commenced within 15 working days

To achieve our priorities the County Council will:

- Continue to educate through the National Healthy Schools Programme;
- Promote smoke free public places; control supply by prosecution of unlawful sales to children;
- Target support to mothers through children centres.
- Implement and continuing to provide initiatives to tackle obesity such as implementation of School Food Policy;
- Improve the provision of and access to local facilities for physical activity including extended use of school premises; school holiday activity programmes, and working with District Councils to enhance access to leisure services;
- Deliver through schools, colleges and libraries an information, advice and guidance programme that includes choices about health; and
- Target services, in partnership, to vulnerable groups of children/young people (eg Looked After Children) and communities where take up of services is low.
- Develop, in partnership, an emotional wellbeing strategy;
- Ensure, in partnership, availability of comprehensive Child and Adolescent Mental Health Services, as defined in Standard 9 of the National Service Framework (NSF); and
- Work with partners to ensure that young people who offend who have routine and acute mental health needs access assessment and services.

Consultation Issues

- *Note that this section has been edited from the existing and signed-off Children and Young People's Plan. We are not therefore consulting on the content of this section.*
- *However, we are interested in views as to whether there are, or should be, other priorities for Children and Young People's health that are not covered here.*

6 Tobacco Control

Tobacco use remains the number one cause of preventable death and ill health. Smoking is the biggest contributor to the shorter life expectancy experienced locally. (*North East Public Health Observatory, 2004)*

As the reasons for smoking are many and varied, research shows that no single approach to tackling smoking will be successful. Instead, concerted, sustained and co-ordinated action on a number of fronts by a wide range of agencies, organisations and individuals is required.

In 2006 the County Council signed a smokefree Charter to show our commitment to reduce smoking prevalence in our area, protect non-smokers from the effects of secondhand smoke and ensure the law on advertising and sale of tobacco products to minors is enforced.

The Council is a member of the County Durham and Darlington Tobacco Control Alliance, involving the PCT, both of the local NHS Trusts, Chamber of Commerce, Fire Service, Police, voluntary sector and University. The aim of the alliance is to bring together countywide organisations to implement a multi-agency tobacco control action plan that contributes to an effective, comprehensive approach to tobacco control. A tobacco alliance action plan was developed with partners and this is updated quarterly.

DCC's contributions to the plan include:

- Supporting legislation to reduce smoking and the harm it causes;
- Reviewing our workplace smoking policy ahead of the smoking ban to protect our workforce from secondhand smoke;
- Health promotion work in schools, through the National Healthy Schools Programme and provision of teaching materials such as 'Our Air, Our World;
- Promoting tobacco control activities, eg No Smoking Day, through our buildings (including libraries) and media;
- Delivery of retailer education programmes when new or amended legislation is introduced, eg October 07 age of sales change plan;
- Intelligence led enforcement to ensure compliance with legislation, including an annual programme of test purchases;
- Working with Customs and Excise to reduce availability of contraband tobacco.

We will also consider whether there are opportunities to further strengthen our action, for example whether we can train front-line staff to provide tobacco interventions with vulnerable groups with whom they work.

The national target is to reduce the adult smoking rate from 26% in 2002 to 21% or less by 2010, with a reduction in prevalence among routine manual groups from 31% in 2002 to 26%. The County Durham target is set at 25% in recognition that the current rate locally is higher than the national rate. "Better Health, Fairer Health" calls for a target rate of smoking amongst adults in the North East of 10% by 2032 (which is the level of smoking in California today).

We will measure our success through tracking the smoking rate amongst local people and the improvements in mortality rates from relevant causes of death.

Questions for Consultation

- *Are there other actions the Council could take to reduce the level of smoking?*
- *How should we measure DCC's contribution?*

7 Tackling Obesity

"After smoking, the second most important threat to the population's future health is probably the rise of obesity. Tackling this is far more complicated than combating tobacco. The problem arises from a combination of behaviours rather than one specific action, few foods are unequivocally 'bad' for you, and much can be attributed to lack of exercise and general physical activity rather than any deliberate act." (Better Health, Fairer Health).

Thus action to tackle obesity must address both diet and physical activity, and there are several areas of action for the Council.

Healthy Eating: Areas For Action

As well as work with schools, including promoting the National Healthy Schools Programme and meeting the new school food standards (see Section 5), we will:

- explore how we can further support breastfeeding initiatives;
- promote healthy eating and the use of locally grown produce through our work on sustainability;
- increase school meals take-up including free school meals;
- promote healthy eating as part of the health information work through libraries; and
- monitor Food Safety Standards and enforce food safety measures through Trading Standards (in partnership with District Council Environmental Health Services).

