



## Special Health and Wellbeing Board

**Date** Thursday 22 June 2017  
**Time** 2.30 pm  
**Venue** Committee Room 2, County Hall, Durham

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### Business

#### Part A

**Items during which the Press and Public are welcome to attend.  
Members of the Public can ask questions with the Chairman's  
agreement**

1. Election of Chairman
2. Appointment of Vice-Chairman
3. Apologies for Absence
4. Substitute Members
5. Declarations of Interest
6. Minutes of the meeting held on 16 March 2017 (Pages 5 - 16)
7. Improved Better Care Fund - Report of Corporate Director Adult and Health Services, Durham County Council (Pages 17 - 20)
8. Sustainability and Transformation Plans Update Report: Northumberland, Tyne and Wear and North Durham and Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby Draft Sustainability and Transformation Plan - Report of Chief Operating Officer, North Durham and Durham Dales Easington and Sedgfield Clinical Commissioning Groups (Pages 21 - 26)
9. Integration Update - Report of Director of Integration, North Durham and Durham Dales, Easington and Sedgfield Clinical Commissioning Groups and Durham County Council (Pages 27 - 32)

10. Health and Wellbeing Board Annual Report - Report of Strategic Manager, Transformation and Partnerships, Durham County Council (Pages 33 - 60)
11. CQC Inspection of Health Safeguarding and Looked After Children - Report of Director of Nursing, Durham Dales, Easington and Sedgefield and North Durham Clinical Commissioning Groups (Pages 61 - 66)
12. Healthy Child Programme Board - Report of Director of Public Health County Durham, Adult and Health Services, Durham County Council and Corporate Director of Children and Young People's Services, Durham County Council (Pages 67 - 70)
13. "Work and You" Annual Report of the Director of Public Health 2016 - Report of Director of Public Health County Durham, Adult and Health Services Durham County Council (Pages 71 - 116)
14. Health and Wellbeing - Area Action Partnership Links - Report of Area Action Partnership Coordinator, Transformation and Partnerships, Durham County Council (Pages 117 - 128)
15. Revision of Framework for the prevention of unintentional injuries in children and young people (0-19 years) in County Durham 2017-2020 - Report of Director of Public Health County Durham, Adult and Health Services Durham County Council (Pages 129 - 152)
16. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration
17. 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)**

18. Pharmacy Applications - Report of Director of Public Health County Durham, Adult and Health Services, Durham County Council (Pages 153 - 156)
19. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

**Clare Pattinson**  
Interim Head of Legal and Democratic Services

County Hall  
Durham  
14 June 2017

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**Contact: Jackie Graham**

**Tel: 03000 269704**

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**To: The Members of the Health and Wellbeing Board,  
Durham County Council**

Councillors L Hovvels, O Gunn and M Nicholls

J Robinson	<b>Corporate Director of Adult and Health Services, Durham County Council</b>
M Whellans	<b>Corporate Director of Children and Young People's Services, Durham County Council</b>
A Healy	<b>Director of Public Health County Durham, Adult and Health Services, Durham County Council</b>
N Bailey	<b>North Durham and Durham Dales Easington and Sedgefield Clinical Commissioning Groups</b>
Dr D Smart	<b>North Durham Clinical Commissioning Group</b>
Dr S Findlay	<b>Durham Dales, Easington and Sedgefield Clinical Commissioning Group</b>
Dr J Smith	<b>Durham Dales, Easington and Sedgefield Clinical Commissioning Group</b>
S Jacques	<b>County Durham and Darlington NHS Foundation Trust</b>
A Foster	<b>North Tees and Hartlepool NHS Foundation Trust</b>
C Martin	<b>Tees, Esk and Wear Valleys NHS Foundation Trust</b>
C Harries	<b>City Hospitals Sunderland NHS Foundation Trust</b>
B Jackson	<b>Healthwatch County Durham</b>
S Lamb	<b>Harrogate and District NHS Foundation Trust</b>
L Jeavons	<b>North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups and Durham County Council</b>
A Reiss	<b>Office of the Police, Crime, and Victim's Commissioner</b>

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**DURHAM COUNTY COUNCIL**

At a Meeting of **Health and Wellbeing Board** held in Committee Room 2, County Hall, Durham on **Thursday 16 March 2017 at 9.30 am**

**Present:**

**Councillor L Hovvels (Chairman)**

**Members of the Board:**

Councillors J Allen and O Johnson, J Carling, C Harries, M Houghton, B Jackson, S Jacques, L Jeavons, G O'Neill, J Parkes, C Payne, J Robinson, P Scott, A Smith and Dr J Smith

**1 Apologies for Absence**

Apologies for absence were received from N Bailey, Dr S Findlay, A Foster, S Lamb, C Martin, A Reiss, Dr D Smart and M Whellans

**2 Substitute Members**

J Carling for A Reiss, M Houghton for Dr D Smart, J Parkes for A Foster, C Payne for M Whellans, P Scott for C Martin and A Smith for S Lamb

**3 Declarations of Interest**

There were no declarations of interest.

**4 Minutes**

The minutes of the meeting held on 31 January 2017 were agreed as a correct record and signed by the Chairman.

**5 Transformation of Partnerships**

The Board received a presentation from the Head of Partnerships and Community Engagement, Transformation and Partnerships, Durham County Council (DCC) entitled 'County Durham Partnership – Good to Great'.

The presentation highlighted the following points:-

- County Durham Partnership away day held in May 2016
- 'Good to Great' Partnership programme
- Outline of:
  - Key Challenges

- Key Assets
  - Opportunities
- Time for a fresh look – visiting other authorities to see challenges faced and learning from others
  - Using our available resource in a more effective way
  - Helping Communities become more resilient – support packages in place
  - Becoming renowned for Employee Engagement

The Chairman thanked the Head of Partnerships and Community Engagement for his informative presentation.

The Chairman informed the Board that the ‘Beat the Street’ programme in Chester-le-Street and Ferryhill were good examples of working together with young people and families to encourage people to take part in physical activity.

The Chief Executive of County Durham and Darlington NHS Foundation Trust welcomed the report and the direction of travel for the programme.

The Chairman said that it was important to have ownership and to empower communities and help them have responsibility for their own local area and to develop new ways of working.

The Head of Policy and Communications, Office of the Durham Police, Crime and Victim’s Commissioner welcomed the presentation, and said that wanting to be as effective and efficient as possible was a good place to get to. The Head of Planning and Service Strategy added that the Police working with the Area Action Partnerships in relation Police and Communities Together (PACT) was a good model. The Chairman also added that the Fire and Rescue Service were also a good example of using resources in a much broader way in relation to their safe and wellbeing visits.

**Resolved:**

That the report and feedback from the meeting be noted.

The Chairman advised that the next two items on the agenda would be considered together.

- 6 Northumberland, Tyne and Wear and North Durham draft Sustainability and Transformation Plan, and**
- 7 Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby Draft Sustainability and Transformation Plan**

The Board considered the following reports:-

- (i) From the Chair of the North Durham Clinical Commissioning Group that gave an update on the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan (STP) (for copy see file of Minutes).

The Director of Commissioning and Development, North Durham Clinical Commissioning Group advised that engagement on the STP had taken place in

December 2016 to January 2017 and comments were being collated and analysed. A summary document would be produced by the end of March and he confirmed the comments from the Health and wellbeing Board would be taken into account. Further consultation timelines were still being worked upon. This consultation phase would likely commence in June. He confirmed the prevention workstream would focus on three or four priorities across the North East. Terry Collins DCC Chief Executive would be the sponsored Chief Executive for that workstream in the North STP.

- (ii) From the Clinical Chair of Durham Dales, Easington and Sedgefield CCG that gave an update on progress in relation to the Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby (DDTHRW) draft Sustainability and Transformation Plan (STP) (for copy see file of Minutes).

The Clinical Chair of Durham Dales, Easington and Sedgefield (DDES) CCG advised that engagement events on maternity and children's services had been held during February 2017. Four workstreams had been established and the inaugural meeting of the Neighbourhood and Communities workstream had taken place. He added that the Northern Clinical Senate were taking an extensive view looking at travel time and location of services.

The Chairman said that a number of questions had been received from the public as discussed at the last Board meeting. She asked for a breakdown in the number of people attending the engagement sessions.

Referring to transport, Councillor Allen was pleased that this was being looked into as it was often the cost and the time taken to travel that people had problems with. She looked forward to receiving feedback from the Neighbourhood and Community workstream on this issue.

The Director of Integration, North Durham and Durham Dales, Easington and Sedgefield CCG and Durham County Council said that there would be a focus on hospital discharge, admission avoidance and early stage care.

Councillor Johnson asked if there was a programme for the workstreams so that updates could be provided to the Board. The Director of Commissioning and Development advised that work was at different stages and confirmed that individual programmes would be shared as and when developed. He confirmed that the North STP engagement report would be e-mailed to the Board when available.

The Head of Planning and Service Strategy, Durham County Council asked if there would be cross over arrangements for mental health work and sufficient co-ordination so that we do not end up with a fragmented picture. The Director of Commissioning and Development advised that Nicola Bailey, Chief Operating Officer of DDES and North Durham CCGs had picked up the lead in the Northern CCG Forum and that the agenda for mental health was working towards the Five Year Forward View.

The Associate Director, Clinical Networks and Senate, NHS England Cumbria and North East, advised that the Mental Health Network covers both of the STP areas and Cumbria.

**Resolved:-**

That the report be noted.

**8 Better Care Fund Quarter 3 Performance 2016/17**

The Board considered a report of the Strategic Programme Manager – Care Act Implementation and Integration, Adults and Health Services, Durham County Council that gave an update on the high level metrics and deliverables on the Better Care Fund Quarter 3 2016/17 (for copy see file of Minutes).

The Strategic Programme Manager reported that positive performance had been shown in 4 out of 6 indicators. The indicator for permanent admissions of older people to residential/ nursing care homes was better than target. The percentage of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into Reablement / Rehabilitation was also above target for quarter 3. There were no significant issues for delayed transfers of care from hospital as performance was above target. A detailed analysis would take place for non-elective admissions as the performance was under target. It was reported that there was an upward trend in people in receipt of telecare. The Board were advised that the BCF Planning Guidance and Policy for 2017-19 had not yet been published.

The Clinical Chair of Durham Dales, Easington and Sedgefield CCG commended the joint working in relation to delayed transfer of care (DTC) in County Durham. It was noted that very few DTC were attributable to social care. The Director of Integration added that the Local A&E Delivery Board had focused on this piece of work. The Strategic Programme Manager – Care Act Implementation and Integration outlined that for non-elective admissions, analysis in 2016 had shown that the main growth areas were in paediatrics, general surgery, gynaecology, plastic surgery rather than the frail and elderly.

The Corporate Director of Adult and Health Services outlined that additional social care funding will be provided to local authorities and that early indications are that some of this money is to support the work on delayed transfers of care, however further guidance is awaited.

It was agreed that further analysis would be provided at a future Board meeting.

**Resolved:**

- (i) That the report be noted.
- (ii) That further updates in relation to the Better Care Fund be received.

**9 Community Hubs / Teams Around Practices**

The Board considered a report of the Director of Integration, North Durham CCG, DDES and Durham County Council that provided progress with regard to Community Hubs/Teams Around Practices (for copy see file of Minutes).

The Director of Integration reported that chief officers had been tasked from a number of organisations across County Durham to meet the government's target of achieving full integration by 2020. There had been some confusion over the term community



hubs and a decision had been made to rename them as Teams around Practices. The teams would be wrapped around primary care and more care would be delivered in the community. In County Durham an agreement had been reached that the new model of care would progress as part of an Accountable Care Network arrangement. Organisations within the ACN would work together to ensure the delivery of efficient, high quality care which meets the needs of the population. This would mean quicker access to services, better response and co-ordinated care. Its work would be overseen by the Integration Board who would update the Health and Wellbeing Board on progress and developments. The work would be rolled out from April.

Councillor Johnson asked about what mechanisms and timelines were in place for patient consultation. The Director of Integration advised that there would be an engagement exercise and would link in with Patient Reference Groups. Dedicated engagement leads would look at user friendly products to share with GP surgeries. Principles would be established to avoid duplication.

Referring to the spring budget for social care Councillor Johnson asked what this would mean for County Durham. The Corporate Director of Adult and Health Services advised that the allocation for County Durham for the next three years was just over £25m. Guidance was awaited in relation to usage of the grant. It was agreed that the Corporate Director of Adult and Health Services would provide a future update to the Board.

The Head of Policy and Communications, Office of the Durham Police, Crime and Victim's Commissioner asked if there would be any changes as to how organisations operate. The Director of Integration explained that the new aspects of the model would encourage the voluntary sector and the TAPs to work together, with an emphasis on community development. The Head of Policy and Communications said that the ODPCVC were keen to engage and welcomed the report.

The Head of Children's Services, DCC said that there needed to be a link to the 0-19 agenda and this focus on adults provided a good template. The Director of Integration confirmed that the Director of Children and Young People's Services sits on the Integration Board and that the vision would be to expand the model from adults into children's services in the future.

The Head of Planning and Service Strategy, DCC asked how GP's were responding to new model. The Clinical Chair of DDES CCG said that this was what GP's had been looking for to avoid duplication of services and working more closely together as a common sense approach. The Director of Integration added that the response had been positive and should allow more flexibility.

Councillor Allen welcomed the approach as being more people centred. She asked how the Accountable Care Network would differ from what we have now and what difference it would make to elected members. She further asked how the community buildings would be utilised. The Director of Integration stated that there was very little difference to what exists now, however the ACN gave a framework to the new model of working. Organisations would still need to go back through their own governance structures. With regards to community buildings she advised that these

would be utilised at no extra cost. A review would take place of all the estate and would utilise to make best use of the money available.

**Resolved:**

- (i) That the report be received.
- (ii) That a further update report be reported in three months' time.

## **10 Prioritising Prevention**

The Board received a report and presentation of the Interim Director of Public Health County Durham, Adult and Health Services, Durham County Council on prioritising prevention (for copy see file of Minutes).

The following points were highlighted from the presentation:-

- North East Combined Authority – Health and wealth gap
- Sustainability and Transformation Plans – Prevention Work Stream
- What do we aspire to for our communities
- Definitions of Primary, Secondary and Tertiary Prevention
- What are we preventing and what to achieve
- Why prioritise prevention
- Which populations are we prioritising
- What and how to prioritise
- Resources for prevention
- Return on investment
- Building on success
- What is the vision

The Interim Director of Public Health concluded her presentation by talking through the next steps including if a Prevention Strategy was required. It was agreed a small group would be convened to consider this and a discussion would be held at the County Durham Partnership before being brought back to a future Board meeting.

Councillor Allen asked what actions communities could take to focus on prevention and was advised that a lot of skills were already available but more focus on education could be carried out. She added that the AAPs were a great way to get information across and to have conversations about what could be prevented within their communities. Discussion took place in relation to community advocates and making every contact count, which was felt to be a positive way forward.

**Resolved:**

That the report and presentation be noted.

## **11 Preventative Mental Health Review and Recommissioning**

The Board considered a report of the Interim Head of Commissioning, Adult and Health Services, Durham County Council that provided an overview of mental health promotion and prevention commissioning intentions for 2016/17 and 2017/18 in the context of the strategic review of community preventative mental health and

wellbeing services, which was jointly undertaken by Public Health and Commissioning Services (for copy see file of Minutes).

The Interim Head of Commissioning highlighted the key elements of the new agreed model and the main objectives. The model links to mainstream activities and to community hubs/teams around practices.

The Chairman was herself a mental health champion and had been involved in a number of events taking place. She asked what the difference would be with the new model compared to what was happening now. She was advised that a lot happens now but it could be better joined up. This was an opportunity to contact more people and have an overarching theme of wellbeing with a more holistic approach. People would have more opportunities to seek advice to be able to help themselves.

Councillor Allen asked what we could do as an organisation to help promote the mental health agenda. The Interim Head of Commissioning explained that a number of organisations were signed up to the Better Health at Work Award and that Durham County Council were working towards this.

Councillor Johnson referred to the individuals being trained to become Youth Aware Mental Health (YAM) instructors and asked if this would feed into secondary schools. The Interim Director of Public Health said that this area of work was specific to Year 9 pupils but could expand going forward.

**Resolved:**

- That the contents of the report and endorse the proposed service delivery model and framework for future mental health promotion, prevention and wellbeing services, which will influence Public Health and Adults commissioning intentions in 2016/17 and 2017/18 be noted;
- That the further work required to confirm the financial envelope; develop the model into detailed specifications for service redesign and/or reprocurement in 2017/18; and develop workforce skills, culture change, clear pathways and data sharing agreements be noted;
- That a further report in due course outlining progress and key implementation stages be received.

## **12 Dementia Work Across County Durham**

The Board considered a Joint Report of the Clinical Chair of North Durham CCG and the Interim Head of Commissioning, Adult and Health Services, Durham County Council that gave an update on progress on the implementation of the County Durham and Darlington Dementia Strategy 2014-2017 (for copy see file of Minutes).

The report focused on the following areas:

- Identifying achievements and progress to date;
- Highlighting areas of the strategy that are yet to be implemented for 2017-2020;

- Outlining the key improvement areas to focus upon in order to refresh the strategy and continue to improve services for people with dementia, their families and carers.

In answer to a question from the Director of Integration about how information is cascaded to front line staff, the Interim Head of Commissioning DCC explained that the Dementia Strategy was now being refreshed as a Plan on a Page as an effective communication method. The Dementia and Care Adviser Service linked in with the frontline service and people in the community.

The Head of Planning and Service Strategy informed the Board about becoming a dementia friend and encouraged the Board to sign up. It was agreed the Health and Wellbeing Board would write a letter of support to member organisations about becoming dementia friendly organisations and that, where possible, good news stories would be shared.

The Chairman said that a lot of work was underway to ensure buildings and towns were dementia friendly places. She referred to training given to taxi drivers to make them more aware of being dementia friendly.

**Resolved:**

- (i) That the findings of the County Durham and Darlington Dementia Strategy Implementation 2014-2017 update be noted;
- (ii) That the direction of work for the future Dementia Strategy in the form of a plan on a page and supporting strategic documents be agreed;
- (iii) That feedback on the future work, recommendations and priorities to ensure it meets with local and national guidance be provided;
- (iv) That a letter to member organisations of the Health and Wellbeing Board be written in support of becoming dementia friendly organisations be agreed.

**13 Mental Health Crisis Care Concordat -**

The Board considered a Report of the Director of Operations and Delivery, North Durham CCG that provided an overview of work being undertaken by the Mental Health Crisis Care Concordat (for copy see file of Minutes).

The Director of Operations and Delivery informed the Board that the Concordat had been signed in 2014. The main focus was on adult crisis care but was not age specific. There had been significant risks with regards to the capacity of the Ambulance Service and therefore a private ambulance had been commissioned to undertake the conveying of patients. This had made a significant impact on the service. The Board were informed that a section 136 suite (also known as a Place of Safety) was somewhere where a patient in crisis could be taken, usually by the Police from a public place or place to which the public have access, for assessment under the Mental Health Act 1983. A triage model was being developed with Tees, Esk and Wear Valleys NHS Foundation Trust and the Police and would be up and running by early July.

The Corporate Director of Adult and Health Services DCC commented that it was good to see the progress being made.

Councillor Allen asked if the mentor scheme was having an impact on the high intensity users and was advised that as this was just underway and that feedback would be available in April.

The Head of Policy and Communications, Office of the Police, Crime and Victims' Commissioner welcomed the report and said there was a lot of ongoing work with the Section 136 suites. The Director of Operations and Delivery confirmed that Police Cells had not been used as a place of safety in order to meet the Policing and Crime Act.

**Resolved:**

- (i) That the progress and achievements made by the concordat in relation to conveyancing and Street Triage / s136 be noted;
- (ii) That the work taking place in relation to implementing the projects detailed within the report be supported.

**14 Self-Harm and Suicide Audit 2012-14**

The Board received a report of the Interim Director of Public Health County Durham, Adult and Health Services, Durham County Council that gave an update regarding deaths by suicide and undetermined injury that occurred in the County Durham area from 2012 to 2014 (for copy see file of Minutes).

The Interim Director of Public Health advised that the Adults, Wellbeing and Health Overview and Scrutiny Committee were undertaking a detailed review into suicide rates, mental health and wellbeing. The recommendations of this review were being collated.

The Board were informed that there were many interventions in County Durham including the commissioning of If You Care Share, Men's Cree's, Safe Suicide Durham and Relate.

The data was pooled over three years and there were 198 deaths by suicide in this period (8 were non-County Durham residents). 75% of those were male and 67% were under the age of 50. There were 9 cases under the age of 19. There was a mixed picture of the reasons for suicide and only half of those people were known to the Police.

Referring to the financial debt as a risk factor, Councillor Allen suggested that it would also be useful to find out the trigger that put people into debt and the support in place.

Councillor Johnson was re-assured to see that support for children and young people was available.

The Chairman commented that there was a data lag in relation to waiting for the Coroner's verdict. The Interim Director of Public Health explained that there was also an Early Alert System in place.

**Resolved:**

- (i) That a focus be put on upstream interventions designed to support mental health and wellbeing in residents of County Durham;
- (ii) That prevention of deaths amongst the high risk groups identified in the audit should remain a priority;
- (iii) That support for those self-harming, possibly targeted towards the at risk group of young females identified in the audit, should be a priority. This may take the form of work to support mental resilience within school age children (to provide lifelong skills which will promote mental wellbeing) and/or the collating of available services in an easy to access portal. This will be covered in the children's mental health plan on a page and LSCBs work on self-harm;
- (iv) That the Suicide Prevention Alliance continues to review the most up to date data available;
- (v) That Additional work with criminal justice agencies be undertaken to support staff in considering suicide risk when an individual has been in contact with the police or wider criminal justice system;
- (vi) That work to support access to welfare and benefits should continue and be supplemented with access to debt management advice as financial problems were a theme identified in a significant proportion of cases;
- (vii) That opportunities to reduce social isolation (especially in those known to mental health services) within the population be considered;
- (viii) That work with partners to promote appropriate access to out of hours and weekend crisis support.

**15 Urgent Care Services**

The Board considered a report of the Clinical Chair, Durham Dales, Easington and Sedgefield CCG that provided an update on the DDES Clinical Commissioning Group's (CCG) Urgent Care Service change and the ongoing Communication and Engagement plan to support those changes and the Urgent and Emergency Care Strategy (for copy see file of Minutes). Councillor Allen suggested that communications were shared with regards to what people should do at home or in an emergency. She welcomed the report.

**Resolved:**

- (i) That the contents of the report be noted;
- (ii) That the recommendations by the Adults, Wellbeing and Health Overview and Scrutiny Committee, incorporated into the Communication and Engagement Plan be noted;
- (iii) That the work taking place in the County Durham & Darlington Local A&E Delivery Board be supported;
- (iv) That an update at a future meeting be received.

**16 Transforming Care for People with Learning Disabilities (Fast Track Plan)**

The Board considered a Report of the Senior Commissioning Manager, Joint Commissioning and Continuing Health Care, North of England Commissioning Support that gave an update on progress regarding the North East and Cumbria Fast

Track programme, a report was last received by the Board in November 2015 (for copy see file of Minutes).

The Senior Commissioning Manager said that good progress had been made since November 2015 on a regional basis with a small number of people who had very complex needs. There was a focus on autism and challenging behaviour. Prevention and discharge were ongoing concerns together with the challenge of funding.

The Chairman asked if funding was not an issue would there be the right providers in the market. She was advised that more providers were being encouraged to enhance the community support for people with learning disabilities and autism. The Senior Commissioning Manager outlined that funding remains an issue, that some funding was available nationally, but that it is non-recurrent.

**Resolved:**

- (i) That the content of this report be noted;
- (ii) That to support officers in continuing to lobby for the financial position of the Transforming Care Programme to be reviewed, be agreed;
- (iii) That to receive a further update to a future Health and Wellbeing Board meeting be received.

## **17 Motor Neurone Disease Charter**

The Board considered a report of the Strategic Manager Policy, Planning and Partnerships, Durham County Council that provided details of the Motor Neurone Disease (MND) Charter and evidence of how the County Durham Health and Wellbeing Board meet the needs of people with MND and any areas for further development (for copy see file of Minutes).

The Strategic Manager reported that there were five commitments in the charter that the Board could sign up to:-

- Commitment 1: People with MND have the right to an early diagnosis and information:
- Commitment 2: People with MND have the right to high quality care and treatments
- Commitment 3: People with MND have the right to be treated as individuals and with dignity and respect:
- Commitment 4: People with MND have the right to maximise their quality of life:
- Commitment 5: Carers of people with MND have the right to be valued, respected, listened to and well supported:

The Board agreed to sign up to the Charter.

**Resolved:**

- (i) That member organisations of the Health and Wellbeing Board meet the commitments to the MND Charter as outlined in this report be noted;
- (ii) That the MND Charter using it as a tool to progress the care and support of people with MND in the county be adopted;

- (iii) That an update on the progress of charter commitments of the Health and Wellbeing Board be received at a future meeting.

## **18 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 item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of the Local Government Act 1972.

## **19 Pharmacy Applications**

The Board considered a report of the Interim Director of Public Health County Durham which provided a summary of a Pharmacy Relocation Application received from NHS England in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 since the last formal meeting of the Board in January 2017 (for copy see file of Minutes).

### **Resolved:**

That the report be noted.



## Health and Wellbeing Board

22 June 2017

### Improved Better Care Fund




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

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### Purpose of the report

- 1 The purpose of this report is to provide background information to the Health and Wellbeing Board on the additional £2 billion funding for adult social care announced in the spring budget 2017.

### Background

- 2 The additional £2 billion funding for adult social care was announced in order to address the national key issues of enhancing the integration of health and social care and alleviating pressures faced by the adult social care sector and NHS in England. Since then, it has been confirmed by the Department of Health (DH) and the Department for Communities and Local Government (DCLG) that the funding will be pooled into the Better Care Fund (BCF) as the Improved Better Care Fund (iBCF).
- 3 Of the total £2 billion funding over 2017/18 – 2019/20 period, Durham has been allocated £25 million. £13 million has been allocated for 2017/18, a further £8 million for 2018/19 and a final £4 million for 2019/20. It should be noted that this cash injection is only short term pending an awaited green paper on adult social care funding.
- 4 The Government has stated clearly that this money will be additional to current budgeted spend and should be used for the purposes of meeting adult social care needs; reducing pressures on the NHS and stabilising the social care provider market.
- 5 Local authorities will be able to spend the grant as soon as plans have been agreed locally with the Clinical Commissioning Groups (CCGs). The additional iBCF funding will be pooled into the local BCF for reporting purposes only. This entails a quarterly narrative report to the Department of Communities and Local Government outlining how the additional funding is being used.
- 6 Work is being currently undertaken to consider potential themes as areas for spend:
  - Meeting Social Care Needs;
  - Supporting the local provider market
  - Reducing pressure on the NHS (Delayed Transfers of Care (DToC) / admission avoidance)
  - System Development

- 7 Detailed business cases for each area and co-related projects will be jointly agreed, prioritised and developed with the CCGs in order to address the key issues across the local adult health and social care sector.
- 8 The iBCF funding arrangements will be subject to appreciative reviews carried out by the Care Quality Commission (CQC) in twenty local authority areas starting from July 2017. Reviews will be focused on behaviours, underlying issues and new national metrics and will not cover wider council social care commissioning. The associated metrics are currently in the process of development nationally. It has been indicated that cabinet office will identify the local authority areas to be reviewed and notification will be via the chair of the Health and Wellbeing Board.
- 9 A presentation on the challenges, developments and actions related to the iBCF will be delivered to Health and Wellbeing Board on 22<sup>nd</sup> June 2017.

### **Recommendations**

- 10 Health and Wellbeing Board is recommended to:
  - Note that the Local Authority and CCG's will progress plans to spend this funding as per the guidance set out in the grant conditions.
  - Agree that oversight will be provided by the Integration Board and reported back to the Health and Wellbeing Board as part of the BCF monitoring process.

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**Contact: Paul Copeland, Strategic Manager – Care Act Implementation and Integration, Tel: 03000 265 190; Lee Alexander, Interim Head of Adult Care, Tel: 03000 268 180.**

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## **Appendix 1 - Implications**

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**Finance** – The additional £25.173 iBCF funding will be pooled into the local BCF. Business cases for related spending on relevant schemes and projects will be developed.

**Staffing** – Considered as the projects are developed.

**Risk** – Changes need to be carefully managed to ensure that the spending arrangements are made within the grant conditions.

**Equality and Diversity / Public Sector Equality Duty** – Considered as the projects are developed.

**Accommodation** – None, at this stage.

**Crime and Disorder** – None.

**Human Rights** – None.

**Consultation** – None, at this stage.

**Procurement** – Considered as the projects are developed.

**Disability Issues** – None, at this stage.

**Legal Implications** – The Care Act 2014 established the need for local areas to develop a Better Care Fund. The BCF Policy Framework 2017-19 was released on 31<sup>st</sup> March 2017, which outlined further details of the Improved Better Care Fund (iBCF). Grant conditions will be in place for the spending of the iBCF.