Physical Activity: Areas For Action

Promoting Healthy Schools will again be a key issue for the Council. We will also improve the provision of and access to local facilities for physical activity, including extended use of school premises; school holiday activity programmes, and working with District Councils to enhance access to leisure services. A swimming development officer has been appointed.

The public rights of way network offers opportunities for outdoor physical activity on foot, horseback or by cycle. A Rights of Way Improvement Plan will be produced in November 2007 (replacing the existing Walking Strategy) which will encourage the use of access and rights of way to improve and promote health and wellbeing.

The Durham County Council guided walks and events programme provides opportunity for people to take part in physical activity in the countryside. We provide 72 countryside sites and provide information on access to the countryside to encourage people to take outdoor exercise.

The revised version of the Cycling Strategy will be released later in 2007. The initial strategy aimed to have a network of routes and facilities throughout the County which enable cycling to be a safe, attractive and enjoyable mode of transport, where people are encouraged to cycle for commuting, travelling to

school, shopping and recreational purposes. The strategy highlights cycling as an important means to improving health and levels of enjoyment.

The 2012 Olympics in London presents a significant opportunity to promote wider community participation in physical activity and sport. We will work closely with Sport England, Durham Sport and others to determine how we can best optimise the benefits of the Olympics.

Questions For Consultation

- *Are these the right areas for action by DCC?*
- *What other actions should we be taking?*
- *No measures have been included here. Do you have any views on how we should measure the contribution of DCC to efforts to tackle obesity? Should we focus on population measures, such as the prevalence of diabetes, or DCC activities, or a combination?*

8 Alcohol and Substance Misuse

Evidence shows that excessive alcohol use, both as binge drinking and chronic drinking, is a cause of major health and social harm in the county. Over 7% of reported crimes (and about 50% of violent crimes against the person) in Durham are alcohol related. We also know that alcohol and drug abuse can lead to (and be caused by) family breakdown and domestic violence. In 2006-7, 50% of the children subject to care proceedings are because of problem alcohol use by parents or carers (Local Safeguarding Children's Board (LSCB) – Hidden Harm Strategy)

The community health profiles show that all districts in the County have binge drinking rates that are significantly above the national average and there is concern that young people are putting themselves at risk of long term health problems if this continues. There is also clear evidence of a link between long term alcohol misuse and risks to mental health.

The numbers of clients entering drug treatment services do not suggest that County Durham has a significant drug misuse problems. However such measures are not a good indicator of drug use in the community and it would be unwise to make the assumption that County Durham does not have a significant substance misuse problem. There is evidence to suggest that drug misuse can have serious long term health and social impacts on both the individual and the community. About 2% of crime is drug related. Alcohol related offences are difficult to measure as the involvement of alcohol is not always recorded in the incident. It is estimated that nationally there are 1.2 million incidents of alcohol related violence each year. Half of victims believe the perpetrator was under the influence of alcohol and this also involves associations with sexual offences, road traffic accidents and fires.

The key areas for action in drug and alcohol reduction are prevention and education, treatment and enforcement and control. The Council should continue to work with retailers and the police to reduce the sale of alcohol to children and support efforts to reduce the impact of street drinking: schools should continue to provide good quality information on the risks associated with alcohol and drug use, ensuring that pupils not in mainstream education are included.

Crime and Disorder Reduction Partnerships use the powers within the Violent Crime Reduction Act 2006 to designate localities as alcohol disorder zones where there is a problem with alcohol-related nuisance and disorder. All CDRPs have produced alcohol action plans and the County Council is supporting the development of a county-wide plan.

The lead multi-agency partnership Board is the County Durham Drug and Alcohol Action Team (DAAT). The DAAT Unit is the operational arm of the Partnership Board and its role is to ensure that partners work collectively to achieve the substance misuse targets.

Areas for action:

- Work with other agencies to develop a joint preventative approach to reducing the social harm caused by substance misuse
- Develop social marketing approaches which promotes mental well-being, social inclusion and messages about safe and sensible drinking
- Full involvement in the integrated team approach to identification and treatment
- Ensure libraries are signposting to treatment services appropriately
- Ensure that front line staff have basic awareness training on drug and alcohol related issues.
- Ensure that education services target those excluded from schools and looked after children as they are most at risk.

Proposed Performance measures:

- The percentage rate of alcohol referrals that actually receive treatment
- Admissions to hospital for acute intoxication from alcohol for residents of County Durham (LAA target)
- The number of incidents of violent crime and domestic violence where alcohol has been a contributory factor
- The number of Care Proceedings in which alcohol is a factor (LSCB target)

Questions for consultation

- *Are these the right areas for action? What other issues should we address?*
- *Are these the right performance measures? If not, what should we be using?*

9 Mental Health and Well-being

There is clear evidence to show an association between rates of mental illness and multiple deprivation. Unemployment, social exclusion and long term illness are all risk factors for mental health, as are behaviours such as alcohol and drug abuse.

Education has a significant bearing upon employability and social exclusion. Adults with poor skills and qualification are more likely to suffer poor mental health than those with 5 or more GCSEs. There needs to be a significant focus on the mental well-being of young people as they grow into adulthood.

Employment can protect against mental ill health and aid recovery by boosting confidence and self esteem, and providing social support. The North East has the lowest rates of adult employment, low rates of employment of people with mental health problems, and the highest rate of incapacity benefit claimants for mental health disorders in England. County Durham has rates for claimants with mental ill health significantly above the national average.

In order to address the poor levels of mental well-being in Durham the Council needs to address the underlying risk factors – including worklessness, alcohol (see Section 8) long-term illness and social inclusion.

Employment – employing people with a history of poor mental health helps them recover and reduces the risk of social exclusion. The council under DDA also has a duty to ensure people with long term mental health problems have equality of opportunity to be employed, and make reasonable adjustments to enable them to remain in employment.

Long Term Illness – many people with long term limiting illnesses will be in contact with care and housing services, these contacts are opportunities to talk to people or assess people for mental well-being and signpost to other services if needed.

Social inclusion – having supportive social networks can be a key factor in supporting recovery and developing resilience to mental ill health. There is evidence to show that being part of a religious or community group which involves regular social contact has a positive impact on well being in general and mental well-being in particular. DCC should work through the religious, community and voluntary sectors to ensure that mainstream community networks are inclusive and actively support mental well-being. People with mental health problems should not be marginalised into specialist community support.

Areas for action:

- Ensure that as an employer the council supports people with mental health needs into employment within the Council and develops its work under DDA to ensure mental health is not marginalised;

- Ensure that supported employment schemes are offered to help people with mental health problems back into the wider workplace;
- Ensure that people with long-term health problems are offered support to maintain and improve their mental well-being as well as physical health;
- Promote social inclusion for people with mental health needs working with the Third Sector (including Council for Voluntary Service) to develop support networks within local communities;
- Lead the process of mental health service modernisation, including ensuring that day-time opportunities for people with mental health needs promote social inclusion and recovery;
- Address issues of stigma and discrimination for people with mental health difficulties including those from minority communities

Questions for Consultation:

- *Do you agree with this as a priority area?*
- *If so, are these the right areas for action?*
- *What other actions might the Council take?*
- *No measures of success have been identified at this stage. What measures should we use?*

10 Adults with a variety of care and support needs, and carers

The Council's aim is that people who use social care services, and their carers, should be helped to understand how to stay healthy and maintain their emotional well-being.

(i) Carers

Research published by Carers UK identified that carers who provide more than 50 hours of care a week are twice as likely as the general population to describe themselves to be in poor health. Young carers were found to be particularly vulnerable to poor health.

Caring responsibilities can impact on the carer in a number of ways, including financial hardship, social isolation, physical health problems, stress and depression. The impact on a carer's mental health is often reported as being particularly significant. In one study it was reported that 52% of people providing substantial amounts of care had received treatment for a stress related condition.

The council plays an important role in supporting carers by

- Providing carers needs assessment and carers services;
- Providing financial support for carer's and community organisations;
- Providing information to carers;
- Providing carers with welfare rights advice; and
- Providing a strategic lead role, working together with NHS and voluntary sector colleagues.

The council recognises the long term benefits of supporting carers and will

- Ensure that carers' health needs are recognised in the assessment process;
- Develop the carer infrastructure to reduce social isolation and promote mental well-being and social inclusion for carers;
- Provide targeted support for young carers;
- Ensure carers' services are adequately resourced; and
- Secure services specifically aimed at providing carers with breaks from caring and supporting their well being, including their mental well-being.

(ii) Adults With Learning Disabilities

Depending on the definition used it is estimated that between 2.5 – 3% of the population has a learning disability. This equates to about 12,500 people in County Durham.