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## Health and Wellbeing Board

22 June 2017



### **Sustainability and Transformation Plans update report: Northumberland, Tyne and Wear and North Durham and Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby Draft Sustainability and Transformation Plans**

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### **Report of Michael Houghton, Director of Commissioning and Development, North Durham Clinical Commissioning Group and Dr Stewart Findlay, Chief Clinical Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group**

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#### **Purpose of the Report**

1. To provide an update to the Health and Wellbeing Board (HWB) on the two local Sustainability and Transformation Plans (STPs): Northumberland, Tyne and Wear and North Durham Draft Sustainability and Transformation Plan (NTWND STP) and the Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby Draft Sustainability and Transformation Plan (DDTHRW STP)
2. Both plans are available to view online on the Northumberland, Tyne and Wear and North Durham (NTWND) Clinical Commissioning Group (CCG) website ([Link](#)) DDTHRW Draft STP is available to view online on the Durham Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group (CCG) website ([Link](#)).

#### **Background**

3. The NHS shared planning guidance asked every health and care system to come together to create their own ambitious local blue print for accelerating the implementation of the Five Year Forward View. STPs are place based, multi-year plans built around the needs of local populations. STPs are expected to support closing three gaps across health and care systems that were highlighted in the Five Year Forward View:
  - Health and wellbeing;
  - Care and quality;
  - Funding and financial efficiency.
4. STPs bring organisations together to develop a shared plan for better health and social care for local populations. STP footprints are not new statutory

organisations. An umbrella plan has been developed containing specific plans to address key challenges.

5. Workstreams associated with the two STPs in the North East workstreams are being coordinated and delivered across the area. Both DDES and North Durham CCGs, in conjunction with Durham County Council Officers, ensure consistent coordination of delivery of plans for the population of County Durham.
6. A Prevention, Health and Wellbeing Workstream, sponsored by Terry Collins, Chief Executive, Durham County Council has been established across both STP foot prints in the region. This workstream is focussing on the following priorities in collaboration with partners:
  - Primary prevention,
    - Reduce the impact of alcohol
    - Reduce obesity prevalence
    - Reduce smoking prevalence
  - Secondary prevention
  - Best start in life
  - Work and health
  - Asset based approach
  - Flu immunisation
  - Workforce development
  - Joined up public health campaigns

### **Progress update (NTWND STP)**

7. A number of planned activities associated with the STP was delayed because the General Election Purdah. This was in line with guidance issued by the Cabinet Office. The key areas delayed were:
  - Publication of the Engagement Report from the events held in December 2016 and January 2017, which will be published on 27 June 2017;
  - The strategic timeline outlining the engagement plan and activities for the next draft of the NTWND STP, which is being considered at the end of Purdah.
8. The STP identified four key priorities and workstreams are being established to take these forward, wherever possible on a regional basis:
  - Prevention, health and wellbeing (please see information in paragraph 6 above)
  - Communities and neighbourhoods
  - Optimal use of the acute care sector
  - Mental health

## Progress update (DDTHRW STP)

9. DDTHRW STP identifies four priority areas:

1. Preventing ill health and increasing self-care
2. Health and care in communities and neighbourhoods
3. Quality of care in our hospitals - 'Better Health Programme'
4. Use of technology in health care

10. **Priority 1** – help people look after themselves by providing information about self-care and encouraging use of services like local pharmacy – the biggest priority areas are reducing rates of smoking and alcohol attributable to admissions and related harm. Identify people who are at risk and take early action before illness or problems occur, and offer better support to help them stay healthy and take care of their own health; Increase early diagnosis of cancer and quicker treatment, and improve survival rates.

**Priority 2** - In the last 6 months we have been developing robust and credible delivery plans for our priority areas in order to: Implement new models of primary care; Improve local access to health, social care and voluntary services by developing community based care hubs in Darlington, County Durham and Tees; Improve integration with hospital-based care (Urgent Care & Specialist Care); Shift from hospital care to more community-based settings e.g. midwifery, more out-patients; Improve community based support so patients have their care needs assessments at home, once medically fit, rather than in hospital (“discharge to assess”); Improve local access to mental health support; In Hambleton, Richmondshire and Whitby, implement the proposals that have been consulted on in “Transforming our Communities”.

**Priority 3** - Most routine hospital care as local as possible, including outpatients, diagnostic tests, urgent care, frail elderly assessment and children’s assessment; For serious emergencies and life threatening situations, care provided by senior consultants and experienced teams of staff 24/7 who see high numbers of patients with similar problems in fewer specialist emergency hospitals; Planned operations being provided in dedicated facilities, separate from emergency care, to offer a better patient experience, and to reduce cancellations.

### Updated timetable (DDTHRW STP only):

<b>Phase 1: Feedback on health services improvements</b>	<b>February 2016</b>
<b>Phase 2: Draft principles and framework of care</b>	<b>May 2016</b>
<b>Phase 3: Decision making criteria for future services</b>	<b>July/August 2016</b>
<b>Phase 4: Short list of scenarios ahead of consultation</b>	<b>Oct/Nov 2016</b>
<b>STP draft submission</b>	<b>Oct 2016</b>
<b>STP Publication</b>	<b>Nov/Dec 2016</b>

<b>Phase 5: Maternity and children's services</b>	<b>Feb/March 2017</b>
<b>Purdah – General Election</b>	<b>Apr-June 2017</b>
<b>Further engagement - including further staff engagement</b>	<b>June-Sept 2017</b>
<b>Consultation on service change begins</b>	<b>From Autumn 2017</b>

**Priority 4** - Develop the “Great North Care Record” (GNCR), so NHS and other care organisations can share patient records, with the patient's permission; Use technology to support care in remote rural areas; Use technology so patients can maintain independence; Medical Interoperability Gateway (‘MIG’) is a data sharing scheme which is now live in and out of hours; Continued development of the GNCR. Please note that this is a regional piece of work being implemented in County Durham and across both STP footprint areas.

11. **Public Engagement**

- 60 events so far
- 94% found the events informative
- 96% found the workshops helpful
- 3 stakeholder events
- 150 discussions with community groups
- Public and staff engagement will progress after the general election. Staff engagement events and video ready to roll out in late June.

12. The numbers of people attending these events to date is as follows:

- 1,163 attended the 60 public events overall
- 351 attended the stakeholder events
- 1,174 attended voluntary sector events/discussions

13. Feedback from events has highlighted the following areas of concern, with those in bold identified as the top 3 areas from across the feedback of all events.

- **Quality of care, and results for patients**
- **The right staffing**
- **Travel and transport to hospital**
- Access to primary care
- Access to mental health services
- Communication
- Discharge support
- Integration of services



## Recommendations

4. The Health and Wellbeing Board is recommended to:

- Receive the progress updates for both STPs
- Agree to receive further joint updates to future Health and Wellbeing Board meetings.

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**Contact: Michael Houghton, Director of Commissioning and Development,  
North Durham Clinical Commissioning Group**

**Tel: 0191 389 8575 or**

**Contact: Sarah Burns, Director of Commissioning, Durham Dales,  
Easington and Sedgefield Clinical Commissioning Group**

**Tel: 0191 3713217**

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**Appendix 1: Implications**

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**Finance – N/A**

**Staffing – N/A**

**Risk – N/A**

**Equality and Diversity / Public Sector Equality Duty – N/A**

**Accommodation – N/A**

**Crime and Disorder – NA**

**Human Rights - NA**

**Consultation** – Consultation and Engagement is ongoing across both STPs and will resume following purdah.

**Procurement - NA**

**Disability Issues - NA**

**Legal Implications – N/A**

## Health and Wellbeing Board

22 June 2017

### Integration Update




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## Report of Lesley Jeavons, Director of Integration, North Durham Clinical Commissioning Group, Durham Dales Easington and Sedgefield Clinical Commissioning Group, Durham County Council

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### Purpose of the Report

- 1 To provide the Health and Wellbeing Board with an update on progress relating to health and social care integration in County Durham.

### Background

- 2 A report was presented to the Health and Wellbeing Board on 16 March 2017 providing information on the County Durham Accountable Care Network and the Teams Around Patients (TAP) model to be implemented across the county.
- 3 It was agreed that a follow-up report would be provided to the Health and Wellbeing Board in three months' time, at its meeting in June 2017.

### County Durham Accountable Care Network

- 4 A Memorandum of Understanding (MoU) for the County Durham Accountable Care Network has been agreed by the Integration Board. Whilst not a legally binding document, the Memorandum of Understanding provides a clear statement of intent for the direction of travel and agreement on the desired outcomes of collaborative working. The MoU is currently progressing through partner organisations' Governing Bodies.
- 5 A 'brand' has been created for the Accountable Care Network, which can be applied to communications made on behalf of the network with regard to the integrated care agenda (for example, presentation slides, document templates, etc.). The logo is shown in Figure 1 below.

#### Figure 1 - Accountable Care Network logo



- 6 An Accountable Care Network Bulletin was circulated to stakeholders in May 2017. This is being shared with frontline practitioners and the voluntary and community sector through representatives on the Integration Steering Group.

There is an intention for this bulletin to be issued bi-monthly for the foreseeable future.

### **Primary Care Home**

- 7 Primary Care Home (PCH) is a joint programme launched in 2015 by the National Association of Primary Care and the NHS Confederation. The model aims to re-shape the way primary care services are delivered, based on local population needs.
- 8 The PCH model aligns clinical and financial drivers with appropriate shared risks and rewards and improvement of care by focusing on healthcare teams working together from all disciplines and encouraging partnerships across primary, secondary and social care.
- 9 The key benefit for patients is a multi-disciplinary team (MDT) approach which provides comprehensive and personalised care to individuals – everyone within the team knows everyone else and the patient has a more consistent experience of care.
- 10 This is a similar model to TAP but focuses on **all** activity, both elective and non-elective, across primary care. DDES CCG has re-modelled its clinical leadership in line with PCH and an induction for primary care clinical leads in the Durham Dales, Easington and Sedgefield Clinical Commissioning Group area has been completed and a Primary Care Home launch event took place on 25 May 2017. To confirm therefore: PCH incorporates Teams Around Patients.
- 11 In support of the PCH TAP approach, an MDT approach is being applied across three levels:
  - GP practice-based MDT (micro)
  - TAP level MDT (intermediate)
  - Primary Care Home meeting (macro)

Appendix 2 outlines the structure and purpose of the three MDT levels.

- 12 Work is currently underway to develop this model of clinical leadership in the North Durham Clinical Commissioning Group, as it enhances clinical engagement across primary care.

### **Teams Around Patients**

- 13 Development work has continued with the 'early adopter' Teams Around Patients (TAPs) in the Dales and Sedgefield areas, who are now mobilising teams.
- 14 Locality briefing meetings have been held in Derwentside and Chester-le-Street and engagement with key stakeholders in these TAP areas is ongoing.

- 15 Frequently Asked Questions and operating principles for the TAPs have been developed, including a statement of purpose, and an induction for primary care clinical leads is being implemented.
- 16 Primary care leads have become involved in the Integration Steering Group's work streams and are helping to turn the vision into practical reality through discussing and resolving issues related to workforce development, engagement with staff, referral pathways etc.
- 17 Community nursing workforce allocations for the TAPs has been confirmed and the roles and responsibilities for Band 7 lead nurses are under development.
- 18 Representation from adult social care on an alliance basis has been agreed.
- 19 To complement the Primary Care Home model, terms of reference for the intermediate level (TAPs) MDTs have been completed.
- 20 In order to ensure that the voluntary and community sector (VCS) is engaged in the development of the TAPs, a VCS Delivery Plan is being implemented. Priorities include supporting the VCS in influencing commissioning decisions on a locality basis and identifying commissioning issues for consideration by TAPs, with a specific focus on frail elderly people and those with long term conditions.
- 21 A performance outcomes dashboard for the TAPs has been agreed and further work is to take place on social care metrics and Wellbeing for Life outcomes data, which can be obtained at a GP Practice level.

### **Recommendations and reasons**

- 22 The Health and Wellbeing Board is recommended to:
  - Receive this report for information.
  - Support the direction of travel and note progress made.
  - Encourage further engagement of the VCS and request that Durham Community Action present to the County Durham Partnership a summary of its engagement to date and plans to enhance VCS involvement in primary care in the future.
  - Agree to receive a further update report at the Health and Wellbeing Board meeting in September 2017.

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**Contact: Lesley Jeavons, Director of Integration, North Durham Clinical Commissioning Group, Durham Dales Easington and Sedgfield Clinical Commissioning Group, Durham County Council**

**Tel: 0191 3898618**

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## **Appendix 1: Implications**

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### **Finance**

Existing and future financial challenges facing the NHS, local government and public health, as well as increased demand for health and social care and the rising costs of delivering services, will make integrating health and social care services increasingly difficult. The Better Health Programme framework of care will have to be implemented within current financial resources.

### **Staffing**

A critical element of delivering an integrated model of care will depend on a suitably trained and skilled workforce.

### **Risk**

Failure to transform and integrate services will result in reputational damage for the council and its partners. If transformation and system-wide reconfiguration is not achieved, this will result in services aimed at improving results for patients, life expectancy and quality of life not being delivered efficiently and effectively.

### **Equality and Diversity / Public Sector Equality Duty**

Equality Impact Assessments are carried out as part of the work being undertaken through the Accountable Care Network and within the remit of the Director of Integration for County Durham.

### **Accommodation**

No direct implications.

### **Crime and Disorder**

No direct implications.

### **Human Rights**

No direct implications.

### **Consultation**

Proposals for integration would be the subject of consultation with stakeholders.

### **Procurement**

No direct implications.

### **Disability Issues**

No implications at this stage.

### **Legal Implications**

There are a number of key legislative and policy developments / initiatives which have led the way and contributed to adult care transformation and further integration with health and social care services. All changes must be compliant with legal requirements.

## Appendix 2 – Primary Care Home levels of multi-disciplinary teams (MDT)

Level	What	Where	Why	Who
Micro	MDT	Practice	<ul style="list-style-type: none"> <li>• MDT approach</li> <li>• Individual practices identifying opportunities for elective and non-elective pathways</li> <li>• Using risk stratification as a tool for identifying top 2%</li> </ul>	<ul style="list-style-type: none"> <li>• GPs in practice</li> <li>• District nurse</li> <li>• Vulnerable Adults Wrap Around Services (VAWAS) nurse</li> </ul>
Intermediate	Primary Care Home	TAPs	<ul style="list-style-type: none"> <li>• Collective of practices working together to share learning and skills and identify areas of learning across the TAPs</li> <li>• Identify patient flow and support concerns</li> <li>• Use adult social care and VCS to address patient flow and support for most vulnerable</li> <li>• Meetings are at the discretion of group</li> </ul>	<ul style="list-style-type: none"> <li>• Lead GP for each practice</li> <li>• Primary Care Home Lead only meets with district nurse and adult social care worker from the TAPs</li> </ul>
Macro	Primary Care Home	Locality	<ul style="list-style-type: none"> <li>• Each PCH group meets to identify locality-wide issues, including influencing health and social care commissioning</li> </ul>	<ul style="list-style-type: none"> <li>• Lead GP from each practice and / or Practice Manager</li> <li>• General Manager</li> <li>• Community nursing</li> <li>• Adult social care team manager</li> </ul>

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## Health and Wellbeing Board

22 June 2017

## Health and Wellbeing Board Annual Report 2016/17




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### Report of Peter Appleton, Head of Planning and Service Strategy, Durham County Council

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#### Purpose of Report

1. The purpose of this report is to present the Health and Wellbeing Board with the Health and Wellbeing Board Annual Report 2016/17 (attached as Appendix 2) for agreement.

#### Background

2. The Health and Social Care Act 2012 required all upper tier local authorities to establish Health and Wellbeing Boards. The County Durham Health and Wellbeing Board was formally established as a committee of Durham County Council in April 2013.
3. This is the fourth Health and Wellbeing Board Annual Report, which outlines the achievements of the Board during its fourth year of operation. It also includes details of locality health and wellbeing projects which support the priorities of the Health and Wellbeing Board, as well as details of the future work for the Health and Wellbeing Board moving forward.

#### Achievements during 2016/17

4. The Annual Report outlines a number of achievements of the Health and Wellbeing Board over the past year, including:
  - Agreed an Oral Health Strategy for County Durham to address concerns raised by the Health and Wellbeing Board over significant variations in oral health across County Durham. The strategy will aim to:
    - Reduce the population prevalence of dental disease, specifically levels of dental decay in young children and vulnerable groups including our ageing population
    - Reduce inequalities in dental disease (statistics reveal over 60% of children have had experience of tooth decay in Woodhouse Close, Bishop Auckland compared to 6% in Chester-Le-Street South).
    - Ensure oral health promotion programmes are evidence informed and delivered according to identified need.

- County Durham's Better Care Fund 2016/17 is based upon maintaining stability and focuses on investing in a range of projects and service initiatives aimed at reducing inappropriate demand on A&E and Urgent Care, particularly for vulnerable, frail elderly patients at higher risk of admission. Examples include greater access and use of telecare by people in their homes and coordinated support to enable people to return home following a stay in hospital. As a result of this work the number of people whose transfer of care from hospital is delayed, is significantly lower than the national average.
- An Integration Board has been established as a sub group of the Health and Wellbeing Board to lead on our plans for Health and Social Care Integration to meet the government's target of achieving full integration by 2020, including:
  - Commitment from the NHS and partner agencies across County Durham to further develop integrated provision and commissioning is clear
  - A Director of Integration has been appointed to work as part of the Chief Officer team to ensure effective leadership and delivery of this agenda.
  - 'Teams Around Patients' (TAP) are being established in localities which will offer a range of coordinated services centred around groupings of GP practices. There will be 13 TAPs across the county.
  - An important function within the TAP will be to identify the most vulnerable adults who are a risk of significant deterioration in their health and wellbeing with a resultant admission to acute and/or permanent care settings. This is expected to be the top 2% of those people on GP lists who fall into that high risk group. Services will then focus upon enhancing health and wellbeing through proactive treatment, reablement and rehabilitation.
  - A request has been made for early adopters of the model to come forward and several nominations have been received. It is envisaged that the model will be rolled out fully throughout 17/18.
  - Consideration of the existing estate to better utilise community buildings within a TAP geography is currently underway.
- As part of 'Check4Life' (local implementation of the national Health Check programme) and the local NHS Diabetes Prevention Programme, a more targeted approach has been made in relation to identifying people most at risk of cardiovascular disease (CVD) and developing Type 2 diabetes, to offer them behavioural interventions designed to lower their risk.
- The Health and Wellbeing Board was one of only 14 Boards in England to achieve a rating of six out of six by National Energy Action in recognition of the action it is taking on tackling fuel poverty/cold-related ill health, making it one of the top performers nationally. The Board was

praised for adopting innovative practice such as the methods it uses to target at risk households for fuel poverty interventions.

- The Health and Wellbeing Board were one of six Boards to be shortlisted for the 2016 Local Government Chronicle Awards in the 'Effective Health and Wellbeing Board' category, by demonstrating how the Health and Wellbeing Board have been effective at influencing the health and social care agenda in the area.
- To support the 0-19 Healthy Child Programme in County Durham, a Healthy Child Programme Board has been established as a sub-group of the Health and Wellbeing Board to provide a specific focus on health issues affecting children, young people and families to reduce health inequalities and deliver improved health and wellbeing outcomes.
- The Healthy Weight Alliance, a sub-group of the Health and Wellbeing Board, has developed the healthy weight strategic framework to tackle obesity at a local level and County Durham has become a national pilot site for obesity reduction in Public Health England's three year programme into obesity systems, delivered by Leeds Beckett University.
- The Health and Wellbeing Board are continuing to support measures aimed at improving dementia diagnosis rates further, such as regular information and guidance for GPs and increasing the number of dementia friendly communities and activities across the county as part of the implementation of the Dementia Strategy.
- The Community Wellbeing Partnership, a sub group of the HWB, has seen the development of a range of programmes focusing on reducing social isolation and loneliness and its effects on health and wellbeing, including first contact schemes based on 'making every contact count' and 'social prescribing' which links people to non-medical sources of support within their communities to support mental wellbeing.

## Local Projects

5. A number of local projects across County Durham support the priorities of the Health and Wellbeing Board, which aim to improve the health and wellbeing of people in their local communities. Details of the projects, including those delivered by the Area Action Partnerships, are included in the Annual Report and include the following:
  - Derwent Valley AAP is working in partnership with If U Care Share to deliver a Suicide Prevention and Mental Health project in the area, targeted at the 14+ age group.
  - Smokefreelife County Durham has been running Quit and Get Fit programmes for smokers who want to quit. They can take part in

organised Zumba or Bootcamp sessions, as well as access specialist support and medications.

- The Durham CREE programme, based on the Australian Men in Sheds model, has reached out to people who may be isolated and vulnerable in the community. There are a number of CREEs across County Durham that can offer community based support and reduce social isolation.
- A number of dementia friendly projects which have been delivered across the county. These include Dementia Friendly Swimming which is run in conjunction with Durham County Council Culture and Sport Service and the Amateur Swimming Association.
- Chester-le Street AAP have been working with St. Cuthbert's Hospice and Cestria Housing to deliver the 'Everything in Place' project. The AAP have been providing support through the steering group. They have also delivered engagement sessions with local groups to promote the work of the project, and to raise awareness of the support people can get at the end of their life.

## **Challenges**

6. One of the greatest challenges facing the health service and providers of adult social care is how to respond to an increasingly older population and its changing needs. There is a clear consensus that reorganising services around people with increasingly complex health and social care needs will improve outcomes for people.
7. In addition, a high proportion of Health and Social Care budgets are spent on treating ill health, yet 80% of heart disease, stroke and type 2 diabetes, and 50% of cancers could be avoided.
8. An integrated whole system approach will facilitate a move away from episodic ill health and care towards a greater emphasis on early intervention, prevention and promoting independence.

## **Future work of the Health and Wellbeing Board**

9. There are a number of initiatives that the Health and Wellbeing Board will continue to take forward during the coming year to support this approach, including the following:
  - Undertake a review of the priorities for the Health and Wellbeing Board based on the evidence in the Joint Strategic Needs assessment (as part of the Integrated Needs Assessment) a 'one stop shop' for all strategic assessments to ensure a focus on improving the health and wellbeing of people in County Durham and reducing health inequalities;
  - Discuss spending plans and arrangements for additional adult social care funding, known as the Improved Better Care Fund, to address the

integration of health and social care and to alleviate pressures faced by the adult social care sector and NHS;

- Provide challenge on the Sustainability and Transformation Plans for County Durham to ensure that residents in County Durham will not be disadvantaged or experience any reductions in the availability of NHS services as a result of the Plans. Assurances will be sought in relation to ensuring that clear and specific funding arrangements are in place to support the STPs and that robust formal consultation arrangements and decision making processes are also in place;
- Agree a streamlined approach to the range of mental health and wellbeing strategies currently in place, through the development of focused plans on a page with key actions to ensure that resources are targeted to services which meet the needs of people in County Durham.
- As part of the statutory responsibilities of the HWB, agree the Pharmaceutical Needs Assessment which looks at the current provision of pharmacy services across County Durham, and whether there are any potential gaps to service delivery.

10. Further details of the Health and Wellbeing Board's future work are included in the Annual Report.

### **Next Steps**

11. The Health and Wellbeing Board are requested to note the following key dates for the Health and Wellbeing Board Annual Report 2016/17:

- Cabinet receives HWB Annual Report 2016/17 for endorsement – **12<sup>th</sup> July 2017**
- Children and Young People's Overview and Scrutiny Committee receives HWB Annual Report 2016/17 for information – **28<sup>th</sup> September 2017**
- Adult, Wellbeing and Health Overview and Scrutiny Committee receives HWB Annual Report 2016/17 for information – **2nd October 2017**
- Durham Dales, Easington and Sedgefield and North Durham Clinical Commissioning Group Governing Body's receive HWB Annual Report 2016/17 for information – **October 2017**

## **Recommendations**

12. It is recommended that the Health and Wellbeing Board:

- Approve the Health and Wellbeing Board Annual Report 2016/17 (Appendix 2).
- Agree future areas of work for the Health and Wellbeing Board as outlined in paragraph 9.

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### **Contacts:**

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**Julie Bradbrook, Partnership Manager - Transformation and Partnerships**

**Tel: 03000 267 325**

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## **Appendix 1: Implications**

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**Finance** – Ongoing pressure on public services will challenge all agencies to consider how best to respond to the health, social care and wellbeing agenda.

**Staffing** – No direct implications.

**Risk** – No direct implications.

**Equality and Diversity / Public Sector Equality Duty** – The key equality and diversity protected characteristic groups are considered as part of the process to identify the groups/organisations to be invited to the Health and Wellbeing Board Big Tent Event.

**Accommodation** - No direct implications.

**Crime and Disorder** – The Integrated Needs Assessment (INA) provides information relating to crime and disorder.

**Human Rights** - No direct implications.

**Consultation** – Consultation on the priorities of the Health and Wellbeing Board is undertaken on an annual basis through the Big Tent Event and other engagement activities.

**Procurement** – The Health and Social Care Act 2012 outlines that commissioners should take regard of the INA (which incorporates the JSNA) and JHWS when exercising their functions in relation to the commissioning of health and social care services.

**Disability Issues** – The needs of disabled people are reflected in the INA and JHWS.

**Legal Implications** - The Health and Social Care Act 2012 places clear duties on local authorities and Clinical Commissioning Groups (CCGs) to prepare a JSNA and JHWS. The local authority must publish the JHWS. The Health and Wellbeing Board lead the development of the JSNA and JHWS.

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# Improving the health and wellbeing of people in County Durham



## County Durham Health and Wellbeing Board Annual Report 2016/17



County Durham Health  
and Wellbeing Board

[www.countydurhampartnership.co.uk](http://www.countydurhampartnership.co.uk)

## Foreword from Chair and Vice Chair

It gives us great pleasure to introduce the County Durham Health and Wellbeing Board Annual Report for 2016/17. The Board has a commitment to openness and transparency in the way it carries out its work and is accountable to local people. This includes a commitment to annually review progress towards the board's ambition to ***improve the health and wellbeing of the people of County Durham and reduce health inequalities.***

The Board's strong partnership approach facilitates genuine collaboration and joint planning between the main stakeholders in health and social care and has been central to the achievements of the Board and will also be important in future work.

Looking forward, the Board will need to support joint service provision built around individuals and their communities and will seek assurances that the Sustainability and Transformation Plans meet the needs of the people in County Durham and ensures that they will not be disadvantaged. It is also important that these plans reflect our local priorities from the County Durham Joint Health and Wellbeing Strategy.

A high proportion of health and social care budgets are spent on treating ill health, when a high percentage of diseases including diabetes, heart disease, stroke and cancers could be avoided. We need to take a more joined up, holistic and integrated approach across all our partners to drive forward the prevention agenda in County Durham to have the maximum impact to prevent the need for more costly services in the future, at a time when all partners are facing budget reductions alongside increasing demand on services. Nonetheless, we are firmly committed to ensuring that health and wellbeing provision is planned and delivered to best meet the needs of all the residents of County Durham.

We would like to thank everyone involved for their hard work over the past year.



**Councillor Lucy Hovvels MBE**

Chair of the Health and Wellbeing Board  
Cabinet Portfolio for Adult and Health Services



**Dr Stewart Findlay**

Vice Chair of the Health and Wellbeing Board  
Chief Clinical Officer, Durham Dales, Easington and Sedgfield Clinical Commissioning Group

## Who are the Health and Wellbeing Board?



The Health and Wellbeing Board (HWB) is a Durham County Council committee which brings together organisations who work together to improve the health and wellbeing of people in County Durham, and reduce health inequalities.

Our HWB includes partners from Durham County Council (Public Health, Adult and Health Services, Children and Young People's Services and elected county councillors), North Durham and Durham Dales, Easington and Sedgfield Clinical Commissioning Groups (CCGs), Healthwatch County Durham and the National Health Service (NHS) Foundation Trusts.

The HWB is one of the thematic partnerships of the County Durham Partnership (CDP), which is the strategic partnership for County Durham. The County Durham Partnership is supported by 14 Area Action Partnerships (AAPs) who provide a forum for consultation and decision-making in local areas. The HWB lead on the 'Altogether Healthier' theme. You can find out more information about the CDP and the HWB by visiting our website at [www.countydurhampartnership.co.uk](http://www.countydurhampartnership.co.uk)

## What do we do?

The HWB meets to ensure all partner organisations are delivering on the vision to **'Improve the health and wellbeing of the people of County Durham and reduce health inequalities'**. The formal HWB meetings are open to the public.



We have a legal responsibility to develop a [Joint Strategic Needs Assessment](#) (JSNA) and a [Joint Health and Wellbeing Strategy](#) (JHWS).

The JSNA provides an overview of the current and future health and wellbeing needs of the people of County Durham. The health and social care evidence base is included in an Integrated Needs Assessment (INA) as a 'one stop shop' for all strategic assessments. The evidence in the JSNA is used to inform the Joint Health and Wellbeing Strategy.

The HWB has a responsibility and duty to encourage integrated working between commissioners of health services, public health and social care services, for the purposes of advancing the health and wellbeing of the people in its area and we have developed the County Durham Joint Health and Wellbeing Strategy 2016-19 to ensure health and social care agencies work together and agree the services that should be prioritised to ensure all partners are delivering against the vision.

## Key performance achievements in County Durham 2016/17



## Achievements of the Health and Wellbeing Board

This section details achievements and developments that have taken place in 2016/17 to achieve the strategic objectives in the Joint Health and Wellbeing Strategy.