The majority of these people have mild to moderate levels of disability and will not need to access specialist learning disability services, however they may rely heavily on mainstream public services and are likely to have literacy and

numeracy problems. A higher proportion of them will have needs relating to a sensory impairment or mental health problem than will the general population.

Most of our knowledge comes from people who use specialist learning disability services, this is about 2500 people with higher levels of disability. Evidence suggests that health outcomes for this group are improving (from a low baseline). We know very little about the health outcomes of the 10,000 people with mild or moderate disabilities.

Research has shown that the health outcomes for people with learning disabilities are poorer than for the general population. The reasons for this are complex but the following are factors:

- Congenital health problems may be associated with specific conditions. People with learning disabilities are also more likely to suffer epilepsy and early onset dementia;
- Difficulty in accessing services including screening and appropriate health advice is a common problem; and
- Inequalities in opportunities and in personal lifestyle choices, with many people with learning disability not engaging in community life, having poor diets and low levels of physical activity.

As a local authority we can have an impact on the second and third issues above. Actions we will take include

- Joint working with NHS and other care providers to signpost people who have health problems to their GP or specialist service;
- Joint assessment of clients referred to the integrated learning Disability Services to include health screening and Health Action Plans;
- Promoting healthy lifestyles for people with learning disabilities, for example through our magazine for people with Learning Disabilities ("Valuing People") and the "health buddies" programme;
- Working with the PCT to ensure there are health promotion materials appropriate for people with learning disabilities;
- Ensuring that all services provided by the Council encourage and support the principles of social inclusion, for example by modernising day services, supporting people with learning disabilities into work and empowering service users through new methods of organising personal care such as direct payments.

Key to this will be the work of the Better Health Task Group bringing together people with learning disabilities with an interest in health with some key professionals. The task group will produce an action plan to address the above issues.

We will measure progress by tracking the number of people with learning disability with health action plans, and compliance with those plans, as well as the number of people known to the Council and in work.

(iii) Adults With Physical Disabilities

Research clearly tell us that physical and sensory disability can have a significant impact upon access to education, employment, leisure, appropriate housing and social inclusion which can in turn can have a negative impact upon the health outcomes for people with disabilities.

In Durham there are 8225 people between the ages of 18 and 65 on the Physically Disabled Register. The 2001 Census reports that 20% of the overall population consider themselves to have a limiting long term illness and in Easington almost a third of the population reported the same.

Consequently, our priorities in working with younger disabled adults are to ensure that we address the overall needs of the individual, working in partnership with Health, Housing, Education, Employment Agencies and Leisure Services.

The overarching philosophy of our work with younger people with physical disabilities is to support people in the community and facilitate access to mainstream services and employment.

Areas for action include:

- The modernisation of our Physical Disabilities Day Care services to assist people to reengage with mainstream activities.
- The refocus of Workable Solutions to assist people with physical and sensory loss into employment.
- The commissioning of rehabilitative services for younger people with neurological conditions.
- Investment into the HIV service to assist the focus upon healthy and positive living.
- Major investment into community equipment and Occupational Therapy services to maximise independence and access.
- Integrated Case working for people with Long Term Conditions through the development of integrated teams.
- The ongoing development of a Physical Disabilities Network to assist staff in meeting the needs of service users through accessing a broad range of information.
- Partnerships with the third sector to support the delivery of information to deaf and blind people

(iv) People aged 50+

The County Council, with its partners, has published a five-year strategy (for 2007-12) on “Living Well in Later Life”, based around the outcomes framework in “Our Health, Our Care, Our Say”. In respect of the outcome “being healthy”, the things that matter most to people of 50 and above are:

- Living longer and healthier lives
- Fast access to treatment
- Freedom from disease or injury
- Keeping healthy and active

Many of the actions in the strategy will of course be led by partner agencies, particularly the PCT, but areas for action up to 2012 involving DCC include

- Further development of preventative services e.g. falls services, life checks, screening programmes, telecare;
- Secure comprehensive specialist mental health services for older people including intermediate care;
- Increase support to those with long term conditions; and
- Integrate health and social care services for those with long term conditions, by 2008
- Encourage more older adults to adopt a healthier lifestyle in respect of diet, exercise, smoking and alcohol intake.