### The Better Care Fund



**The County Durham's Better Care Fund 2016/17** is based upon maintaining stability and focuses on investing in a range of projects and service initiatives aimed at reducing inappropriate demand on A&E and Urgent Care, particularly for vulnerable, frail elderly patients at higher risk of admission. Examples include greater access and use of telecare by people in their homes and coordinated support to enable people to return home following a stay in hospital.



As part of '**Check4Life**' (local implementation of the national Health Check programme) and the local **NHS Diabetes Prevention Programme**, a more targeted approach has been made in relation to identifying people most at risk of cardiovascular disease (CVD) and developing Type 2 diabetes, to offer them behavioural interventions designed to lower their risk.



The **Healthy Weight Alliance**, a sub-group of the Health and Wellbeing Board has developed the healthy weight strategic framework to tackle obesity at a local level and County Durham has become a national pilot site for obesity reduction in Public Health England's three year programme into obesity systems, delivered by Leeds Beckett University.

An **Integration Board** has been established as a sub group of the Health and Wellbeing Board to lead on our plans for **Health and Social Care Integration** to meet the government's target of achieving full integration by 2020.

- Commitment from the NHS and partner agencies across County Durham to further develop integrated provision and commissioning is clear
- A Director of Integration has been appointed to work as part of the Chief Officer team to ensure effective leadership and delivery of this agenda.
- 'Teams Around Patients' (TAP) are being established in localities which will offer a range of coordinated services centred around groupings of GP practices. There will be 13 TAPs across the county.
- An important function within the TAP will be to identify the most vulnerable adults who are a risk of significant deterioration in their health and wellbeing with a resultant admission to acute and/or permanent care settings. This is expected to be the top 2% of those people on GP lists who fall into that high risk group. Services will then focus upon enhancing health and wellbeing through proactive treatment, reablement and rehabilitation.
- Team configurations have been proposed and agreement reached with County Durham and Darlington NHS Foundation Trust (CDDFT) and Durham County Council on staff alignment.
- Locality briefings are underway and a project and communications and engagement plan is in place.
- A steering group is overseeing the work and has representation from CCGs, CDDFT, Adult Social Care, GP practices, Federations and the Voluntary Sector.
- Workstreams have been established and localities are being asked to consider representation to help shape work relating to referrals, work allocation, pathways, risk stratification and performance.
- A request has been made for early adopters of the model to come forward and several nominations have been received. It is envisaged that the model will be rolled out fully throughout 2017/18.
- Consideration of the existing estate to better utilise community buildings within a TAP geography is currently underway.



The Health and Wellbeing Board was one of only 14 Boards in England to achieve a rating of six out of six by National Energy Action in recognition of the action it is taking on **tackling fuel poverty/cold-related ill health**, making it one of the top performers nationally. The Board was praised for adopting innovative practice such as the methods it uses to target at risk households for fuel poverty interventions.



To support the 0-19 Healthy Child Programme in County Durham, a **Healthy Child Programme Board** has been established as a sub-group of the Health and Wellbeing Board, to provide a specific focus on health issues affecting children, young people and families to reduce health inequalities and deliver improved health and wellbeing outcomes.



A **mental health promotion and prevention wellbeing model** has been developed to improve service delivery and value for money while ensuring services and opportunities are accessible to anyone needing mental health and wellbeing support. The model covers all stages of life, fair access across the county and improved links between services.



The Health and Wellbeing Board are continuing to support measures aimed at **improving dementia diagnosis rates** further, such as regular information and guidance for GPs and increasing the number of **dementia friendly communities** and activities across the county as part of the **implementation of the Dementia Strategy**.



The **Community Wellbeing Partnership**, a sub group of the HWB, has seen the development of a range of programmes focusing on **reducing social isolation and loneliness** and its effects on health and wellbeing, including frontline service schemes based on 'making every contact count' and 'social prescribing' which links people to non-medical sources of support within their communities to support mental wellbeing.



The Health and Wellbeing Board were one of six Boards to be shortlisted for the 2016 Local Government Chronicle Awards in the '**Effective Health and Wellbeing Board**' category, by demonstrating how the Health and Wellbeing Board have been effective at influencing the health and social care agenda in the area.




Agreed an **Oral Health Strategy for County Durham** to address concerns raised by the Health and Wellbeing Board over significant variations in oral health across County Durham. The strategy will aim to:

- Reduce the population prevalence of dental disease, specifically levels of dental decay in young children and vulnerable groups including our ageing population
- Reduce inequalities in dental disease (statistics reveal over 60% of children have had experience of tooth decay in Woodhouse Close, Bishop Auckland compared to 6% in Chester-Le-Street South).
- Ensure oral health promotion programmes are evidence informed and delivered according to identified need.



## What are our priorities?

County Durham's agreed health and wellbeing priorities for 2016-17 were:




Priority 1

Children and young people make healthy choices and have the best start in life




Priority 2

Reduce health inequalities and early deaths




Priority 3

Improve the quality of life, independence and care and support for people with long term conditions



Priority 4

Improve the mental and physical wellbeing of the population



Priority 5

Protect vulnerable people from harm



Priority 6

Support people to die in the place of their choice with the care and support that they need

## Priority 1



Children and young people make healthy choices and have the best start in life

The HWB agreed to enhance the interface between Area Action Partnerships (AAPs) to improve the alignment of AAP developments and investments and the priorities of the HWB. Mental health is a key priority and AAPs, including Derwent Valley AAP, working in partnership with If U Care Share are delivering a Suicide Prevention and Mental Health project, targeted at the 14+ age group. The Derwent Valley project has engaged with over 300 young people through their workshops, they have equipped 24 young people with skills to become peer mentors and they have delivered STOP suicide training to 40 adults.

The Health and Wellbeing Board agreed funding arrangements as part of the implementation of the Children and Young People's mental health, emotional wellbeing and resilience plan for a 24/7 CAMHS Crisis Service to respond to the needs of children and young people with mental health conditions, such as self-harm, suicidality, disturbed behaviour, depression or acute psychoses.



The Healthy Weight Alliance, a sub group of the HWB who work to tackle obesity in County Durham, has become part of a national pilot to tackle obesity.

Part of this work involves working in the community through breastfeeding cafes and peer support groups to educate people about the benefits of breastfeeding, and how it links to reduced obesity in children.

The HWB agreed that a Healthy Child Programme Board is established to support the 0 – 19 healthy child programme and we are working with school nurses to help them to identify and introduce interventions which will improve the health and wellbeing of children at school.

All school nurses are being trained in mental health first aid, and a number are being trained to become specialist Quit Smoking Advisors, who support young people to stop smoking.



## Priority 2



Reduce health inequalities and early deaths



To improve the alignment of AAP projects the HWB agreed that a number of AAPs would work more closely with the Wellbeing for Life programme to support improved health and wellbeing within communities. Mid Durham has a specific aim of working with people over the age of 50 years to address a variety of health inequalities. The Health Trainers (HT) working with the AAP and its older people's task group have developed close working relationships with a variety of local and countywide partners. The scheme has been running for 3 years and this year alone they have worked with 53 clients and recruited 9 volunteers, the HT are working across the villages and are connected with each village's surgery delivering 1-to-1 support on diabetes.



Most excess winter deaths are caused by the impact of cold weather on people with respiratory and cardiovascular problems. Strong collaboration is taking place with housing providers and health colleagues to tackle fuel poverty. 88 referrals were made to Warm and Healthy Homes by health and social care staff and of these 50 patients with an underlying health condition received physical improvement measures to their homes. The HWB was praised for adopting innovative practice to target as risk households for fuel poverty interventions. The Health and Well Being Board was awarded five out of six stars by charity National Energy Action (NEA) for its progress on reducing cold related ill health associated with cold homes. Its report "Get Warm Soon?" Highlighted County Durham as one of the top performing Boards in England.



The County Durham tobacco control alliance, a sub group of the HWB, delivers tobacco control activities. A peer assessment of this group particularly acknowledged the Health and Wellbeing Board's vision and leadership in tobacco control. Smokefreelife County Durham has been running Quit and Get Fit programmes for smokers who want to quit. They can take part in organised Zumba or Bootcamp sessions, as well as access specialist support and medications.

They have also been running Costa and quit sessions in Shildon, Seaham and Peterlee; where people can get advice and support to help them to stop smoking, over a coffee.

## Priority 3



Improve the quality of life, independence and care and support for people with long term conditions



The HWB has agreed the spending plans for the Better Care Fund which has invested in services to support the integration of health and social care. This includes Intermediate Care Plus which provides one route into all intermediate care services, prevents unnecessary admission to hospitals or premature admission to care homes, and promotes independence and faster recovery from illness and timely discharge from hospital, which sees Durham having lower rates for delayed hospital discharge than both regional and national averages.

The HWB (through the Better Care Fund) has invested in services to support carers including NHS Personalised Carer Support Fund supports carers to take time out from their caring role and allow them to recharge their batteries. This can be in the form of a therapy voucher, gym membership, attending a course, a holiday etc.

Funding of £380,000 is managed by Durham County Carers Support and The Bridge Young Carers Service, who are monitored by Durham County Council, to ensure the carers are getting value from the funding pot.



Locate is an interactive website which provides information about local services which meet people's care and support needs, now and in the future.

As part of the 'Wellbeing for Life' program which the HWB agreed as a mechanism to address health inequalities and the social drivers of poor health, a variety of partners are trained to use LOCATE on a 'one to one' basis with people to signpost them to relevant services to meet their needs.

## Priority 4



Improve the mental and physical wellbeing of the population



The HWB agreed funding plans to improve mental health and wellbeing, including the Durham CREE programme, which is supported by AAPs and based on the Australian Men in Sheds model, reaches out to people who may be isolated and vulnerable in the community. There are a number of CREEs across County Durham that can offer community based support and reduce social isolation.

Part of their work includes advice on financial issues which can impact on suicide rates, especially in periods of economic recession. A dedicated welfare rights service is available through the CREEs to provide people with information and advice on any financial issues they may have.

There are a number of dementia friendly projects which have been delivered across the county as part of the implementation of the Dementia Strategy agreed by the HWB. These include Dementia Friendly Swimming which is run in conjunction with Durham County Council Culture and Sport Service and the Amateur Swimming Association. Sessions are now being delivered in Chester-Le-Street, Barnard Castle and Durham City, where trained staff and volunteers support people with dementia to continue to enjoy swimming as part of an active lifestyle.



The HWB agreed plans to reduce social isolation and loneliness through the Wellbeing for Life programme. 'Making Every Contact Count' takes advantage of the everyday interactions people have, taking the opportunity to encourage them to make positive changes in their lives, changes which could benefit their health and wellbeing.

County Durham and Darlington Fire & Rescue Service carry out Safe and Wellbeing visits which expand on their home fire safety advice to include a wellbeing assessment covering loneliness and isolation, dementia, smoking cessation, alcohol harm, trips and falls and winter warmth, with referrals being made where necessary to relevant partner agencies; making every contact count.

## Priority 5



Protect vulnerable people from harm



The Safeguarding Framework agreed by the HWB, outlines the statutory responsibilities of the LSCB and SAB, and how their work interfaces and complements the work of the HWB.

The Local Safeguarding Children Board have trained over 1,000 staff to spot the signs of Child Sexual Exploitation (CSE) and to identify risky behaviour. They have worked hard, through marketing activities, to get CSE messages to as many children, parents and professionals as possible. For example, there is work with schools and colleges to raise awareness of Child Sexual Exploitation issues with young people and teaching staff.

A new ERASE website [www.eraseabuse.org](http://www.eraseabuse.org) was launched which educates people about sexual exploitation in County Durham and Darlington.

To support the HWB priority to protect vulnerable people from harm, Chester-le-Street AAP supported the Aspire project pilot. Aspire is a project where volunteer mentors provide support for women with mental health issues resulting from domestic violence.

After successful engagement, with 126 users, a detailed evidence base was collected which was used to inform a lottery bid to deliver this project over a 5 year term.

Aspire were successful, and were awarded £500,000 (the only award in County Durham from specific Women & Girls Fund) to deliver a 'Supporting Sisters Projects' which provides tailored support packages for women who may have issues with mental health, substance misuse, domestic violence, low self-esteem, leaving controlling relationships or financial independence.



## Priority 6



Support people to die in the place of their choice with the care and support they need



The HWB have signed up to the Motor Neurone Disease (MND) Charter. The Charter was created to help raise awareness and campaign to improve services for people with MND and their carers at a local level.

An important part of the charter is the recognition of the specific needs of people with MND, and their right to have the right care, in the right place, at the right time to achieve dignity in death.

AAP's are supporting the HWB to ensure people receive high quality care towards the end of their life as part of the Improving Palliative Care and End of Life Plan agreed by the HWB. Chester-le Street AAP have been working with St. Cuthbert's Hospice and Cestria Housing to deliver the 'Everything in Place' project.

The AAP have been providing support through the steering group. They have also delivered engagement sessions with local groups to promote the work of the project, and to raise awareness of the support people can get at the end of their life.

The project supports people to put plans in place about their last wishes, funeral arrangements, wills, donor cards, power of attorney and other legal issues regarding property etc. All combined in a one stop shop booklet.



Everything in Place



## Challenges for County Durham





## Future work of the Health and Wellbeing Board

The Health and Wellbeing Board's work programme for 2017-18 will build on the progress made to date, and will include the following:



One of the greatest challenges facing the health service and providers of adult social care is how to respond to an **increasingly older population and its changing needs**. There is a clear consensus that reorganising services around people with increasingly complex health and social care needs will improve outcomes for people.

An **integrated whole system approach** is also expected to facilitate a move away from episodic ill health and care towards a greater emphasis on early intervention, prevention and promoting independence. This requires integrated care and support by a number of different disciplines and services which are fundamental to a person's good health and wellbeing, with the GP as the expert medical generalist at the centre of the process.

Integration of care is about placing patients at the centre of the design and delivery of care. It leads to better outcomes for patients, safer services, improved patient experience and can also result in more cost-effective care.

We are bringing together health, social care and voluntary organisations to achieve improved health and wellbeing for the people of County Durham through an Accountable Care Network.



An Accountable Care Network brings together a number of providers who collaborate to meet the needs of the population they serve, by taking responsibility for the cost and quality of care for a defined population with an agreed budget.

The Accountable Care Network in County Durham represents a new way of working, to provide better healthcare and a better experience for patients, service users and carers. We will work together to avoid unnecessary duplication of services, so that people receive the right care, at the right time, in the right place.

A high proportion of Health and Social Care budgets are spent on treating ill health, yet 80% of heart disease, stroke and type 2 diabetes, and 50% of cancers could be avoided. Regionally prevention workstreams have been established as part of the **Sustainability and Transformations** to maximise opportunities to prevent ill health and improve health gain.



To **prioritise prevention**, a shift in focus is needed to ensure budgets are utilised to best effect and involves building community capacity and resilience, enabling people to maintain their independence and helping communities to help themselves to deliver solutions and scale up good practice.

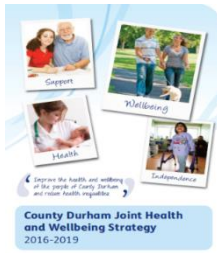
**Sustainability and Transformation Plans** have been developed across the country to drive transformation in health care outcomes and tackle the three challenges identified by the Five Year Forward View:

- health and wellbeing of the population
- quality of care
- finance and efficiency

Nationally the NHS agreed that County Durham is covered by the footprint of two Sustainability and Transformation Plans (STPs) in the North East; the North STP covering Northumberland, Tyne and Wear and North Durham; and the South STP covering Durham, Darlington, Tees and Hambleton, Richmondshire and Whitby.

Formal consultation arrangements for the Sustainability and Transformation Plans will take place during 2017 and the Health and Wellbeing Board will be a key stakeholder in relation to these arrangements. The Health and Wellbeing Board will continue to receive regular updates and provide challenge on the **Sustainability and Transformation Plans for County Durham** to ensure that residents in County Durham will not be disadvantaged or experience any reductions in the availability of NHS services as a result of the Plans. Assurances will be sought in relation to ensuring that:

- As a result of the patient flow between the two STPs, colleagues work together to consider the impact for County Durham patients and for the workforce, to ensure that people in County Durham are not disadvantaged in any new acute hospital re-configuration
- STP's are clear and specific with regard to funding arrangements for the duration of the STP and that clarity is provided on how this funding compares with other areas within the country
- Communication is simple, clear and concise for people to understand so that local people are aware of the specific implications of STPs
- The large proportion of rural communities in County Durham are taken into account in relation to the importance of transport services, parking facilities and visiting arrangements to enable patients to access services



Undertake a **review of the priorities for the Health and Wellbeing Board** based on the evidence in the Joint Strategic Needs assessment to ensure a focus on improving the health and wellbeing of people in County Durham and reducing health inequalities.

**Discuss spending plans** for additional adult social care funding, known as the **Improved Better Care Fund**, to address the integration of health and social care and to alleviate pressures faced by the adult social care sector and NHS.

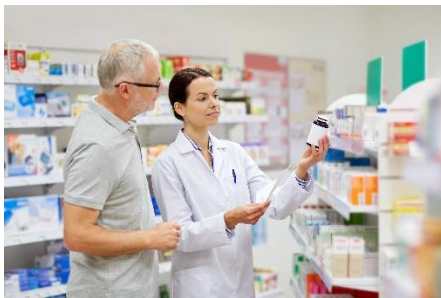


The implementation of the **oral health strategy** and improving oral health across the county presents some challenges. People living in deprived communities consistently have poorer oral health and in County Durham the gap in oral health inequalities between children living in deprived communities and those in less deprived communities needs to reduce. Targeted work must also continue with vulnerable groups such as

those with poor physical and mental health and the complex oral health needs of an ageing population who are keeping their teeth longer.



Agree a streamlined approach to the range of **mental health and wellbeing** strategies currently in place, through the development of focused plans on a page with key actions to ensure that resources are targeted to services which meet the needs of people in County Durham.



As part of the statutory responsibilities of the HWB, agree the **Pharmaceutical Needs Assessment** which looks at the current provision of pharmacy services across County Durham, and whether there are any potential gaps to service delivery.

# Health and Wellbeing Board Partners



[www.durham.gov.uk](http://www.durham.gov.uk)



County Durham Health  
and Wellbeing Board

[www.countydurhampartnership.co.uk](http://www.countydurhampartnership.co.uk)



[www.northdurhamccg.nhs.uk](http://www.northdurhamccg.nhs.uk)



[www.chsft.nhs.uk](http://www.chsft.nhs.uk)



[www.durhamdaleseasingtonsedgefieldccg.nhs.uk](http://www.durhamdaleseasingtonsedgefieldccg.nhs.uk)



[www.healthwatchcountydurham.co.uk](http://www.healthwatchcountydurham.co.uk)



[www.cddft.nhs.uk](http://www.cddft.nhs.uk)



[www.nth.nhs.uk](http://www.nth.nhs.uk)



[www.tewv.nhs.uk](http://www.tewv.nhs.uk)



[www.durham-pcc.gov.uk](http://www.durham-pcc.gov.uk)



[www.hdft.nhs.uk](http://www.hdft.nhs.uk)

For information or queries about any of the Health and Wellbeing Board's work you can email us at [HWB@durham.gov.uk](mailto:HWB@durham.gov.uk)

## Health and Wellbeing Board

22 June 2017



### Care Quality Commission (CQC), review of health services for children looked after and safeguarding (CLAS) in County Durham

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#### Report of Gill Findley Director of Nursing Durham Dales, Easington and Sedgefield CCG and North Durham CCG

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##### Purpose of the Report

- 1 To provide an overview of recommendations from the Care Quality Commission (CQC) review of health services for children and looked after and safeguarding in County Durham.

##### Background

- 2 The inspection was conducted under Section 48 of the Health and Social Care Act 2008. There are no specific judgements on performance within the methodology, however the report provides a narrative account of the quality of health services for looked after children and the effectiveness of safeguarding arrangements within health for all children.
- 3 The inspection also checked whether healthcare organisations were working in accordance with their responsibilities under Section 11 of the Children Act 2004. This includes the statutory guidance, Working Together to Safeguard Children 2015.
- 4 The inspection included services commissioned by Durham Dales, Easington and Sedgefield CCG (DDES CCG), North Durham CCG (NDCCG) and Durham County Council (DCC).
- 5 Provider services reviewed were:
  - a. County Durham and Darlington NHS Foundation Trust (CDDFT)
  - b. Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
  - c. Harrogate and District NHS Foundation Trust (HDFT).
  - d. Lifeline provider for adult and child substance misuse.
  - e. Full Circle service providing therapeutic input in respect of emotional support and attachment issues.
  - f. Contraception and sexual health services
  - g. GP Practices

- 6 The inspection explored the effectiveness of health services for looked after children and the effectiveness of safeguarding arrangements within those services. Looking at the role of healthcare organisations in understanding risk factors, identifying needs, communicating effectively with children and families, liaising with other agencies, assessing needs and responding to those needs and contributing to multi-agency assessments and reviews.
- 7 Review methodology: the CQC gathered information both during and before the visit including document reviews, interviews, focus groups and visits. Where possible CQC also met and spoke with children and young people. Tracking and sampling of cases followed the experiences of children to explore the effectiveness of health services in promoting their well-being. In total, CQC took into account the experiences of 121 children, young people and care leavers and foster carers.
- 8 The report is available on the CQC website here [Link](#)
- 9 **A summary of key recommendations are outlined below:**

#### **County Durham and Darlington NHS Foundation Trust Emergency Departments/Urgent Care**

- **Recommendation 1.1:** Put in place facilities and arrangements at the emergency department to ensure effective observation of children waiting for treatment and the prompt identification of the deteriorating child.
- **Recommendation 1.4:** Ensure that risk assessment documentation in use in the urgent care centres and emergency department promotes the consideration of risks to children as a result of hidden harm.

#### **Safeguarding**

- **Recommendation 1.12:** Put effective operational governance arrangements in place to ensure that practitioners are systematic in their assessments, recordings, articulation of risks and in stating expected outcomes when making referrals into children's social care.
- **Recommendation 1.16:** Ensure robust frontline safeguarding governance arrangements are in place in services providing emergency treatment in order that safeguarding concerns are appropriately identified and acted upon.

#### **Paediatrics**

- **Recommendation 1.11 & 2.2\*:** Ensure that where children and young people have been admitted to the paediatric ward through serious self-harm, individual risk assessment and risk management plans are put in place in order that environmental and personal safety/peer safety risks are fully considered and addressed.

- **Recommendation 1.2:** Ensure the provision of at least one paediatric trained nurse on duty at all times in the emergency department in line with RCPCH and CQC requirements

\* This recommendation also applies to DDES CCG, ND CCG and TEWVFT.

### **Tees Esk Wear Valley NHS Foundation Trust**

- **Recommendation 2.5:** Put effective operational governance arrangements in place to ensure that practitioners are systematic in their assessments, recordings, articulation of risks and in stating expected outcomes when making referrals into children's social care.
- **Recommendation 2.7:** Ensure that copies of all key safeguarding documentation, including referrals to Multi Agency Safeguarding Hubs (MASH), Child in Need (CIN) and child protection minutes and plans, are promptly and properly secured as part of the individual client record to enable practitioners to access the complete record when working with their client.

### **Harrogate & District NHS Foundation Trust**

- **Recommendation 3.1:** Include an overall risk evaluation of information gathered on the home environment assessment with guidance to practitioners on the appropriate next steps resulting from the analysis.
- **Recommendation 3.3:** Ensure that quality assurance for health assessments and the resultant health plans for looked-after children is undertaken in the relevant frontline services and that arrangements are effective in driving up quality and consistency.
- **Recommendation 3.4:** Work with MASH partners to ensure there is sufficient health professional capacity in the MASH and that the role is utilised to best effect within the arrangements

### **County Durham and Darlington NHS Foundation Trust**

- **Recommendation 4.1:** Include consideration of the young people's presentation and demeanour as part of the standard assessment in the sexual health service.
- **Recommendation 4.2:** Ensure that practitioners hear and record the Voice of The Child when undertaking initial and review health assessments, quoting the child whenever possible in order that the child's voice fully informs the assessment and health plan.
- **Recommendation 4.6:** Ensure that young people who are looked after are engaged in co-producing the provision of health passports for care leavers; that the final health reviews of care leavers are comprehensive,

aligned with the statutory review and subject to effective quality assurance

### **General Practice**

- **Recommendation 5.1:** Work with GPs across County Durham to improve the quality and comprehensiveness of referrals to First Contact and MASH.
- **Recommendation 5.3:** Work with GPs across County Durham to make effective use of child sexual exploitation risk assessment tools to identify children and young people who may be at risk of exploitation.

### **Lifeline**

- **Recommendation 6.1:** Ensure that practitioners' reports to child protection case conferences are subject to appropriate operational management oversight and quality assurance.
- **Recommendation 6.3:** Ensure that practitioners undertake child safeguarding training at a level commensurate with their roles and responsibilities in safeguarding children from hidden harm.
- **Recommendation 6.4:** Ensure that a note is made on case records of discussions of the case in supervision and any resultant decisions or actions.

### **Clinical Commissioning Groups**

- **Recommendation 7.1:** Ensure there is sufficient capacity in the designated roles for safeguarding and looked-after children to meet national and local priorities for strategic development and effective governance
- **Recommendation 7.2:** Work with MASH partners to ensure there is sufficient health professional capacity in the MASH and that the role is utilised to best effect within the arrangements

### **Action Planning and Monitoring**

- 10 Following receipt of the final report single agency action plans were developed by Durham Dales Easington and Sedgefield CCG, North Durham CCG, County Durham and Darlington NHS Foundation Trust, Tees Esk Wear Valley NHS Foundation Trust, Harrogate & District NHS Foundation Trust and Durham County Council Public Health and were submitted to the Designated Nurse for Safeguarding and Looked After Children who compiled an overarching action plan in response to all inspection recommendations.



- 11 Some actions were identified for more than one agency these were considered by providers and commissioners to ensure a co-ordinated multi-agency action:
- a. quality of looked after health assessments,
  - b. updating of home environment checklist
  - c. Individual risk assessment/management plans for serious self-harm.
- 12 The final action plan was approved by the Director of Nursing and was submitted to CQC on 2 May 2017. The CQC have responded advising some areas require strengthening for the action plan to be an effective tool to help drive improvement. County Durham and Darlington NHS Foundation Trust and Tees Esk Wear Valley NHS Foundation Trust have been requested to provide tangible examples of impact and evidence of improved outcomes in relation to the final 'Evidence' column within the action plan.
- 13 Monitoring of action plan progress will be led by the Designated Nurse for Safeguarding and Looked After Children in North Durham CCG and undertaken on a bi-monthly basis. Providers will also provide assurance through reporting progress to commissioners within their respective Quality Review meetings.

### **Recommendations**

- 14 The Health and Wellbeing Board is recommended to:
- Receive this report for information

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**Contact: Gill Findley Director of Nursing Durham Dales, Easington and Sedgefield CCG and North Durham CCG**  
**Tel: 0191 3713222**

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## **Appendix 1: Implications**

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**Finance** – There are financial implications within this inspection report around increasing the capacity within the MASH and the capacity of the Designated Nurse Safeguarding and Looked After Children. There may also be financial implications around the development of a perinatal mental health pathway in compliance with NICE Guidance and ensuring the provision of at least one paediatric trained nurse on duty at all times in the emergency department in line with RCPCH and CQC requirements

**Staffing** – Capacity within teams to manage workloads on current staffing.

**Risk** – Areas of improvements identified by the report requirement of ongoing monitoring to ensuring delivery of action plans.

**Equality and Diversity / Public Sector Equality Duty** – none identified

**Accommodation** – No direct implications.

**Crime and Disorder** – No direct implications.

**Human Rights** – No direct implications.

**Consultation** – Public document

**Procurement** - No direct implications.

**Disability Issues** - For all children and young people the expectation is that help, care and protection are sensitive and responsive to age, disability, ethnicity, faith or belief, gender, gender identity, language, race and sexual orientation.

**Legal Implications** - No direct implications.

## Health and Wellbeing Board

22 June 2017

## Healthy Child Programme Board




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**Report of Amanda Healy, Director of Public Health County Durham, Adult and Health Services, Durham County Council and Margaret Whellans Corporate Director of Children and Young People's Services, Durham County Council**


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**Purpose of the Report**

1. To provide the Health and Wellbeing Board with an update on the development of the County Durham Healthy Child Programme Board and its proposed aim and vision for future collaborative frontline working from conception to 19 years (24 year for Special Educational Needs and Disability (SEND)).

**Background**

2. Within Harrogate and District NHS Foundation Trust's (HDFT) tender submission for the 0 – 19 service there was a suggestion to establish a healthy child programme (HCP) board. Through discussion with HDFT it was agreed that this board could provide an opportunity to bring a small multi-disciplinary strategic group around one table to discuss close collaborative working to improve the health and social care offer to children and young people. This remit moves beyond merely the 0 – 19 health visitor and school nurse role and has in scope maternity services, paediatrics, early help, early years and support services which work with some of our most vulnerable population groups such as children with special educational needs and disabilities (SEND), young people who offend, looked after children and care leavers (not an exhaustive list of vulnerable groups).
3. Reducing health inequalities and delivering towards improved health and social outcomes for children and young people would be the primary goals of the HCP board. In County Durham there are some stark inequalities where the gap must be reduced both to the England average and also within County Durham inequalities. Whilst the public health, educational and social outcomes are yet to be finalised by the HCP board, key areas of focus will be on antenatal outcomes such as smoking at time of delivery, under 18 conception rates, breastfeeding and earlier identification of neglect. Moving into early years and school age there will be a drive to consider how improved collaborative working would increase the earlier identification, therapeutic offer and management of children with SEND. Working across the health and social care system it is anticipated that improved collaborative working would greatly increase the public's mental health by developing a seamless offer at the point of contact. A link to an overview of the County Durham child health profile can be found [here](#). Further information is available on request.
4. It is acknowledged that, at this point in time, there is a large County Durham Children and Families Partnership. It was still deemed appropriate however to scope the added value of creating a discrete HCP board as a sub group of the statutory Health and Wellbeing Board.