Key Targets and indicators within the strategy include

- numbers of delayed discharges from hospital (PAF D41)
- numbers of non-residential intermediate care places funded by L.A.
- Reduce emergency bed days by 5% by 2008
- Improve health outcomes for people with long term conditions

Questions for Consultation

- *Note that the People Over 50 section has been edited from the "Living Well in Later Life" strategy which has already been signed-off. We are not therefore consulting on the content of that element of this section. However, we are interested in views as to whether there are, or should be, other priorities for the health of the over 50's that are not covered here.*
- *Should these areas all be priorities?*
- *Are the "areas for action" on each area the right ones? Are there other actions we should be taking?*
- *What measures in respect of the health of carers, people with learning disabilities and people with physical disabilities should we use?*

11 Health Inequalities

In this section we will highlight work planned or underway in relation to areas that have a particular focus on inequalities in health. Inequalities can only be tackled through working in partnership with local communities and partner organisations.

We will seek to focus our efforts particularly on those geographical communities and communities of interest which experience the greatest levels of inequalities in health. The joint strategic assessment of need will be key in helping us with this targeting, along with the work on the development of the Sustainable Communities Strategy and the new Local Area Agreement.

We have already noted that the three over-arching reasons for inequalities are:

- Inequalities in opportunity
- Inequalities in lifestyle choices and
- Inequalities in access to services

The following are some of the key areas of work we will pursue

Excess Winter Deaths

The issue of excess winter mortality was highlighted locally in the report "Cold Kills"[2]. In 2004/05 in County Durham, there were 367 excess winter deaths. Excess winter deaths start to occur at 6° Celsius. No single agency has the sole responsibility for tackling winter warmth, as it relates to income, information, home insulation and energy consumption, lifestyle choices, identification of risk, etc. It is thus affected by all three reasons for inequalities. A partnership response is essential and partnerships need a well co-ordinated approach to supporting people to avoid the cold.

The County Council has taken the lead in establishing a Steering Group, with support from the PCT, District Councils and the Third Sector to develop an action plan on winter warmth.

To tackle excess winter mortality we will work with partners to ensure:

- The risks of becoming cold and measures people need to take to keep warm are clearly and simply defined.
- The community (including at risk groups) are well informed about the risks of becoming cold.
- Targeted work takes place with at risk groups (Older People and people with Long Term Conditions).
- Frontline workers and volunteers working in a whole range of organisations are well informed about the risks of mild hypothermia and can advise people on how to avoid becoming cold

[2] Public Health Intelligence Service: "Cold Kills"; County Durham & Tees Valley Public Health Network, November 2005

- Effective referral mechanisms are put in place to support workers and volunteers in directing people to support e.g. home energy efficiency measures, benefits advice.

Areas of work which will be considered include:

- A key facts sheet to ensure that basic information about the risks of becoming cold and how to avoid becoming cold so that base information for public information campaigns and training programmes is consistent.
- Developing local good practices across the county e.g. the Easington District Warm Homes on Prescription scheme could be considered for countywide implementation.
- Supporting effective health information development and distribution, making clear links between cold and risks to health, which promotes action people can take themselves to stay warm (e.g. closing bedroom windows at night, wearing warm clothing when outside) and to enable people to stay warm by accessing support (e.g. home energy efficiency measures, benefits advice).

Gypsy and Traveller Community

Gypsy and Traveller communities in Durham represent our largest and most established ethnic minority community. Many Gypsy and Travellers live with the settled community or on authorised sites. County Durham is also a regular stopping off point for people passing through or on the road to Appleby Fair and therefore has a transient as well as a settled population of Gypsy and Travellers.

"Towards a Better Future" (Our Draft Strategy for Gypsies and Travellers which is available on Durham County Council's Website) highlights the poor health outcomes experienced by Gypsies and Travellers. The average life expectancy of Gypsies and Travellers is about 10 years less than the settled population, which presents a significant challenge for NHS and council services. Evidence suggests that Gypsy and Traveller communities are less likely than others to use GPs, social care, libraries and adult education services.

Gypsy and Traveller mothers are also almost 20 times more likely to experience the death of one of their children.

Educational attainment is a major issue for Gypsy & Traveller children: in County Durham in 2006, none achieved any A*-C grades at GCSE, whereas overall 56.6% of pupils locally achieved 5 A*-C's.

Some of the health risks to Gypsies and Travellers can be attributed to environmental conditions of sites. DCC has already taken steps to provide portable toilet facilities and clean water for unauthorised encampments and is seeking funding to carry out improvements to the facilities and management at authorised sites.