5. The concept of scoping out a healthy child programme board, as a sub group of the Health and Wellbeing Board, was tabled at the Health and Wellbeing board in November 2016. It was agreed that there would be benefit in this exercise to be undertaken and feedback following the preliminary workshops.
6. HDFT incorporated an allocation of funding within their tender to contract an external facilitator (Excellence in Business) to develop the HCP board and its small number of strategic priorities. This has paid for the first three workshops. Public Health will fund an additional three half day sessions to fully establish the HCP board.

### **Workshop outcomes to date**

7. Three workshops have been facilitated in March, April and May 2017 involving senior decision makers from:
  - Durham County Council – Public Health, Children’s Services, Education, Commissioning, Planning and policy
  - Clinical Commissioning Groups – Director of commissioning
  - County Durham and Darlington Foundation Trust – Clinical Director and
  - Head of Midwifery Harrogate and District Foundation Trust - Operations Director and Head of Children’s Public Health Nursing
  - Tees Esk and Wear Valleys NHS Foundation Trust – Head of Service Child and Adolescent Mental Health Service (CAMHS)
8. The first workshop entailed completing a collaboration maturity matrix. Board members scored themselves on how collaborative current relationships are and where they would like to be in 12 months and 24 months’ time. There was a pause at the end of the first workshop to determine if all partner organisations were committed to progressing on the journey of collaboration. All partners agreed that this was the right direction of travel.
9. The second workshop focused on testing out what the aim, vision, principles, priorities and terms of reference would be for the group and starting to populate a transformational route map (TRM). This has been formatted into a draft HCP board charter.
10. The third workshop was an opportunity for the group to debate a shared understanding of a ‘one team’ approach and unpick the complexity of using the term ‘integration’. There is now a definition of a one team approach within the HCP board charter and agreement that the HCP board is progressing a vision of collaboration at the front line and not, at this point in time, considering accountable care organisation status. Bringing commissioners and providers together to plan future services is already proving a positive move as duplication and contradiction in commissioned specifications has been highlighted which is causing providers complexity when being pulled in differing directions. Keeping the child and family at the centre of all decisions is a fundamental principle.

### **Next steps**

11. It is anticipated that the 4<sup>th</sup> workshop in June will lay out the key priorities for the group utilising the transformational route map. This will move the group towards

practical actions. The shared performance management framework will also be considered which will clearly articulate the anticipated public health outcomes to be improved. Early areas for prioritisation may be the navigation of the mental health offer to children, therapeutic services for children with SEND and the antenatal pathway.

12. It is at this point in the forming process that there is sufficient clarity in the HCP board charter for senior/corporate management teams in all relevant participating organisations, to take stock and appreciate the intentions of the healthy child programme board.

## **Recommendations**

13. The Health and Wellbeing Board is requested to:
  - Receive information regarding the early formulation of the Healthy Child Programme Board
  - Agree to the HCP board progressing with the intentions of co-designing and co-producing a collaborative model of front line delivery from conception to 19 years (24 years for SEND) over the coming two years and beyond
  - Agree to receive regular updates on progress to retain oversight of developments

---

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**Tel: 03000 267696**

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## **Appendix 1: Implications**

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### **Finance**

Part of specification of 0 – 19 and then additional hours of consultancy time paid for from public health budget

### **Staffing**

Strategic decision makers time from key organisations

### **Risk**

Risk will be assessed as part of the development of the HCP board

### **Equality and Diversity / Public Sector Equality Duty**

One of the priorities of the HCP board is to reduce inequalities

### **Accommodation**

As plans progress co-location of staff will be considered but this is not relevant at this stage

### **Crime and Disorder**

N/A

### **Human Rights**

N/A

### **Consultation**

Ongoing dialogue with all staff, service users, stakeholders and wider community will be included as plans become more robust

### **Procurement**

This will inform future procurement of services if the HCP board becomes embedded and fully established

### **Disability Issues**

N/A

### **Legal Implications**

Legal advice will be sought as relevant

## Health &amp; Wellbeing Board

22 June 2017

**“Work and You” Annual Report of the Director  
of Public Health 2016**




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**Report of Amanda Healy, Director of Public Health County Durham and Gill O'Neill,  
Consultant in Public Health, Adult and Health Services, Durham County Council**

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### Purpose of the Report

1. This report asks the Health and Wellbeing Board to receive the 2016/17 annual report of the Director of Public Health (DPH) for County Durham.

### Background

2. Under the Health & Social Care Act 2012, one of the statutory requirements of each Director of Public Health is to produce an annual report about the health of the local population. The relevant local authority has a duty to publish the report. The government has not specified what the annual report might contain and has made it clear that this is a decision for individual Directors of Public Health to determine.
3. It is important to note that most data and information on the health status of the communities in County Durham is detailed in the Joint Strategic Needs Assessment (part of the Integrated Needs Assessment). Further information on public health programmes can also be found in the Joint Health and Wellbeing Strategy. Detailed information on health protection issues for County Durham residents is contained in a Public Health England report – *Protecting the population of the North East from communicable diseases and other hazards – Annual Report 2014/15*. This is available on request.
4. The 2016/17 Director of Public Health annual report focuses on the importance of good work with a specific emphasis on our mid-life population (age 40 -70 years). As the UK workforce continues to age and stay in work longer and more workers develop long term health conditions; policy makers, employers, clinicians and older workers themselves will need to work together to improve their health and employment outcomes. Whilst there remains much to be done to support those not in employment, this report focuses on keeping those already in employment productive and functioning well.
5. The workplace itself is an environment where healthy behaviours can be fostered. In some cases, changes in health habits can be ‘nudged’ by making the healthier choice the easier choice. In County Durham over 80% of our business sector comprises small to medium enterprises (SMEs). This report draws out the opportunities presented to SMEs and highlights the small steps that businesses can take to look after staff wellbeing and to work more collectively within the communities in which they are based. With an aging population good work is vital to maintain a strong sense of self-worth and to be able to contribute to the economic prosperity of County Durham. “*Work and You*” is the title of the annual

report and aims to provide practical steps for employers and employees to work together to improve health outcomes.

6. A monthly calendar of health promoting campaigns is in the report which aligns to the county wide Better Health at Work Award and the Healthy Living Pharmacy programme. These campaigns can also be communicated through Area Action Partnerships (AAPs) who work collaboratively with local businesses. By working together at scale local businesses and residents will benefit from the health promoting messages and support structures being championed. Appendix 2 of the report highlights the campaign calendar.
7. The recommendations in DPH report are simple with the outcomes working towards reducing the gap in healthy life expectancy. The recommendations emphasise self-help and enabling people to make small changes to improve their health within their working day. In addition to what individuals can do for themselves there is guidance on what employers can do to improve the health and wellbeing of their staff within the context of the community in which the business resides. Appendix 3 of this report highlights the DPH report recommendations
8. The annual report will be uploaded onto the council website and hard copies provided to a range of organisations and individuals including local business leaders, the County Durham clinical commissioning groups, NHS England, third sector organisations, NHS foundation trusts, Public Health England etc.

## **Recommendations**

9. The Health & Wellbeing Board is requested to:
  - Receive the 2016/17 annual report of the Director of Public Health, County Durham.
  - Share the Annual Report with other relevant partners to incorporate, where appropriate into future work programmes
  - Agree to receive an update on the recommendations in this report as part of next DPH annual report
  - Agree to receive a separate update on the outcomes from the last DPH annual report on obesity.

---

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**Tel: 03000 267696**

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## **Appendix 1: Implications**

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### **Finance**

The publication of the report is funded by the ring fenced public health grant.

### **Staffing**

No impact

### **Risk**

No impact

### **Equality and Diversity / Public Sector Equality Duty**

No impact

### **Accommodation**

No impact

### **Crime and Disorder**

No impact

### **Human Rights**

No impact

### **Consultation**

This is the independent report of the Director of Public Health and is not subject to consultation

### **Procurement**

No impact but should inform council commissioning plans in relation to services that impact on the health of the population

### **Disability Issues**

No impact

### **Legal Implications**

No impact

## Appendix 2: Campaigns calendar

### Campaign calendar

Why not help motivate and support your workforce to make and sustain changes that improve their health by participating in these national campaigns?

January	February	March	April
<p><b>Dry January</b></p> <p>Bid booze goodbye, keep January dry.</p> <p>Take the 31 day challenge – find out more at <a href="http://www.DryJanuary.org.uk">www.DryJanuary.org.uk</a></p>	<p><b>One You – healthy eating</b></p> <p>What you eat and how much is so important for your health and your waistline. Choosing healthier foods is easier than you might think.</p> <p>Find out more by searching One You.</p>	<p><b>Stoke Act F.A.S.T</b></p> <p>Can you recognise the symptoms of a stroke?</p> <p>Even if you are not sure, act FAST, make the call, dial 999</p>	<p><b>Stress and you</b></p> <p>There is no quick-fix cure for stress but there are simple things you can do to help you stress less. These include relaxing, exercise, eating a healthy and balanced diet and talking to someone.</p> <p>Find out more by searching One You / stress</p>
May	June	July	August
<p><b>One You – physical activity</b></p> <p>Fitting some physical activity into your day is easier than you think. Being active is really good for your body, mind and health – and there are lots of easy ways you and your family can get moving! Find out more by searching One You / moving.</p>	<p><b>Be clear on cancer</b></p> <p>Aim to improve early diagnosis of cancer by raising awareness of signs and / symptoms of cancer and to encourage people to see their GP without delay.</p>	<p><b>Couch to 5k</b></p> <p>The Couch to 5k plan is designed to get just about anyone off the couch and running 5km in nine weeks.</p> <p>Find out more at <a href="http://www.nhs.uk/Livewell">www.nhs.uk/Livewell</a></p>	<p><b>Be clear on cancer</b></p> <p>Aim to improve early diagnosis of cancer by raising awareness of signs and / symptoms of cancer and to encourage people to see their GP without delay.</p>
September	October	November	December
<p><b>Time for change</b></p> <p>1 in 4 people will experience a mental health problem in any given year.</p> <p>Let's change the way we all think and act about mental health. Search Time to Change.</p>	<p><b>Stoptober</b></p> <p>Research shows that smokers who make it to 28 days smokefree are 5 times more likely to stay quit for good. Search "Stoptober" online to find out about a range of free and proven support available to help you start your quitting journey for 28 days and beyond.</p>	<p><b>Get your flu jab</b></p> <p>Don't put off getting the flu vaccination. If you are eligible get it now. It's free because you need it. Visit <a href="http://www.nhs.uk.staywell">www.nhs.uk.staywell</a></p>	<p><b>Stay well this winter</b></p> <p>If you start to feel unwell even if it is just a cough or cold, don't wait until it gets more serious, get help from your pharmacist. The sooner you get advice the better – pharmacies are here to help you stay well this winter. Visit <a href="http://www.nhs.uk/staywell">www.nhs.uk/staywell</a> for more information.</p>

### **Appendix 3: DPH report 2016/17 recommendations**

There will be many initiatives and activities taking place across County Durham and being progressed by a whole range of partners. The recommendations below hopefully build on your local business priorities and provide some new ideas for you to explore.

#### **Recommendations**

- Mid-life is a place to start not to stop. Complete the One You quiz and take it from there.
- If you are a large employer then sign up for the Better Health at Work Award today. All 30 employers in County Durham with 250+ staff should be leading the way to improve the health of their staff. Showcase your work and celebrate your achievements.
- Any small / medium business can also sign up for the Better Health at Work Award either as cluster of work places or individually.
- Go to your local healthy living pharmacy and ask if they will support you with some health campaigns this year for your staff. They will say yes!

#### **You could also consider these approaches:**

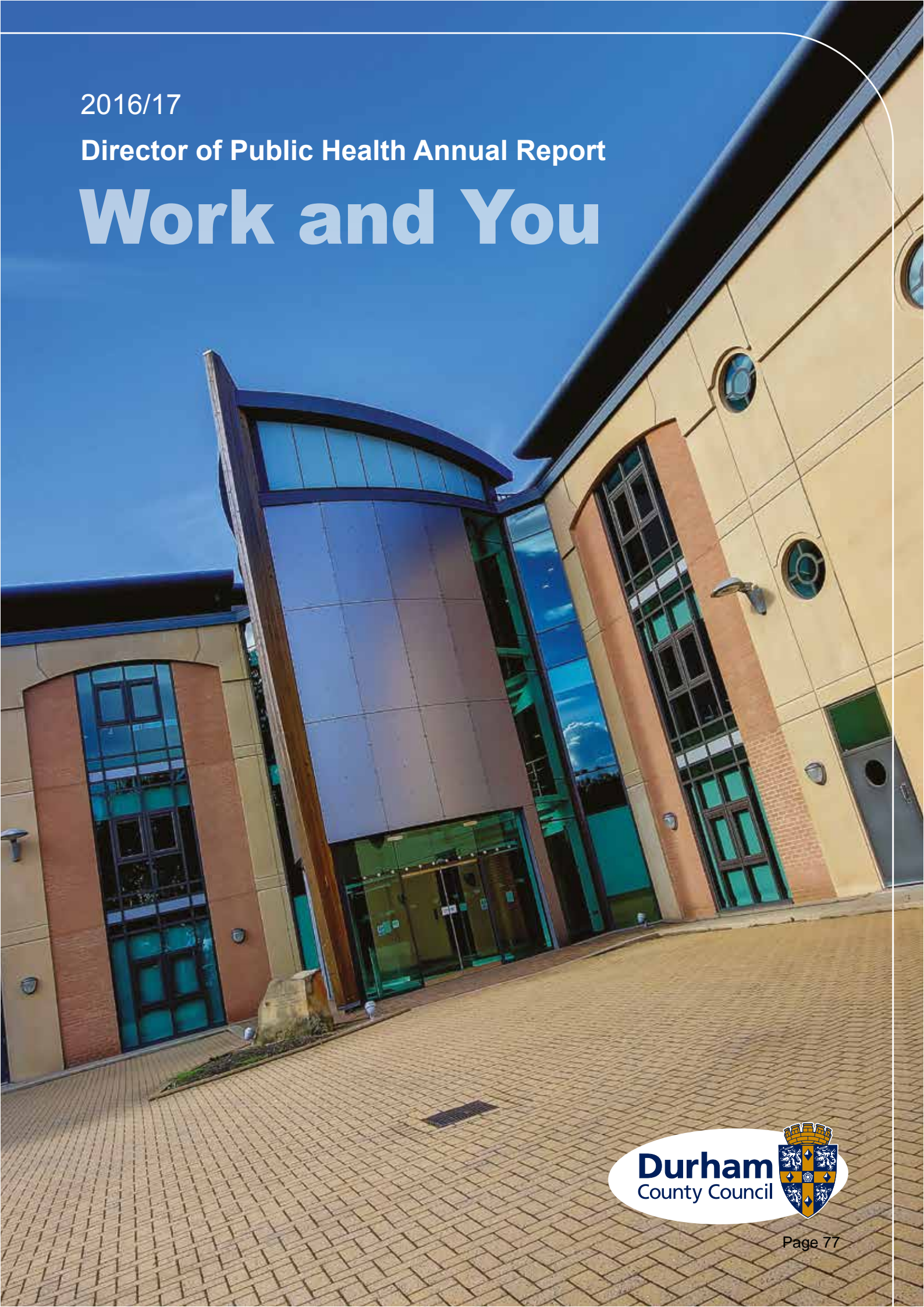
- Micro business, think about “Work and You”, what could improve your own health and wellbeing?
- Considering putting a tender in for a contract? How could you best utilise the social values section to improve the health and wellbeing of residents in County Durham. Remember small businesses are likely to employ local people.
- Think community – you don’t have to do this as a stand-alone business. Work as a high street to improve the food and activity offer for your staff. It will benefit the local community too.
- Time to Change. We would all benefit from looking after our mental health. Pledge to time for change and eradicate stigma.
- Talk to your staff and find out what good health means to them. Take a moment to pause and talk to each other. Work is so important for social connections.
- Primary care colleagues could consider how the impact of work can be brought into consultation conversations. Keeping people in work will help with the NHS and social care. It will save the local economy money.
- Consider flexible working arrangements for staff and try to retain, retain and recruit.
- Lead by example and take care of your own health.


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2016/17

Director of Public Health Annual Report

# Work and You





**“Nowhere is the link between health and wealth more important than in relation to work. Good work is both the best route out of poverty and the surest basis for good health”**

*Health and Wealth - closing the gap in the North East: report of the North East commission for health and social care integration; Duncan Selbie; Commission chair and chief executive of public health.*

This report will discuss how work impacts upon health and how we can stay in employment and maximise our health.

# Contents

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- 11 Mid-life - One You
- 13 Strategies for regional growth and raising productivity
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  - 22 - musculoskeletal disorders
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- 25 The Better Health at Work Award
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- 27 NHS Health Checks
- 29 Campaign Summary
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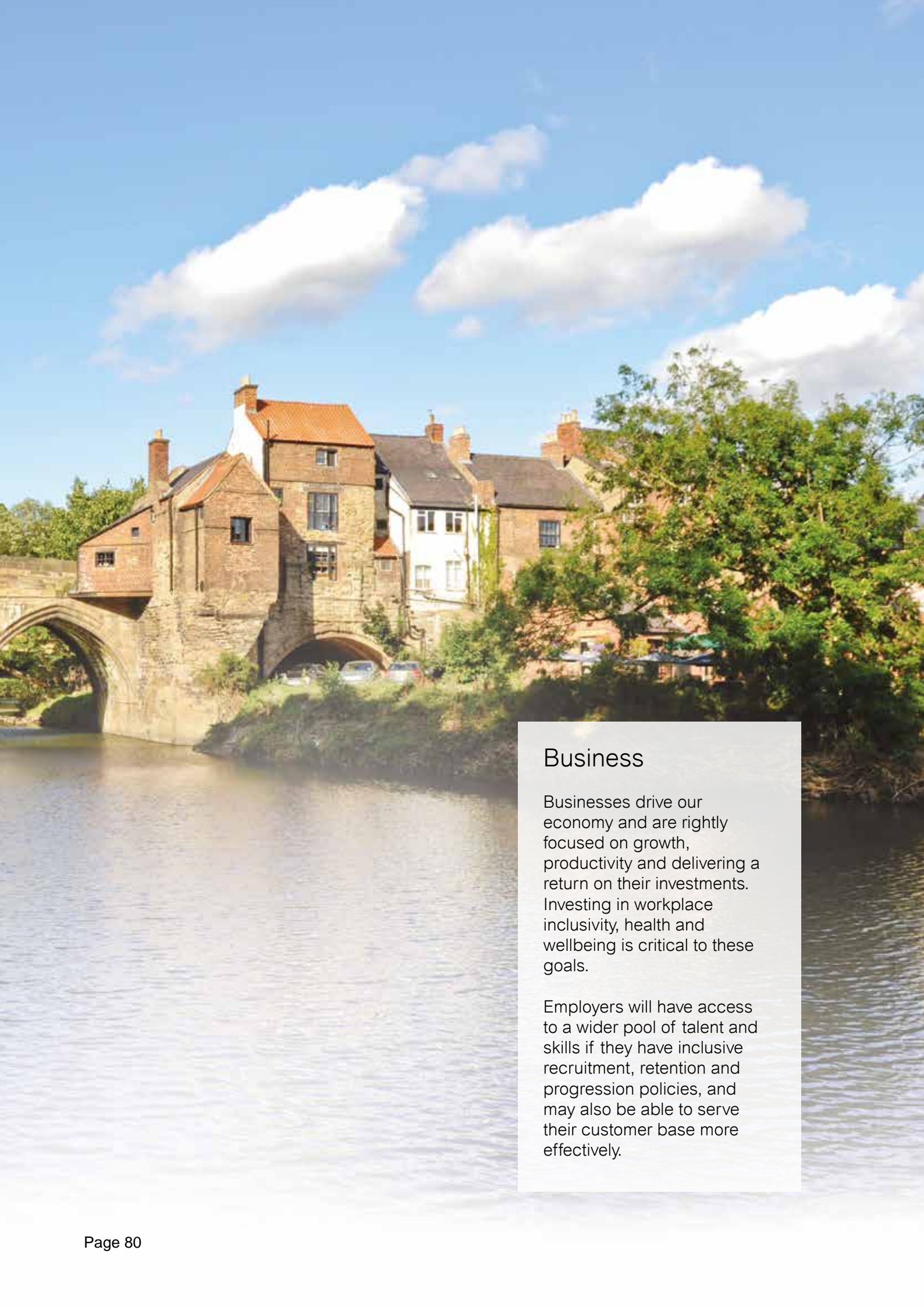
## Acknowledgements

Many thanks to Graeme Greig - Senior Public Health Specialist, Graham Wood - Economic Development Manager, Kevin Lough - Occupational Health and Safety Manager, Simon Goon - Managing Director of Business Durham, Michael Fleming - Public Health Epidemiologist, Chris Woodcock - Public Health Portfolio Lead, Darren Knowd - Chief Procurement Officer, Karen Stewart - Multimedia Officer and Lynsey Walker - Executive Support Officer.

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## Business

Businesses drive our economy and are rightly focused on growth, productivity and delivering a return on their investments. Investing in workplace inclusivity, health and wellbeing is critical to these goals.

Employers will have access to a wider pool of talent and skills if they have inclusive recruitment, retention and progression policies, and may also be able to serve their customer base more effectively.



## Foreword

The old adage of ‘a healthy workforce is a productive workforce’ is as pertinent today as it ever was.

But the demands of work, home and family can put extreme pressure on our staff and mean they’re not producing their best. It’s vital that we create healthy workplaces given how much time we spend at work and that we help our staff achieve a balance between these demands.

Employers have a huge part to play in helping their staff look after their own wellbeing and happiness. Support can range from giving genuinely flexible work options and offering workplace savings schemes to having a workplace gym membership or setting up a crèche. It’s also about creating healthy environments in which people can follow their own self-development paths and thrive in their workplace.

At Business Durham, we’ve launched a programme, Smart County, to work with businesses and help them create products and services to tackle some of the health conditions associated with social isolation. So businesses have enormous potential to contribute to the health of people who work for them and in return, all of this is good for business. It’s also good for our communities. We therefore welcome the publication of this report.

**Dr Simon Goon**  
Managing Director  
Business Durham



## Introduction

The annual report of the Director of Public Health is the professional statement about the health of people in the county. It is an independent decision to determine which aspect of health to draw attention to. Through the report this year I am reaching out to the business sector across County Durham with a specific focus on small to medium enterprises (SMEs). At a time of prolonged austerity with no immediate sign of the situation altering, good employment opportunities are critical to population health and wellbeing.

It is well documented that there is an aging population across the UK and that is the case for County Durham. Healthy life expectancy (how long we live in good health) shows significant inequalities across County Durham with an 18 year gap for men (70 years in Langley Moor and 51 years in Horden) see Appendix 1. If someone is diagnosed with a long term health condition at the age of 51 years there is still on average 15 years of working life before state pension eligibility. Many people, with the right support, can continue to work productively with a long term health

condition. The primary goal is to prevent a health condition from developing in the first place but there is much benefit in maintaining a person's health beyond a diagnosis.



There are many opportunities to work jointly with the business sector to identify ways in which the health of employees can be considered which can improve productivity of the work force. This report targets advice and recommendations to improve the health of the population from the point of mid-life with the intention of reducing the gap in healthy life expectancy. The content of this report has been brought together using the latest health intelligence and evidence. Through discussion with business sector leaders the report is designed to be easy to read with clear signposting for further information and guidance. I hope you are motivated reading the report to look after your own health as well as those who work for you.

**Gill O'Neill**, *Interim Director of Public Health*



Approximately  
**5 million**  
people of working age  
receive out-of-work benefits  
- about half of this group  
receive incapacity benefits.  
Health-related benefits  
cost the state  
**£13 billion**  
a year

## Background

### Employment and health

The performance of the economy provides a good indication of the levels of employment and prosperity in the general population. In particular, levels of employment provide an indication of the health of the working age population. A review of evidence-based research over a substantial time period has served to demonstrate that unemployment plays a significant role in increasing poverty, social isolation and loss of self-esteem. These issues also decrease psychological wellbeing, physical health and mental health and wellbeing.



### Ageing Population

By 2020 one third of the workforce will be over 50. As the UK workforce continues to age and stay in work longer and more workers develop long-term health conditions, policymakers, employers, clinicians and older workers themselves will need to work together to improve both their health and employment outcomes. Between 2014 and 2024 the UK will have 200,000 fewer people aged 16 to 49, but 3.2 million more people aged 50 to State Pension age.

Although age by itself does not have to be a barrier to a healthy working life, older workers continue to face employment challenges. The physical and mental assets they possess are often under-used and under-valued. The potential of older people should not be ignored and adopting an active ageing approach optimises opportunities for health, participation and security and enhances quality of life as people age.

The workplace itself is an environment where 'healthy behaviours' can be fostered. In some cases, changes in health habits may be 'nudged' by making the healthier option the easier choice. With more evidence-based prevention throughout life, and focused interventions, there is no reason why good work and good health should not be within the grasp of most people aged 50 to 70 and beyond.

**By 2020  
one third of the  
workforce will  
be over 50**



County Durham has an ageing population and with fewer young people entering employment there is an increasing need for employers to:

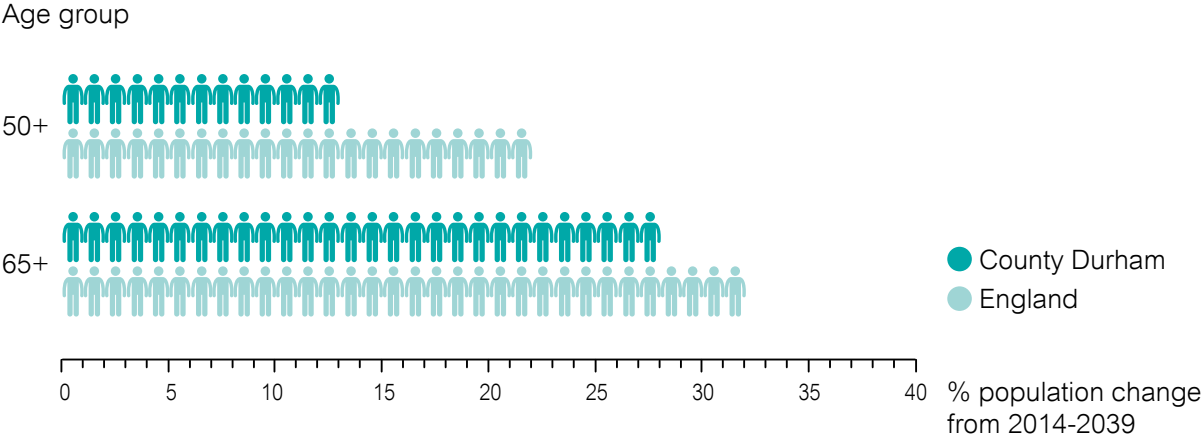
**Retain** - keep older workers and their skills in the workplace through for example flexible working.

**Retrain** - provide ongoing workplace training irrespective of age, and opportunities for mid-life career reviews.

**Recruit** - stamp out age discrimination from the recruitment process.

Employment is varied in County Durham with the majority of businesses being small to medium. With an ageing population it is vitally important that County Durham has a vibrant economy and job opportunities for those in mid-life and into older life. As we are expected to work for longer before retirement good health is a basic requirement. There are many ways we can improve our own health as well as actions employers can take. This report will discuss how work impacts upon health and how we can stay in employment and maximise our health. A joint agreement between yourself and your employer can ensure mid-life is a new beginning and not the beginning of the end.

**County Durham’s estimated aging population**





There are

## **11,760 micro businesses**

employing less than **10 people** in County Durham (**88%**), and **1,585** small to medium enterprises employing between **10 to 249 people (11.9%)**. Around **22,000 people** are self-employed.

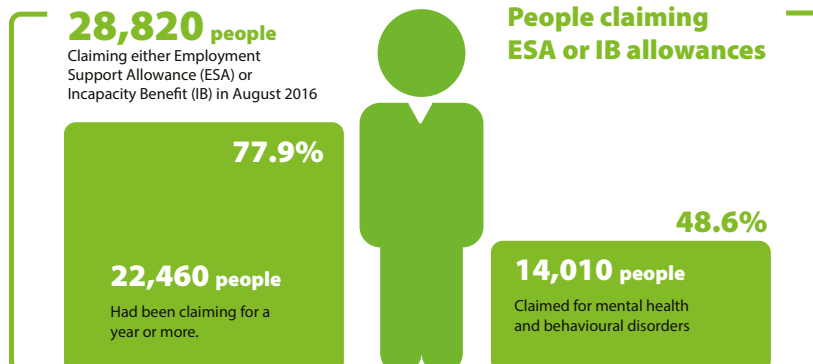
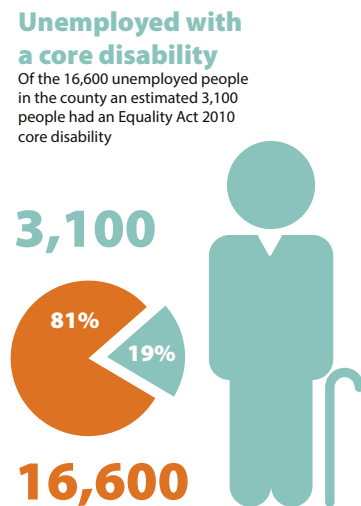
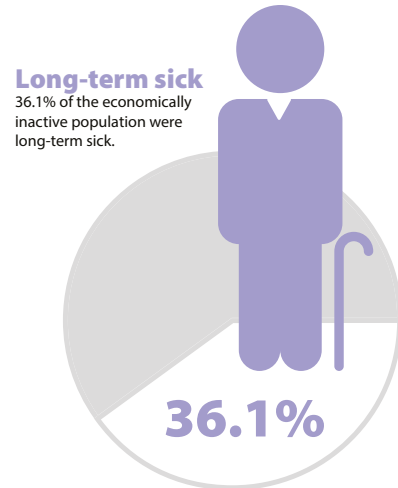
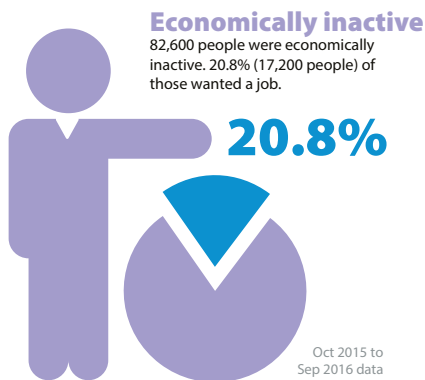
## **There are 30 large employers**

in County Durham with over **250 employees (0.2%)**

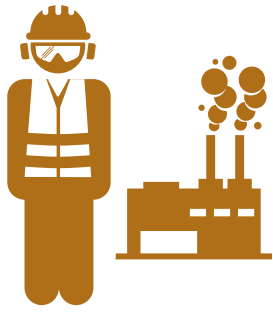
## County Durham's working age population (2015 data)



**69.5%** **Employed** 226,400 people **6.8%** **Unemployed** 16,600 people **23.7%** **Others** not registered as unemployed i.e. those in full time education



## Type of employment in County Durham



**Manufacturing industry**  
14.5% of County Durham's total employees are employed in this sector (25,000 people)  
**14.5%**



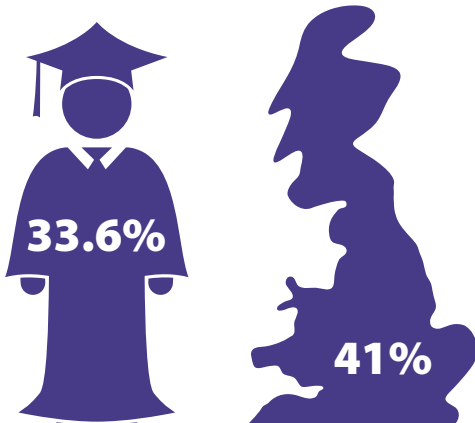
**Wholesale and retail**  
14.5% of County Durham's total employees are employed in this sector (25,000 people)  
**14.5%**



**Health and social work**  
14.5% of County Durham's total employees are employed in this sector (25,000 people)  
**14.5%**

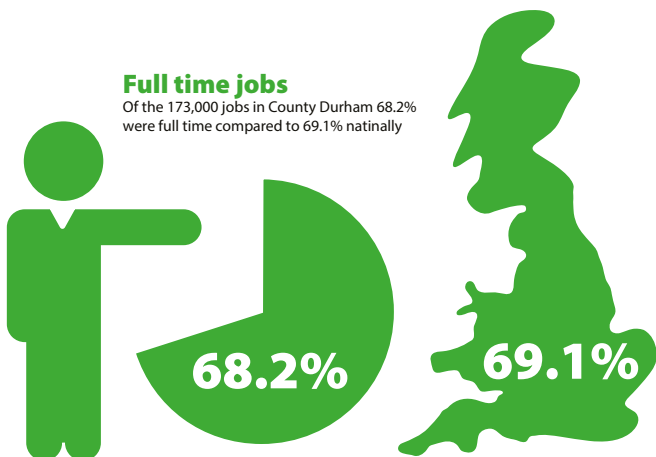
### Workforce education

In 2015, 33.6% of County Durham's workforce had at least a degree-level qualification (NVQ level 4+) compared to the national average of 41%



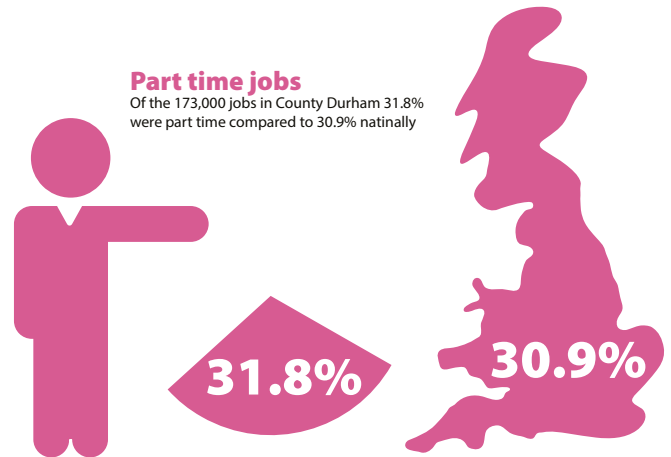
### Full time jobs

Of the 173,000 jobs in County Durham 68.2% were full time compared to 69.1% nationally



### Part time jobs

Of the 173,000 jobs in County Durham 31.8% were part time compared to 30.9% nationally





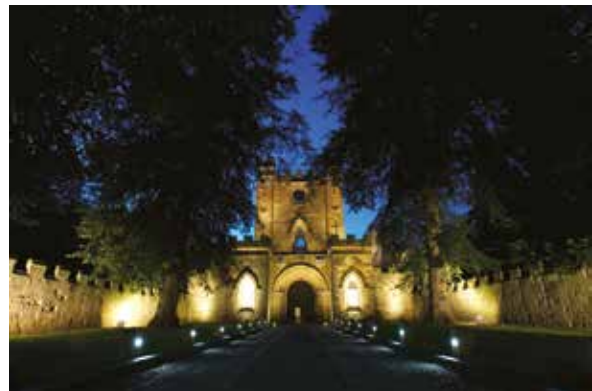


## This is Durham, Place of Light

Durham County Council (DCC) is working to showcase the county as a thriving area to live, work, study and invest as part of a campaign to raise the profile of the county. The campaign utilises the county's place brand, Durham Place of Light, which was developed by Visit County Durham, and shines a light on the outstanding offer the county makes to visitors and residents alike, including the rich and diverse landscape from dales to coast brimming with history and vitality, the plentiful housing options, excellent schools and the vibrant cultural scene, all of which make Durham an exceptional county in which to live and work.

Through an innovative and uniquely supportive approach, which has been widely praised by business leaders, the council is looking to create a better future for those living in the area and working with Business Durham, it is launching a number of innovative projects, which aim to create high volume jobs, generate economic growth and stability for the county.

Through this campaign, the council aims to shine the spotlight on our wonderful county as a place we should all be proud of; building on what is already an exciting and rewarding place for businesses to grow, expand or relocate to and a wonderful place for us all to call home - This is Durham, Place of Light.



This is  
**durham**  
place of light

Supported by



Shining a light on Durham

## Health and wellbeing at work

Employers in County Durham can and should have an important part to play in helping their workers achieve a good quality of life.

It is essential that employers and employees work together to promote health and wellbeing so that this can have a positive impact in the workplace and help them prepare for future business needs. Proactive employers can create supportive and productive environments to encourage employees to improve health and wellbeing, which in turn brings individual, organisational and wider community benefits.

Being out of work is associated with a range of poor health outcomes.

**The workplace can support health and wellbeing and the health system can actively support people into work in a virtuous circle. Or the workplace can be unsupportive and health and work systems can work against each other.**



On average, employers lose **9.1 working days** per employee per year in the public sector, **8.8 days** in the non-profit sector and **5.7 days** in the private sector to sickness absence.

## Inequalities

Access to work or staying in work is not equal across all groups. 80% of non-disabled people are employed yet only 48% of disabled people and this is one of the most significant inequalities in the UK today. We also know that disabled people from more disadvantaged backgrounds are more likely to be out of work. For example, while employment rates can be as low as 16% for people with mental health conditions who live in social housing, for disabled people who live in a mortgaged house and who have 1 or 2 health conditions, the employment rate is as high as 80%.

## Workplace wellbeing charter

The workplace wellbeing charter ([www.wellbeingcharter.org.uk](http://www.wellbeingcharter.org.uk)) is an opportunity for employers to demonstrate their commitment to the health and wellbeing of their workforce. The positive impact that employment can have on health and wellbeing is now well documented. There is also strong evidence to show how having a healthy workforce can reduce sickness absence, lower staff turnover and boost productivity.

Organisations of all sizes can use the charter standards. The entry level has been developed as a baseline for all businesses to achieve and acts as a useful checklist for smaller organisations to ensure legal obligations are met. The criterion for small businesses does not involve significant financial investment, and there are lots of free resources and guidance as well as support from local providers.

## Mid-life - One You

Ageing is a normal biological process. It has an effect on many body tissues and organs which reduces your ability to do things. The other consequence of the ageing process is the loss of resilience: not just the loss of ability to do things, but the loss of ability to bounce back and respond when things go wrong.

Broadly speaking, mid-life is between 40-60 years old. Mid-life is a period of physical and mental change for us as individuals. Crisis can occur at any significant life changing event; an illness, a death in the family, or a career setback therefore mid-life should not be defined by the term crisis.

**Mid-life is not the beginning of the end, it's the end of the beginning. But making better choices today can have a huge influence on our health.**

We know that people are able to change, no matter how difficult the environment.

Mid-life is a stage of development not just something that we should cope with.



**One You** ([www.nhs.uk/oneyou](http://www.nhs.uk/oneyou)) is an online programme which offers you the opportunity to review your health risks through its How are You quiz. It gives you personalised information and links to services and online apps, that can help you to reduce those risks.

Therefore whether employed in a large organisation or a micro business, the **One You** programme provides advice and guidance about personal health and wellbeing which in turn will impact on health of the workforce.

**BECAUSE THERE'S ONLY ONE YOU**

Mid-lifers have priorities at work, younger children, older parents, mortgages, pensions. Mid-life can be tough, but consideration should be given to what life will look like in 5, 10, 20 years. For many people these challenges lead to loss in looking after themselves, at a point in their lives where actually looking after themselves can help them live longer and healthier and feeling better within weeks.

Older workers (aged 50 - 64) may notice increases in work/health limitations, caring or domestic responsibilities with age. Older workers generally look for flexibility and work/life balance, before trust, recognition and freedom which are a higher priority for younger workers.

Just over one in five workers over 50 years of age are able to stay at work because of flexible working arrangements, such as flexible working hours (flexitime), job sharing or nine-day fortnights. As part of an active ageing approach, flexible working practices, together with consideration of workplace ergonomics, have been shown to promote age diversity in workplaces.

In terms of physical fitness for work, although there are physical changes with age, age itself is a very poor predictor of ability. Yet, individuals still need to take care of their physical and mental health to maintain their capability as they age.



The Strategic Economic Plan for the North East highlights the opportunities to raise productivity through a mixture of skills and training support as well as targeted measures to actively engage as many working age residents in the labour market as possible.



## Strategies for regional growth and raising productivity

While current rates of employment and self-employment for County Durham and the North East are broadly in line with national figures, our ambitions for more and better jobs mean there is a need to ensure we develop comprehensive plans to support the health of the existing workforce while redoubling our efforts to assist those currently inactive or continuing to work whilst managing a health condition.

Balancing the issues of an aging workforce and a complex mix of health conditions, the approach for County Durham and the wider North East is to provide targeted interventions to assist residents to access appropriate labour market opportunities.

Across the North East Combined Authority, councils have secured European and central government funding to provide a mental health trailblazer programme, enhancing the support available with the Talking Changes Service through the provision of specialist mental health employability workers.

Further support for inactive residents to help them access employment has been provided by a European funded programme delivered in conjunction with the Department for Work and Pensions (DWP).

Additional targeted support for those residents wanting to overcome health barriers and move towards work is available through the Reaching Out Across Durham Programme, ([www.disc-vol.org.uk/projects/reaching-across-durham](http://www.disc-vol.org.uk/projects/reaching-across-durham)) jointly funded by Big Lottery and European Structural funds.

The main employment support programme under the existing work programme and work choices is set to end during 2017. The new work and health programme being commissioned by DWP aims to provide comprehensive employment support services for long term unemployed residents with long standing or complex health conditions. With its range of services and delivery outlets the council and its partners will be seeking to extend the service offer to residents across the county.

With such a focus, we will help to deliver prosperity to both individuals and employers, and promote social and financial inclusion.

A national, regional and local ambition to improve employment opportunities and support people back to work and stay in work demonstrates collective working.



**Our  
ambition  
is for more  
and better  
jobs**

## Public Services (Social Value) Act 2012

Social value is a way of thinking about how scarce resources are allocated and used. It involves looking beyond the price of each individual contract and looking at what the collective benefit to a community is when a public body chooses to award a contract. Social value asks the question: 'If £1 is spent on the delivery of services, can that same £1 be used to also produce a wider benefit to the community?'

Going forward it is possible for businesses to consider how the social value act could be used to demonstrate how a business wishes to grow and look after their staff's wellbeing which if employing local people is good for County Durham residents.

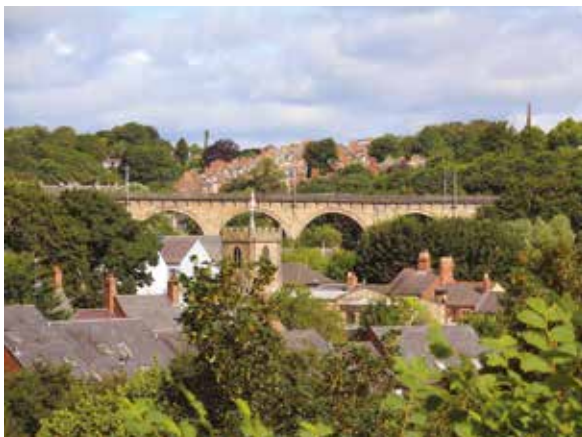
### What Durham County Council are doing

DCC are fully committed to the pursuit of the economic, social benefits and the environmental wellbeing of County Durham and have fully embraced the duties set out in the Public Services (Social Value) Act 2012. Indeed DCC have applied the duties wider than the legal requirements set out in the act and also consider opportunities for social value via the specification, specific clauses or evaluation criteria for all commissioning and procurement opportunities including goods and works above a spend threshold of £50,000.

The corporate procurement team in DCC has won the national Social Value Leadership Award in recognition of the council's drive to ensure local businesses benefit from its spending, keeping money in the local economy and helping the county's businesses grow.

The procurement planning process for all contracts with a likely value over £50,000 must include a social value appraisal, linked to the core social, environmental and economic topics highlighted in a social value policy statement which is made public so that suppliers can understand the council's priorities and the areas of social value which particularly matter to us. The appraisal allows particular contract-specific social value opportunities to be identified.

In addition, DCC's procurement process is designed to be as fair and accessible as possible to all types of organisation with the intention that SMEs, local suppliers, third sector organisations and social enterprises, as well as groups of small organisations working on a consortium basis, are encouraged to participate.



## Creating healthy workplaces

Good work is good for your health, yet unemployment is bad for your health. A priority must be to reduce long term sickness absence and prevent the downward spiral which can lead to the loss of a valuable skill set to an employer and the risk of worsening health for the individual and in some cases large parts of the community.

There is a known correlation between an ageing population and an increasing prevalence of long-term chronic conditions and multiple health issues. The impact of poor health on work is not inevitable for people at any age. And while many conditions are not preventable, the evidence is clear that the way we live our lives can influence health outcomes.

Currently, 6 out of 10 adults are overweight or obese, nearly 1 in 5 adults still smoke and more than 10 million adults drink alcohol at levels that pose a risk to their health. Public health interventions form a vital part of the health and work agenda to help reduce the prevalence of conditions that can lead to people leaving the labour market due to ill health. The workplace can play an important role in promoting health and minimising risks to health, for example through encouraging staff to take action on obesity.

**6 out of 10 adults are overweight or obese**

**1 in 5 adults still smoke**

**10 million adults drink alcohol excessively**

Reducing levels of smoking among workers will help reduce cardiorespiratory diseases - one of the largest causes of sickness absence.

**On average, a person who smokes will have 33 more hours off sick per year than a non-smoker.**

For an organisation of **1000**, in which **25%** smoke and are paid the national average hourly wage of **£15.52**, this absence equates to a loss of more than **£128,000** a year.

Where an individual experiences health issues, such as a sudden health event or a long-term condition, there is the potential for earlier action to support individuals better to remain active in society and participate in work to retain their financial independence and the health benefits of employment.



## Obesity in the workplace

We consume a third of our daily calories at work, so businesses have an opportunity to create an environment that supports healthier food and drink choices and a healthier workforce.

- **On average, obese workers take four extra sick days per year.**
- There is a relationship between obesity and increased absenteeism from work for health reasons including frequent medical appointments.
- Obesity is also linked with decreased productivity.
- Employees in good health can be three times more productive.



PHE recommend that business implement Government Buying Standards for food and catering services (GBSF) across a range of public settings and facilitate the uptake of nutrition policy tools. The local NHS and local authorities could require providers to do this and promote consistency across hospital and health settings and local businesses.

## The impact of obesity on the workplace

There are physical and mental health impacts including increased risk of:

- Lower back and joint pain (in 2013 more days of sickness absence were attributed to back, neck and muscular pain).
- **Depression. An obese person has a 55% increased risk of developing depression (in 2014/2015 9.9m days were lost to work related stress, depression or anxiety).**
- As well as other conditions such as heart disease, high blood pressure, stroke and type 2 diabetes.

By improving the food environment and the opportunities to be physically active, businesses can help their productivity and the health of their workforce.

Public Health England encourages public sector partners to tackle the unhealthy weight environment. Public sector workplaces should support healthier food and drink choices, increase physical activity opportunities and reduce sedentary behaviour and access to energy dense food and drinks.

SME businesses can encourage their local food offer in the high street to be healthy as a two way relationship and community effort to tackle obesity.



## Ways to support and encourage healthier eating in your workplace

To establish a workplace culture which promotes, encourages and supports good nutrition in the workplace, you can:

- Encourage healthier options during the working day.
- Provide choices that are lower in saturated fat, sugar and salt and higher in fibre, fruit and vegetables.
- Put in place a healthy eating policy/ statement to maximise opportunities for staff to make healthier options before, during and after the working day.
- Encourage staff to take regular breaks during the working day so they have opportunities to eat well.
- Bring and share lunch and eat healthier together e.g. soup and share.



Whether the goal is to lose weight or to reduce the risk of disease, the approaches are virtually the same for both.

**ONE  
YOU**

- An easy place to start is to eat less salt and sugar. The sugar smart app from Public Health England is a good way of checking the content of our foodstuffs.
- Eat less saturated fat. Avoid 'trans fat' or hydrogenated fat. It's always on the label.

NHS Choices has a 12 week plan to help you make changes to your diet.

Be aware of your alcohol consumption. Alcohol is high in calories and Dry January could be a useful place to start making changes. Age means we are less resilient and the effects of alcohol are more powerful.

Time pressures, the physical surroundings and the general challenge of work, may make it difficult to eat well at lunchtime. But it is possible to eat well at home and take those tips to work.

- Pay attention to what you eat.
- Don't read or browse the internet whilst eating.
- Eat slowly.
- Use smaller plates.



## Physically active workplaces

Workplaces could encourage employees to be more active as this has significant business benefits.

Physically active employees are:

- **less likely to take sick leave (for example being active can reduce chances of depression by 30% and back pain by 25%).**
- less likely to have an accident at work
- more productive
- less likely to suffer from major health problems



## The impact of inactivity on the workplace

The cost of physical inactivity in England has been estimated at £7.4 billion a year, including the direct costs of treatment for major lifestyle-related diseases and the indirect costs caused through sickness absence. The main cost though is losses to business productivity!

## Physical activity and mental health

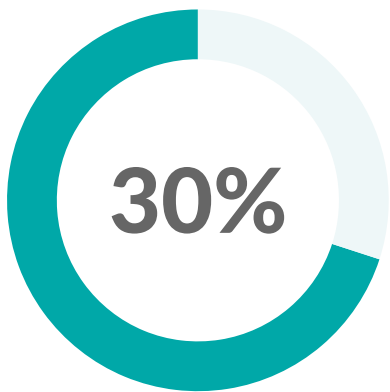
Physical activity is also beneficial for mental wellbeing. Benefits include:

- Reduced feelings of stress.
- Reduced anxiety and happier moods.
- Reduced risk of depression.

## Ways to promote physical activity at work

Getting people more physically active at work can be free or a low cost approach to supporting more active lives.

- Put in place a physical activity policy or statement in order to maximise opportunities for staff to be active during, before and after the working day.
- Encourage physical activity during the working day such as use of stairs and by recommending employees move away from their workstations at least once per hour.
- Explore and implement:
  - Physical activity opportunities in the workplace. Free initiatives could include walking or running groups delivered by volunteers from the workplace or by local clubs.
  - An organisation travel plan which includes physical activity. This may include a cycle to work scheme.
- Encourage all staff to take at least the minimum legally required breaks during their working day.



Being active can reduce chances of depression by 30% and back pain by 25%



## ONE YOU

Many of us could be inactive/ sedentary for 6-8 hours a day. Moving less, increases your risk of many chronic conditions.

Sitting uses one calorie per minute, standing uses two, and that difference can soon add up. An hour a day of sitting rather than standing is 420 calories less used every week.

There are numerous simple ways you can improve your fitness whilst at work.

- Leave your desk at lunchtime for at least 10 minutes of walking.
- Use the stairs rather than the lift. (Seven minutes stair climbing a day can halve the risk of heart attack over 10 years. Just two minutes extra stair climbing a day is enough to stop average middle age weight gain).
- Stand and stretch every hour (if you work at a keyboard).

These can be actioned in any size business and do not detract but adds value to the working day.

Being more active is important at any age. Mid-life is a perfect time to set new goals and ambitions.



## Stress

The stresses of mid-life are not always clear. It can be described as being under too much social or emotional pressure. Modern stress is long term, chronic and can have harmful effects on your mind and body. Compared to women, in general men appear to find discussing these issues more difficult. Mid-life crises can often focus on work related anxieties.

Feeling stress is not a sign of weakness. It is caused by the environment in which we live and there are two aspects of modern life which are particularly harmful: one is pressure under which people live, the other is the fact that many face stress when we are immobile, sitting at a desk.



## The impact of stress in the workplace

Work related stress is a major issue for the UK workforce. The Health and Safety Executive (HSE), using information from the Labour Force Survey (LSF), estimates that:

- 35% of all work related ill health cases were attributable to work-related stress and 43% of all ill health working days lost.
- There were 234,000 new cases of work related stress reported in 2014/15 and the total number of work days lost was 9.9 million.
- In 2014-15 around 80% of new work-related conditions were either musculoskeletal disorders or stress, depression or anxiety.

The Health and Safety Executive states that there are strong links between stress and physical effects such as heart disease, back pain, headaches, gastrointestinal disturbances or various minor illnesses; and psychological effects such as anxiety and depression, loss of concentration and poor decision making.

Short term acute stress or what might also be described as pressure, can be helpful in coping with new challenges, deadlines or experiences. Chronic stress on the other hand is a serious condition that lasts for weeks or months and, left unmanaged, may cause significant health problems and short and long employee absences.

There are other types of absence which can also be stress related such as chest/respiratory problems, blood pressure, circulatory, colds and flu, neurological issues, anxiety disorders, depression, insomnia and nervous debility. Appreciating and acknowledging the broader range of stress and mental health related conditions provides a more accurate position and understanding of the challenges.

## Smoking and stress

A common misconception is that smoking helps to reduce stress, smokers confuse the desire for nicotine as stress, therefore smoking actually **increases** the physical stress on the body.

Nationally 96,271 days of lost productivity every year due to smoking related sick days, at a cost of £8.6million.

### Ways to reduce stress and improve mental wellbeing

There are a number of ways to improve mental wellbeing and reduce the risk of stress in the workplace. These are:

- Undertake an organisational stress risk assessment.
- Compare the organisation's performance with the 'good management practice' of the Health and Safety Executives Management Standards.
- Focus on risk factors specific to the organisation and its activities.
- Focus on prevention and managing the root causes of work-related stress.
- Develop a stress policy.
- Gather information and data from the organisation such as sickness absence, training records, grievances, civil claims, retention rates, job task analysis etc.
- Consult employees via surveys, focus groups and interviews to explore problems and confirm or challenge initial findings.

**ONE  
YOU**

If you change how you think, you will change how you feel. Thoughts, feelings and physical sensations are all interconnected and negative thoughts can trap a person in a vicious cycle. By breaking problems down into manageable parts it may make them easier to deal with.

Mindfulness is a way of encouraging your mind to spend less time with negative thoughts and more time with positive ones. Some easy to do tips:

- Take a couple of minutes to notice your breathing. Take long, deep breaths for five minutes a day to relax your thoughts.
- Try something new.
- Name your thoughts and feelings when they appear, as this will develop your awareness.

Some people will need some extra help to take things less seriously and worry less about the past and the future. Often speaking to someone may help and the Moodzone on the NHS Choices website keep up to date list of mental health helplines such as:

- Mental Health Foundation - the foundation provides information and support for anyone with mental health problems or learning disabilities.
- CALM - is the Campaign Against Living Miserably, for men aged between 15 and 35.
- Samaritans - the Samaritans provide confidential support for people experiencing feelings of distress or despair.

### Smokefreelife County Durham

If you smoke and you would like to quit, then smokefreelife County Durham is the free stop smoking service that supports County Durham residents to give up the habit and lead a healthier smokefree life.

For more information visit [www.smokefreelifecountydurham.co.uk](http://www.smokefreelifecountydurham.co.uk)

## Musculoskeletal disorders: the impact in the workplace

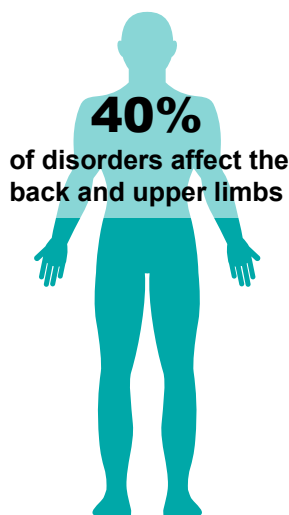
Despite the fact that information and training on preventing chronic injuries is readily accessible nowadays, year after year there is still a rise in cases of work related musculoskeletal disorders (WRMSDs).

Both episodic and chronic cases significantly reduce a person's quality of life and currently affect a sizeable portion of the population.

High rates of WRMSD's relate to workers aged over 45, which is particularly relevant to the ageing workforce of County Durham. Approximately 40% of disorders affect the back and 40% affect the upper limbs.

Transportation and storage, health and social care, agriculture and construction industries have the highest rates of work-related musculoskeletal disorders, but less obvious industries such as cleaning and office work are also at risk.

WRMSD's remain one of the main causes of sickness absence in DCC along with stress. These are particularly prevalent given the manual work related activities and services across County Durham.



# ONE YOU

- Middle aged people are on average weaker than younger people but this loss of strength is more than just aging, it is inactivity.
- Many of the aches and pains in your neck, back, shoulders and hips can be improved by simple stretching exercises. The NHS Choices Strength and Flex Plan is a five week plan designed to build your strength and flexibility without the need for equipment.



## Ways to help and prevent work-related musculoskeletal disorders

In order to prevent or help those suffering from work-related musculoskeletal disorders, you can:

- Undertake a risk assessment and identify where WRMSD's exist.
- Reduce task repetition, force required, duration.
- Find the right working position.
- Introduce short frequent breaks in the more risky activities.
- Train workers so that they feel able to do the task.
- Ensure equipment is maintained and fit for work purposes.
- Provide personal protective equipment.

## Mental wellbeing in the workplace

Of course not all health conditions are static. Many, such as some mental health conditions, fluctuate over time, and affect people differently at different times.

Good employers understand that their organisations are only as good as the staff that work for them. Productive and healthy organisations depend on mentally healthy staff.

## Leadership

Effective leadership and line management training can also contribute to better working environments, reducing stress and improving mental health at work. These aspects are leading causes of sickness absence and will typically be important for improving workplace health.

**With about 1 in 6 employees at any one time experiencing a common mental health problem, being able to appropriately identify and support employees is key to ensuring:**

- An ability to identify people with health conditions (especially to recognise the early signs of mental health problems).
- An ability to support people with health conditions; an understanding that the health and wellbeing of employees is the manager's responsibility.
- Appropriate action to adapt working practices or job roles where necessary.

## Engage and understand your staff

Businesses with high levels of employee engagement have greater staff commitment and are more profitable and productive. This results in improved outcomes in terms of service quality and customer satisfaction.

Involvement and participation at work brings positive benefits including improved mental wellbeing and reduced sickness absence. These types of approaches can include surveys, focus groups and other forms of employee engagement.