Some of the health issues for Gypsies and Travellers are lifestyle or employment related. Many Gypsies and Travellers are self employed which tends to be predominantly manual work such as building, seasonal agricultural work or dealing in scrap metal. It is not clear whether Gypsies and Travellers are more likely to smoke and consume unhealthy levels of alcohol than the community as a whole but there is some evidence to suggest that this is the case. Lower educational attainment and levels of adult literacy may make it more difficult for this group to access information relating to health promotion.

DCC intends to use its role in managing traveller sites and relationships built up by the Gypsy and Traveller Liaison Service to deliver targeted health promotion information and advice. This could include promoting safer working practices where people are involved in jobs where there are health risks or risk of accidents.

Areas for action on Gypsy and Travellers' health include:

- Improvement to the facilities and management of Gypsy and Traveller sites;
- Promotion of healthy lifestyle information targeted at Gypsy and Travellers - eg working with the Rural Community Council to deliver healthy cooking sessions;
- Targeted adult learning to improve basic skills;
- Targeted action to improve educational attainment and attendance, including the EMTAS work with children;
- Targeted information on health and safety for those who are self employed or run small businesses;
- Developing a focus group on access to health services
- Exploring whether we can develop the site wardens as health trainers

Welfare Rights

Our Welfare Rights service has a critical role in improving the incomes of local people who are entitled to benefits, which will give those people some increased opportunity to make healthier choices and to access services. One of the key aims of the Service is to increase the take-up of Council Tax Benefit, through the "Keeping Up With The Joneses" campaign. This campaign has been particularly targeting those over 60, in order to maximise the income of people in this age band.

Service users are advised on a range of benefits relating to disability such as Disability Living Allowance, Attendance Allowance, Incapacity Benefit and Carer's Allowance. They also give advice on in-work benefits for those returning to work after a period of sickness, and have an agreed referral system with the pain clinic at the University Hospital North Durham.

Welfare Rights have also been part of a campaign to increase the take-up of free school meals in order to assist with healthier eating, and again have used this campaign to promote in-work benefits.

Our Welfare Rights Officers have worked with the Primary Care Trust to provide 'health and wealth' checks through GP surgeries. Welfare Rights hosted the County Durham Partnership Against Poverty, an organisation promoting the take-up of benefit around the County.

Accidents

The County Council has a lead role in reducing accidents, particularly in respect of road accidents and this is reflected in the Road Safety element of the Local Transport Plan Strategy (LTP2).

- Road Safety education in schools takes a holistic approach talking about being safer, greener and fitter. A pedestrian training programme for all primary schools in Easington District has been so successful that the scheme is now being rolled out across other districts of the County. The District of Easington was initially targeted with this programme as it had the highest numbers of child pedestrian accidents in County Durham.
- The Safer Driving with Age (SAGE) scheme offers older drivers driving assessments to ensure they are physically and mentally capable of driving safely. Whatever the outcome of the assessment, all drivers are advised of the benefits of leaving the car at home and using alternative methods of transport, including walking.
- The County Durham and Darlington Speed Management Strategy has recently been revised and a Casualty Reduction Partnership has been established within the Durham Constabulary area. A new Casualty Reduction Strategy is being developed.
- It is planned to introduce a programme of driver training in October 2007 aimed at inexperienced and vulnerable drivers.
- School Travel Planning aims to enable more children to walk, cycle or take public transport to school. Each travel plan sets targets to help improve pupil's health, safety and independence.
- Accident Investigation and Prevention involves analysis of accident data to design and implement schemes at sites with an identified history of personal injury accidents.

Access to Services

We know that people from deprived communities have the poorest access to services. Health Equity Audit is a tool that enables us to assess whether we are providing services to those who need them most. We will identify a number of services which we will review through the health equity audit approach. If this is beneficial, we will consider how we can use this health equity audit more widely.

Through the work of the e-government partnership, Durham Connects, work is ongoing to develop, in consultation with communities, a network of access points which will support local people in accessing the services they require. The Durham Connects website provides a wide range of information on health

related and other topics, together with contact details to enable users to find out more or access the service they require.

The Council is also the lead body for transport planning and Chairs the County Durham and Darlington Transport for Health Partnership which aims to create opportunities for the NHS, Local Authorities and the Third Sector to jointly examine issues of common concern (including access to healthcare facilities, social inclusion and improved health and well being) and to work together to develop and implement solutions. Previous outputs from the partnership have included:

- Publication of a booklet for NHS and Social Care staff entitled 'Your Guide to Transport for Health'.
- Development of an accessibility checklist designed to influence estate priorities prior to any services reconfiguration or redesign.