## The impact may not be equal

Lower paid workers with fewer skills or qualifications are more likely to experience poorer working conditions and worse health. Measures to improve the quality of work that focus more attention on workers in semi-skilled and unskilled manual occupational groups may help to reduce inequalities in work-related health problems.

Low paid workers with less access to resources at work and at home, often have the lowest levels of control which can impact negatively on their health and wellbeing. Research shows that programmes that aim to increase employees control at work produce positive mental wellbeing and reductions in sickness absence.

NICE estimated that mental ill health costs UK employers almost **£1 million** per year. For an organisation with **1000 employees**, the annual cost of mental ill health was estimated to be more than **£835,000**. Identifying problems early - or preventing them in the first place, could result in cost savings of **30%**. This is equivalent to cost savings of more than **£250,000 per year.**

## Reducing stigma and discrimination around mental health

One in four people will experience a mental health problem in any given year, with one in six people having a significant mental health issue. The Time to Change campaign, which is a national campaign funded by the Department of Health and led by Mind and Rethink, confirmed that stigma and discrimination is all-pervasive, with close to 9 out of 10 service users (87%) reporting its negative impact on their lives (Stigma Shout Survey). Stigma also has other effects, these include:

**Stigma stops people getting and keeping jobs.** People with mental health problems have the highest 'want to work' rate of any disability group - but have the lowest in-work rate. One third report having been dismissed or forced to resign from their job and 70% have been put off applying for jobs, fearing unfair treatment.

**Stigma has a negative impact on physical health.** We know that in general individuals with mental health problems tend to have poorer than average physical health and their physical health problems are often misdiagnosed. As a result, individuals with the most severe mental health problems die on average ten years younger.



Creating an organisational culture that challenges stigma and discrimination and encourages employees to talk openly about mental health in a supportive environment is key to creating a workplace where employees feel comfortable and safe to discuss and raise mental health issues.

### Strategies to achieving this include:

- Signing the Time for Change workplace pledge - any size of organisation can do this.
- Creating employee champions who are essential in challenging stigma and increasing understanding of mental health in their workplaces.
- Developing mental health awareness training for managers and staff to equip them to be able to have helpful and appropriate conversations.
- Sign up as a high street or as a trading estate. There is power and influence by joining forces.



## The Better Health at Work Award

The Better Health at Work Award recognises the efforts of local businesses in addressing health issues within the workplace. The award scheme is available to all businesses/employers in County Durham regardless of size, location or type of business. Reflecting the makeup of organisations in County Durham about two thirds of achievers of the award can be classified as small to medium sized enterprises.

Many businesses already promote healthy lifestyles and consider the health of their employees. This award recognises the achievements of these businesses and helps them to move forward in a structured and supported way. For those businesses who have not considered promoting health at work, taking part in this award helps them reap the rewards of encouraging a healthy workforce.

There are four levels to the award - bronze, silver, gold and continuing excellence, with appropriate criteria at each stage to build into an award portfolio which is assessed annually so that businesses move through a level each year.

There is an active network of employers/businesses participating in the award across County Durham. Employees benefit from increased access to health information and interventions through campaigns designed to engage employees, improve staff morale, reduce sickness levels and maximise productivity in the workplace.



North East  
Better Health  
at Work Award

Financial wellbeing and resilience impacts on the lives of everyone. Being able to survive a financial shock, unexpected bills, and having a financial safety net supports mental and physical wellbeing.

The Chartered Institute of Personnel and Development's survey on financial wellbeing found that 19% of respondents are losing sleep at night because they are worried about money. That translates into a negative impact on their ability to concentrate at work and their productivity.

Andrew James LTD, a local County Durham business, recently joined the Better Health at Work Award and embedded an employee salary savings scheme, with NEfirst Credit Union, to encourage staff to save regularly and borrow sensibly and avoid high cost payday lenders, to create a healthier wealthier workforce.

## Healthy living pharmacy

A healthy living pharmacy (HLP) delivers a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

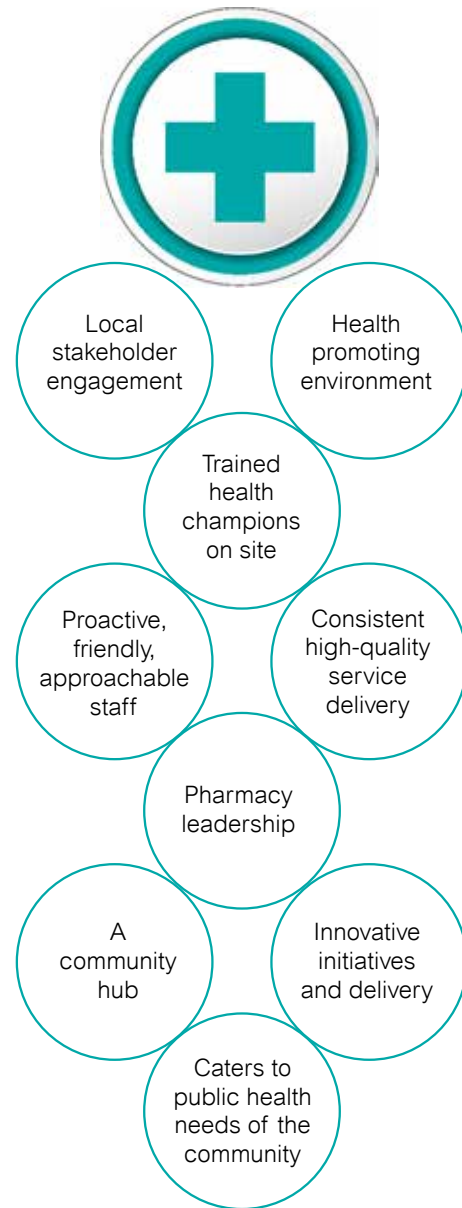
Since the beginning of 2015, the better health at work award team and the healthy living pharmacy award team have been working together to share ideas, resources, and encourage joint working between businesses and HLPs in a local area. Joint working between local HLPs and businesses can include pharmacy staff visiting the business in order to support a health promotion campaign e.g. Stoptober or Dry January.

HLPs have so far engaged with businesses to attend health roadshows (e.g. with Derwentside Homes, the HMRC, and Deerbolt prison), advise on specific health issues (e.g. stop smoking support or flu vaccination), and make active ongoing links (e.g. with Hitachi).



**Visit your local healthy living pharmacy and discuss support options for a workplace health campaign.**

## What is a Healthy living pharmacy?





## NHS Health Check

NHS Health Check is a national programme that aims to prevent heart disease, stroke, diabetes and kidney disease, and raise awareness of dementia both across the population age 40 - 74 and within high risk and vulnerable groups.


The risk level varies from person to person, but everyone is at risk of developing heart disease, stroke, type 2 diabetes, kidney disease and some types of dementia.

While a NHS Health Check is usually done in GP surgeries, they may also be offered at other suitable and accessible places in your neighbourhood.

They may be able to be delivered within or near offices, trading estates or business parks and provide an opportunity for measuring the risk of developing certain health problems, and importantly the advice on how to prevent them.



Sickness absence in Britain costs the economy an estimated **£15 billion per year**. This includes lost productivity/output, time spent on sickness absence management and healthcare.



**“Small changes to improve the health of smaller businesses employees make huge differences in the workplace. Making these small step changes in every day working will help improve the productivity of the workforce and reduce absenteeism.**

**“We’re recommending that all smaller businesses across County Durham take on board some of the simple ways workplace health can be improved.**

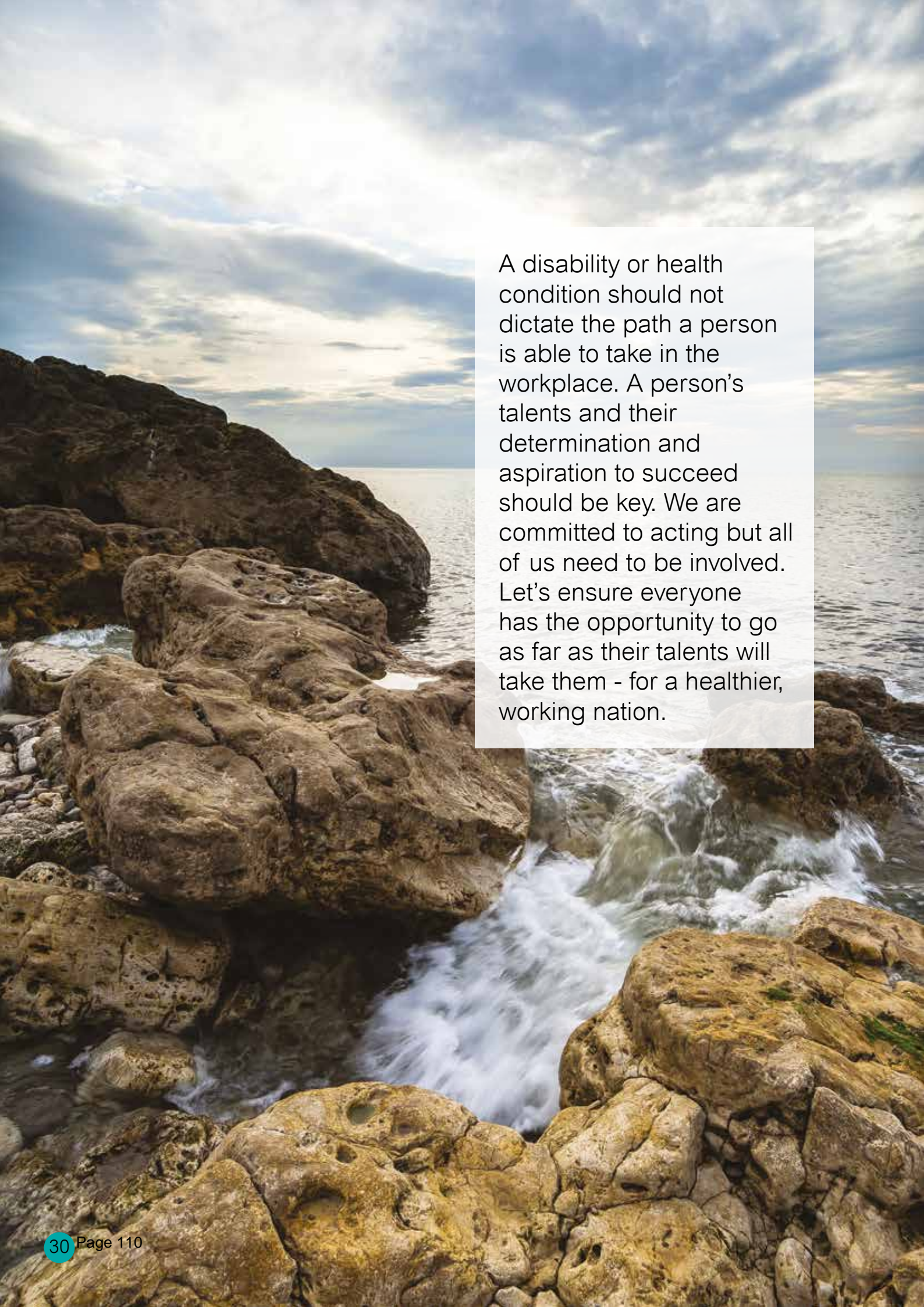
**“We’ll be working with federation of small business members, smaller businesses and Durham County Council to ensure we achieve the ambitions in the report.”**

Ted Salmon, Federation of Small Business North East Regional Chairman

## Campaign calendar

Why not help motivate and support your workforce to make and sustain changes that improve their health by participating in these national campaigns?

January	February	March	April
<p><b>Dry January</b> Bid booze goodbye, keep January dry.</p> <p>Take the 31 day challenge - find out more at <a href="http://www.DryJanuary.org.uk">www.DryJanuary.org.uk</a></p>	<p><b>One You - healthy eating</b> What you eat, and how much, is so important for your health and your waistline. Choosing healthier foods is easier than you might think.</p> <p>Find out more by searching One You.</p>	<p><b>Stroke Act F.A.S.T.</b> Can you recognise the symptoms of a stroke?</p> <p>Even if you are not sure, act FAST, make the call, dial 999.</p>	<p><b>Stress and you</b> There's no quick-fix cure for stress, but there are simple things you can do to help you stress less. These include relaxing, exercise, eating a healthy and balanced diet, and talking to someone.</p> <p>Find out more by searching One you/stress.</p>
May	June	July	August
<p><b>One You - physical activity</b> Fitting some physical activity into your day is easier than you think. Being active is really good for your body, mind and health - and there are lots of easy ways you and your family can get moving! Find out more by searching One you/moving</p>	<p><b>Be clear on cancer</b> Aim to improve early diagnosis of cancer by raising awareness of signs and/or symptoms of cancer, and to encourage people to see their GP without delay.</p>	<p><b>Couch to 5k</b> The Couch to 5K plan is designed to get just about anyone off the couch and running 5km in nine weeks.</p> <p>Find out more at <a href="http://www.nhs.uk/Livewell">www.nhs.uk/Livewell</a></p>	<p><b>Be clear on cancer</b> Aim to improve early diagnosis of cancer by raising awareness of signs and/or symptoms of cancer, and to encourage people to see their GP without delay.</p>
September	October	November	December
<p><b>Time for change</b> 1 in 4 people will experience a mental health problem in any given year.</p> <p>Let's change the way we all think and act about mental health. Search Time to change.</p>	<p><b>Stoptober</b> Research shows that smokers who make it to 28 days smokefree are 5 times more likely to stay quit for good. Search 'Stoptober' online to find out about a range of free and proven support available to help you start your quitting journey for 28 days and beyond.</p>	<p><b>Get your flu jab</b> Don't put off getting the flu vaccination. If you're eligible get it now. It's free because you need it. Visit <a href="http://www.nhs.uk/staywell">www.nhs.uk/staywell</a> for more information.</p>	<p><b>Stay well this winter</b> If you start to feel unwell, even if it is just a cough or cold, don't wait until it gets more serious, get help from your pharmacist. The sooner you get advice the better - pharmacists are here to help you stay well this winter. Visit <a href="http://www.nhs.uk/staywell">www.nhs.uk/staywell</a> for more information.</p>

A scenic view of a rocky coastline. The foreground is dominated by large, rugged, brownish-yellow rocks. In the middle ground, waves are crashing against the rocks, creating white foam. The background shows a calm sea meeting a cloudy sky. The sky is filled with soft, grey clouds, with some light breaking through near the horizon. The overall mood is serene and powerful.

A disability or health condition should not dictate the path a person is able to take in the workplace. A person's talents and their determination and aspiration to succeed should be key. We are committed to acting but all of us need to be involved. Let's ensure everyone has the opportunity to go as far as their talents will take them - for a healthier, working nation.

There will be many initiatives and activities taking place across County Durham and being progressed by a whole range of partners. The recommendations below hopefully build on your local business priorities and provide some new ideas for you to explore.

## Recommendations

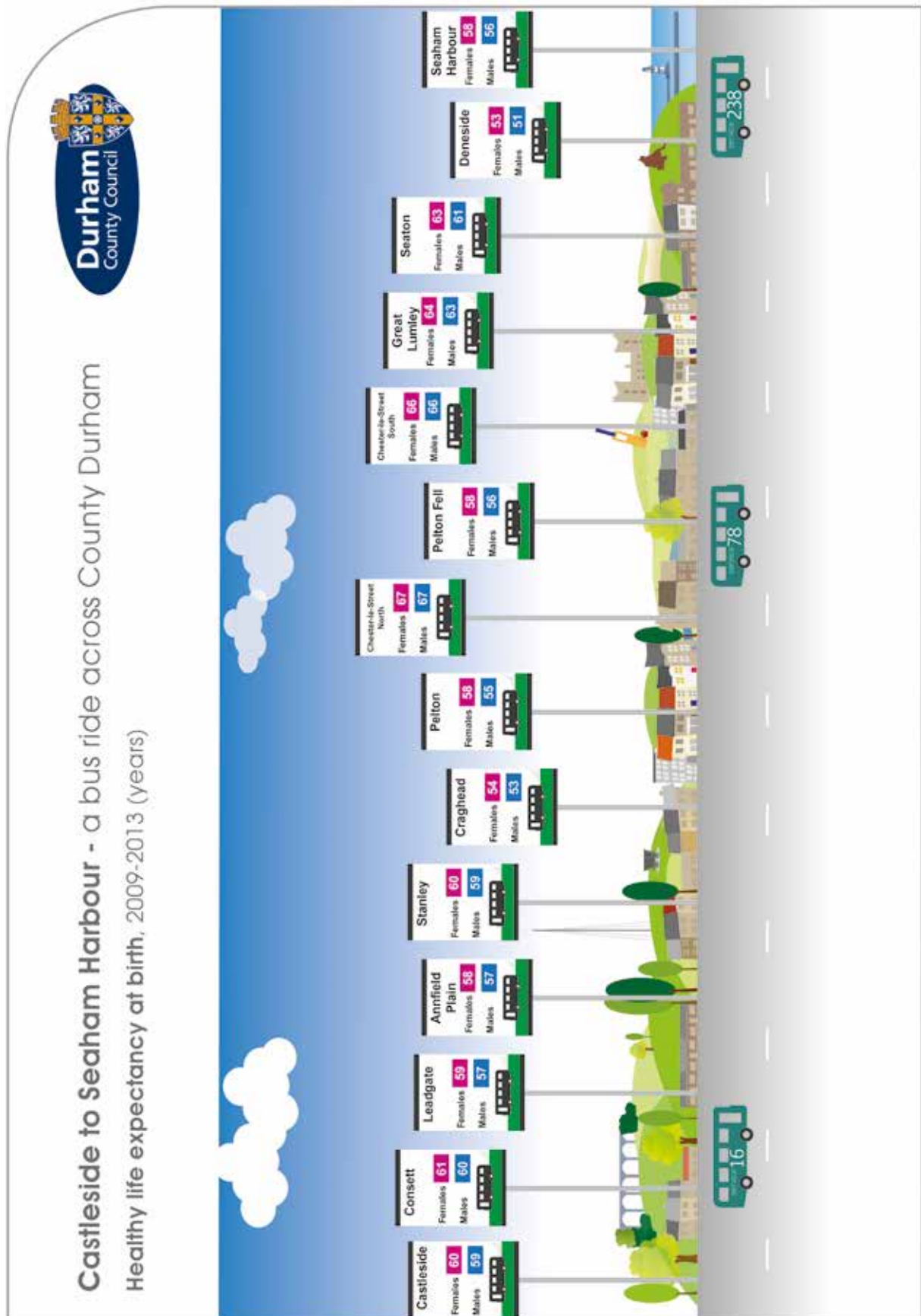
- Mid-life is a place to start not stop. Complete the One You quiz and take it from there.
- If you are a large employer then sign up for the Better Health at Work Award today. All 30 employers in County Durham with 250+ staff should be leading the way to improve the health of their staff. Showcase your work and celebrate your achievements.
- Any small/medium business can also sign up for the Better Health at Work Award either as a cluster of work places or individually.
- Follow the monthly health promoting tips and advice on on the Federation of Small Businesses twitter feed and tell us if it is making a difference. Add to the Work and You story for County Durham.
- Go to your local healthy living pharmacy and ask if they will support you with some health campaigns this year for your staff. They will say yes!

## You could also consider these approaches:

- Micro business, think about 'Work and You', what could improve your own health and wellbeing?
- Considering putting a tender in for a contract? How could you best utilise the social values section to improve the health and wellbeing of residents in County Durham. Remember small businesses are likely to employ local people.
- Think community - you don't have to do this as a stand-alone business. Work as a high street to improve the food and activity offer for your staff. It will benefit the local community too.
- Time to Change. We would all benefit from looking after our mental health. Pledge to time for change and eradicate stigma.
- Talk to your staff and find out what good health means to them. Take a moment to pause and talk to each other. Work is so important for social connections.
- Primary care colleagues could consider how the impact of work can be brought into consultation conversations. Keeping people in work will help the NHS and social care. It will save the local economy money.
- Consider flexible working arrangements for staff and try to retain, retrain and recruit.
- Lead by example and take care of your own health.

*References available on request.*

# Appendix 1

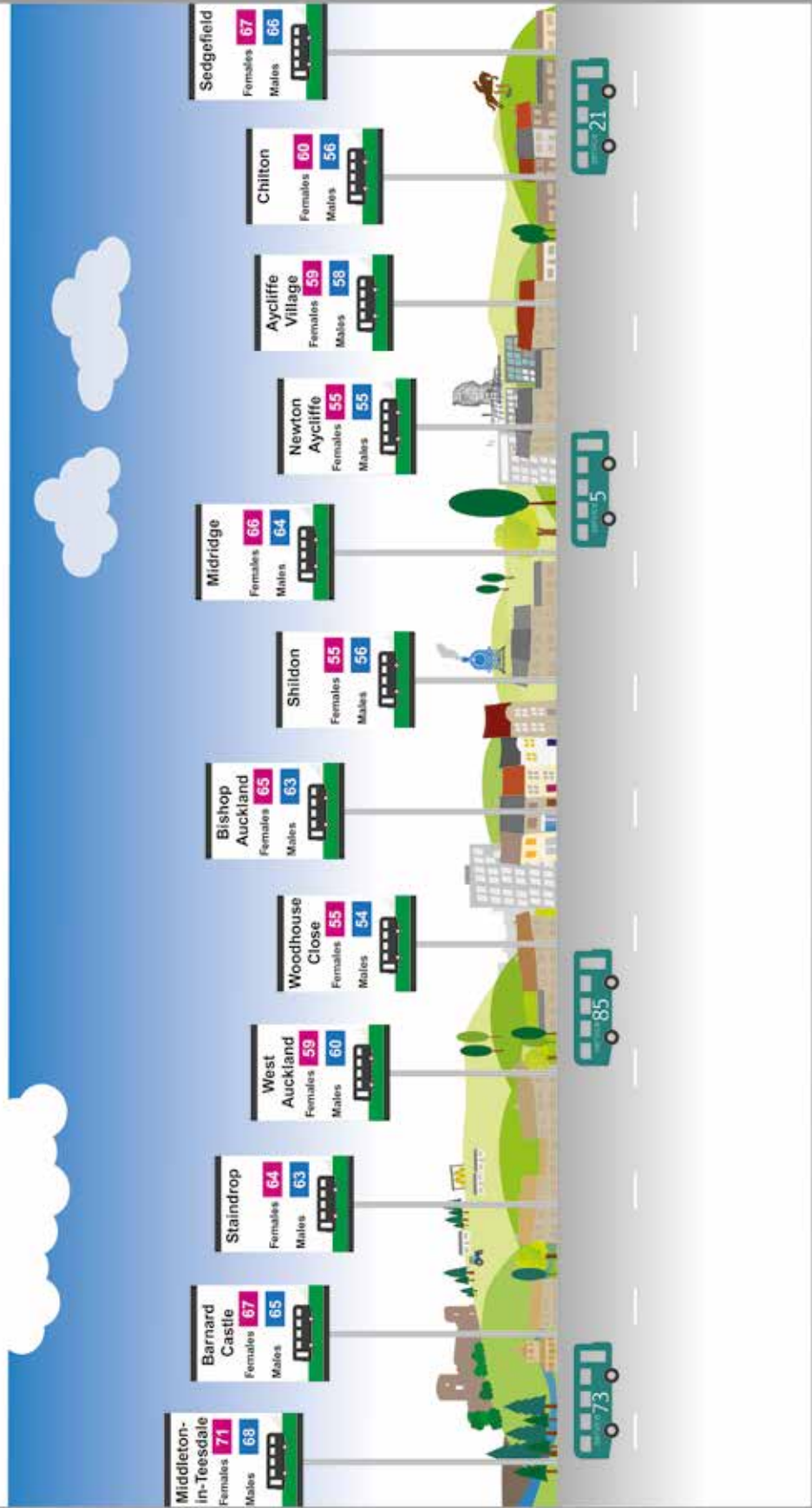






# Middleton-in-Teesdale to Sedgefield - a bus ride across County Durham

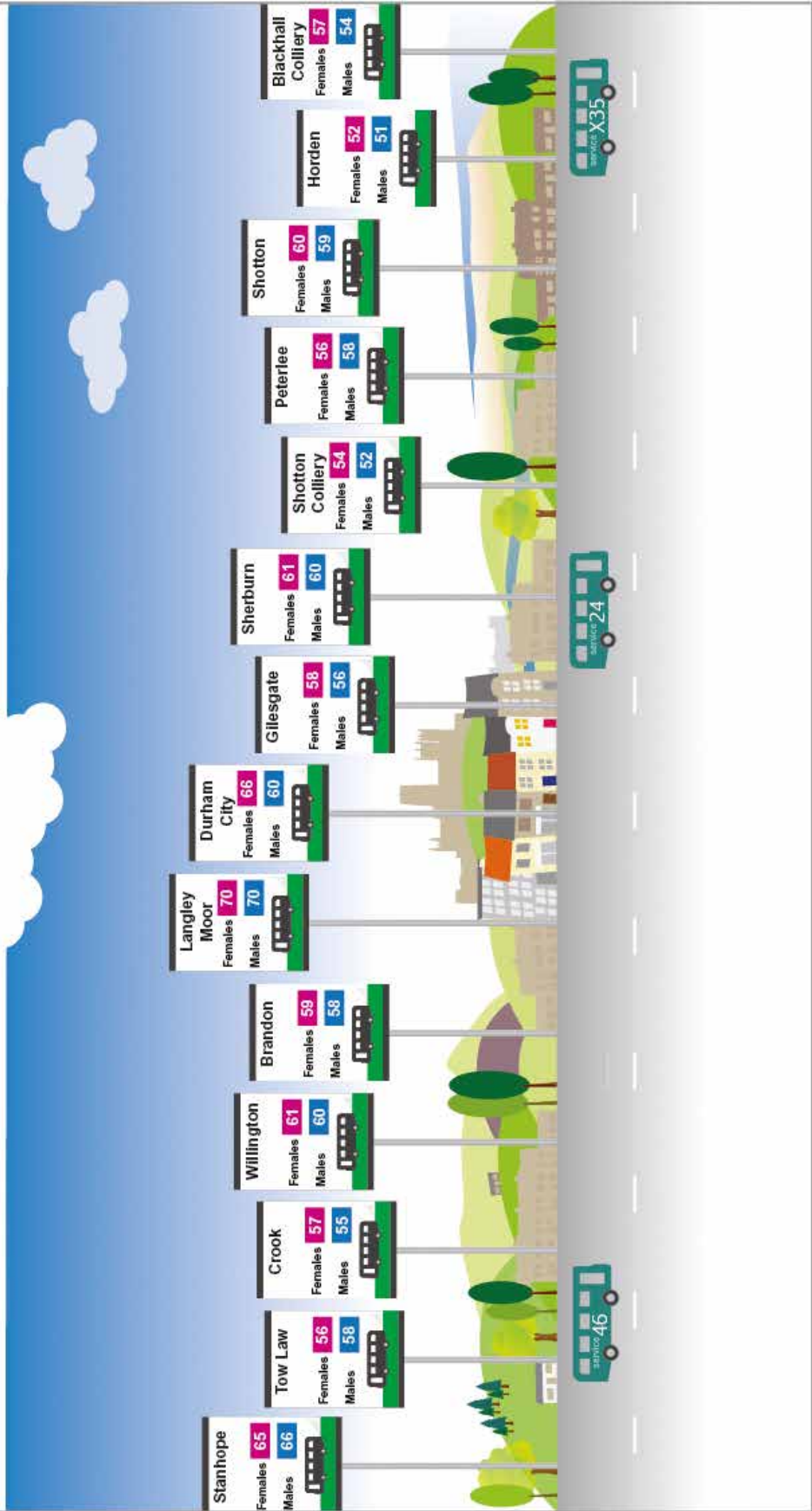
Healthy life expectancy at birth, 2009-2013 (years)





# Stanhope to Blackhall Colliery - a bus ride across County Durham

Healthy life expectancy at birth, 2009-2013 (years)





Please ask us if you would like this document summarised in another language or format.



Braille



Audio



Large print

العربية Arabic	(中文 (繁體字)) Chinese	اردو Urdu
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**03000 267 660**

## Health and Wellbeing Board

22 June 2017

### Health and Wellbeing - Area Action Partnership Links




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## Report of Andy Coulthard, Area Action Partnership Coordinator, Transformation and Partnerships, Durham County Council

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### Purpose of Report

1. The purpose of this report is to provide an update in relation to the work taking place to enhance the interface between Area Action Partnerships (AAPs) and the Health and Wellbeing Board to improve the alignment of AAP developments and investments and the priorities of the Partnerships.

### Background

2. The last report on the work of AAPs was presented to the Health and Wellbeing Board on 9 September 2016. This report forms part of a regular update to the Board that reviews joint working between health and wellbeing partners and the 14 AAPs.

### AAPs and Delivery Partnerships

3. The following section provides an update on several county wide partnerships and services in which the AAPs are involved. It has been agreed with the lead agencies responsible that progress summaries will be provided through this report.

#### Community Wellbeing Partnership (CWP)

4. The function and purpose of the CWP is currently under review and will need to consider the outcome of the corporate transforming partnerships programme. There will be the potential to link this with the preventative agenda, but further discussion is needed which will be led by the new Director of Public Health County Durham. Depending upon the outcome of the discussion the AAPs would see this Partnership as being the arena for county wide discussion on practical health and wellbeing delivery involving the counties community sector and statutory service providers.