Current areas of activity include;

- Transport integration with scoping studies being conducted in Durham Dales and Easington.
- Allocation of LTP2 "access to health" funding for improvements to access to hospital and primary care buildings

Domestic Violence

Domestic violence is a significant issue in County Durham. Annually there are over 6,000 incidents reported to the police and to date in 2007 there has been one murder related to domestic violence. The Department of Health recognises that domestic violence constitutes a major public health issue, given the serious impact it has on the health and well-being of victims.

Whilst it is acknowledged victims of domestic violence can be men, or those living in same sex relationships, the statistics indicate the majority of victims are women who have been assaulted by male partners or ex-partners. Women are more likely to experience repeat victimisation, are more often injured and more seriously, are more likely to seek medical help, are more likely to experience serious threats and are more likely to be frightened and upset.

The stress and anxiety experienced by victims is reflected in a range of emotional and psychological problems such as depression, post traumatic stress disorder, suicide and substance misuse. Physical assaults result in a range of injuries such as bruising, removal of teeth, broken bones and death. Pregnancy can be a trigger or intensify domestic violence with injuries common to the abdomen or chest, and is considered a significant factor in foetal morbidity.

Durham County Council has a significant role to play in addressing domestic violence through:

- Ensuring domestic violence is afforded priority as an issue

- Its role in the safeguarding of children and vulnerable adults
- Developing a work place policy
- Developing with partners, an action plan as a result of the recommendations of the Overview and Scrutiny project
- Working in partnership with other agencies including the Community Safety Partnerships to tackle the issue

Questions for consultation

- *Are there other key areas for the Council to focus on in tackling inequalities in health, not covered elsewhere in this document?*
- *We have not proposed measurements of success. What should these be for each of these issues?*

12 Cross-cutting Issues

The life-course

Throughout people's lives there are issues that the Council can have influence over. Key stages include early years and entering school, leaving school and – for some – the transition between services for children and those for adults, and so on. The actions set out in this plan need to be set in context of a lifelong aim for people to have a healthy lifestyle. On-going and appropriate health opportunities at each stage and these opportunities need to be well signposted – in the right place, at the right time, in the right way.

Leadership for Health

County councillors are taking part in a leadership programme with our health partners and the Improvement and Development Agency (IDeA). The Healthy Communities Collaborative is a programme designed to strengthen local leadership in tackling health inequalities.

The programme underlines the council's role in shaping communities and delivering services to improve public health and will strengthen the effectiveness of health scrutiny.

The LINk

The development of the Durham Local Involvement Network (LINk) is the result of the early adoption of a new national statutory duty, demonstrating the council's commitment to health improvement. The Durham LINk will replace the current Patient Forums and will support community involvement in decisions about health and well-being, strengthening public scrutiny and consultation.

The LINk will have a broader scope than the current patient forums as it will look at the issues of well-being, social care and health inequality, as well as NHS services. The LINk is also expected to be able to influence decisions about commissioning and priorities by supporting communities to comment and advise on needs.

There will be close working arrangements between the LINk and O&SC and their work will complement each other. The LINk will also work with key groups such as the Learning Disabilities Parliament to ensure that existing service users' voices are heard.

Community Engagement, Participation and Empowerment

We know that an engaged, active and empowered community is a healthy one. Our Community Development Team has extensive links with community groups, voluntary organisations, community networks, infrastructure organisations and partnerships. Many of these directly or indirectly provide services which impact positively on the health and well-being of communities.

By providing social opportunities, building confidence and skills, and strengthening community esteem, many of these groups are best-placed to encourage the active participation in health initiatives of those members of communities most adversely affected by health inequalities. Initiatives designed to overcome health inequalities cannot succeed without effective community engagement.

Some examples of this community engagement work are indicated in the sections of this document on gypsies and travellers, older people and carers and people with learning disabilities, but there are many more such examples of work which engages excluded groups and therefore has a positive impact on the health and well-being of those groups, for example work with faith groups and Eastern European migrants.

During the lifetime of this strategy we need to carry out further audits to map this engagement work and its health impacts so that a more accurate picture of outcomes can be obtained.

The Council has a lead role in developing Arts, and the Arts Development Team has undertaken a number of projects which impact on quality of life and health in County Durham, including involving young people in dance, work with adults with learning disabilities and with those who misuse drugs and alcohol.

The Third Sector

As indicated above, the active involvement of communities is essential to improving the health of those making up these communities. Healthy communities develop from within provided they are given sufficient encouragement and support.

The Third Sector (voluntary organisations, community groups and social enterprises) has a central role to play in providing that support and in delivering services directly.