#### County Durham Dementia Action Alliance (CDDAA)

5. The CDDAA was formed in 2015 with a handful of residents and providers working with the Alzheimer's Society. Towards the end of that year the County Durham and Darlington Fire & Rescue Service began to take the lead for the group and took on the Chair.

6. During 2016 and up to date the CDDAA has grown with representatives from various Dementia Friendly Communities across the county including Barnard Castle, Bishop Auckland, Spennymoor and Stanley, alongside service representatives from the Passport Office, St Cuthbert's Hospice, Land Registry, Beamish, Durham County Council (various services), the Police, local dentists and businesses. The AAPs are also represented on the Alliance.
7. In the autumn of 2016 the CDDAA agreed their Terms of Reference and with the support of the AAPs and partners developed an Action Plan linked to their aims and objectives. The action plan addresses 8 areas including creating and support dementia friendly communities; raising awareness; increasing earlier diagnosis and support care; encouraging a partnership approach; increasing membership of the DDAA and to increase knowledge and connectivity to the wider strategic Health and Wellbeing agenda. This last area will be actioned through regular updates to the Health and Wellbeing Board via this report.
8. Following pilots by a number of AAPs who have successfully utilised survey monkey for priority voting in a number of secondary schools the decision was taken to develop and extend this method of engagement and participation across the 14 AAPs. The initial plan was to offer this across all secondary schools in County Durham as part of Durham County Council's response to the Children's Commissioners Takeover Day Challenge; however, it was agreed by all AAPs to also extend this survey method to the general population.
9. **7,976** residents from across County Durham completed an AAP Priority survey between November 2016 and February 2017; this is broken down into **3,346** pupils from across **35** secondary schools and **4,630** residents (this includes **1,854** residents who took part in several participatory budget and community events).
10. The table on the next page shows the priority theme voting results for the general and schools surveys and the voting from the Participatory Budgeting (PB) and community events. Each participant had to vote for 3 different priorities. The table shows the frequency of votes for each priority along with the ranking for each of the 3 methods. The key messages from this have been:
  - **'Children, Young People and Families'** was ranked the number one chosen priority theme across all voting methods.
  - **'Older People'** was ranked in the top 3 for all voting methods and second most important for Young People through the schools survey
  - **'Health and Wellbeing'** was ranked in the top 4 for all voting methods and second for those voting at PB events.
  - **'Employment Enterprise and Training'** was voted the second most important priority theme by the general survey but only 7<sup>th</sup> and 9<sup>th</sup> for those voting at PB events and via schools.
  - **'Transport, Traffic and Roads'** features in the schools top 5 but 8<sup>th</sup> most important to the other two methods.

- ‘**Community Safety**’ is the number 3 most important priority theme for Young People voting through the schools survey but 7<sup>th</sup> and 10<sup>th</sup> for the general survey and PB event participants.

Table 1:

Priority Themes	General Survey		Schools Survey		PB Survey	
	Freq.	Rank	Freq.	Rank.	Freq.	Rank
Children, Young People & Families	1446	1	1792	1	1255	1
Employment Enterprise and Training’	986	2	571	7	307	9
Older People	951	3	1054	2	711	3
Health and Wellbeing’	912	4	981	4	729	2
Supporting Local Groups	773	5	292	10	620	4
Your Local Environment	762	6	638	6	486	5
Community Safety	746	7	1015	3	370	8
Transport, Traffic and Roads	691	8	672	5	379	7
Culture, Tourism & Heritage	379	9	307	9	424	6
Communication, IT and Technology	248	10	535	8	251	10
<b>Total</b>	<b>7914</b>		<b>7857</b>		<b>5532</b>	

- To date only Durham AAP have not confirmed their priority working groups for 2017/18 and out of the 13 AAPs that have, 10 have Health and Wellbeing as a key priority. A table of priorities for each AAP can be found in Appendix 2 of this report.
- The table on the following page highlights the issues chosen by participants under the priority theme Health and Wellbeing. Participants were asked to identify two issues under each theme that they felt needed to be tackled. The table shows the county ranking based upon the average rank across all AAPs for each issue. Data from the AAP events did not include feedback on the issues and are therefore not included. The key messages from this have been:
  - **Mental health** was the number one issue across all rankings. It also topped the older people’s priority issues and came third in the Children, Young People’s and Families section.
  - **Access to health services** and **Physical health** finished second and third respectively, but both had the same overall county wide ranking score.
  - **Social Inclusion** was the most interesting anomaly with general public ranking it their second highest issue and schools ranking it their lowest.

Table 2:

Health & Wellbeing Issues	General	Schools	County
	Rank	Rank	Rank
Mental health	1	1	1
Access to health services	4	3	2
Physical health: access to activities which help make you physically active	3	4	3
Social inclusion: access to activities/facilities, transport, welfare & regular contact	2	7	4
Money Advice	7	2	5
Specific long term conditions (cancer, diabetes, heart disease)	5	5	6
Services for carers	6	6	7

13. After examining the issues across all the priority themes the following areas should be noted as they can be linked to the Joint Health and Wellbeing Strategy targets:

- Key health and wellbeing issues concern **mental health; access to services and physical health**
- Key children, young people and families issues concern **risky behaviour; activities for the 12 to 15 year olds; physical, emotional and mental health and work experience/apprenticeships**
- Key older people's issues concern **mental health; keeping warm; access to activities and social support**
- Key community safety issues concern **Antisocial Behaviour; substance misuse and safe places to play**

14. A detailed county wide priority report has been produced and is available upon request from the AAP Health and Wellbeing Board representative.

### Summary of AAP Health and Wellbeing Projects for 2016/17

15. Relevant Health and Wellbeing Partners continue to support and advise the AAPs task and finish groups to avoid duplication and ensure that projects developed locally compliment and contribute to the Joint Health and Wellbeing Strategy priorities.

16. **131 projects** have been delivered under the Health and Wellbeing theme during the 2016/17 financial year. The majority of these projects tackle key issues such as social isolation, physical activity, mental health and food/healthy eating.

17. The following tables highlight the investment made by the AAPs and County Councillors via their respective Area Budget and Neighbourhood Budget



allocations during 2016/17. A few of these projects have been highlighted in Appendix 3 for your information.

### Area Budget Allocation

County Durham Priority	AB Amount	No of projects	Match	Total Project Costs
Health & Wellbeing	£224,008	26	£248,010 (external) £29,497 (internal)	£501,515

### Neighbourhood Budget

County Durham Priority	NB Amount	No of projects	Match	Total Project Costs
Health & Wellbeing	£ 788,485	105	£ 349,160 (external) £ 383,490 (internal)	£1,521,135

Note: Internal funding is reference to any funding coming from Durham County Council services

### Shared and Supported Work

18. The AAPs continue to input into the Joint Health and Wellbeing Strategy and the Sever Weather Plan Development Groups. The AAPs are also involved in developing the school mile agenda which is being led by Culture and Sport.
19. As noted in paragraph 6 of this report several AAPs are working on a project to increase awareness of dementia and the development of more dementia friendly communities. The project would seek to employ a part time worker to support local communities, businesses and services and link closely with the CDDAA. The project will also work closely with the Housing Associations as they have recently identified a joint target of becoming Dementia Friendly services.
20. Holiday Hunger continues to be a particular issue which several of the AAPs and County Councillors have funded to enable partners to provide school holiday activity. It is anticipated that the number of schemes being planned for 2017 will increase with both voluntary and statutory sector deliverers planning snacks, picnics, quick meals or family cooking sessions alongside their other holiday activities. Lessons have been learnt from previous schemes as food poverty is not restricted to families who access free school meals so to prevent stigma of any sort an open access to the this provision has been recommended. Delivery by community groups have proved more successful as they can ensure that the relationships that they have built up with children and families are reinforced and support continues throughout the year. Young People are adverse to the term 'Holiday Hunger' and feel that this stigmatises

families within their community, so schemes are being encouraged not to use this in their marketing. Linked into this is the AAPs involvement with the local action on food poverty working group whereby a referral system is also being established with the local food banks for those families that present with a crisis situation

21. Stanley and Mid Durham AAPs are working with Supportive (formally the Social Resource Centre), Public Health and Durham County Council's Sustainable Transport to examine the feasibility of a larger funding bid to support the development of a countywide social volunteer driving scheme. Discussions have just started, but the proposal will explore partnerships with Link2, community transport and compliment the recently commissioned 'Help to Health' volunteer driving scheme.

### **Recommendations**

22. The Health and Wellbeing Board is recommended to:
  - Support the alignment of the work of the AAP's to the Health and Wellbeing Board.
  - Receive details of the AAP priorities for 2017/18 (Appendix 2)
  - Receive information about the shared work that the AAPs and partners are currently working on.
  - Agree to receive future update reports.

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**Contact:**     **Andy Coulthard, Area Action Partnership Coordinator, Durham  
County Council**

**Tel:**           **07818 510370**

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## **Appendix 1: Implications**

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### **Finance**

The finance highlighted within this report is linked to budgets provided to the AAPs via Durham County Council and Durham County Council's Public Health with the Durham, Dales, Easington and Sedgefield Clinical Commissioning Group contributing funding to the AAPs relevant to their delivery geography.

### **Staffing**

Not applicable

### **Risk**

Not applicable

### **Equality and Diversity / Public Sector Equality Duty**

Not applicable

### **Accommodation**

Not applicable

### **Crime and Disorder**

Not applicable

### **Human Rights**

Not applicable

### **Consultation**

The AAPs engage with local residents and partners throughout the year and base their work on the contributions provided. They provide an opportunity for residents and partners to be part of the working groups tasked to examine, develop and evaluate the outcomes of the aforementioned contributions.

### **Procurement**

Not applicable

### **Disability Issues**

A number of the projects/programmes highlighted within this report will have a positive impact on the quality of life of those residents and their families that are impacted upon by certain disabilities.

### **Legal Implications**

Not applicable

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## Appendix 2: AAPs Chosen Priorities for 2017/18

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Method of Action Plan delivery	AAP Area	Priorities
<b>NORTH</b>	Chester le Street (Task & Finish Groups)	<ul style="list-style-type: none"> <li>• <b>Health &amp; Wellbeing – (mental well-being focus)</b></li> <li>• Older People</li> <li>• Employment and Jobs</li> <li>• Environment and Town Centre</li> </ul>
	Derwent Valley (Task & Finish Groups)	<ul style="list-style-type: none"> <li>• Environment</li> <li>• <b>Health and Wellbeing</b></li> <li>• Employment, Enterprise and Training</li> <li>• 'Children, Young People and Families' as a cross cutting theme.</li> </ul>
	Mid Durham (Task & Finish Groups)	<ul style="list-style-type: none"> <li>• Children, Young People &amp; Families</li> <li>• Older People</li> <li>• Local Environment</li> <li>• Community Safety</li> <li>• <b>Health &amp; Wellbeing</b></li> </ul>
	Stanley (Task & Finish Groups)	<ul style="list-style-type: none"> <li>• Children, Young People &amp; Families</li> <li>• Older People</li> <li>• Employment, Enterprise and Training</li> <li>• Community Safety</li> <li>• <b>Health &amp; Wellbeing</b></li> </ul>
<b>SOUTH</b>	3 Towns Task & Finish Groups	<ul style="list-style-type: none"> <li>• Children, Young People &amp; Families</li> <li>• <b>Health and Wellbeing</b> With the cross cutting theme of community Safety</li> </ul>
	4 Together (call for projects)	<ul style="list-style-type: none"> <li>• Children, Young People &amp; Families</li> <li>• <b>Health &amp; Wellbeing</b></li> <li>• Older People</li> <li>• Capital Grants– capital items only – under the 3 main priorities</li> </ul>
	Bishop Auckland and Shildon (call for projects)	<ul style="list-style-type: none"> <li>• Children, Young People and Families</li> <li>• Community Safety</li> <li>• Employment, Enterprise and Training</li> </ul>
	Great Aycliffe and Middridge (call for projects)	<ul style="list-style-type: none"> <li>• Children, Young People &amp; Families</li> <li>• Older People</li> <li>• Employment, Enterprise &amp; Training</li> </ul>
	Teesdale (Task & Finish Groups)	<ul style="list-style-type: none"> <li>• Children, Young People and Families</li> <li>• Older People</li> <li>• Employment, Enterprise and Training</li> </ul>
	Weardale (Task & Finish Groups)	<ul style="list-style-type: none"> <li>• Support to groups in Weardale</li> <li>• <b>Health and Wellbeing</b></li> <li>• Children, Young People &amp; Families</li> <li>• Culture, Tourism and Heritage</li> </ul>
<b>EAST</b>	Durham City (Task & Finish Groups)	<ul style="list-style-type: none"> <li>• Not chosen until the June Board meeting</li> </ul>

	East Durham (Task & Finish Groups)	<ul style="list-style-type: none"> <li>• Maintaining the Social Fabric of our</li> <li>• <b>Health and wellbeing</b></li> <li>• Children, Young People &amp; Families</li> </ul>
	East Durham Rural Corridor (Task & Finish Groups)	<ul style="list-style-type: none"> <li>• Children, Young People and Families</li> <li>• Older People</li> <li>• <b>Health and Wellbeing</b></li> </ul>
	Spennymoor	<ul style="list-style-type: none"> <li>• Children, Young People &amp; Families</li> <li>• Employment, Enterprise and Training</li> <li>• Community Safety</li> <li>• <b>Health &amp; Wellbeing</b></li> <li>• Your Local Environment</li> <li>• Culture, Tourism and Heritage</li> </ul>

**Bold** – Direct Health and Wellbeing Priority

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## Appendix 3: Examples of AAP supported projects currently being delivered

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### Mental health – Suicide Prevention

If U Care Share (various AAPs) - If U Care Shares aims are primarily to provide services, which help prevent suicide and promote positive mental health, particularly in young people. This project is built on workshops that are delivered within Schools or Colleges with year 9 and 10 students and with relevant service provider officers/workers.

Within the 3 Towns area the programme has worked with the 2 secondary schools with a third due to start. It has developed **12 peer mentors** and worked with **244 pupils**. In the BASH area the scheme has delivered **2 Suicide Training on Prevention sessions** to numerous local service providers and delivered sessions in 4 secondary schools to over **500 pupils** whilst training **24 (6 per school) peer mentors**. The scheme is due to start in East Durham and has targets of **3 peer mentors** and **350 pupils**.

### Mental Health

Mind, Well-being Centre Manager (Chester le Street AAP) - based at a high street location to act as a point of first call. They can then refer into other voluntary sector support or the GP. The project aims to relieve the pressure placed on GPs waiting rooms, dealing with those that are concerned about the first signs of mental health issues. They worked with **63 different agencies and community groups** to act as a referrer. In the 9 months that the project ran they engaged with **1824 people** (68% female / 32% male) and provided **175 advice and guidance sessions**. There were **12 volunteers recruited** and trained to support individual cases.

### Young Carers

Young Carers Charter (BASH) – The AAP funded a project for 1 year to develop and deliver a bespoke Neighbourhood Charter. The project brought together a whole community and involved them in the Charters development whilst examining wider opportunities to raise awareness and avenues of support at a local level for young carers. A group of young carers and their community agreed the most **relevant 5 pledges** to include in the new Charter. The project is on track to deliver **17 accreditations for organisations** within the AAP area.

### Wellbeing - General

Health Express (BASH) - The aim of the Health Express project is to help residents of Shildon to live longer, become healthier and lead happier, more fulfilled lives. A team of Health Trainers provide support to the local community to encourage healthy living and improve general wellbeing. Health Express has supported various projects and events in the last two years from hosting a range of successful events in Hackworth Park including a Family Fun Day and Sport Relief Mile. Along with working in partnership with Durham University and DCC Lifeline to develop the

HYPER (Hearing Young People's Views on Energy Drinks Research) project in raising awareness on the negative impacts of energy drinks and producing learning materials to be used in a schools programme in the Bishop Auckland and Shildon area.

### **Wellbeing - Targeted**

Parents Project (GAMP) - The aim of the project was to work with identified vulnerable females to help improve their children's wellbeing and education. The project was split into two phases with the second phase focusing on teen mums. Many of the parents/carers who were engaged in the project had experienced many issues such as; domestic abuse, mental health issues, single parent responsibilities, parenting issues, poverty and/or unemployment. As a direct result of these issues their children's wellbeing and future progression within education was directly associated with low achievement, special educational needs and low attendance rates. The project engaged with **11 mums** enrolled into Family Wise for further support. 1 mum went on to set up her own business, another 2 mums went into further training, 2 mums moved into volunteering (one of whom volunteered as assistant treasurer at Newton Aycliffe Youth Centre Centre and is now employed as the centre manager).

### **Physical Activity - Targeted**

North East Autism Society Trampoline Project (GAMP) - Funding was used to purchase a trampoline to assist the North East Autism Society, in Newton Aycliffe with their trampoline sessions. Families affected by autism normally find that they are excluded from public provision due to widespread misunderstanding of the condition and the stigma this presents. This often means that children and young people with autism are unable to join in with activity that would be hugely beneficial. Around **20 families** from the GAMP area currently benefit from sessions, which are accessible for all the family, and take place in an inclusive and autism-friendly environment. Some of the benefits for participants that have been reported include **weight loss, increased mobility, sensory stimulation and less incidents of extreme behaviour**. By providing sessions in an inclusive and autism-friendly environment the project is giving the young people something to look forward to by setting and achieving personal goals, whilst reducing parental and family stress, therefore improving outcomes for all involve.

### **Smaller scale localised support**

There have been a number of Councillors who have contributed towards the implementation of **defibrillators** across the county. This has seen them placed internally within a local community building or externally on the wall of a central or community based building with numerous villages across the county.

Support has also gone out to a large number of sporting clubs and community groups across the county who deliver **physical or mentally active activity**. These range from boxing clubs, park runs and gym refurbishments to rug making, community allotments and starting up a bee keeping club.

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**Health & Wellbeing Board**

22 June 2017


**Revision of Framework for the prevention of unintentional injuries in children and young people (0-19 years) in County Durham 2017-2020**


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**Report of Amanda Healy, Director of Public Health County Durham, Adult and Health Services, Durham County Council**


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**Purpose of the Report**

- 1 This report presents the Health and Wellbeing Board with a revised delivery framework for the prevention of unintentional injuries in children and young people (0-19 years) in County Durham 2014-2017, which now requires further consultation and approval.

**Background**

- 2 Unintentional injuries among children and young people continues to be a significant public health issue, especially with regard to health inequalities among children from different social and economic contexts. County Durham has a markedly higher than average rate of admissions to hospital due to unintentional injuries for children and young people.
- 3 A Strategy for the Prevention of Unintentional Injuries in Children and Young People 0-19 was developed for County Durham in 2014, led by the public health team. The responsibility for overseeing delivery of the Strategy was with the Director of Public Health, reporting into the Children and Families Partnership with links to the Local Safeguarding Children's Board.
- 4 The strategy is a multiagency plan, which covers all aspects of unintentional injuries relevant to the population of 0-19's County Durham. It has clear aims and objectives and is linked to the indicators in Domains 1 and 2 of the national Public Health outcomes framework. It is based on National Institute for Health and Care Excellence (NICE) guidance, and is built as far as possible on data from various sources to present a local picture. The strategy was based on NICE guidance PH29 which was published in 2010. This guidance (along with related areas) has subsequently been reviewed by NICE in 2014, with the conclusion that no update was required, as the evidence was still current.
- 5 A workshop to assess progress in implementing the strategy was held in November 2016, which was attended by partners representing different sectors involved in delivering the plan. The workshop allowed for an assessment of gaps in delivery. Subsequently a steering group has met to refine the forward plan.

- 6 In the context of Durham County Council's current planning context, the refreshed strategy has been developed as a delivery framework, reflecting the various delivery strands, along with a summary plan on a page to represent the key actions and outcomes to be addressed during 2017 to 2020.
- 7 A key focus of the delivery plan will be on preventing accidents in the home for 0-5 year old children, and the better use of data to target prevention efforts, across different settings. Falls prevention programmes associated with older people are outside the scope of this framework and are covered by guidance such as NICE clinical guidelines CG161 "falls in older people: assessing risk and prevention".
- 8 This strategy will impact upon the Public Health Outcomes Framework (PHOF) 2.07i - iii - Hospital admissions caused by unintentional and deliberate injuries in children and young people.
- 9 Governance and accountability arrangements are set out in the delivery framework with specific actions assigned to various partnership groups and service areas. It is proposed that the Children and Families Partnership Board will have overall accountability for co-ordinating and monitoring the plan, with annual reporting to the Health and Wellbeing Board and the Safe Durham Partnership.
- 10 The steering group will continue to meet on a six monthly basis to ensure effective coordination of the delivery of the plan. An annual partnership event will be scheduled in autumn each year to make sure there is a broad base of engagement in delivering the plan and outcomes are on target.

### **Key issues**

- 11 A timeline for furthering consultation and sign off of the plan is attached at Appendix 2.
- 12 Strong partnership working is necessary to effectively deliver the plan in order to reduce unintentional injuries. Commitment is needed across all the partnership groups and services identified in the action plan. This includes the Safer Durham Partnership and its subgroups, and also the individual services which will support delivery. All key partners will be involved in the consultation, as set out in the attached timeline.
- 13 Further work will be required to refine the data and intelligence relating to this field, especially with regard to identifying "hot spot areas" where additional preventive effort can be targeted. A priority focus will be on preventing childhood injuries in the home setting for 0-5 year olds, particularly linked to vulnerability and disadvantage factors. Close working relationships are essential with the housing sector as well as wider community involvement.
- 14 The Area Action Partnerships, as part of operational community delivery, would significantly add value to the delivery of the plan. Local data and

intelligence will help to identify areas where additional preventive efforts could be prioritised.

## **Recommendations**

15 The Health & Wellbeing Board is recommended to:

- Agree the Unintentional Injuries Delivery Framework for wider consultation as set out in the timeline attached at Appendix 2.

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**Contact: Chris Woodcock, Public Health Portfolio Lead**  
**Tel: 03000 267672**

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## **Appendix 1: Implications**

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**Finance** - the actions identified in the delivery framework will be delivered within existing resources.

**Staffing** - project support and administration support for the key planning and governance arrangement are from public health team

**Risk** - nil

**Equality and Diversity / Public Sector Equality Duty** - refresh of strategy and action plan considers equality and diversity issues, especially with regard to communities with high rates of unintentional injuries and also focusing on this issue as a risk area within the vulnerable parent pathway.

**Accommodation** - nil

**Crime and Disorder** - nil

**Human Rights** - no issues

**Consultation** - the workshop was a form of consultation with key stakeholders. See schedule of consultation attached – appendix 2.

**Procurement** - no implications

**Disability Issues** - no specific issues

**Legal Implications** - will fulfil statutory duties in relation to safety.

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**Appendix 2 Draft Timeline County Durham Framework for the Prevention of Unintentional Injuries Children 0 – 19**

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<b>Meeting</b>	<b>Date</b>	<b>Purpose</b>
Prevention Unintentional Injury strategy for children 0-19 Steering group	27 <sup>th</sup> April 2017	For comment
Durham County Council Corporate Management Team	31 <sup>st</sup> May 2017	For comment
Health and Wellbeing Board	22 <sup>nd</sup> June 2017	Agree consultation draft for wider consultation
Safe Durham Partnership	23 <sup>rd</sup> June 2017 by email	Consultation
Children and Families Partnership	23 <sup>rd</sup> June 2017 by email	Consultation
Local Safeguarding Children Board	23 <sup>rd</sup> June 2017 by email	Consultation
Other relevant partnerships including Area Action Partnerships, CCG governing bodies and housing forum	23 <sup>rd</sup> June 2017 by email	Consultation
Health and Wellbeing Board	25 <sup>th</sup> September 2017	Formal agreement
Cabinet	15 <sup>th</sup> November 2017	For information

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## **Appendix 3 – Draft Delivery Framework for the Prevention of Unintentional Injuries in Children and Young People 0-19 Years**

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### **County Durham Delivery Framework for the Prevention of Unintentional Injuries in Children and Young People 0-19 years**

**2017-2020**

#### **Aims**

- To reduce the level of preventable unintentional injuries among children and young people in County Durham.
- To reduce inequalities which exist within the county in relation to unintentional injuries among children 0-19.
- To ensure that unintentional injury prevention programmes are informed by evidence and delivered according to need.

#### **Context**

A strategy to prevent unintentional injuries among children 0-19 years of age for County Durham was developed in 2014 and endorsed by the Health and Wellbeing Board for delivery over 2014-2017. This document aims to update and build on the foundation of the original strategy and sets out a framework of action and governance arrangements for the next three year period 2017-2020.

NICE guidance is available to provide evidence based recommendations for preventing unintentional injuries, as well as guidance from Public Health England (PHE) and these have been used in devising this strategy.

NICE guidance was reviewed in 2015, with very few changes to the original guidance. The guidance highlights that robust partnership arrangements need to be in place to co-ordinate the delivery of a local Children and Young People Unintentional Injury strategy. This local strategy, and its delivery framework, will be based on a collaborative partnership approach, along with strengthening engagement and empowerment of local communities. Falls prevention programmes associated with older people are outside the scope of this framework and is covered by guidance such as NICE clinical guidelines CG161 “falls in older people: assessing risk and prevention”.

The refresh of the strategy has been supported by a review workshop in November 2016 and subsequent collaborative working under a task and finish steering group. Going forward the programme of activities to deliver the strategic aims are set out as a delivery framework, which is appropriate because a number of strands of activities are delivered by different partnership groups. It is the culmination of these separate, and sometimes interconnecting activities, which impact on the overall outcome of

reducing the level of unintentional injuries among children and young people in County Durham.

## **Definitions**

The strategy adopts the NICE guidance term “unintentional injuries” rather than “accidents” as most injuries and their precipitating events are predictable and preventable. The term “accident” is avoided, as it implies an unpredictable and therefore unavoidable event.

## **Background**

The starting point for this strategy is the recognition that most injuries and precipitating events are predictable and preventable.

Unintentional injuries in and around the home are a leading cause of preventable death for children under five years and are a major cause of ill health and serious disability.

Analysis of the most recently available five years of national data shows that each year approximately 60 children and young people died, 450,000 attended accident and emergency (A&E) and 40,000 were admitted to hospital as an emergency.

Unintentional injury can affect a child or young person's social and emotional wellbeing. For example, those who survive a serious unintentional injury can experience severe pain and may need lengthy treatment (including numerous stays in hospital). They could also be permanently disabled or disfigured.

There are also high financial costs. The short-term average healthcare cost of an individual injury (all types) is £2,494 and the wider costs of a serious home accident for a child aged 0 to 4 years has been estimated at £33,200.

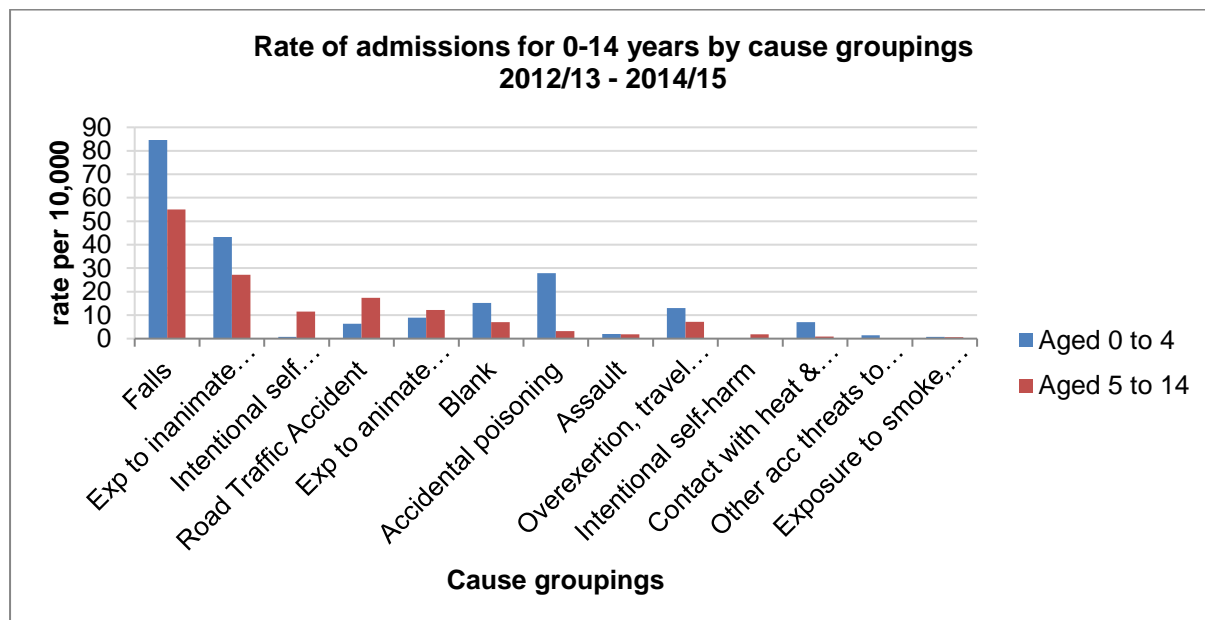
Minor unintentional injuries are part of growing up and help children and young people to learn their boundaries and manage risks for themselves. The need to balance encouraging them to explore and develop, and managing the risks to prevent serious injury, is recognised by local partners.

A key aspect of this strategy is to build on what Durham County Council and its partners are already doing to keep children safer and healthier.