At the sharp end, there are the thousands of small groups providing advice and personal support to individuals – the quit-smoking groups, the MIND self-support groups, the Asthma Support group, the keep-fit club in the local community centre. For these to be developed and thrive they in turn need support.

The County Council therefore currently supports ten 'local infrastructure organisations' – including the six Councils for Voluntary Service and the Rural Community Council. These develop and support voluntary and community activity at local level or with 'communities of interest'.

The County Council is currently conducting a review of its relationship with the Voluntary and Community Sector (VCS). This aims to enhance the contribution that such organisations can make to addressing community priorities, and ensure compliance with the "County Durham Compact". In 2006-07 it paid around £13m to VCS organisations to provide services to County Durham residents.

The Council will, with other statutory partners, continue to support and fund the Third Sector, and will work in partnership with it to ensure that there is the capacity within individuals, groups and communities, to make the changes important to them.

Information for health

We will explore how we can use our services and facilities to support and improve access to information to help people make healthier choices. This will include:

- Using existing communication systems to promote information about health, access to services, etc
- Libraries being used to promote messages about health and provide information.
- Libraries developing 'Books on Prescription' schemes, eg in support of action on mental well-being.
- Collaborating effectively with partners on health campaigns

In support of this plan we will develop a communications strategy for health.

Consultation Questions

- *Are these the right cross-cutting areas? Should we consider other issues?*
- *We have not proposed measurements of success. Do we need measures for these cross-cutting issues? What should they be in each case?*

13 Tracking our Progress

Through our links with IDeA, the PCT, universities and key third sector organisations we will ensure that we are aware of research and good practice to support the development of effective interventions to help to tackle poor health and health inequalities in County Durham.

This plan has set out the broad areas of action. It will be complemented by detailed action plans to support delivery, both county wide and locally and in partnership with local communities and other agencies.

We will use a number of tools to track our progress and shape our work.

Measuring Performance

We have begun to identify in this draft document the measures that we will use to track progress on our plans and the impact we will have on outcomes.

We will develop these into a performance framework to support the plan's implementation. Progress on the plan will be reported on a regular basis to the Corporate Management Team, to Councillors, both in Cabinet and through JHOSC, and to our partners.

Health impact assessment

We will use health impact assessment to consider the effect on health of our services and policies. It can operate at a number of levels, from screening to in-depth. The County Council already takes account of the implications for health of any key decision, using a common-sense approach (and informed by the Dahgren & Whitehead model – see Section 3) to identify in reports those policies, or elements of policies, that are:

- Likely to harm health, increase inequalities or increase the effects of underlying factors detrimental to health or inequalities
- Likely to improve health, decrease inequalities or increase the effects of underlying factors that are health-enhancing.

The aim has been to identify issues where more detailed analysis may be necessary.

The Council has already undertaken screening health impact assessments of the Local Transport Plan and the Waste Strategy, and supported a screening assessment of the Local Area Agreement.

14 Conclusion and Next Steps

This draft plan demonstrates the very wide range of activities that Durham County Council is already engaged in to improve the health of the local population and to tackle inequalities in health locally. Clearly however there is much more we can do, and we have also set out areas where we need to develop our approach.

As part of the consultation on this draft, we will be holding a number of workshops for staff on the draft plan as a whole and on specific aspects of it. The plan will be presented to Directorate management teams if desired. All comments should be submitted to Grace Wali, Policy Officer Health Improvement (e-mail grace.wali@durham.gov.uk or tel 0191 383 3328) by the end of January 2008.

We hope this plan will maximise the very real contribution the County Council can make to the huge health challenge for County Durham.

Gerald Tompkins
Head of Social Inclusion

Anna Lynch
Locality Director of Public Health

Appendix 1

Index of Abbreviations

CAMHS	Child & Adolescent Mental Health Services
DAAT	County Durham Drug and Alcohol Action Team
EMTAS	Ethnic Minority Teaching Advisory Service
IDeA	Innovation & Development Agency
JHOSC	Joint Health Overview and Scrutiny Committee
LAA	Local Area Agreement
LINk	Local Involvement Network
LSCB	Local Safeguarding Children Board
LSP(s)	Local Strategic Partnership(s)
LTP2	Local Transport Plan
PAF	Performance Assessment Framework
PCT	Primary Care Trust
PSA	Public Service Agreement
VCS	Voluntary and Community Sector
YES	Youth Engagement Service

Appendix 2

County Durham Community Health Profile

(to be inserted)