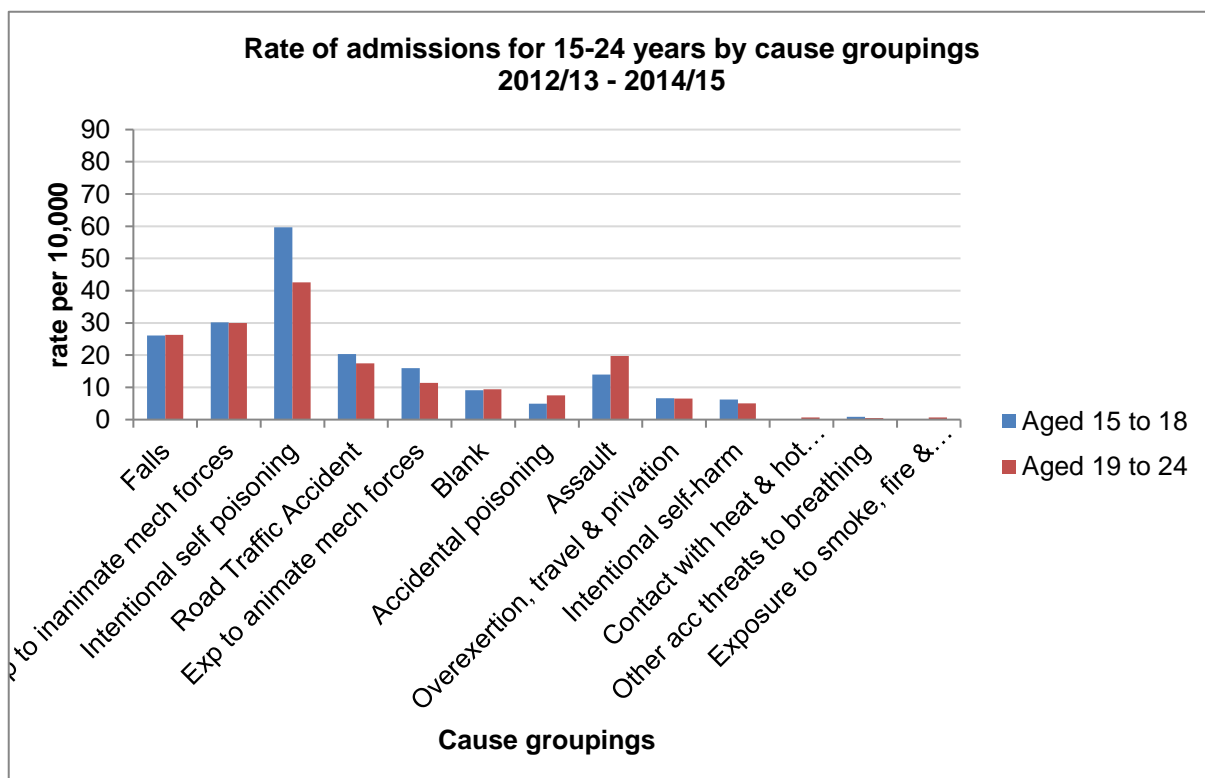
## **Local profile**

Hospital admissions in County Durham caused by unintentional and deliberate injuries in children have many classifications as determined by the formal International Statistical Classification of Diseases and Related Health Problems 10. The cause code is a supplementary code that indicates the nature of any external cause of injury, poisoning or other adverse effects.

**Figure 1 County Durham – rate of admissions for 0-14 years by cause groupings (source: Hospital Episode Statistics (HES), PHE Knowledge and Intelligence Team (Northern and Yorkshire))**



**Figure 2 County Durham – rate of admissions for 15-24 years by cause groupings (source: Hospital Episode Statistics (HES), PHE Knowledge and Intelligence Team (Northern and Yorkshire))**





## **Age ranges – top three categories for admissions in County Durham**

The most dominant categories based on rates per 10,000 are displayed below to provide an overview of the types of admissions. It should be noted that this is not intended to indicate the significance or severity of these categories.

### 0-4 year olds

- Falls are the leading cause of unintentional and deliberate injuries which aligns to national trends.
- Exposure to inanimate mechanical forces (this includes sharp objects such as knives or foreign objects being inserted)
- Accidental poisoning (e.g. chemicals, pesticides etc.)

### 5-14 year olds

- Falls are the leading cause of unintentional and deliberate injuries, which aligns to national trends
- Exposure to inanimate mechanical forces
- Road traffic accidents

### 15-18 year olds

- Intentional self-poisoning (e.g. chemicals, pesticides)
- Exposure to inanimate mechanical forces
- Falls

### 19-24 year old

- Intentional self-poisoning, though at a lesser rate than the earlier age group
- Exposure to inanimate mechanical forces
- Falls

## **Inequalities**

Children and young people from lower socioeconomic groups are more likely to be affected by unintentional injuries.

PHE analysis shows that the emergency hospital admission rate for unintentional injuries among the under-fives is 45% higher for children from the most deprived areas compared with children from the least deprived, and previous research indicates that for some injury types this inequality may be much larger. There is a persistent social gradient for unintentional injuries and inequalities have widened. For example, children living in the most disadvantaged areas have a 50% higher risk of being burned, scalded or poisoned resulting in primary or secondary care attendance than those in the most advantaged areas.

Children whose parents have never worked (or are long-term unemployed) are 13 times more likely to die from an unintentional injury compared to children whose parents are in higher managerial or professional occupations. The social gradient is

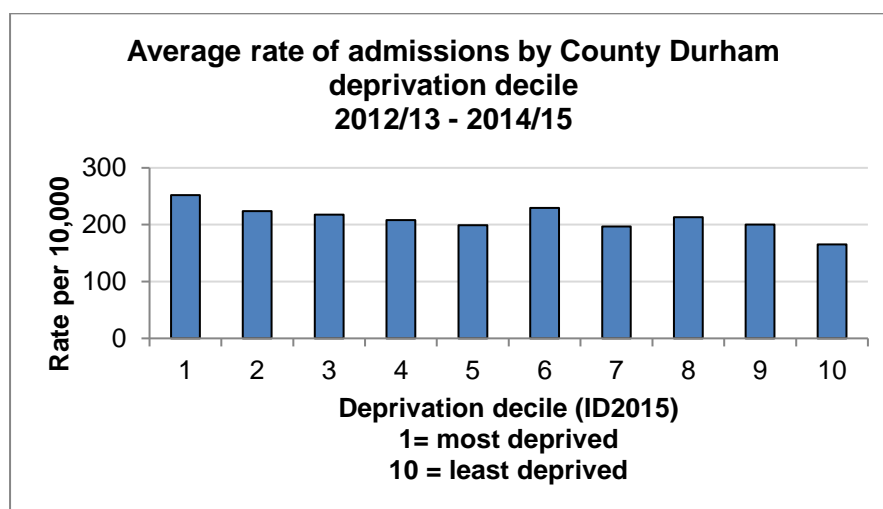
particularly steep in relation to deaths caused by household fires, cycling and walking.

A range of other factors also influence the likelihood of an unintentional injury. These include: personal attributes (such as age, physical ability and medical conditions), behaviour (such as risk-taking), and the environment (for example, living in a house that opens onto a road or living in poor quality housing). While combinations of these factors create the conditions in which unintentional injuries occur, many are preventable.

Inequalities exist within County Durham, but when comparing within the county the social gradient may not be as steep as is seen nationally. Further analysis at a local level will provide more detail on specific areas of need and will allow for the appropriate targeting of activities for frontline professionals or our communities.

### Socioeconomic status

**Figure 3: Average rate of admissions by County Durham deprivation decile (source: Hospital Episode Statistics (HES), PHE Knowledge and Intelligence Team (Northern and Yorkshire))**



### Roads

Children and young people have the right to safe roads. National analysis of data from 2008 to 2012 shows that over that period there were more than 320,000 road casualties and 2,300 road deaths among children and young people under the age of 25 years in England. The most obvious result of effective road safety initiatives is fewer injuries, but there can be wider public health benefits. Active travel such as walking and cycling has a wide range of benefits to physical and mental health, but the fear of injury can put people off using these modes. Creating safer roads can therefore encourage active travel and active play. There can be further public health benefits such as improving community cohesion or reducing noise and air pollution.

## **Road safety and socioeconomic status**

There are social inequalities in how traffic injuries are distributed through society and these are very significant among school age child pedestrians. Among pedestrians in the 5 to 9 years age group, the rate of fatal and serious injuries to children living in the 20% most deprived areas is nine times higher than to children in the 20% least deprived (24 killed or seriously injured (KSI) per 100,000 and 2.6 per 100,000 respectively). Among 10 to 14 year old pedestrians, there was a 3.7 time greater rate, with respectively 37 KSI per 100,000 compared with 10 KSI per 100,000. There are also inequalities among school age cyclists. Among those aged 10 to 14 years there were 4 fatal or serious injuries per 100,000 people in the least deprived 20% of areas, compared with 10 KSI per 100,000 in the 20% most deprived.

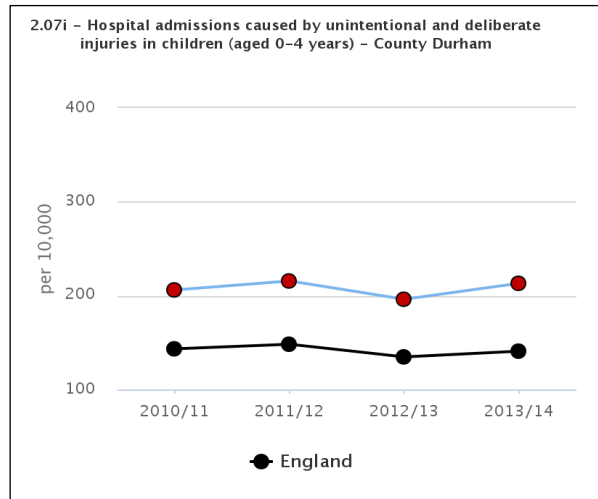
## **Mobilising existing services prevents injuries**

Preventing unintentional injuries does not require major new investment; much can be achieved by mobilising existing services, building on strengths and developing capacity. Broader partnership working across the public, private and voluntary and community (VCS) sectors is essential, bringing together a very wide range of services from diverse settings including health, education, social care, housing and homelessness and fire and rescue. Good co-ordination adds value and enables more to be achieved than organisations working in isolation.

## **Prioritising**

The Public Health Outcomes Framework (PHOF) indicator (2.7) covers reducing hospital admissions from unintentional injuries for children and young people. Because nationally children under five years account for a disproportionately high number of deaths and a large number of hospital admissions, this group is as a priority for action within wider unintentional injury prevention strategies. In County Durham admissions in this age group remain high and worthy of focussed efforts.

**Figure 4: Hospital admissions caused by unintentional injuries (0-4 years – County Durham)**  
(source: Hospital Episode Statistics (HES), PHE Knowledge and Intelligence Team (Northern and Yorkshire))



Preventing accidents is part of PHE's priority to give children and young people the best start in life, and is also a high impact area for early years and health visiting professionals.

Unintentional injuries for the under-fives tend to happen in and around the home. They are linked to a number of factors including:

- child development
- the physical environment in the home
- the knowledge and behaviour of parents and other carers (including literacy)
- overcrowding or homelessness
- the availability of safety equipment
- new consumer products in the home

These criteria can be all exacerbated by the effect of deprivation and as such a targeted approach to the strategy will be applied. As mentioned previously the prevalence of injuries shows a steep social gradient and efforts should be prioritised in respect of this.

To support this work local analysis highlights the nature of injuries young children experience and which injuries cause most hospital admissions to allow for targeted prevention efforts. This age range present opportunities to local authorities and their partners as they have a variety of settings, services or programmes that have contact with this age range.

### Defining the areas of focus for the delivery framework

The delivery framework for this strategy has been set out in relation to key settings, each of which relates to specific objectives and provides a context and focus for the delivery of key actions. These are:

- Home settings (0-4 years)
- Education Settings (including Early Years)
- Community Settings

- Road Safety
- Water Safety

The attached action plan and plan on a page sets out the specific areas of delivery in more detail. Appendix 1 provides more detail on each priority setting.

### **Roles and responsibilities**

Each priority area/setting will likely have a workforce that already interacts with the target audience. For instance all staff who work with children in early years settings are ideally placed to help reduce childhood accidents. Through their contact with parents, they can equip them with a better understanding about child development and can help them to anticipate risks. The action plan will highlight those leading each aspect of the strategy.

### **Governance/Partnerships**

A key aspect of this framework is to build on what the local authority and its partners are already doing to keep children safer and healthier.

The Safe Durham Partnership contributes to the vision of an 'Altogether Better Durham'. The Safe Durham Partnership is an integral part of this wider vision and is responsible for delivering an 'Altogether Safer' Durham. High level objectives and outcomes are around implementing measures to promote a safe environment and protecting vulnerable people from harm, clearly are also part of the injury reduction agenda. Key strategic groups such as the Road Safety Partnership, the Safer City Centre Partnership the Alcohol Harm Reduction Board and the Water Safety Partnership are integral to the delivery of these cross cutting objectives.

The County Durham Health and Wellbeing Board promotes integrated working between commissioners of health services, public health and social care services, for the purposes of advancing the health and wellbeing of the people in its area. The strategic objectives of the Health and Wellbeing Board include; children and young people make healthy choices and have the best start in life and the reduction of health inequalities and early deaths which aligns to the key priorities of this strategy.

This aligns to NICE PH 29 recommendation 1 in incorporating unintentional injury prevention within local plans and strategies for children and young people's health and wellbeing.

This framework sets out to align the quality partnership activity that is already underway, provide assurance on unintentional injury prevention whilst also exploring new areas for innovation and development in order to impact upon injury statistics in County Durham.

This delivery framework will require the support of all key partnerships. Area Action Partnerships (AAPs) cover all areas of the county. AAPs have been set up to give people in County Durham a greater choice and voice in local affairs. By working in

partnership they help ensure that the services of a range of organisations are directed to meet the needs of local communities. The Area Action Partnerships will be invaluable in developing and delivering key elements of the unintentional injury agenda, most notably:

- Engagement: working with communities to build a dialogue with communities and encourage local people to be involved in planning local services.
- Empowerment: giving people the power to work in partnership with organisations and help them combine their efforts to improve local services.
- Local action: where possible and practical, exploring an action plan for the AAP, and resolving issues by using the resources of the partnership.

It is proposed that the overall accountability for co-ordinating and monitoring of the progress in implementing this plan, including monitoring the reduction in childhood unintentional injuries (as measured by the local hospital admissions rate) is allocated to the Health and Wellbeing Board. The overall co-ordination will be led by a nominated officer in the public health team, supported by a steering group which will meet as required.

There will be an annual partnership meeting to refresh the plan, to be held in October each year, with an annual report submitted to the Health and Wellbeing Board and Safer Durham Partnership in December/January each year.

### **Outcome measure for this strategy**

This strategy will impact upon the Public Health Outcomes Framework (PHOF):

- 2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)
- 2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)
- 2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)

It is important to note this indicator relates to hospital admissions. PHOF provides an indicator for one element of the health and social care system and not a level of prevalence of injury within a population.

It is also important to note that hospital admission data is not perfect. Nationally it is acknowledged by Public Health England (2010) that there are weaknesses in the available data, with the cause of hospital admissions unknown for nearly 9% for the under 5 age group.

Within the action plan there are a number of evidence based initiatives that will impact upon injuries. These actions will be measureable and will have a defined output which evidence suggests will impact upon the overall indicator.

## Guidance and references

- NICE. Strategies to prevent unintentional injuries among children and young people aged under 15. NICE public health guidance 29.
- NICE. Preventing unintentional injuries in the home among children and young people aged under 15: NICE public health guidance 30
- NICE. Unintentional injuries on the road: interventions for under 15s. NICE public health guidance 30
- Public Health England. Public Health Outcomes Framework:  
<http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000049>
- Public Health England. Public Health Profiles. Injuries.  
<http://fingertips.phe.org.uk/search/injuries>
- Public Health England, Royal Society for the Prevention of Accidents and Child Accident Prevention Trust of Accidents: Reducing unintentional injuries among children and young people
- Public Health England, Royal Society for the Prevention of Accidents and Child Accident Prevention Trust of Accidents Public Health England: Reducing unintentional injuries on the roads among children and young people under 25 years
- Public Health England, Royal Society for the Prevention of Accidents and Child Accident Prevention Trust of Accidents Preventing unintentional injuries: a guide for all staff working with children under 5 years

### Draft Framework Action Plan for 2017/2018 (to be refreshed in December 2017 for the 2018/19)

<b>Early years settings ACTION</b>	<b>Lead</b>	<b>Timeline</b>	<b>NICE Recommendations</b>
Incorporate activity into the Healthy Child Programme – home environment check	HDFT		NICE PH 30 recommendation 2- Working in partnership and recommendation 3- Coordinated delivery
Support frontline staff/education package – utilise PHE toolkit -	DCC public health		NICE PH 30 recommendation 1 -Prioritising households at greatest risk and recommendation 4 -Follow-up on home safety assessments and interventions
Parent minor injuries training using new technologies	HDFT/DCC public health		NICE PH 30 recommendation 4 -Follow-up on home safety assessments and interventions
Targeted activity on priority areas and families through the vulnerable parent pathway	HDFT/DCC public health		NICE PH 30 recommendation 1 -Prioritising households at greatest risk and recommendation 5 Integrating home safety into other home visits
The development and assessment of a safer home environment	DCC- Strategic housing		NICE PH 30 recommendation 2 -Working in partnership and recommendation 5 -Integrating home safety into other home visits

<b>EARLY YEARS/ EDUCATION SETTINGS ACTION</b>	<b>Lead</b>	<b>Timeline</b>	<b>NICE Recommendations</b>
Audit and feedback to providers on priorities	DCC – public health		NICE PH 29 recommendation 6 - Providing the wider childcare workforce with access to injury prevention training
Deliver the Safety Carousel using a multi-agency approach to provide safety messages to all Year 6 children in Durham	Fire and Rescue		NICE PH 29 recommendation 2 - Coordinating unintentional injury prevention activities



Deliver education in schools, colleges, children's centres and nurseries	DCC – Road Safety		NICE PH 31 recommendation 1 - Incorporating unintentional injury prevention within local and national plans and strategies for children and young people's health and wellbeing and recommendation 3 - Identifying and responding to attendances at emergency departments and minor injuries units
Deliver a Practical Child Pedestrian Training Scheme to Year 3 pupils	DCC – Road Safety		NICE PH 31 recommendation 1 -Incorporating unintentional injury prevention within local and national plans and strategies for children and young people's health and wellbeing and recommendation 3 -Identifying and responding to attendances at emergency departments and minor injuries units
Deliver Bikeability Level 1, 2 & 3 cyclist training to school children.	DCC – Road Safety		NICE PH 31 recommendation - Incorporating unintentional injury prevention within local and national plans and strategies for children and young people's health and wellbeing and recommendation 3 - Identifying and responding to attendances at emergency departments and minor injuries units
First Aid training and response			NICE PH 29 recommendation 4 - Developing professional standards for injury prevention
Explore opportunities for a dedicated session on preventing accidental injuries in the home	Fire and rescue		NICE PH 31 recommendation 3 -Identifying and responding to attendances at emergency departments and minor injuries units

<b>Community Settings ACTION</b>	<b>Lead</b>	<b>Timeline</b>	<b>NICE Recommendations</b>
Design of open public space and play areas	DCC culture and sport		NICE PH 29 recommendation 12 - Developing policies for public outdoor play and leisure
Safety checks and maintenance of play areas	DCC culture and sport		NICE PH 29 recommendation 12- Developing policies for public outdoor play and leisure
Fire safety - explore admissions related to 'fireworks' and develop appropriate response	Fire and rescue		NICE PH 29 recommendation 16 - Conducting local firework safety campaigns

<b>Road Safety ACTION</b>	<b>Lead</b>	<b>Timeline</b>	<b>NICE Recommendations</b>
Improve education and raise awareness of road safety – deliver EXCELErate ,SAGE and BIKEsafe driver programmes	DCC road safety		NICE PH 31 recommendation 1 - Health advocacy and engagement
Improve health and wellbeing of communities through road casualty reduction campaigns such as Brake Road Safety Week	DCC road safety, Fire and Rescue		NICE PH 31 recommendation 1 – Health advocacy and engagement and NICE PH 29 recommendation 19 - Aligning local child road safety policies
Develop a safer road environment – deliver community speed watch, 20mph programmes	DCC road safety		NICE PH 31 recommendation 3 -Measure to reduce speed and NICE PH 29 recommendation 20 -Promoting and enforcing speed reduction recommendation

<b>Water Safety ACTION</b>	<b>Lead</b>	<b>Timeline</b>	<b>NICE Recommendations</b>
Safety carousels as above	Fire and rescue		NICE PH 29 Recommendation 13 - Providing education and advice on water safety
Multi agency programmes for specific 'at risk' groups	Fire and rescue and DCC		NICE PH 29 Recommendation 14 - Water safety advice for leisure providers

<b>Analysis ACTION</b>	<b>Lead</b>	<b>Timeline</b>	<b>NICE Recommendations</b>
Explore the development of a CCG injury report	Fire and rescue		NICE PH 29 Recommendation 8 - Gathering high quality injury data from emergency departments

## **Draft Framework Appendix 1**

### **Home Settings**

This setting is particularly important for reducing injuries among children 0-4 years old, as this is the context where the most injuries occur for this age group.

The evidence from NICE and other relevant reports points to a number of areas that relate to prevention of unintentional injuries in this setting:

- Home risk assessments, safety checks and escape plans(leading to injury reduction);
- Prevention of poisoning - child resistant packaging (leading to injury reduction);
- General safety devices (leading to injury reduction);
- Window bars (leading to injury reduction);
- Parent education on hazard reduction (leading to behaviour change) and
- Targeting deprived groups, particularly children in privately rented and
- Temporary accommodation and households in which people smoke.

### **Unintentional Injuries**

Prevention is recognised as one of the six high impact areas for early years in national Public Health policy for improving outcomes in the early years, and are established as an intervention focus within the delivery of the Healthy Child Programme through the County Durham 0-19 Service (health visitors and school nurses). Opportunities to strengthen the focus on accident prevention will be progressed through the home environment risk assessment at the universal level and also more targeted work with higher risk families within the Vulnerable Parent Pathway.

### **Education Settings**

- Risk and safety education in schools is delivered by Fire and Rescue through a safety carousel.

### **Community Settings**

- Smoke and carbon monoxide detector programmes (leading to injury reduction and behaviour change);
- To maximize safety for outdoor play there is evidence for:
- Increasing the number of children undertaking training and wearing cycle helmets;
- Producing guidelines for safety in children's sports and outdoor activities.

## **Road Safety**

On the road there is good evidence for:

- 20mph zones (leading to injury reduction and behaviour change);
- Cycle helmet education campaigns (leading to behaviour change);
- Child restraint legislation (leading to behaviour change and injury Reduction);
- Area wide urban safety measures (leading to injury reduction);
- Education aimed at parents about pedestrian injuries (leading to behaviour change);
- Cycle training (leading to behaviour change);
- Cycle Helmet legislation (leading to injury reduction);
- Child restraint education campaigns (leading to behaviour change) and
- Seat belt education campaigns (leading to behaviour change)
- Significant fatalities and injuries occur in or near the home. These may occur through suffocation and ingestion of foreign bodies, fire and flames, drowning and submersion, falls or poisoning.

**Draft Framework Appendix 2**

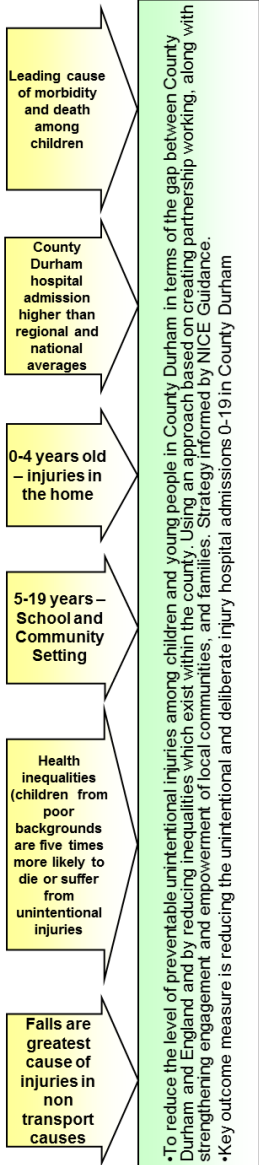
**County Durham Strategy for the Prevention of Unintentional Injuries Children 0-19 2017-2020 –Partnership Delivery Framework**

Local Policy Context

**Key Objectives**

**Focus Delivery Area**

**Governance**



- County Durham Health & Wellbeing Strategy
- County Durham Community Safety Strategy
- County Durham Children Young People and Families Plan
- NHS/CCG Plans – Avoidable hospital admissions

**Intelligence**

- To provide a profile of injuries among children 0-19 in county Durham that supports the targeting of preventive programmes and monitoring overall improvement
- To explore and enhance data reporting so that it enables the targeting of high incidence "hotspots"
- To explore and enhance data reporting for specific agencies i.e. CCG

**Home settings (0-4 years)**  
Target preventive activity in areas of County Durham with high prevalence of injuries in home settings:

- Improve identification of children at higher risk in home settings via Healthy Child Programme assessments and the Home Environment checklist
- Develop awareness and education packs for parents on a universal level and intensive support for families identified as vulnerable
- Improve awareness and skills of parents
- Improve awareness and safety in social housing and private rented accommodation
- Develop local solutions to home safety environment and equipment via community development activities
- Families on Vulnerable Parent Pathway to have access to home safety equipment

**Schools**

- Continue routine reporting of accidents in schools settings, and feedback action on high incidence areas
- Continue cycling proficiency, pedestrian and road safety schemes
- Develop First Aid training for teachers and pupils

**Community Settings**

- Ensure play areas and public space is designed and maintained in order to minimise risk to children and young people
- Improve awareness of fire risk and promotion of fire prevention measures

**Road Safety**

- To ensure traffic and road design minimises risk to pedestrians, cyclists and car users
- Improve level of knowledge and skills with regard to safe use of roads

**Water safety**

- To reduce fatal/non fatal water related incidents
- To improve education and awareness amongst young people and parents/carers of young people of water related risks – inland and coastal areas
- To improve swimming ability of young people

**Overall governance and co-ordination**

- To provide a mechanism for governance of the overall plan to reduce unintentional injuries among children 0-19
- To provide a mechanism for co-ordinating action across agencies
- Core strategic aim: Reduce unintentional and deliberate injury secondary care (hospital) admissions for 0 – 19 year olds.

**Intelligence and surveillance of injuries**

- Develop fact sheet for Integrated Needs Assessment, with aim of identifying high prevalence areas on which to focus attention (Public Health)
- Potential to develop locality focussed public Health profiles for localities <http://ingertips.phe.org.uk>
- Establish a monitoring framework; to include a set of indicators and baselines linked to above to track if trends are improving
- Scope potential to use of data from other sources eg NEAS data, A and E, Police/road safety data to target communities of higher prevalence or specific injury trends. (Noting potential limitations of retrieving meaningful data from A and E attendances)
- Ensure that NHS Right Care – Commissioning for Value (CFV) data packs for North Durham CCG and DDES CCG, identify outliers of which unintentional injuries, particularly for 0-5 year olds are highlighted - <https://www.england.nhs.uk/rightcare/intel/cfv/data-packs/north/>
- Local Authority intelligence re complaints re play areas / litigation cases

**Home settings (0-4 years)**

- Incorporate into Healthy Child Programme assessments and home environment check (0-19 service)
- Parent Education Package (via community parent programme and 0-19 service)
- Promote awareness and promotion opportunities via One Point/Children's Services
- 0-5 safety initiatives e.g. home safety equipment schemes for targeted families on Vulnerable Parent Pathway
- Parent minor injuries training . Use of baby buddy app to promote management of minor injuries
- Home design/fixtures and fittings, risk assessment and education -role to be explored Housing Associations-
- Safe and wellbeing visits – Private Landlords- options to be investigated

**Education settings, including Schools (preschool, private nursery/voluntary sector)**

- Health and Safety audit and feedback to schools on high risk areas
- Cycling proficiency training
- Pedestrian and road safety schemes
- First Aid training and response
- School Safety Carousel (Fire, water, electricity, road )

**Community Settings**

- Design of open public space and play areas
- Safety checks and maintenance of play equipment
- Fire Safety programmes

**Road safety**

- Develop safer road environment
- Schools –see above
- Education and awareness of road safety
- New Drivers –targeted programmes for young drivers in "hot spot" areas
- Roll out of 20 MPH zones-intelligence led.

**Water Safety**

- Local programmes aimed at Schools and other Education Settings
- Safety Carousels which incorporate water safety messages available for all primary schools throughout County Durham
- Multi agency campaigns and awareness for schools and specific 'at risk' age groups

**Overall governance and co-ordination**

- Health and Wellbeing Board - via Health Child Programme Board -overall sign off of plan.
- Co-ordination to ensure partnerships and groups responsible for delivering plan are engaged and accountable for the relevant delivery areas.

Overall governance of the delivery framework is with the Health and Wellbeing Board

Specific reporting to CCG's – to be agreed

Delivery via:  
*Healthy Child Programme Board;*  
Durham County Council Open Water Safety Group/City Safety Group. Safe Durham Partnership. Key service areas (to be mapped in separate action plan)

Countywide steering and co-ordination group meets 1-2 times per year to review and co-ordinate delivery across the framework



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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

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